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Information on factors that can impact on the
healthy growth and development of
little ones under 2 years old

About the *Tune in to Little Ones* kit

The ***Tune in to Little Ones*** kit has been developed by the Office of Children and Families as part of an initiative to focus on vulnerable infants. ***Tune in to Little Ones*** has five key elements (see back page) that aim to strengthen service responses for those who work with vulnerable infants under 2 years old and their families. It has been produced in consultation with a wide range of stakeholders.

Acknowledgements

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About this booklet

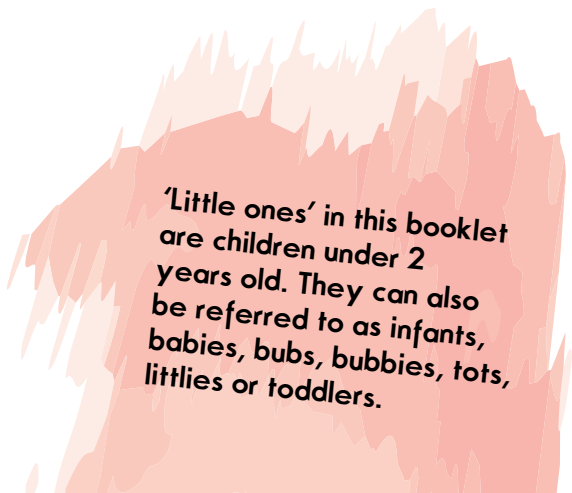
This *Extra Concerns and How to Help* booklet is a part of the **Tune in to Little Ones** kit.

The booklet:

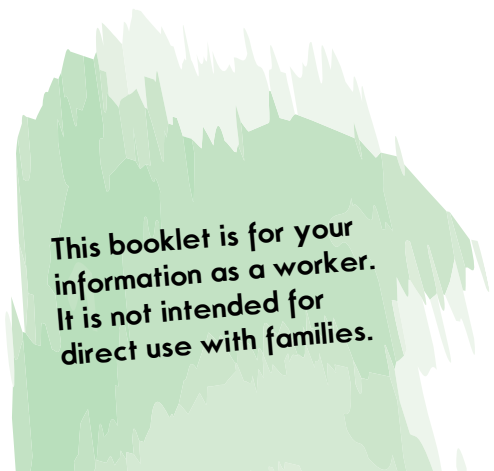
- ⦿ describes a range of factors that can impact on the healthy growth and development of children under 2 years (little ones)
- ⦿ gives some ideas on how you, as a worker, can support little ones and their parents and caregivers as they manage these
- ⦿ contains information that may assist you in working with families and in case planning.

Remember to involve health professionals if any of the conditions outlined in the booklet are imminent, suspected or likely.

If you, the parent or caregiver have any concerns about the child's immediate health, contact a medical professional and seek advice from your supervisor.



'Little ones' in this booklet are children under 2 years old. They can also be referred to as infants, babies, bubs, bubbies, tots, littlies or toddlers.



This booklet is for your information as a worker. It is not intended for direct use with families.

Sometimes a child's brain development can be damaged by negative experiences such as trauma or illness or exposure to adverse events in utero. However it may be possible to *prevent* further damage to the brain, *lessen* the impact of past damage and *improve* its development for the future by providing positive and caring relationships with parents and caregivers.

This means that it is important to work with and support parents and caregivers to provide nurturing and stimulating environments for their child to help them achieve the best possible outcomes.

This booklet aims to help you understand risk factors and their potential impact for a little one and their family, as well as how you can provide support. For references and additional resources visit the Office of Children and Families website www.childrenandfamilies.nt.gov.au.

The parents and caregivers referred to in this booklet include anyone who cares for and has responsibility for a little one.

This can include:

mother grandparent kinship carer father
step-parent sibling foster carer
extended family member

Use an interpreter or
cultural advisor to help
you work with families if
you need to.

Brain development and Neuroscience

Neuroscience tells us that early experiences impact on brain development and can have a long-term effect on a person's wellbeing and future opportunities. The interaction between a child's brain and their lived experience literally shapes the brain's circuitry which forms the foundation for all subsequent health, behaviour and learning.

One of the most important parts of the developmental process is the 'two-way' relationship of emotional engagement between children and their parents or caregivers. Children develop best when the caring adults around them respond in warm, individualised and stimulating ways.

If the environment is neglectful, unpredictable or abusive, the brain's architecture does not form as expected – which can lead to long-term effects. These include social, emotional and cognitive impairment in early and middle childhood; the adoption of risky health behaviours in adolescence; and social problems and diseases (such as cardiovascular disease and stress-related conditions) in adulthood.



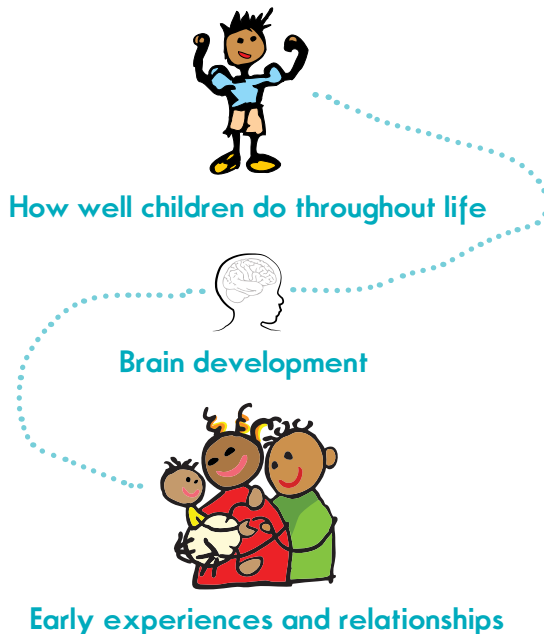
Providing the right conditions for healthy development in early childhood is more effective than treating problems at a later age.

