

Policy Brief

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HEALTH AND SAFETY: CONDITIONS AND PRACTICES



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Introduction

Quality childcare implies that each child is taken care of in an environment where health and safety issues are fully addressed. This brief will attempt to explore the following two related questions:

1. What are some of the health and safety conditions and practices in childminding establishments?
2. What measures should be taken to improve quality?

In answering these two questions, data obtained from the childminder question and the observation schedule will be used to explore four main themes:

- a) Nutrition
- b) Hygiene practices
- c) Equipment and facilities
- d) Personal care routine.

The results are presented for Seychelles as a whole and also for childminders across six regions in which the survey was conducted.

Background

Proper health and safety provisions are one of the hallmarks of high quality childcare providers. Childminders must observe hygienic and personal care practices, and ensure that the premises and

equipment used for the purposes of childcare are safe and suitable. They must also promote amongst children personal care routines, nutritional healthy eating, and make children aware of safety risks and practices (Southern area Childcare Partnership, 2002).

In Seychelles standards for safety are set and regulated by the Seychelles Fire and Rescue Services Agency (SFRSA) and health by Public Health Department (PHD). SFRSA makes recommendations with regards to infrastructure, electricity, fire alerting system, portable fire extinguishers and assembly point. PHD is concerned with public health, sanitation, hygiene practices and environmental health. Part of the work of the two bodies is to carry out inspection visits in childminding establishments to ensure that standards are adhered to and maintained.

The childminding survey conducted recently from which this brief draws its data for analysis, aims to help establish the status of the childminding programme for policy direction and action and this brief is focussed specifically on health and safety issues.

The following indicators have been selected to assess facilities and practices: For the nutritional aspects, childminders were asked about menu change, balanced diet, and the regularity of drinking water. Hygienic practices include cleaning, sterilising of children's accessories and hand washing. Availability of health and safety equipment and facilities was also

assessed. For, personal care routine toileting, facilities for bathing, diapering were considered.

Key Findings

The data were analysed and the results are depicted in Table 1 to 7c and Figure 1.

Nutrition

Providing children with balanced and nutritious meals, snacks and drinks, fresh drinking water in adequate quantities and at appropriate times are critical considerations for the childminder. The childminder has to apply the five-food-group principle and ensure that food is properly prepared and healthy, includes variety and complies with dietary and nutrition policy of the Ministry of Health.

Childminders were asked if they changed their menus weekly and the results in **Figure 1** confirmed that most childminders across all regions had a change of menu every week.

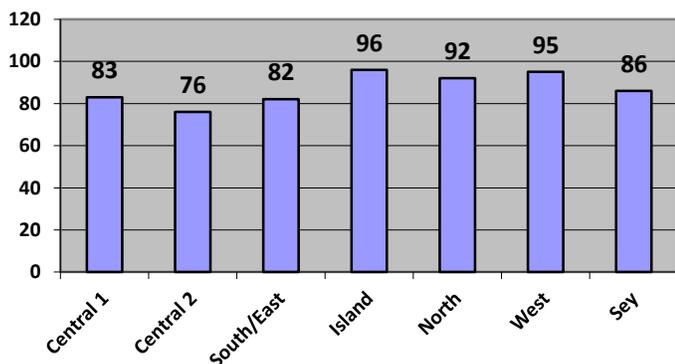


Figure 1: Percentage of childminders indicating a weekly change in menu

Eighty-six percent of childminders indicated that they changed the menu offered to children on a weekly basis. The figures were fairly consistent across regions with the exception of Central 2 with only just over 75 percent. A closer look at the type of menu offered (by studying the list provided) indicate that fish, vegetables (mostly chutneys), lentils, pasta, and broth

were the most popular on most days of the week. This merits some comments: firstly, there is some variety, however, there are certain types of food missing and the amount and type of vegetables may not be sufficient; secondly, these menus are repeated every week. These seem to be low-cost foods and easy to prepare - the balanced nature of these meals and their preparation remain doubtful.

The survey also asked about access by children to different type of water for drinking and the frequency that they drank water daily. The results are presented in **Table 1** and **Table 2** below.

Table 1: Percentage of childminders indicating type of drinking water by region

Region	Type		
	Boiled	Mineral	Dispenser
Central 1	54	35	12
Central 2	69	15	27
South/East	88	23	69
Islands	58	35	35
North	47	27	0
West	74	21	0
Seychelles	47	26	29

It is recommended that water is boiled for children's use, irrespective of its sources. The results presented above are not at all surprising. In the 2010 census conducted by the National Bureau of Statistics (NBS) it was indicated that 93 percent of households in the country were connected to the main treated water system. This may explain the relatively low figures in the boiling of water and use of mineral water for drinking. However, even if treated water is being used one would expect all childminders to adhere to the practise of boiling water. Especially during the period of drought that can disrupt the daily operations of childminders.

