RESILIENCE PRACTICE FRAMEWORK

Guide 1: Increasing safety

A framework to promote resilience in children and families
We are The Benevolent Society
We help people change their lives through support and education, and we speak out for a just society where everyone thrives.

We’re Australia’s first charity. We’re a not-for-profit and non-religious organisation and we’ve helped people, families and communities achieve positive change for 200 years.

Authors
The Resilience Practice Framework was developed in partnership by the Parenting Research Centre and The Benevolent Society. The Australian Centre for Child Protection and The Benevolent Society developed the guide Developing a safety plan.

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# Increasing safety

## Domains of resilience (resilience strings)
- Secure Base
- Education
- Social Competencies
- Positive Values

## Evidence informed practice

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## Reducing unwanted behaviours

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</tr>
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<td>Provide immediate praise and attention when child engages in alternative, desired behaviour</td>
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</tbody>
</table>
Time out | Exercise caution in deciding appropriateness of using time out, e.g. ensure there is adequate ‘time in’ before using this strategy

Select appropriate area, e.g. lacking visual stimulation for the child

Model the steps of ‘time out’ with caregiver

Introduce the concept of ‘time out’ with the child. Ensure the child is clear on process

After time out: Release the child with a clean slate from ‘time out’ once completed.

| Secure Base |
| Social Competencies |
| Positive Values |

### Prevention strategies: attending to physical safety

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<td>Outline risks or concerns to safety</td>
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<td>Set clear, measurable safety goals</td>
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<th>Supervising children</th>
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<td>Ensure children are taught safety rules</td>
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<th>Basic child health</th>
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<td>Designing checklists and task analyses for child health care skills</td>
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<td>Assess parent child health care knowledge and skills</td>
</tr>
<tr>
<td>Provide parent training to improve knowledge and skills. This can be applied to include: identifying the symptoms of common childhood illness; recognising when children are ill/injured; implementing timely medical intervention and seeking appropriate care.</td>
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### Increasing social connections

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<th>(Child) (Adult) Strengthening and extending connections between family, school; community network</th>
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<tr>
<td></td>
<td>1. Review existing connections, e.g. contacts for play, advice giving</td>
</tr>
<tr>
<td></td>
<td>2. Identify supports that are missing or need to be strengthened</td>
</tr>
<tr>
<td></td>
<td>3. Create an action plan to strengthen social supports.</td>
</tr>
</tbody>
</table>

- Secure Base
  - Positive Values
  - Friendships
  - Social Competencies
  - Education
increasing safety

address immediate safety issues. It is a collaborative process undertaken in families where children are kept safe from abuse/neglect and family violence, are provided stable and secure housing which is hygienic and free from hazards, and receive adequate physical care including nutrition, hygiene and health care (Iannos & Antcliff, 2013). Children’s emotional safety is another critical dimension of safety, and is achieved through positive relationships with a primary caregiver and increased connectedness to places and friends, siblings, and other significant adults in their lives. Practitioners working with children and families must attend to all dimensions of safety to ensure they are actively planning and promoting positive outcomes for children.

Safety planning
Developing a Safety Plan is an effective practice element for increasing safety in families where there are multiple risk factors such as abuse and neglect (De Panfilis, 2006; Turnell & Edwards 1999). The purpose of a Safety Plan is to help parents think about how to minimise the impact of situations that pose risk, and to plan what they will do in the event of an unsafe situation. A Safety Plan is also used to help parents to think about their own and their children’s safety, and can refer to any aspect of physical, social, emotional, financial and psychological safety. Developing a Safety Plan needs to be a collaborative process undertaken by the worker and family together to address immediate safety issues. It may also be used to set goals for the types of strategies that families and practitioners may address together (Iannos & Antcliff, 2013). The process engages the family; identifies safety concerns; acknowledges family strengths; sets safety goals and reviews progress to maintain safety. Once safety is increased, practitioners can build on family strengths and enhance supports in other areas of the child’s life.

Social support
Engaging children and families in emotionally and physically safe environments and linking them with positive community networks is essential in promoting positive outcomes for children. Having a range of social supports, including the presence of at least one caring adult, is a core component related to positive outcomes for children (Brooks, 1994; Koroloff, Friesen, Reilly & Rinkin, 1996). For example, a strong relationship with a parent, mentor or other supportive figure has been associated with improved school readiness in pre-school aged children from low-income families (Oliver & Smith, 2000); reduced substance use and school truancy among at-risk adolescents (Grossman & Tierney, 1998); and improved mental health outcomes in adults exposed to abuse or neglect as children (Werner & Johnston, 1998). Moreover, one of the most common resources children themselves report accessing during challenging circumstances are informal support persons such as members of the extended family, peers, neighbours, or role models (Schaefier, Stolbach, Tashman, Acosta & Weist, 2001; Werner, 1993). It is critical therefore that in developing strategies to promote children’s resilience, practitioners are aware of, and value, a child and family’s existing support systems. When there is an identified need for additional support, a network of extended family members, friends, teachers, and community groups and agencies can be developed and strengthened around the child. Helping a child create a Social Connections Map that builds connections and draws on informal assistance is one strategy that has been shown to improve child wellbeing, and is a strategy that will be described in greater detail within this guide.

Teaching parents positive discipline strategies
The presence of a supportive caregiver provides direct assistance to children by creating strong, positive relationships, and a sense of safety through setting firm boundaries and consistent discipline. However, parents may find it difficult to use positive parenting

What the research tells us

Children’s safety should be considered as one of the most important factors for those working with vulnerable children and families. Increasing safety is a core outcome identified by a resilience-led approach (Daniel, Burgess & Antcliff, 2011). Safety can refer to the provision of physical safety in the environment, and includes nutrition, hygiene and health care (Iannos & Antcliff, 2013). Children’s emotional safety is another critical dimension of safety, and is achieved through positive relationships with a primary caregiver and increased connectedness to places and friends, siblings, and other significant adults in their lives. Practitioners working with children and families must attend to all dimensions of safety to ensure they are actively planning and promoting positive outcomes for children.

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strategies when they are stressed, and may use interaction styles that are characterised by harsher forms of discipline (e.g. yelling or smacking) when angry or irritable, depressed, fatigued, and stressed. Although physical discipline such as smacking may immediately reduce or stop an undesirable behaviour, its effectiveness decreases with subsequent use, and risks escalating into more severe forms of physical force. For example, research into outcomes associated with physical punishment conducted by Larzelere (1996) found spanking children under the age of 18 months was associated with increased chance of physical injury. Spanking was also found to be a less effective strategy than time-out or removal of privileges for reducing undesirable behaviour in children. Longer term outcomes associated with frequent physical punishment have been associated with increased aggression in pre-school and school children, and poorer quality of parent–child relationships (Gershoff, 2002). Hence, parents who are frequently stressed and irritable, and who report using smacking or other aggressive forms of discipline, will benefit from learning alternative discipline strategies.