Helping families promote brain development

When working with families, focus on supporting them to provide nurturing and responsive caregiving that stimulates positive growth and overcomes poor outcomes for the little one.

- See the **Tune in to Little Ones** Worker Resource Manual and Healthy Development booklet for ideas on what to do.

Positive early experiences and relationships lead to the best life outcomes



Contact in Out of Home Care

It is the Department's policy that every child in Out of Home Care (OOHC) has regular contact with their family, unless it would expose them to a neglectful or abusive situation. This is mandated by the *Care and Protection of Children Act*. Details of contact between a child and their family must be included in a child's case plan; all decisions about contact – how much, with whom, under what circumstances, when, where and how – must be sensitively dealt with on a case by case basis.

Contact is important because it can:

- ④ reduce the negative impacts of separation for a child and their family
- ④ help the child stay connected to their culture
- ④ strengthen the relationship between the child and their family
- ④ ease the pain of separation and loss for the child and their family
- ④ involve family in their child's everyday activities and keep them informed about their development
- ④ help family members practise new skills and gain confidence in caring for their child
- ④ help with the transition to reunification.

Contact can be an emotionally difficult time

For little ones: Contact can be very upsetting, confusing and sad for children and it is important to understand this in the context of their development. Little ones can't understand separation, and during contact with their family they may cling or cry, act out or withdraw. At the end of contact, when another separation is imminent, they may be angry, sad and confused all over again. Afterwards they may show regressive behaviours, physical symptoms or behavioural problems. These can be normal responses for little ones of this age and do not necessarily mean harm has occurred during contact.

For family: Contact can be a time of emotional upheaval for parents and family and they often experience pain, sadness, guilt, shame, denial, anger and worry. If family members don't arrive for contact as planned, find out if there are reasons behind this and whether they need help to attend. Sometimes the grief and loss experienced by the child's family is too much for them to face. Other things such as functional impairments may also make it hard (e.g. parents who have a disability or problems remembering time and place).

When planning contact for little ones there are number of things to keep in mind.

- ☉ Parents and carers can help their little one prepare for and cope with separation. Support them to find out what works best.
- ☉ The potential benefits of contact can be undermined if it places too much stress on the child – disruptions to routine, breaks in continuity of care, and the quality of the interaction with the parent can all impact on the infant's stress levels.
- ☉ The placement should be located nearby, as too much travel can be hard on children.
- ☉ Decisions about how often contact occurs, where and when it happens and for how long, should all be made with the family with a view to promoting connection between them and their the child.
- ☉ Contact should include activities that promote positive interaction between the little one and their parent or caregiver, and support the child's development.
- ☉ To minimise disruption to the infant's routine, try to have the same person to transport and supervise contact, and hold it at the same time and in a consistent place that supports the needs of the child and their family.

Decisions around contact must be made with the infant's best interests as the paramount consideration, and in line with the Care and Protection Policy and Procedures Manual.

Terminating or suspending contact:

There may be some instances when direct contact with one or more members of a child's family will not be in the child's best interests. The decision to suspend or terminate contact (other than in emergency situations where a child's safety and wellbeing may be compromised) is a significant change in circumstances, and a case plan meeting must be held as soon as possible (refer to the Care and Protection Policy and Procedures Manual).

If, during contact, the actions or behaviours of family members pose an immediate risk to the little one, concentrate on ensuring the child's safety and minimising the impact of harm. This could include terminating the contact, which should be done in consultation with your Manager if possible. Consider whether therapeutic intervention is required for the child and their family afterwards.



Contact aims to strengthen relationships

Helping families during contact


Families can do many things during contact to support their child's physical, emotional, social, cultural and cognitive development. These things can also help them to develop strong and positive relationships.

Support families to:

- ⑩ feed, change, hold and cuddle their little one
- ⑩ enjoy their child's company
- ⑩ help their little one to sit, reach, stand, crawl or walk
- ⑩ play together, including peek-a-boo games – these can help their little one learn that things (including people) still exist when you can't see, hear or feel them
- ⑩ name objects, read picture books together
- ⑩ sing and tell stories to their little one
- ⑩ encourage their little one to safely explore – take walks, play together with colourful, noisy, moving objects, toys or things in their natural environment
- ⑩ meet any special medical or developmental needs of their child if possible.

Help families to:

- ⑩ understand what their child goes through if the family does not turn up and contact does not go ahead – a 'no show'
- ⑩ address any issues that might be preventing them from attending a contact visit
- ⑩ keep separate from the visit any frustration, shame or humiliation they may feel about their child's removal.



**Use the 'Healthy Development' booklet
for more ideas on how families can play
and communicate with their little one.**

Failure to Thrive

Failure to Thrive (FTT) is a general term used to describe infants and children whose growth and development is significantly below age-related norms. It can lead to long-term deficits in intellectual, social and psychological functioning.

