

# LET'S TALK ABOUT BEHAVIOUR

## PART 2: PROBLEM BEHAVIOUR IN CHILD CARE



### FACT SHEET

In *Let's Talk About Behaviour, Part 1: Back to Basics*<sup>1</sup>, we reviewed fundamental aspects associated with understanding and guiding the behaviour of children in the child care environment. We considered:

- the individuality of each child and caregiver including their temperamental differences and the impact of these differences on behaviour
- the needs of children
- the relationship between a child's behaviour and their physical, cognitive, social and emotional development
- how children 'learn' behaviour and
- how caregivers and families can guide children's behaviour.

The ideas and strategies suggested focussed on positive, preventative measures designed to create an optimal care environment. In summary, these ideas and strategies were to:

- notice and encourage desirable behaviour,
- teach pro-social skills (considerate behaviour),
- model positive behaviour and language,
- build your relationship with each child,
- be involved and participate,
- set clear, fair and consistent limits,
- redirect and distract children where possible,
- ignore attention seeking behaviour, and
- make appropriate behaviour worthwhile.

We noted, however, that some children in care have problem behaviours that require a more considered and individual approach. This may be because their behaviour is entrenched or very challenging and/or disruptive. They may require a specific behaviour change programme.

This feature article will look at problem behaviour, outline how to develop a behaviour change programme and then consider some of the

common pitfalls when attempting to use such a programme in the child care environment. The approach suggested is a holistic problem solving approach.<sup>2</sup> It recognises that many apparent behavioural problems are attributable to difficulties in the child's environment, interactions or other outside factors.

'Behaviour is often a form of communication and we must look carefully at the total picture to understand what needs the child may have that are not being met. Our problem solving approach ensures that all behaviour change strategies are developed and implemented by carers who know the child well rather than **outside experts.**'<sup>3</sup>

The problem solving approach involves a comprehensive step by step assessment of your own expectations and care environment to gain as complete an understanding as possible of the child's behaviour. Then you can begin to plan what to do about it!

### WHAT IS PROBLEM BEHAVIOUR?

A behaviour is anything we 'do' and includes positive, neutral and negative things. Our judgement of whether a behaviour is good or bad, acceptable or unacceptable, appropriate or a problem is very subjective. It will depend on our attitudes and beliefs, our past experiences and expectations together with our knowledge, understanding and relationship with each child.

Old adages such as 'children should be seen and not heard' indicate how our ideas about children and appropriate behaviour have changed over time. As caregivers we should have a good understanding of the types of behaviours and interactions that are appropriate for children of differing ages. Until we have this knowledge we can't judge what is 'typical' and what is problem behaviour.

<sup>1</sup> RUCSN Newsletter, Spring Edition, 1998, Issue 29.

<sup>2</sup> RUCSN (1997) Challenging Behaviours Workbook, Foreword.

<sup>3</sup> For more details see RUCSN's Challenging Behaviours Workbook (1997).

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'It is wrong to think that a behaviour is inappropriate just because it is difficult or undesirable. For example, it is normal behaviour for a two-year-old to have a temper tantrum in response to limits being placed on her. It is the two-year-old who doesn't tantrum who doesn't fit in to the usual norms. A six year old who never tells lies is not exhibiting age appropriate behaviour and an eleven year old who never argues or refuses to talk to you is not showing age appropriate behaviour.'<sup>4</sup>

Many behaviours that are considered to be a problem are in fact an age appropriate response to particular situations. This doesn't mean that you have to accept such behaviour. Children in group care have to learn how to be part of that group and act considerately towards each other and caregivers. Porter (1999) asserts that '*difficult or disruptive behaviour is any act which interrupts the group*'.<sup>5</sup> She goes on to describe this behaviour as taking one of three forms:

- ⊙ a typical behaviour that occurs too often or beyond the age where we would expect a child to learn more appropriate options,
- ⊙ a collection of typical behaviours which individually do not cause problems but together make group management difficult, or
- ⊙ an appropriate behaviour at the wrong time or place, e.g. a child wanting to dance or sing at nap time.

