National
Children's
Resource
Centre

Barnardos
EVERY CHILDHOOD LASTS A LIFETIME

Information Pack

Health and Safety

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Introduction

Within an early childhood service it is the shared responsibility of all adults to ensure that children are kept safe within the service. For the manager, this involves ensuring that sensible measures to protect children and those caring for them are put in place and recognised by everyone. This responsibility should be paramount. It should be catered for when staff are being recruited, in the promotion of an open work environment which is supportive of children and staff, and in the development of policies around toileting, dressing and rest periods that have safety and security as core components. Every person working with children should be equipped with the knowledge and skills to respond effectively where there is concern about the welfare of a child. Adults must supervise children at all times during the day. All equipment, fixtures and fittings must comply with the most recent European safety standard.

Safety, Health and Welfare at Work Act

In 1989, a statutory duty was placed on all employers to take responsibility for the health and safety of their staff. This Act is called the Safety, Health and Welfare at Work Act, **1989**. To enforce this new Act, the **Health and Safety Authority (HSA)** was established to monitor the implementation of the law, and promote a greater awareness of safety issues among employers and employees. Inspectors from the Health and Safety Authorities have been given wide ranging powers to prosecute, fine and prohibit employers from conducting their business if found in breach of the Act. The main aim of the Act is the prevention of accidents and ill health in the place of work. The Act imposes duties of care on both employers and employees:

Duties of Employers

A. General duties

- to provide a safe place of work
- to provide safe access and egress
- to provide safe plant and equipment
- to provide safe systems of work
- to provide adequate instructions and training for employees
- to provide appropriate protective clothing and equipment

These duties, though specific, are not comprehensive. The fact that an employer neglects to provide other safety measures if required is not a valid defence if, as a consequence, an employee is injured.

B. Duty to provide a Safety Statement

A Safety Statement **must:**

- Identify workplace hazards.
- Indicate control measures taken to reduce the risk of each hazard.
- Specify the resources allocated by the employer to improve safety management.
- Document the consultation process with employees.
- Note the names and positions of those responsible for safety.
- Indicate the co-operation necessary from employees.
- Detail Health and Safety information and make it available to employees.

Duties of Employees

- To take reasonable care for his/her own safety and that of any other person who may be affected by his/her acts or omissions while at work.
- To co-operate with the employer and any other person to such an extent as will enable his/her employer to comply with the law on Health and Safety.
- To use protective clothing/equipment as provided.
- To report anything at work that might endanger safety.
- Not to interfere with any system for securing safety.

Accident Reporting Requirements:

All places of work are **required to report occupational accidents** - this includes employees and the self-employed, and persons training for employment. This also requires that records be kept of accidents.

Whenever any of the following events occur the person responsible as designated in the Safety Statement as Safety Officer must report *in writing* on the approved form to the Health and Safety Authority, and must keep a record of it.

- The death of any person, irrespective of whether or not they are at work, as a result of an accident arising out of work.
- The death of any employee which occurs up to a year after a reportable injury.
- An accident to any employee or self employed person, which disables them from carrying out their normal work for more than 3 days.

- Injuries requiring medical treatment to a person not at work as a result of work activity.
- Work related accidents to members of the public which require medical treatment.

Health and safety is also addressed in the Child Care Act, 1991.

Safety Officer/Safety Audit

All staff must co-operate with management on health and safety matters, and a precise allocation of responsibility between staff members should be made.

As mentioned above a Safety Statement must be produced. A member(s) of staff must be designated as **Safety Officer(s)**. In that role s/he will be responsible for carrying out (or organising) a **Safety Audit**. This involves examining all aspects of the service to identify potential hazards. A safety audit checklist should be devised to ensure that nothing is missed. It will include checking room by room, area by area, all fixtures, fittings, and equipment, both indoors and out, for hazards. Having identified hazards measures must then be taken to replace equipment or repair any damage. It is recommended that an audit be carried out every month. Any hazard should never occur more than twice
over a two month period. Any accidents or injuries should be recorded in the accident book and reported to the Safety Officer.

