



Grandparents As Parents

An information resource for grandparent carers

**PARENTING, HEALTH and
WELLBEING**

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The information about financial assistance is intended only as a guide to payments available. Individual circumstances vary and you should obtain your own advice about whether or not you qualify under the relevant laws and criteria.

Community Solutions Inc. has made reasonable efforts to ensure the information is accurate and current as at July 2006 but does not accept responsibility for any errors or omissions.

Introduction

Grandparents who take on the responsibility of caring for their grandchildren make a positive difference to the children's lives, by providing a safe, stable and loving family environment.

Many grandparent carers comment that parenting for the second time is quite different. Developments in science, technology and parenting methods have brought about new challenges for those caring for children in today's world.

Grandparent carers may need to know where to go for assistance or support with parenting issues, such as caring for a young child, accessing health care, and promoting healthy growth and development. Grandparents often wonder what to do when feeling overwhelmed. Many carers also wish to know how to make their homes safe for children.

Parenting, Health and Wellbeing, the fourth booklet in the **Grandparents As Parents Information Kit**, provides information that will assist grandparents to keep their grandchildren healthy and safe. It also offers important strategies to maintain personal wellbeing. Throughout the booklet are contact details for Government departments and organisations that can provide further information to support grandparents in their parenting role.

Medicare

You can have your grandchild copied on to your Medicare card or have a new card issued for the child with you as the registered cardholder.

Access to Medicare benefits

As a grandparent carer you can claim Medicare benefits for medical expenses you have paid for your grandchild. Just make sure any receipts are in your name and you can claim the Medicare benefits.

Medicare cards

As the primary carer you can have your grandchild copied on to your Medicare card or have a new card issued for the child with you as the registered cardholder.

To arrange this you need to fill out a Copy/Transfer form available

- online - visit www.medicareaustralia.gov.au to print off a form
- in person - at your local Medicare office
- over the phone - phone **132 011** to ask for a form to be posted - you must provide identification documents when you submit this completed form.

For more information on Medicare, please contact us

- call - **132 011**
- email - medicare@medicareaustralia.gov.au
- online - visit www.medicareaustralia.gov.au
- write - **Medicare, GPO Box 9822 in your capital city**

Medicare is administered by Medicare Australia. Medicare Australia is the Australian government agency for health payments and information.

Medicare Australia is part of the Department of Human Services which also administers Centrelink, Child Support Agency, CRS Australia, Australian Hearing and Health Services Australia. For more information visit www.humanservices.gov.au.

The information above was provided by Medicare Australia.

Child Development and Parenting

CHILD DEVELOPMENT

Every child is an individual. Every child develops at their own pace, usually through the same stages or milestones, and in about the same order.

Children grow and learn continually, but not in a smooth flowing pattern.

Sometimes they practise skills for quite a while and seem as if they will never move on. At other times they learn many skills very quickly.

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

Queensland Health has a number of child development fact sheets available on the following website www.health.qld.gov.au/child&youth/factsheets. These fact sheets will provide you with detailed information about child development milestones, how babies and children develop, food and nutrition, play and safety, feeding and introducing solids, and other topics.

Much of this information is also available in the Queensland Health booklet 'Child Health Information: Your Guide To the First 12 Months'. The booklet is inserted into the Personal Health Record, provided to each mother upon the birth of the baby. The Personal Health Record allows you to record details of your child's health, growth, development and vaccination history. You should take this record with you when you take your child to immunisation sessions, your doctor or paediatrician, child health nurses, hospital, and to enrol in childcare, pre-school or school.

To get additional health information, or to locate your nearest Child Health Clinic, go to www.health.qld.gov.au/cchs.

Additional Assistance

THE RIVERTON STATEWIDE PROGRAM

The Riverton Early Parenting Centre

The Riverton Early Parenting Centre is a free residential centre that provides a service for families and children from birth to 2 years who are experiencing parenting issues of a more complex nature. The Centre specialises in providing child and family health information, education, strategies and support in a multidisciplinary environment, along with linking families to resources in their community.

Target: Available to all families in Queensland with children 0-2 years of age.

Referral: Specialist Child Health Service Providers, i.e. Child Health Nurse, Paediatrician. Assessment occurs once referral has been received as to eligibility for admission.

Contact: Riverton Early Parenting Centre: (07) 3860 7111

Child Health Line

This is a 24 hour telephone service staffed by Child Health Nurses who can provide families from across Queensland with information about a range of child and youth health issues, describe strategies for intervention and support positive parenting practices. Nurses also provide information about local community services for families.

Contact: Child Health Line: (07) 3862 2333
(outside Brisbane Metropolitan area: 1800 177 279)

13HEALTH (13 43 25 84)

The 13HEALTH line is designed to deal with non-life threatening medical situations; provide callers with preventative health information and advice about referrals to local health care services.

The information above was provided by Queensland Health.

ATTACHMENT

Attachment is the pattern of relationship between an infant and a caregiver which enables the infant to feel safe and free to learn and explore. A secure attachment in the first year of life has been shown to have a positive effect on social, emotional and mental development. It is a relationship that is not present at birth but develops over the first few months of life in response to sensitive care. On the other hand unresponsive, erratic or threatening care can lead to attachment problems that have an ongoing negative effect on development. Secure early attachment is an important foundation for healthy development and for coping with all the challenges that growing up brings.

What is attachment behaviour?

- Attachment behaviour is when babies and toddlers try to get comfort and protection from the people they are attached to. All human babies wherever they are, have this behaviour in order to protect themselves from danger.

If you are concerned about any aspect of your child's development, see your child health nurse or doctor for help without delay.



Secure early attachment is an important foundation for healthy development.

- This can be by smiling and cooing, crawling and following, holding out their arms, crying and many other signals that parents and carers learn to know.
- When the child gets an appropriate response, such as eye contact, a smile, a touch or a quick cuddle, and feels safe, the attachment seeking stops and the child is free to relax, play, explore and learn again.
- If there is not an appropriate response, for example if the baby is ignored or punished, the baby continues to feel anxious or afraid and continues the attachment behaviour. Some babies who are very afraid give up trying.

Responding to babies' cues

- Responding to babies' cues not only helps to develop secure attachment but is also the beginning of two-way communication.
- To show they need attention, young babies may make eye contact, make little noises, smile, copy gestures, or look relaxed and interested.
- To show when they need a break or perhaps a different, gentler approach young babies may look away, shut their eyes, try to struggle or pull away, yawn, look tense and unsettled, or cry.
- It is important to respond to these signals in ways that meet the child's need, because this says to the baby that he or she has been heard and responded to and it is the beginning of developing a sense of an independent self.
- All babies are different and will develop their own special ways of showing what they need and special patterns of interaction with their parents.

Who do babies attach to?

- Babies develop attachment relationships with their main caregivers over the first few months of life.
- Babies can form attachments with more than one person. In fact if there is a problem with the relationship with the main caregiver, e.g. if the mother is depressed or very distracted, a secure attachment relationship with another caring person can help to balance this and give the baby a positive relationship model.
- However if babies have too many different caregivers and different relationship patterns to adjust to, it can be difficult for them to be able to adjust to and to develop secure relationships, for example they may have sleep or feeding problems (although there are many other causes for sleep and feeding problems!).

What you can do

- Think about, treat, and talk to your baby as an individual with his own needs, likes and dislikes.
- Learn to know your baby's signals, what his messages mean, and then respond to them.
- Think about timing. Introduce changes such as picking up, nappy change gently and gradually - tell your baby what you are going to do so the baby learns that the world is predictable. Don't startle the baby.
- Be flexible.
- Learn to know what works for your baby.
- Don't stick to a set routine if it doesn't suit your baby and you.
- Remember that babies grow and change quickly, and need more time awake with you, so you need to respond to their changes.
- Find out about how babies grow and learn so you know what babies are like and don't have unreasonable expectations.
- If you are worried about your relationship with your baby ask for help. It is such an important part of your baby's life that getting help when he or she is young can make a big difference to you and to your baby.



