

Aboriginal Infants & Children

Supporting and Promoting their
Wellbeing and Development

Contents

About this Booklet	1
Introduction	1
Child Development	3
Development Milestones	6
The First Year	6
Parenting and Child Safety 0-1 Years	11
The Second Year	13
Parenting and Safety	15
1 - 2 Years	15
2 - 3 Years	16
2 - 3 Years of age	17
3 - 4 Years	19
Infant and Child Nutrition	22
0 - 6 Months	23
Introducing Solids	23
Nutrition in Children 1 - 5 Years	25
Children and Smoking	26
Resources	28
Services – Parenting, Health and Child Development	29
References	30

About this Booklet

In our research, the health and wellbeing of children emerged as a critical concern for Aboriginal Health Workers, as did the need for and access to information to guide programs on child nutrition, development and parenting. Aboriginal Health Workers play an important role in promoting the health and wellbeing of children in their communities.

This booklet provides Aboriginal Health Workers with practical, usable, and user friendly information on aspects of child development, parenting, safety and nutrition. Health Workers can use this information to advise parents on ways to develop and provide the safe and stable environments and behaviours necessary to child development and wellbeing.

The information is intended as a guide and not to be used in place of advice from a health professional. If you or a parent has any concerns, seek professional help and advice.

Introduction

Research has shown that Aboriginal children experience higher rates of death and illness from disease and injury than non-Aboriginal children. In addition to this, stress and dysfunction in their families and communities can affect their social and emotional well being. There are many risk factors they face including:

- Lack of structure and predictability in daily life
- Anti-social and disruptive behaviour
- Poor housing and overcrowding
- Lack of sleep
- Neighbourhood and domestic violence
- Poverty
- Death of family and friends
- Incarceration of family members
- Violence
- Severe economic hardship
- Prejudice and lack of opportunity

Children need stability and security in order to thrive: living in conditions such as these can have a negative effect on the family unit and the overall development of children and young people.

Introduction

continued

Many Aboriginal people live under chronic stress and this is a key determinant of their physical and mental health status, lifestyle choices and a range of general health outcomes. Smoking, alcohol and drug use, and the consumption of junk foods might be used as coping tools: this can impact on the health and wellbeing of children. It is important to be able to identify and counteract the sources of stress that Aboriginal families experience and which impact the long term physical and emotional health of children.

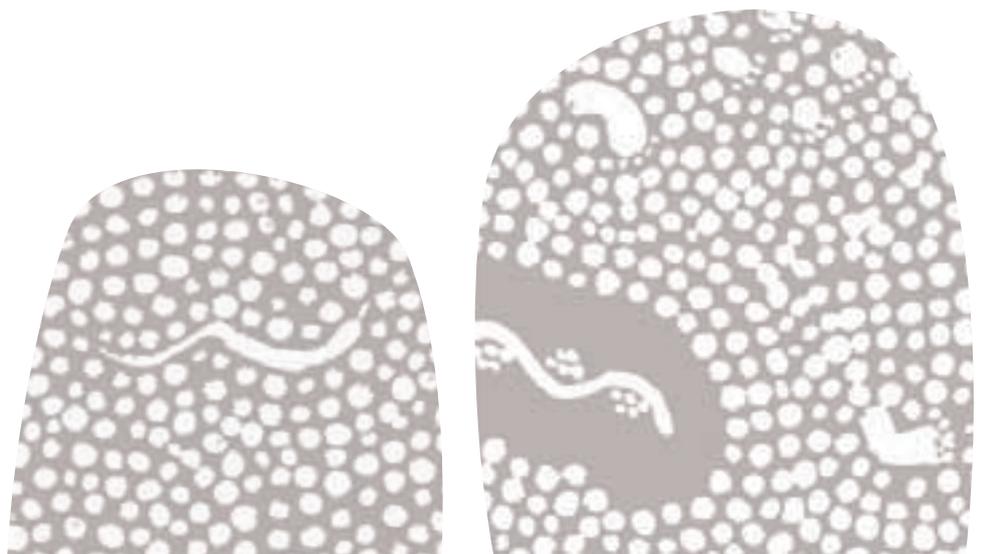
Addressing the sources of stress in Aboriginal families and households requires an holistic, comprehensive and long term approach. There is a need to support Aboriginal parents to:

- Engage with local service providers
- Cope with stress
- Protect their children from stress

Increasing protective factors in Aboriginal communities can promote and enhance the positive development and wellbeing of children. Programs need to focus on improving the capacity of Aboriginal families to function well. Being able to communicate effectively, manage basic decision-making and deal with stress in positive ways are all critical to a child's developmental outcomes. Parents and primary carers need to be skilled in providing specific opportunities for children's development and emotional support.

Effective parenting programs can directly influence a child's emotional or behavioural outcomes and the confidence of parents by supporting them to:

- Improve their understanding of children's development and needs
- Understand and accept the responsibility of parenthood
- Improve their communication skills
- Understand the importance of showing affection
- Learn and practice effective, positive discipline strategies
- Develop more positive relationships with their children
- Develop more positive relationships with their partners, or ex-partners.



Child Development

Developing Resilience

Life chances of Aboriginal children and young people can be improved. Early intervention and prevention programs can protect children from risk and help them have longer, healthier and fuller lives. Aboriginal Health Workers have an important part to play in this.

The Risk-Protective Factor Framework (below) explains some of the general individual, family and environmental factors considered to be risks to or protective of a child's social and emotional wellbeing and development. This framework can be used in health education and promotion activities for developing resilience in children.

	Risk Factor	Protective Factor
Child/Personal	Difficult temperament Below average intelligence for their age Developmental delays	Average or above average intelligence for their age Easy temperament
Parental/Family	Prenatal stress Harsh parenting Abuse and neglect Parental stress/mental illness Parental substance abuse Family breakdown Family stress Parental incarceration Single parent Unemployment	Love and affection Family harmony Parental stability Supportive parents Secure attachment to parents and caregivers Parental support networks
Community/ Environmental	Low socio-economic status Crime and violence Disunity and lack of connection Lack of family/community relationships	Strong community networks Secure relationships with adults Community harmony and peace

Through health promotion and education, Aboriginal Health Workers can educate parents and communities on avoiding or overcoming risks, developing protective environments, and teaching people about what they can do to make their lives, and the lives of their children, healthier. This includes referring people to appropriate professional health, social and educational services for children.

Child Development

continued

Resilience in Aboriginal Children: Strength through Culture

Confidence and self esteem are considered important to resilience: Confident children are generally resilient children. In addition to the risk and protective factors outlined in the previous framework, Aboriginal children and families face a number of factors that are specific to their circumstances. Aboriginal health workers and parents can build resilience in their children by understanding these specific risk and protective factors and by implementing programs or practices that increase a child's exposure to protective factors.

Aboriginal specific factors include:

Risk	Protective
Loss of culture	Connection to country, language and culture.
Trauma and grief	Employment opportunities
Dispossession	Community connection.
Loss of country	Access to community controlled or other services.
Loss of language	Healing processes
Lack of opportunity	Strong family networks
Racism	
Isolation	
Lack of access to services	
Lack access to healthy food	

There is evidence to suggest that connecting Aboriginal children to their culture and building pride in their Aboriginal identity are ways of developing individual self-esteem: an important protective factor in wellbeing and development. Health Workers, parents and carers can help a child develop a positive sense of their Aboriginal identity in a number of ways including:

- Making sure they know their people and country
- Sharing traditional stories and songs
- Connecting to country, language and elders
- Knowing they belong to an ancient and proud race and culture
- Making sure they believe in themselves
- Showing them you have pride in self, culture and people

Development and Parenting Are Interconnected

The health and wellbeing of all children is connected to parenting. Children learn from parental guidance and example. Their discovery of their world is important to reaching their developmental milestones. Many Aboriginal children have more opportunities for 'experiential' learning: because of this, many will reach developmental milestones at an earlier age. This freedom to learn also means that parents and carers need to be aware of some of the dangers this brings. Accidents are a frequent part of early child development and parents need to be informed of the dangers so that they can provide a safe environment for children to develop in.

Parenting affects health and wellbeing

Children learn by example

Children learn by example: what they see and hear has a bearing on their overall development. Children often copy the behaviour of the person or people they have most contact with such as parents, siblings and carers. How we speak to children also has a big impact on their emotional needs. For example, when a child is spoken to harshly, they behave and respond with confusion or crying. The language and words we use with children are reflected in their self esteem and confidence.

Children develop strength, confidence and resilience when they are loved and encouraged rather than harshly treated. Children learn best when we encourage them to achieve rather than hold them back or direct everything they think and do. Guidance from parents is necessary, but for a child to be emotionally 'healthy' they should be given explanations to help them understand their world and be encouraged to explore it.

All children learn at different rates. Some children take longer to reach milestones than others, (developmentally delayed) but often catch up over time. Other children may have an underlying problem that causes their development to be delayed: this might stop them from catching up. If you have any concerns about a child's development contact a health professional for a development assessment.

Aboriginal Health Workers can make a difference to the health and wellbeing of Aboriginal children by helping parents and carers to parent well and to understand recognised developmental milestones,. The following information on development milestones, parenting and child safety is intended to help Aboriginal health workers in health promotion education, and early intervention activities.

This section discusses some of the basic developmental milestones for the 0-4 age group. It also includes useful tips for parents on things they can do to help their child develop. These milestones are meant as guidelines only, and reflect the average what might be expected of most children at a particular age. Each child is different: some might reach these stages earlier, others might reach them later. Some babies skip some stages such as crawling.

There are many reasons why children develop later than expected. These might be physical, social or environmental. If a child has not reached a milestone, reassure parents that this does not necessarily mean there is a serious medical problem. The best course of action is to have a check from a health professional to ensure the early detection and treatment of possible underlying causes.

Love and encouragement → Confidence and Resilience

Development Milestones

continued

The guidelines in this resource cover the three primary areas of development measured by child health experts:

- Social and emotional – how they relate to others and their emotional development
- Gross motor skills, vision, hearing – what they can do physically and whether they can see and hear
- Speech and Language – how they develop with regard to speaking and communication

These are not all of the milestones. For more information, see the resources list at the end of this booklet. This information is intended as a guide for early intervention and health promotion activities.