Fire Safety

Article 27 of the Pre-school Regulations advises that "A person carrying on a pre-school service shall take all reasonable measures to safeguard the health, safety and welfare of pre-school children attending the service and in particular shall ensure that -

- adequate arrangements are in place for extinguishing fires, for the giving of warnings and for the evacuation of all pre-school children in the premises in the event of fire, and for the maintenance and use of fire fighting equipment,
- adequate arrangements are in place to ensure that the staff and, as far as is practicable, the pre-school children in the premises know the evacuation and other procedures to be followed in the event of fire,
- materials contained in bedding and the internal furnishings of the premises have adequate fire retardancy properties and have low levels of toxicity when on fire,
- heat emitting surfaces are protected by a fixed guard or are thermostatically controlled to ensure safe surface temperatures, *Article 27 (a) (b) (c) (d).*

In addition fire extinguishers and/or fire blankets must be stored ready to use. Smoke detectors must be frequently checked and any other fire-fighting equipment must be in good working order. Fire fighting equipment should be serviced annually, and a record maintained of dates.

A document produced by the Department of the Environment in April 1999 entitled *Fire Safety in Pre-schools: A Guide to Fire Safety in Premises Used for Pre-schools Services*, which is available from Government Publications (*see page 20*), clearly outlines good practice regarding fire safety. The document advocates having a 'Fire Safety Programme' which should be outlined in a written statement and incorporate arrangements for the following, preventing outbreaks of fire:

- Instruction and training of staff on fire prevention and fire safety procedures.
- Emergency procedures and evacuation drills
- Maintenance of fire protection equipment
- Maintenance of building services
- Providing appropriate furnishings and fittings including bedding
- Availability of escape
- Keeping of fire safety records

Regular fire drills should be carried out in order for staff and children to become familiar with the procedures. Initially they should be very frequent, until children get used to the system and then every three months. Drop-in services should have fire-drills more frequently – at least once a month.

According to the National Children's Bureau (1994) the following recommendations are made:

- Services should make adequate provision for emergency lighting, which is usable at all times.
- All rooms need two means of escape. One will be the door, the other may be a window. If this is normally kept locked for security reasons, the key must be readily accessible.
- provide a separate, switched socket outlet for each electrical appliance regularly used in the service.
- outlets should be installed as close to appliances as possible;
- regular checking of flexes for fraying;
- permanently fixing all electrical wiring;
- eliminating children's access to heat controls;
- ensuring that all doors serving as fire exits shall be free from obstructions, and fastened as to be easily opened from the inside, without needing to use a key; and

- never drying clothes or towels around a fire or cooker.
- clearly written instructions for drills must be posted in a conspicuous place in each room.
- It is important that children are not distressed or frightened by fire/emergency drills, but holding them more frequently means that children and staff are familiar with the routine and their roles within it, enabling the building to be evacuated more quickly.
- A map showing exit routes and clearly designating a place of safety outside the building, must be posted with fire drill instructions.
- Staff responsibilities with regard to fire and emergency should include each staff member (and volunteers and students) knowing exactly what they need to do in the event of a fire or other emergency, to safely evacuate children from the premises. Each member should:
    - be aware of primary and secondary evacuation routes to use;
    - know that all children must be removed from the building to the designated place of safety;
    - know the location of the nearest external telephone to the service in case it is needed;
    - know that the children's register must be taken when the building is evacuated;
    - know that in the case of fire the fire brigade must be called.
- Information such as this could suitably be held in the staff/volunteer/student information file, a copy of which should be given to each adult on appointment.
- Written instructions concerning action to be taken by staff in the event of emergencies other than fire, should be displayed clearly in each room.
- It would be good practice for all services to have a board near their front entrance, indicating how many children and adults are present on the premises. In the case of a fire or other emergency, this would immediately indicate to rescue personnel, how many persons need to be accounted for. This board would, of course, require updating as necessary throughout the day.

Premises Indoors

The recommended general safety measures to be taken include:

- child proof locks on doors, windows, drawers and cupboards;
- doors and windows must also be secured to prevent any birds or vermin from infesting the building, particularly the food areas;

- appropriate safety precautions on all low level windows, glass panels and patio doors. Patio doors and doors where the glazed panel extends below 1,500 mm above floor level must be laminated;
- windows at a first floor level fitted with restricted opening safety devices;
- handrails on stars and steps;
- suitable and adequate gates at the top and bottom of stairs, in addition safety gates must always be kept closed, and the gap between the floor and the bottom of the gate must not exceed 5cm. All safety gates must be firmly fixed to adjoining walls and must be regularly checked to ensure they are in the correct position;
- thermostatically controlled hot water;
- all electrical sockets must be covered with safety inserts when accessible to children;
- safe storage for medicines and all toxic substances.
- smoking must be prohibited in all food rooms and areas where children have access.