FTT can be classified into two categories: *organic* failure to thrive, where a medical condition causes the problem and treatment is prescribed; and *non-organic* failure to thrive, where psychosocial factors are the cause.

For *non-organic* failure to thrive, there may be a number of risk factors present.

Parental/caregiver risk factors

- ⊙ substance misuse
- ⊙ family violence
- ⊙ poor parenting skills & knowledge
- ⊙ parental depression
- ⊙ poor parent-child bond

Environmental risk factors

- ⊙ lack of support
- ⊙ poverty
- ⊙ isolation

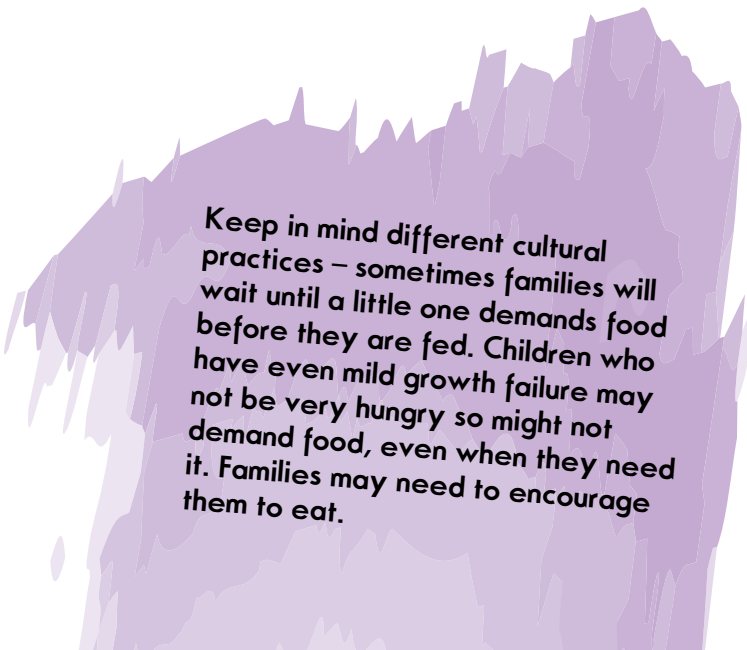
Child's risk factors

- ⊙ premature birth or low birth weight
- ⊙ behavioural or developmental problems
- ⊙ feeding difficulties or food aversions
- ⊙ chronic illness or disability

The presence of these factors may increase the risk of neglect and failure of the child to thrive.

This is because parents or caregivers may:

- ⦿ have poor understanding of their little one's needs and how they, as carers, should respond
- ⦿ have difficulty providing appropriate nutrition and stimulation
- ⦿ have had previous poor parenting role models
- ⦿ become stressed when they are unable to meet or understand their child's basic needs
- ⦿ feel frustrated when trying to deal with difficult feeding issues or complications in feeding due to illness or disability.



Keep in mind different cultural practices – sometimes families will wait until a little one demands food before they are fed. Children who have even mild growth failure may not be very hungry so might not demand food, even when they need it. Families may need to encourage them to eat.

Helping little ones with non-organic FTT

The best way to help a child who is failing to thrive is:

- ✓ to provide adequate nutrition
- ✓ to ensure their emotional needs are met
- ✓ for parents and caregivers to actively play and communicate, tune in to and respond to their little one.

A multi-agency response is usually required and may include collaborating with:

Extended family Nutritionist

Maternal Child Health Nurse

Aboriginal Community Worker

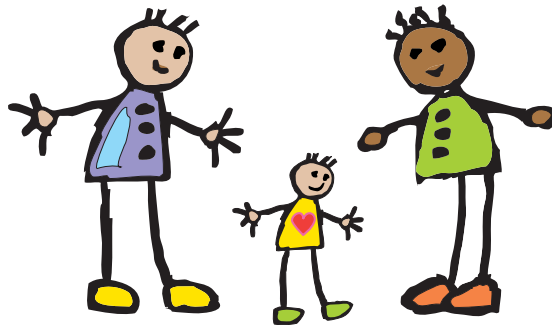
Paediatrician

Aboriginal Health Worker

Weaning an infant (usually between 6-24 months) can be a critical time for Failure to Thrive. Children who don't get enough to eat are prone to infection, which can then suppress their appetite. Work with the family and a Community Health Nurse to chart the child's growth and make sure they are getting the right nutrition.

Strategies can include:

- ④ parenting support (see ***Tune in to Little Ones Healthy Development*** booklet for ways to encourage positive parenting through play and communication activities)
- ④ modelling ways to feed and play with little ones
- ④ helping the family learn food preparation, cooking and feeding skills
- ④ helping the family access support that can address any risk factors
- ④ talking with the family about things that might be impacting on how they or others feel about their baby (e.g. are they a 'wrong way' or 'wrong skin' baby? This might affect the level of support the mother receives from family members. Talk to an Aboriginal Community Worker to learn more about what this can mean)
- ④ getting information for the family around weaning
- ④ support with financial management and budget planning
- ④ helping families identify other family/community members and services that could support them.



