

'Ask the Expert' Frequently Asked Questions

Child Development

Question: Are there behaviour management programs available to parents that are of shorter duration than the standard 8 week course? Committing to 8 weeks is often a barrier for parents to access the program.

Answer: *Triple P recognises that not all parents want, require or can access the 8 week course, so they have developed a variety of different options to suit individual needs. Options range from short seminars; discussion groups on specific concern, one-to-one support; group programs; enhanced programs; online options; as well as specific programs for children with a disability, divorced and separated parent and programs focusing on kids healthy lifestyle. Please be aware that Triple P focus is on building strong family bonds in nurturing environments and the prevention of behavioural concerns.*

Not all Triple P program options are available at present in WA, however, if the York community would like to access Triple P programs, please contact Helen.

Helen Bosisto, Triple P State Coordinator

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Question: Are we able to organise a parenting information sessions for Dads, in an environment where they would be happy to attend (eg. sporting events or farm meetings)

Answer: *Yes! The following contacts would be able to help you in organising an event for Dads.*

- *Triple P Program - Helen Bosisto Phone 08 9285 3600 Email: helen.bosisto@education.wa.edu.au*
- *Ngala DadsWA – Keith Read Phone: 08 9368 9368 Email DadsWA@ngala.com.au*
- *Regional Men's Health – Owen Catto Phone: 08 9690 2277 Email: menshealth@4blokes.com.au*
- *Playgroup WA - David Zarb Phone: 08 9228 8088 Email ceo@playgroupwa.com.au*
- *The Fathering Project – Bruce Robinson (2014 Western Australian of the Year) <http://thefatheringproject.org/>*

Question: The information provided in the Australian Early Development Census (AEDC) reports are so overwhelming. It's hard to know what to do with it and where to start. Any suggestions?

Answer: *Today is a positive first step to consider what the results are showing for children in York. From the discussion we have had today, there are some key themes and ideas arising that could be used as a starting point to respond to the results (for example being more cognisant of the role dad's play in their child's development and creating opportunities to better engage with dads) The AEDC is a conversation starter, and an opportunity for the families/community to come together and consider what they believe the strengths are and what could be improved for children in York..*

Questions for the parents/community to think about:

- *What does the community believe are their strengths*
- *What's working and what can we change?*
- *What stakeholders can we involve for support*

- What changed in the York community between 2009 and 2012 that may have impacted on the AEDC results?
- How can we ensure all York parents are involved and receive this information, so they feel a part of the community

Key actions from today:

- Engage dads – invite a guest speaker (David/Keith/Regional Mens Health) to present at a sporting event, crop update or similar.
- Work with Helen to provide shorter Triple P sessions to the York community
- Utilise Gail's expertise with the AEDC
- Don't forget family is important, don't just focus on community

Immunisation

Question: Why are so many vaccines and needles given at the same time?

Answer: A number of immunisations are required in the first few years of a child's life to protect them against the most serious infections of childhood. The immune system in young children does not work as well as the immune system in older children and adults, because it is still immature. Therefore, more doses of vaccine are often needed.

Another reason why children get many immunisations is because science has meant we have been able to develop more and more vaccines to prevent illness and disease. However, the number of jabs is also being reduced by the use of combination vaccines, where several vaccines are combined into one injection. This has led to improved immunisation coverage rates across the population.

Question: Will we ever be legally obliged to immunise our children?

Answer: Due to religious and cultural beliefs and some medical reasons, it is doubtful that immunisations will become mandatory. Though the federal governments' new 'No Jab No Pay' policy will tighten up the rules and reinforce the importance of immunisation and protecting public health, especially for children. More than 95% of children in WA start their vaccination program, but sometimes as the family grows and gets busier, vaccination rates tend to drop. We need to make sure immunisation remains a priority so more children are fully immunised.

Question: What will happen to my parenting payment if I choose not to immunise my child?

Answer: Some Government benefits are available to parents of children who are up to date with their immunisation or have an exemption on medical grounds. These benefits include; the Family Tax Benefit part A Supplement, Child Care Benefit, and Child Care Rebate.

If there is an approved reason why your child is not fully immunised and you want an immunisation exemption, you will need to provide the Department of Human Services with 1 of the following from your immunisation provider or doctor:

- An Immunisation exemption for medical reasons (contradiction) form; or
- An Immunisation exemption by conscientious objection form; or
- A letter explaining why the exemption is necessary

For more information go to <http://www.humanservices.gov.au/customer/subjects/immunising-your-children>

Question: Why should I immunise my child against flu?

Answer: *Children can begin to be immunised against the flu from six months of age. Flu vaccines are safe and have been used in children around the world and in Australia for many years. All vaccines currently available in Australia must pass stringent safety testing before being approved for use.*

Question: Should we be getting our older kids vaccinated with the flu vaccine?

