Watching your child grow

Developmental Milestones for Children Aged 0-12
& Other Information for Families

Narrabri & District Community Aid Service Inc.
About this book

The Watching Your Child Grow resource has been produced by the Narrabri & District Community Aid Service Inc. Information was originally compiled by the NDCAS Isolated Family Service – Candice Craig, April Cochrane and Annette Longworth.

The publication of this resource was funded by Families NSW (formerly Families First) and the Aboriginal Child Youth & Family Strategy.

This book contains information on the following topics:

- Developmental milestones
- Age appropriate activities
- Parenting information
- Health

The milestones mentioned in this book are to be used only as a guide to your child's development. Not all children develop at the same rate. Some children develop more quickly and other children will develop more slowly than these milestones.

If you are concerned that your child may have a difficulty in a particular area, the earliest detection will assist your child to develop to their full potential.

If you have questions regarding your child’s development, there are a number of services that are available to assist you within your local area. Remember, there is no such thing as a silly question.

Local services available to assist you:

- Child & Family Health Nurse at the Community Health Centre
- Early Intervention Service
- Family Support Service
- Department Of Community Services
- Hunter New England Area Health Centres
- Family doctor
- Health staff at your local hospital
- Childcare centres and services, pre-schools & schools
- Neighbourhood Centre
- Centrelink

The Isolated Family Service would like to thank the following services for their contributions to this book.

- Narrabri Community Health & Hunter New England Area Health Service
- Narrabri Early Intervention Service
- NSW Department of Community Services
- School Counsellors
- Gamilaroi Community Midwifery Service, Moree
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABOUT THIS BOOK</td>
<td>3</td>
</tr>
<tr>
<td>CONTENTS</td>
<td>4</td>
</tr>
<tr>
<td>USEFUL CONTACT NUMBERS</td>
<td>6</td>
</tr>
<tr>
<td>IMMUNISATION GUIDE</td>
<td>7</td>
</tr>
<tr>
<td>CHILDREN’S BEHAVIOUR</td>
<td>8</td>
</tr>
<tr>
<td>INFANTS</td>
<td></td>
</tr>
<tr>
<td>0-12 months</td>
<td>10</td>
</tr>
<tr>
<td>INFANTS</td>
<td></td>
</tr>
<tr>
<td>4-8 months</td>
<td>12</td>
</tr>
<tr>
<td>INFANTS</td>
<td></td>
</tr>
<tr>
<td>8-12 months</td>
<td>14</td>
</tr>
<tr>
<td>INFANTS</td>
<td></td>
</tr>
<tr>
<td>1-2 years</td>
<td>16</td>
</tr>
<tr>
<td>INFANTS</td>
<td></td>
</tr>
<tr>
<td>2-3 years</td>
<td>18</td>
</tr>
<tr>
<td>PRESCHOOL</td>
<td></td>
</tr>
<tr>
<td>3-4 years</td>
<td>21</td>
</tr>
<tr>
<td>PRESCHOOL</td>
<td></td>
</tr>
<tr>
<td>4-5 years</td>
<td>23</td>
</tr>
<tr>
<td>A GUIDE TO SCHOOL READINESS</td>
<td>25</td>
</tr>
<tr>
<td>4-5 years</td>
<td></td>
</tr>
<tr>
<td>SCHOOL AGED</td>
<td></td>
</tr>
<tr>
<td>5-12 years</td>
<td>27</td>
</tr>
<tr>
<td>SCHOOL AGED</td>
<td></td>
</tr>
<tr>
<td>9-12 years</td>
<td>29</td>
</tr>
<tr>
<td>INFORMATION FOR FAMILIES</td>
<td>31</td>
</tr>
</tbody>
</table>
# Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keeping Children Safe from Child Abuse and Neglect</td>
<td>32</td>
</tr>
<tr>
<td>Children's Healthy Eating</td>
<td>34</td>
</tr>
<tr>
<td>Blended Families</td>
<td>36</td>
</tr>
<tr>
<td>Engaging Dads</td>
<td>37</td>
</tr>
<tr>
<td>Contraception</td>
<td>40</td>
</tr>
<tr>
<td>Women's Health</td>
<td>41</td>
</tr>
<tr>
<td>Essential Baby Supplies</td>
<td>44</td>
</tr>
<tr>
<td>Child Safety</td>
<td>45</td>
</tr>
<tr>
<td>Attention Deficit Disorder</td>
<td>46</td>
</tr>
<tr>
<td>Childhood Depression</td>
<td>47</td>
</tr>
<tr>
<td>Bullying</td>
<td>48</td>
</tr>
<tr>
<td>Otitis Media</td>
<td>50</td>
</tr>
<tr>
<td>Asthma</td>
<td>51</td>
</tr>
<tr>
<td>Diabetes</td>
<td>52</td>
</tr>
<tr>
<td>First Aid</td>
<td>53</td>
</tr>
<tr>
<td>Acknowledgement &amp; References</td>
<td>54</td>
</tr>
</tbody>
</table>
Useful Contact Numbers

Police, Fire, Ambulance ......................................................... 000
Australian Breastfeeding Association ....................................... 02 8853 4999
7 days
Child Abuse Prevention Service ............................................... 1300 227 464
24 hours 7 days
DoCS Helpline ........................................................................... 13 21 11
24 hour, 7 days
Karitane Care Line ..................................................................... 1800 677 961
Provide information for new parents
Kids Helpline ................................................................................ 1800 55 1800
24 hours, 7 days
Mensline ..................................................................................... 1300 789 978
National service for men to talk about family & relationship concerns 24 hours, 7 days
Mothersafe .................................................................................. 1800 647 848
Royal Hospital for Women, advises on safe medication during pregnancy & breastfeeding
9:00 AM – 4:30 PM, Monday - Friday (excluding public holidays)
Parent Line .................................................................................. 13 20 55
Assists parents of children aged 0-18 or up 25 years of age if drug or alcohol problems
9:00 AM – 4:30 PM, Monday - Saturday
Poisons Information ................................................................... 13 11 26
24 hours, 7 days
Tresillian Parent Helpline ......................................................... 1800 637 357
Registered nurses; provide information on breastfeeding, baby settling 24 Hours, 7 days
Relationships Australia ............................................................... 1300 364 277
9:00 AM – 5:00 PM, Monday - Wednesday
9:00 AM – 8:00 PM Thursday & Friday
Can Survive Hopeline .................................................................. 1300 364 673
Patient & carers counselling service, if diagnosed with serious or life threatening illness
9:00 AM – 12:00 AM Midnight
Grief Line ...................................................................................... 03 9596 7799
12:00 PM Midday – 3:00 AM, 7 days
**Immunisation Guide**

Immunisation is an easy, safe and successful way of protecting children against specific diseases. The effects of these diseases are far greater than the risks associated with the vaccine.

Immunisation information is updated regularly. Please use the information below as a guide only and consult your Doctor or Community Health Nurse for the current Immunisation Program.

<table>
<thead>
<tr>
<th>Age</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>Hepatitis B (hepB)</td>
</tr>
<tr>
<td>2 months</td>
<td>Diphtheria, Tetanus, Pertussis (DTPa)</td>
</tr>
<tr>
<td></td>
<td>Hepatitis B (hepB)</td>
</tr>
<tr>
<td></td>
<td>Haemophilus influenzae type B (Hib)</td>
</tr>
<tr>
<td></td>
<td>Polio (IPV)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal conjugate (7vPCV)</td>
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<tr>
<td></td>
<td>Rotavirus</td>
</tr>
<tr>
<td>4 months</td>
<td>Diphtheria, Tetanus, Pertussis (DTPa)</td>
</tr>
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<td></td>
<td>Hepatitis B (hepB)</td>
</tr>
<tr>
<td></td>
<td>Haemophilus influenzae type b (Hib)</td>
</tr>
<tr>
<td></td>
<td>Polio (IPV)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal conjugate (7vPCV)</td>
</tr>
<tr>
<td></td>
<td>Rotavirus</td>
</tr>
<tr>
<td>6 months</td>
<td>Diphtheria, Tetanus, Pertussis (DTPa)</td>
</tr>
<tr>
<td></td>
<td>Hepatitis B (hepB)</td>
</tr>
<tr>
<td></td>
<td>Haemophilus influenzae type b (Hib)</td>
</tr>
<tr>
<td></td>
<td>Polio (IPV)</td>
</tr>
<tr>
<td></td>
<td>Pneumococcal conjugate (7vPCV)</td>
</tr>
<tr>
<td></td>
<td>Rotavirus</td>
</tr>
<tr>
<td>12 months</td>
<td>Measles, Mumps, Rubella (MMR)</td>
</tr>
<tr>
<td></td>
<td>Haemophilus influenzae type b (Hib)</td>
</tr>
<tr>
<td></td>
<td>Hepatitis B (HepB)</td>
</tr>
<tr>
<td></td>
<td>Meningococcal C (MenCCV)</td>
</tr>
<tr>
<td>18 months</td>
<td>Chicken Pox (varicella) (VZV)</td>
</tr>
<tr>
<td>4 years</td>
<td>Diphtheria, Tetanus, Pertussis (DTPa)</td>
</tr>
<tr>
<td></td>
<td>Measles, Mumps, Rubella (MMR)</td>
</tr>
<tr>
<td></td>
<td>Polio (IPV)</td>
</tr>
<tr>
<td>12 years</td>
<td>Hepatitis B (hepB)</td>
</tr>
<tr>
<td></td>
<td>Chicken Pox (varicella) (VZV)</td>
</tr>
</tbody>
</table>
Children’s Behaviour

All children misbehave at time. Children misbehave for many reasons. All children are different, they misbehave to various levels and for different time lengths. The more upset that you become, the more upset your child will become, and this can escalate an unhappy situation.

SOME HINTS ON HOW TO DEVELOP A GOOD RELATIONSHIP WITH YOUR CHILD

• Spend quality time with your child.
• Talk with your child.
• Listen to what your child is telling you, even if you have heard the story ten thousand times before and it is the most boring thing you have ever heard. If it is important to them, it is important for you to listen.
• Be aware of how they react to what you say or certain situations.
• Tell your child when you are happy with them; children like your approval. Thank them for being good or doing what you have asked, eg “You were so nice and quiet while I was on the phone, thank you.”
• Reward good behaviour. This does not have to be a present, if they are being well-behaved reward them by taking them to the park or doing something special with them. A big hug and kiss is more important than a material reward.

• Show affection. Create precious memories.
• Give your child positive attention when your child is behaving.
• Provide them with a variety of different activities to keep them occupied. You can create different activities by using materials that you have around the house such as boxes, water play and the saucepan cupboard.
• Set a good example, be a positive role model. How do you behave when you are upset?
• Encourage your child to learn - for example when your child asks you what a particular object is, encourage them to think about what the object might be and what they could use it for.
• Make meals times special, share the day’s experiences.
• Turn the television off - play a family game instead or go for a walk together.
**HINTS FOR THOSE BAD TIMES**

- Stay calm!
- Ignore misbehaviour if your child is not hurting themselves or others (yes, it is hard but it really works).
- Remove the cause, for example if fighting over a toy, remove the toy until the child calms down and agrees to play nicely.
- Give clear, calm instructions and back them up with a consequence. For example “Sally I want you to stop crying now if you don’t you will have to go and sit by yourself for a minute.”
- Praise them if they have done what you asked. If not, follow up with your consequence.
- Be consistent with your rules and consequences so that your child knows what to expect if they misbehave.
- Introduce quiet time when your child misbehaves - tell them that they need to sit quietly for a short period of time until they can continue with playing or what they were doing.
- Time-out - if child continues to misbehave, tell them that they have not done what they have been asked and send them to a different room, for example, their bedroom until they are prepared to stop their misbehaviour.
- Tell your child that you are happy with them when they stop misbehaving.

**HINTS TO PREVENT MISBEHAVIOUR**

- Have realistic expectations of your child.
- Develop a consistent routine, for example with meal and bed times.
- Give clear, calm instructions when wanting your child to do something. For example, instead of - “Sally, can you please pick up that toy?” Say, “Sally, can you please pick up that toy and put it in the toy box?”
- Set suitable ground rules – this is important no matter what age your child is, make sure that your child understands these rules.
- Make sure your child understands what will happen if they misbehave or break the ground rules.
- Be prepared for grocery shopping, create a shopping list for your child to get (use pictures for younger children).
- Be prepared for long car trips, play games like “I spy” (use colours for younger children). Give them a list of things to find along the way, sing songs or tell stories. Have healthy food and drinks on hand as well as books and toys.
- Avoid situations that you know will cause problems, for example shopping when it is nap time or meal times.

**MOOD CHANGES**

- Give them something (healthy) to eat.
- Go out for a walk. Play in the garden.
- Visit someone else or ask someone over.
- Connect with water, for example run a bath, fill a paddling pool or hose the garden - always watch children around water.
- Sleep (if the child won’t, try lying down with them, have a cuddle, read a book).
- Watch a video.
- Try to distinguish between the behaviour and the person. The child is not naughty, but the behaviour of hitting the cat is.
- Being a parent is at times a very difficult job. Remember to look after yourself. If the situation is upsetting you or hard to cope with, take time out for yourself to calm down and relax.
- Every child misbehaves at some stage so don’t blame yourself or take it personally. This is all part of your child growing up.