Help the family get extra support

Family and Domestic Violence

A child who lives in a world with violence will be affected by that violence. They may have seen their caregiver being assaulted, or been directly assaulted themselves, or they may live in a fearful environment with a frightened or frightening caregiver who is not able to tune in to their needs.

The toxic stress and complex trauma caused by living in a perpetual state of alert can damage the infant's developing brain and can lead to long-term psychological effects.

Immediate effects on the little one may include:

- ⊙ irritability
- ⊙ sleep disturbances
- ⊙ more extreme 'startle' responses and minor illness
- ⊙ heightened separation anxiety
- ⊙ vulnerability to physical injury during an assault.

Long-term effects:

Unaddressed trauma can affect all levels of the child's personality, belief system and sense of safety in the world. It can impact on brain development and leave the little one at greater risk of developing emotional, behavioural and learning difficulties and of experiencing mental illness in adulthood.

Family and domestic violence can impact on many aspects of a child's normal development.

Key aspect of the child's development

Potential impact of violence on the child

Take in information from the world around them

Can be distressed by loud noises, and vivid visual images associated with violence

Form secure attachments

Bonding and attachment can be affected by parents/caregivers inconsistently responding to their little one's needs

Become more active explorers of their world through play

Exploration and play might be inhibited by fear and instability; imitation in play may be related to aggression they have witnessed

Learn about social interaction and relationships from what they hear and observe

Learn about aggression through what they see

Effects on the victim/survivor:

The physical and psychological impact of violence on caregivers may affect their ability to parent, especially their emotional availability and ability to tune in to their child's needs. They may find it hard to be protective of their child due to their own trauma response.

Helping families when there is family or domestic violence

Everyone affected by family violence, including victims, perpetrators and their little ones, needs help and support.

Support victims/survivors to:

- ⊗ build on their existing coping strategies
- ⊗ get legal support or an advocate if they need it
- ⊗ get child care for respite, and playgroups for support and to break down isolation
- ⊗ devise a safety plan for themselves and their child that includes having a safe place to go
- ⊗ access infant mental health services if the little one is showing any sign of disturbance in emotional regulation (e.g. persistent crying, sleeping or feeding problems) or if there are issues with their relationship with their child
- ⊗ access counselling to cope with their own trauma from experiencing violence
- ⊗ strengthen their relationship with their little one:
 - ✓ spend time face-to-face with their infant – lots of baby talk and giggles
 - ✓ hold and hug their child and tell them they love them
 - ✓ find other parents/caregivers to spend time with
 - ✓ get help with parenting if they are unsure
 - ✓ take care of themselves – and find people they trust who can babysit so they can do this – their little one needs them.

Support the perpetrator to:

- ③ link with appropriate services that can support them and help them address their behaviour (e.g. Mensline 1300 78 99 78)
- ③ strengthen their relationship with their child
- ③ access parenting support if needed (e.g. Parentline 1300 30 1300)
- ③ use safe ways to engage with their child (see ***Tune in to Little Ones Healthy Development*** booklet).

The law in the Northern Territory says you must tell Police if you think a person could be seriously hurt by somebody in their family. Call 131 444, or 000 if it's an emergency.



Everyone affected by family violence needs help and support

Foetal Alcohol Spectrum Disorder

Foetal Alcohol Spectrum Disorder (FASD) is a term that describes a range of permanent effects resulting from consumption of alcohol by a mother during pregnancy. These effects can vary with each individual – and the amount, frequency and timing of alcohol exposure on the foetus cannot be used as a predictor.

Alcohol exposure to a foetus can cause facial abnormalities, growth deficiencies and hearing and vision impairments. It can also affect learning, behaviour, sleep, cognitive skills and mental health. Children never outgrow FASD. It is often not diagnosed at birth and it is not until children grow older and begin to demonstrate behaviour or learning problems that it is identified.

Children with FASD often have poor judgement, poor social skills and understanding, a lack of impulse control and are unable to predict the consequences of their behaviour.

Foetal Alcohol Syndrome is the most severe impact of alcohol exposure.

Diagnosis is made by a medical practitioner and is based on all four of the following features:

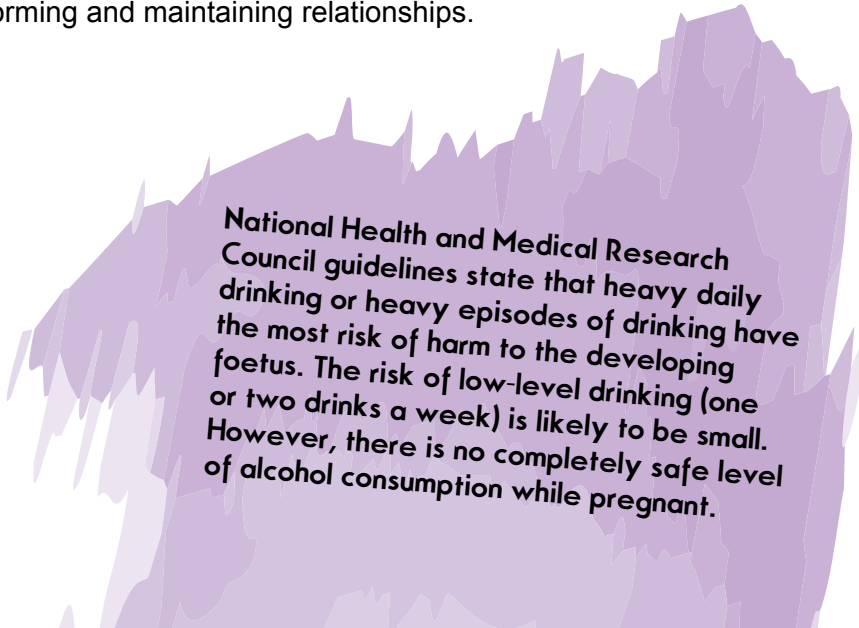
- ④ distinctive facial features: small eye openings; short nose; flat, elongated philtrum (area between the nose and upper lip); flattened midface; thin upper lip
- ④ growth: significantly below height or weight for gestational age; a pattern of consistent low growth
- ④ evidence of central nervous system damage: structural damage of the brain; functional impairment; neurological damage evident (e.g. epilepsy, clumsy gait)
- ④ confirmed alcohol exposure: the mother or family members may provide this information.