This information was adapted with the permission of Children, Youth and Women's Health Service, Government of South Australia. A full description of 'Attachment', and links to further information, can be accessed at www.cyh.com.

CARING FOR YOURSELF

It is easy to find caring for a baby or child overwhelming, especially at first. It is easy to think no-one else can possibly be feeling like this.

To care for a baby or child well, you need to care for yourself.

- Don't expect to do everything 'right' - it's not possible.
- Praise yourself for simple things.
- Don't dwell on mistakes - learn from them.
- Be proud of the efforts you put in through the day, no matter how small the tasks.
- Understand it's normal to feel swamped at times with a range of emotions.
- Reward yourself with one thing a day that makes you feel good.
- Make sure you have someone to talk to.
- Make time for special moments with your partner or close friend.
- Don't be afraid to ask for support and say "Yes" to offers of help.
- Remember that you are doing one of the most important things in life.
- Contact a professional person, e.g. doctor or health nurse if you feel that things are too overwhelming.

This information was adapted from Parent Easy Guide 75 with permission of Parenting SA, a service of Children, Youth and Women's Health Service, Government of South Australia www.parenting.sa.gov.au.

Parentline

1300 30 1300 (8am – 10pm, seven days a week)

Parentline is a confidential telephone counselling service aimed at providing professional counselling and support for parents and all who have the care of children.

Parenting is the most important task in our community however, it can be a puzzling and difficult task. Sometimes, it just seems too hard. At those times, you need someone experienced and trained to talk things over with and get some guidance on ways to manage your children, and yourself, more effectively.

You can call Parentline if you:

- Want to ensure you are doing the best for your children
- Need someone who will understand and not judge you when the family is going through difficult times
- Need reliable information on how to manage unexpected problems with children
- Have hit a time of crisis
- Have concerns about kids who are difficult to manage, sad or withdrawn, not performing or having problems at school.

How does Parentline work?

Parentline is a service of BoysTown and is funded by the Queensland Department of Communities.

You can call Parentline on **1300 30 1300** between 8am and 10pm, seven days a week for the cost of a local call. You can also access Parentline by email or through the Internet - www.parentline.com.au or email parentline@boystown.com.au.

Parentline provides professional counselling and support for all who have the care of children.

You can tell the counsellor your concerns about managing your family, and the counsellor will work with you, listen carefully, help you to sort out the important issues and help you develop your strategies for managing those issues.

The counsellor can send you relevant Parentline tip sheets from a range of over 100 topics if you want them.

You can also discuss with the counsellor options for gaining further parenting training. If you find it hard to attend a parenting group in person, Parentline offers the Positive Parenting Program (Triple P) over the phone. For the price of a local phone call, you can arrange to have a series of phone sessions in which the counsellor will work through the Triple P program with you. Triple P is supported by a work book and information sheets.

The information above was provided by BoysTown.

BOTTLE FEEDING

Remember...

- Talk to a doctor or child health nurse before you start bottle-feeding.
- Follow the instructions on the can to make the formula just right for your baby.
- Sterilise bottles by boiling, steaming or using special chemicals.
- Wash your hands before you prepare a bottle.
- Feed your baby on demand.
- Hold your baby while they're drinking their bottle.

When breastfeeding is not possible, the use of an infant formula with added vitamins, minerals, protein, fat and carbohydrate is recommended. Cows milk based formula is suitable for most babies and is recommended over formulas made from soy or goats milk. These and other specialised formula should only be used under the advice of a health professional. Regular unmodified cow or goat milk is not suitable for babies and should never be used in the first 12 months. If your baby is formula fed, please seek advice on formula from your doctor, child health nurse or dietitian. It is recommended to keep your baby on formula until 12 months of age.

Getting started

- Boil water for five minutes.
- Let it cool.
- Use the instructions on the can to make the formula just right for your baby. Too strong and it will hurt the kidneys; too weak and your baby won't grow well. Measure the formula carefully, using the scoop from the container. Level with a knife. Take care not to mix up scoops from other containers.
- Refrigerate made-up milk if not using immediately.
- Only keep made-up formula in the fridge for 24 hours.
- Only put formula and water in the bottle. Do not add cereal, sugar, cordial or anything else.
- Do not use a bottle to give soft drink, tea or cordial. These are not good drinks for a baby and will greatly increase their chance of getting tooth decay.
- Hold your baby close when feeding. Do not leave your baby alone to drink the bottle.
- Do not put your baby to bed with a bottle containing anything other than water.

Sterilising bottles

Bottles can be sterilised using boiling, steaming or chemical methods. Use



sterilising chemicals or commercial steamers according to the manufacturers' instructions.

Boiling method

- Wash hands.
- Wash teats and bottles in hot, soapy water using a bottle brush and rinse well.
- Place equipment in a saucepan of cold water.
- Bring to the boil and boil for five minutes, turn off and allow to cool.
- Store sterilised equipment in a clean, covered container.
- Sterilised equipment can be stored in the refrigerator for up to 24 hours.

How much milk?

Bottle-fed babies should be fed on demand. Each baby is different and needs vary from day to day.

As a guide:

- 5 days-3 months: 150ml/kg body weight/day
- 3-6 months: 120ml/kg bodyweight/day
- 6-12 months: 100ml/kg bodyweight/day

It is important that infant formula is made up according to the directions and is not too diluted or over concentrated.

Avoid using the microwave for heating bottles! Microwaves do not heat liquids evenly. Hot spots can form and burn your baby's mouth.

It may take a while to settle into a feeding routine that suits you both. Your baby may want to be fed as often as every three hours during the day. You do not need to follow an exact routine. When the baby sleeps through a night feed, it means they no longer need it. Do not wake the baby to feed it. Feeding time may last 20 to 30 minutes.

How to feed

- Seat yourself comfortably and hold the baby in your arms while giving the bottle. Hold the bottle tilted, with the neck and teat filled with formula.
- If the baby does not firmly grip the teat, gently press under their chin with your thumb and slightly withdraw the teat to encourage sucking. This method will help prevent the baby from swallowing air, which can cause wind pain.
- Check the bottle flow. When the bottle is upside down, the milk should drop at a steady flow from the teat. Sometimes the teat gets clogged when a powdered formula is used. Check teats often.
- Even when fed properly, a baby swallows some air. Burping them helps get rid of it. Hold the baby upright over your shoulder or upright on your lap with your hand supporting under the chin. Pat or rub the mid back gently until they burp. Do this halfway through the feed and again at the end. Some babies need to be burped more often. However, if the baby is feeding happily, don't stop until they are ready! Watch for signs that your baby has had enough.

Introducing Solids

For good health, your baby needs to start eating solids at around six months because his/her stores of iron and zinc begin to fall and energy needs are starting to increase. Introducing solids too early will make your baby sick as his/her digestive system hasn't developed enough to handle foods other than breastmilk or formula.

Fact sheets on introducing solids, and other food and nutrition information, is available at www.health.qld.gov.au/child&youth/factsheets.

The information above was provided by Queensland Health.

It is important that infant formula is made up according to the directions and is not too diluted or over concentrated.

Start tooth-brushing as soon as the first tooth appears, to prevent tooth decay.

TAKING CARE OF YOUR BABY'S TEETH

Remember...

- Healthy teeth allow your toddler to eat, speak and smile.
- Baby teeth keep the space for permanent teeth, so they need to be looked after.
- Your child's baby teeth will appear any time from birth to 27 months.
- Start tooth-brushing as soon as the first tooth appears, to prevent tooth decay.
- Teething problems can include pain and irritability.
- Have good oral hygiene to avoid passing tooth-decaying bacteria to your baby.
- If your baby goes to bed with a bottle, ensure it only contains water.

About baby teeth

Healthy teeth allow a toddler to:

- Eat a nutritious diet;
- Speak properly; and
- Have a healthy smile.