Answer: *Older than 5 years of age is currently not funded for under Medicare, as the research shows that for 'value for money' it is more economical to fund flu vaccinations in children under 5 years of age. There is definitely no medical risk vaccinating children over 5.*

Note: Kids diagnosed with some chronic diseases may be covered for flu vaccines until an older age.

Note: Vaccination cover may vary between private health insurers.

Question: How safe is the influenza (flu) vaccine?

Answer: *Occasionally a specific brand of flu vaccine on offer may be recalled due to safety concerns. In 2010, one brand of seasonal flu vaccine (Fluvax and Fluvax Junior, CSL Limited) resulted in higher rates of adverse events, particularly fevers and febrile convulsions in children under 5 years of age. Following an extensive review of evidence, it was advised that this specific brand of vaccine be no longer used in children and as a result, Fluvax is no longer registered for use in children under 5 in Australia. All other registered flu vaccine brands in Australia are generally safe in children from 6 months of age.*

All vaccines registered for use in Australia are all inactivated, which means they do not contain live virus.

All vaccines elicit an immune response. Some of these responses can include a mild fever and headache, amounting to flu-like symptoms. This could result in the mistaken belief that the vaccine has given someone the flu. These side effects may occur with many different types of vaccines.

Question: Does the mercury in vaccines cause autism?

Answer: *Since 2000, vaccines available in Australia for children have not contained mercury (thiomersal). This is due to vaccines now being produced in single-use sealed vials that do not require the use of a preservative.*

There is no evidence that thiomersal has caused any health problems. Thiomersal was used in very small amounts in some vaccines since the 1930s to prevent bacterial and fungal contamination. The form of organic mercury in thiomersal (ethyl mercury) does not accumulate in the body. It also occurs naturally in the environment (in the air, earth and ocean) and in fish. There is no evidence of developmental or neurological abnormalities, such as autism, as a result of using vaccines containing thiomersal.

There has also been a proposed theory linking the MMR vaccine and autism specifically. However, this was due to one published study that has since been retracted due to the data being fraudulent. All research studies since have disproven this theory.

The other potential reason for the myth that vaccines cause autism is the timing. Children are generally diagnosed with autism between 5 months and 2 years of age. Children are being vaccinated during the same time period. As well as a coincidence in timing, autism rates have

increased due to the development of the autism spectrum which has improved diagnosis. At the same time, immunisation coverage rates have improved.

Question: How does herd immunity work?

Answer: *If enough people in the community are immunised, the risk of specific diseases can fall so low that even those who are too young or too sick to be given a vaccine will not be exposed to it. This is known as 'herd immunity'. Smallpox was eliminated from the world and polio has disappeared from many countries because of herd immunity.*

Question: Is it safe to get immunisations during pregnancy?

Answer: *During pregnancy, your immune system is naturally weaker than usual. This means you are more susceptible to certain infections and illnesses which can be harmful to you and your developing baby.*

Immunisation is a simple and effective way to protect yourself and your baby from certain infections. All women should receive influenza and whooping cough vaccines during every pregnancy.

Influenza infection can cause serious complications in a pregnant woman, which may include the need for hospital treatment. There is no evidence that the vaccine will harm the unborn baby and it can be given during any stage of pregnancy. Immunising against flu during pregnancy provides ongoing protection to a newborn baby for the first six months after birth.

A whooping cough combination vaccine including tetanus and diphtheria protection is recommended to be given in the third trimester of every pregnancy. Vaccination during pregnancy has been shown to benefit the newborn by passing protection from the mother to the baby.

Question: Are we over-immunising for Pertussis (whooping cough)? Especially if women are being immunised each time they get pregnant?

Answer: *Pertussis is a very infectious disease. In a household where someone has pertussis, up to 90 per cent of unimmunised contacts of that person will acquire the disease. Young infants have the highest rates of hospitalisation and complications from Pertussis, especially if they contract the disease before 2 months when they receive their first Pertussis vaccination.*

Following rigorous research it has been found that the best way of offering protection to the newborn infant and for very young babies is to make sure maternal antibodies pass from mother to baby during pregnancy and in sufficient quantities. It was found that a Pertussis booster given during the 3rd trimester of pregnancy had the most effect. Following this evidence and the fact that Pertussis is a disease whereby immunity acquired either naturally by having the disease or by receiving previous immunisations wanes over time. This, leaves young babies most at risk of contracting the disease, which is often fatal.

Vaccinating more frequently does not cause any side effects, thus it is recommended that each pregnancy an Adacel (Adult Diphtheria, Tetanus, Pertussis) booster is given to protect the unborn baby and to ensure mum has protection if there are community outbreaks of the disease.