The First Year

The first year of life is one of rapid physical and mental growth. Baby's muscles and bones are getting stronger and many of the cognitive (brain) pathways for future life start at this time. They are getting ready to be fully grown. In the first year babies are likely to:

- Sleep for more time than they are awake
- Be dependent on parents for all of their needs
- Using crying to communicate
- Develop an interest in people and their environment
- Learn through play, watching and listening
- Understand and learn even if they can't show it

0 – 3 Months

These months are hard work but rewarding. Babies are dependent and demanding, but the love and joy they bring are rewarding. It can be stressful on parents: they need support, help, and some time out. Reassure parents they are not alone, they have support, and that most people find this stage difficult. Key milestones include:

Development Area	Expected	Seek Advice if:
Relationships	Watch parent's face Smiles (7 weeks) Laugh (3 months)	Not smiling (8 weeks) Cuddles don't settle baby for a short time
Doing, seeing, hearing	Reacts to sudden or loud noise Lifts head when on tummy (6 weeks) Follows light with eyes (4 weeks)	Body stiff or floppy Not watching faces (3 months) Doesn't react to loud noise Unusually 'good' /not demanding
Talking	Noises other than crying (8 weeks) Seems to 'listen' to parents	Not watching faces (3 months) Not making sounds (3 months)

Some ways parents can help their child develop are to:

- Smile, cuddle and massage – shows love and connection
- Talk and sing to baby – develops language
- Give them 'tummy time' when awake – develops strength and movement
- Hang mobiles – develops vision

Ideas for play and toys include:

- Singing and music
- Rattles and mobiles
- Cuddles and massage
- Soft Toys



Development Milestones

continued

3 – 6 Months

During this stage, babies are becoming more aware of people and their environment. They are curious and will explore through sight and touch. They are still very dependent on parents and carers for their basic needs, but much less demanding. Most will have settled into a regular sleep pattern, and some might be sleeping all night. Key milestones include:

Development Area	Expected	Seek Advice if:
Relationships	Laughs aloud (4 months) Eye contact Recognises parents/carers	No interest in surroundings Doesn't recognise parents/carers
Doing, seeing, hearing	Watches people Plays with fingers Lifts head and chest when on tummy Turns head to sounds	Doesn't open hands Not kicking legs No eye contact Unsettled most of the time
Talking	Small voice sounds Turns head to voices (5 months) Babbles and 'listens' (4 months)	Few voice sounds

Some ways parents can help their child develop are to:

- Have playtime on the floor – develops movement
- Talk to them about their environment – they are learning!
- Play games like peek-a-boo
- Talk and sing
- No nappy time and splashing in the bath – develops movement

Play and toy ideas include:

- Bright coloured books
- Rattles and chew toys
- Mirrors to see reflection
- Balls to hold and roll

6 – 9 Months

Most babies will have regular sleep and feed patterns. Some might even be eating solid food. They will be very curious and babies on the move will explore everything they can get their hands on: for this reason child safety becomes very important. Babies will try to 'talk' using a variety of sounds. Key milestones include:

Development Area	Expected	Seek Advice if:
Relationships	Recognise familiar people Upset when separated from parents/carers Likes games – i.e. peek-a-boo	No eye contact Can't be comforted by parent/carer
Doing and seeing	Pass objects between hands Roll over (7 months) Sit without support (8 months) Moving – tummy creep, crawl, bottom shuffle Hold a spoon but can't feed self Interest in small objects	Not moving No interest in objects Doesn't recognise parents/carers
Talking and hearing	Babbles with sounds Recognises words – i.e. turn to Mummy if they hear the word Copies sounds	Not babbling Doesn't turn when name is called

Some ways parents can help their child's development are to:

- Look at books and name pictures
- Create an open, safe space for movement
- Talk in simple language
- Respond to baby's sounds in pretend conversation

Play and toy ideas include:

- Music, songs and nursery rhymes
- Boxes, cups, pots and pans
- Blocks to stack
- Balls to roll

Development Milestones

continued

9 – 12 Months

By this age most babies are moving – crawling, cruising furniture or walking. They will get into everything as they explore their environment. They might become frightened of being away from their parents. They will try to talk by babbling, and some might speak their first words. Key milestones include:

Development Area	Expected	Seek Advice if:
Relationships	Knows familiar people Shy with strangers Turns to name Arms out to signal they want to be picked up Copies gestures – i.e. waving	Doesn't show pleasure No eye contact Can't be comforted by parents/carers
Doing, seeing, hearing	Drops/throws things on purpose Crawling/bottom shuffling (10 months) Might walk when holding hands or furniture Pull to standing (11 months) Feed themselves using hands	Not sitting (9 months) Not moving
Talking	Babbles loudly Pretend conversation Turns in direction of sounds Shakes/nods for yes/no Knows own name	No babbling or other sounds

Some ways parents can help their child develop are to:

- Move objects out of reach – this encourages movement
- Offer finger foods
- Play games where you 'take turns' such as clapping
- Reassure them you are around – i.e. call out if you are in another room

Play and toy ideas include:

- Books with bright pictures – let them turn the pages
- Water and sand with buckets and cups
- Music, singing and dance

Parenting and Child Safety 0-1 Years

At this age children are completely dependent on their parents for the basics in life, such as:

- Food
- Clothing
- Housing
- Safety
- Cleanliness
- To be free of disease & harm.

As adults we don't often think of the dangers connected to some of these life basics and we become complacent about safety around the home: as adults we forget how children think and do not consider the danger in everyday situations. A safe environment to explore and play in is important to a child's health, wellbeing and development. It is important that parents and carers are aware of some of the dangers in the home, and that through simple actions they can make minimize safety risks to their child. The following information can be used for child safety health promotion and education.

Some of the main safety and parenting issues for children in this age group include:

- Parents/Caregivers should give children their full attention.
- Don't be distracted by the phone, chores or other family members. Children can suffer injuries or accidental death when their parents are not totally focused on them, their surroundings or what they are doing them.
- Cars can be dangerous places for children. Babies should be carried in an approved child restraint that is secured to the car by the seatbelt and anchor point. Babies should be carried in a rear facing, reclined position until they are strong enough to sit up (Around 7-8 months).
- Do not leave children alone in cars. Children have died of dehydration and heat exhaustion after being left in cars on hot days. Also, they are at risk of being hurt or injured in the event of a crash.
- Children are at risk of burns in a number of everyday household situations.
- Check the temperature of bath water before you place a child in the bath as children's skin is delicate and burns easily. Test the water temperature with your elbow or the back of the hand: If it's too hot for you, it's too hot for them.

Development Milestones

continued

- Try to keep cooking and children apart. Boiling water and cooking fat/oil can splash out and burn delicate skin. Hot oven doors and stovetops can also cause burns. Keep sharp knives out of reach to minimize the risk of cuts and injury.
- If you are around fires, keep children away from the flame. Try to buy clothes that do not quickly ignite such as wool and cotton and look for the 'Low Fire Danger' label on clothes.
- We don't always think of clothing as being a safety risk. There are a number of things parents can do to minimize potential safety hazards. Clothe children in items that are easy to put on and remove. Avoid large buttons or metal clips which can heat in the sunlight and burn delicate skin.
- Don't over-dress children in hot weather; they can overheat and become dehydrated very quickly.
- Don't under-dress children in cold weather. Although the child might not feel the cold, in colder months they are at risk of catching the flu, bronchitis, or whooping cough as their immune system is still developing. Keep them dressed appropriately for the weather.
- Give regular drinks in hot weather to prevent dehydration. At this age breast milk or cooled boiled water are best. If you use formula keep the powder and water separate and prepare when needed (it can go bad in the heat).
- When a child starts crawling and walking they become very curious and will touch and explore anything in reach. It is necessary to keep objects out of easy reach to avoid accident or injury.
- At this age, children explore their world by picking things up off the floor and 'feeling' them with their mouth. Choking accidents can happen by ingesting or swallowing small objects placed in the mouth.
- Children are fascinated by water however crawlers and toddlers can drown in very small amounts of it. Parents need to be aware of water hazards such as full buckets, ponds and un-emptied baths.
- Head injuries are a risk to children on the move, even in places we wouldn't expect. Toddlers and walkers can hit their heads on tables and benches. This usually causes bumps and bruises, but could cause more serious injury.
- Adults might not see the danger in an overhanging tablecloth. However, a child may pull on these when walking around and could pull the contents off the table and hurt themselves.
- Many children start eating solid food around 6 months, and this poses some risks to safety. Make sure the food is pureed and cool enough to eat as burns and choking are two important safety issues at this stage.

- Parents need to be aware of proper food storage. Foods should be kept refrigerated to prevent bacteria developing as this can cause food poisoning.
- Diet at this age has a lifetime health impact on Aboriginal children. Sugary, fatty and fast foods are not good for small children (see the section on Nutrition in this booklet) as they do not provide the nutrients required for growth and development.

The Second Year

This is a year of rapid physical and mental change. Most 1 – 2 year olds are on the go – crawling, walking and running. They also like to explore and get into everything. Because of this safety becomes very important. They are also becoming more independent and their frustration will come out as tantrums. This is also the year of firsts: First words, first steps, and even tantrums. It is a demanding and rewarding year for parents.

12 – 18 Months

This is the start of the toddler stage. Most children start walking during this stage: some will even be climbing. Most will start talking using words that can be understood. Most will become independent, wanting to do things on their own without help – this might lead to tantrums. Key developmental milestones include:

Development Area	Expected	Seek Advice if:
Relationships	Explore through touching Likes cuddles Shows feelings Scared of strangers Upset when separated from parents	Doesn't like cuddles
Doing, seeing, hearing	Pull up onto a chair Walking Scribbling Can pick up small things Feed themselves	Not walking (18 months) Can't hold a spoon Can't pick up small things
Talking	'Babble' conversation Listens and understands some things i.e. drink? Follow simple instructions Pick out named objects Knows/uses 6+ words	Not babbling much Not using words Not listening – 'in another world'

Some things parents can do to help their child develop include:

- Reading books together – point to colours or objects
- Sing songs or nursery rhymes together
- Visit lots of different places – parks, the beach, the bush
- Listen to music – all types!
- Let them have a security object – teddy, blanket

Development Milestones

continued

Play and toy ideas include:

- Trolleys, pram and pull toys
- Hammering toys
- Water, sand, buckets and spades
- Crayons and pencils

18 months – 2 years

This is a time of rapid learning. Children learn to talk and also understand many words and ideas. Most can follow simple instructions. They will also learn to play with other people – adults and children – but don't know how to share things or take turns. Tantrums are fairly common and a sign of frustration rather than bad behaviour.