Baby teeth also help to maintain the space for the permanent teeth. Early loss of a baby tooth can reduce the space for a permanent tooth, resulting in crowded permanent teeth. The timing of the appearance of baby teeth can vary greatly.

Toothbrushing

Toothbrushing with a small soft toothbrush should start as soon as the first tooth appears. Introduce a small pea-size amount of low dose fluoride toothpaste after your baby turns six months in non-fluoridated areas and after 18 months in fluoridated areas. Low fluoride toothpastes created especially for children under six years of age are available in most supermarkets. (Fluoridated areas are Townsville/Thuringowa, Moranba, Mareeba, Bamaga, Dalby).

Children only require a small amount of fluoride toothpaste and should not be allowed to dispense toothpaste themselves. Children should be assisted with toothbrushing until they are about 7-8 years old.

Teething problems

Some babies and toddlers may experience teething problems such as:

- Red, swollen gums;
- Irritability and restlessness;
- Flushed cheeks or fever;
- Dribbling;
- Finger and fist-sucking.

Mild teething problems may be eased by letting your baby chew on objects such as crusts of bread, rusks or teething rings. Rubbing your child's gums with your finger or applying a small amount of teething gel may also help to ease teething pain.

How to prevent infant tooth decay

- Do not put your baby to bed with a bottle containing anything other than water.
- Try introducing the use of a cup from about 6-12 months of age.
- The best drinks for baby are breastmilk, formula or water.
- If using a dummy, do not add flavouring.
- Never clean a teat or dummy in your mouth.



- Brush teeth when they first come through with a wet small soft toothbrush.
- Ensure all family members have good oral health to stop the transmission of bacteria to the baby. They can do this by brushing their teeth twice a day with fluoride toothpaste.

The information above was provided by Queensland Health.

SAFE SLEEPING

What is SIDS?

- SIDS is short for 'Sudden Infant Death Syndrome'. It means the sudden, unexpected death of a baby. The cause of death is not known.
- SIDS is the most common cause of death in babies between one month and one year of age. Most babies who die of SIDS are under six months. More babies die of SIDS in winter than in summer.
- Remember, 1999 out of 2000 babies will not die of SIDS.

How to reduce the risk of SIDS and sleep baby safely

- Put baby on the back to sleep, from birth
- Sleep baby with face uncovered
- Put baby's feet at the bottom of the cot
- The cot must meet the Australian Standard for Cots
- Tuck in bedclothes so bedding is not loose
- Keep quilts, doonas, duvets, pillows and cot bumpers out of the cot
- Use a firm, clean mattress that fits snugly in the cot
- Cigarette smoke is bad for babies
- Taking baby into an adult bed may be unsafe. It is unsafe if baby gets caught under adult bedding or pillows, if baby is trapped between the wall and the bed, if baby falls out of bed, if baby is rolled on by someone who sleeps very deeply or who has taken medicine, drugs or alcohol that can cause them to sleep heavily
- Never put baby on a soft mattress, couch, beanbag, or water bed with or without a parent as there is a very high risk of a sleep accident
- Portable cots are useful but can collapse if not assembled correctly. Do not put additional mattresses in a portable cot. Small children can become trapped between the mattresses and suffocate. Use only the mattress supplied by the manufacturer.

For more information

- Talk to your doctor, Child Health Nurse or support worker
- Call SIDS and Kids on **1300 308 307**
- Visit the SIDS and Kids web site **www.sidsandkids.org**

The information above was provided by SIDS and Kids.

SLEEP (0 - 6 YEARS)

Managing sleep for babies and children is one of the most common concerns for parents. Many worry about whether they are doing the right thing if their child doesn't sleep soundly all through the night. There is no right way or place for parents to put babies and children to sleep – patterns vary between different cultures and different families. What matters is that bedtime is relaxed and comfortable and that babies and children have comfort when they need it. If what you are doing feels okay for you and your child it is right for you.

To reduce the risk of SIDS, put baby on the back to sleep, from birth.

There is no right way or place for parents to put children to sleep – patterns vary between different cultures and different families.

How long do babies and children sleep?

Sleep is very individual and can vary a lot at any age. Children in one family may have very different sleeping needs. Sometimes a child's sleep pattern does not match parents' expectations. The best way to work out how much sleep your baby or child needs is to keep a sleep diary or chart. Mark when your baby or toddler is asleep or awake. Do it for at least two weeks. This way you can get an average of how much sleep your child needs each day.

Remember that sleep needs change quickly as babies and children grow.

Routines

Most of us have some kind of winding down routine before we go to sleep. Routines can also help babies and children to relax and settle into sleep. They generally find comfort and security in routines, e.g. a bath, a quiet story, a song. Routines can often help parents too in organising bedtimes and so reduce tension and stress.

Night waking

For many parents just knowing that night waking is 'normal' in the early years helps remove some of the stress. Each family needs to deal with night waking in the way that best suits their family. Often babies and children just need to know someone is near and they will settle back to sleep.

It is important to meet your child's need for comfort in the way that also gives you the best rest. Some parents like to have their baby sleep in a cot next to them; others prefer their baby to sleep in a separate room and put a day bed in there so they can lie down near an unsettled baby.

Sometimes night waking can be due to pain such as ear-ache, a cold or teething, so check this out if it occurs suddenly. With pain, your child may not settle even if you are there to comfort, or may settle for a short time and then re-wake.

Some things to try with older children

There are some things you can't control, e.g. sunrise, however there are other things you can influence.

- Make sure your child has a regular bedtime that gets later as he or she needs less sleep.
- Use a relaxing bedtime routine – without excitement and stimulation.
- Play soft music or leave a quiet radio playing.
- Leave the door open or shut – whichever your child wants.
- Sometimes children will settle where the action is, and can be carried to their own beds later. It may mean that your child may wake later and not know where he or she is, and will need your help to resettle. Children grow out of this.

Looking after yourself

Caring for babies and young children is tiring and demands a great deal of tolerance, understanding and patience.

- Don't be ashamed to ask for help from family and friends.
- Get some rest during the day while your child is asleep or with someone else.
- Take a short break from parenting now and then.
- Try to get some regular exercise.
- If you feel desperate get help - from your partner, family, neighbours, ring a friend, or phone a Parent Helpline.

- If you feel that you might hurt your child make sure he or she is in a safe place and then leave until you feel you have calmed down. Contact someone immediately if you feel unable to manage.
- Talking it over with a child health professional may benefit both you and your baby. It can take courage to ask for help but it is important for yourself, your baby and your family.

This information was adapted from Parent Easy Guide 34 with permission of Parenting SA, a service of Children, Youth and Women's Health Service, Government of South Australia www.parenting.sa.gov.au.

TOILET TRAINING

Parents and carers usually look forward to putting away nappies and having their child toilet trained. Just relax and remember that as a child develops, it will train itself at its own rate.

When are children ready?

Most children develop some control of their bladder and bowel between 18 months and three years. It is a natural process and cannot be rushed. It is best to wait until the child:

- shows some interest in toileting
- can tell you when they are wet or dirty
- can wait to get to the toilet
- can pull their own pants down.

Toilet training should be started when you are both ready, that is:

- when your child's behaviour shows you they are ready, and
- when you have established a daily routine at home.

Getting ready for toilet training

- Relax and let nature take its course (don't worry if your child is slower or faster than others).
- Allow your child to watch you or your older children going to the toilet.
- Get everything you need ready - buy a potty, potty chair or removable seat for the family toilet.
- Talk about the potty and what it is for.
- Allow your child to play and sit on it whenever they want.
- Look for signals that tell you your child is becoming aware of the need to go to the toilet.
- Put the child in trainer pants when they are outside so they are aware of being wet or dirty.

How to teach your child to use the toilet

- Choose a day to start. It is best if you are not going out, so you are handy to the potty.
- Take your child to the potty and encourage them to sit on it for a short time (choose a time when you think your child could succeed e.g. on waking, after meals or even every hour).
- Let your child sit for as long as they wish.
- Praise success and efforts which your child makes.
- Wash your child's hands after they sit on the potty.