The impact of FASD on children:

Infants: low birth weight, poor growth, irritability, sensitivity to light, noises and/or touch, feeding problems, failure to thrive, difficulty sleeping, strong startle reflex, low muscle tone, may have distinctive facial features, is slow to reach milestones, may have congenital abnormalities.

Toddlers: memory problems, hyperactivity, lack of fear, poor sense of boundaries, impairment of gross or fine motor skills.

Children: poor growth, developmental delay, problems with vision, memory problems, language and speech deficits, poor judgement, birth defects, improperly formed bodies and organs, social and behavioural problems, cognitive problems, sleeping difficulties, hyperactivity, impulsiveness, difficulty concentrating, problems with abstract thinking, difficulty forming and maintaining relationships.



National Health and Medical Research Council guidelines state that heavy daily drinking or heavy episodes of drinking have the most risk of harm to the developing foetus. The risk of low-level drinking (one or two drinks a week) is likely to be small. However, there is no completely safe level of alcohol consumption while pregnant.

The importance of record keeping:

Children with FASD may initially present as healthy newborns. However if maternal consumption of alcohol is known, record it on the child's file – because the effects of FASD may not be evident until later. Also keep track of the child's baby health documents, clinic information, growth charts, developmental milestones and gait. The learning patterns, strengths and weaknesses are different for each child; so having a complete picture will help with any assessment, early intervention and potential strategies.



Accurate records are important to capture the child's history and needs

Helping children with FASD

Children with FASD often have complex needs and require support for their learning and careful management of their behavioural difficulties. The child's environment needs to be stable and safe, with structure and routine. Children with FASD do best with consistent caregiving that includes close supervision and role modelling, and reward and redirection rather than punishment.

You can help families to work out ways to manage their child's needs and behaviour in their environment.

Support families to:

- 🌀 **observe:** work out what can trigger their little one's reaction and act to calm the situation – especially before it happens
- 🌀 **provide some structure:** maintain a calm, safe and uncluttered environment; some little ones with FASD have problems sleeping and need a space that is quiet and with few distractions so they can settle
- 🌀 **be consistent:** keep to a routine that is predictable for their child
- 🌀 **use repetition:** talk and frequently show their child what to do and how to do it
- 🌀 **be concrete:** give one simple instruction at a time to their child, and use visual prompts
- 🌀 **supervise:** watch out for their little one, especially if they are not sensitive to pain as they could injure themselves without realising
- 🌀 **reward, redirect and state the consequences:** take immediate action to discourage unwanted behaviour or reward good behaviour. Children with FASD are 'in the moment' and a delayed response will make no sense to them.

Hygiene and physical care

Good hygiene and physical care are important for the health and development of children. This is because many infections and medical conditions are related to inadequate physical care and poor hygiene.

Conditions include:

- ⊙ scabies and other skin infections (chronic infections due to Group A streptococci can lead to serious complications such as rheumatic fever and rheumatic heart disease)
- ⊙ repeated gastroenteritis
- ⊙ ear infections (chronic otitis media can interfere with normal speech and language development and can lead to permanent hearing loss)
- ⊙ eye infections
- ⊙ respiratory diseases.

It is important to remember that hygiene is also affected by environmental factors like poor living conditions, challenging social circumstances and limited knowledge of hygiene and how infections are transmitted.

Things that can make it hard for parents and caregivers:

- ⊙ infants and toddlers have immature immune systems but also have increasing mobility and independence
- ⊙ other people living in the home may have poor hygiene practices
- ⊙ in Aboriginal culture, children are often given freedom to determine their own care, and it can be hard when a little one rejects attempts by the parent or carer to keep them clean or give them medicine
- ⊙ in Aboriginal culture, older siblings sometimes take responsibility for the hygiene needs of little ones and they may need help to learn the best way.