Development Area	Expected	Seek Advice if:
Relationships	Plays near but not with other children Doesn't understand sharing or taking turns	No awareness of different people No interest in people or their environment
Doing, seeing, hearing	Explores – open doors, push buttons Can run without falling Can squat on the floor	Not walking steadily Limping
Talking	Use 20-50 words Put two words together Can communicate wants with words i.e. 'drink' Babble conversation	Doesn't respond to talking Can't identify named objects Uses very few words

Some things parents can do to help their child develop include:

- Singing and talking – speech development
- Look at and talk about books
- Involve them in household tasks – tidying up
- Visit lots of places and explore

Toy and play ideas include:

- Playdough or clay
- Simple puzzles
- Ride on toys
- Music and dance
- Paints and crayons (washable and child safe)

Parenting and Safety

1 - 2 Years

At this stage children are usually walking and trying to talk. They are exploring their world: let parents know they will need to be quick on their feet to keep up with them and keep an eye on them!

Children need a routine from an early age. It gives them structure and allows parents to be organised and ready and prepared each day. Most children find a routine comforting as they have regular expectations of where they will be and what they do at a set time. Adults need to organise their day to give their children a steady routine.

At this stage the mental health of parents and children is important. The “terrible two’s” are trying and demanding for mums, dads and caregivers: keeping children occupied helps ease this stress and is also important to their development.

At this developmental stage children begin to recognize and want certain things. Sharing will be a large part of their world and is an important social skill they need to develop for later life. Parents/caregivers need to play an active role in developing the social skills of the child: Aboriginal Health Workers can support parents through information and advice on parenting and safety. Many of the guidelines for the 0-1 age group apply here.

There are a number of things parents and carers can do to make a child’s world a safe and stimulating place, including:

- Establishing a regular routine. Children need regular meal, activity and sleep times. It gives them a sense of security and helps them develop boundaries.
- Items should be kept out of reach and off the floor to prevent accident and injury.
- Simple things can keep children occupied; i.e. a plastic bottle with a lid attached and rice or a peg inside can be used as a rattle; pots, pans and a wooden spoon.
- Regular walks around the block or to the park so that the child can explore their outer world (Good for parent and child). Children and adults can feel frustrated by being house bound for long periods of time.
- Children need to be watched and supervised at all times and in a number of places to avoid accident, injury or death.
- Water safety remains important – refer to the 0-1 guidelines.
- Children are more mobile and confident at this age and will start climbing. Watch them when they climb to prevent falls which may cause injury or death.
- Children have no road sense or sense of fear. Road safety is important to prevent accidents, injury and death. Parents need to hold a child’s hand when they are near cars, this also includes in car parks.

Parenting and Safety *continued*

- Children are developing a sense of self and this includes making demands for things. Saying 'No' can become tiresome; parent's need advice on how to distract and explain rather than saying no.
- Good nutrition is important to a child's development. Encourage parents to cook their own foods rather than buy processed foods which can cost more and are high in salts, fats and sugars which are not good for developing children.
- Also encourage parents to experiment with foods. Find out what's nutritious, easy to prepare, portable and what a child likes.
- Proper food storage is also important. Keep foods refrigerated and keep an eye on use by dates. When travelling, don't allow foods to go off in the hot sun, keep them properly insulated. This will help avoid food poisoning and illness.
- Children need regular fluids/drinks especially in hot weather: they can become dehydrated very quickly. They need plenty of water: advise parents to carry a water bottle when going out.
- Sugary drinks should be avoided as they are bad for teeth, are a source of empty calories, and can make a child thirsty.
- Car safety is important. Children should be seated in an approved child restraint that is anchored to the car. They should be secured by a full child harness, not a standard seatbelt.

2 - 3 Years

The third year is challenging. Toddlers are very active and becoming independent and their frustration may spill over into tantrums. Their bodies and brains are growing and changing, and they are learning about feelings and behaviour. Key milestones include

Milestones 2 ½ Years

Development Area	Expected	Seek Advice if:
Relationships	Says 'no' a lot Sometimes has tantrums Doesn't share	Doesn't play with older children
Doing, seeing, hearing	Climbs well Runs well Can kick and throw a ball Can feed themselves Can help dress/undress	Doesn't run well Can't feed themselves Can't climb low objects
Talking	Understands lots of words Can say 100+ words but not always clearly Speaks in short sentences	Uses signals not words Parents can't understand them In their own world – unresponsive

Milestones 3 Years

Development Area	Expected	Seek Advice if:
Relationships	Will copy adults/older children Will help clean up or get dressed Will play imaginative games	Doesn't know how to use toys the 'right' way – i.e. push a car as if it's driving Not interacting with others
Doing, seeing, hearing	Can stand/walk on tiptoe Can push pedals on a trike Has started toilet training Can move large objects – toys, small chairs Can do simple puzzles	Can't run well Can't climb well
Talking	Can be understood by strangers Will ask 'what,' 'why,' 'where,' questions Will listen to stories	Parents/carers can't understand speech Doesn't respond to talking Uses signals not words

Some things parents can do to help their child develop include:

- Singing and dancing with them
- Taking them to different places
- Reading books and talking about the pictures and story
- Listening to music
- Help them learn to solve problems – i.e. "It's dinner time, what do we need to put on the table?"

Play and toy ideas include:

- Water and sand
- Swings, slides, climbing frames
- Puzzles
- Crayons, paint and pencils
- Dolls and prams

2 - 3 Years of age

At this age and stage children are very curious and need constant monitoring. They are more mobile and many are learning to run – this presents a number of accident risks. Greater mobility also means that children will be exploring their world more thoroughly. Safety is very important.

Positive reinforcement is very important to a child's emotional wellbeing. At this stage children are looking for love and praise from their parents. It is important that parents and carers praise children's achievements as this helps build their confidence and self esteem. Children show love and are receptive to the love and affection of their parents and caregivers. They are curious to learn and want you to show and teach them things.

Parenting and Safety *continued*

Parents need to be aware of key developments, safety and parenting issues in order to provide a safe and nurturing environment. These include:

- Running raises a number of safety risks. Young children can be very quick and run out of a door and onto the road. At this age children they have no road sense or sense of danger. Parents need to make sure external doors are secured and watch children at all times.
- Walking up and down stairs can cause falls. Watch children as they climb stairs. Keep them away from stairs and escalators, and hold their hands while walking up and down to prevent accidents and injury.
- Children are active and ready for play at this stage. Playing ball keeps them active, entertained and helps develop their physical and hand-eye coordination.
- Jumping with two feet is an important developmental milestone. It gives children pleasure and a sense of achievement. By jumping they are learning about balance and staying on their feet. Just be careful to watch for falls, obstacles and tripping.
- At this age children should be able to build a tower of 4 – 8 blocks: this is an important development milestone in terms of brain activity and motor skills. Watch for flying objects as children might throw blocks at others.
- At this stage, children are learning to talk and the number of words they know and say (vocabulary) increases quickly. Speaking to them and responding as if in conversation helps develop their language skills and confidence to communicate.
- Children become more independent and can help to do a lot of things such as dress themselves. Independence also exposes children to hazards. For example, parents should be aware of the choking risk in buttons if they are bitten off and swallowed.
- Most children can feed themselves with a spoon. They may want to do this themselves and this can be frustrating part for parent or caregiver. Be patients and allow them time to do this as it helps develop their confidence, self esteem and independence.
- At this age children are developing the social skills that will stay with them for life. Getting them to help with simple tasks such as picking things up and putting them away helps children develop co-operation and learn to follow instructions.
- Once children start moving it is important that parents child proof their homes. Keep items such as tablecloths out of reach. Kitchens should be out of bounds for children when cooking. Keep:
 - a. Pot handles pointing away from the edge of the stove.
 - b. Photo frames with glass out of reach
 - c. Children away from open fires or stove tops

- Make sure children are supervised in the bath, to avoid burns and drowning. There should be no distractions while the child is bathing.
- Children will also spend a lot of time in cars so it is important that these are child proof. Children should be seated in an approved child seat or secured with an approved safety harness: these should be anchored to the car. Parents should activate the child-locks on car doors to prevent children from opening them from the inside.

3 - 4 Years

This year toddlers move from babyhood to childhood. They can express themselves clearly through speech and therefore they are less frustrated so have fewer tantrums. They like to play 'make believe' games and find it hard to tell the difference between fantasy and reality: they might think TV shows are real life. They are also learning how to get on with people: they can take turns and cooperate most of the time.

Development Area	Expected	Seek Advice if:
Relationships and feelings	Can share and take turns Will be more independent - doesn't want help Can cooperate with others	Doesn't interact with others Is over aggressive Repeats games/activity for a long time
Doing, seeing, hearing	Can climb ladders Can stand on one foot Can use scissors Will play 'pretend' role play games – super heroes, teachers Is toilet trained – day time dry	Is not dry most of the time during the day (by 4) Can't jump with feet together
Talking	Knows 1200+ words Can speak in sentences Is understood by most people Asks questions	Is not speaking clearly Is not using sentences Can't follow instructions Doesn't understand what is said to them

Some things parents can do to help their child develop are:

- Playing outdoors
- Creative play activities – art, music
- Getting them to help with simple tasks – sweeping, packing up toys
- Play with puzzles or 'role play' games

Play and toy ideas include:

- Swings and playgrounds
- Blocks and building sets
- Paint and pencils
- Books with simple stories
- Bats, balls and sport equipment

Parenting and Safety *continued*

At this stage children have a strong sense of independence and express it in many ways. For example, they might want to dress themselves without help. They become little people and develop their own personality. Parent(s) and caregivers get a great deal of joy and satisfaction watching children shine as individuals, but can also be frustrated by demands and refusals of help. Remind parents to be patient as this developing independence is an important life skill.

This stage can also be very frustrating. Children might get frustrated if they can't express their independence and this can lead to tantrums. Parents and caregivers need to be patient and find ways to soothe tantrums and satisfy enquiring minds and imaginations without harsh punishment. Explanations and distractions help children understand their behavior and learn to deal with adversity in a positive way.

At this stage, children are also more engaged with other people, and their social skills are fairly developed. Parents and caregivers have an important role to play in further developing a child's social skills. Children need to learn how to share and take turns. They need to learn to interact and parents can show them how by responding in conversation. They will also know how to communicate feelings; by responding to their needs parents can help them develop confidence and self-esteem.

Growing independence brings with it a unique set of challenges and hazards. Aboriginal Health Workers can support parents by giving them good information and advice on how to create safe and nurturing environments for their children, such as:

- Children still need routine at this age. If parents have established a routine, encourage them to keep it up. If they haven't, encourage them to start one for meal and sleep times.
- Children should be encouraged to use a fork and spoon when eating. Parents need to be aware of the injury risk to a child from poking their mouth and face with a fork.
- Let parents know that reading with children helps develop literacy and is also a nice way to spend time together.
- Children need to play with others because it is fun and teaches them important social skills. Adults need to supervise and direct behavior because it is through this that children learn to be social beings.