When will my child be toilet trained?

There is no set time for children to be toilet trained. Some are dry a very short time after coming out of nappies; others take months. Most children take much longer to

There is no set time for children to be toilet trained. Don't worry if your child is slower or faster than others.



Bedwetting is not caused by laziness or seeking attention. It is something over which a child has no control.

be dry at night, and this usually occurs between three and four years. Some still wet the bed at night until six or seven years.

Wetting or dirtying pants can begin again if a toilet trained child:

- is sick, especially if in hospital
- is extremely upset
- is separated from their family
- has a new baby in the family
- has a change in their family situation.

Toilet training at your day care centre

Ask the staff how they will be toilet training your child. Try to use the same method to teach your child to use the toilet.

Further information

If you would like more information or you are worried about your child, check with your child health nurse or doctor. You should do this especially if:

- you are feeling very anxious about your child's progress
- there is a continued loss of progress, especially loss of daytime control
- your child appears sick
- your child seems slow in learning both toileting and other skills (e.g. talking).

The information above was provided by Queensland Health.

BEDWETTING

Bedwetting is sometimes called enuresis. Childhood bedwetting happens in many families. While a lot of children grow out of wetting the bed by the time they start school, many children of primary school age still wet the bed. Most children stop daytime wetting by about three years of age and wetting at night by the time they are five, although most preschoolers have 'accidents' from time to time.

Why does bedwetting happen?

Bedwetting is nobody's fault. It is not caused by laziness or seeking attention. It is something over which a child has no control.

- Bedwetting is sometimes to do with delayed control of the bladder muscle.
- Just as some children do their growing later than others, some get control over their bladder later than others.
- Some children produce more urine (wee) at night than others, due to hormones.
- Children who wet the bed may have bladders which cannot hold a large amount of urine.
- Occasionally bedwetting can be due to a medical problem and it is wise to have this checked out with the doctor.
- Children who wet the bed sometimes seem to sleep more heavily and be harder to wake than other children.
- Often bedwetting runs in the family and you may find that dad, mum, uncle or aunt used to wet the bed and may still have to get up at night to go to the toilet.
- Sometimes children who wet the bed are dry when sleeping in a strange place. This may be because when they are a bit worried about sleeping in a strange place, they sleep more lightly for the first few nights. When they are at home again and relaxed they often wet the bed again.

Some children who have been dry might start wetting the bed again if something happens to make them very stressed, e.g. a family break-up or starting school, or if they are not well. In this case, the bedwetting will usually stop when the child begins to feel more secure. If a child who has been dry starts to wet the bed again it is important to have a medical check to see if there is any infection or other health problem.

What parents can do

- Reassure children that bedwetting is normal, there is nothing to be ashamed about, and they will grow out of it in time. It can be very helpful for them to know if someone else in the family used to wet the bed.
- Explain to your child simply some of the reasons for bedwetting. For example “While you are asleep your brain isn’t getting the message that you need to go to the toilet and so you don’t wake up”.
- If bedwetting seems to be because of stress or worries, do what you can to make your child feel better. Let her know that the bedwetting will stop in time so that this doesn’t become an added worry.
- Try leaving a potty in your child’s room.
- Leave a soft light on or give your child a torch to go to the toilet.
- Some parents find it helpful to take their child to the toilet two or three hours after he or she goes to sleep. For others, this doesn’t work.
- Make sure your child has a shower in the morning to feel fresh and clean and not to be smelly to others. This can sometimes lead to teasing by other children.
- Give your child lots of encouragement especially after accidents.

It is not a good idea to make young children clean up after themselves. They can easily see it as a punishment for something they have no control over. Children are often sad when they wake up in a wet bed. Making young children change their own bed cannot make them stop wetting. It will only make them sadder to have upset you and this can, in turn, make bedwetting continue.

Behaviour change programs such as ‘star charts’ cannot work because your child cannot control the bedwetting.

Check with your doctor if:

- your child is still wetting in the day by school age
- your child who has been dry starts wetting again and this continues
- you or your child are becoming very upset by the bedwetting
- your child is constipated often (this can sometimes be related to bedwetting)
- you have any other concerns about bedwetting.

School camps and sleepovers

Children often worry about wetting the bed at school camps or at sleepovers and may try to avoid going. They should be encouraged not to miss out on these fun times. Teachers are used to dealing with these situations at camp without embarrassing the child. Discuss with the teacher in private how this can be managed, then talk with your child about what he or she can do if it happens at camp. Do the same in advance with the parent where the sleepover is to be.

Reminders

- Reassure your child that bedwetting is common and nothing to be ashamed of.
- Don’t punish, criticise, tease or offer rewards for something your child cannot control.
- Get a medical check-up to be sure there is no physical cause.

- Consider using a bladder training or bell/alarm program if your child is over seven and worried.
- Bedwetting is something that children cannot help and they grow out of it.

This information was adapted from Parent Easy Guide 22 with permission of Parenting SA, a service of Children, Youth and Women's Health Service, Government of South Australia www.parenting.sa.gov.au.

Sexuality and Sexual Development

COMMUNICATING ABOUT SEXUALITY WITH YOUR GRANDCHILDREN

Children live in a world where they receive sexual messages daily, from television, music, advertising and from their friends. Sex is often joked about and discussed in a derogatory or stereotypical way. It's important that children receive positive messages about sexuality. Generally, children who receive a comprehensive sexuality education from an early age:

- are more likely to make informed and responsible sexual decisions in later life
- understand appropriate and inappropriate behaviour
- are less vulnerable to exploitation and sexual abuse.

Won't they lose their innocence?

This question stems from the belief that information about sexuality is 'dirty' or 'wrong'. Innocence means freedom from guilt or shame, whereas ignorance means lacking knowledge or information. Some people believe that if children have no knowledge about sexuality they are innocent. Children who are well informed about sexuality are less likely to feel guilty or shameful about their bodies or their sexual thoughts because they will understand their feelings and know what is and is not OK for them. This in turn will also help protect them from sexual exploitation and abuse. Sexuality education can actually help to maintain innocence.

If they know about sex, won't they experiment at an earlier age?

In fact the opposite is true. Young people who have received ongoing and effective sexuality education are more likely to delay sexual intercourse. Evidence shows that when they do become sexually active they're more likely to use contraception and practise safe sex.

When should I start?

Children start to learn about sexuality from the day they are born. It is important to help children feel good about their sexuality from the very beginning. This way they will be more likely to ask questions or to seek your help as they grow up. Teaching about sexuality is an ongoing responsibility, not just a 'one-off' talk. As with other subjects such as road safety, information about sexuality should be given in an age-appropriate response. Don't worry. Whatever age your grandchildren are, it's never too late to start.

How do I start?

When it comes to talking about sexuality, people are often embarrassed. If you feel embarrassed, admit this to your grandchild. You could say something like 'I'm finding this a little difficult because no one ever spoke openly to me about sexuality when I was growing up, but this is an important subject so I really want to talk to you.' This way your grandchild won't think the subject is an inappropriate one. They will respect you for your honesty.

It's important that children receive positive messages about sexuality.



How do I answer their questions?

If your grandchild asks a lot of questions about sexuality, that's great. Answer them simply and honestly and give just enough information to adequately answer their question. If they want more information they will ask another question. For example a four-year-old might ask 'Where do babies come from?' or 'How does the baby get out?'. Regardless of the child's age it's best to keep your answers simple and honest. For example, 'The baby grows inside the mother's body, inside the womb,' or 'The baby comes out through the mother's vagina'. If you're unsure how to answer a question, a good strategy is to ask the child a question in return, such as 'What made you think of that?'. This will give you time to establish what they already know and formulate an answer. If you don't have an answer, maybe you and your grandchild could find it together.