Furniture

- All furniture must have no sharp edges or finger traps.
- Chairs and tables must be child sized. There must be safe chairs for infants. High chairs should be avoided where possible, and where used must comply with safety standard. They should be fitted with restraints, which should be used at all times children are in the chairs.
- Cupboards and drawers must be fitted with approved locks and low level cupboards and must not be used for chemical storage.

Fittings

- Floor coverings must be close fitting flat materials. Vinyl coverings must be non-slip and easy to clean. Although rugs and mats are not recommended, there must be a soft area for babies who are starting to crawl.

Equipment

- Where electrical equipment is in use in the vicinity of children, there must be no trailing flexes.
- Early childhood services must have access to telephone facilities other than a public coin operated phone. Emergency numbers should be clearly displayed beside all telephones. Parents' telephone numbers should be quickly accessible to all adults working with children.

The location of the telephone should allow staff continued supervision of children when telephone is in use.

- A person carrying on a pre-school service shall ensure that (Article 25 (a)) play and work equipment and materials are suitable and non-toxic and are maintained in a clean and hygienic condition.

The National Children's Bureau (1994) recommends the following:

- Age appropriate bedding should be used.
- All cleaning products and disinfectants should be kept in their original containers, with the contents clearly labelled.
- Similarly, all medicines should be stored in their original containers, clearly labelled and kept out of the reach of children.
- Infants up to one year should not be given pillows, nor should they be allowed to sleep in baby nests.
- Care should be taken to ensure that toys are developmentally appropriate, and that infants/ toddlers do not have access to activities containing small pieces which could be swallowed, or otherwise injure a young child.

Premises Outdoors

The following safety precautions must be taken. The play space must:

- Be accessible only by the children cared for and adults/authorised persons (Article 27 (e) applies);
- Be suitably secure so that children cannot leave without adult supervision;
- Special precautions should be taken in winter months if slippery conditions arise;
- Where sand pits are provided, the pit should only contain washed sand and should be covered when not in use;
- Sheds or stores in the play area should be secured to prevent unsupervised access by children.
- Where slides, climbing apparatus and swings are provided, they should be securely fixed on grass or impact absorbing materials. This applies whether indoors or outdoors. Regarding minimum space around equipment, the National Children's Nurseries Association (2002) quotes the British standard 5696 which recommends the use of impact absorbing surfaces particularly where the fall height is greater than 60cm from the equipment. It also

recommends that this surface extends 1.75m beyond the extremities of stationary equipment and 1.75m beyond the maximum travel distance of, for example, see-saws.

- Swings for young children should include appropriate restraints, and swing seats made of rubber. Restricted access to the swing area is advisable.
- If pets are present, parents must be informed. Pets must be under control at all times and staff must give special attention to hygiene issues related to pets so that children are not at risk of injury or disease. The area needs to be regularly checked for animal fouling.
- In addition, ponds, pits and other hazards in the garden must be fenced (Article 27 (1) (f) of the Regulations applies). Ponds must be covered with rigid mesh grille.
- Paddling pools should he drained after use and stored away so that they cannot collect rain water.
- A child must not be left unsupervised at any time.

The National Children's Nurseries Association (2002) points out that children have a great tendency to run as soon as the front door is opened. It is very important, therefore that there is not a direct line between the front door and the exit gate. Creating distractions, such as seating or play equipment might well be annoying, delaying mechanism on the part of a busy parent, but the few minutes delay could prove to be life saving exercise. In addition they advise attention to the following:

- Any hazardous or undesirable litter, e.g. plastic bags, syringes, drink cans, must be sought and disposed of
- Pipe and drain covers, must be safe and childproof
- Areas where plants are growing must not have poisonous plants in or overhanging the play areas.
- Outdoor play equipment needs to be inspected weekly for safety and condition-bolts must be checked to make sure they are adequately tight
- Children's clothing must be checked when using climbing equipment, such as scarves, belts or flapping coats
- Climbing frames in wet weather require caution
- Bark should be topped up to sufficient depth
- Opening window sections must not cause a hazard to paths or play areas outdoors.