- At this stage children might hit or bite other children: this is usually a sign of frustration. Adults need to intervene and teach them that violence is not a good way of interacting or communicating.
- Children like exploring their environment. Adults need to make sure that a child's environment is safe to explore. For example, make sure bath taps are turned off tightly to prevent children turning them on and causing burns.
- Children have no road sense or sense of danger. Adults need to teach children to be careful around cars, but without frightening them and undermining their confidence.
- Children will try to open doors and 'escape.' Adults need to make sure doors are locked and keys are out of reach. Gates should be locked for the same reason.
- Drowning is a safety issue for this age group. Something that seems as harmless as water in buckets or containers is dangerous. Adults should make sure there are no water hazards around.
- Adults need to supervise children around pools, creeks and beaches to avoid drowning accidents or deaths.
- Adults need to teach children about the dangers of fire and keep them away from open flames. They need to make sure a child's clothing has a low fire danger. Safety barriers for heaters or fires are necessary to prevent burns.
- Adults need to child-proof their cars. Children should be seated in an approved child seat or a booster with a safety harness. Child-locks should be activated to prevent children from opening doors while the car is moving.



Infant and Child Nutrition

Good nutrition →
Good health &
Development

Poor diet →
Failure to thrive

Children need a
well balanced diet

Infant and child nutrition was identified in our research as an area of great concern to Aboriginal Health Workers. They asked for more information on this topic that could be used in health promotion and education activities with parents and carers. The information here is intended for that purpose.

Nutrition, diet and activity are important health influencing factors. The diet a child eats in their early years can influence their lifelong health and development. It is important that children eat a well balanced, nutrient rich diet to fuel their physical growth and development. Some of the guidelines in the nutrition and wellbeing booklet also apply to children.

Children also have very specific nutritional needs that are different from adults. Whilst the low fat, low salt, low sugar, high nutrient rules still apply, children have a greater need for essential nutrients such as 'good' fats, protein and calcium that aid the development of muscle and bone. A poor diet can affect a child's growth and they might fail to gain or lose weight or grow taller.

Children are also more likely to suffer from poor nutrition than adults, and there are a number of physiological reasons for this:

- **Low Nutritional Stores:** Because infants have low stores of fat and protein, they have lower reserves to get them through periods of need. The smaller a child is, the smaller their nutrient and energy stores.
- **High Nutritional Demands For Growth:** Rapid growth, particularly during infancy, requires high amounts of energy and nutrients.
- **Rapid Development in the Nervous System:** Good nutrition during pregnancy and infancy is important to the proper development of the brain and central nervous system.
- **Illness:** Children's appetites tend to decrease during illness at a time when their body's energy requirements increase to fuel immunity. It is important that fluid and nutrient intake are maintained or even increased during illness.

Aboriginal Health Workers have an important role to play in promoting infant and child nutrition through health education and promotion activities with parents and carers.

0 - 6 Months

It is important that new parents know that breast milk or infant formula are the only foods babies need, and the only ones they can digest, in the first six months. Breast milk and formula should also be the main source of food until 12 months. These provide them with:

- Water
- Nutrients
- Energy

If parents are using formula, let them know that it is important it is the one best suited for the child's age (the age ranges are labelled on the tin). Different formulas contain different amounts of nutrients and calories designed to meet changing nutritional needs.

Because babies grow in 'spurts' their eating patterns will vary. Some times they are more hungry than usual, sometimes less: this is normal. If a baby is growing and maintaining steady weight gain, then they are getting enough nutrients.

Some babies may show an interest in food around 4 months. There is no dietary reason to start them on solids at this age. However, small amounts of baby rice cereal mixed with breast milk, formula or pre-boiled water can be given: This should be no more than one teaspoon and only given after a milk feed. This is to make sure that the baby is not missing out on vital nutrients.

Cow's milk is NOT suitable for babies. It does not contain the right nutrients and can cause allergies and stomach upsets. In hot weather babies can also be given small amounts of cooled, boiled water. Water must be pre-boiled to destroy bacteria and contaminants that could cause illness in infants.

Introducing Solids

As babies grow, their nutritional needs change. They may need solids to supplement their breast milk/formula diet. Solids should be introduced at around 6 months. At this age a baby's iron stores are low and the food is needed to prevent health problems caused by nutrient deficiencies.

Some babies might be ready for solids earlier than 6 months, some later. Parents need to know when, why and how to introduce solids because starting:

Too early might cause:	Too late might cause:
Food allergies Poor growth through nutrient loss (if given less milk) Loose poos or diarrhoea	Poor growth due to lack of energy Iron deficiency Feeding problems

Infant and Child Nutrition

continued

Advise parents to look for some of the following signs of readiness before introducing solids:

Ready for solids:	Not ready for solids:
Watch people eat Open mouth when offered food Reach for other people's food	Won't open mouth Turn head away from food Push food away Cry

Starting solids is also a learning process. Babies are learning to chew and swallow. At first, they will spit food out: this is normal. Parents need to be relaxed and patient as this will help babies learn to enjoy food and eating.

Some tips for introducing solids include:

- Use a small spoon
- Be calm and relaxed
- Make baby comfortable
- Make sure baby is not too hungry or upset
- Introduce one new food at a time
- Introduce foods a few days apart – helps detect food allergies
- Stay with baby for safety (choking) and for fun (they learn by watching)

Different foods and textures (i.e. lumps) can be introduced at different ages as babies develop the ability to chew, swallow and not choke on food. As a rule:

6 months	7-9 months	9-12 months	12+ Months
Runny/watery texture Rice cereal Pureed vegies Pureed fruit	Fine mash Meats and cheese Bread, pasta, whole-wheat cereal Soft finger foods – cooked carrots, crusts	Coarse mash No nuts – choking and allergy risk A variety of nutritious foods Low sugar and salt	Food chopped into small pieces Full cream cows milk No cordial, cool drink or fruit juice Low sugar and salt diet

Nutrition in Children 1 - 5 Years

Parents should be reassured that a child's eating patterns will vary. Sometimes they will eat a lot, other times they will eat a little. These changes generally match their growth spurts – when they are growing they need more energy and will eat more. Parents have a responsibility to provide children with nutritious food: it is a child's responsibility to eat it.

It is important to establish healthy eating habits in childhood in order to:

- Fuel the development of a child's body and brain
- Store nutrients for future growth
- Prevent diseases later in life – such as obesity, diabetes, and heart disease

Parents can do this by:

- Offering a variety of nutritious foods
- Giving children foods that are low in fat, sugar and salt
- Encouraging children to try different foods

Kids might be fussy: they won't try new foods and have their favourites. Parents should encourage kids to try new foods. If a child has favourites, it is important that those foods are nutritious and come from the different food groups. Remind parents that child nutrition is about nutrient quality rather than food quantity.

As a guide, children need the following number of serves a day:

Age Group	Breads and Cereals	Vegetables	Fruit	Dairy	Meat and Fish
1 serve equals	1 slice bread Half cup cereal	½ - ¼ Cup	1 small piece	1 cup of milk 200g yoghurt	50g meat
1-2 Years	3-5	3-5	1-2	3	2
2-3 Years	3-5	3-5	1-2	3	2
3-5 Years	3-7	3-5	1-2	2	2

Children and Smoking

Parents need to know that parenting and safety also involves modifying their own behaviours around children. Adults should be encouraged not to smoke around children, and this message can be promoted through information on the health and safety risks caused to children by smoking. Children are vulnerable to passive or second hand smoke because their lungs are delicate and still developing.

Remind adults that when they smoke, a child smokes.

Children who are constantly exposed to cigarette smoke are more at risk of:

- Asthma
- Bronchitis
- Pneumonia
- Croup
- Learning difficulties
- Meningococcal Disease
- Chest Infections
- Middle ear infection (glue ear) leading to hearing loss
- Sudden Infant Death Syndrome (SIDS)
- Tooth Decay
- Death

They are also more at risk of developing health problems as adults such as:

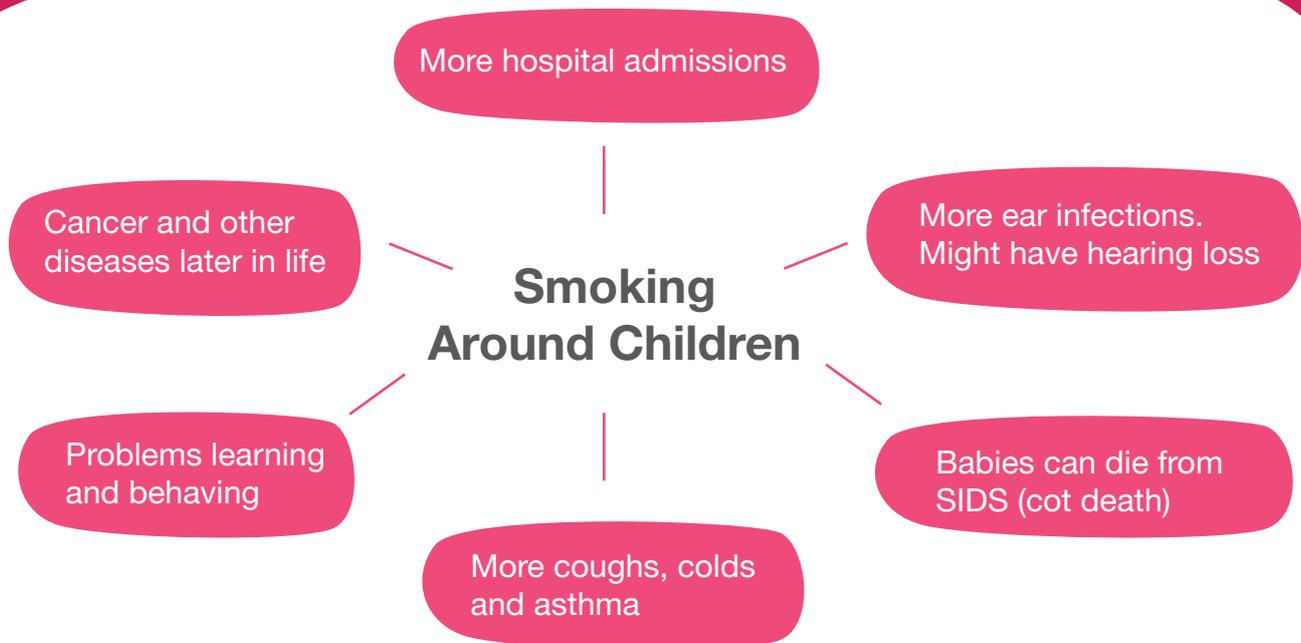
- Lung Cancer
- Heart Disease
- Stroke
- Miscarriages
- Diabetes
- Nasal cancer
- Cervical and Breast Cancer

Let adults know that it's not just the smoke that's dangerous to a child's health and safety. Children can suffer serious burns from a lit cigarette, lighters and matches. Children can also get sick from eating a cigarette.