Wrong times and places

Sometimes children ask questions at awkward times or places, such as the supermarket, sitting in a crowded bus or perhaps when you are just too busy. Tell them that while their question or comment is interesting and important, it is better discussed in a more private place, when you are alone together or when you are not so rushed. Make sure you do follow it up at a better time.

What if they don't ask questions?

Some children don't ask a lot of questions, but this doesn't mean they aren't interested. They may have picked up the message that this isn't an OK subject to ask about so you need to take the initiative and bring up the subject yourself. There are lots of opportunities to get things started. A friend or relative is pregnant, a pet may have babies, an issue may be raised on TV or perhaps an older sibling is going through puberty. Use the situation to raise the subject. You may ask the child what they know already and then build on this knowledge.

Sometimes children, particularly at puberty, indicate that they don't want to listen, or that they know it all. You could ask them to do you a favour and discuss it for a few minutes anyway. Make it clear that you need to talk about it with them, even if they don't feel the need to discuss it. Another way to prompt discussion and provide information is to have books about sexuality for children. If you don't want to buy books, ask at your local library, or visit www.fpq.com.au for a list of recommended readings.

Use the correct word

We call an arm an arm and a nose a nose, so it makes sense to call a penis, vulva, vagina or breast by its correct name as well. By doing this we 'normalise' these words and don't single out these parts of the body as being different. By using commonly accepted words we provide our children with a vocabulary they can use in any situation.

Can I give them too much information?

Your grandchild will only take in as much information as they are able to understand. Probably the worst outcome of giving too much information is that the child will become bored and 'switch off'. If their eyes have glazed over and they stop following your answer with a question, they have probably heard enough – for today anyway! Don't lecture, listen and ask them questions in return.

SEXUAL DEVELOPMENT IN EARLY CHILDHOOD

Humans are sexual beings from the day they are born until the day they die. Children have a natural curiosity about their bodies and those of others and enjoy

Teaching about sexuality is an ongoing responsibility, not just a 'one-off' talk.

Learning about puberty can start in early childhood, with information reinforced and expanded on in the years leading up to puberty.

touching and having different parts of their body touched. They do not experience sexual desire in the same way as adults. Acknowledging childhood sexuality helps you to understand and accept childhood sexual behaviour and be able to talk about feelings and behaviours when they happen.

What happens when?

Under three

It is normal and healthy for babies to explore and touch their bodies, including their genitals, in a pleasurable way. Before birth a female baby's vagina will lubricate and a male baby's penis will become erect. Very young children are developing positive or negative messages about their bodies by the way they are cuddled, touched and spoken to. By observing adults, they are learning attitudes about sexuality and relationships. Towards the age of three they may show an increased interest in their genitals and the genitals of others and may be fascinated by watching others go to the toilet, sometimes trying to imitate the other sex.

Three to five-year-olds

Children in this age group show increased curiosity about themselves and their bodies. They may show an awareness of body differences and ask questions about these. For example, girls may ask why they don't have a penis. Questioning may also include 'Where did I come from?' and 'How does the baby get out of the mummy?' This curiosity allows for gradual discussion about the names and functions of body parts as well as simple information about fertilisation, pregnancy and birth.

Sexual play such as 'show me yours' and 'doctors and nurses' is common and some children may mimic adult sexual behaviour they might observe on television. Similarly they may use swear words or 'toilet' words, and repeat jokes they overhear. As children approach school age they begin to develop a sense of what is considered acceptable behaviour. While many children will masturbate, they generally understand that it is not appropriate in public. For some this may need to be gently reinforced.

Five to eight-year-olds

Children of this age group may engage in sex play and exhibitionism. This could include games at school, in the playground, or in the toilet, such as peering under toilet doors. Sexual exploration may occur with children of the other or same sex. Children may show a strong interest in male and female roles and demonstrate this by copying the behaviour of a parent or other close adult. Generally children enjoy hearing about their own birth and what they were like as a baby and most will show a great interest in fertilisation, pregnancy and birth. However, some children may have learnt that this is a 'rude' subject to ask about. This may prevent them from asking questions about these issues or cause them to giggle with embarrassment when they are spoken about.

Some eight or nine-year-olds, particularly girls, may show early signs of puberty, so it is important that they have received plenty of information and reassurance, not only about the physical changes of puberty, but the emotional and social changes as well. It is also a good time to talk in more detail about sex, pregnancy and birth, as well as privacy and personal safety.

PUBERTY

For most young people, puberty begins between the ages of 9 and 16. The hormone gonadotrophin is released from the pituitary gland at the base of the brain and hormones are released from the ovaries in girls and the testicles in boys. This causes the female's ova (eggs) to mature and be released, and the male to produce sperm. Puberty is considered complete when a person is physically capable of reproduction.

When should I start discussing puberty?

Learning about puberty can start in early childhood, with information reinforced and expanded on in the years leading up to puberty. Puberty is just one part of understanding about growth and development. Be brief, factual and positive when answering a child's questions about puberty. By sharing just a small amount of information in a positive way, you are sending the message that this is a normal event and one that you are happy talking about.

Important points to discuss (for more information, www.fpq.com.au)

- Periods
- Breast development – girls and boys
- Wet dreams
- Unwanted erections
- Voice changes

How to encourage healthy attitudes and behaviours

- Be open with the child from an early age and provide lots of information.
- Share your own experiences, particularly those that were positive.
- If they are an early or late developer encourage them to accept that the way they are experiencing puberty is right for them.
- Remind the young person that they should never feel pressured into doing anything they are not ready for.
- Provide accurate information about contraception and safe sex practices.

RESPONDING TO SPECIFIC BEHAVIOURS

Sexual play

Grandparents may be surprised, even shocked, when they discover their children engaging in sex play or exploration. Generally such behaviour in children is motivated by curiosity. How you react to these situations will give your children very strong messages about sexuality. Reacting with anger, disgust or by punishing the child could cause the child to feel guilty, ashamed or confused.

Responding with casual questioning such as 'Are you pretending you are grown up?' or 'Tell me about the game you are playing', you are approving of the child's curiosity while giving yourself the opportunity to gather information and discuss it. You may then wish to discuss issues of privacy and personal safety with the child and set limits as to what is and isn't OK.

Say your grand-daughter was playing 'doctor' and examining a friend's genitals you could say something like: 'I see you are examining John just like the doctor does. But his penis is private, so he should keep his pants on when he is playing. If you want to know what boys look like then perhaps we can find some pictures to look at together.'

Masturbation

It is quite usual for children of all ages to touch their genitals. They may do this out of curiosity, because it feels good, to relax, or to provide comfort when they are upset, tired or bored. Some children don't masturbate at all, some will occasionally, and for others it might be a regular activity. Masturbation is normal and harmless. Scolding or punishing a child for masturbating will not stop this behaviour; rather it is likely to continue, but with feelings of guilt and shame.

If you notice your grandchild masturbating it is probably best if you ignore it. Generally by the time a child is ready for school they have learnt that it is not



Children are never too young to learn about being safe and whom they can talk to if they need help.

appropriate to touch their genitals in public. If this is not the case, it may be necessary to point out that while it is OK to touch themselves, it is a private activity and should be done in their bedroom with the door closed.

Swearing and sex jokes

When young children swear or tell sex or 'toilet' jokes, it is usually in response to words that they have heard others use. Commonly it is to show off to their friends or to see what they can get away with in front of you or other adults. Unless it is a common occurrence, it is probably best to ignore it. If it continues you may need to discuss the meaning of the words they are using and how they are offensive to you or other people.

As children move towards puberty, swearing may become more explicit. This may be an expression of their emerging sexual feelings, or one way of displaying their newfound 'maturity' to their peer group. If swearing becomes excessive or is upsetting you, perhaps you could negotiate guidelines, such as confining such talk or jokes to when they are with friends and in relatively private places.

Dressing up as the other sex

Young children enjoy dressing up and acting out roles. This may include dressing up or taking the role of the other sex. Children should be encouraged to feel comfortable with all sorts of play.