Vehicles

The National Children's Bureau (1994) recommends vehicles used in transporting children, whether the service or privately owned, must be properly licensed, inspected and maintained. They should be fitted to the supplier's instructions with sufficient numbers of safety restraints, appropriate to the age of children carried in the vehicle.

- The service must keep its own vehicles in proper order. Any privately owned vehicles used for the transportation of children on trips must be fully insured, and the adult should ensure that this is so.
- When children are being transported, there should always be at least one other adult in the vehicle excluding the driver.
- No child should ever be left alone in a vehicle.

First Aid

- Every adult working with children should be trained and qualified to administer first aid. If not, one adult, qualified in giving first aid, should always be present on site. This qualification should be current.
- It is recommended that all members of staff are familiar with simple first aid procedures such as mouth to mouth resuscitation, and for regular staff training to be given on this subject.
- First Aid boxes and a simple First Aid book should be provided and sited, at least, in the kitchen and toilet areas.
- They should be stored in places which are easily available to all adults, but beyond the reach of children. Contents of the boxes should be checked regularly and replaced as necessary. The first aid box should contain: disposable gloves, for bloody injuries; gauze and hypo-allergic tape for cuts and grazes; a selection of bandages, including a triangular bandage for fractured arms, tubular bandages for fingers, an eye pad and normal saline eye wash; crepe bandages for supporting strains; a good pair of scissors; a pair of tweezers for removing splinters and stings; safety pins; normal saline sachets, a fever scan thermometer; a flashlight; an ice-packs. The first aid box must not contain any substance, which may cause allergies. In addition, cotton wool for cleaning wounds and a multi-purpose bowl are recommended. However, an accessory box containing sticking plaster and antiseptic lotion for children you know are definitely not allergic to these substances may be kept.
- Medical supplies in the First Aid boxes should be regularly checked by the designated person, for freshness and to ensure that there is a sufficient quantity of items.
- Services should develop their own protocol for the administration of medicines. Under no circumstances should medicine be administered without the written permission of the parent.

- If parents provide prescribed medicine for children, the child's name and the correct dosage should be clearly labelled on the container. Any medicines administered should be recorded in a drugs book and signed by two members of staff.
- On each administration of doses of medicine the instructions should be carefully read and followed. Medicine must be kept in a locked medicine cupboard out of the reach of children.
- Accidents should be recorded in the Accident Book. The I.P.P.A. and the N.C.N.A (see *Useful Addresses*) have such record books available.

Nutrition

Provision of a healthy environment and adequate nutrition is essential to the well-being of children and adults, and to full participation in an active programme. Good digestion is linked to relaxed emotional states and eating together provides the opportunity to socialise and learn about each other. In addition to helping to serve food children should participate in activities, which encourage knowledge of hygiene and health issues, basic nutrition, food preparation, different tastes and textures, and the food traditions of a variety of cultures. Special care and attention must be given to the sterilisation of infants feeding equipment and the preparation of infant's formula foods and bottles.

The following is an extract from Kid's Club Network Guidelines of Good Practice –
Services must ensure that children's nutritional needs are met while they are in their care. This may include ensuring that packed lunches are brought in or providing snacks, breakfast and full lunch or afternoon meal. In some cases this will be the main meal of the day. In all cases the service has a duty to feed children responsibly which means offering nutritionally good food and discouraging potentially harmful food. Eating can be a nutritious, learning, fun experience for children, parents and staff.

- Diet is a major factor in general health. Eating habits learnt at an early age will often form the basis for life.
- In developing a balance diet, varied nutritious food should be encouraged, including: vegetables (fresh or frozen), fruit (raw, dried or freshly cooked), breads, lean meat, fish, poultry, potatoes, pasta, rice, beans, peas, lentils, breakfast cereals (low or no sugar).
- Intake of foods high in fat, sugar, salt or unnecessary additives should be limited, including: sweet drinks, processed meats, salty snacks, cakes, biscuits, jam, pastries, sausages, burgers, tinned vegetables or fruits, sweets.