Helping families with their little one's hygiene and physical care

- ⦿ Make sure there is a clean space for the little one to play and to sleep.
- ⦿ Encourage parents and caregivers to keep their infant off the ground and to put them on a mat or tarp instead.
- ⦿ Find out if there are dogs or other pets in the house that impact on the child's safety or hygiene.
- ⦿ Encourage parents and carers to bathe their little one with soap and water.
- ⦿ If required, talk with a cultural advisor about the best way to give messages about washing and keeping clean.
- ⦿ Talk with parents and caregivers about healthy food preparation and storage, especially when their little one is being, or has been, weaned.
- ⦿ Help the family work with the local council/rental authority/owner to repair houses if there are obvious risks to health and hygiene.
- ⦿ If a child has been sick or isn't growing as expected, ask parents and carers about the causes of this. Sometimes there can be different beliefs about illness and the role of caring.
- ⦿ Consult with community members to find out if there are any strategies in place to improve hygiene (e.g. *Healthy Skin Story* booklet, *No Germs on Me* handwashing campaign, *Safe Food is Everybody's Business* resource package).

Check with other agencies to see if there are any wider community strategies that aim to address environmental health issues.

Neonatal Abstinence Syndrome

Infants who, prior to their birth, are exposed by their mother to addictive substances (e.g. heroin, methadone, amphetamines, alcohol, inhalants and some prescription medications) may have neonatal behaviour consistent with drug withdrawal. This is usually referred to as Neonatal Abstinence Syndrome (NAS) and is a diagnosis made by a medical professional.

An affected baby can show these symptoms and signs within 72 hours of birth:

- ⦿ increased muscle tone
- ⦿ irritability
- ⦿ changes in sleeping/waking rhythm
- ⦿ abnormal sensitivity to touch, light, sound
- ⦿ seizures
- ⦿ inhibited feeding
- ⦿ accelerated cardiac action and an increase in the respiratory rate
- ⦿ shrill and excessively long phases of screaming tremors
- ⦿ gastrointestinal dysfunction including excessive and uncoordinated sucking, vomiting and diarrhoea
- ⦿ shivering, sneezing, perspiration and fever

Unless treated, a newborn baby with NAS is at risk of serious health consequences. Some withdrawal symptoms (irritability, sleep problems, hyperactivity, feeding problems) can last 4 to 6 months. The long-term effects on infant development are unclear; however there is an increased risk of Sudden Infant Death Syndrome (SIDS).

Knowing whether a baby has symptoms of NAS is critical when planning for discharge from hospital and for their short to medium-term care requirements. It is also useful when assessing whether the parents or caregivers will be able to meet these requirements, along with the little one's special physical and emotional needs.

Helping little ones with NAS

Treatment can involve administration of oral morphine and/or comforting the infant and reducing over-stimulation.

Things families can do to manage specific behaviour of little ones with NAS

Prolonged crying

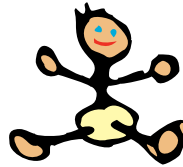
Hold the baby close; decrease loud noises and bright lights; softly hum; rock

Sleeplessness

Reduce noise and bright lights; don't pat or touch the baby too much; play soft music; feed baby on demand

Difficult or poor feeding

Feed small amounts often; feed in quiet areas; allow time for resting between sucking



Trembling

Keep the baby in a warm, quiet space; avoid excessive handling

Vomiting

Burp the baby each time they finish sucking and after the feed; support the cheeks and lower jaw to enhance sucking/swallowing; keep the baby and bedding clean and free of vomit – the smell might increase the problem and vomit might irritate skin

Sneezing, stuffy nose

Keep nose and mouth clean; avoid overdressing or over-wrapping; feed the baby slowly (smaller feeds more often may help); keep in semi-sitting position well supported and supervised; don't place the baby to sleep on their tummy; seek medical help if breathing difficulties continue or worsen

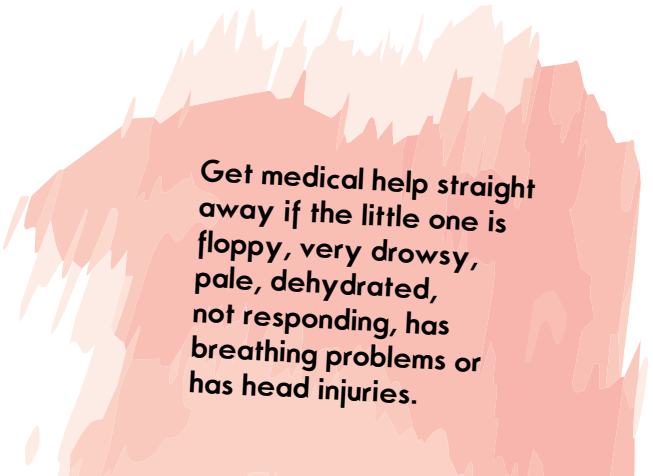
Shaken Baby Syndrome

Shaken Baby Syndrome (SBS) is characterised by a traumatic brain injury caused by violent shaking. It can cause bleeding in and around the brain which can lead to permanent damage, leaving the child blind, deaf, paralysed, with seizures and with delays in development. Shaking a baby can also be fatal.

SBS is a form of Non-accidental Head Injury in Children, which also includes abusive head trauma, inflicted brain injury and non-accidental injury. Non-accidental Head Injury is the leading cause of infant death from injury and is diagnosed after other possible causes (e.g. accidental injury and medical conditions) are excluded.

There are two types: *impact* and *non-impact (shaken)*.

A baby who has been shaken might be vomiting and have signs of bleeding in their eyes; they may seem floppy and unresponsive. There can be a delay between shaking and seeing the signs, so if you think a baby has been shaken, seek medical help straight away.