These three forms can be considered as 'too often, too many or bad timing'. When we think about problem behaviour in child care, most of it falls into one of these categories. Many 'typical' but undesirable behaviours are related to the child's thinking or cognitive level, language skills, social skills, level of moral development, search for independence, or understanding of the world.

Dodd (1994)<sup>6</sup> describes three types of behavioural problems:

- ⊙ those that interfere with the child's ability to learn and process information
- ⊙ those that stop the child using already learned skills and
- ⊙ those that disrupt others and may cause harm to the child.

These descriptions include both typical behaviour and behaviour which is outside the typical development pattern, i.e. a behavioural disorder. Behaviour difficulties can also be considered as internalising (e.g. sadness, withdrawal, anxiety, fearfulness, and isolation) or externalising (e.g. aggression, impulsivity, and hyperactivity). It will come as no surprise to know that externalising behaviours account for most of the problems experienced by caregivers. Both types of behaviour can be within the typical pattern of behaviour or symptomatic of a behavioural disorder.

### What is the difference between problem behaviour and a disorder?

A disorder is characterised by there being a pattern of problems that are stable over time, exist in multiple settings, are relatively severe and interfere with 'normal development'<sup>7</sup>

Childhood behavioural disorders are usually diagnosed by paediatricians using the Diagnostic and Statistical Manual of Mental Disorders (4th Edition) of the American Psychiatric Association (1994).<sup>8</sup> The most significant disorders involving externalising behaviours are:

- ⊙ Attention Deficit Hyperactivity Disorder (ADHD),
- ⊙ Conduct Disorder and
- ⊙ Oppositional Defiant Disorder.

Most caregivers would be familiar with the diagnosis of ADHD<sup>9</sup>. Conduct Disorder and Oppositional Defiant Disorder are infrequently

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<sup>4</sup> Harvey, R. (1996) Unpublished workshop notes.

<sup>5</sup> Porter, L. (1999) Young Children's Behaviour: Practical Approaches for Caregivers and Teachers. MacLennan and Petty Pty Ltd, NSW, p. 95

<sup>6</sup> Dodd, S. (1994) Managing Problem Behaviours, MacLennan and Petty Pty Ltd, NSW, p4

<sup>7</sup> Campbell, SB. (1995) *Behaviour Problems in Preschool Children: A Review of Recent Research*. Journal of Child Psychology and Psychiatry, 36, p. 118.

<sup>8</sup> This is usually known as DSM-IV.

<sup>9</sup> For those who are not, please see RUCSN Newsletter, Winter 1998, Issue 28 for a review of Attention Deficit Hyperactivity Disorder.

diagnosed whilst children are in the pre-school care environment. Such assessments are more commonly made once the child has started school.

'Some disabilities are associated with increased rates of difficult behaviour (e.g. Fragile X Syndrome and Autism Spectrum Disorders). There are other conditions which frequently result in specific behaviour problems: Lesch-Nyan Syndrome is always associated with self-injurious behaviour and Prader-Willi Syndrome with overeating<sup>10</sup>.'

### How many children have behaviour problems?

All children will display undesirable behaviours at some time. However, literature reviews that examine research evidence tend to agree that somewhere between 10 per cent and 15 per cent of preschoolers have **mild to moderate** behaviour problems at some time<sup>11</sup> with a similar figure having **diagnosable** mental, emotional or behavioural disorders.<sup>12</sup>

Parents and caregivers report an increase in behaviour problems when children reach two to three years of age and then a decrease in problems (such as tantrums, overactivity, attentional problems, and fighting with peers) between ages three to five. In general, antisocial and disruptive behaviours decrease as children develop a wider range of skills.

In summary, behaviours which should be considered a problem and which may warrant a specific behaviour change programme are those which:

- ⊙ infringe unfairly on the rights of others
- ⊙ present a clear risk of harm to the child or others
- ⊙ result in the mishandling of objects or living things or
- ⊙ limit the opportunities for the child's appropriate growth and development.