- Menus and meals should be prepared sympathetically for children with special dietary needs. Information on special needs should be recorded on registration.
- A rich variety of multi-ethnic foods should be encouraged. Providing food from different countries and cultures is important not only in giving positive recognition and reinforcement to the children of that culture within the scheme, but also in encouraging children to learn and respect others' traditions and cultures. Ways of cooking, serving and eating food can differ between the cultures. This, too, needs exploring and encouraging.
- Menus should be planned in advance and displayed for all to view.
- Clear procedures should be drawn up for the preparation of food. Within these it should be clearly stated whose responsibility it is to cook the food. Services may choose to employ a cook, others may see cooking food as a duty of staff. It must be recognised that adults preparing food will not be able to supervise children. Responsibility for maintaining the food preparation and storage area in a clean and hygienic state must be carefully delegated. Procedures for storage and maintenance should be clear.
- Responsibility for budgeting and buying food should be clear. There should be agreed procedures for buying food which need to take into account storage facilities.

Food Hygiene

Article 26(2) of the Pre-school Regulations stipulate that "where food is consumed on the premises by a pre-school child, the person carrying on the pre-school service shall ensure that

(a) adequate and suitable facilities for the storage, preparation cooking and serving of food, and
(b) adequate and suitable eating utensils, hand washing, wash-up and sterilising facilities are provided".

Food may be cooked on the premises or children may bring packed lunches including cooked meals which may require re-heating. If the food is supplied by the person carrying on the service it must be prepared on the premises or purchased from a supplier whose premises is registered with the relevant health board.

All waste and other refuse must be stored hygienically and disposed of frequently and hygienically and in a manner as not to cause a nuisance.

General Hygiene

The National Children's Bureau (1994) recommends:

- The service should be cleaned daily, including disinfecting toilets, handbasins, walls surrounding these areas, all vinyl floors, the kitchen, children's dining areas, and table and

counter surfaces that children touch; vacuuming all carpets; removing all rubbish. The cover of the nappy changing table should be disinfected or disposed of after each soiled nappy is removed. Soiled nappies should be held or disposed of in closed chemical disposal containers, to which children do not have access.

- Carpets should be thoroughly cleaned on a regular basis.
- Adults working with children should only spend a minimum amount of time on maintenance chores while children are present, so that the majority of cleaning should be done before or after opening hours. Exceptions to this are cleaning nappy changing tables following soiled nappy removal; cleaning tables chairs and floors in feeding areas, following meals; washing out and sterilising babies bottles. Staff should be employed to undertake the cleaning of the facility on a regular basis.
- Toys and equipment need to be washed and/or disinfected regularly. Toys must be disinfected after any contact with an infectious child.
- Potties should be washed and disinfected after every use.
- Staff should always wash their hands with soap and warm water before food preparation and handling, and after nappy changes and toileting children. Facilities for the hygienic disposal of tissues after nose wiping, should be available in each room.
- Frequent hand-washing is likely to be the key to limiting the spread of infection in the service. In-service training, which stresses the importance of the practice, and the dangers to staff and children in not observing it, is strongly recommended.
- Around basins that staff are likely to use for hand-washing, liquid soap dispensers, disposable towels, nail brushes (one for each adult and child) and hand cream are recommended.
- Signs should be posted reminding adults to follow hand-washing procedure, and to ensure that children learn the need to do so. This is essential for all adults.
- Children's bedding should be washed once a week, or whenever soiled, and used by only one child between washings. Marking bedding in some distinctive way, will help to eliminate confusion and the risk of bedding being used by more than one child.
- Infants are very vulnerable in cold weather, and should not be left unattended outside in prams, in winter, due to the risk of hypothermia.
- Children should be dressed appropriately for cold or rainy weather, with coats and jackets buttoned up. Scarves, mittens, boots and hats should be used as necessary.
- A supply of extra clothing should be kept. Adults working with children have a responsibility to see that children are properly dressed when out of doors. Spare sets of clothing should be

available in case of accidents, or children being cold or wet. Articles of clothing should not be used by more than one child in between washes.

- All accidents with children at the service must be recorded in the service's accident book and reported to parents on the day they occur.
- For other than minor cuts and bruises, parents must be notified as soon as possible following the accident.