Get medical help straight away if the little one is floppy, very drowsy, pale, dehydrated, not responding, has breathing problems or has head injuries.

There are a number of risk factors associated with SBS.

Parent/caregiver risk factors:

- ⊙ failed repeated efforts to stop the baby crying
- ⊙ poor impulse control
- ⊙ unrealistic child rearing expectations
- ⊙ inability to cope with stress
- ⊙ substance misuse
- ⊙ unemployment
- ⊙ negative childhood experiences including abuse, neglect or domestic violence
- ⊙ no knowledge of what happens when babies are shaken
- ⊙ feelings of inadequacy and isolation
- ⊙ young age
- ⊙ rigid attitudes and impulsivity
- ⊙ depression
- ⊙ low levels of education
- ⊙ lack of social supports
- ⊙ sleep deprivation
- ⊙ domestic and family violence

Baby's risk factors:

- ⊙ premature birth or low birth weight
- ⊙ chronic illness or disability
- ⊙ incessant crying
- ⊙ toileting problems
- ⊙ colic
- ⊙ multiple-birth pregnancy
- ⊙ poor sleeping routine
- ⊙ behavioural or developmental problems
- ⊙ under 1 year of age
- ⊙ male gender
- ⊙ step-child

Helping families reduce the risk of Shaken Baby Syndrome

- ⦿ Help parents and caregivers understand what is normal behaviour or development – babies are not being naughty when they cry and it is also normal for parents to feel frustrated, confused and worried.
- ⦿ Let parents and caregivers know that it is OK to walk away if they need to calm down and to get help, if required.
- ⦿ Talk to families about the effects of SBS, making sure they never leave their little one with someone who has a problem with anger or violence.
- ⦿ Teach them how to handle their infant's head and neck with great care.
- ⦿ Help parents and caregivers make a safety plan for times when their little one continues to cry and they are feeling angry and upset.

This could include ideas such as:

- don't pick up the baby if they are feeling frustrated; put them somewhere safe and walk away for a short period
 - do something to relax – count to ten, call a friend, have a quick shower or a cup of tea, talk to a relative or neighbour
 - don't be embarrassed – it is OK to ask for help
 - regularly check on their baby, but don't pick them up until they feel calm.
- ⦿ Help parents and caregivers work out who can help them when they feel stressed (e.g. neighbours, family members, Elders or other parents).
 - ⦿ Link them with support services that can address any risk factors if required.

- ☉ Talk to parents and caregivers about ways to settle their child if they cry a lot.

First of all find out if the little one is:

- in need of a nappy change?
- hungry?
- unwell?
- teething?
- too hot or too cold?
- over-tired?
- 'windy', which makes them uncomfortable?

- ☉ Then try:

- burping the baby
- wrapping them in lightweight material and holding them safely
- walking gently and humming, singing, talking softly to their baby
- putting their child in a stroller and going for a walk.

Talk to the family about how to handle their little one safely to protect their head and neck. Remind them to play gently, as rough games like throwing the baby up in the air can be very dangerous and harm their developing brain.



Reinforce the message:
'Never shake a baby!'

SIDS and Safe Sleeping

Babies exposed to unsafe sleeping practices can be at risk of a fatal sleep accident (e.g. suffocation) or Sudden Infant Death Syndrome (SIDS) – in which an infant dies unexpectedly, and for no obvious reason.

SIDS is the number one cause of death of children aged between one month and one year in Australia. It affects Indigenous populations more than any other population group.

Parental/caregiver risk factors:

- ⦿ smoking during and after pregnancy
- ⦿ substance misuse
- ⦿ short intervals between pregnancies
- ⦿ young maternal age
- ⦿ low levels of education
- ⦿ poor antenatal care

Baby's risk factors:

- ⦿ premature birth or low birth weight
- ⦿ neonatal health problems including minor respiratory or gastrointestinal problems
- ⦿ male
- ⦿ multiple birth

Environmental risk factors:

- ⦿ sleeping the baby on their stomach
- ⦿ substandard housing
- ⦿ over-wrapping or over-heating the baby
- ⦿ sleeping the baby on soft surfaces with loose bedding
- ⦿ low income
- ⦿ domestic and family violence
- ⦿ cooler months
- ⦿ unemployment

Co-sleeping

There is evidence that sharing a sleep surface with a baby increases the risk of SIDS and fatal sleeping accidents in some circumstances.

The risks are especially high when:

- ⦿ babies are under 4 months of age
- ⦿ babies are born pre-term or small for gestational age
- ⦿ either parent/caregiver smokes
- ⦿ either parent/caregiver is extremely tired or under the influence of alcohol, sedating medication or drugs
- ⦿ other siblings (including a twin sibling) or pets are also sharing the sleeping surface
- ⦿ the little one can be trapped between the wall and bed, can fall out of bed, or could be rolled on
- ⦿ the little one shares a sofa or couch with an adult during sleep.

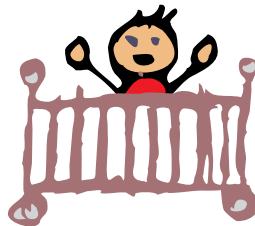
There appears to be no increased risk of SIDS whilst sharing a sleep surface with a baby during feeding, cuddling and playing – as long as the baby is returned to a safe sleeping surface before the parent or caregiver goes to sleep.