### USING A PROBLEM SOLVING APPROACH

A useful way of looking at and responding to problem behaviours is to use a systematic problem solving approach. This will help to organise your thoughts and discussion so that you come up with effective strategies. The problem solving approach does not tell you exactly which strategy to use, just how to find the right strategy for your situation. The strategy you choose is based on your understanding of the child's behaviour and the problem solving model helps you work out which strategy to try first. This is a positive approach and ensures behavioural and social support for the child.

#### Behaviour is useful

Children, and people in general, do the things they do for a reason. Our behaviour develops and becomes strong because **it achieves something for us**. If a behaviour is not achieving anything it will die off.

#### What is it achieving?

Your job is to find out what the child's behaviour is achieving and then help them to find a more appropriate way of achieving that object or experience. What is keeping the behaviour going? What is it achieving for the child? This is not always obvious and 'attention' is not always the culprit! Sometimes it is difficult to see how an anti-social behaviour could be useful, but watch it closely and you might find the child uses this behaviour to gain attention, escape, or to release frustration.

#### With what can we replace it?

Your next task is to help them to find a more appropriate way of achieving that object or experience.

#### Why spend time analysing the behaviour?

Most problem behaviours develop to help the child meet some need.<sup>13</sup> You need to understand these needs because the strategies you use will be determined by your understanding of the child's behaviour. If you have not spent time

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<sup>10</sup>Kilpatrick, Y. (1998) Behaviour Problems in Childcare: A Literature Review. Unpublished paper. p5

<sup>11</sup>These behaviours are generally regarded as being within the boundaries of 'typical' development.

<sup>12</sup>These disorders are outside normal developmental parameters.

<sup>13</sup>We discussed the needs of children in Let's talk About Behaviour, Part 1: Back to Basics. RUCSN Newsletter, Spring 1998, Issue 29.

problem behaviour, you will probably not respond very effectively.

For instance, if a child seems to crave attention - don't blame them for it! It is normal. Most children prefer negative attention to none at all. They may receive little positive attention at home and may have learnt that behaving inappropriately is a very effective way of getting people to take notice of them. They may also see themselves as 'naughty' and find it hard to accept positive words and gestures.

You need to help them learn positive, socially acceptable ways of gaining attention. Be sure to notice them when they are behaving appropriately and when they are no longer making a noise or creating dramas. Help them to see themselves as good and worthwhile.

**Diagram 1:**

<b>The 10 Step Model</b>
<b>Step 1.</b> Does the behaviour need to be changed?
<b>Step 2.</b> Select the behaviour you want to work on first.
<b>Step 3.</b> Define the behaviour precisely.
<b>Step 4.</b> Observe and document.
<b>Step 5.</b> Set a goal.
<b>Step 6.</b> Ensure all preventative measures are in place.
<b>Step 7.</b> Consider the range of possible strategies and solutions.
<b>Step 8.</b> Select the best strategy to try first.
<b>Step 9.</b> Implement the strategy.
<b>Step 10.</b> Monitor and review.

## THE PROBLEM SOLVING BEHAVIOUR CHANGE MODEL

There are TEN steps in the model set out in Diagram 1: The 10 Step Model. You may be able to change the model around once you have tried it but it is best to stick to it closely on your first few attempts. Each step has a question for you to answer or a task to complete.

### Step 1: Does the behaviour need to be changed?

In many cases behaviour can be disturbing or annoying but is not really a problem which you could or should solve. Consider the following questions in deciding whether to begin a behaviour change programme. Is the behaviour:

- ⊙ dangerous to the child, others or property?
- ⊙ limiting the child's opportunity to learn?
- ⊙ limiting the child's opportunity to interact?
- ⊙ seen as a problem by more than one person?
- ⊙ consistently a problem?
- ⊙ appropriate for the child's stage of development (not necessarily their chronological age) ?
- ⊙ appropriate given their cultural background?

These questions will help determine if the behaviour is a 'big enough' problem and if your concerns are based on realistic expectations.

### Step 2: Select the behaviour you want to work on first.

Your choice will probably be based on the danger the behaviour poses to the child, other children, staff or property. For instance, reducing fence climbing would probably be a higher priority than reducing swearing.