The use of water dispensers was not popular in most regions. Although one would argue that it is practical, especially so, for establishments with large number of children, it needs to be interpreted with caution. The maintenance and use of dispensers can pose potential health risks for the children.

Table 2: Frequency of drinking water daily by children by region

Region	Daily frequency of drinking water		
	At most once	2 – 3 times	4 times or more
Central 1	12	58	27
Central 2	31	31	39
South/East	6	49	46
Islands	19	54	27
North	21	47	33
West	11	47	42
Seychelles	16	48	36

NB: Figures may not add up to 100% due to missing data or rounding.

Drinking sufficient water daily should be part of a quality nutrition plan. Fresh drinking water should be available at all times and has proved to have lasting benefits for the overall health and wellbeing of young children. The figures presented above are somewhat worrying. On average, around 16 percent of children were reported to be drinking water at least once daily and with a higher percentage in the Central 2 (31%) and North (21%) regions. Notably, this cannot be part of healthy nutritional practices. However, a significant increase in the national percentages of the third and fourth columns revealed that this practice may be slowly gaining momentum especially in Central 1 and South/East regions.

Hygiene Practice

Considering the age of the children under care, a high level of hygiene should be expected for the prevention of the spread of infections and for the wellbeing of every child. Catering for the 0 – 3 age group makes it imperative for childminders to maintain an

excellent hygienic standard, for each individual child, at all times. Children should also be encouraged to learn about personal hygiene through their daily routine.

As part of their overall development, it is important for children to be introduced to basic personal care practices such as washing of hands before meals or after using the toilet. The extent to which these are encouraged are summarised in Table 3.

Table 3: Percentage of childminding establishments, by region, indicating the practice of basic personal hygiene by children

Region	Before Meals	After Meals	After Toileting
Central 1	77	81	77
Central 2	73	77	73
South/East	86	89	74
Islands	73	51	69
North	93	87	93
West	84	79	84
Seychelles	80	82	77

The results suggest that the practice of basic personal hygiene is quite widespread in most service provider's establishments. However, one would have expected that the figures would be closer to 100 percent in all childminding providers. The figures for Islands' region are relatively lower than other regions and this warrants further investigation.

Also, hand washing practices and the facilities used were confirmed by childminders. **Table 4** provides a summary of the results.

Table 4: Percentage of childminders practising hand washing by children and facilities used by region

Region	Before Meals	After Meals	In filled basin	Under running water
Central 1	77	81	31	65
Central 2	73	77	46	48
South/East	86	89	26	74
Islands	73	80	39	69
North	93	87	60	53
West	84	79	32	74
Seychelles	80	82	37	65

The results for hand washing before and after meals were encouraging. However, it is a practice that needs promoting and one would assume that those figures would be nearer to 100 percent. For example, around one-quarter of childminders in Central 1, Central 2 and North regions are not inculcating this practice before meals.

The extent to which running water was used for hand washing was a concern. Furthermore, the use of a filled basin for hand washing is problematic and has potential risks in that a number of children could be using the same water. In this study, it was anticipated that such practices will be almost non-existent in all childcare settings. This confirms some of the continuing complaints made by parents and positive steps need to be taken to address this deficiency. Moreover, the use of running water would have been recorded a higher percentage given that most households is connected with treated water. This critical hygienic practice should be promoted at all times by the childminder.

With regards to hygiene practices, some other factors were considered. These included sterilisation of water bottle and crockery, cleaning of floor, washing of toys, and changing of bed linen. The results are presented

Table 5.

Table 5: Percentage of childminders adhering to sterilisation and other hygiene practices by region

Region	Sterilisation		Other Practices		
	Bottle	Crockery	Clean floor	Wash toys	Change bed linen
Central 1	58	62	92	65	81
Central 2	76	44	92	42	87
South/East	89	59	50	97	49
Islands	73	81	96	62	68
North	40	40	100	40	67
West	74	58	100	47	100
Seychelles	71	59	85	63	73

From **Table 5** above, it can be seen that there were variations in the results across the regions. However, considering the age of the children, one would have expected that a higher level of hygiene practices would have been maintained. Sterilisation of crockery for instance, was reported in only 59 percent of childminders nationally with low percentages in the North and Central 2.

The indicator for sterilising bottles has recorded a disappointing figure of 71 percent nationally. Given that milk is the main meal in a typical day for babies and infants, their bottles or other accessories used for feeding should be sterilised at all times and handled in a hygienic manner. Whilst it is assumed that milk formula is quite popular across regions, one would have anticipated that the issue of sterilisation among all childminders should not be compromised. Likewise, if play is to be promoted to enhance children's early learning experiences, it is important that toys that children access should be thoroughly cleaned and sanitised on a regular basis.