FEEL SAFE - PROMOTING SELF PROTECTION

Many grandparents are concerned about the safety of children. Sexual assault can happen to any child. Self-protection skills are one way to help children to be safe or know how to find safety. Avoid talking about 'stranger danger' to prevent sexual assault occurring with children. Perpetrators of sexual assault are most commonly people who are known to the victim/survivor because of their relationships or employment.

When to start

Children are never too young to learn about being safe and whom they can talk to if they need help. Children with learning difficulties and disabilities can and should learn from an early age.

What to teach

Feelings: Help children to understand and recognise different feelings and how to talk about these feelings with someone they trust.

Bodies: Talk to children about the names and functions of both public and private body parts. It is important that they feel good about their body and know that their body belongs to them.

Types of touch: Children need to know about the many different types of touch in their lives and recognise whether a touch is loving, friendly, helping, sexy or a NO touch. This can help them to know when they need to tell someone they trust about confusing touch.

Rules about touch: Teach children the rules about sexy touching. Knowing the rules helps children to be aware of their rights and responsibilities.

Warning signs: Teach children to know when their body tells them something is wrong. Help children to know that the way their body reacts in scary, confusing and sad situations gives warning signs such as the heart beating fast, sweating, crying and shaking.

What to do: Practice 'NO GO TELL' with children. Teach them to be clear, loud and assertive when saying 'NO'. Encourage them to 'GO' to a safe place. Sometimes

children are unable to say no or go to a safe place. Remind them that they can always 'TELL' someone if something has happened.

Who to tell: Make a list of the people they can talk to and how they can contact them. Encourage them to keep telling until they feel safe.

Scenarios: Practice safety techniques using make-believe situations, TV shows or children's stories. Ask them to say what they would do and how they would get help.

Assertiveness: Support children to stand up for themselves. It is important that they learn how to make decisions and have real choices. Remember you are their best role model. For extra help with teaching these topics, you can order the FPQ booklet, 'I have the right to be safe', from the FPQ website: www.fpq.com.au

- Be positive by talking about children's ability to be safe and focussing on strategies rather than consequences.
- Be factual. Children do not need to be fearful of monsters and all strangers.
- Keep it brief and reinforce. Short, regular talks about self-protection are better than just a one-off talk. Teach safety skills in every day situations.

What to do if a child talks about sexual assault

You can help by:

- not panicking or expressing shock or outrage as the child might think that they have done something wrong
- listening
- telling them that you believe them
- thanking them for telling you and saying that it was the right thing to do
- emphasising that whatever has happened was not their fault
- telling them that some people do wrong things
- talking in private
- acknowledging that it is hard to talk about such things
- not giving promises that cannot be kept, for example, that you will not tell anyone or that you will stop it happening again
- contacting the appropriate support services.

What they learn at school

Sexuality education is embedded within the school syllabus. However, the way schools address sexuality issues in their school communities can vary in scope. If you would like to see your school improve the way it addresses sexuality education, perhaps you could discuss this with the principal or parents and citizens group. Family Planning Queensland educators support teachers with program development, professional development and resources.

For more information visit www.fpq.com.au

The information above was provided by Family Planning Queensland.

There isn't anything I'd rather be doing with my life than caring for my grandchildren, due to their unfortunate and tragic circumstances. They're our treasured 'blessings'.

Judy, Grandparent carer



Childhood Immunisation

All vaccines that are routinely recommended for your child are provided free of charge.

What is immunisation?

Immunisation protects children (and adults) against harmful infections before they come into contact with them in the community. Immunisation uses the body's natural defence mechanism - the immune response - to build resistance to specific infections. Immunisation helps children stay healthy by preventing serious infections.

NATIONAL IMMUNISATION PROGRAM SCHEDULE

(valid from 1 November 2005)

AGE	DISEASE IMMUNISED AGAINST
Birth	Hepatitis B
2 months	Diphtheria-Tetanus-Whooping Cough Hepatitis B <i>Haemophilus Influenzae</i> type b (Hib) Polio Pneumococcal disease
4 months	Diphtheria-Tetanus-Whooping Cough Hepatitis B <i>Haemophilus Influenzae</i> type b (Hib) Polio Pneumococcal disease
6 months	Diphtheria-Tetanus-Whooping Cough Hepatitis B - or at 12 months <i>Haemophilus Influenzae</i> type b (Hib) (may be given depending on vaccine type) Polio Pneumococcal disease
12 months	Hepatitis B - or at 6 months <i>Haemophilus Influenzae</i> type b (Hib) Measles-Mumps-Rubella Meningococcal C disease
18 months	Chickenpox
4 years	Diphtheria-Tetanus-Whooping Cough Measles-Mumps-Rubella Polio
10-13 years	Hepatitis B Chicken Pox

*Note: Additional vaccines are funded for Aboriginal and Torres Strait Islander children in NT, WA, SA and QLD.

Are all immunisations free?

All vaccines that are routinely recommended for your child are funded by the Australian Government and are provided free of charge. The following vaccines are



provided free for all children:

- Hepatitis B
- Diphtheria, tetanus and whooping cough
- *Haemophilus influenzae* type b
- Polio
- Measles, mumps and rubella
- Meningococcal C
- Pneumococcal, and
- Chickenpox.

Some additional vaccines are provided free of charge for Aboriginal and Torres Strait Islander children in Northern Territory, Western Australia, South Australia and Queensland. There are some differences in the way the Government funded immunisation programs are administered in each State and Territory. You should consult your usual immunisation provider for eligibility requirements under these programs. Alternatively, you can contact the Queensland Health Immunisation Program (QHIP) on **07 3234 1500**.

There are other vaccines available that are not funded by the National Immunisation Program. These are usually recommended for special circumstances, such as international travel or for people engaged in certain occupations. If you choose to immunise your child with a vaccine that is not funded by the Program, you should speak to your local doctor or immunisation clinic for further information. If you are unsure which vaccines are free, please check with your doctor, immunisation clinic, or telephone the Immunise Australia Information Line on **1800 671 811**.

Where can I get immunised?

Immunisations can be obtained from immunisation clinics, general practitioners, some hospitals, local councils and Aboriginal Community Controlled Health Services.

Are immunisations compulsory?

Immunisation is not compulsory but is highly recommended for all children. Some States and Territories require a record of a child's immunisations to be presented when the child attends day care or starts school. This is so the day care centre or school knows which children are not immunised. If there is an outbreak in the day care centre or school, the children who are not immunised may be required to stay home to prevent them catching and spreading the disease.

Where should immunisations be recorded?

Every time a child is immunised, that information should be recorded in the Personal Health Record given to parents in the hospital or birth centre after a baby is born. It is important to keep these records as a reminder of when immunisations are due and to assist in checking which children in the family are immunised if there is an outbreak of disease. You may also need to show these records when your child starts school. The Personal Health Record and clinic records are completed by the doctor, nurse or health worker giving the immunisation.

How else can I keep track of my child's immunisations?

The Australian Childhood Immunisation Register (ACIR or Immunisation Register) records information about immunisations given to children under the age of 7 years who live in Australia. Children under 7 years of age enrolled in Medicare are

The Australian Childhood Immunisation Register records information about immunisations given to children under the age of 7 years.

For more information about immunisation visit immunise.health.gov.au or call 1800 671 811.

automatically included on the Immunisation Register. If your child is not enrolled in Medicare they can be added when your doctor or immunisation provider sends the details of their immunisation to the Immunisation Register.

A statement of your child's immunisation history will be sent to you when your child turns 1, 2 and 5 years of age. This provides a simple way of keeping track of your child's immunisation history. The statement may also be used to prove your child's immunisation status for certain family assistance payments.

Statements are sent to the most recent address recorded on the Immunisation Register, so it is important that you notify Medicare and your immunisation provider if you change address. You can request a statement at any time by visiting the Immunisation Register website (www.medicareaustralia.gov.au) or by calling the ACIR on 1800 653 809 (free call).