As opposed to punishment, the goal of positive discipline is to help the child identify a negative behaviour and to correct and learn from the incident. Consistent discipline strategies help the child to understand the expectations and guidelines of what is expected, as well as the potential consequences of their behaviours. Subsequently, the child is more likely to select appropriate behaviours in similar situations (Reyno & McGrath, 2005). Obtaining the input of children in setting rules and consequences that affect their lives at home and at school is another effective discipline strategy, as children are more likely to follow through with guidelines they have selected themselves. Taken together, evidence suggests firm and consistent discipline strategies are associated with a range of positive child, parent and family outcomes; including a reduction in the use of parenting practices that are harsh, punitive, or that may result in childhood injury (Gershoff, 2002). As children respond to the nature of consistent discipline, the need for frequent negative interactions decreases, and the quality of the relationship improves for both parents and children.

This guide is designed to assist practitioners to provide parents with knowledge and skills that will assist them to employ safe and effective discipline strategies, develop safety plans to protect children from harm, and build on existing sources of support to create healthy social connections around the child and family.

**Teaching skills to increase children’s safety**

The next section will outline critical practices that practitioners can use to promote children’s safety, stability and development. The strategies are designed to encourage practitioners to focus not only on keeping children physically safe, but also consider the child’s family context and community and social supports that act as protective factors in children’s lives. The strategies encompass all dimensions of safety, including:

- providing physical safety and protection from harm
- adequate physical care
- emotional support through stable connections within the family and community network.
Tangible rewards

<table>
<thead>
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<th>WHO</th>
<th>WHERE</th>
<th>HOW</th>
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<tbody>
<tr>
<td>Toddler; pre-school; school-aged child</td>
<td>Agency, home setting</td>
<td>Practitioner led, one-on-one parent support</td>
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</table>

A reward is a consequence of good behaviour. It’s a way of saying ‘well done’ after the child has done something good or behaved well. It could be a treat, a surprise or an extra privilege. Rewards can make praise and encouragement more effective in encouraging good behaviour. Most behaviour is influenced by the consequences that follow it, so when caregivers reward a child’s behaviour, the behaviour is more likely to happen again in the future.

Outcomes
- Increased positive and prosocial behaviour
- Increased child acquisition of new skills such as staying next to the trolley when shopping or putting all the toys in a box when asked
- Decreased use of verbal or abusive disciplinary practices.

How you do it:

**STEP 1: Provide rationale**

Children and adults behave according to the pleasure principle: behaviour that’s rewarding continues; behaviour that’s unrewarding ceases. Granting privileges and rewards are discipline tools to set limits and get jobs done.

**Involve the children in choosing rewards**

For example:
- “If you could have 10 minutes of free play on my phone or the computer, which one would you like to choose?”
- “If you could go somewhere with a friend, where would you like to go?”
- “If you get seven stickers on your chart, what toy would you like to get?”

**Structured approach: Reward charts**

Reward charts work well for children aged 3–8 years. Reward charts can be used when a child needs to work on changing her behaviour. The child can collect stickers or tokens for the chart each time she behaves in the desired way. She then swaps the stickers for a reward, or rewards, later on.

**Provide rationale to parent**

For example:
- “Reward charts work because they are interactive and fun. Children can see their progress and participate in the daily steps toward the reward. The chart stands out as a testimony of good behaviour for all to see. When your child tries hard to change his behaviour, a reward chart can show him when he’s done a really good job and keep him motivated. Reward charts can also help you to focus on the positives in your child’s behaviour. This might be helpful if you’ve become frustrated by your child’s behaviour and have been paying more attention to negative behaviour recently.”
STEP 2: Choose the behaviour you want to change or encourage

Encourage the parent to use clear and positive descriptions of the behaviour. Practise with the parent to watch and ensure they are being clear about the behaviour they want to see.

For example: “Pick up all the toys from your bedroom floor” is clearer and will be easier for the child to understand than “Tidy your bedroom”.

STEP 3: Set up a chart

Assist the parent by creating a chart for their child. You might refer to this chart as the ‘Catching your child being good’ chart. Older children might like to create their own chart, perhaps with a drawing or photo of the reward they’re trying to earn.

STEP 4: Choose short-term rewards

Most children start by liking the idea of collecting stickers or tokens, but the novelty can wear off quite quickly. When this happens, swapping the stickers or tokens for some short-term rewards can help them ‘keep their eyes on the main prize’. Let the child choose from a range of objects, events and activities—a family bike ride, special time with mum or dad, staying up late, a hired DVD, or buying a new book or small toy.

STEP 5: Phase out the reward chart once the target behaviour has been achieved

Teach the parent to gradually stop using the reward chart once the child’s behaviour has changed.

For example:

“Once your child is showing the behaviour you want to see consistently, you can slowly start spacing out the reward provided. So if Sally is getting a sticker each day for unstacking the dishwasher, this could be increased to one sticker every two days. But remember—this will need to be done purposefully and gradually. If you suddenly stop using a reward chart, Sally is likely to go back to the old behaviour.”

Helpful hints and tips:

- Sometimes parents worry that providing rewards for good behaviour is like ‘bribing a child’. Emphasise that a reward isn’t the same as bribing your child. The difference is that a bribe is given before the behaviour you want, and a reward is given after. Rewards reinforce good behaviour, but bribes don’t. For example, one reward might be that the child is allowed to choose what’s for dinner if she plays well with friends.
- Frequent, simple rewards keep motivation high. Stickers should be given immediately after the behaviour happens. Pair this with specific praise to remind the child why she’s getting the sticker or token. For example, “I really like the way you and Mia have been playing and sharing toys this morning. Here’s a star for your chart”.
- Older children might prefer to display their chart in a place that’s private—for example, their bedroom, instead of on the fridge. Decide which stickers or tokens to use—star stickers work well for younger children, whereas older kids might like points or other markers.
- For a toddler, use end-of-the-hour rewards; for the pre-schooler, end-of-the-day rewards; for the school-age child, end-of-the-week rewards. For younger children, rather than set a calendar time, refer to an event such as ‘dinner time’ or ‘after kindergarten’.
- Try to stay positive. If the child doesn’t earn a star, just move on. Also try to avoid punishing the child by saying, “I’ll take a star away”, or “You won’t get any stars if you keep that up!” Focus on encouraging the child to try again.