If you need someone to talk to you can contact one of your local service providers or one of the parenting information services listed in this book under useful contact numbers.
**EATING SKILLS & TEXTURE**

**0 – 12 months**

Infants are breastfed or bottle (formula) fed for the first year. It is not recommended to give babies under 12 months cows’ milk, cordial or tea. Babies grow very quickly in their first year of life. They need essential nutrients, provided by a healthy diet to assist them in their rapid growth.

**0 – 6 months**

- Breast milk or formula only for the first 6 months.
- It is not recommended to give babies solid food before 6 months of age.

**6 months**

**Your baby:**
- Recognises bottle or breast by opening mouth or arm movements.
- From 6 months start with puree then gradually add lumps.
- Swallows strained or pureed food. Baby uses tongue to move food in mouth.
- Able to eat smooth to finely mashed food
- Able to eat prepared infant rice cereals with breast milk or formula.
- Able to eat the following fruits and vegetables pureed: Pear, apple, banana, kiwi fruit, melon, avocado, potato, pumpkin, broccoli, peaches, plums, peas, carrot, nectarine, cucumber, green beans, grapes, zucchini, parsnip, cauliflower, mango, apricot, paw paw.
- Able to eat coarsely mashed to minced / chopped food like chicken, turkey, lamb, beef, pork.
- Able to eat finger foods like rusk, baby biscuits.
- Other foods to try might include,
  - Porridge, rice, semolina, wheat cereals, wheat noodles, pasta, bread, yoghurt, plain custard, cheese.

**From 8 months**

**Your baby is:**
- Able to eat chopped and diced chewing foods – able to feed self mashed food with fingers (around 9 months)
- Able to drink from a cup held by an adult.

**Food to add to diet might include:**
- Citrus fruit, berries, tomato, fish, egg, baked beans, dried beans, smooth peanut butter.

**From 12 months**

**Your baby:**
- Eats finely cut table food fed by parents, likes to help hold spoon.
- Is able to eat small sized family meals.
- No longer needs bottle.
- Is able to eat all dairy foods.
- Is able to drink cows’ milk.
- It is not recommended to give children juice in bottles. Limit juice to one cup per day, milk and water should be offered at all other times.

It is important to remember when trying new foods to start with a small amount to check for allergies.

**When babies and young children try new foods they often will not like something on the first attempt. It is important to keep offering healthy options and not offer junk food.**
**PHYSICAL DEVELOPMENT**

0 – 4 months

**Larger muscle development**
*(Body, arms, legs)*

**Your baby:**
- Remains bent at elbows, hips and position knees in towards the body for at least the first month.
- Turns head to the side while on back by 2 months.
- Lifts head while on tummy by 3 months.
- Is able to roll over front to back around 4 months.
- Can be gently pulled to sitting position with only slight head lag by 4 months.
- Sits with support.

**Smaller muscle development**
*(Hands, eyes, fingers)*

**Your baby:**
- Watches familiar faces.
- Grasps adult finger when placed in palm.
- Follows bright object in all directions.
- Holds rattle placed in hand by 3 months.
- Reaches towards objects but is unable to grasp.
- Starts to look at hands.

**BRAIN INTELLECTUAL DEVELOPMENT**

0 - 4 months

**Your baby:**
- Shows interest in pictures that contain black and white pattern.
- Recognizes parents or care givers voice and may turn head toward the voice.
- Has frequent naps.
- Inspects own hands and may put them in mouth.
- Watches moving objects, e.g. mobiles, and inspects unfamiliar surroundings.
- Happily stays awake for longer periods, often in the afternoon.
- Looks at faces and makes eye contact.

**LANGUAGE / COMMUNICATION DEVELOPMENT**

0 - 4 months

**Your baby:**
- Responds with a coo or smile to friendly speech.
- Makes small throaty sounds.
- Makes coos and gurgles.
- Vocalizes or ‘talks’ back when talked to.
- Is quiet when a bell or other sound is made.
-Startles to sharp or loud noises.
- Cries when hungry, tired or uncomfortable.
- Makes comfort sounds when content.
- Plays with tongue – twists, turns, sticks it out, sucks on it.

**SOCIAL / EMOTIONAL DEVELOPMENT**

0 – 4 months

**Your baby:**
- Enjoys and needs a great deal of cuddling.
- Is quiet when picked up.
- Cries when uncomfortable.
- Responds to sights, sounds.
- Looks at face and makes eye contact.
- Becomes aware of hands and feet.
- Smiles and coos at people, watches others.
- Behaves differently with parent than with others.
- Plays with toys and laughs.

**ACTIVITIES / EXERCISES TO HELP YOUR CHILD’S DEVELOPMENT**

0-4 months

**Mobiles**
- Make your own mobile from different coloured cardboard, puppets, toys, and even books can be attached to string on a coat hanger!!

**Colourful toys or objects**
- Hold toy in front of baby’s face and slowly move from side to side, up and down. When baby is about 3 – 4 months, lift toy upward so baby will need to raise head to keep object in sight.

**Bells, rattles, onion bags stuffed with cellophane, noisemakers**
- Stand where you can see the baby – make a noise with an object and see if baby turns head toward the sound – if so allow baby to play with noise maker!
- Tie objects to end of bassinet or cot to encourage baby to move legs and kick objects.

**Soft balls, rattles**
- Dangle objects in front of baby, if baby makes an attempt to reach for them, allow them to play with the toy! Place different easy grasp objects in babies hand.

**Singing, Talking**
- Talk, sing and hum to baby – use high and low sounds, long and short sounds, loud and soft sounds.
- When baby produces a sound, smile and talk back. Repeat sounds made by baby as if making conversation!
PHYSICAL DEVELOPMENT
4 – 8 months

Larger muscle development
(Body, arms, legs)

Your baby:
• Able to kick and move – is more mobile.
• When on tummy takes weight on fore arms with head and shoulders off floor.
• When pulled to sitting position holds head in line with the middle of body.
• When sitting with support, looks at and plays with toy.
• When on tummy can turn or pivot on straight arms around in circles with flat hands.
• When on back can play with feet and may suck toes!
• Able to sit with minimal assistance.
• Rolls from tummy to back and back to tummy from both sides.
• By 8 months may stand with support.

Smaller muscle development
(Hands, eyes, fingers)

Your baby:
• May attempt to reach for toy with both hands.
• Able to hold a rattle and look at it while in hand.
• Brings hand to mouth, sometimes holding object.
• Pats breast or bottle.
• Visually interested in surroundings.
• By 6 months can transfer toy from one hand to another.
• Can pick up small objects – rakes small objects with all fingers.
• Directs breast or bottle towards mouth or pushes it away.
• Sustains good eye contact beyond 1 metre.

BRAIN / INTELLECTUAL DEVELOPMENT
4 – 8 months

Your baby:
• May kick, smile, quieten when knows bottle is coming or is about to be picked up.
• Purposefully hits a toy if they know it will move or make a noise.
• Reaches for objects with in reach.
• Enjoys looking at self in mirror.
• By 6 months uses hands and mouth to explore objects.
• Can discriminate between familiar people and strangers.
• Enjoys crumpling, tearing and mouthing paper (careful of choking hazards).
• Drops a toy and then looks for it.
• Visual memory is developing e.g. has favourite toys and food.
• Can sleep for 4 hours or more at night.
• Occupies self for 10 minutes when unattended. e.g. plays with hands.
• Shows anxiety when stranger is encountered.
• Vocalizes emotions of joy and displeasure.
**LANGUAGE / COMMUNICATION DEVELOPMENT**

4 – 8 months

Your baby:
- Turns eyes and head towards sound.
- Squeals and babbles using several vowels and consonants.
- “Talks” to toy or adult when spoken to.
- Makes “singing” tones.
- From 6 months responds differently to various sounds.
- Responds to show they understand several words.
- Uses voice to gain attention and may repeat a performance when laughed at.
- Imitates sounds.
- Says simple words e.g. mamma.

**SOCIAL / EMOTIONAL DEVELOPMENT**

4 – 8 months

Your baby:
- Responds to person or object for at least 1 minute with vocalisations, smiles or body movements.
- Initiates smile if person approaches their bed.
- Socializes, plays with anyone, does not discriminate.
- Calms when comforted.
- Cries vary in pitch, length and volume to indicate needs of hunger / pain.
- May follow parent (by crawling) to be in the same room.
- Is shy with some strangers and different places.

**ACTIVITIES / EXERCISES TO HELP YOUR CHILD’S DEVELOPMENT**

4–8 months

Games
- Play games like peek a boo and hide and seek.
- Scarves, mirrors - cover objects with a towel or scarf in front of baby, see if baby can reveal the hidden object. Allow baby to see self in the mirror, talk about body parts and what can be seen through the mirror.

Balls
- Balls can be made from wool or string, folded stockings or socks, half blown balloons – roll object a short distance in front of the baby and encourage to go after the ball.

Crawling chases
- Give baby a head start and then crawl after baby!!

Imitation
- Babies love to imitate – laugh, cough, flutter eyes, stick out tongue, clap, move hands and arms.

Singing
- While changing nappy, feeding, bathing, sing rhymes and short songs (Play School has good ones!)

Playgroup
- Join a local Playgroup. Contact your Community Health Centre for information on mothers’ groups.
Infants
8-12 months

**PHYSICAL DEVELOPMENT**

**Larger muscle development**
*(Body, arms, legs)*

**Your baby:**
- Beginning to crawl properly on hands and knees.
- Sits without support.
- Moves freely from sitting position to crawl position and back to both the left and right.
- Can move to kneeling position and play at a table.
- Enjoys standing position with support - stands with flat feet and with legs separated.
- May sometimes be able to pull self up by holding onto furniture.
- Able to walk around furniture holding on.

**Smaller muscle development**
*(Hands, eyes, fingers)*

**Your baby:**
- Picks up toy with thumb and fingers - picks up smaller objects between thumb and finger.
- Pokes small objects with pointer finger.
- Lets go of objects into a big container.
- Transfers small toys hand to hand and turns them around to examine them.
- Puts objects to mouth – sucks and chews.

**BRAIN / INTELLECTUAL DEVELOPMENT**

**8 – 12 months**

**Your baby:**
- Looks at pictures or objects when they are named or pointed to.
- Can be distracted by using toys or surroundings to settle child.
- Enjoys simple picture books.
- Responds to name by turning head, smiling or eye contact when called.
- Takes things from containers – looks for toys that have dropped or fallen.
- Engages in repetitive actions when playing.

**LANGUAGE / COMMUNICATION DEVELOPMENT**

**8 – 12 months**

**Your baby:**
- Has a tuneful babble – sounds have specific meaning and shouts!
- Repeats, practices words over and over.
- Stops momentarily when told ‘No’.
- May respond to simple requests e.g. “Wave bye bye.”
- Looks at objects when adult talks about them, may point to objects and name.
- May cry when familiar people leave the room, if left alone.
- Cries have specific meaning.
**SOCIAL / EMOTIONAL DEVELOPMENT**

**8 – 12 months**

**Your baby:**
- Knows family from strangers – may stare at strangers.
- Smiles at self if close to mirror and touches mirror.
- Tries to establish contact with person by vocalisations, coughs or other noise.
- Responds to games like peek-a-boo or silly faces.
- Becomes anxious when separated from mother or caregiver.
- May show fear and insecurity with previously accepted situations.
- Wants own pleasure, may not consider others.
- Is possessive of both people and toys.
- Can demand attention.
- Can be shy and clingy.

**ACTIVITIES / EXERCISES TO HELP YOUR CHILD’S DEVELOPMENT**

**8 – 12 months**

- Reading.
- Point out people and objects in photo albums, picture books, catalogues and magazines pictures and say their names and body parts like eyes, hair, hand. Talk about what is happening in the pictures and what the people are doing. Encourage baby to help turn pages.
- Scribbling - provide paper, crayons and pencils and allow baby to scribble freely on paper.
- Music - allow baby to use a wooden spoon to play on pots and pans – Play different types of music around baby e.g. radio, classical, modern etc. Tin cans with stones or rice inside make good Shakers.
- Walks - take baby on walks to see new sights and sounds at the same time you get your own exercise!

**SOME OTHER THINGS TO PROVIDE**

- Toys or objects to poke, bang, shake, squeeze, mirrors, pop up and different textures.
- Toys for the bath like boats, sponges, cups, objects with holes, objects that float!
- Boxes and baskets and other containers with objects inside to be taken out.
- Toys and things to pull on a string while sitting.
- Large cardboard boxes are great to make tunnels and cubby houses.
- Ice cream containers with a slot cut out of the lid make great post boxes – plastic lids are great for babies to post into the slot!
**Infants**

1-2 years

**PHYSICAL DEVELOPMENT**

1 – 2 years

**Larger muscle development**

* (Body, arms, legs)

**Your child:**

- Crawls quickly on hands and knees for mobility.
- Frequently changes sitting positions – has a very straight back.
- Pulls self up on furniture – lifts one foot then the other.
- May sometimes stand without holding on – arms out to the side.
- Walks around furniture with flat feet and a hand on to holding furniture – may walk independently!
- Picks up objects from the floor without over balancing.
- Cooperates with dressing by extending arm or leg.
- Sits without support while parent dresses them.
- From 18 months can sit self on a small chair.
- Walks pulling a toy or carrying a doll.
- Starts to walk backward a few steps.
- Gets up to stand without support.
- Can walk up stairs with one hand held – 2 feet to each step.
- Sits on potty or adapted toilet seat with assistance.

