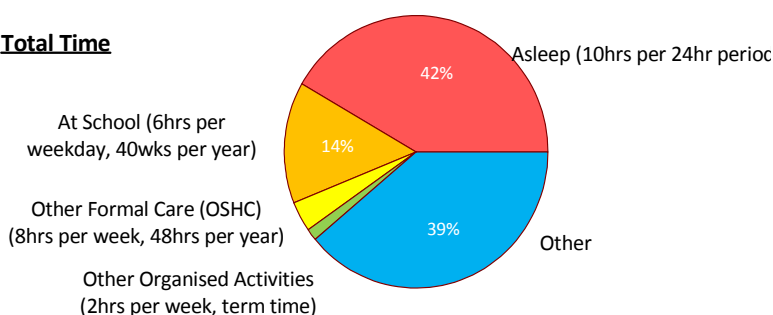


Influencing a Child's 5000 Hours

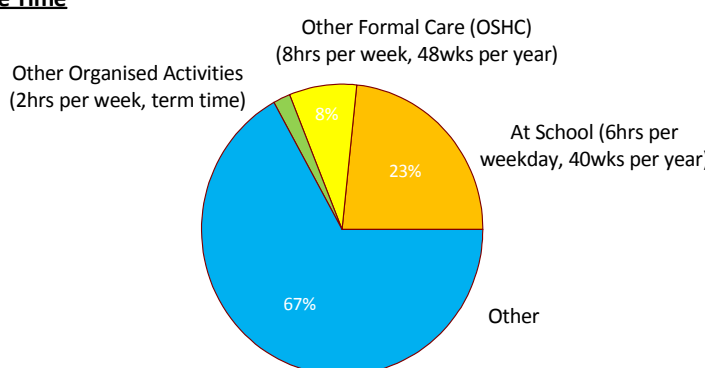
We all know that children need their sleep. The Australian Government's parenting website, the Raising Children Network, recommends between 10 and 13 hours of sleep in a 24 hour period, depending on a child's age. If a child spends between 3500 and 4000 hours a year sleeping, what are they doing for the rest of the time?

A 5yo child who sleeps about 10hours a day will be awake for approximately 5000 hours in a year. In their awake time they might go to school or kindy, attend outside of school hours care, and participate in some organised activities. In the tables below, a hypothetical prep student does all of these things.

Total Time



Awake Time



As part of a busy family, this child will spend a lot of time engaging with her community across a range of contexts and environments, and in doing so may interact with many different people for many different purposes.

If this child accesses a developmental intervention, what is the relative impact in terms of her time?

If this child receives 6 hours of intervention in a year (1.5hr assessment + 6 x 45min appointments), this will equate to about 0.1% of that child's awake time (and only 0.068% of their time overall). A drop in the ocean of opportunity and experience.

If we increased the access to services to the point where she received 28 hours of intervention in a year (2hr assessment + fortnightly 1hr appointments), this still equates to only about 0.5% of that child's awake time (and 0.32% of time overall). Despite a significant increase in intervention, the impact in terms of time and potential influence in that child's life is very small, particularly if that child's concerns are complex and pervasive.

Researchers and health care advocates increasingly encourage us to think about how we influence our patients outside of the healthcare setting:

“Even patients with a chronic illness may spend only a few hours a year with a (health professional) but they spend 5000 waking hours engaged in everything else... making choices about activities that profoundly affect their health (and development)”. Asch et.al (2012)

“It is in the community that people spend most of their 5000 hours, and our communities are host to a wide array of assets that promote health (and development)”. Bisognano and Schummers (2014)

Implications for Practice:

Given that it is in their community that a child spends most of their 5000 hours, and given that our communities are host to a wide array of assets that can promote health and development, clinicians need to be using their time with families focused on what children and their families do outside of the clinic room rather than what we do with them inside of it.

Intervention must be timely, goal directed, and focused on both the child (optimal function and participation) and their caregivers (parental efficacy and advocacy). The CDS Principles of Practice are core to working in this way and involve:

- Understanding early childhood as part of the lifecourse (future focused)
- Intervening early (as soon as possible to the identification of a concern)
- Understanding the ecological model of development (complex interplay between biology and environment facilitated by a nurturing caregiver)
- Ensuring equity-based service planning and provision
- Practicing in an evidence informed way
- Providing transdisciplinary care
- Adopting a chronic disease approach to optimising developmental outcomes

Parent Coaching is a structured reflective process used when engaging with children and families with a view to: clarifying what is important to them; choosing meaningful goals; accessing their own strengths, resources and creativity; exploring options for action; designing a plan of goal oriented actions; implementing these; and reflecting on their progress. This approach of action-reflection-learning facilitates change at the levels of the person, their environment, and their daily life activities.

References:

Queensland Health (2013) Act Now for a Better Tomorrow. Queensland Government, Brisbane

Asch, D., Muller, R., & Volpp, K. (2012) Automated Hovering in Health Care – Watching Over the 5000 Hours. *The New England Journal of Medicine*. 367:1 p. 1-3

Bisognano, M., & Schummers, D. (2014) Flipping Healthcare: an essay by Maureen Bisognano and Dan Schummers. *British Medical Journal* . 349:g5852

Graham, F., Rodger, S & Ziviani, J. (2009) Coaching parents to enable children’s participation: an approach for working with parents and their children. *Australian Occupational Therapy Journal*, 56: 16-23

Raising Children Network (2013) *About Sleep*. Australian Government
http://raisingchildren.net.au/articles/sleep_the_hows_and_whys.html/context/731#cycles

This paper’s content is a synthesis of the referenced literature with consideration of the CDS context prepared by Child Development Subnetwork and endorsed by the Queensland Child and Youth Clinical Network.