For free downloadable rewards charts:

Ladybug starchart: http://www.latitudes.org/behavior_charts/ladybug_chart.pdf
Frog starchart: http://www.latitudes.org/behavior_charts/frog_to_pond.pdf
Effective requests

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<tr>
<th>WHO</th>
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<tbody>
<tr>
<td>Parent/caregiver; pre-school, school-aged child</td>
<td>Agency, home setting</td>
<td>One-on-one caregiver training; practitioner modelling</td>
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When instructions are given well, they are more likely to be followed. There are a number of steps a caregiver can follow to improve their instruction giving.

**Outcomes**
- Increases child compliance
- Improves the caregiver’s use of effective and positive interaction skills
- Increases the quality of the caregiver–child relationship
- Reduces verbal and/or physical punishment

**How you do it:**

**STEP 1: Explain the rationale to the caregiver**

When instructions are given well, they are more likely to be followed. The sooner the child follows an instruction, the less likely it is that the caregiver will need to rely on consequences, discipline and punishment.

**STEP 2: Alert the caregiver to the parts of an effective instruction**

Clear and calm instructions work best. They are more likely to be followed if they are given in the following way:

- Decide what it is the caregiver wants the child to do.
- Be prepared to follow up the instruction with a consequence if your child chooses not to do as they’ve been asked. It may be helpful to brainstorm some ideas of logical consequences for non-compliance in advance.
- Get close – within an arm’s length.
- Get eye-contact, but don’t force it (contact moment before action moment).
- Use the child’s name to get their attention (central focus).
- Tell the child exactly what you want him to do.
- Give the child time to comply – 10 to 15 seconds is usually enough but it can be longer if the caregiver is ok with what the child is doing (active waiting). For example, you might ask the child to do something in the next commercial break, or when they’ve finished the page they are reading.
- Repeat the instruction once if you’re asking them to do something new or different. Don’t repeat it if it is an instruction to ‘stop’ a misbehaviour.
- Give your child praise if they did what you asked.
- Apply a back-up consequence that is age appropriate if they did not comply.
Helpful hints and tips:

- Using a calm tone of voice and polite manners are more likely to get a positive response from the child.
- Give an instruction, don’t ask a question. A question such as, “Could you go and have your bath now?” invites the child to say “No, I can’t, I’m busy playing.” It often helps to start the instruction with a verb, such as, ‘come’, ‘stay’, ‘walk’, ‘talk’, etc.
- Give one instruction at a time. Too many instructions can be overwhelming and confusing and can be harder to comply with. For example, telling a 4-year old: “It’s time for bed. I want you to put your textas away, pick up your papers, go upstairs, brush your teeth, put your pyjamas on, and then get a book for us to read” might be inappropriate because they will have difficulty remembering more than about two instructions.
- Remember to praise. Use descriptive praise to tell the child exactly what they’ve done that you like.
- Practise this skill with the caregiver. Give the caregiver an opportunity to practise what you’ve been talking about – but provide them with a model or demonstration of it first. This will lead to a higher level of success.
- It is useful to provide examples and to practise with the caregiver in at least three settings. For example, at home, at school, and in a community setting. Including a diverse range of situations increases the likelihood that the caregiver will be able to use the skills in new situations.
Creating effective child and family rules

**WHO**
Parent/caregiver; pre-school, school-aged child

**WHERE**
Agency, home setting

**HOW**
Practitioner led, one-on-one

Rules let everyone in the family know how to behave. They help children feel safe and provide structure and consistency to a child’s life that set them up for success at home and school. It is important to involve children as much as possible in the development of rules, because it helps them understand the principles behind the rules and accept the consequences when they break them. It can be helpful for parents to create (a) a set of family based rules that reflect their family’s values and beliefs, and (b) child-based rules that pertain to children’s safety and other important ways of behaving both inside and outside the home environment.

**Outcomes**
- Increased consistency in parent/caregiver response to child behaviour
- Increased child understanding of limits and expectations
- Decreased use of implementing physical punishment
- Increased positive child behaviour.

**How you do it:**

**Creating Effective Family Rules**

<table>
<thead>
<tr>
<th>STEP 1: Decide who is involved in making the rules</th>
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<tbody>
<tr>
<td>Involve children as much as possible in the development of family rules. Children as young as three years can have meaningful discussions with caregivers about what the rules are and why they’re needed. As children get older they can make more and more of a contribution to what the rules should be and what the consequences for breaking them will be.</td>
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<table>
<thead>
<tr>
<th>STEP 2: Decide what to make rules about</th>
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<tr>
<td>Together as a family, choose the most important things to make rules about. They might be known as ‘ground rules’ and apply across all situations. Rules might be based on family values and beliefs, for example:</td>
</tr>
<tr>
<td>• manners/politeness</td>
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<tr>
<td>• daily routines</td>
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<tr>
<td>• how family members treat each other</td>
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<tr>
<td>The last family rule should generally state that children need to do what they are asked to do.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>STEP 3: Phrase rules positively</th>
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<tr>
<td>Frame rules in a positive format wherever possible.</td>
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<tr>
<td>‘Do’ rules are preferable in most situations because they provide the child with an alternative, desirable behaviour rather than just what not to do.</td>
</tr>
<tr>
<td><strong>For example:</strong></td>
</tr>
<tr>
<td>“Walk inside/Sit down to eat/Say please and thank you”.</td>
</tr>
<tr>
<td>Use ‘Don’t’ rules when it is difficult to say exactly what to do instead. For example, “Don’t spit/Don’t swear”.</td>
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<tr>
<th>STEP 4: Write them down</th>
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<tr>
<td>Write rules in a way that is clear for all children to understand and place in a prominent position in the home. For example, use butchers paper and coloured pens or crayons to make a ‘Family Rules poster’ and place it in a highly visible place in the home, such as on the fridge.</td>
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**Creating Effective Rules For Children**

**STEP 1: Involve children in the development of rules**
As with family-based rules, children should be involved as much as possible in the development of creating rules and, depending on their age, contribute decisions about consequences for breaking rules.

**STEP 2: Create ‘ground rules’ and ‘situational rules’**
Ground rules apply everywhere, no matter what. Some ground rules might apply to the whole family (see Family Rules above), whereas others might apply just to younger children, or to teenagers. Rules about politeness and not hurting each other are examples of ground rules.

Situational rules can be helpful in specific situations, and may alert children to specific safety precautions or appropriate behaviours they need to remember in these instances. For example, you might have rules for:

- crossing the road
- using the computer
- travelling in the car
- going shopping
- visiting another person’s house

**STEP 3: Support children to follow safety rules**

- Parents need to constantly remind children of the rules, and do what they can to keep the home as safe as possible through effective supervision.*
- This is particularly important for young children who may forget, are inconsistent with their behaviour, and are easily distracted. For example, a pre-schooler might know the rule, ‘Look both ways before crossing the street’ but a young child may completely forget the rule if they are distracted by their ball bouncing over the front fence onto the road. Although school-age children are more aware of safety than younger children, they still forget safety rules occasionally.