**Smaller muscle development**

* (Hands, eyes, fingers)

**Your child:**

- Imitates banging two objects together.
- Has control when letting go of objects – is able to put a block in a small cup.
- Turns palms of hands up when helping to hold something.
- Picks up tiny objects with thumb and fore finger tips.
- Can build a tower using 3 blocks.
- Is able to throw a small ball.
- Paints using the whole arm.
- From 18 months pushes and pulls toys.
- Can turn pages of a cardboard book and point to pictures.
- Scribbles spontaneously.
- Stacks two or three blocks together.
- Holds and places tiny objects precisely.
- Brings spoon to mouth and turns spoon over.

**LANGUAGE / COMMUNICATION DEVELOPMENT**

1 – 2 years

**Your child:**

- Responds to simple commands with actions and some single word answers.
- Can listen to the tick of a watch.
- Begins to say single words with meaning.
- Imitates sounds of other people, objects.
- Identifies familiar pictures.
- Calls at least one person by name.
- “[Jabbers]” using changes in loudness, rhythm and tone
- By 18 months has a vocabulary of around 25 words.
- Uses language to direct others.
- Asks for water or food when thirsty or hungry.
- Says ‘No’ when refusing to do something.
- Labels objects.
- Refers to self by name.
- May ask ‘What’s That?’.
• Follows one - two step directions.
• Listens to stories and rhymes.
• Uses language to express needs or desires.
• May use the following words.
  Yes
  No
  Hello
  Please
  Thank you

**BRAIN / INTELLECTUAL DEVELOPMENT**

1-2 years

**Your child:**
• Points to or pats named pictures in a book.
• Remembers where familiar things are kept.
• Can post cylinder shaped objects into a container with a similarly shaped hole.
• Joins in with games e.g. will offer hand to play ‘round and round the garden’.
• Looks at pictures with greater interest.
• Points to objects of interest – inspects matchbox sized toys.
• Begins to link object with functional relationship. e.g. spoon/food.
• May recognise self in a mirror or photo.
• By 18 months can identify a body part by pointing or touching.
• Beginning to identify and match 2 similar objects.
• Enjoys helping turn pages in a book - may turn 2-3 pages at a time.
• Obey adults request to get items. e.g. “Please go and get your shoes.”
• May start to indicate toileting needs.
• Indicates soiled or wet nappy.
• Sleeps around 10-12 hours at night.
• Naps in afternoon for 1-3 hours.

**SOCIAL / EMOTIONAL DEVELOPMENT**

1-2 years

**Your child:**
• From 12 months extends toy or object to adult and releases.
• Will usually give a kiss on request.
• Organises others to meet needs by pointing or vocalising.
• Imitates others movements e.g. patting table.
• Is happy to sit and play with toys and frequently changes sitting positions – Has a very straight back!
• Initiates comfort by reaching up to be held or picked up.
• May prefer one parent to meet most needs and may resist others attempts.
• Shows assertiveness by offering toy and not releasing it.
• Will test parental reactions at bed time and feeding.
• Can recover from distress after around 10mins.
• Expresses affection – hugs and kisses parents, stuffed toys and dolls.
• By 18 months plays simple turn taking games. e.g. rolling ball or looking at a book with adult for 2-3mins.
• Likes to be in sight and hearing of an adult.
• Shows preference for certain toys, cars, dolls etc.
• Plays with blocks in simple manner. e.g. Carries, stacks but does not purposely build.
• Is impulsive, unable to recognise rules.
• Tries to resist adult control – “NO”
• Tantrum behaviours are becoming frequent!
• Is becoming independent and attempts to do things for themselves.
• Routines and rituals are important and necessary to develop sense of security.
• Can play contently in room alone but also like to be near familiar adults.
• Alternates between clinging and resisting.
• Has a tendency to be messy – especially with food!
• Beginning to become more aware of others feelings although still has trouble sharing!
• Looks to others for help.
• Likes to help clean up at times and assists with tasks.
• May do the opposite of what is requested.

**ACTIVITIES / EXERCISES TO HELP YOUR CHILD’S DEVELOPMENT**

1-2 years

**Hide Toys**
• Hide big toys under objects, little toys in your hands for surprise games.

**Peg Play**
• Place pegs around the top of the container and encourage baby to pull off and put them in container. Say the colours as they pull them off.

**Puppets**
• Make puppets from gloves or socks and talk to the child with them. The puppets can do everyday things that children do; brush hair, eat a piece of apple, sing a song or just have a chat.
**Infants**

**2-3 years**

**TOILET TRAINING**

**Is your child ready to use the toilet/potty?**

- It’s important to start at the appropriate time in your child’s development not when helpful relatives or friends think they’re ready.
- Generally children aged 2 to 3 years (sometimes older for boys).
- Stays dry for at least 2 hours at a time.
- Regular bowel movements.
- Indicates with actions or words when needs to go to the toilet.
- Lets you know when has just done a wee or poo.
- Takes an interest in other family members using the toilet.
- Asks to wear grown-up underwear.
- Asks to use the toilet or potty.

**Starting to use the toilet/potty**

- Find a storybook on using the toilet/potty (visit your Library or local Community Health Centre).
- Talk to your child about the toilet/potty. Talk about you using the toilet.
- Take your child on a special shopping trip to buy their very own potty and special training pants.
- Ensure your child can use the training pants themselves.
- Encourage your child regularly to sit on their potty, make this time fun, sing a song, read a book or just talk with them.
- Once you have started using training pants avoid going back to nappies even for overnight as this can confuse children.
- Keep the potty in a suitable location; it is important that the potty stays in the same spot throughout the training.
- If your child has regular bowel movements, sit your child on the toilet/potty at this time.
- Get into routine; put your child on the toilet/potty when they wake up, before sleep, after meals and morning and afternoon tea.
- Celebrate every success, avoid food rewards, but clap, cheer, tell them how clever they are.
- Make learning to use the toilet/potty a positive experience for you both.
- Accidents are OK and are to be expected, stay relaxed and encouraging, try and say: “better luck next time.”
- Get into the routine of washing hands with soap after using the toilet/potty.

**Potty versus the toilet**

- When your child uses a potty they can see that they have done something even if it is a very small wee.
- Some children can become attached to their own potty, which can add challenges when you are not at home or going from potty to toilet.
- If you start toilet training before your child is ready, learning to use the toilet will be more challenging and more delayed.
- Be patient some children learn to use the toilet/potty in a couple of days other can take up to several months.
PHYSICAL DEVELOPMENT

2 – 3 years

Larger muscle development

(Body, arms, legs)

Your child:
• Changes direction easily when walking.
• Rarely falls when running.
• Jumps over a rope on the ground with one foot in front of the other.
• Can step over objects when walking.
• When walking down steps uses 2 feet to a step and holds hand rail.
• Often squats to play.
• Throws a ball without losing balance.

From 2 ½ year:
• Can stand on tip toes.
• Starts to swing arms alternately when walking.
• Runs well but may have difficulty stopping, starting and changing direction.
• Enjoys outdoor play and climbing equipment.
• Is able to kick a large ball.

Smaller muscle development

(Hands, eyes, fingers)

Your child:
• Hand preference obvious and lead use of hands is consistent.
• Unscrews lids, turns knobs.
• Holds crayon (thumb to all fingers) and scribbles circles and up and down strokes in imitation.
• Lines up blocks to make a train.
• Spoon feeds and drinks from a cup without spilling.
• Can put on loose slippers, no regard for correct foot.
• Helps parent tidy some toys!
• Opens door with large knob or handle.
• Able to open doors without help (push, pull).
• Uses spoon effectively though sometimes messily.
• Is able to identify toys and simple pictures.
• Recognises familiar people in photos.
• Can paint and paste purposefully and enjoys play dough.
• Constructs a Duplo block house with 6 blocks.
• Imitates drawing a circle and side to side strokes.
• Can thread big beads on to string.
• Can wash own arms and legs in bath.
• Can undress self except with difficult fastenings.
• Washes and dries own hands.
• Can use a fork to eat with.
• Blows and wipes nose with assistance.

BRAIN / INTELLECTUAL DEVELOPMENT

2 – 3 years

Your child:
• Has increased problem solving skills e.g. uses stool to reach desired objects.
• Can pick self out of a photo and can match other pictures to real things.
• Sorts objects into 2 or 3 groups e.g. pegs, shells, buttons.
• Points to several body parts when named, particularly those on the face.
• Completes simple puzzles.
• Remembers where objects are kept and can retrieve.
• May recognise the need to go to the toilet or may need to be reminded.
• Can pay attention to short and basic stories for about 5mins.

From 2 ½ year:
• Can respond appropriately to commands that are more detailed. e.g. “Please go and get mummy a nappy and the wipes”.
• Knows full name.
• Is able to match pictures of familiar objects in a simple Lotto style game.
• Uses toilet with assistance – has occasional accidents and requires help when wiping.

LANGUAGE / COMMUNICATION DEVELOPMENT

2 – 3 years

Your child:
• Uses personal pro nouns, I and me.
• Vocalises or gestures toileting and food needs.
• Has an average sentence length of 2 – 3 words.
• Can sing phrases of songs.
• Asks simple questions.
• Speech is intelligible half of the time.
• Selects and uses books.

From 2 ½ years:
• Has a vocabulary of about 300 – 400 words!
• Asks ‘why’, ‘what’ and ‘where’ questions.
• Shows frustration if not understood.
• Has an average sentence length of 3 words.
• Enjoys use of telephone but unable to sustain a long conversation.
• Uses ‘I’, ‘me’ and ‘you’ in correct context.
**SOCIAL / EMOTIONAL DEVELOPMENT**

**2 – 3 years**

**Your child:**
- Attempts to comfort others in distress.
- Initiates own play and entertains self for a few minutes.
- Can play contented near other children, watching them and doing own activity – this is called parallel play.
- Enjoys being the centre of attention in family group.
- Expresses affection to parents, familiar people and soft toys by hugging and kissing.
- Imitates familiar actions. e.g. reading book, feeding doll.
- Begins to show sense of humour tries to make others laugh and will laugh at silly things.
- Will seek control over events by becoming more independent, resistant often resulting in tantrums!
- Feels easily frustrated.
- Begins voluntary separation from parent, running on ahead, exploring etc.
- Begins to monitor own behaviour e.g. says “no no” or “hot” when near heater.
- Has a varied range of emotions joy, fear, jealousy, anger, anxiety, guilt and sympathy.
- May try to push other children as they do to objects when frustrated.
- Resentful of attention shown to other children by parents.
- Likes own actions to please adult.
- Understands “mine”, “yours”.

**From 2 ½ years**

- Is confident in familiar situations yet displays shyness in unfamiliar situations and may cling.
- Defends own possessions with determination – uses ‘mine’ or own name frequently – has difficulty sharing.
- Puts toys away when encouraged and helped by adult.
- Beginning to learn take turns.
- Says ‘please’, ‘thank you’ and ‘yes’ when reminded.
- Engages in pretend play e.g. driving cars, feeding and putting doll to bed.
- Enjoys games like ‘Ring a Rosie’.
- Frustration tantrums reach a high.
- Will often whinge.
- May develop sudden fears, especially of large animals.
- Says ‘no’ but will obey when parent persists.
- Often tends to be physically aggressive especially when dealing with their frustrations.

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**ACTIVITIES / EXERCISES TO HELP YOUR CHILD’S DEVELOPMENT**

**2 – 3 years**

**Cubby Houses**
- Provide materials like big empty boxes, sheets, blankets, curtains to make cubby houses.

**Bikes**
- Tricycles to push or pedal depending on child’s ability.

**Dramatic Play**
- Provide materials like empty food packets, cooking utensils, old telephones, hats, coats and shoes to dress up in and pretend play.

**Painting**
- Children will love to experience finger-painting, easel painting and painting with water. Although this activity is messy it is a great sensory experience for them. This can help develop all areas of their development.

**Sorting**
- Provide items for children to sort and group for example large buttons, shells, pasta, cotton reels, cards, animals, cars etc.

**Puppets / felt board stories**
- With puppets, tell simple stories based on child’s own experiences and stories that the children already know and can anticipate what will happen next.

**Guessing Games**
- Play simple guessing games with your child e.g. “in the kitchen I have a sink, what else can you think of?”
- Guess what I’m thinking – describe something well known to the child – “it is heavy” or “it holds water”
- Guess the word – “adults are big but babies are…”

**Cooking**
- This is a great experience for both you and your child to do together. Simple recipes might include biscuits, pikelets, popcorn etc.

**Playgroup**
- Join a playgroup, your local neighbourhood centre or council may have a list of groups.
Preschool

3–4 years

**PHYSICAL DEVELOPMENT**

3 – 4 years

**Larger muscle development**

(Body, arms, legs)

Your child:
- When running, can stop suddenly and change direction
- Jumps forward with both feet together and may jump over small objects
- Climbs up and over low objects
- Walks forwards, backwards and sideways avoiding obstacles.
- Walks up and down stairs on foot at a time.
- Able to balance for short periods of time on one leg
- Catches large ball with straight arms
- Rides a tricycle using pedals and can steer direction
- Sits cross legged to play

**Smaller muscle development**

(Hands, eyes, fingers)

- Has enough arm control to pour liquids
- Can cut with scissors
- Screws lids on jars
- Holds crayons / pencils near point and draws a simple person with a head and scribbled parts – copies a circle
- Imitates vertical lines and may draw a simple cross
- Builds high constructions and completes 4 piece interlocking puzzles
- Is able to thread medium - large sized beads onto thick cord
- Undresses and is beginning to dress self, pulls on pants, fastens zips, buttons large buttons
- Uses spoons and forks at meal times

**BRAIN / INTELLECTUAL DEVELOPMENT**

3 - 4 years

- Gives relevant answers to questions about needs
- e.g. “What do you do when your hungry, thirsty, cold”
- Knows the function of specific body parts e.g. eyes, ears, mouth, nose
- Can tell if pictures are the same or different
- Sorts objects of 2 colours or 2 shapes
- Able to count 2 – 3 objects
- May count to 10!
- Recalls 1-2 simple rhymes
- Recalls past events
- Names and identifies basic shapes e.g. circle, square, triangle, rectangle
- Names and identifies basic colours e.g. red, blue, yellow, green
**LANGUAGE / COMMUNICATION DEVELOPMENT**

3 – 4 years

**Your child:**
- Uses words to make requests (other than food or toileting).
- Talks in 2 – 4 word sentences and has a vocabulary of 300 – 500 words.
- Can carry out 2 – 4 related tasks.
- Adds ‘s’ to words for plurals.
- Uses prepositions – ‘in’ and ‘on’.
- Relates experiences with some understanding of sequence and ending / closure.
- Verbalises need to use toilet – has some accidents and still needs some help with wiping.