Smoking around kids also sets a bad health example. Research shows that the children of smokers are more likely to become smokers themselves later in life. This puts them at greater risk of health problems as both passive and direct smokers.

Adults have a responsibility to keep children safe by making their house and car smoke free when children are present. Encourage adults to do everything they can to protect children from cigarettes and passive smoking:

- Don't smoke when children are present
- Don't let visitors smoke inside your home
- Ask people to smoke outside
- Don't let passengers smoke in you car
- If you must smoke, go where there are no children
- Keep cigarettes and lighters out of reach
- QUIT



(Adapted from 'Aboriginal-Smoking Close to Children' at www.cyh.sa.gov.au)

Resources

Aboriginal Health Workers are important to health promotion, education, early intervention and prevention in their communities. To perform these functions to the best of your ability means having access to useful information and resources. Below are links to resources and services that will help in all health activities related to infant and child health, development and wellbeing.

Useful Websites

For access to free information, fact sheets and links to other programs

Aboriginal Best Start Program www.beststart.vic.gov.au	Children, Youth and Women's Health www.cyh.com
Health Department of Western Australia Child and Adolescent Health Services http://www.pmh.health.wa.gov.au/health/infant_care/	Northern Territory Government 7 Steps Program http://www.nt.gov.au/health/facs/sevensteps.shtml
Northern Territory Parent Line http://www.parentline.com.au/	Northern Territory Department of Health and Families http://www.families.nt.gov.au/asp/index.asp?pgid=7294
Queensland Health http://www.health.qld.gov.au/cchs/growth_main.asp	Raising Children: The Australian Parenting Website http://raisingchildren.net.au

Services – Parenting, Health and Child Development

<p>Aboriginal Best Start Program Phone: 6279 1200 (Metro) 1800 654 432 (Free call)</p>	<p>Ngala: Parenting With Confidence Helpline: 08 9368 9368 1800 111 546 (Free call) www.ngala.com.au</p>
<p>Too Solid Parenting Program 5/12 Burton Street, Cannington Phone: 08 9351 2269 www.ichr.uwa.edu.au/research/divisions/pop/groups/cdh</p>	<p>Yorgum Family Counselling Phone: 9218 9477 or 9221 2733 www.yorgum.org.au</p>
<p>Strong Family, Strong Culture Program St John of God Health Care Social Outreach and Advocacy Phone: 08 9213 3120</p>	<p>Parenting WA – The Parenting Line Phone: 08 6279 1200 1800 654 432 (Free call)</p>
<p>Kidsafe WA Phone: 08 9340 8509 1800 802 244 (Free call) www.kidsafewa.com.au</p>	<p>Meerilinga: Promoting Positive Childhoods Phone: 08 9489 4022 www.meerilinga.com.au</p>
<p>SIDS and Kids 1300 308 307 www.sidsandkids.org</p>	<p>Health Direct 1800 022 222 24 Hour Free Call for Health Advice</p>
<p>Playgroup WA 1800 171 882 (Free call) www.playgroupaustralia.com.au/wa/</p>	<p>Child and Adolescent Community Health PO Box S1296 Perth WA 6845 Phone: 08 9224 1625 http://www.pmh.health.wa.gov.au/general/CACH/</p>
<p>FAHCSIA – Aboriginal Children’s Services Directory http://www.fahcsia.gov.au/sa/Aboriginal/progserv/families/icp/Pages/icp_services_directory.aspx</p>	<p>WA Child Services Directory www.health.wa.gov.au/services Health Info: 1300 135 030 For locations of your nearest Child Health Clinic</p>
<p>Better Beginnings State Library of Western Australia Phone: 08 9427 3130 www.better-beginnings.com.au</p>	

References

Children Youth and Women's Health Service, '*Passive Smoking*', available at www.cyh.sa.gov.au

Department of Human Services Victoria (2007), '*Kids – Go for Your Life*', Factsheets, available at www.goforyourlife.vic.gov.au/kids

North Coast Area Health Service (2006), '*Bubaa, Ngambaa, Gaayili: Father, Mother, Child*', available at http://www.community.nsw.gov.au/docswr/_assets/main/documents/par_gaayili.pdf

Northern Territory Department of Health and Families, '*Toddlers: Stages of Development Factsheets*', available at <http://www.families.nt.gov.au/asp/index.asp?alias=Toddlers+%2D+Stages+of+Development&sid=5>

Northern Territory Department of Health and Families, '*Babies – Stages of Development Factsheets*', available at <http://www.families.nt.gov.au/asp/index.asp?alias=Babies+%2D+Stages+of+Development&sid=5>

Northern Territory Department of Health and Families, '*Children – Stages of Development Factsheets*', available at <http://www.families.nt.gov.au/asp/index.asp?alias=Children+%2D+Stages+of+Development&sid=5>

Queensland Health, '*How Your Baby Develops 0-3 Months – Factsheet*', available at <http://www.health.qld.gov.au/ph/documents/childhealth/28092.pdf>

Queensland Health "How Your Baby Develops 3-6 Months – Factsheet" available at <http://www.health.qld.gov.au/ph/documents/childhealth/28093.pdf>

Queensland Health, '*How Your Baby Develops 9-12 Months – factsheet*', available at <http://www.health.qld.gov.au/ph/documents/childhealth/28095.pdf>

Queensland Health, '*How Children Develop Factsheets*', available at http://www.health.qld.gov.au/cchs/growth_develop.asp

Quit, '*Children and Secondhand Smoke*', available at www.quit.org.au

Quit Victoria, '*Background Brief: Passive Smoking*', available at www.quit.org.au

Virtual Medical Centre, '*Nutrition in Children Factsheet*', available at <http://www.virtualmedicalcentre.com/healthandlifestyle>



Child Development Milestones – 2 years

The majority of children will achieve these milestones by the time they turn 2 years. All children develop at different rates. Some children are slower than others (developmentally delayed) but catch up with time. Other children, however, may have an underlying problem that causes their delayed development, and they may not catch up. It is important for these children to get as much treatment (early intervention) as possible. So if you are concerned about any aspect of your child's development, see your child health nurse or doctor for help without delay. If in doubt, it is better to have your concerns checked than to 'wait and see'.

✓ An average child can...	✓ Signs of possible problems include...
---------------------------	---

Gross motor

<input type="checkbox"/> Run	<input type="checkbox"/> Unable to run
<input type="checkbox"/> Throw a ball	<input type="checkbox"/> Unable to throw (depending on experience)
<input type="checkbox"/> Walk up and down steps, holding on	<input type="checkbox"/> Unable to use stairs
<input type="checkbox"/> Jump two feet together	<input type="checkbox"/> Unable to jump
	<input type="checkbox"/> Poor quality gait (walking pattern) – e.g. falling over, clumsy

Fine motor

<input type="checkbox"/> Build a tower of 4-8 blocks	<input type="checkbox"/> Clumsy with stacking blocks
<input type="checkbox"/> Copy drawing of a vertical line	<input type="checkbox"/> Unable to copy drawing a vertical line
<input type="checkbox"/> Scribble in circles with crayon/pencil	<input type="checkbox"/> Not interested in using a pencil; no scribbling
<input type="checkbox"/> Help with dressing and undressing	
<input type="checkbox"/> Line three blocks up to make a train	

Talking and understanding

<input type="checkbox"/> Say 20-50 clear words	<input type="checkbox"/> Limited vocabulary (less than 10 words)
<input type="checkbox"/> Say clear, two-word sentences	<input type="checkbox"/> No combination of words into sentences
<input type="checkbox"/> Name pictures and objects when asked	<input type="checkbox"/> Most of what is said is not easily understood
<input type="checkbox"/> Follow two-step commands	<input type="checkbox"/> Confused by short sentences
<input type="checkbox"/> Show a broad understanding (receptive vocabulary) of 50 or more objects and pictures	<input type="checkbox"/> Cannot understand more than 10-20 words
<input type="checkbox"/> Show interest in books and stories	<input type="checkbox"/> No interest in stories and books

Social

<input type="checkbox"/> Play side-by-side with a same age friend	
<input type="checkbox"/> Identify many body parts	
<input type="checkbox"/> Help with dressing or undressing	<input type="checkbox"/> No interest in personal skills like dressing or undressing
<input type="checkbox"/> Help around the house with very simple tasks	<input type="checkbox"/> No interest in helping in social/household activities
<input type="checkbox"/> Use a spoon	<input type="checkbox"/> No interest in learning to feed self
<input type="checkbox"/> Show early imaginative play	<input type="checkbox"/> Play is not representative or imaginative – just pushing, dropping, hitting toys/objects
	<input type="checkbox"/> No sense of who they are





Child Development Milestones – 2 years

✓ An average child can...	✓ Signs of possible problems include...
---------------------------	---

Intellectual

<input type="checkbox"/> Open screw toy	
<input type="checkbox"/> Do puzzles with three items or shapes	<input type="checkbox"/> No success or persistence to complete simple puzzles (1-3 pieces)
<input type="checkbox"/> Copy familiar or recent experiences in play (e.g. teddy goes to the doctor)	<input type="checkbox"/> Play is physical and repetitive, with little pretending
<input type="checkbox"/> Use one object to stand for another, like a block for a car	<input type="checkbox"/> Limited range of interests and activities in play

If you have any concerns about your child's development, see your child health nurse or GP.
 Copyright © 2003 Child Development Network. Reproduced with permission.





Child Development Milestones – 3 months

The majority of children will achieve these milestones by the time they turn 3 months. All children develop at different rates. Some children are slower than others (developmentally delayed) but catch up with time. Other children, however, may have an underlying problem that causes their delayed development, and they may not catch up. It is important for these children to get as much treatment (early intervention) as possible. So if you are concerned about any aspect of your child's development, see your child health nurse or doctor for help without delay. If in doubt, it is better to have your concerns checked than to 'wait and see'.