*See also Supervising children, page 25.

**Helpful hints and tips:**

- Have a small number of rules (no more than five). Fewer rules ensure younger children are more likely to learn, and children and caregivers are more likely to remember them.
- Praise your children when they follow rules, especially when they do what’s expected of them without reminders.
- Use a consequence when children break a rule.
- Family rules will change as children develop. For example, as children get older, rules about privacy might become more important.
- Caregivers should be encouraged to engage children in rule formulation from an early age. For example, involve younger children in drawing or colouring in the ‘Family Rules Poster’ to create the opportunity to discuss and learn the rules. If children agree to the consequences in advance, they are much more likely to keep a level head when it’s time to follow through on them. When children reach their teenage years, agreement on a clear set of rules and consequences will help them develop self-discipline and autonomy.
Implementing natural and logical consequences

**WHO**
Parent/caregiver; pre-school, school-aged child

**WHERE**
Agency, home setting

**HOW**
Practitioner led, one-on-one

A good way of managing misbehaviour can be to let children experience the natural consequences of their own behaviour in order to learn that their actions have consequences. For example, a natural consequence of not following an instruction to come to the kitchen is that the child doesn’t get to eat the tasty snack that has been prepared for them. It is logical to impose a consequence that is related to the behaviour that is being discouraged. For example, when a child refuses to share her toy dolls with a playmate, she loses access to the dolls’ house for 15 minutes.

**Outcomes**
- Increases child compliance
- Reduces verbal and/or physical punishment
- Increases child’s ability to discriminate between acceptable and unacceptable behaviours
- Increases child’s internal sense of responsibility or conscience following reflection on behaviours.

**How you do it:**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>STEP 1: Provide rationale</strong></td>
<td>“Children must understand that there are consequences for their actions and that these consequences are neither harsh nor arbitrary. Experiencing the consequences of their choices is one of the most effective ways children can learn self-discipline. These lessons are likely to have a lasting impression because they come from real life. Most success in life depends on making wise choices. Being able to think ahead about the positive or negative consequences of an action and choose accordingly is a skill children must learn. Thus, whenever possible, consequences should be discussed with children in advance so that they can reflect upon the choices they are making.”</td>
</tr>
</tbody>
</table>
| **STEP 2: Provide information and examples** | 1. **Natural consequences**
Natural consequences follow from a child’s behaviour without requiring any enforcement on the part of parents.

Examples include:
- A child refuses to put her gloves on to play outside. After half an hour without wearing them, she feels cold and goes inside to put them on.
- An older child does not complete his homework. He has to explain to his teacher why he did not complete the task.
- A child forgets to put her dirty clothes in the laundry, and the clothes are not washed. She may not have her favourite jeans ready to wear.

2. **Logical consequences**
A logical consequence relates to a child’s misbehaviour in a logical way, for example:
- a bike that is left in the driveway is put away for the rest of the afternoon.
- a toy that is being fought over is put away for 10 minutes. |

**Practice considerations**
Natural consequences should not be used if they place a child in danger. The consequence of dangerous behaviour could be serious injury, the consequence of persistently avoiding schoolwork can be educational failure, and sometimes natural consequences can actually reward antisocial behaviour – for example, aggressive behaviour can be rewarded when a victim gives the aggressor what he wants. Parents should be aware of the situations where they may need to intervene to protect children from the natural consequences of their behaviour.
Planned ignoring

Planned ignoring is deliberately withholding attention from a child while they engage in a specific difficult behaviour. It means not looking at them, and not talking to them, while they behave in that particular way. The strategy is based on the fact that attention from another person can be a powerful motivator of human behaviour. Because humans have a need for social contact and connection, behaviour that attracts attention is more likely to occur again. It is important that caregivers use planned ignoring in a strict manner so that they don’t accidently reinforce behaviour, leading to a pattern where the child escalates their behaviour in order to gain their caregiver’s attention.

Cautionary note when teaching a parent planned ignoring

Establish the quality of the parent–child relationship: Planned ignoring is only successful when used in conjunction with positive attention and warmth towards the child. Planned ignoring is not a useful strategy to teach a parent who has limited, or overly critical/negative, interactions with their child.

Establish the purpose of the child’s behaviour: First, discuss the child’s behaviour with the parent in order to decide the purpose of the child’s behaviour. Planned ignoring is a useful strategy to use when it has been established that the purpose of the child’s behaviour is to get their caregiver’s attention. Planned ignoring will not be a useful strategy if this is not purpose of the behaviour. For example, not paying attention to the behaviour of a child with autism can be reinforcing for them.

Outcomes

- Decreased inappropriate behaviours
- Reduced verbal and/or physical punishment of inappropriate child behaviours
- Increased child ability to discriminate between acceptable and unacceptable behaviours.

How you do it:

<table>
<thead>
<tr>
<th>Caregivers can be encouraged to ignore a range of non-violent behaviours, including:</th>
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<tbody>
<tr>
<td>• Temper tantrums</td>
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<tr>
<td>• Stomping</td>
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<tr>
<td>• Whining</td>
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<tr>
<td>• Arguing</td>
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<tr>
<td>• Making silly noises</td>
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<tr>
<td>• Swearing</td>
</tr>
</tbody>
</table>

STEP 1: Provide rationale

- First, discuss the child’s behaviour with the parent in order to decide the purpose of the child’s behaviour.
- Planned ignoring is a useful strategy to use when it has been established that the purpose of the child’s behaviour is to get their caregiver’s attention.
**STEP 2: Avoid eye contact or other non verbal communication**

Do not look at the child or say anything while the behaviour is occurring. Subtle glances, smiles or even frowns can be rewarding.

**STEP 3: Avoid verbal communication**

Do not tell the child that they are being ignored, for example, by saying, “I am ignoring you!”

Caregivers may choose not to say anything at all when it comes to minor behaviours.

Another option is to explain to the child once that you will not respond when he behaves in a particular way. Then ignore the behaviour from then on whenever it happens, without saying anything further.

**STEP 4: Use alternative strategy if behaviour escalates to violent behaviour**

Behaviour that is dangerous to the child or that hurts others or damages property cannot be ignored. An alternative behaviour strategy such as loss of privileges or time out may be more appropriate.

For example, it may be more appropriate to use an alternative strategy such as time out for behaviours such as biting, hitting, pulling on the curtains, throwing things.

**STEP 5: Provide praise as soon as inappropriate behaviour stops**

Praise the child or pay attention to them as soon as they are acting appropriately. Caregivers often forget to do this. This is an important step because praising appropriate behaviour immediately teaches the child that if they want their caregiver’s attention then they need to behave appropriately.