The focus group interviews with data collectors revealed that children spend most of their time sitting and playing on the floor. It is therefore crucial that these dedicated areas are non-slippery sufficiently cleaned, disinfected, and tidy at all times. However, a

national figure of 85 per cent for 'cleaning of floor' is discouraging as this should have been maintained at a 100 percent across all regions – Islands and West regions need to be applauded for maintaining such high standards.

Moreover, it is evident from the field observations that some of the childminders were wearing their shoes and slippers in the house, including the designated area for children. This practice defeats the purpose of maintaining a clean and sanitised floor environment for children to move about and should be discouraged.

Equipment and facilities

A third theme addressed in this brief is concerned with provisions made for health and safety equipment. In the table that follows the availability of a variety of equipment and facilities deemed critical in the operations of a childminding service is displayed in

Table 6.

Table 6: Percentage of childminders, by region, stating availability of different safety and health equipment

Region	Wire netting	Storage	Fencing/gate	Fire extinguisher	Smoke Detector	First Aid Kit	Thermometer	Nebuliser
Central 1	15	81	50	35	8	58	46	54
Central 2	4	73	68	19	8	31	42	42
South/East	9	71	51	17	9	29	40	49
Islands	4	85	58	15	8	39	50	81
North	13	67	60	7	0	20	40	20
West	11	58	47	11	5	26	16	32
SEY	9	74	56	18	7	35	40	49

Looking at the figures in **Table 6**, one can notice a number of areas of deficiency in the availability of health and safety equipment and facilities in childminding services.

Wire netting is an important health and sanitation requirement as well as a necessity especially in areas where food is handled. It helps to keep rodents and similar pests at bay, thus ensuring a safe and healthy environment. In spite of its importance, it has recorded a surprising second lowest percentage (with only 9 percent) nationally. Several health inspection reports have confirmed the absence of the wire netting at the childminders location. In a meeting with the childminders prior to the study, it appears that they are aware of this deficiency but it appears that steps were not taken to address it.

Another astounding discovery with this set of data is the fact that the fire extinguisher has recorded a much higher percentage (18%) when compared to smoke detector (7%). Certainly, one would expect that the latter is more popular than the former given the ongoing campaign and publicity by the Agency responsible for Fire and Rescue Services. But it is pleasing to note that childminders are making the effort to ensure that their premises and children's security are not compromised.

National percentage figures for the health equipment in the last three columns painted are somewhat discouraging. One would have expected that most childminders would have in their possession a first aid kit, a thermometer and more importantly a nebuliser. Caregivers, including parents are encouraged by pediatricians to use nebuliser as much as possible instead of other medications which may have adverse effect on children's health and development. However, childminders on Islands have to be congratulated for the highest percentages for both nebuliser (81 percent) and thermometer (50 percent). In addition, it is also pleasing to note that more than fifty percent (58%) of childminders in Central 1 has a first aid kit. From our data, it is satisfying to note that a high figure is recorded for storage facilities. However,

only about half (56%) of childminders have proper fencing and gate at their establishments.

The findings in this table show that health and safety aspects need to be treated as a priority - an essential area that warrants intervention to ensure maximum supervision and security of our young children.

Personal Care Routine

Personal care routine is the last theme being looked at in this brief. It also draws information from the observation schedule and childminder question. It addresses issues such as diapering, toileting and facilities for bathing. The results are presented below.

High quality personal care would necessitate, for instance, providing dedicated and appropriate toilet and bathroom facilities, water heating facilities, and avoidance of sharing of bathing items. The results for this theme are displayed in the tables that follow.

Table 7a: Percentage of childminders, by region, providing dedicated toilet and bathroom

Region	Dedicated Toilet	Dedicated Bathroom
Central 1	23	19
Central 2	12	8
South/East	26	17
Islands	19	12
North	7	7
West	32	21
Seychelles	20	14

The results presented in **Table 7a** above indicate that a minority of childminders had toilets and bathrooms dedicated to children in their care. The national average was 20 percent and 14 percent respectively. This would imply that these facilities were being shared with adults living in this home and this perhaps is understandable as childminding is a home-based operation. Although the figures are relatively low across regions, the good news worth mentioning is that progress, although slow, is evident. It would appear that more childminders are becoming conscious about the children's health needs, self-help

skills, and independence – for instance, potty training in readiness for pre-schooling, prevention of infections and diseases, among others. In a nutshell, it is desirable for childminders to make provision for dedicated toileting facilities for children to improve service delivery.

The different types of bathing facilities available on location of the childminders were also recorded and the results are presented in **Table 7b**.