### Step 3: Define the behaviour precisely.

Decide exactly what is it that you want to change. It is no use having a fuzzy definition such as, 'aggressive behaviour'. The behavioural description should be clear so that all concerned know exactly what to look for. Your behavioural description should include:

- what the child does,
- when the behaviour occurs,
- where it occurs,
- who else is involved, and
- the frequency and/or duration of the behaviour.

For instance:

'Simon pushes other children off outdoor equipment at least once each day – usually when carers are engaged with other children'.

### Step 4: Observation and Documentation

Once you have described the behaviour, its occurrence needs to be recorded to establish a baseline. You can record the duration, frequency and intensity of the behaviour. Frequency records how many times the behaviour occurs.

Duration records how long each episode of the behaviour lasts.

By establishing a baseline before you start a behaviour change programme, you will be able to compare this information with your recordings after a strategy has been put in place. Without it, you will not know for sure if your approach is working. By documenting the behaviour, you will get a 'before' picture to compare to the 'after' picture.

You should also be taking notes on exactly what happened before, during and after each incident<sup>14</sup>. Diagram 2 provides an example of an ABC recording chart.

### Step 5: Set a Goal

Decide what the problem behaviour is achieving for the child. Then decide how you would like the behaviour to change. This goal should be realistic and very precise. For instance, 'touching other children without hurting them', or 'climbing on outdoor equipment only'. Make sure that your goal is appropriate given the child's current stage of development, temperament or background.

You will also need to help the child learn an alternative behaviour that meets the same needs as the initial problem behaviour. Reduce the problem behaviour by replacing it with a preferred alternative. You will need to show the child what it is that you want them to do and then make it worth their while to learn the new behaviour<sup>15</sup>.

Diagram 2: ABC Recording Chart

Antecedent	Behaviour	Consequences
What happened before the behaviour; where was the child, who was he with, what was he doing, what was said to the child.	What was the behaviour?	What happened after the behaviour; what did other children do, or staff; what was said to him, what did he do?

<sup>14</sup>This is generally known as ABC recording (antecedents, behaviour and consequences).

<sup>15</sup> For more detail see Fact Sheet *Let's Talk About Behaviour Part 1: Back to Basics*.

### Step 6: Ensure that all preventative measures are in place

Before instituting a behaviour change programme, carers must look at the factors in the environment that they can change to help a child behave more appropriately. Examine your expectations, programme, physical environment, equipment, interactions and limits to make sure they are not contributing to the child's problem behaviour.

You must also consider whether the most helpful action is to teach skills to help the child. Careful and sensitive programming that meets the needs of the children in your care will help to prevent problem behaviour.

### Step 7: Consider possible strategies and solutions

This step should not be undertaken quickly in the middle of a difficult situation. It is better done in a calm moment with input from as many people as possible. If you know beforehand how you will respond, you will be far more confident and effective. Plan to act – not react.

There are usually several possible solutions and your choice will depend on:

- your understanding of the behaviour; the child and the environment,
- your personal philosophy and values; together with those of the service for whom you work,
- your skills; and
- your energy and motivation.

Brainstorm possible ideas, strategies and solutions. As well as the ideas and strategies outlined in *Part 1: Back to Basics*<sup>16</sup>, consider also:

- changing the environment ,
- changing the programme,
- negotiation and conflict resolution,
- 'release' activities (e.g. music, art, physical movement),
- sitting out,

- reinforcing appropriate behaviour,
- discouraging inappropriate behaviour,
- direct instruction,
- positive practice,
- self selected break,
- coaching appropriate behaviour,
- humour, and
- physical prompts/assistance.

As every child and situation differs, it is not possible to be prescriptive about the 'best' solution or strategy for any given behaviour. These are a few ideas that may be appropriate for your situation.

### Step 8: Select the best solution to try first.

Decide on the most desirable action according to its degree of intrusiveness and potential for success, together with your personal philosophies, service policies, and past experiences. Most importantly, base your choice on your understanding of the child's behaviour that you have gained from your observations.

Be sure to communicate your intention to use a particular strategy to the parents and to others working with the child. There are several factors to consider when determining the preferred strategy or plan. These are outlined below.