---

**Helpful hints and tips:**

- Get agreement in the household about what behaviour will be ignored. For example, ensure that the partner, friends, and relatives are aware of the behaviour that is to be ignored so that they do not accidently reinforce the behaviour when in the presence of the child.

- Ensure that the behaviour the caregiver has chosen to ignore is something that is rewarded by their attention. For example, if the behaviour is something that is rewarded by siblings or friends, it won’t make any difference if it is ignored by caregivers.

- Note that behaviour often gets worse before it gets better. This is a phenomenon that is often observed when trying to modify a child’s behaviour. If the child is initially getting a lot of attention for a particular misbehaviour, then when that attention is taken away (i.e. when using planned ignoring), the child will try even harder to gain attention. This is known as the ‘extinction burst’. It is crucial that the caregiver ignores their child’s behaviour at this point. If the caregiver provides attention to the child when the behaviour gets worse, they will learn that they need to escalate their behaviour to more extreme levels to get attention.

- The only reason to pay attention to the child during the extinction burst is if their behaviour has escalated to the point where it is placing either the child or others in danger.

- Caregivers may be encouraged to get support for using planned ignoring and for ideas to help manage the extinction burst phase of a child’s behaviour. For example, distraction, such as phoning a friend, watching TV, some deep breathing exercises.
Time out

<table>
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<tr>
<th>WHO</th>
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<tbody>
<tr>
<td>Parent/caregiver</td>
<td>Agency, home setting</td>
<td>One-on-one caregiver training; practitioner modelling</td>
</tr>
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</table>

Time out is a non-hurtful and non-violent way to teach a child a lesson about unacceptable behaviours without overwhelming them with negative emotions associated with shame (yelling) or aggression (physical punishment). It involves the child being removed from reinforcement by having them go to a place that is apart from interesting activities, and other people, for a short period of time following high intensity or unacceptable behaviour. Time out should be used as a last resort when other strategies have been tried.

Cautionary note

Time out should only be taught to a parent or caregiver who also uses adequate ‘time in’ periods with the child.

Outcomes

- Increased positive child behaviour
- Reduced verbal and/or physical punishment
- Increased child ability to discriminate between acceptable and unacceptable behaviours
- Increased child internal sense of responsibility or conscience following reflection on behaviours.

How you do it:

**STEP 1: Choose a boring, but safe area**

- Do not send a child to their room if it has lots of toys and things to do in it as this will mean the child is not removed from positively reinforcing stimuli and will therefore not learn the consequences of misbehaviour.
- For example, set up a special chair, off in a corner, out of sight of the television but where the caregiver can keep an eye on the child.

**STEP 2: Practise the steps of time out with the caregiver**

- Model the steps of time out with the caregiver, such as tone of voice and staying calm when administering time out.
- Practise with the caregiver in the role as caregiver, and practitioner in role of the child to allow the caregiver to feel comfortable with the process of time out.
- When role playing the ‘child,’ gradually increase the level of difficulty for the caregiver so that they can practise coping with higher risk situations such as refusal to go to time out, and leaving time out.

Refer to Guide 6: Practitioner skills—Parent skills training for further details on teaching the steps of time out with the caregiver.

**STEP 3: Introduce time out to the child**

- Talk with the child about it in a positive way, at a time when she is not in trouble.
- Have the child practise the steps of time out.

For example, “Sarah, this time out space is a place to go and sit for a couple of minutes if you break a family rule, such as hitting or kicking.”
STEP 4: Provide warning for time out

Whenever possible, ensure that the child is given the opportunity to make a choice to change their unacceptable behaviour before sending them to time out.

For example, “Sarah, stop pinching your brother. You need to keep your hands and feet to yourself otherwise you will be going to time out.”

STEP 5: Direct child to time out

- Get the child’s attention and tell the child what they did wrong in a clear, level voice and direct them to go to time out.

For example, “Sarah, you didn’t keep your hands and feet to yourself and you kept hitting Sam. You need to go to time out for five minutes.”

- If the child does not go there, tell the child more time will be added.

- Time starts when the child is quiet.

STEP 6: Release the child from time out with a “clean slate”

- Let the child know that time out is finished.

- Allow them to return to activities without scolding the child or commenting on their previous behaviour.

- Watch for opportunities to praise appropriate behaviour as soon as possible after the child resumes activities.

Helpful hints and tips:

- A child should be in time out for one minute per year of age; for example, a seven year old child will be in time out for seven minutes.

- Use a kitchen timer that ticks and has a loud bell. Set it up where the child can see it, and let the child know that she has to sit in time out until the bell rings.

- If the child calls out, begin by ignoring them. If this does not work, inform them the timer will be reset. Reset the timer every time a child calls out.

- Avoid talking to your child or even looking at him or her very much.

- Stay calm and use an emotion-neutral facial expression and tone of voice when responding to a child during time out.

- Use loss of privileges for an older child who refuses to go to time out. Loss of privileges may also be a more appropriate strategy for a caregiver who is worried the child will become very violent while trying to get them to time out.
Developing a safety plan

Meaningful safety plans are a collaborative process undertaken by the family and worker together and focus on the fundamental question: What needs to happen to ensure the children will be safe in their own family? Safety plans should incorporate both risk and protective factors gathered during the assessment phase.

Outcomes
- Identify safety concerns in the family
- Acknowledge and utilise family’s strengths
- Set action based goals
- Provide parents with the opportunity to demonstrate they can provide an adequate level of safety, security and stability of care
- Prevent child from being removed from the family.

How you do it:

<table>
<thead>
<tr>
<th>WHO</th>
<th>WHERE</th>
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</thead>
<tbody>
<tr>
<td>Parent/caregiver</td>
<td>Agency, home setting</td>
<td>Practitioner led, one-on-one</td>
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</table>

**STEP 1: Engage the family**
Parents may be reluctant to engage due to negative past experiences with service providers. When establishing a trusting relationship, it is important to:
- approach the family in a non-judgemental way
- be respectful and courteous
- focus on building on the family’s strengths
- develop trust through sensitive and inclusive enquiry about the family’s circumstances
- focus on the children’s needs
- take a whole-of-family approach

**STEP 2: Identify safety concerns**
What are we worried about?
- Openly discuss and clearly define the safety concerns facing the family. Use simple language that the parents can understand.
- Collaboratively assess the family’s level of safety using a scale of 0 to 10 (where 0=very unsafe, child must be removed to 10=very safe/no further assistance required).
- Prioritise basic survival and safety needs first. Trying to tackle all the problems facing the family simultaneously can be overwhelming. Parents are unlikely to be able to focus on building the family relationships if they are still being exposed to domestic violence, cannot meet their children’s basic needs for food and stable accommodation, or cannot pay the bills.
- Once the family and worker are clear about the safety issues, this will make it easier to develop goals.
STEP 3: Acknowledge family strengths

What’s working well?
• Incorporate the family’s existing personal strengths and resources, and record these on the safety plan.
• Encourage and compliment positive things the family already does to create a safe environment and provide good care of the children.
• Parents will be more likely to openly discuss the safety issues and work collaboratively if their strengths are acknowledged and honoured.