**SOCIAL / EMOTIONAL DEVELOPMENT**

3 - 4 years

**Your child:**
- Recognises self in recent photo or in mirror.
- Relates best to one adult at a time.
- Begins to use spontaneous greeting and use ‘please’ and ‘thank you’ with out reminder.
- Plays interactive games with no real rules.
- Co-operates with others in group activities.
- Separates easily from parent in familiar surroundings.
- Still enjoys rituals e.g. same stories, routines.
- Takes pride in own achievements – resists help.
- Has difficulty with transition from one activity or routine to another e.g. from play to bath time.
- Is beginning to become aware of and obey simple rules.
- Begins to say ‘please’, ‘thank you’ and ‘hello’ spontaneously.
- May develop particular friendships with others.
- Shows empathy towards others.
- Helps at pack up time!

**ACTIVITIES / EXERCISES TO HELP YOUR CHILD’S DEVELOPMENT**

3 – 4 years

**Join a Playgroup**
Your local neighbourhood centre or council may have a listing of groups.

**Play dough**
Children can help make uncooked play dough and then play with it. Provide paddle pop sticks, plastic dough cutters, garlic press (great for small hand muscles), plastic knives etc.

**Printing**
Some objects you can provide for your child to print with could include foam, cork, leaves, flowers, balloon with some water in it as a weight, potato with a shape cut out, dough shapes, hands and feet, old toothbrushes.

**Painting**
Other objects children can paint with could include rollers, cotton buds, blow through a straw, sponges on pegs or dowel, paddle pop sticks. Providing the children with the opportunity to paint outdoors on a fence, window, cement or other surfaces that can be hosed down is also good for them to experience. Another idea could be hanging a big sign or poster on the fence and using that instead.

**Gardening**
Some examples could include growing carrots, onions, potatoes, beans or other seedlings.

**Washing**
Provide a bucket with soapy water outside and provide items for the child to wash e.g. dolls, dolls clothes, plastic utensils and bowls etc. Always supervise children when playing with water.

**Threading**
Provide wool or string to thread with macaroni, beads, leaves and dough baked in the oven.

**Carpentry**
Provide a small hammer, medium to large nails, wood and other material like plastic lids, cardboard, leather bits to hammer onto the wood.

**Masks**
Children can create masks from paper plates, paper bags, cardboard, by cutting out funny shapes for eyes, nose and mouth.
Watching your child grow

Preschool
4-5 years

PHYSICAL DEVELOPMENT
4 – 5 years

Larger muscle development
(Body, arms, legs)

Your child:
• Dresses self without supervision.
• Climbs and jumps with no struggles.
• Walks up stairs without holding handrail.
• Runs confidently, fast and able to turn corners.
• Hops 2 or more times without losing balance.
• Walks backwards, gallops and somersaults!
• Likes to climb trees.
• Throws ball over arm, is able to catch, bounce and can use a bat to hit a ball.

Smaller muscle development
(Hands, eyes, fingers)

Your child:
• Hand and individual finger movement, is able to imitate finger plays.
• Can print first name and other small words.
• Cuts out pictures and pastes.
• Holds pencil with thumb and first two fingers, draws a person with a head, body, arms and legs.
• May draw a simple house with windows and doors.
• Copies the letter x, v, t, cross, square.
• Hand preference is obvious.
• Builds a tower of ten or more blocks.
• Makes constructions with more detail from blocks e.g. Garage for car.
• Can place 10 puzzle pieces correctly.
• Washes hands and face without wetting clothes.

• Puts sock and shoe on by self without fastening shoe.
• Puts on jumper or T Shirt on unassisted (may be on backwards!)
• Brushes own hair at front and back.

LANGUAGE DEVELOPMENT
4 - 5 years

Your child:
• Can talk for long periods of time.
• Sentences now contain around 5 - 6 words.
• enjoys jokes and making up new words.
• Tells the content of a story but may confuse facts.
• Knows many rhymes and nursery rhymes.
• Participates in conversation with both children and adults.
• Asks lots of questions and for definitions.
• May play with words creates own rhyming words.
• Begins to question parents thinking.
• Sounds that may be difficult – f, r, s, ch, sh, th.
• May be using the following words in conversation and more, Can, Might, Will, Would, Could, How, Why, Because, So, Please.
**BRAIN / INTELLUCTUAL DEVELOPMENT**

4 – 5 years

Your child:
- Knows age, address and town off by heart.
- Can identify the heavier of 2 objects.
- Can name the days of the week.
- Points to and names four to six colours.
- Can count to ten or more touching objects.
- Can copy a triangle.
- Matches pictures of related pairs e.g. socks /shoes, brush /comb.
- Can identify strongly with parent of same sex.
- Remains on task for 10 minutes even with distractions present.
- Knows more, less, many, few.
- Matches coins.
- Serves self and helps set table.
- Uses spoon and fork well.
- Knows front from back.
- Identifies objects that do not belong.
- Can determine 3 ways that objects are similar or different.

**SOCIAL / EMOTIONAL DEVELOPMENT**

4 – 5 years

Your child:
- Prefers group play and cooperates with other children – gives directions to others.
- In play – has best friends and may wish to exclude others.
- Enjoys fantasy and imaginary play.
- Enjoys dressing up.
- May have an imaginary friend.
- Calls attention to own achievements, self-praise is obvious!
- Can be protective of younger children or siblings.
- Has increased self-confidence.
- Enjoys being read to.
- Is cooperative and sympathetic toward others.
- Displays generosity to other children with their toys.
- Learns to take turns!
- Likes to try new things and begins to take risks.
- Is interested in sex / gender differences.
- Has dreams and nightmares.

**ACTIVITIES / EXERCISES TO HELP YOUR CHILD’S DEVELOPMENT**

4 – 5 years

**Craft Activities**

Provide your child with, paints, pencils, glue, scissors, boxes, various materials such as wool, straws etc to create their own masterpiece!

**Active Play**

Encourage active play, running, jumping, skipping, climbing and crawling; develop various obstacle courses for a challenge!

**Ball Skills**

Play ball with your child, practice playing “catch” with different size balls. This will assist muscle development in hands and wrist. Play games such as cricket (stand close to throw ball).

**Creative Play**

Dance and sing with your child. Use various types of music (introducing music from various cultures is interesting for your child).

Make up little plays & encourage little performances for grandparents or siblings.

**Join a Playgroup**

Your local neighbourhood centre or council may have a listing of groups.

**Encourage thinking**

When your child asks for an answer to a question encourage them to discover the answer e.g. When they ask “what colour is this block?’ reply by saying “What colour do you think it is”? Ask for there help when counting items. “How many blocks do we have?”

**Reading**

Read books with your child. Ask them what do you think is going to happen? Ask simple questions like what was the Mum’s name?

**Create A Quiet Place**

Maybe in a cubby, large cardboard box where your child can spend short periods of times reading, drawing etc especially if they have younger siblings.

**Praise**

Praise your child when they do something right, tell them when they are not expecting it “you have done a great job’ or “you look really nice”.

When tucking them into bed at night tell them that you love them and praise them for something they have done through the day or simply tell them that they are a good person. This is important to do no matter what age your child is.
A child’s transition to school can be difficult at times, for both the child and their parents, especially if your child is not physically or mentally prepared. School is a big step but a good one that your child is experiencing and should occur in a caring and nurturing way that suits both you and your child!

The questions that follow will help you see the strong areas and also the areas of need in your child’s physical and mental development in relation to school readiness. In doing this exercise of observing your child’s physical and mental development, and helping the areas which need attention, then the amount of stress both you and your child could feel on the first few days at school will be minimal. You will be able to see school as a positive experience instead of a negative one!

If you as the parent remain positive and excited for your child, then this will rub off onto your child’s self-esteem and self-confidence that is crucial for your child to have at school and for the rest of their lives. Knowing that you have been a part of that will do wonders for your own self-esteem also.

**IS YOUR CHILD READY FOR SCHOOL?**

- Answer ‘yes’ to questions if your child does action more than half of the time.
- Remember that children develop at different rates and that your child’s ‘stage’ is more important than their age.

**LISTENING**

- Can your child listen to a story then answer questions about the content?
- Can they remember a set of 3 directions?
- Can they distinguish between sounds that are nearly the same?

**LANGUAGE**

- Does your child speak in full sentences that are grammatically correct most of the time?
- Can they maintain a conversation?
- Do they initiate conversation with both adults and children?
Children will enjoy school if their parents and teachers support each other. Keep your child’s teacher informed about issues at home that may be affecting your child or about progress that your child is making.

- Can they make up their own story when looking at pictures?
- Are words pronounced clearly?
- Is your child understood by a stranger?

**EMOTIONAL / SOCIAL / SELF HELP**
- Does your child finish what they have started?
- Can they work alongside other children without distraction?
- Do they play cooperatively with other children?
- Do they separate easily from parent?
- Can they follow rules in a group game led by an adult?
- Can they share most toys and take turns when asked?
- Can they accept criticism and some frustration without becoming upset?
- Is your child becoming more responsible for own belongings?
- Can they go to the toilet independently?
- Do they know own name, age and sex?
- Can they put own shoes and socks on, do up buttons, wash and dry hands?

**BRAIN / INTELLECTUAL**
- Can your child recognize their first name when printed?
- Can they name colours?
- Can they name shapes?
- Can they select a pattern different of 3?
- Do they enjoy looking at books?
- Do they show interest in the printed word?
- Can they draw a recognisable human figure?
- Does your child understand concepts such as same, different, and middle?

**SMALLER MUSCLES**
- Can your child use scissors and cut along a straight line?
- Can they hold a pencil correctly?
- Can they copy a circle a cross and a square?

**LARGER MUSCLES**
- Can your child run well, with an alternating movement?
- Can they hop?
- Can they climb confidently on outdoor equipment?
- Can they catch a large ball and throw a ball with direction?
- Can they run on tiptoe?
- Can they walk downstairs like an adult?

**PHYSICAL**
- Is your child healthy?
- Do they tire easily?
- Has their eyesight been checked?
- Has their hearing been checked?
**School Aged**

5-12 years

**PHYSICAL DEVELOPMENT**

5 - 9 years

**Larger muscle development**

(Body, arms, legs)

*Your child:*

- From 5 years can run lightly on tiptoe.
- Moves rhythmically to music.
- Can balance easily on either leg.
- Can jump, hop, skip for some distance.
- Jumps rope and may be able to skate!
- Can catch a ball in hands.
- Throws ball with one hand, over arm.
- Can hit a ball with a bat or racquet.
- Does a forward somersault with ease.
- Bounces a large ball 2-3 times.
- Uses a variety of play equipment e.g. slides, swings, climbing frames.
- When balancing along a beam holds arms out for balance.
- Ball skills are quite developed.
- From around 6 or 7 years may have a lower activity level.
- By 8 years has a longer attention span.
- Grace and balance is more evident even in active sports.

**Smaller muscle development**

(Hands, eyes, fingers)

*Your child:*

- Holds pencil similar to an adult.
- Able to colour within the lines.
- Manages smaller buttons on clothing and is able to tie a knot.
- Able to use a knife and fork.
- May tie own shoelaces.
- Can thread a large needle.
- Can weave with consistent under /over movement.
- Shows clear hand preference.
- Folds paper several times.
- Can cut out simple shapes, pastes and hammers.
- Colours within the lines.
- Drawings are more developed e.g. trees, animals, houses, buildings, transport.
- From 6 years draws large letters or figures – draws person with head, body, legs, nose, mouth, eyes.
- Can tie a bow.
- Uses proper tooth brushing strokes.
- From 7 years can print sentences.
- From around 8 years beginning to running write.
- From 9 years can use both hands independently.
- Improved manual activities e.g. cutting, colouring, drawing.

**SOCIAL/ EMOTIONAL DEVELOPMENT**

5 – 9 years

*Your child:*

- From 5 years maintains friendships in play, chooses own friendships.
- Begins to apply rules in games, plays simple table games.
- Directs other children in play, plays competitive games.
- Uses words that describe their feelings and emotions.
• Accepts responsibility for simple tasks.
• Enjoys telling jokes/ being funny.
• From 6 years are dramatic, imaginative and imitative, enjoys fantasy play.
• Increased interest in watching TV.
• At around 7 years may have nervous habits such as nail biting.
• enjoys time alone.
• Is sensitive to criticism and failure and blames others when things go wrong.
• From 9 years likes to have secrets.
• Has a special friend to confide in outside of family.