✓ An average child can...	✓ Signs of possible problems include...
---------------------------	---

Gross motor

<input type="checkbox"/> Lift head when lying on tummy	<input type="checkbox"/> Any differences between right and left sides of body (in strength, movement or muscle tone)
<input type="checkbox"/> Lift head when pulled to sitting position	<input type="checkbox"/> Head falls back when pulled to sitting position
<input type="checkbox"/> Kick vigorously	
<input type="checkbox"/> Hold back firm when held in sitting position	

Fine motor

<input type="checkbox"/> Follow objects from side to side with eyes	<input type="checkbox"/> Doesn't follow objects with eyes
<input type="checkbox"/> Hold object briefly in hand	<input type="checkbox"/> Persistent fisting of hands (doesn't let go of objects)
<input type="checkbox"/> Look at own hand	

Talking and understanding

<input type="checkbox"/> Cry	<input type="checkbox"/> No turn-taking or variety in sounds
<input type="checkbox"/> Take turns in vocalising (making voice sounds)	
<input type="checkbox"/> Make two or more speech sounds	
<input type="checkbox"/> Laugh	
<input type="checkbox"/> Respond to sound	<input type="checkbox"/> Poor or no response to sound
<input type="checkbox"/> Search for sound with eyes	
<input type="checkbox"/> Respond to mother's voice	

Social

<input type="checkbox"/> Enjoy being touched or picked up	<input type="checkbox"/> No preference of mother or other people
<input type="checkbox"/> Smile	<input type="checkbox"/> Doesn't look directly at people's eyes
<input type="checkbox"/> Recognise mother	

Intellectual

<input type="checkbox"/> Make active movements	<input type="checkbox"/> Inactive, detached (limited display of emotion)
<input type="checkbox"/> Put hands to mouth	
<input type="checkbox"/> Show an active, visual interest in the world and people	
<input type="checkbox"/> Have times of being alert	

If you have any concerns about your child's development, see your child health nurse or GP.
 Copyright © 2003 Child Development Network. Reproduced with permission.





Child Development Milestones – 3 years

The majority of children will achieve these milestones by the time they turn 3 years. All children develop at different rates. Some children are slower than others (developmentally delayed) but catch up with time. Other children, however, may have an underlying problem that causes their delayed development, and they may not catch up. It is important for these children to get as much treatment (early intervention) as possible. So if you are concerned about any aspect of your child's development, see your child health nurse or doctor for help without delay. If in doubt, it is better to have your concerns checked than to 'wait and see'.

✓ An average child can...	✓ Signs of possible problems include...
---------------------------	---

Gross motor

<input type="checkbox"/> Walk heel-to-toe	
<input type="checkbox"/> Stand on one leg	<input type="checkbox"/> Unsteady balance – cannot balance on one foot
<input type="checkbox"/> Jump off a step, both feet together	
<input type="checkbox"/> Climb up stairs, one foot at a time	
	<input type="checkbox"/> Weakness, poor quality movement (e.g. clumsy, falls often)

Fine motor

<input type="checkbox"/> Copy (draw) circle, cross, horizontal stroke	<input type="checkbox"/> Unable to copy (draw) lines, crosses, circles
<input type="checkbox"/> Thread six beads	
<input type="checkbox"/> Build tower of eight or more blocks	
<input type="checkbox"/> Use scissors to cut along a line	<input type="checkbox"/> No ability with scissors (although ability can depend on experience)
<input type="checkbox"/> Use fork and spoon	<input type="checkbox"/> Unable to use cutlery
<input type="checkbox"/> Undo button	<input type="checkbox"/> Unable to undo button

Talking and understanding

<input type="checkbox"/> Name objects and body parts	
<input type="checkbox"/> Talk without just repeating what you say	<input type="checkbox"/> Persistent copying in talking (such as repeating parts of movies, etc.)
<input type="checkbox"/> Be understood almost all of the time	<input type="checkbox"/> Mostly can't be understood
<input type="checkbox"/> Use different types of words correctly	<input type="checkbox"/> Limited grammar or vocabulary
<input type="checkbox"/> Define things by use (house, key, etc.)	<input type="checkbox"/> Limited content, interests or variation in the language
<input type="checkbox"/> Give first name	
<input type="checkbox"/> Follow three-step instructions	<input type="checkbox"/> Can't follow a 2-3 step instructions
<input type="checkbox"/> Identify two colours	
	<input type="checkbox"/> Still need to talk to them in simplified, 'baby' language





Child Development Milestones – 3 years

✓ An average child can...	✓ Signs of possible problems include...
---------------------------	---

Social

<input type="checkbox"/> Demonstrate clear, imaginative play involving people	
<input type="checkbox"/> Wash and dry hands	
<input type="checkbox"/> Put on clothing	<input type="checkbox"/> No interest in learning how to dress self
<input type="checkbox"/> Play interactive games	
<input type="checkbox"/> Give first name on request	<input type="checkbox"/> No awareness/response to name
<input type="checkbox"/> Use fork and spoon together at the table	<input type="checkbox"/> No interest in learning how to feed self
<input type="checkbox"/> Name own sex	<input type="checkbox"/> Unable to name own sex
<input type="checkbox"/> Play with other children, with play beginning to interact around common interests. Turn-taking and sharing is beginning	<input type="checkbox"/> No interest in developing interactive play skills with other children
<input type="checkbox"/> Separate from parents without crying	
<input type="checkbox"/> Can describe simple feelings of self – like happy, sad	<input type="checkbox"/> No apparent awareness of own feelings
	<input type="checkbox"/> No interest in helping in social/household activities
	<input type="checkbox"/> Play is mechanical and repetitive with little change, imagination or human content

Intellectual

<input type="checkbox"/> Play includes imaginary objects	<input type="checkbox"/> Play shows little imagination
<input type="checkbox"/> Draw a face with crude features	<input type="checkbox"/> No understanding of using a pencil beyond random scribble
<input type="checkbox"/> Recognise a number	
<input type="checkbox"/> Repeat back 2-3 numbers	<input type="checkbox"/> No understanding of what numbers mean beyond copying counting
<input type="checkbox"/> Understand concepts of bigger and smaller	
<input type="checkbox"/> Recognise money	<input type="checkbox"/> No awareness of money (although this depends on experience)

If you have any concerns about your child's development, see your child health nurse or GP.

Copyright © 2003 Child Development Network. Reproduced with permission.



**Queensland
Government**
Queensland Health



Child Development Milestones – 4 years

The majority of children will achieve these milestones by the time they turn 4 years. All children develop at different rates. Some children are slower than others (developmentally delayed) but catch up with time. Other children, however, may have an underlying problem that causes their delayed development, and they may not catch up. It is important for these children to get as much treatment (early intervention) as possible. So if you are concerned about any aspect of your child’s development, see your child health nurse or doctor for help without delay. If in doubt, it is better to have your concerns checked than to ‘wait and see’.

✓ An average child can...	✓ Signs of possible problems include...
---------------------------	---

Gross motor

<input type="checkbox"/> Walk alone up and down stairs, one foot per step	<input type="checkbox"/> Not able to walk up and down stairs with one foot per step
<input type="checkbox"/> Run well on flat surface, turning sharp corners	<input type="checkbox"/> Awkward, heavy running, with lots of arm movements
<input type="checkbox"/> Climb playground ladders and other equipment easily	<input type="checkbox"/> Not able to climb (may be fearful, anxious)
<input type="checkbox"/> Ride tricycle and pedals easily	<input type="checkbox"/> Can't pedal a tricycle
<input type="checkbox"/> Catch, bounce, throw and kick a ball	<input type="checkbox"/> Can't catch, throw or kick a ball

Fine motor

<input type="checkbox"/> Hold a pencil between thumb and 1-3 other fingers	<input type="checkbox"/> Not holding a pencil at all, or still holding in a fist with pencil in palm of hand
<input type="checkbox"/> Draw a basic human figure	<input type="checkbox"/> Not interested in drawing at all
<input type="checkbox"/> Draw other simple pictures (e.g. a house)	<input type="checkbox"/> Not drawing simple pictures
<input type="checkbox"/> Brush teeth with supervision	
<input type="checkbox"/> Wipe after using toilet	<input type="checkbox"/> Not assisting or interested in trying to groom and bath
<input type="checkbox"/> Dress except for hard to reach buttons, bows and shoelaces	<input type="checkbox"/> Unable to dress

Talking and understanding

<input type="checkbox"/> Use two or more personal pronouns (I, you, he, she etc.)	<input type="checkbox"/> Awkward sentences, missing grammatical elements
<input type="checkbox"/> Name colours and shapes	
<input type="checkbox"/> Hold conversations	<input type="checkbox"/> Talks on and on rather than taking turns with talking
<input type="checkbox"/> Tell story in past and future tense	<input type="checkbox"/> Cannot tell a simple story of recent events
<input type="checkbox"/> Repeat back a sentence of 10 sounds	
<input type="checkbox"/> Be easily understood by strangers	<input type="checkbox"/> Strangers not able to understand
<input type="checkbox"/> Understand human feelings (e.g. cold, tired, hungry)	
<input type="checkbox"/> Give first and last name	
	<input type="checkbox"/> Limited or very fixed interests
	<input type="checkbox"/> Frustration at not being able to express thoughts
<input type="checkbox"/> Understand prepositions (e.g. in, out and beside)	<input type="checkbox"/> Still need to simplify what you say for them to understand





Child Development Milestones – 4 years

✓ An average child can...	✓ Signs of possible problems include...
---------------------------	---

Social

<input type="checkbox"/> Do up buttons, put on socks and shoes	
<input type="checkbox"/> Name age in years	
<input type="checkbox"/> Play cooperatively with other children	<input type="checkbox"/> Plays alone or alongside other children rather than cooperating
<input type="checkbox"/> Begin to play games in groups with simple rules	<input type="checkbox"/> Unable to take turns or share
<input type="checkbox"/> Fully undress	
<input type="checkbox"/> Create play reflecting complex social situations	
	<input type="checkbox"/> Persisting frustration if other children attempt to participate in play
	<input type="checkbox"/> Cannot separate from parents without crying
	<input type="checkbox"/> Play remains repetitive and physical, with little play representing what people do (e.g. shopping, police officer, driving a truck)

Intellectual

<input type="checkbox"/> Create play with stories with different roles	<input type="checkbox"/> Play doesn't ever represent what people do (e.g. shopping, police officer, driving a truck)
<input type="checkbox"/> Able to compare object as higher or longer	
<input type="checkbox"/> Count to five	<input type="checkbox"/> No recognition of written numbers/letters
<input type="checkbox"/> Count objects as well as rote counting	<input type="checkbox"/> Unable to point to and count objects
<input type="checkbox"/> Repeat back four numbers	
	<input type="checkbox"/> Unable to draw a human face

If you have any concerns about your child's development, see your child health nurse or GP.
 Copyright © 2003 Child Development Network. Reproduced with permission.