STEP 4: Set safety goals

What needs to happen?
• Goals should be action-based and clearly describe the actions parents and workers must undertake in order to ensure the family’s safety.
• Goals should be SMART
  S PECIFIC – the family should know exactly what has to be done
  M EASURABLE – goals should be measurable, clear and understandable so everyone knows when they have been achieved
  A CHIEVABLE – family should be able to accomplish the goal in the agreed time period given their available resources
  R EALISTIC – family should have input and agreement in developing the goals
  T IME LIMITED – time frames to accomplish the goals should be based on understanding the family’s risks, strengths, ability and motivation to change and availability of services
• Goals should prioritise survival and safety problems first (e.g. removing family from violence, unsafe housing).

STEP 5: Review progress

• The safety plan is a dynamic document which must be co-created and owned by the family to be meaningful. It must be regularly reviewed to adapt to the family’s progress and changing circumstances.
• When reviewing the safety plan with the family it is important to consider:
  » What changes has the parent made?
  » Acknowledge and celebrate the family’s successes
  » What goals have yet to be attained?
  » What needs to be put in place (resources, services, people), by whom and by when in order for the parent to maintain safety, stability and security?
  » Does the parent have strategies to cope with a crisis? Are these included in the safety plan?
### Sample Safety Plan

When we think about the situation facing this family:

<table>
<thead>
<tr>
<th>What Are We Worried About?</th>
<th>What’s Working Well?</th>
<th>What Needs to Happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kylie’s ex-partner John has been violent towards her and Billy has witnessed the violence.</td>
<td>Kylie has separated from John and has taken out an AVO. Billy says he feels safer now that John is no longer living with them. Kylie recalls when she was taking her medication and seeing her psychiatrist she was coping better with Billy.</td>
<td>Kylie must call the police if John tries to make contact with her. Worker will help Kylie obtain emergency rent assistance. Kylie must be able to provide good care to Billy even when she is feeling sad. This means:</td>
</tr>
<tr>
<td>Kylie does not have enough money to pay the rent this month. Kylie has a history of depression which she calls “being sad” and has difficulty caring for Billy when she feels like this.</td>
<td></td>
<td>• Kylie will see her psychiatrist 1 x per week.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Kylie will start taking her medication again.</td>
</tr>
</tbody>
</table>

On a scale of 0–10 where:

- **10** = Everyone knows the children are safe enough for Child Protection to close the case/children can stay home.
- **0** = Things are so bad and unsafe for the children that they can’t live at home.

Where do we rate this situation?

0 Very Unsafe  
10 Very Safe

---


**References**


Injury prevention and child proofing

**WHO**  
Parent/caregiver

**WHERE**  
Agency, home setting

**HOW**  
Clinician directed performance based training

Decreasing the number of hazardous items around the house makes the home environment healthier and safer for children. Practitioners can teach parents to make such items inaccessible through education and by providing devices such as childproof latches which parents can place on cabinets and drawers that contain poisonous and hazardous items. The use of prevention strategies to reduce risk of harm in the environment should always be combined with parental strategies in the form of increased supervision, see *Supervising children*, page 25.

**Outcomes**
- Reduced child injury risk
- Fewer unintentional accidents
- Child’s increased feelings of safety and security.

**How you do it:**

<table>
<thead>
<tr>
<th><strong>STEP 1: Provide rationale to parent</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Discuss the importance of safe environments and describe a safe environment for all children. For example, you might say something like:</td>
</tr>
<tr>
<td>“Your child is gaining in confidence and probably wants to explore. Children in this age range are gaining many new skills and feel more and more independent. They may be curious, want to explore the world around them, and act without thinking. This can lead to dangerous situations. Each room and area of house contains potential hazards. Sometimes hazards are not obvious to the untrained eye, but children always find them. Examining the indoor and outdoor environments for safety hazards can help prevent unnecessary accidents. When we modify an environment for increased safety, we call it ‘childproofing’.”</td>
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<table>
<thead>
<tr>
<th><strong>STEP 2: Set a clear measurable goal for child proofing</strong></th>
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</thead>
<tbody>
<tr>
<td>For example, you might say something like:</td>
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<tr>
<td>“Today we are going to reduce the number of accessible hazards within eye-level of the tallest child aged five years or younger (within reach of child when standing on floor or reaching upwards).”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>STEP 3: Demonstrate child proofing strategies</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Commence training in a room of the house that has the greatest number of hazards.</td>
</tr>
<tr>
<td>• Demonstrate how a few hazards can be made inaccessible, for example, by installing a safety device to stop a child reaching the top of the stove and turning the pot handles during cooking.</td>
</tr>
</tbody>
</table>
STEP 4: Observe the parent practise child proofing strategies

- Provide the parent or caregiver with appropriate safety equipment (e.g. cabinet latches/ covers for exposed electrical outlets).
- After demonstrating how to manage a hazard, ask parents to identify and deal with other hazardous items using the safety equipment provided. For example, instruct them to place the childproof latches on cabinets and drawers that contain poisonous and hazardous items.
- Provide any corrections or feedback and, if necessary, demonstrate the process correctly again.

STEP 5: Follow up

- Subsequent home visits and training sessions should begin with a review of the room with the most hazards.
- Provide feedback on the improvement in the room.
- If necessary, provide coaching on removing remaining hazards (Step 3 and 4).

Some examples of skills strategies you might choose to practise with the parent:

- Putting hazardous items out of reach of children
- Fastening child resistant latches on drawers and windows
- Locking up hazardous items

Helpful hints and tips:

- Know all applicable safety practices such as always checking water temperature, keeping hot food and liquids out of reach.
- Use checklists to conduct safety checks of outdoor areas, indoor areas, first aid kits, etc. on a scheduled basis. Some features need to be checked daily, others weekly or monthly.
- Encourage parents to participate in conducting the checks and in the planning of ways to deal with hazards.
- Reinforce the need for supervision in addition to maintaining a safe environment. Childproofing a room does not make that room 100 per cent safe. Childproofing does not replace supervision, it enhances it. (See also Supervising children, page 25).
Supervising children

<table>
<thead>
<tr>
<th>WHO</th>
<th>WHERE</th>
<th>HOW</th>
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<tbody>
<tr>
<td>Parent/caregiver; preschool; school-aged child</td>
<td>Agency, home setting</td>
<td>Practitioner led, one-on-one modelling and performance based training</td>
</tr>
</tbody>
</table>

It is important for children to know that the adults in their lives are looking after them. Being appropriately supervised supports feelings of security, and ensures children seek help when they need it. Knowing that adults are interested in what they are doing and their wellbeing also supports appropriate and desirable behaviour. Properly supervising children is also vital to assuring safety in the home and other settings. Effective supervision will ensure parents provide a safe place for children, which in some cases may prevent an incident that leads to injury.