**LANGUAGE DEVELOPMENT**

5 – 9 years

- From 5 – 6 years can relay messages correctly.
- Can listen without interrupting.
- Asks about meaning of new words.
- Uses language to plan play activities.
- Can recognize familiar symbols and simple words.
- Takes appropriate turns in conversation.
- From 6 years uses language to share others experience.
- May swear or use slang.
- From 9 years participates in family discussions.

**BRAIN / INTELLECTUAL DEVELOPMENT**

5 – 9 years

- From 5 years, names a range of shapes.
- Names a range of colours.
- Sorts objects that are the same e.g. colour etc.
- Can order objects according to size.
- Counts up to 10 objects, touching each one.
- Names letters and alphabet sounds.
- Begins to understand today, tomorrow, yesterday – names days of the week.
- Can recall events in sequence with detail.
- Listens to a told story without props
- Understands simple fractions e.g. whole, half.
- Understands concepts 1st, 2nd, last etc.
- Wipes self after toileting.
- From 6 years is learning to read.
- Can distinguish morning from afternoon.
- Cuts and spreads with knife, uses knife and fork.
- Cleans self independently.
- Is more aware of time and is more punctual around 7 years. Begins to think of others more than self.
- From 9 years is able to plan in advance focuses more on detail.

**ACTIVITIES / EXERCISES TO HELP YOUR CHILD’S DEVELOPMENT**

5-9 years

**Active Play**

Encouraging your child to throw balls at targets (provide a hoop on a hamper for your child to throw their dirty cloths into).

Play various skipping rope games. Encourage your child to tumble, do somersaults, handstands and cartwheels.

**Non Competitive Team Activities**

Plan activities with friends such as a treasure hunt so that they have to solve clues together or plant a group garden.

**Hobbies & Interests**

Encourage your child to develop their own hobbies or interests it may be a collection of rocks or books of jokes.

**Friendships**

Being with friends is becoming more important for your child. Your child may have a “best friend” or an “enemy”. Encourage your child to play and do activities with their friends.

**Encourage Thinking**

Get your child to read to you, encourage them to think about alternate endings for stories. Get them to write their own stories on fictional and factorial events. Encourage them to take notice of wheats happening around them e.g. news stories, maybe an article in the newspaper. Get them to look up names for you in the telephone book or meaning of words in the dictionary.

**Explore together**

Go on outings maybe to a museum or exhibition and learn together! Go bush walking taking notice of birds’ plants etc.

**Communication**

Talk with your child and LISTEN to what they are telling you, it may be the most boring thing you have ever heard but if it is important to them it is worth listening to. This will encourage greater communication in teenage years.
School Aged

9-12 years

**PHYSICAL DEVELOPMENT**

9 – 12 years

**Larger muscle development**

*(Body, arms, legs)*

*Your child:*
- Shows energetic, restless movements like finger drumming and foot tapping.
- Is keen and eager to perfect physical skills.
- Enjoys rough and tumble activities.
- From 12 years has a keen interest in competitive activities and team sports.
- Interest span lengthens and may continue to the point of exhaustion.
- Has increased body strength.
- Shows improve coordination and reaction time.
- May begin to grow rapidly towards the end of this age period.
- Girls: Are generally much more advanced in development than boys.
- Girls: May begin puberty, body development and can begin to menstruate.

**Smaller muscle development**

*(Hands, eyes, fingers)*

*Your child:*
- Manipulative skills improve to nearly those of an adult
- Experiencing puberty.
- Can write for long periods and with more speed.

**BRAIN / INTELLECTUAL DEVELOPMENT**

9 – 12 years

*Your child:*
- Enjoys playing board games, table games and watching TV.
- Shows interest in reading magazines, fictional and factorial stories and how to do project books.
- May develop a social interest to do with their hobbies.
- Has some thoughts / feelings about future career.
- Fantasises and daydreams about the future.
- Enjoys reasoning and memorising.
- Enjoys activity when learning.
- Enjoys planning and organising tasks.
- Becomes more product and goal orientated.
- Has great ideas and intentions but difficulty in following through.
- Understands terms such as weight and size
- Concentrates well when working competitively.
- Has a clear understanding of rules.
- “Fairness is very important”.
- Considers all aspects of a situation.
- Can recognise the moral of a story.

Watching your child grow
**SOCIAL / EMOTIONAL DEVELOPMENT**

9 – 12 years

Your child:
- Enjoys active and competitive sports.
- Able to discuss problems and likes to discuss and debate.
- Can be critical of own work.
- Has strong loyalty to teams and groups and likes being a member of a group.
- Begins to see that parents and authority figures can make mistakes and are not always right.
- May belittle or defy adult authority.
- Prefers spending more time with friends then with parents.
- May sometimes be verbally cruel to class mates with ‘put downs’.
- Often likes secrets and rituals.
- Tends to see things right from wrong with no “grey area”.
- From 12 years has increased interest in members of the opposite sex by teasing, joking or showing off.

**ACTIVITIES / EXERCISES TO HELP YOUR CHILD’S DEVELOPMENT**

9-12 years

**Introduce Real Skills**
Ask them occasionally to assist with cooking, teaching sewing or carpentry, and encourage children to develop activities or objects that they are interested in e.g. play props.

**Own Space**
Provide your child with their own space that they can listen to music, read etc. Respect their privacy.

**Share their Talents**
Ask your child to help with younger children e.g. homework or reading be careful to balance this so that your child does not become burdened by this. Get them to share their talents, with you, praise them for their efforts.

**Encourage Friendships**
Let your child phone their friends for a simple “Gossip”. Introduce games that have a strategy or problem solving skill e.g. Chess, checkers, monopoly.

**Communication**
Continue to talk with your child, ask how they are feeling if they have had a bad day, show that you care and are sincere if they have had a fight with a friend don’t brush it off. If it is important to them talk to them about it. Listen to requests made; explain why you have made a certain decision that will affect them. Take into consideration their thoughts.

**Join A Group**
Encourage your child to join a group e.g., youth group, sports, and craft or activity group such as Scouts.
AT HOME

- Be openly affectionate with your children.
- Tell your children often that you love them.
- Be friendly towards your children.
- Don’t make promises you can’t keep.
- Share daily activities and create precious memories everyday.
- When children are well behaved give them praise.
- Spend quality time with each child.
- Listen to what your child has to say.
- Talk with your child, ensure topics are age appropriate, and tell them about things that affect their life, ask their opinion on topics and listen to what they have to say.
- Encourage your children to develop their own way of dealing with situations once they have implemented their own ideas, talk about the results. Resist the temptation to provide adult solutions to every challenge they have to face.
- Let your child know that mistakes are a normal part of learning.
- Admit when you make a mistake, no one is perfectly right all of the time. Say Sorry.
- Does your child know who they could turn to if something went wrong? Ensure your children have strong supportive adults in their life.
- Teach your child to be assertive, are they able to say no to an adult or child if they need to. Children must learn to listen to their feelings, understand that they own their own bodies and that they don’t have to keep secrets, which frighten or hurt them.
- Respect your child’s privacy.
- Children often copy their parents’ behaviour. Are you setting a good example?
- Your children are more likely to respect your views if you respect their views too.
- Be consistent, have house rules and let your child know the consequences for breaking the rules.

AT SCHOOL

- Talk to your children about their friendships at school and team sports, tell them about qualities that make a good friend encourage your child to be a good friend and look for the same qualities in their friends.
- Be interested in what interests your child.
- Help your child with homework.
- Participate in activities at their school, like canteen, help out at the school fete, attend parent teacher interviews, go and watch if your child participates in a performance.
- Try to find a sport that your child enjoys. Watch their games, ask a grandparent to go and watch their game, practice in the backyard with them – try and have fun, avoid being pushy.
- Take time out for just you, parenting is rewarding but also very challenging, do something you enjoy take a long bath with a good book or join a team sport. Happy parents help children feel happy, loved and secure.

Information for families
Confidence boosters

Watching your child grow
WHAT IS CHILD ABUSE?
Neglect: failure to provide the basic needs of a child such as love and affection, safety, supervision, not having sufficient nutritious food (child may scavenge or steal food), not having adequate clean clothing and/or poor standards of hygiene leading to social isolation.

A child not receiving necessary medical care: untreated injuries, symptoms of illness where child is likely to suffer harm without treatment.

Emotional Abuse: depriving children of love, warmth and attention, abusive behaviours include, constant criticism, scape-goating, isolating, rejecting, excessive teasing and ignoring.

Physical abuse and ill-treatment: facial, head and neck bruising, explanation offered by the child not consistent with the injury or conflicts with what parent/carer says.

Sexual abuse and ill-treatment: inappropriate sexual behaviour towards child or witnessed by child, fondling, flashing, oral sex or sexual intercourse.

Domestic violence is abusive behaviour (this include emotional, sexual and physical abuse, financial deprivation or social isolation) used by one partner in a relationship to gain and maintain control over another’s life. Children can be direct victims of domestic violence or may suffer the long-term affects by witnessing domestic violence.

WHY YOU SHOULD REPORT
It can be difficult to see exactly what is happening to a child who is at risk of harm. When more than one report is made DoCS gets a clearer picture of how to help improve the child’s situation. If you are concerned about a child's safety or welfare it is better to report and be wrong than have a child with no support.

WHAT HAPPENS WHEN A REPORT IS MADE?
Reports are assessed and if needed investigated. DoCS work together with families to try to find solutions to problems by talking directly to parents and children. DoCS provide education programs and caring family support workers to ensure families receive the best support available. DoCS priority is to keep families together.
Watching your child grow

WHAT YOU CAN DO TO PROTECT ALL CHILDREN

Listen to your child/ren, what they have to say is important. We can identify ways we can help children and their carers.

Ask for help if you are stressed or feeling it is difficult to cope, there is NO SHAME IN RECEIVING HELP OR INFORMATION!

There are a number of local organisations that can assist, as well as National Help Lines such as the Kids Helpline 1800 55 1800 and the Child Abuse Prevention Service 1800 688 099.

Act if you suspect abuse, you can anonymously contact the DoCS helpline on 132 111, remember doing something is better than doing nothing.

Remember it is up to everybody to keep children safe in our community, discuss the effects of child abuse with friends, families, and neighbours by raising awareness we are working towards prevention. It takes a community to raise a child and keep children safe.

THE FACTS

Child abuse happens in all communities and cultures.

In 2004 there were 198,355 reported cases of child abuse.

Aboriginal and Torres Strait Islander children are 10 times more likely to be on care and protection orders.

(Child Protection Australia 2002-03 Australian Institute of Health)

Services provided by DoCS

- Child protection
- Parenting support
- Early intervention
- Foster care
- Adoption
- Assistance to communities affected by disaster

To report suspected child abuse or neglect, call the DoCS Helpline on 132 111 (24 Hours/7 days). It is a free & confidential service.
Children’s healthy eating

The first five years of a child’s life can determine their eating patterns for life. Children like to eat what their parents are eating. Are you setting a good example?

SNACKS
Little people have small tummies and need to fill them several times a day. Snacks can play an important part in the day’s nutritional intake, so give them healthy ones. Make snacks fun to eat, avoid biscuits, cakes and lollies – try some of the ideas below.

COLOURFUL CHOPPED FRUIT
Parents often head straight for the cupboard when little people say, “I’m hungry”. If you have fruit already chopped in the fridge ready to eat, it is oh-so-easy and super tasty. Any left overs can be enjoyed as a refreshing dessert.

SUMMER TREATS
Get the kids in the kitchen to make their own icy treats. Try frozen oranges, juice mixed with fruit iceblocks, and yogurt mixed with fruit iceblocks.

LUNCHBOXES
Packing a lunchbox, can be a challenge – try some of these suggestions…. veggie fingers (carrot, capsicum, snow peas, celery, zucchini…) yogurt, cheese squares, cherry tomatoes, olives (seedless for little ones), baby corn, hardboiled eggs, sultanas, Mini Weats®, mini muffins, fruit loaf, pikelets, chicken drumstick, sandwiches (try different breads and fillings), tin of baked beans or spaghetti, cooked sausage.

You may have noticed that there are days when children are not interested in food and others where it’s hard to keep it up with their appetite. On days when they will be very active, or going through a growth spurt, give an extra piece of fruit.

WHEN PACKING LUNCHBOXES KEEP IN MIND:
• Easy opening (avoid cling wrap for little people).
• Ensure there are a variety of different healthy foods.
• To keep lunchboxes cool on hot days try freezing a water-bottle or buy an insulated lunchbox.
• Give each person their own special lunchbox, with their name on it. Lunchboxes help prevent squashing.
• When packing yoghurt, baked beans remember to pack a spoon or fork.
• Buying baked beans for lunchboxes, look out for ring-pull tops and ensure your child can open the tin, if not place in a small plastic container.

ENSURE YOUR CHILD HAS ENOUGH TO DRINK
Milk and dairy foods are an important part of a child’s diet, three drinks of milk (not flavoured) a day is all that is needed to meet recommended calcium intake, alternatively one drink of milk, one yoghurt and one piece of cheese. Water should be offered at all other times and sweet drinks such as cordials and soft drinks are not recommended for a healthy diet. Fruit juice contains none of the fibre of the fruit and some juices contain added sugar and preservatives. When you do give your child juice, ensure it is 100% juice then water down to 50% juice 50% water.
Watching your child grow

**HEALTHY EATING**

Having a healthy diet can help your body work more effectively, make you feel happy, energetic and motivated to do all the things you want to achieve. People that have a diet rich in essential vitamins and minerals do not need to take expensive supplements.