Child Development Milestones – 6 months

The majority of children will achieve these milestones by the time they turn 6 months. All children develop at different rates. Some children are slower than others (developmentally delayed) but catch up with time. Other children, however, may have an underlying problem that causes their delayed development, and they may not catch up. It is important for these children to get as much treatment (early intervention) as possible. So if you are concerned about any aspect of your child's development, see your child health nurse or doctor for help without delay. If in doubt, it is better to have your concerns checked than to 'wait and see'.

✓ An average child can...	✓ Signs of possible problems include...
---------------------------	---

Gross motor

<input type="checkbox"/> Lift head and chest off the ground when lying on their tummy	<input type="checkbox"/> Cannot lift head and shoulders when lying on their tummy
<input type="checkbox"/> Roll over side to side	<input type="checkbox"/> Cannot roll over
<input type="checkbox"/> Sit with support and a straight back	<input type="checkbox"/> Floppy back when held in sitting
<input type="checkbox"/> Bear weight on legs, stand with support	<input type="checkbox"/> Any differences between right and left sides of body (in strength, movement or muscle tone)

Fine motor

<input type="checkbox"/> Reach for objects with each arm and hand	<input type="checkbox"/> Obvious difference between use of right and left arms
<input type="checkbox"/> Hold objects with whole hand	
<input type="checkbox"/> Transfer object from hand to hand	<input type="checkbox"/> Persistent fisting of hands (cannot release objects)
<input type="checkbox"/> Hold an object in each hand	

Talking and understanding

<input type="checkbox"/> Make four or more distinct sounds (vowels and consonants)	<input type="checkbox"/> Not much variety in sounds being made
<input type="checkbox"/> Laugh in response to something	<input type="checkbox"/> Limited social use of sound (not responsive, no turn-taking, no laughter)
<input type="checkbox"/> Search for sound by turning head	<input type="checkbox"/> Not interested in sound or able to turn to sound with head and eyes
<input type="checkbox"/> Change behaviour when listening to sound and human conversation	<input type="checkbox"/> Doesn't change behaviour in response to sound

Social

<input type="checkbox"/> Enjoy and respond to play	<input type="checkbox"/> Shows no preference to mother or other people
<input type="checkbox"/> Anticipate touch or being lifted	<input type="checkbox"/> Doesn't look at people directly in the eye
<input type="checkbox"/> Turn head to people	<input type="checkbox"/> No responsive smiling or laughing
<input type="checkbox"/> Drink from a cup (with adult holding it)	<input type="checkbox"/> Negative or over-reaction to touch
<input type="checkbox"/> Resist toys being taken away	

Intellectual

<input type="checkbox"/> Resist objects taken out of hands	
<input type="checkbox"/> Examine what is in hand	<input type="checkbox"/> Not interested in what is in hand
<input type="checkbox"/> Show clear pleasure with new objects and experiences	<input type="checkbox"/> Not interested in people

If you have any concerns about your child's development, see your child health nurse or GP.

Copyright © 2003 Child Development Network. Reproduced with permission.



**Queensland
Government**
Queensland Health



Child Development Milestones – 9 months

The majority of children will achieve these milestones by the time they turn 9 months. All children develop at different rates. Some children are slower than others (developmentally delayed) but catch up with time. Other children, however, may have an underlying problem that causes their delayed development, and they may not catch up. It is important for these children to get as much treatment (early intervention) as possible. So if you are concerned about any aspect of your child's development, see your child health nurse or doctor for help without delay. If in doubt, it is better to have your concerns checked than to 'wait and see'.

✓ An average child can...	✓ Signs of possible problems include...
---------------------------	---

Gross motor

<input type="checkbox"/> Sit without support	<input type="checkbox"/> Can't sit alone
<input type="checkbox"/> Get into sitting position	
<input type="checkbox"/> Crawl, or make crawling attempts	<input type="checkbox"/> No crawling motion
<input type="checkbox"/> Begin to stand holding on	<input type="checkbox"/> Unable to hold bodyweight or push up through legs in standing position
	<input type="checkbox"/> Any differences between right and left sides of body (in strength, movement or muscle tone)

Fine motor

<input type="checkbox"/> Point with index finger	<input type="checkbox"/> Unable to use index finger in isolation (i.e. to poke or point)
<input type="checkbox"/> Hold objects using thumb and fingers	
<input type="checkbox"/> Bang objects together (one in each hand)	

Talking and understanding

<input type="checkbox"/> Babble (vowels and consonants together)	<input type="checkbox"/> Limited variety of sound
<input type="checkbox"/> Put two syllables together into babble words	<input type="checkbox"/> Limited or no babble
<input type="checkbox"/> Babble phrases of 3-4 syllables	
<input type="checkbox"/> Perhaps say 'mama' or 'dada'	
<input type="checkbox"/> Imitate speech sounds	<input type="checkbox"/> No attempts to imitate sound
<input type="checkbox"/> Respond to own name	<input type="checkbox"/> Doesn't seem to know own name
<input type="checkbox"/> Show interest in listening to people talking to each other	
<input type="checkbox"/> Listen to soft sounds	

Social

<input type="checkbox"/> Display fear or unease around strangers	<input type="checkbox"/> Does not behave differently between familiar people and strangers
<input type="checkbox"/> Feed self (e.g. a biscuit)	
<input type="checkbox"/> Enjoy playing games with people, like peek-a-boo	<input type="checkbox"/> No interest in playing with people (or leave out)
<input type="checkbox"/> Try to get toys out of reach	
<input type="checkbox"/> Play with cup or spoon	
<input type="checkbox"/> React to self in mirror	
	<input type="checkbox"/> Prefers to play alone





Child Development Milestones – 9 months

✓ An average child can...	✓ Signs of possible problems include...
---------------------------	---

Intellectual

<input type="checkbox"/> Look at and feel objects in their hands	
<input type="checkbox"/> Put objects down and pick them up	
<input type="checkbox"/> Enjoy exploring and moving around	
<input type="checkbox"/> Search for objects after they have fallen	
	<input type="checkbox"/> Cannot tell the difference between new experiences and familiar ones
	<input type="checkbox"/> No difference in responses to strangers and familiar people

If you have any concerns about your child's development, see your child health nurse or GP.
 Copyright © 2003 Child Development Network. Reproduced with permission.



**Queensland
Government**
Queensland Health



Child Development Milestones – 12 months

The majority of children will achieve these milestones by the time they turn 12 months. All children develop at different rates. Some children are slower than others (developmentally delayed) but catch up with time. Other children, however, may have an underlying problem that causes their delayed development, and they may not catch up. It is important for these children to get as much treatment (early intervention) as possible. So if you are concerned about any aspect of your child's development, see your child health nurse or doctor for help without delay. If in doubt, it is better to have your concerns checked than to 'wait and see'.

✓ An average child can...	✓ Signs of possible problems include...
---------------------------	---

Gross motor

<input type="checkbox"/> Stand holding on, walk holding on	<input type="checkbox"/> Cannot stand holding on
<input type="checkbox"/> Crawl well	<input type="checkbox"/> No crawling or bottom-shuffling
<input type="checkbox"/> Pull to standing position	<input type="checkbox"/> Any differences between right and left sides of body (in strength, movement or muscle tone)

Fine motor

<input type="checkbox"/> Pick up objects using tip of thumb and index finger	<input type="checkbox"/> No clear use of the index finger to point or poke or with thumb to pick up objects
<input type="checkbox"/> Grasp pencil and start to scribble	
<input type="checkbox"/> Pick up smaller objects well	

Talking and understanding

<input type="checkbox"/> Say 2 clear words	<input type="checkbox"/> No single words
<input type="checkbox"/> Shake head for 'no'	
<input type="checkbox"/> Babble short sentences of six or more sounds	<input type="checkbox"/> No babbled phrases that 'sound' like normal language
<input type="checkbox"/> Babble frequently when alone (i.e. talk to self)	
<input type="checkbox"/> Listen with more interest to familiar words	<input type="checkbox"/> No interest in language, communication
<input type="checkbox"/> Understand 'no'	
<input type="checkbox"/> Understand individual words, like 'drink'	<input type="checkbox"/> No recognition of individual words

Social

<input type="checkbox"/> Play ball with a stranger	<input type="checkbox"/> Lack of awareness of strangers
<input type="checkbox"/> Point at wanted objects	
<input type="checkbox"/> Play more complex games, like pat-a-cake	<input type="checkbox"/> Prefer to play alone
<input type="checkbox"/> Make the first move to show affection	<input type="checkbox"/> Show no pleasure when parents give affection
<input type="checkbox"/> Wave 'bye-bye'	<input type="checkbox"/> No awareness of what to do socially (i.e. waving, or noticing if someone walks in the room)

Intellectual

<input type="checkbox"/> Actively explore – lifting lids, looking around	
<input type="checkbox"/> Copy actions	
<input type="checkbox"/> Find hidden objects, like a block under a cup	<input type="checkbox"/> Forgets objects or loses interest as soon as they are out of view

If you have any concerns about your child's development, see your child health nurse or GP.

Copyright © 2003 Child Development Network. Reproduced with permission.



**Queensland
Government**
Queensland Health



Child Development Milestones – 18 months

The majority of children will achieve these milestones by the time they turn 18 months. All children develop at different rates. Some children are slower than others (developmentally delayed) but catch up with time. Other children, however, may have an underlying problem that causes their delayed development, and they may not catch up. It is important for these children to get as much treatment (early intervention) as possible. So if you are concerned about any aspect of your child's development, see your child health nurse or doctor for help without delay. If in doubt, it is better to have your concerns checked than to 'wait and see'.