Outcomes

- Prevention of accidents that can lead to injury
- Increased child feelings of security and sense of protection from adults
- Increased parental awareness of safety issues in the home and outdoor environment.

How you do it:

**STEP 1: Provide rationale**

Emphasise that effective supervision is the most important thing a parent can do to prevent injury and keep children safe. You might say something like:

“Baby-proofing and childproofing might make you think of a place where babies and children can never get hurt. The reality is that children can still have tumbles and falls. While older children may be familiar with rules about safety, they still forget safety rules occasionally. The key to keeping children safe is supervision as well as a safe environment. Your child will be safest if you accept that childproofing is always a work in progress—as your child grows and learns to climb and open things, you need to keep an eye out for new hazards.”

**STEP 2: Ensure you teach children safety rules**

Encourage parents to ensure that children are clear about the rules and guidelines about safety around the home, as well as areas outside the home such as the playground or when crossing the road. For example, you might say something like: “Some supervision issues can arise simply because children aren’t clear about the rules. Have children been involved in setting rules about safety? They are more likely to stick to them if they feel some ownership of them.”

See also Creating effective child and family rules, page 13.

**STEP 3: Ensure the home environment is safe**

Ensure furnishings are arranged where you can easily see the children and be sure that the furniture is not taller than the children. Ensure that parents:

- Stabilise equipment or furniture so it will not be knocked over by the children.
- Keep second-storey windows locked or shield them with secure screens so children can’t fall out. Remove chairs and pot plants that can be used to climb on. Block off access to balcony areas.
- Avoid storing detergents, paint thinners and other hazardous liquids in empty soft drink or juice bottles that children may confuse with something they can drink.

See also Injury prevention and child proofing, page 23, for more information on helping a parent make the home safe.
STEP 4: Supervision while playing

In the home:
• Encourage parents to ensure that whenever sitting or standing they are positioned so that they can easily see each child.

Around water:
• Parents should always stay with children when in or near the water, and keep an eye on children at all times even if they are able to swim. Drowning can take less than a minute and is silent.
• Suggest that the parent creates rules for swimming safely. For example, “Never go into the pool without telling me”.

STEP 5: Supervision during meals

To ensure that children are safe at the meal table and are properly supervised, it is vital for the caregiver to sit at the table with the children. A few more mealtime supervision tips:
• Have paper towels available on the table, in the event of a spill.
• Keep wipes nearby to clean the children’s faces and hands after mealtime.
• Have clean-up buckets or other garbage items readily available.
• Discuss health and safety rules ahead of time and remind children during meals as needed.

HELPFUL HINTS AND TIPS:

• Eye contact is very important in preventing inappropriate behaviour, such as climbing on a bookshelf or throwing a toy. Young children often look at an adult just before they participate in inappropriate behaviour.
• Older children who know the expected behaviour may avoid inappropriate actions if they know that adults are looking. However, younger children may engage in inappropriate play even when you are looking.
• The chance of a playground injury is greater for pre-school and school-aged children, because they’re still developing body strength and judgment skills. Falls are the most common injury—it is important children are supervised at all times in the playground.
• Although school-aged children are more aware of safety than younger children, they still forget safety rules occasionally. Caregivers need to remind children of the rules, and do what they can to keep the home as safe as possible.
• Ensure that there are a number of interesting, enjoyable and appropriate things for children to do. Not having enough equipment, requiring a higher level of sharing than children are capable of, or having a limited range of activities can lead to boredom, which may result in the need for greater supervision.

FOR FURTHER INFORMATION, SEE ALSO:

Raising children network: Safety for babies, toddlers, pre-schoolers and school-aged children, at www.raisingchildren.net.au
KidSafe: various resources and fact sheets for child safety, at www.kidsafe.com
Basic child health care

**WHO**
Parent/caregiver; infant, toddler, pre-school, school-aged child

**WHERE**
Agency, home setting

**HOW**
Practitioner led, one-on-one modelling and performance based training

This guide is designed to assist the practitioner to teach parents skills necessary to identify symptoms of child illness and provide necessary treatment. Recognising signs of illness in a baby or a young child is important, as illness can progress more quickly in young kids than in adults. It is particularly important for families to learn about recognising and treating symptoms early and correctly, as lack of care may increase the likelihood that medical conditions go undetected and become more serious. There are a number of symptoms families can look for to help them figure out when their infant’s or child’s illness might be minor and when it might be more serious. Once a parent is aware how to recognise a childhood illness, they should be provided with skills to monitor symptoms and provide treatment as needed.

**Note:**
For a full list of common symptoms and illnesses parents should be aware of, see websites provided at the end of this guide.

**Outcomes**
- Prevention of complications from untreated health conditions
- Reduced risk of health problems that can adversely affect future health and development
- Improved parental ability to identify the symptoms of common childhood illness
- Improved parental ability to implement timely medical intervention and seek appropriate care.

**How you do it:**

**STEP 1: Create a checklist or task analysis of the basic child health care skill you are assessing**

Before you begin working with a parent on improving basic child health care skills, you will need to precisely describe the critical components of the parenting skills you want the parent to be able to demonstrate. To do this, you will need to create a checklist or task analysis. Not only does this allow for accurate measurement of a parent’s current level of skill, but it also provides an accurate measurement of a parent’s learning over time. In this way they can be used to highlight a parent’s strengths as well as to indicate areas for further development. The critical aspects of designing your own checklist are outlined below. For a more detailed outline of how to prepare a checklist, see *Guide 6: Practitioner skills—Writing your own checklists and task analyses.*

- Define the overall objective of the task or skill you are assessing in specific, measurable terms. For example, the skill “takes a toddler’s temperature” could be defined as “the parent uses a thermometer to safely take a toddler’s temperature to determine if the child is unwell”.
- Research the skill using appropriate sources for your information. Give preference to well-established practices, based on valid sources of information. Ideally the information should be based on research findings from published or peer reviewed sources.
- List the major components or steps of the skill in the order in which they need to be performed to achieve the overall skill.
STEP 2: Provide rationale to parent

For example:
“It’s important to know the signs that mean that families should make sure their infant or child is seen by a doctor. The more of these signs an infant or young child has, the more chance there is that the baby or young child has an illness that can become serious. There are a number of particular signs that families should look out for that may mean that a baby is ill, and that the baby needs to be seen by a doctor.”