**Diet should be made up mostly of:**

- wholegrain breads and cereals including pasta and rice
- vegetables
- legumes such as beans and lentils

**A moderate intake of:**

- fruit
- fish
- eggs
- nuts
- lean meat
- dairy

**Only occasional foods should include**

- cake
- biscuits
- chocolate
- chips
- lollies
- most processed foods

A healthy diet linked with regular exercise is essential for an overall healthy body. Choose an exercise that you enjoy and is convenient for you to attend and is affordable. To make it even more enjoyable, encourage a friend or your partner to join you. You should exercise for at least 20 minute three times a week.

**EATING VEGGIES**

Most of us don’t eat enough vegetables. We each should be eating five serves of veggies each day!

Here is a game that you can try with your family at mealtime. Chop up lots of different types of veggies of many different colours sizes try new ones that the kids have never tried before some cooked, some raw, even put in a few fruits. Give each family member a kebab stick and everyone has to get at least four different colours on each stick (and eat it – of course!). You may just be surprise your kids may love raw broccoli but not enjoy it cooked. They may love a veggie that you don’t particularly enjoy and have not thought to buy for them. The left overs can be cooked into a stir-fry. This is also tasty way to improve colour recognition and counting skills.

For an alternative to standard chips why not try some other veggies? Carrots and Zucchini cut into 1 cm thick battons spray lightly with cooking spray and sprinkle with Season All, bake at 2200C for 20 minutes. Try the orange combo: carrots, sweet potato and pumpkin.

Try serving veggie fingers before the rest of the main meal, when everyone is most hungry so maybe your family will eat more veggies. To encourage reluctant veggie eaters tempt them with a tasty yet healthy dipping sauce. Give Tzatiki a try, it is a yoghurt and cucumber dip available at most supermarkets. Hommus is also great and available at supermarkets, or make your own.

The sneaky cook will put veggies into anything and everything; try mashing pumpkin, grating carrot and zucchini into spaghetti sauce, lasagne mixture, and meatballs. This is a great way to make your mince go further and eat more essential veggies.

Inspiring children to be interested in vegetables can be challenging. Get active and plant your own veggie garden, allocate your children their own little plot or if short on space a planter box or a pot. Let your children choose what they would like to plant. Assist them in maintaining their own garden. This can be an affordable way to have fresh vegetables on hand and an enjoyable time to share with your children.

The best way to influence what your children eats is to be a good role model. Sharing a nutritious evening meal together can also be a great chance to catch up.
Blended families

It is quite common for many families to be made up of step family members, for example: step-parents, step-children (brothers and sisters). Children often alternate between staying with a Mum or Dad that are now living at separate addresses. When a parent with a child remarries this can be an extremely happy time but also challenging for every member of the family to settle into a new way of life. It is important that children are supported through these times by both parents and new stepparents.

CHALLENGES FACING BLENDED FAMILIES
- Moving, house, sometimes even to a new school.
- Having new brothers or sisters in their home.
- Having new authority figures in their home.
- New house rules.
- Children may feel that they are no longer the centre of their parent’s attention feeling confused, isolated and sometimes jealous.
- Children may miss their parent not living at home.
- Children may feel loyal to both parents and can be confused about what information to share with the other parent about what is happening at home.
- Children not knowing who to talk to about their concerns of home life.

ADVANTAGES OF BLENDED FAMILIES
- Adults may be happier.
- There should be more family members around who care about the children.
- Jobs can be shared between every family member and rotated to be fair, ensure jobs are age appropriate.
- Children may gain brothers or sisters.

WAYS PARENTS CAN HELP CHILDREN
- Tell your children that you, and their parent that is no longer living with them love them.
- Give your child time to adjust to their new situation.
- Show your children that you love them by spending quality time with them.
- Encourage open communication between parents not living at home.
- Establish open family discussions.
- Talk one on one with your child.
- Listen to what your child is really saying, listen to their concerns, and never dismiss their worries otherwise your child may not share their concerns with you in the future.
- Share meal times together.
- Play family games.
- Establish family routines so children become more settled in and are able to feel more secure.

When parents are happier in their personal life and are not under stress, it is much easier to provide a stable, happier family environment this usually leads to happier children.
Every member of the family needs to feel, love, wanted, accepted and secure.
Engaging dads

A child’s development is enhanced by the love and support they receive from a positive family environment. Dads bring experiences from their own father as well as cultural influences and values. Is the father or male influence in your family as active as they could be regarding the needs and wants of your child’s life?

WAYS TO BECOME MORE INVOLVED

Some suggestions include:

- Including your child in daily tasks
- Maintaining limits and boundaries that help your child feel secure
- Being involved in activities your child enjoys
- Discovering your child’s own unique talents
- Attending school functions
- Praise them for effort rather than achievement
- Learn about the development stages of a child and what to expect from them

Recent studies show children with highly involved fathers or male influence seem to have:

- Increased mental competence
- Increased empathy
- Fewer sex-stereotyped beliefs
- Fewer behavioural difficulties during preschool years as they grow
- A greater degree of emotional stability
**How do you want your kids to see you?**

Parents need to establish boundaries that grow with their child’s age and responsible behaviour. This will tell your kids that you love and care about them, which is why you establish boundaries. When children’s boundaries expand, they feel more trusted.

Parents must find the courage to live every day the values they feel their child should have.

**The Importance of Quality Time**

We congratulate all fathers who love and are caring for their families and urge them to become ‘the best dads in the world’ for the sake of their children.

**Some suggestions to bring you and your kids/family together:**

- Eat dinner as a family, with the TV off.
- Read your kids a bedtime story, tuck them in and tell them you love them.
- Pull out old family photos from when you were just a child, reminisce old family stories, or all the fun things you did.
- Teach your child a new skill.
- Ask your child to teach you to a game, song, joke that they have enjoyed.
- Go camping, to the park, play a game, ride your bikes, have a picnic or bushwalk.

What did you do with your Dad, that you just loved doing? Is this something you would like to share with your kids?

These are just a few ideas, why not create your own or ask your kids for suggestions of what they would like to do with you? When you have scheduled at least one activity each day (& followed through!!) You will see the best results for yourself who feel that they are loved.

Circumstance. Take away material possessions, it can even take away your health. But no one can ever take away your precious memories so don’t forget to make time and take opportunities to make memories everyday.

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**DADS THROUGH THE EYES OF A CHILD**

**Is this a joke?**

A Dad was working in the garage while his eight-year-old son was playing in the house. A bus came crashing through the living room. The boy was surprised, but unhurt. The father ran into the house screaming his son’s name.

His son was now afraid, and said ‘But Dad, honest, I didn’t do it’!

Fathers have a key role to play in providing the value base for their children’s life decisions. Do not underestimate the influence you have on your children in one way or another, it will be enormous!

Think about your dad and how he influenced you. Look at the positives and negatives. How can you accentuate the positives and reduce the negatives in your own role as a parent.

It is important for both parents to present a united front so your children see you as equal, so they can’t play one parent off against another.

There are times when you may think you are alone, these are often times when your child can be ‘like a fly on the wall.’ If you are getting upset at a neighbour, on the telephone. Your child could be listening to a different kind of Dad. Do you want him/her to see, and copy this behaviour?

We all have challenges in our lives, but do you put other issues before your children? Ask yourself what is going to be more important in five years time, that my son loves to play football with me or that the lawn is mowed right now?

Daughters will measure the boys they go out with against their dad. If their dad is a creep, they will go out with creeps. If their dad treats them positively, honours and respects them, then they will expect the same of any prospective husband.

Do you treat your Dad the way you would like your children to treat you?

How do your children see your roll at home? Do you just sit back and watch TV or read the paper? Are you the scary disciplinarian? Are you the fun Dad who enjoys playing? Are you pushing your kids too hard to achieve? Are you loving, accepting, caring and consistent?
WORKING DADS
There are many ways of being a parent, there is no ‘right way’ but there are certain things you can do to develop a secure relationship with your child. Some dads work long hours, go on business trips or not live in the same town, every Dad needs to be an active part of their children’s lives.

Give your child undivided attention

Ask about their day

Tell your child about your day (something brief and easy to comprehend)

Tuck your child into bed at night

Read them a bed time story

Attend school functions, sports carnivals, school plays, parent teacher evenings

Try to schedule at least one week a year to do something together as a family. This doesn’t have to be an expensive family holiday. It could be paint the house together, go camping, visit distant relatives, and make it enjoyable for all.

IF LIVING AWAY
Request the school forward you a copy of the Newsletter.

Be available to be reached when required.
(Enquire about Telstra Homelink).

Schedule a telephone call for the same time each week.

Make a video of Dad reading a book, send the book to your child and share the bedtime ritual.

As a working Dad you spend many hours each day working to provide for the physical needs of your children and you most likely get home exhausted and the day doesn’t end there. When you walk in the door at home you are the centre of everyone’s world, make sure you are ready for it. If you have had a particularly bad day and cannot face the kids straight away then do not walk in the front door and ignore their shouts of joy. Take some time-out before you walk inside, water the garden for five minutes, play an uplifting song on the way home. When you walk inside be just as happy to see them as they are to see you.

We make a living by what we get, we make a life by what we give.

Winston Churchill
Contraception

If you are sexually active you can fall pregnant. To prevent this from happening you will need to use some form of contraception. If you have just had a baby and want to resume sexual activity it is very important that you use the correct contraception. Some of the most common forms of contraception include:

THE PILL
The normal contraception pill cannot be used while breastfeeding because it dries up the milk supply. You will need a script from the doctor to obtain the pill, please remember to read all the information when you get your pill.

THE MINI PILL
Used when breastfeeding as it doesn’t interfere with breast milk supply. Must be taken at the same time every day preferably not taken at night because it takes 3 hours to be effective.

EMERGENCY PILL
If taken up to 72 hours after unprotected sex may help to prevent pregnancy. Available through GP or also available at the chemist/pharmacy.

IMPLANT
An implant is a small rod inserted into the underarm, just under the skin, can be used when breastfeeding as it is made of progesterone and doesn’t interfere with milk supply cost is approximately $25.00 and lasts 3 years, but can be removed at any time.

DEPO PROVEA (DEPO)
Depo is an injection one monthly or 3 monthly. This type of contraception can be used while breastfeeding as it doesn’t interfere with breast milk supply.

IUD
IUD is a small device that is placed in the uterus to prevent pregnancy, can be used when breastfeeding.

There are different types but the most popular one is called MIRENA, which is approx $30 and lasts 5 years.

DIAPHRAGM AND CAP
Diaphragm and cap are special types of thin rubber dome that’s placed in the vagina. You will need to be measured for a correct fit, and these last for about 2 years and cost approx $75-80.

CONDOMS
Condoms are latex sheaths placed on the penis, single use only and help to prevent sexually transmitted infections. Always remember to check the use by date as condoms do perish. It’s always a good idea to use a lubricant.

SURGERY
Tubal Ligation and Vasectomy are permanent forms of contraception.

SEXUALLY TRANSMITTED INFECTIONS
If you have unprotected sex you are at risk of getting a sexually transmitted infection. Some infections do not have any symptoms, but if you notice any abnormal vaginal discharge, sores or blisters, lower pelvic pain then please see your GP or Health Worker for advice and treatment.

Some of the most common infections include:
Chlamydia, Gonorrhoea, Syphilis, Genital Herpes, Genital Warts, Hepatitis B, HIV/Aids and Trichomoniasis.
Women’s Health
General information

BREAST AWARENESS
All women should be breast aware, even if they are breast-feeding. Learning how to check your breast is very important. (If you don’t know how to check your breast ask your GP or Women’s Health Nurse to teach you how to do it). You should check your breast once a month preferably after your period. When you have a shower is a good time to do this. If you find a lump remember 9 out of 10 lumps are not cancer.

Signs of breast changes include:
A lump or thickening
A change in the nipple including shape and colour.
A discharge from the nipple.
A change in the breast skin like puckering or dimpling colour change.
A persistent pain in your breast.
If you are concerned about any issues about your breast please consult your GP or Community Health Worker.

WOMEN’S HEALTH CHECKS
Cervical Cancer is one of the most preventable cancers!
Pap Smears are performed by your local GP or at Community Health Centre by the Women's Health Nurse - you will need to make an appointment for this. All women should have a Pap Smear every 2 years up to the age of 70 except when a woman has had a total hysterectomy for non-cancerous reasons.
Pap tests are about finding changes before they turn into cancer so that they can be treated and cancer prevented.

GENERAL WOMEN’S HEALTH ISSUES

Periods
Periods are a very important in a woman’s life. If you are experiencing very heavy painful periods and this is not normal then you need to see your GP.

Bladder
Bladder problems are very common in women who have had children. It is very important to do your pelvic floor exercises every day, and drink at least 1 litre of water every day. If you do not know how to do your pelvic floor exercises, please ask your GP or Women’s Health Nurse.

Your general health is very important. It is very important you eat properly and exercise and try and take time for yourself.

Happy Mother, Happy Family!
Finding out you’re pregnant can be one of the happiest moments and/or biggest surprises of your life. Now you are pregnant your body is going through many changes and there are ways you can make these changes easier.