Prevention of Illness

- A supply of disposable gloves should be available for adults to use whenever they are dealing with body fluids. This should be regarded as a basic practice for good hygiene.
- Adults should take regular, up-to-date training with respect to HIV (AIDS) and Hepatitis B. The most recent information on common communicable diseases should be sought, and the minimum exclusion periods for children attending the service should be ascertained. Parents should be informed of these on registering child.
- Children who are HIV positive represent no threat to others' health if high standards of hygiene are maintained at all times. This is of particular importance when staff are dealing with body fluids - blood, urine, faeces and saliva.
- The service should have a positive approach to health promotion. Local health centres and the Department of Health, Health Promotion Unit will be able to provide a range of information for use by services. There should be a no-smoking policy within the service. After consultation with staff and parents, it may be necessary to designate a specific room which may be used by staff/parents who smoke, but this should not be within close proximity of children's play, eating or rest areas.
- The building and all its equipment must be maintained in a clean and healthy manner to prevent illness and the spread of disease. All rooms must be ventilated. Feeding and food preparation areas must be separate from toilets and nappy changing areas.
- Prevention of illness and/or the spread of disease among the children, staff and parents is of primary importance in the service. Pregnant mothers in the service should be informed whenever there are cases of measles, for example. Awareness of how illness spreads and using cleanliness to control its transmission, should be the basis of prevention. Accurate information on exclusion periods for commoner communicable diseases should be sought and followed.
- Adequate ventilation is essential. Windows that can be opened to let in fresh air are desirable.

Care of Pets

Children often enjoy having pets around them and may have their own pet(s) at home. They can be a source of pleasure and learning for children and adults alike. Any pets in an early years service will need to be considered in terms of their possible effect on the health and safety of the child.

- Parents should always be informed, if there are pet(s) before a child begins in the service. Information on potential allergies should be sought.
- Children should never be left unsupervised with pets.
- Ensure that the pet is not dangerous. Avoid Pit Bull Terriers and Rottweilers. Large/playful dogs may need to be kept in a segregated area to avoid them accidentally knocking children over.
- Pet food and water must be safely located away from the children.
- Litter trays for cats and other animals must not be accessible to the children. The service premises, i.e. the external play area, entrances and exits, must be kept clear of animal litter and should be checked regularly.
- Animals in the service should never be allowed to frighten children.
- Pets must be kept clean and well-cared for, i.e. vaccinated and wormed.
- All services that have dogs on their premises should comply with all the legal requirements contained in the Control of Dogs Act, 1986 and all amendments to that Act since 1986.

Taken from "Supporting Quality: Guidelines for Best Practice in Early Childhood Services"(2nd Ed) by Geraldine French, published by Barnardos, February 2003.

Health Promotion and the family
Christine Maguire

Background

The relationship between parents' health and that of their children has long been of interest in health promotion. Parents, usually mothers, have been targeted through a number of campaigns; for example, those focusing on pre- conceptual care, infectious disease control, child care, accident prevention, healthy eating, and smoking. In 1992 The Health of the Nation, {1} the health strategy for England, identified the 'healthy home' as one of the health promotion settings in the drive to reduce mortality and morbidity in five key areas: coronary heart disease, cancer, accidents, mental health and sexual health and HIV / AIDS. The White Paper describes the home environment as affecting aspects of lifestyle, and as having the potential to have a direct effect on health, for example, through the prevention of unintended injury. The role of housing in good health is also acknowledged.

The focus here is on recent studies that raise important issues for the direction of health promotion and the family.

New directions

The past research agenda has often focused on correlations between parental health beliefs and behaviours and those of their offspring. For example, the association between parental and child smoking has long been recognised. Young people in families where both parents smoke are two and a half times more likely to smoke. {2} A Norwegian study has looked at a number of parental and adolescent health behaviours and found the strongest association was for fat intake. {3}

While such research has proved valuable, there are still a number of gaps in our knowledge about how these patterns of behaviour occur and what health promotion interventions might prove effective in a family setting. In a comprehensive literature review Sharpe {4} queries whether enough is known about patterns of informal health care work within the family, how health is discussed in a family setting, and the role of communication itself in promoting health. Questions have also been raised about the role of the family in creating and perpetuating health inequalities. {5,6}

Family dynamics

In a recent study of 15- to-16-year-olds Brannen {7} sets out to explore parents' and children's perceptions of health status and negotiation of health-related issues. A number of key points emerged for health educators. First, many processes that impact on health (for example eating patterns), are not explicitly given a health label by families. Rather they are simply seen as part of everyday life. Secondly, parental attitudes to adolescence are key in the handling of children's transition to adulthood and self-care. Finally, as individuals in their own right, young people may perceive their health needs differently from their parents. They are also key players in family life and are part of, rather than subject to, the parenting process.