#### Match the strategy chosen with the purpose of the behaviour.

You can tell why a behaviour is persisting by analysing the things that happen before (the antecedents) and the things that happen afterwards (the consequences). Your ABC recording chart will help you here. Taking notes on the antecedents and consequences will help you work out why the behaviour is occurring and which solution will be most appropriate. It is no good applying the same strategies to each child. Understand behaviours on an individual level before trying to change them.

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<sup>16</sup> RUCSN's Challenging Behaviours Workbook has more detail on these strategies.

### Teach the alternate replacement behaviour.

We are not only seeking to eliminate behaviours but also to help the child exchange them for more useful and acceptable behaviours. We must give them a reason to change.

### Understand your own behaviour.

You may be maintaining a problem behaviour because you like the feeling of being needed or because the child hits a nerve in you and you cannot respond positively to him.

### Your ability to be consistent.

To maximise the success of a behaviour change programme, all carers/adults must demonstrate consistency by responding in the same way to the target behaviour. Don't select a strategy that you can't successfully implement.

## Step 9: Implement the solution.

Make sure all staff are doing the same thing and that you are all consistent. Often problem behaviours are made worse by staff using their own unique approaches and some using a different one each time depending on how they feel. One way to ensure consistency is to write down the strategies that will be used and have regular discussions of how each person is finding the strategies.

## Step 10: Monitor and review.

Check frequently on your recordings to find out whether your strategy is working. You will probably find that it needs refinement, or you may find it is counter-productive and so abandon it. However, be aware that problem behaviours are often very entrenched and any behaviour change programme is a trial and error approach. Treat it as an experiment and gather data (e.g. recordings of frequency and duration) so you can see whether the strategies you choose are working.

You should have already begun recording how often the behaviour occurs or how long it lasts but if you have not, it is still worth making some

recordings. Behaviour will not change overnight. In fact, expect it to get worse before it begins to improve. This is especially true for older children. You will need to give your strategy a chance to work over a few weeks if possible, and then decide whether to continue. If you believe that you have taken all the appropriate steps without any success, it may be necessary to refer the child for external assessment.

### When to Refer

- ⊙ when you are not making progress after several weeks of a programme that was based on thorough prevention and response strategies, or
- ⊙ when the child's behaviour is outside the range of 'normal' problem behaviour (e.g., they appear out of touch with reality, they engage in self-harming or sexually precocious behaviour, etc.)

## WHY DO BEHAVIOUR CHANGE PROGRAMMES FAIL?

If we make an honest analysis of the situation we can generally determine why a behaviour change programme fails. Sometimes it is due to things outside our control, for example, problems originating in the home environment, a need for more support than is possible within the care environment without additional resources, or the need for specialist assistance/help particularly with entrenched maladaptive behaviours. We need to recognise those times when we have done the best that we can and when the problem is just too big for us to handle alone. This is when we refer for external assistance as noted above.

Frequently, however, the failure of a behaviour change programme is attributable to ourselves and our understanding of the child's behaviour, the child and his/her world, or the care environment. Let's briefly review each area for potential problems.

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<sup>17</sup> Porter, L (1999) Op cit., p. 132.

### ABOUT OURSELVES AND OUR UNDERSTANDING

- ⊙ Are you intimidated by the child's behaviour? *'You might not have come across a child with such extreme behaviour before, or you might be letting the diagnosis scare you from handling her as confidently as you otherwise could.'*<sup>17</sup> Get information and/or skills training, talk to the child's parents and other relevant professionals, involve your regional SUPS team and act with confidence.
- ⊙ Are you too patient? Do you nag to get results or regularly repeat instructions several times? If so, then you are failing to be sufficiently assertive and are not providing an appropriate behavioural model. Get some information and/or communication/assertion skills training.
- ⊙ Are you worried about being disliked by the child?
- ⊙ Have you misinterpreted the child's behaviour? Go back and review all your observations.
- ⊙ Have you targeted a behaviour that is too difficult? Can you modify your goal or work on a less 'difficult' expression of the behaviour? For example, if non-compliance is the issue, it may be better to start with small instances throughout the course of the day rather than the tantrum that occurs at sleep time.
- ⊙ Does the alternate replacement behaviour really meet the child's needs? Review your analysis of the child's needs and what the original behaviour was achieving. Be flexible in your thinking and observing. Look beyond the obvious.
- ⊙ Are you persisting with a strategy that isn't working? Try something else.
- ⊙ Are you consistent - yet fair and flexible - in your strategy application? If not, you will only confuse the child and set yourself and your programme up to fail.