Diet
Now more than ever your body needs essential nutrients, eat lots of vegetable (ideally raw), wholegrain breads and cereals, fruit, dairy and lean meat. When planning to become pregnant and the first 12 weeks of pregnancy it’s recommended to take a folic acid supplement, this reduces the risk of spina bifida in babies. Folic Acid can be found naturally in some foods; broccoli and some breakfast cereals. Avoid junk food as it has little or no essential nutrients that your body needs right now. Avoid soft cheeses, patés, soft-whip ice cream, and raw or undercooked meat. Some women do have cravings during their pregnancy, rarely pickles and ice-cream but some are quite unusual often it is best to indulge in these cravings in moderation, to avoid going on a binge, unless you’re craving vegetables.

Exercise
It is ideal to do regular, moderate exercise during your pregnancy; this can help you during labour! If you are concerned about a sport you regularly participate in talk to your doctor. Sports that are not recommended are water skiing and horse riding. Suggested sports are walking, swimming, yoga, aqua-aerobics, if doing exercises classes talk to your instructor as some moves may not be recommended during pregnancy. If you do tend to push yourself when exercising try limiting yourself to 20min sessions so there is no excessive pressure put onto the babies heart.

Working during pregnancy
Many mums-to-be enjoy working during pregnancy. Listen to your body do what is right for you. Take extra care when lifting and carrying objects. Take regular breaks. Talk to your employer and address any concerns you may have.

Relationship changes
Some couples feel closer than ever because of their growing baby. Others face challenges that they have never occurred before. Establish open communication, listen to each other’s fears and excitments, and don’t dismiss your partner’s feelings just because that may not be the same as yours. Try to take some quality time to spend together before the baby is born.

Looking after you and your baby
Try and spend time each day with your feet up and relaxing doing something you enjoy like reading a book, watching your favourite TV show or taking a long bubble bath. Listen to your body, rest when you need to. Ask for help if you need it. Don’t be afraid to accept offers of help. Try to attend an antenatal class with your partner or a supportive person. Visit your doctor regularly; write down any questions you may have before you go, as it can be easily forgotten when you are there. Ask your doctor to book you into the hospital or do this yourself.

Looking after your baby’s health
Smoking during pregnancy can be dangerous to unborn babies; it can lead to lower birth weight, SIDS, asthma and affect lung development. Limit alcohol intake to a maximum of 1 glass of wine or beer per day. Pregnancy is an amazing unique experience for every mum-to-be, relax and try to enjoy it.
POST NATAL
Many new parents find themselves unprepared for the varying feelings they experience when they get home from the hospital with a new baby. Most parents are extremely excited and happy about the adventure yet to come. There are many other feelings that also come with being a new parent – some good and some challenging. Remember all babies are different so how long your friend’s baby sleeps or feeds for could be completely different from your baby’s. Once you have established a routine you will discover what is normal for you and your baby.

NEW DADS
This is a challenging new role it will take time and dedication to be the dad you want to be. Dads can often feel neglected as their wife, is rightly so, dedicating an enormous amount of time focusing on the new baby and/or attempting to breastfeed. You could arrange special time for you and your baby, like bath time and/or burping after a drink. Attempt to spend one-on-one time with your wife, after the baby is fed and happy, share a meal together, put the baby in the pram and go for a walk.

NEW MUMS
Your body has gone through some huge changes; your hormone levels are rapidly changing which affect your mood so it is only natural to be experiencing a roller coaster of emotions. Often you are flooded with advice from relatives and friends with the best of intentions. Then when things aren’t going so smoothly it seems that no one is there to help.

DIET & EXERCISE
With a new baby in the house it can be easy to forget to take care of yourself. Make sure your diet is rich in nutrients including lots of vegetables, wholegrain breads and cereals, fruit, dairy, fish, lean meat. Avoid junk food; this has little or no nutritional benefit that your body needs. Talk to your doctor about any exercise you wish to do. Try walking, swimming or yoga. Don’t push your self to hard as this could do more harm than good. Don’t forget your pelvic floor exercises.

POSTPARTUM/POST NATAL DEPRESSION
If you feel you are getting no pleasure from your baby and are feeling consistently unhappy and irritable, talk to your doctor. Post-natal depression is a medical condition and can be treated.

LOOKING AFTER YOURSELF
If you have been up all night with your baby you’re sure to be exhausted. When your baby goes down for a sleep, try sleeping too. Try not to stress if the dishes are not done and beds are unmade. If family and friends offer to help, accept – they would not offer if they didn’t want to. Join a new mums group (enquire at your local Community Health Centre). This is a great way to get information on parenting and make new friends too. A happy, healthy mum leads to a happy, healthy baby.
Essential baby supplies

ESSENTIAL BABY SUPPLIES
Car seat or baby capsule

It is essential that you use one appropriate for your child’s age and weight. The RTA have information on where

to find your nearest Authorised Safety Restraint Fitting
Station 1800 042 865.

SOMEBODY FOR YOUR BABY TO SLEEP
Children’s cot railings should be between 5cm and
8.5cm wide. There should be at least 50 cm from top
of mattress to top of cot. Ensure the base is stable and
not easy to overbalance. If you can, purchase a new
cot mattress, which has been specially fitted to your cot.
Try to use cotton sheets, cotton blankets so they can’t be
washed, cotton allows your babies skin to breath. Do
not put pillows and toys in to the cot as these can cause
suffocation hazards.

STROLLER/PRAM
Buying a pram can be like buying a new car. There are
so many makes and models and their prices can differ
dramatically too. Talk to other parents about what
they like and dislike in their prams. Practice setting
and packing the pram up, ensure it fits in your boot, how
does it steer then add 15 kg ensure it can still manoeuvre
efficiently. Look at the shocks; it is unlikely the shop will
let you take it for a test drive but try to gauge how it will
handle off the footpath.

BABY BATH
Plastic baby baths are a popular choice; you can also
purchase a stand or place on a bench to prevent getting a
sore back. Some parents enjoy bathing with their baby.
Never leave your baby unattended in the bath not even
for a few seconds.

NAPPIES
If you choose to use cloth nappies, you will need at least
two dozen nappies, nappy pins or fasteners, pinchers,
2 nappy buckets (with lid or left in laundry sink) and
nappy soak. Alternatively you can use disposable
nappies.
Wipes can be washers treated in nappy soak or disposable
wipes purchased from the supermarket.

CLOTHES
Couple of sets of clothes
Light cardigans or jackets
Singles
Socks or booties
A hat
Bibs
All-in-one suits-ensure it has easy access for
lots of nappy changes
Light blanket to wrap baby in when newborn

Tip: When washing baby clothing, bedding
and towels wash in gentle soap and powders
to avoid irritation. Check product labels for
recommendations.

TOILETRIES
Baby wash
Nappy rash creams
Baby shampoo
Brush & comb
Baby moisturisers (babies love and settle
after a gentle massage)
Nappy bag

Keep all your essential supplies here like; nappies,
wipes, nappy rash cream, small towel (so you can
change a nappy almost anywhere), small plastic
bags to take wet/soiled nappies home or to dispose
of. Change of clothes and a small toy to entertain
during nappy changes.
Babies may be small but they need heaps of essential
supplies – ESPECIALLY LOVE.
Child Safety

IN AND AROUND THE HOME

- Ensure hot water system is turned down to 50 degrees Celsius.
- If possible install a safety switch to prevent electrocution.
- Fit safety plugs in spare power points.
- Glass doors and some windows (depending upon size and position) should be ‘Safety glass’ this glass is stronger and if it does break it goes into many pieces and not into long shards that can cause serious injury.

KITCHEN

- Knives, scissors and other sharp objects should be kept out of reach of children.
- Avoid using the front hot plates; ensure pot handles are turned around to prevent pots being pulled down.
- Ensure all power cords are not in a position so children can pull them and the appliance off the bench.
- Mount a fire blanket near stove, have a fire extinguisher in house and garage.
- Avoid having young children in the kitchen when an oven positioned on the ground is in operation.

BATHROOM

- Don’t leave hairdryers and electric shavers plugged in – especially around water.
- All cleaning products should be kept out of reach of children.
- All medications should be kept out of reach of children.
- Ensure bath mats have a non-slip back.
- Always test bath water before putting a child in the bath.
- Turn hot water off first, so if the tap drips it will only drip cold water.
- Ensure nappy bucket has lid on it at all times or put into laundry sink.

LIVING ROOM

- Cover sharp corners on tables and chairs.
- Keep any alcohol in a child-resistant cupboard.
- Check rugs and mats are slips free; tabs are available for purchase to be stuck on the back.
- Try to keep toys out of the main walkway.
- When having tea, coffee or hot drinks, be aware of where you put them down, avoid using low coffee tables.
- Blinds that have cords must be cut into two pieces, as when joined at the bottom can be a choking hazard.

BEDROOM

- Children’s cot railings should be between 50 mm and 85 mm wide.
- Are child’s toys age and skill level appropriate?
- Check where furniture is located, not near power points, ceiling fans and so they can’t climb or fall out a window.
- Smoke detectors should be in each bedroom or just outside each bedroom.

YARD

- If you have a pool, ensure the fence meets your local council specifications.
- Ensure your yard is secure for children to play in. This also should restrict access to your own driveway.

KIDSafe NSW Identifies the 10 Most Common Injuries to Australian Children Occur

As Car Passengers
As Pedestrians
Drowning
House Fires
Falls
Nursery Furniture
Scalds
Poisoning
Bikes
In-line skates and skateboards
Attention Deficit Disorder

ATTENTION DEFICIT DISORDER
(ADD)

ATTENTION DEFICIT HYPERACTIVITY DISORDER
(ADHD)

ADD & ADHD affects 5% to 10% of school-aged children. Boys are 10 times more likely to be affected by ADD/ADHD than girls.

Children with ADD find it difficult to concentrate, can be easily distracted by sounds or sights, can have difficulty in completing tasks/set or following a series of directions. Children with ADD/ADHD can have the above symptoms as well be hyperactive, impulsive, fidgety and oppositional (continuously challenging authority).

It is important if you suspect that your child may have ADD or ADHD to get your child diagnosed by a health professional. If untreated this can have a negative impact on the child through low self-esteem due to the symptoms mentioned above. Your child may be having difficulty completing school work to their full potential which will affect their overall learning, and can experience behavioural symptoms into adulthood.

Causes and Risks

There have been no proven causes for ADD/ADHD however researchers have found that contributing factors include:

- Environmental toxins
- Genetics
- Smoking around children or while pregnant
- Alcohol use during pregnancy
- Drug use during pregnancy.

Treatment

Treatment for AD/ADHD after diagnosis by a health professional usually is by medication however there are alternative treatments and strategies that can be used. Discuss your options with your health professionals.

HELPFUL HINTS FOR WHEN SEEING YOUR DOCTOR

- List any questions however small they may be before you see the doctor.
- Take pen and paper to write down any information.
- Ask the doctor about choices for treatment.
- Monitor any symptoms or behaviour changes between doctor visits.
- Find out if there are support groups or services that can assist you.

If your child has been diagnosed with ADD/ADHD discuss with the teacher ways that can improve your child’s learning whilst at school. Continue to encourage your child and take time out for yourself.
Childhood depression

Depression is one of the most common psychological/psychiatric disorders. It affects a person’s overall energy, mood, expressions of emotion and behaviour. An estimated 1 out of 10 children show symptoms of depression before the age of 12. A child may show symptoms briefly or suffer a long-term illness.

WHO GETS DEPRESSION?
Children that have a relative with depression are more likely to show symptoms. Personal tragedy, stressful times, moving, abuse, medical and health related problems could trigger depression. The rate of depression in children less than six years of age is lower as they gain pleasure in the process of doing things. When children start school there is a greater focus on the outcome rather then the process of doing an activity. Use of alcohol/illicit drugs can contribute to depression or other mental health issues.

Symptoms and behaviours associated with depression in children
Crying, feeling sad, helplessness or hopelessness ongoing more than usual.
Feeling discouraged or worthless.
Fearful, tense, anxious.
Uncharacteristic emotional outbursts, shouting or complaining.
Bad temper, irritable, easily annoyed.
Loss of interest or pleasure in others or most activities.
Less interested in their physical appearance or personal hygiene.
Fatigue and loss of energy nearly every day.
Lack of interest in mixing with other children.
Rejection by other children.
Significant increase or decrease in appetite.
Change in sleep habits.

SERIOUS AND CRITICAL SYMPTOMS
- Suicidal thoughts, feelings or self-harming behaviour
- Abuse or prolonged use of alcohol or other drugs
- Symptoms of depression combined with strange or unusual behaviour

WHAT YOU CAN DO
It is important to talk to a mental health worker or your family doctor about your concerns. Treating depression early can avoid more serious mental health issues later on in life. Diagnosis of depression can be complicated, so document symptoms, times and dates, establish any patterns if there are any. There are a number of treatment strategies that can be tried before you look at medication. Programs can be designed around the symptoms and the age of the child, they often include all the family working together.

Maintain a nutritious diet; mostly vegetables and wholegrain bread and cereals also include fruit, dairy and lean meat. Drink lots of water avoid soft drinks and cordials. Include physical activity into daily routine. Read and implement the ideas suggested in ‘Confidence Boosters’. Try to focus on enjoying activities with your children rather than the results or achievements.
**Bullying**

“What is bullying?”
- Name calling, teasing, pushing, shoving, gossip, creating rumours, exclusion, physical violence and sexual abuse or attacks.

**How do you avoid your child being targeted by bullies?**
- Teach them to be assertive, assist them to develop a high self-esteem. Tell them to avoid locations where bullies hangout. Children need to be able to challenge their parents. If your child is able to question you in a respectful manner, it is unlikely that they would listen to a bully without standing up for themselves. Encourage them to build strong supportive friendships.