These issues, together with the effects of family structure, were explored in more depth in a series of studies commissioned by the Health Education Authority in 1993. {8-13} The studies covered communication on health within families; {8} child health and parental employment; {9} family culture and health; {I O} mental health; {II} and housing and poverty. {12} The sixth study was undertaken as part of the British Household Panel Study. {13}

The fIrst four of the studies have been summarised in a separate report which highlights the implications for health promotion. {14} In the main the studies used qualitative techniques in order to capture the complexities of family circumstances, relationships, and negotiations. While all four tackled different aspects of family life and health, a number of consistent messages emerged.

Parenting style

It was apparent that families made health-related decisions in different ways, allowing some children more scope for decision-making than others over issues such as use of leisure time. {8,9} Holland {8} identified four broad approaches to decision making:

* authoritarian: decisions are made by parents without consultation;

* negotiated/democratic: decisions are negotiated with all members;

* trade-offs: bargains are struck between parents and children;

* children decide: children are involved to varying degrees in the decision making process.

Communication

A number of factors were identified as being important in determining the levels and quality of communication on health issues within the family. For example, parents spoke of the negative effect on communication of external stressors such as low income or long working hours. Long working hours were also mentioned as a physical barrier to involvement in family life.

Levels of communication changed with subject matter. Some health issues, for example food, accidents and safety were more easily addressed than issues such as sexual health. {8} Interestingly, there was some disagreement about the amount of communication that took place; for example, parents thought they communicated more about sexual health than their children claimed they did. {8}

It was also clear that levels of communication changed over time, necessitating different parenting styles as children developed. Communication patterns within the family also changed as the relative importance of peers increased.

Gender roles

All the studies demonstrated clear gender patterns in the roles adopted by mothers and fathers. Mothers seemed more aware of the health needs of family members, and more willing to communicate about health. Gender differences were also apparent between young women and men, with young women being more likely to discuss emotional problems. {10}

Social and economic context

Finally, all the studies pointed to the need to consider the social and economic environment within which families operate. Poverty and employment opportunities are crucial components of a family's ability to maintain its health status. The effect of economic circumstances can have repercussions at several levels: the ability to pursue healthier options; the opportunities to create an environment conducive to communication; and the ability to maintain mental health.

Inequalities in health

While it seems clear that inequalities in health exist, {15,16} causal processes are still debated. Recently attention has turned to the role of the family in creating or perpetuating inequalities. One study has suggested that problems in family life (for example, family conflict) are strongly associated with later adult ill health in a number of areas including mental health and circulatory problems. {5} Lundberg uses the findings to hypothesise about inequalities in health in adult life.

Social and material factors within the family, it is suggested, are linked to a chain of events which finally impact on health. For example, poor self-esteem may lead to poor school performance, which may lead to poor career prospects.

Sweeting and West {6} suggest that the impact of family life may be more direct in the case of young people. Their work involved an analysis of longitudinal data collected at ages 15 and 18 on a sample of 1,000 young people in Scotland. The research examined family structure (living with both natural parents, lone parent or step-parents), family culture (for example time spent together),
and family conflict (rows and quality of relationship with parents), in relation to a number of health measures.

While there is no simple way of categorising families and outcomes for young people, Sweeting and West {6} suggest that family functioning may be important. Young people reporting higher levels of family conflict were more likely to experience low self-esteem and were more likely to smoke. Those young people who spent more time with the rest of their family were less likely to smoke or take illicit drugs.

Implications for health promotion

The messages for health promotion are complex. Clearly, the family is not only a site for the transmission and reception of health information, but potentially a force in determining immediate and future health prospects. Effective health promotion must not only seek to offer families information about health, but must also address the internal dynamics of family life and the external environment within which families exist.

Christine McGuire -- March 1997

References

1. Department of Health (1992) The Health of the Nation: A strategy for health in England. HMSO

2. Diamond, A, and Goddard, E (1996) Smoking Among Secondary School Children in 1994. HMSO

3. Rossow, I and Rise, J (1994) 'Concordance of parental and adolescent health behaviours', Social Science and Medicine, 38,9,1299- 1305

4. Sharpe, S, Mauthner, M and France-Dawson, M (1996) Families, Communication and Health: A literature review. Health Education Authority
5. Lundberg, 0 (1993) 'The impact of childhood living conditions on illness and mortality in adulthood', Social Science and Medicine, 36,8,1047- 1052

6. Sweeting, H and West, P (1995) 'Family life and health in adolescence: a role for culture in the health inequalities debate', Social Science and Medicine, 40,2,163-175