### THE CHILD AND THEIR WORLD

- ⊙ Have you the right understanding of the child's behaviour? Have physical and medical conditions been eliminated, e.g. food sensitivities, sensory impairments and delays.
- ⊙ Is the behaviour a short term response to stress? What is happening in the child's life external to the care environment?
- ⊙ Have you previously made undue allowances for the child perhaps because of a disability or

'home problems'? Review and clarify your expectations. Make them predictable.

- ⊙ Have you identified the right child? You may well be working to change the behavioural response of a child who is being 'wound up' by another child. Careful observations are required - particularly of incident antecedents and the particular children and circumstances involved. Look for patterns.
- ⊙ Does the child understand the 'rules' of the behaviour change programme? Explain to the child what you are doing and what is expected from all persons involved.
- ⊙ Has the child learned to dominate the home environment and is this behaviour being replicated in the service? Reinforce the child care rules and limits, be assertive and persistent.
- ⊙ Does the child associate authority with verbal and/or physical violence? If so, you will need to be firm and explain the care environment rules and re-affirm that smacking and shouting will not occur.

### THE CARE ENVIRONMENT

- ⊙ Are all staff members doing the same thing? See Step 9.
- ⊙ Do the environmental demands inhibit planning or application of appropriate solutions? For example, too little time, insufficient training or support, inappropriate staff /child ratios. Talk to your colleagues and SUPS teams for ideas on how to work around the 'environmental difficulties'. Be creative and imaginative in your solutions and seek outside assistance if you need it!
- ⊙ Have you really looked at your internal and external environments to see how they influence the behaviour of children in your care? Are there runways that encourage overly exuberant behaviour? Are there spaces to enable 'down time' and quiet times for individual children? Is the physical space best suited to the way you use it?
- ⊙ Does your programme support and foster the development of considerate behaviour in children? Is it well structured, reflecting the children's interests and having some 'flow' across the day? Is there room for variety and choice? Is it fun? Would you like to be a child in your care?
- ⊙ How do all staff members interact with the children? Do all 'grown ups' model appropriate behaviour towards the children

and one another? The best behaviour support programme will fail if children see adults behaving towards one another in a contradictory way.

- Do you manage transitions well or do these times degenerate into chaos? Is this when you experience the greatest volume of problem behaviour? Get resources, information and support to give you additional ideas and suggestions on how best to manage these times with the children in your group.

### CONCLUSION

Even with your best efforts and most careful planning, many behaviour problems may remain unresolved or only be partially resolved. This may be because:

- changes are required in areas outside your influence (e.g. at home),
- you have insufficient resources (e.g. not enough time for planning),
- the child cannot afford to give up their difficult behaviour because they have no effective alternative to meet their needs, or
- outside help is required.

Behaviour change programmes can result in positive outcomes and social support provided that they are well thought out and implemented. Lack of time and inconsistency in applying solutions are the major reasons cited for the failure of behaviour change programmes in the child care environment. You need to build your programmes around your environmental constraints rather than use them as excuses for failure.

Caregivers can play a very significant role in assisting children with behaviour problems. Few of these children and their families receive the optimal level of external support, service or treatment to enable effective behaviour change, and many of those who do drop out before completion. For many children, the only assistance received will be within the child care environment. You have the potential to provide

children with an environment that actively teaches and facilitates the learning of appropriate skills and behaviour. As caregivers, you can make a difference.

### SUPPORT FOR CAREGIVERS

It is our aim to provide training, resources and support to childcare professionals. If you are having difficulties with the behaviour of children in your care, consider discussing your issues and problems with your regional SUPS team. If you are unsure which SUPS team covers your service, contact RUCSN.

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