Your doctor or immunisation provider can also get information about your child's vaccinations. This may be useful if your child has not been to that doctor or immunisation provider before, as the information will inform them which vaccinations are due.

IMMUNISATION AND YOUR ELIGIBILITY FOR SOME GOVERNMENT BENEFITS

To help increase Australia's immunisation rates a number of Government family assistance payments are only available for children who meet the immunisation requirements, that is, they are up to date with immunisation or have an exemption.

Child Care Benefit

The Child Care Benefit helps families with the cost of child care provided by approved services and registered carers. Your family needs to meet income and residency tests to receive the benefit. Children born on or after 1 January 1996, who are under 7 years of age, also need to be fully immunised (as recorded on the Immunisation Register) or have an exemption.

Maternity Immunisation Allowance

Maternity Immunisation Allowance (MIA) is available for children born on or after 1 January 1998. It is paid after the child reaches 18 months of age and has either been fully immunised (as recorded on the Immunisation Register) or is exempt from immunisation. MIA is payable in addition to the Maternity Allowance paid after the child's birth. Families do not have to pay for any vaccines in order to be eligible for family assistance payments. A family need only show that their child is fully immunised with vaccines that are currently provided free under the National Immunisation Program Schedule. For information regarding Child Care Benefit and Maternity Immunisation Allowance, visit the Family Assistance Office located in Medicare offices, Centrelink Customer Service Centres and ATOaccess sites, phone 13 61 50 or visit the website at www.familyassist.gov.au.

What are the exemptions?

To receive these benefits without being fully immunised, your immunisation provider needs to certify that:

- Your child has a medical reason not to have a particular vaccination;
- Your child has had a disease and has a natural immunity; and
- A particular vaccine is unavailable.

Or you can make a formal conscientious objection if you have a personal, philosophical, religious or medical belief that your child should not be immunised. You will need to ask your immunisation provider to sign a Conscientious

Objection form. This form is available from Medicare offices or online at www.medicareaustralia.gov.au.

Where can I get more information about immunisation?

For more information about immunisation visit the Immunise Australia website at <http://immunise.health.gov.au> or call the Immunise Australia Information Line on 1800 671 811.

For more information about the Australian Childhood Immunisation Register, visit the Immunisation Register website at www.medicareaustralia.gov.au or call 1800 653 809.

The information above was provided by the Australian Government Department of Health and Ageing from the Understanding Childhood Immunisation booklet (2005 edition).

National Vaccination Programs for Older Australians

People aged 65 years and older are at high risk from influenza and pneumococcal disease and the complications of these diseases, with the great majority of deaths from these conditions occurring in the 65 and over age group. In recognition of this, the Australian Government funds programs that provide free vaccine for older Australians in order to provide greater protection against these diseases.

National Pneumococcal Vaccination Program for Older Australians

In order to reduce the impact of pneumococcal disease, the National Pneumococcal Vaccination Program for Older Australians provides free pneumococcal vaccine to adults 65 years or over.

Adults aged 65 years or over are at higher risk of contracting pneumococcal disease than the rest of the population, with the majority of deaths from this disease occurring in this age group.

National Influenza Vaccine Program For Older Australians

People aged 65 years and older are at high risk from influenza and its complications, with the great majority of deaths from these conditions occurring in the 65 and over age group.

Acknowledging this serious situation, the Australian Government is attempting to provide greater protection against the flu for older people, by making flu vaccine available, free of charge, to older Australians.

How can I take advantage of the Pneumococcal and Influenza Vaccination Programs?

To take advantage of the Programs, people aged 65 years or over should make an appointment for vaccination with their general practitioner or other immunisation provider. It is important to note that the vaccine/s will be provided at no cost, however, a consultation fee may be payable to GPs who do not bulk bill.

For further information about the Programs, please contact your usual general practitioner or immunisation provider. Alternatively, you can contact the Queensland Health Immunisation Program (QHIP) on 07 3234 1500. Additional information is also available from the Immunisation Infoline on 1800 671 811.

National Indigenous Pneumococcal and Influenza Immunisation Program

This program provides free vaccines, through community controlled Aboriginal

People aged 65 years and older are at high risk from influenza and pneumococcal disease and the complications of these diseases.

Medical Services (AMS), State/ Territory immunisation clinics and General Practitioners, for Indigenous people aged over 50 or at high risk.

Respiratory diseases are major causes of preventable sickness and death in the Indigenous community, with some Aboriginal communities having the highest incidence of invasive pneumococcal disease in the world. The Program aims to reduce the rate of acute respiratory illness and death by increasing pneumococcal and influenza immunisation.

The target population (for both vaccines) is:

- all Indigenous people over 50 years; and
- Indigenous people in the 15-50 year age group who are in high risk groups according to the NHMRC recommendations

Immunisations are available through:

- Community Controlled Aboriginal Health Services
- State/ Territory Immunisation clinics
- General Practitioners

Where can I get more information about immunisation?

For more information about immunisation visit the Immunise Australia website at <http://immunise.health.gov.au> or call the Immunise Australia Information Line on 1800 671 811.

The information above was provided by the Australian Government Department of Health and Ageing from the Immunise Australia website.

Safety in the Home

There are some simple steps you can take to make your home a safer place for children.

Homes are very special places. At home we feel comfortable and safe. But for children our homes are just not safe enough. Injuries are the biggest health problem our children face.

The good news is that you can protect children from harm. There are some simple steps you can take to make your home a safer place for children.

If you don't already have a list of emergency phone numbers placed near your phone, take the time to complete the list on page 31 and tape it in a prominent spot.

It's a good idea to learn first aid. Resuscitation is a skill every parent should have. Look in the Yellow Pages under First Aid for organisations such as St. John Ambulance or Red Cross that run courses.

Poisoning

Poisoning is one of the leading causes of injury to young people. Common poisons are medicines, cleaning products, fertilisers and pesticides for the garden, chemicals and cosmetics.

Take these steps to protect children:

- Lock away all poisons when not in use. When using them, close the container immediately and place up high as a temporary safeguard.
- Install child-resistant catches on cupboards where you store poisonous products. They can be installed quite simply and don't interfere with your normal use of the cupboards.
- Keep poisons in their original containers. Never transfer a poison into another container.

- Never call medicines 'lollies'. Remember your headache pills and vitamins can be dangerous to children. Read all labels carefully.
- Use a child resistant medicine cupboard in either the bathroom or your bedroom. Medicines such as sleeping tablets should not be left on bedside tables or in drawers.
- *If you think a child may have swallowed a poison, take the container with you to the phone and call the Poisons Information Centre on 13 11 26. They will tell you what to do. It helps if you can tell them what the substance is and how much the child has taken.*

Install a smoke alarm on each floor of your home, and one in each child's bedroom.

Electrocution

To make your home safe, take these steps:

- Use electrical safety switches. These turn the power off when there is a fault before people are injured. They are installed by an electrician to your switchboard. OR, instead, plug-in safety switches can be used in each power point.
- Unplug electrical appliances as you finish with them and put them out of reach and out of sight. This is essential with hair dryers and shavers.
- Don't use electric floor heaters in the bathroom. Only use the wall-mounted type, placed up high.
- Use plug-in covers to stop children poking things into the power points.

Drowning

If you have a swimming pool you need pool fencing that isolates the pool from the rest of the yard and the house. This fencing should meet Australian Standard AS 2812 and have a self-closing, self-latching gate. The building surveyor at your local council can help you with more details. Keep the gate and fence in good condition, and never leave climbable items against the fence.

You can take these steps to protect a child from drowning:

- Always watch children near water. Always.
- At bath time, take babies and young children with you if you must answer the phone or leave the room.
- Ensure nappy buckets have a firm lid and are stored up high.
- Empty paddling pools immediately after use.
- Cover ponds with a fixed grill.