Bullies often target their victims because of their body language, eye contact, their initial response to a comment or because everyone else is picking on that person. Stand proud and tall, make eye contact, and smile at people - if people smile and say hello, bullies are less likely to be aggressive to an openly friendly person but more likely to pick on a meek shy person.

**If you think your child is being bullied?**
- Encourage your child to talk to you. Ask non-direct questions like: “Are there any children at your school that tease other children?” “What sort of things do they say?” “What do the other children do?”

— Kids Help Line 2007
WHAT CAN YOU DO?

Listen calmly to everything your child has to say. Be caring and sensitive to their feelings. If you were bullied as a child talk about how you overcame the situation and not how powerless you were. Talk to your child’s teacher, school counsellor, Principal or wherever the bullying is occurring. What do your child’s friends do when the bullying is occurring? Are they able to say something or are they being bullied too? Unite together with their parents. Practice responses to bullies comments, be quick-witted not condescending or spiteful back to them as this could provoke a further attack. Responding to bullies will only work if your child is feeling (or appears to be) confident.

Some examples:

Bully says: “Hey four eyes”
Response: “All the better to see you with”

Bully says: “You’re just stupid”
Response: “I know I’m not as intelligent as you are. Hey can I sit next to you in Maths, so you can help me become as smart as you.”

If your child is in danger of being harmed it would be best for them to leave the situation and seek help from a trusted adult. Let your child know they can always talk to you, but also seek out responsible adults at their school or place where they are being bullied.

If possible work with your child to try to figure out why the bully is bullying. Are they trying to get attention? If your child is confident they could make a joke so the bully looses all the attention. Does the bully know what they are saying is hurtful?

Suggest to your child they tell the bully they don’t like what they’re saying or doing.

Suggest to your child to ask them “What do you hope to achieve by bullying me?”

If the bully is hitting, punching, kicking or physically assaulting your child, it is then important to contact the place where the bullying is happening (e.g. school) and the police.

Most schools have anti-bullying policies in place and will take appropriate steps to ensure the safety of their students.

During the course of life, there is going to be inconsiderate and cruel people; it is how you teach children to deal with them that will make the difference to their life.

Teach your children: I’m unique but I am normal!
Otitis Media
(also known as middle ear infection or glue ear)

Otitis Media is an ear infection. Ear infections can cause temporary hearing problems. There are three forms;

**Acute Otitis Media**
The fluid in the middle ear becomes infected and the eardrum becomes inflamed. This can be very painful and children may also become very feverish. In some cases, pressure from the build up of fluid can put a hole in the eardrum and fluid from the middle ear will run out into the ear canal.

**Recurrent Otitis Media**
As above but happens frequently.

**Otitis Media with Effusion**
The fluid is present in the middle ear for a long time but it is not infected. There is usually no pain or fever; however it can significantly reduce a child’s hearing.

Three out of four children experience otitis media by the time they are 3 years old. In fact, ear infections are the most common illnesses in babies and young children. Nearly 50% of Otitis Media cases follow upper respiratory problems such as colds and blocked noses.

**AT GREATER RISK ARE:**
Indigenous children
Children exposed to cigarette smoke
Children with poor nutrition
Children with Downs Syndrome
People without access to medical attention
Babies with foetal alcohol syndrome

It is important to find out whether children have Otitis Media so that they can be helped and treated. A child who has Otitis media may feel pain, have headaches and feel generally unwell. An infant or toddler may cry or scream incessantly with pain and show extreme changes in behaviour and appetite.

Children with Otitis Media will experience varying levels of hearing loss that will result in the child becoming confused with directions, have difficultly interacting socially, others will become angry or temperamental. If left untreated the result in hearing loss will affect their speech and social development and will ultimately affect their general learning development.

**ACTIVITIES TO HELP**
Encourage your child to blow their nose as this helps to stop the nose and ear from filling up with fluid.

Physical exercise like running, riding, jumping can help clearing mucus from the nose and chest. Encourage nose blowing before and after these activities.

Blowing bubbles.
Blowing up balloons.

Good nutrition is a key factor in children’s health and may help prevent disease.

Avoid smoking around your children, especially inside the home and car.

Otitis media can be very challenging for parents. It can be difficult to respond appropriately especially if we are feeling angry and frustrated about the child's crying, pain and ongoing ill health.

**WHAT YOU CAN DO TO HELP**
Watch your child carefully; be aware of some of the warning signs:
Does your child pull at their ears?
Does your child cry more than usual?
Do you see fluid draining out of their ears?
Does your child have trouble sleeping?
Does your child have trouble keeping their balance?
Does your child have trouble hearing?

Older children may say:
• My ears hurt.
• My head hurts.
• I can’t hear you.

If your child shows the signs of Otitis Media visit your doctor. The doctor can tell you for sure if your child has an ear infection and will prescribe an appropriate treatment. If your doctor prescribes medicine, it must be taken exactly as your doctor has directed. A few days after the medicine starts working, the symptoms may disappear, this does not mean the infection is gone, the medicine must still be taken. If not, the bacteria can come back. You need to follow the doctor’s directions exactly.

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Physical exercise like running, riding, jumping can help clearing mucus from the nose and chest. Encourage nose blowing before and after these activities.

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Blowing up balloons.

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Avoid smoking around your children, especially inside the home and car.
Asthma

Asthma is an inflammatory disorder. Affecting the respiratory system, which is made up of nose, mouth, windpipe, lungs and air tubes. Most commonly asthma affects the air tubes, the muscles in the airways becoming too tight, the air tubes swell or there is a build up of mucus in the airways making it hard for air to get through.

The results of this happening is;

Symptoms of asthma

- Wheezing
- Shortness of breath
- Coughing
- Chest tightness

WHO GETS ASTHMA?

Any person can get asthma but there is often a family history of asthma, eczema or hay fever. Children of mothers who smoke during pregnancy and children exposed to smoking early in childhood have a higher risk of developing asthma. Asthma can begin at any age and the intensity can increase or decrease over time.

WHAT TO DO IF YOUR CHILD SHOWS SYMPTOMS OF ASTHMA?

If there are mild signs, document what was happening before the coughing, wheezing or tightening of the chest occurred. Visit your family doctor for a diagnosis.

In an emergency (Dial 000), sit your child upright give reassurance. Don’t leave your child alone! If you have a reliever puffer, give four puffs, wait four minutes and repeat.

WHAT TRIGGERS ASTHMA?

- Infections (Colds and Flus)
- Medicines
- Smoking
- Mould
- Pets
- Exercise
- Pollens
- Strong fumes
- House dust mite
- Some foods and additives
- Weather (going from a warm house out into the cold)

MANAGING YOUR CHILD’S ASTHMA?

- Identify what triggers your child’s asthma & avoid
- Document how often your child show symptoms, how severe attacks are, when attacks occur most often
- Environmental changes (avoid smoke, pollens or dust mite)

REGULAR EXERCISE WITH NUTRITIOUS FOOD

Work with your doctor to develop an asthma management plan which may included one or more of the above suggestions and your doctor may prescribe a preventer and/or reliever medication.
**Diabetes**

Diabetes is a condition that occurs when there is too much glucose in the blood. Our bodies require glucose, as it is the main source of fuel for us, giving us energy for our muscles and helping our brains to function. We get glucose from foods containing carbohydrate. So that our bodies can use glucose, our bodies produce insulin (a hormone produced in the pancreas).

Diabetes develops when the pancreas is either unable to make insulin or the insulin is unable to work effectively. This causes blood glucose levels to rise which can cause serious health problems.

**THERE ARE TWO MAIN TYPES OF DIABETES**

**Type 1**

It usually occurs in people under the age of 30 years of age. As a result of the immune system, the pancreas stops producing insulin. These people require insulin injections to control their blood glucose levels. Type 1 diabetes affects approximately 15% of people with diabetes.

**Type 2**

It usually occurs in people over the age of 40. Risk factors include family history and obesity (although there are some exceptions). Type 2 diabetes affects approximately 85% of people with diabetes. Type 2 diabetes is managed with a healthy diet, appropriate exercise and weight reduction. Some people require medication also.

Gestational diabetes can occur for some pregnant women. Their local doctor screens most pregnant women for this.

**Some of the signs and symptoms of diabetes include:**

- Feeling tired and lethargic
- Frequent urination
- Increased thirst
- Blurred vision
- Itching, skin infections
- Unexplained weight loss

Management of diabetes includes education on healthy eating and taking care of yourself, regular physical activity, and medication for some people and home monitoring of blood glucose levels. Keeping your blood glucose within normal levels — between 3.5 – 8 mmol/L can help prevent the long-term complications of diabetes, which affect the kidneys, the eyes, nerves and the arteries.
First Aid

As a first aider you must act quickly to assess the situation to ensure your own safety and that of the casualty.

Resuscitation

Check for breathing

Recognise airway obstruction

Clear the airway

Call an ambulance

Administer Expired Air Resuscitation (EAR)

Casualty on back, open mouth, block their nose, take a deep breath

Blow into casualty’s mouth looking at the chest, when chest rises stop blowing. DO NOT over inflate because excessive pressure will force air into the stomach and this may cause vomiting.

Remove mouth from the casualty’s and turn your head so you can feel them exhale on your cheek and the same time watch their chest lower.

Give five full breaths as quickly as possible, this should take about 10 seconds.

Check pulse in neck, if it is present but casualty still not breathing continue to administer EAR at a rate of 1 breath every four seconds until breathing returns.

If there is no pulse start Cardio-Pulmonary Resuscitation (CPR).

CPR

CPR is a combination of EAR and compressions to the chest.

To find where compressions should be locate the centre of the rib cage then place the top of your palm there (approx an 1 inch from bottom of rib cage, this varies greatly depending on size of rib cage.)

CHOKING

If someone is choking it is important to remove the obstruction as soon as possible. However, if the casualty is still able to breathe, speak, cry or cough they are not in immediate danger. You should encourage patient to cough to attempt to dislodge the obstruction.

First Aid Kit

It is a good idea to have a stocked First Aid Kit in the home and the car. Listed below are essential supplies;

2 Small wound dressing
Splinter remover
2 Medium wound dressing
Safety pins
2 Large wound dressings
Scissors
2 Small bottles of saline
Antiseptic cream
2 Bandages
Antiseptic solution
1 Anti-irritant solution for bites
First Aid book
3 triangular bandages
Ice pack in the freezer

If casualty is unable to breathe, speak, cry or cough immediate first aid is essential.

Adults lay down on their side

Young children across your lap with head facing down and upper body leaning downwards

Hit twice on the back between the shoulder blades using the heel of your hand.

Check the mouth and throat for any visible object causing the obstruction if possible remove the object with your fingers.

Adults

If unable to remove and casualty still not breathing give two Lateral Chest Thrusts. With the casualty lying on the side, place the palm of one hand against the lower fold of the armpit. Place the other hand beside it and give two quick, downward thrusts in an attempt to dislodge the obstruction.

Children

If unable to remove and casualty still not breathing give two Lateral Chest Thrusts. With the casualty lying on the side, place your hands on either side of the rib-cage against the fold of the armpits. Give two quick squeezing thrusts from each side simultaneously.

If the casualty is still not breathing turn on to their back and begin EAR. Continue to administer EAR until the ambulance arrives.
Acknowledgement & references


Websites
NSW Department of Community Services
www.community.nsw.gov.au
Kids Help Line
www.kidshelp.com.au
NSW Health Department
www.health.nsw.gov.au
Step Family Zone
www.stepfamily.asn.au
NAPCAN
www.napcan.org.au
Asthma Foundation
www.NationalAsthma.org.au
Asthma Australia
www.asthmaaustralia.org.au
Immunise Australia Program
www.immunise.health.gov.au
Helpful Partners Pty. Ltd. (information on Child Support Agency website)
www.csa.gov.au

Professional Contributions
Margaret Burns, Women’s Health Nurse, Narrabri Community Health & Hunter New England Area Health Service
Pat Phillips, Early Child & Family Health Nurse, Narrabri Community Health & Hunter New England Area Health Service
Wendy White, Early Child & Family Health Nurse, Narrabri Community Health & Hunter New England Area Health Service
Natalie Smith, Diabetes Educator, Narrabri Community Health & Hunter New England Area Health Service
Janene Skaines, School Counsellor, Moree & District
Janice Knox, Artist “Elders Watching over their children”
Steven Booby, Aboriginal Community Development Worker, Narrabri & District Community Aid Service Inc.

THERE IS NO SUCH THING AS A PERFECT PARENT OR A PERFECT CHILD

We hope the information contained in this book will give you a guide to some of the issues related to children and to you as parents or caregivers.
It is not failure to ask for information or to seek help when you need it.
Everyone needs help at sometime in their life.
Surround yourself with love and happiness, and take time out for yourself.

Happy Parents create Happy Children

Enjoy Your Parenting Journey!

This Book has been compiled by Narrabri & District Community Aid Service Inc.
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BEING A PARENT IS A VERY REWARDING BUT CHALLENGING JOB!
Elders watching over their children

Watching Your Child Grow resource has been produced by the Narrabri & District Community Aid Service Inc. Information was compiled by the NDCAS Isolated Family Service – April Cochrane, Annette Longworth and Candice Craig.

The publication of this resource was funded by -

1st Edition
1st Print Run, May 2005
2nd Print Run with Amendments, August 2006
3rd Print Run, January 2008

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