Table 7b: Percentage of childminders, by region, offering different bathing facilities

Region	Shower	Bath Tub	Basin	Water heater
Central 1	31	8	85	54
Central 2	58	12	81	65
South/East	51	14	91	60
Islands	54	15	96	69
North	47	7	87	68
West	53	16	90	47
Seychelles	49	12	88	61

As can be observed above, the use of a basin was the most common form of bathing facility. The percentage registered in all regions was above 80 percent, producing a national average of 88 percent. However, it is interesting to report that the use of a bath tub for bathing was not a common practice. The use of a water heater to add to children's overall comfort and cleanliness while bathing was quite widespread. Whilst it is generally encouraged to use shower facilities for bathing, this is not reflected nationally in the figure of 49 percent. Sensitisation on health education and relevant practices for children's personal care routine is required.

The extent to which bathing facilities were shared was also addressed. Sharing of facilities such as bath tub, soap and towels is reported in **Table 7c** below.

Table 7c: Percentage of childminders, by region, stating sharing of bathing and diapering facilities

Region	Basin	Bath tub	Soap	Bath towel	Face towel	Diapering
Central 1	46	15	42	4	0	79
Central 2	62	15	54	12	8	82
South/East	66	11	51	9	6	74
Islands	58	23	23	19	12	85
North	60	27	67	0	0	83
West	63	0	32	0	11	79
Seychelles	59	15	44	8	6	80

The low figures obtained for the sharing of towels (bath and face) and in the use of bath tub and basin was encouraging, but realistically speaking, a zero percentage was anticipated across regions. A zero figure is recorded for Central 1, North and West regions. North and West regions deserve special recognition given that such practices are non-existent in their regions.

The percentage of sharing of soap and basin is quite high and is clearly not an efficient bathing practice. The risk of spreading germs from multiple uses is great and especially so in childminding establishments with a lot of children. One would assume that the basin is disinfected after each bath to reduce the risk of spreading germs and other harmful bacteria that may cause skin ailments but this is yet to be proven.

The figure in the last column of Table 7c is referring to diapering facilities. It can be seen that eighty percent of childminders had diapering facilities. Two points of concern seems to emerge from this result: first, that it was expected that all childminders would have diapering facilities and second, even if childminders have diapering facilities the data does not provide information on how diapering is carried out.

Diapering forms a special part of personal care routine carried out by the childminder. In most

developed countries, there is a protocol that caregivers should follow. It includes a designated diaper changing area, hand hygiene, underneath protection, removal of soiled diaper without contaminating any surface, disposal of soiled diapers, cleaning of the child's skin, application of diaper cream, putting on a clean diaper, washing of the child's hand, cleaning and disinfecting the diaper-changing surface, performing hand hygiene and recording the diaper change.

The results from this table clearly depict that there is lack of knowledge and information on sound hygienic practices and personal care facilities among childminders. It is crucial that they should be made aware of potential health risks associated with these practices and be encouraged to make available facilities these risks are kept at a minimum.

Summary of Findings

- Although the diet is fairly balanced attention needs to be given to the type of food provided for the children. Also, a culture of drinking water should be promoted and water should be made safe (most often by boiling).
- Provision of adequate facilities is necessary to improve hygiene and sanitation and practices such cleaning, washing, sterilising should be encouraged. In addition, there is a need to inculcate in children basic hygiene practices to accelerate the development of self-help skills.
- Much needs to be done regarding health and safety equipment and facilities. From the findings only storage facilities seems reasonable. All fire related equipment provisions are very low and health related equipment is not at an acceptable level.

- The findings for toileting and bathing are of concern. There are limited child-sized toilets, children are using mostly basins for bathing and are sharing some of the facilities and accessories.
- It was found that diapering is being carried out but the extent to which procedures are being followed and practiced need to be explored.

Recommendations

1. Empower childminders to develop and implement a nutrition plan to include balanced, appropriate diet and water drinking regime.
2. Develop guidelines with relevant partners on health and hygiene requirements for childminding locations.
3. Develop guidelines and procedures with relevant partners on safety measures and equipment for childminding establishments.
4. Ensure that diapering protocol is established and childminders are sensitised.
5. Support childminders to encourage children to practice basic hygiene and personal care at an early age.

Conclusion

This brief looked at some of the health and safety conditions in childminding establishments. A number of important issues were identified which warrants the setting up of standards framework in which childminders should operate. All children under care should be provided a safe and healthy environment necessary for their holistic development. Childminders should also include in the education of children under care, good personal hygiene routines. In addition, the health of each child calls for good health and safety practices, the promotion of high quality sanitary and hygienic practices, and accessibility safety equipment.

References

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Abbreviations and Acronyms

SFRSA	Seychelles Fire and Rescue Services Agency
PHD	Public Health Department
NBS	National Bureau of Statistics

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