✓ An average child can...	✓ Signs of possible problems include...
---------------------------	---

Gross motor

<input type="checkbox"/> Stand and walk well alone	<input type="checkbox"/> Unable to stand alone or walk
<input type="checkbox"/> Bend or crouch to pick up an object	<input type="checkbox"/> Unsteady or uneven gait (walking pattern)
<input type="checkbox"/> Climb ledge or up steps	
<input type="checkbox"/> Push a pram / push cart	
<input type="checkbox"/> Walk backwards a few steps	
<input type="checkbox"/> Kick ball	<input type="checkbox"/> Cannot kick a ball

Fine motor

<input type="checkbox"/> Stack 2-3 blocks into a tower	<input type="checkbox"/> Cannot stack blocks
<input type="checkbox"/> Scribble with a pencil on paper	<input type="checkbox"/> No understanding of using a pencil

Talking and understanding

<input type="checkbox"/> Try to sing	
<input type="checkbox"/> Say 4-8 clear words	<input type="checkbox"/> No clear words
<input type="checkbox"/> Babble long sentences with some clear words	<input type="checkbox"/> No babbling
	<input type="checkbox"/> Doesn't try to interact using language
<input type="checkbox"/> Point to named pictures	
<input type="checkbox"/> Follow single instructions	<input type="checkbox"/> Can't understand a single, short request, like 'Where is the ball?'
	<input type="checkbox"/> Doesn't know name

Social

<input type="checkbox"/> Start to show sense of self by saying words like 'no', 'mine'	
<input type="checkbox"/> Play games with other people	<input type="checkbox"/> Prefers to play alone rather than socially
<input type="checkbox"/> Manage to drink from a cup (half full)	<input type="checkbox"/> Lack of interest in learning to feed self
<input type="checkbox"/> Enjoy sitting looking at books	<input type="checkbox"/> Lack of interest in books
<input type="checkbox"/> Points to body parts, clothing and objects	<input type="checkbox"/> Lack of interest in body parts, clothing and objects
<input type="checkbox"/> Help with dressing	<input type="checkbox"/> Lack of interest in dressing





Child Development Milestones – 18 months

<input checked="" type="checkbox"/> An average child can...	<input checked="" type="checkbox"/> Signs of possible problems include...
Intellectual	
<input type="checkbox"/> Search for objects not only where they were last seen, but also in other places	<input type="checkbox"/> Doesn't search for objects out of view
<input type="checkbox"/> Play correctly with toys, such as pushing a car around, making an airplane fly	<input type="checkbox"/> Toy play is random – just banging, dropping, etc.
<input type="checkbox"/> Complete simple puzzles, like placing one or two shapes in holes	<input type="checkbox"/> No understanding of what to do with puzzles

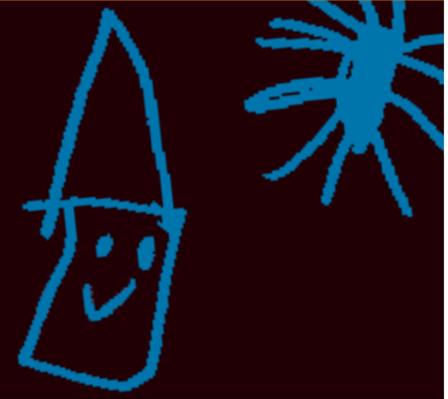
If you have any concerns about your child's development, see your child health nurse or GP.

Copyright © 2003 Child Development Network. Reproduced with permission.



**Queensland
Government**
Queensland Health

Home safety checklist



The Royal Children's Hospital Safety Centre, Melbourne 2008

The following list is a general guide only. Every home is different, so some issues will not apply.

By law every home must have at least one working smoke alarm installed on each level of the house. Clean and check your alarms regularly and make sure they are working. Do not deadlock yourself inside the house. Keep keys in the back of the lock or close by.

Please contact the Safety Centre on (03) 9345 5085 for advice on action plans and safety products.

Kitchen	Check	Action
Oven bolted to the wall and floor to prevent it tipping over		
Back burners used on the stove and pot handles always turned away from the front of the stove to avoid scalds		
Never leave cooking, heaters, open fires or candles unattended		
Power point covers fitted to avoid electrocution		
Fire blanket and/or fire extinguisher available in case of fire		
Do not overload power boards		
Electrical appliances unplugged after use		
Keep electrical appliances in good working order. Have repairs done by a registered electrician		
Have a fire extinguisher and fire blanket in the kitchen and know how to use them		
Have a fire escape plan and practise it. Have an agreed-upon meeting place		
Hot drinks should always be out of reach of children to prevent scalds		
Store all matches and lighters out of reach of children		
Hot water in kettles kept out of reach		
Placemats used instead of tablecloths		
Highchair is stable and fitted with a five point harness to prevent serious fall injuries		
Safety gate at the entry to the kitchen while cooking		
Dishwasher closed at all times to prevent poisoning		
All cleaning products kept in a locked cupboard		
Plastic bags kept out of reach of children		
Appliances located within close range of each other, i.e. between sink, stove, fridge and workbenches		
Microwave positioned out of children's reach		

Proudly supported by

ExxonMobil



ExxonMobil Australia group of companies

The **Royal Children's** 
Hospital Melbourne

Safety Centre

Bathroom and laundry	Check	Action
All medications and cleaning products stored in locked cupboards		
All poisonous substances kept in their original containers		
Electrical appliances removed from the bathroom		
Nappy bucket has a firm fitting lid and placed off the floor		
Non-slip surface on bath or non-slip bath mat		
Power point covers installed to avoid electrocution		
Children supervised in the bathroom at all times		
Hot water delivered to the bathroom at a maximum 50°C to prevent serious scalds		
Bath taps inaccessible to young children		
Clean lint filters on clothes dryers regularly and always let dryers complete the cool-down cycle		

Living areas	Check	Action
Corner covers on sharp edges of furniture		
All blind cords out of reach to avoid strangulation		
Fire and heater guards securely attached		
Matches and lighters kept out of reach of children at all times		
Heater at least one metre away from curtains or other flammable materials		
Toys stored within children's reach		
A safe and separate play space provided		
Warning labels on toys checked before buying		
Toys in good condition		
Furniture kept away from windows		
Safety glass or shatter-resistant film fitted to low-level windows or glass doors		
Power point covers fitted to avoid electrocution		
Safety barriers on steps and stairs		
Layout and placement of furniture in each room allows a clear pathway to avoid tripping and collisions		
Power boards used instead of double adaptors		

Bedroom	Check	Action
Cots are Australian Standards approved for safer design to avoid serious injury		
Cot mattress fits snugly to avoid entrapment		
No mobiles, bumpers or pillows in cot to avoid suffocation		
Cot away from windows and blinds to avoid strangulation from cords		
Change table fitted with body harness, or baby changed on the floor to prevent serious fall injuries		
No electric blankets on children's beds to avoid fire and electrocution		
'Low Fire Danger' children's nightwear worn to reduce fire risk		
Do not dry clothing too close to heaters		
Ensure cigarette ash and butts are extinguished. Never smoke in bed		
Smoke alarms fitted outside each bedroom with batteries checked regularly and replaced annually. It is advisable that smoke alarms should also be installed in bedrooms where people sleep with their door closed		
Only children over the age of 9 years permitted on the top of an Australian Standards approved bunk bed to avoid serious fall injuries		

Garage and sheds	Check	Action
Locks on garage and shed doors to prevent access		
Poisonous substances kept in original containers		
Paints, flammable liquids and poisonous substances in locked cupboards		
All power tools stored in locked cupboard		
Small objects (e.g. nails, screws etc.) stored up high		
Children not permitted to play around machinery		

Outdoors	Check	Action
Pram or stroller fitted with a five point harness		
Wading pool always emptied immediately after use		
Children constantly supervised near water		
A safe fenced area provided for children to play		
Fence checked regularly and in good condition		
Children encouraged to play in shade, wear hats and protective clothing to avoid sunburn		
Small amounts of SPF30+ sunscreen used on hands, feet and face		
Play equipment checked regularly and in good condition		
Soft surface under playground equipment maintained at a depth of 300mm		
Children always supervised near dogs		
Garden checked for poisonous plants		
No tree branches at child's eye level to avoid injury		

Balconies	Check	Action
Balcony entry points are kept locked to avoid balconies being used as a play area		
Children are supervised on balconies at all times		
Choose heavy furniture, rather than light plastic furniture, and ensure it is positioned away from railings to avoid children moving furniture and using it to climb on railings		
Height of railing at least 1000mm (1 metre), but if balcony is higher than 3 metres off the ground, railing to be at least 1200mm high		
Railing is vertical so children cannot climb railing like a ladder, with gaps between railing no wider than 100mm		
Balcony surface is non-slip to prevent falls, and all tripping hazards removed		

On the road	Check	Action
First aid kit and fire extinguisher checked and kept in car		
Children always travel in the back seat in an Australian Standards approved child restraint		
Child restraints properly fitted and used at all times		
Child safety locks on car doors		
Children always get in and out of the car on the kerb side		
Gate to the road kept closed		
Driveway separated from play areas		
Toddler's hand always held when near a road		
Traffic lights or pedestrian crossings used when available		
Children taught to 'Stop, Look, Listen and Think' before crossing roads		
Helmets always worn when riding bicycles		
Wrist guards, knee and elbow pads, closed-toe shoes and helmets worn when riding skateboards, scooters and in-line skates		

First aid kits

We recommend that all parents and carers are trained in first aid and update their qualifications in cardio-pulmonary resuscitation (CPR) each year. First aid kits are essential in the home, in the car and when on holidays. Keep a list of contents in the kit to check and restock regularly.

Ideas for contents to include in a first aid kit

The contents of the first aid kit will vary depending on a number of issues. Consider the following:

- The extent of your first aid training and qualifications
- Your confidence and experience in using the contents
- The individual needs of your family
- How far away you may be from emergency services
- The type of activities all family members will be participating in.

Suggested first aid kit contents

The following are suggested items to include in a first aid kit. You can buy a first aid kit or compile your own. For further advice refer to a first aid book or your first aid training provider. Your local doctor or pharmacist should advise on items such as anti-irritant creams, analgesics and antiseptics. Medicines and creams should be stored separately in a medicine cabinet with a child resistant lock.

	Check
First aid reference book and emergency phone numbers/CPR chart	
Pencil and note pad	
Disposable protective gloves	
Resuscitation pocket mask or face shield	
Small hand towels	
Individually wrapped sterile adhesive dressings (assorted widths)	
Individually wrapped sterile non-adhesive dressings (100mm x 100mm)	
Sterile cotton gauze swabs (75mm x 75mm)	
Hypoallergenic adhesive strips and tape (25mm x 2.5 metre roll)	
Small, medium and large size wound dressings	
3 stretch bandages (50, 75 and 100mm x 1.5 metres)	
Triangular calico bandages	
Safety pins	
Rust resistant scissors with one blunt tip (approx. 100mm in length)	
Rust resistant tweezers with a protective guard to prevent tip damage	
Plastic bags (150mm x 200mm) resealable	
Sterile Combine dressing (90mm x 200mm)	
Sterile normal saline solution – single use (100ml container) for eyewash	
Thermometer	
Instant cold compress	
Hot/cold reusable compress	
Butterfly wound closures	
Disposable splinter probes	
Physician's diagnostic pen light / torch	
Emergency blanket	
Packet of tissues	
Disposable drinking cup	
Plastic kidney dish	
Eye pads	
Plastic kitchen film or clean cotton pillowcase to cover burns	