Burns and Scalds

Take these steps to protect children from burns:

- Make sure your microwave oven is out of children's reach. Turn it off at the power point if it is low.
- Have a fire extinguisher and a fire blanket in the kitchen, or use a large pan lid to help smother small fires.
- Use stove guards and curly cords on electric kettles to avoid children pulling down hot liquids.
- Keep hot irons away from children. Put them up high to cool after use.
- Keep matches and cigarette lighters out of reach of young children.
- Control your bathroom hot water to 50°C. Ask your plumber for advice.
- Fill the bath with cold water first, add the hot water and then a little more cold water to cool the tap. Put the child in last.
- Install a smoke alarm on each floor of your home, and one in each child's bedroom. These will warn you early that there is a fire, and give you time to get out safely.

One of the unexpected 'plusses' of raising grandchildren is that you end up with friends who are your children's age. You also go to kids' sport (it keeps you young) and school functions with other 'young' parents. Enjoy the last busy spurt before you go to a well-earned retirement.

Grandparent carer

- Develop a fire escape plan with your family. Rehearse having to get out of your home. Make a game of it for children. Keep a torch by your bed.
- Teach children to "STOP, DROP, ROLL" if their clothes catch fire, and "GET DOWN LOW AND GO" in case of a house fire.
- Use place mats instead of tablecloths.
- If your child is burned or scalded, cool the burn or scald immediately in or under cool running water for 10-20 minutes. Remove any clothing at once if you can. Clothes hold in heat and can cause a deeper burn or hide other burned areas.

Falls

Falls are the most common cause of injuries to children. Take these steps to make your home safe:

- Steps and stairs should be well lit. Children should be able to reach light switches or else use night-lights.
- Use gate barriers to keep young children away from steps, stairs and balcony rails.
- Kidsafe advises against baby walkers. These are especially dangerous around hazards such as fireplaces or stairs.
- Be aware that babies can roll off changing tables. Have everything you need to use close by when changing the baby. Always keep one hand on the baby.
- Store toys for play down low so the children can reach them easily without having to climb.

Outside the Home

To make outside your home safe, take these steps:

- Fence off safe play areas for children to keep them away from hazards like cars, driveways and pools.
- Cut off sharp branches that hang at the child's eye level.
- Keep garages and sheds locked. Store tools, chemicals, climbing hazards, petrol and other fuels here.
- Insist that children wear shoes when outside. Dress them in hats and use sunscreen.
- It is difficult to see children when reversing, so always check around your car before driving off.
- If you live on a farm, you will need to think about the particular hazards on your property.

Further Information

For more information on keeping your children safe, contact Kidsafe Queensland on (07) 3854 1829 or go to www.kidsafe.com.au.

The information above was provided by Kidsafe Queensland (Child Accident Prevention Foundation of Australia).

Child Car Restraints

CHOOSING A CHILD RESTRAINT

When choosing a restraint you need to ensure the restraint suits your child, car and individual needs. A correctly fitted child car restraint, appropriate for the child's age and weight, can reduce the risk of serious injury or death in road crashes by up to 70%.

All child restraints sold in Australia must meet the strict requirements of the Australian Standard - AS 1754 covering the materials, design, construction, performance, testing and labelling of child restraints.

Which restraint do I use?

All child restraints are tested to mass limits therefore weight and height are the most important factors when determining which restraint to use.

A correctly fitted child car restraint, appropriate for the child's age and weight, can reduce the risk of serious injury or death.

CHILD	CHILD RESTRAINT
Infants	Use either
<ul style="list-style-type: none"> • Birth up to 9 kg (some restraints will take children up to 12 kg) • 700 mm in length • 6 months of age with good head control 	<ul style="list-style-type: none"> • Baby Safety Capsule • A convertible restraint - Rearward Facing
Toddlers - Young children	Use either
<ul style="list-style-type: none"> • Weighing 8 kg – 18 kg • Approximately 6 months to 3/4 years • Shoulder level less than or equal to 2.5 cm above the top harness adjustment level • Eye level must be lower than the back of the restraint. 	<ul style="list-style-type: none"> • A convertible restraint 0 - 4 years • Forward facing toddler seat • A combination restraint (8 kg to 26 kg) • Remain using the toddler restraint until the child is either too tall or has reached 18 kg
Pre-primary aged children and older	Use Booster seat
<ul style="list-style-type: none"> • Weight 14 kg - 26 kg • Approximately 3 - 7 years 	<ul style="list-style-type: none"> • A high back booster seat, with wide side wings and a sash locator • Select a booster with an anti-submarine clip • Use a safety harness with a booster seat for children weighing up to 26 kg. • Ensure the lap belt is tightened first then adjust the harness. • Do not use a booster seat or cushion seat with a lap only seatbelt.

I have a restraint that is ten years old

It is not recommended that a child restraint be used after ten years of age because:

- Restraints older than ten years cannot be guaranteed to perform as they were originally intended
- The Australian Standards have been improved since 1991 and updated in 1995, 2000 and 2004. Older restraints will not meet new improved design features.

Second Hand Restraints

It is illegal to sell any restraint that does not comply with AS 1754.

What to look for in second-hand restraints:

1. Australian Standard sticker AS/NZS 1754.
2. An instruction booklet.
3. Complete set of fittings.
4. Check the history of the restraint. Ask the previous owner if the restraint has been in a car crash.
5. Check the date stamped in the plastic mould on the back of the restraint. Do not use if the restraint is older than ten years.
6. Look for stress marks on the plastic mould. These appear like white lines (the same lines you get if you twist a plastic milk bottle). Do not use if there are a lot of stress lines, splits, cracks or broken areas.
7. Check harnessing and tethering for small frays or tears. A tear or fray as small as 5 mm is a weak point in the harnessing.
8. Check tethering for mould. Little black spots indicate mould is rotting the webbing at these points.

In case of an accident

If a restraint has been involved in a severe crash where the main body structure of the car is damaged, the child restraint should be destroyed even if there is no obvious damage. Inform your car insurer of the type and number of child restraints used in your vehicle to ensure compensation.

The information above was provided by Kidsafe Western Australia (Inc).

For more information on child car restraints, and advice on all aspects of child restraint hiring and fitting, contact Kidsafe Queensland on (07) 3854 1829 or go to www.kidsafe.com.au. Kidsafe Queensland also operates a child restraint hire service (including baby capsules), and a child restraint checking and fitting service, in Brisbane.

QUEENSLAND AMBULANCE SERVICE - BABY CAPSULE SERVICE

Queensland Ambulance Service has fully trained staff available to fit capsules so that your baby is safe and comfortable. By not properly restraining your child when travelling, you may be breaking the law and putting your child at risk.

Your baby's capsule will only be suitable for about six months, so buying one is an expensive outlay. The Queensland Ambulance Service baby capsule hire service is a simple and more economical alternative. One fee includes fitting, cleaning and GST. Baby capsule hire can be as short as one week to as long as six months. If you need more than one capsule, this can also be arranged. No matter what type of vehicle you have, Queensland Ambulance Service can ensure that your infant or child restraint fits perfectly.

To obtain further information or to book a capsule and fitting, simply call **1300 369 003**.

The information above was provided by the Queensland Ambulance Service.



Emergency Contact Numbers

Complete this list of Emergency Contact Numbers and place it in a prominent spot, near your phone.

EMERGENCY NUMBERS	
Ambulance	000
Fire Brigade	000
Police	000
Poisons Information Centre	13 11 26
Hospital	
Family Doctor	
Name	
Phone	
Emergency Child Carer	
Name	
Phone	
Neighbour with car	
Name	
Phone	
Location of First Aid Kit	

It's been a difficult journey for my grandson and I. A lot of tears and heartache. The toughest decision of my life was to stand up for my grandson. He has been a 'privilege' to live with and to watch him become stronger and grow through the disappointments and sadness he has experienced.

*Kate, aged 59
(grandson aged 12)*



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