Helping families reduce the risk of SIDS

Research has shown that using safe sleeping practices can reduce the risk of SIDS and fatal sleep accidents. It is important that you know about these when working with families of infants so that you can give parents and caregivers helpful information to help them reduce the risk.

To reduce the risk of SIDS, parents and caregivers need to know and practise the following safe sleeping arrangements:

- ✓ sleep the baby on their back from birth – never on their tummy or side
- ✓ keep the baby's face uncovered
- ✓ keep the environment smoke free – before and after the child's birth
- ✓ provide a safe area for sleeping – not cluttered with soft objects, bedding or cot bumpers which can cover the baby's head
- ✓ do not sleep the baby in a pram without appropriate restraints
- ✓ sleep the baby in a cot near the parent's or caregiver's bed for the first 6-12 months of life
- ✓ do not place the cot or sleeping area near other sources of danger.



**Safe sleeping can reduce the risk
of SIDS and fatal sleeping accidents**

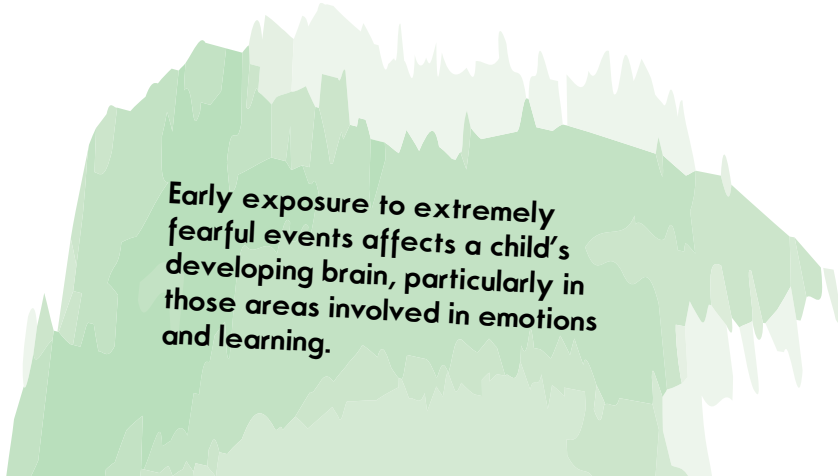
The 'Taking Care of Your Baby' and 'Safe Sleeping' brochures (www.sidsandkids.org) and the *Parent tip sheet: Sleep: Children 0-6 years* (www.families.nt.gov.au) have more information about how families can sleep their little one safely.



Toxic Stress

An infant's brain development can be negatively affected if they are exposed to intense or overly frequent stressful events without the buffering protection of adult support. This is often referred to as toxic stress and it can lead to a disruption in the structure and functioning of the brain's stress management systems. This can cause children to overreact to stress and frustration – they may have increased heart rate, raised blood pressure or heightened aggressive reactions. Or they may find it hard to 'switch off' from a stress response and so remain in a heightened state for a prolonged period. Toxic stress significantly increases the risk of stress-related adult physical illness, mental health problems and behavioural disorders.

When infants experience chronic stress, their response may be apathy, poor feeding, withdrawal and failure to thrive. When a child is under acute stress they may also respond by crying, having temper tantrums, being aggressive or being inattentive.



Early exposure to extremely fearful events affects a child's developing brain, particularly in those areas involved in emotions and learning.

Helping families reduce sources of toxic stress

Research has shown that sensitive and responsive caregiving can serve as a powerful defence against a child's exposure to stress hormone and their ability to regulate its production. Positive early relationships with caregivers can increase a little one's ability to recover from the damaging impact of traumatic events.

Families, too, can benefit from services that target the *sources* of their stress (e.g. severe maternal depression, parental substance abuse and family violence).

Support families to:

- ◎ find things they can do that will promote positive relationships with their child (see the ***Tune in to Little Ones Healthy Development*** booklet and *Worker Resource Manual*)
- ◎ get support to help them cope and deal with their little one's behaviour if they need to (see *For More Information and Support* page 38)
- ◎ identify and access services and other supports that can help them to manage the things that might be stressing or worrying them.



Help families to reduce stress
for themselves and their child

For more information and support

Community Care Centres

Alice Springs.....	8951 6711
Darwin (<i>Casuarina, Stuart Park, Karama</i>)	8922 7301
Katherine	8973 8570
Palmerston	8999 3344
Tennant Creek	8962 4218
Nhulunbuy	8987 0435

Remote Health Clinics

www.health.nt.gov.au/Service_Locator/Remote_Health_Centres/index.aspx

Health Direct 24/7 health advice and information

Telephone 1800 022 222

Parentline parenting support, counselling and education

From 8am-10pm seven days a week

Telephone 1300 30 1300

NT Families Website *Parent Tip Sheets and 7 Steps to Safety kit*

www.families.nt.gov.au

The ***Tune in to Little Ones*** kit is for people who work with families who have a child under 2 years old.

This *Extra Information* booklet gives ideas on how workers can assist parents and caregivers to support their little one's growth and development.

Other elements of the ***Tune in to Little Ones*** kit include:

Worker Resource Manual

Healthy Development booklet

The Wheel poster

Key Messages about Children poster

For references and further research,
visit *Office of Children and Families - Publications*
(childrenandfamilies.nt.gov.au)