7. Brannen, J and others (1994) Young People, Health and Family Life. Open University Press

8. Holland, J, Mauthner, M and Sharpe, S (1996) Family Matters: Communicating health messages in the family. Health Education Authority

9. Brannen, J and Storey, P (1996) Child Health in Social Context: Parental employment and the start of secondary school. Health Education Authority

10. Prout, A (1996) Families, Cultural Bias and Health Promotion. Health Education Authority

11. Rogers, A, Pilgrim, D and Latham, M (1996) Understanding and Promoting Mental Health: A study offamilial views. Health Education Authority

12. Beattie, A, and others {forthcoming). Family Health and Housing Poverty. Health Education Authority

13. Brynin, M and Scott, J (1996) Young People, Health and the Family: Results from the British Household Panel Survey. Health Education Authority

14. Hogg, C, Barker, R and McGuire, C ed. (1996) Health Promotion and the Family. Health Education Authority

15. Townsend, P, and Davidson, N eds (1982) Inequalities in Health: The Black Report. Penguin

16. Whitehead, M (1987) The Health Divide: Inequalities in Health in the 1980s. Health Education Council

*** Highlights are produced by the Library and Information Service of the National Children's Bureau together with Barnardo's as a joint project to share current research, development, policies and practice.

Websites, Contact Details and Resources for further information

Barnardos National Children's Resource Centres:
Christchurch Square, Dublin 8
Tel: 01 4549699
Fax: 01 4530300
Email: ncrc@barnardos.ie

18 Patrick's Hill, Cork
Tel: 021 4552100
Fax: 021 4552120
Email: ncrc@cork.barnardos.ie

10 Sarsfield Street, Limerick
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Fax: 061 440214
Email: ncrc@midwest.barnardos.ie

River Court, Golden Island, Athlone
Tel: 0902 79584
Fax: 0902 79585
Email: ncrc@athlone.barnardos.ie

41 – 43 Prospect Hill, Galway
Tel: 091 565058
Fax: 091 565060
Email: ncrc@galway.barnardos.ie

http://www.barnardos.ie
The National Children's Resource Centres have numerous resources on health and safety – please contact your nearest NCRC for more details. ***"Supporting Quality: Guidelines for Best Practice in Early Childhood Services"*** *is also available – please send a cheque or postal order for €2.50 to your nearest centre for a copy.*

Childcare Policy Unit
Department of Health and Children
Hawkins Street, Dublin 2
Tel: 01 635 4000
Fax: 01 671 9530
The Department has overall control over the services provided by health authorities throughout the country. In addition the Department reviews existing services and initiates proposals for new services.

Health Promotion Unit
Department of Health and Children
Hawkins House
Hawkins Street, Dublin 2
Tel: 01 671 4711 (ext. 4354)
Fax: 01 671 1947
Website: www.healthpromotion.ie

Aims to encourage the public to adopt healthy lifestyles. This unit is involved in the development, publication and dissemination of resource materials relating to health promotion activities of voluntary organisations. A public office, where resource materials relating to health and lifestyle including nutrition, exercise, alcohol, smoking, drugs and HIV/AIDS are available. These materials are available free of charge and the office is open weekdays from 9.30am – 1.00 pm and 2.00-5.00 pm.

Department of Health *website www.doh.ie contains information on matters relating to health and includes the full version of the* ***Annual Report of the Chief Medical Officer 2000*** *which has a chapter on the health status of children in Ireland.*

The National Safety Council
4 Northbrook Road
Ranelagh, Dublin 6
Tel: 01 496 3422
Fax: 01 496 3306
Email: info@national-safety-council.ie
Aims to promote road safety, water safety and fire prevention through education, training programmes and publicity campaigns. Conferences and seminars are undertaken to increase public awareness of fire hazards and of appropriate fire prevention measures. Road safety is promoted at national level through media campaigns and at local level through Junior School Warden and Safe Cross Code schemes. Swimming, resuscitation and life saving instruction is provided and beach surveying and lifeguard testing are carried out.

Health and Safety Authority
10 Hogan Place,
Dublin 2
Tel: 01 6147000
Fax: 01 6147020
Website: www.hsa.ie/osh
The national body with overall responsibility for the administration and enforcement of health and safety at work in Ireland.

Irish Health.com website http://www.irishhealth.com/
Website devoted to topics related to health.