STEP 3: Assess parent’s knowledge of child health care

Parent’s knowledge of child health care skills can be assessed in three ways. You will need to:

1. Directly observe those skills to see how much the parent already knows about treating illnesses.
2. If direct observation of the parent actually performing the skills with their own child is not possible, asking parents to demonstrate skills in role play can be a good alternative. For example, provide the parent with a role play scenario to find out what parents would normally do in certain situations. They should show you what they might do in a given situation, such as how they might administer taking their child’s temperature. An example of a scenario you might provide to a parent to assess this information is as follows:
   “Let’s pretend your 1-year old child has been cranky all afternoon. His nose has been running and you notice he has been sneezing. During the night, your child wakes up coughing and you notice he is very warm. Show me what you would normally do. . .”
3. Another way a parent can demonstrate their knowledge is through answering questions based on various scenarios about child health and wellbeing. You will need to consider scenarios and some key questions that will best help you obtain the parent’s knowledge about a particular area.
   For example:
   “If your child is overly sleepy or listless, what might that be a sign of?”
   “When you take your child’s temperature, what should a normal/healthy temperature be?”

Note the presence or absence of each skill and/or the degree of knowledge a parent demonstrates through their answers to your questions. Give the parent feedback about their performance during this step. Always start with identifying any steps the parent has identified correctly. Praise the parent for attempts to demonstrate skills or knowledge, as well as for success.

STEP 4: Teach skills

After you have provided feedback, select a part of the skill the parent has demonstrated lack of knowledge about or where they did not demonstrate the skill at all or correctly. Explain the information the parent did not provide; the steps the parent missed; or where the parent needs more practise. Provide the rationale for why learning this skill is important.

For example:
“Now we are going to learn some of the quickest ways to figure out how to help your child feel better.”

Each skill should be discussed and modelled for the parent. Where appropriate, parents should also be provided with written information about a particular scenario or illness. Discuss the information you have provided, and model the skill.

The parent should then be asked to practise the skill (either with a child, or with a doll where appropriate). After the parent has performed the skill, give feedback starting with descriptive praise for the steps that were demonstrated correctly.

For example:
“Good job on identifying a pain in the tummy that might need a trip to the doctor.”

Identify any missed steps and instruct the parent on how to perform them correctly.
STEP 5: The parent sets a goal for practice

Ask the parent to think of things they could do during the week that would help them to reach their goal. Encourage the parent to think of ways in which they could use one or two of the target skills taught within the session. Ask the parent to give specific examples of how, when, and where they will practise and use the skill. For example, the parent may agree to collect phone numbers of family members or friends who can assist with care giving should their child become sick, or arrange an appointment for their child’s health check-up in between home visiting sessions.

Types of skills you may teach parents

<table>
<thead>
<tr>
<th>Planning ahead and preventing illnesses:</th>
<th>Learning to recognise when your child is ill and providing care when your child is sick at home:</th>
<th>Learning when it is time to call the doctor or seek emergency treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>For example, names and phone numbers of people to assist with care giving when a child is ill, methods of infection control.</td>
<td>For example, administering medication, taking a pulse or temperature, comforting your sick child and activities for sick children.</td>
<td>For example, symptoms that require visiting hospital (shortness of breath, rapid heartbeat) versus symptoms that require calling a doctor (high fever, ear pain, rash).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommended health care supplies:</th>
<th>About nutrition:</th>
<th>Regular medical check-ups and immunisation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>For example, identifying current supplies parent has, discussing where the parent might obtain other medical supplies, providing appropriate medical supplies.</td>
<td>For example, basic food groups, discussing current diet and possible improvements to diet.</td>
<td>For example, current schedules the parent has, maintaining child’s health records.</td>
</tr>
</tbody>
</table>

For further information on specific child health symptoms and care, see:

Raising Children Network: A range of symptom guides, information and resources for parents to assist in health care of babies, toddlers, pre-schoolers and school-aged children, at www.raisingchildren.net.au

Better Health channel: various resources and fact sheets for child health, at www.betterhealth.vic.gov.au


Immunise: Current immunisation details www.immunise.health.gov.au

Baby Centre: Health care site (US) which includes symptom guides for infants, at www.babycentre.com
Helpful hints and tips:

- When providing reading materials to parents, ensure that the information is suited to the parent’s learning style and reading ability. Try to include resources that have pictures as well as written information.
- Families may want to make a list of emergency numbers to keep near the telephone or to put in their mobile phone. Below are some suggestions for numbers to include. Families may like to work with you on adding their own numbers to the list.

<table>
<thead>
<tr>
<th>Ambulance</th>
<th>000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poisons Information Centre (24-hours, Australia wide)</td>
<td>131 126</td>
</tr>
<tr>
<td>Health-Direct Australia (24 hrs a day, 7 days a week across New South Wales, the Australian Capital Territory, the Northern Territory, Tasmania, South Australia and Western Australia)</td>
<td>1800 022 222 (free call)</td>
</tr>
<tr>
<td>Children’s hospital</td>
<td></td>
</tr>
<tr>
<td>Family doctor</td>
<td></td>
</tr>
</tbody>
</table>
Social connections maps

Increasing a child or caregiver’s social connections can help them make use of resources that are already in place. Practitioners can also help caregivers and children to seek out connections with sources of support that may be protective. When working with a parent and child to create a Social Connections Map, you may explain to the caregiver that the map is one way that the two of you can share your experiences and your important relationships. It can also help your child find ways to feel closer to others. Reassure the caregiver/child that there is no right or wrong answer and that the person does not need to be artistically inclined to successfully complete the activity.

Outcomes
- Increased connections to positive relationships and community supports
- Strengthened connections within family and friendship circles
- Increased access to community resources
- Assists with recovery from traumatic events
- Prevention of maladaptive behaviours associated with traumatic events.

How you do it:

**STEP 1: Introduce rationale**

Provide the rationale for strengthening healthy social connections by explaining that this activity will help the person see the ‘big picture’ of people and resources they are connected to. One of the goals is to help adults identify people they may not have thought of, or have not wanted to reach out to, for support. People may not reach out for support because:
- they are afraid of “burdening” others with their problems. Older children may also be afraid of “burdening” their parents.
- they feel too busy, overwhelmed, or resist taking on other people’s burdens
- they live in a new place, either temporarily or permanently
- they don’t know where to start

For example:
“Today, you are going to map out your most important social connections and relationships. This will help you to see the ‘big picture’ of people or resources you are connected to and what those connections mean to you. For instance, you can think of all your relationships as your social ‘atom’ or social ‘solar system’. The idea is that you are at the centre of the atom or solar system and all your social connections are revolving around you at different times and at different distances”.

<table>
<thead>
<tr>
<th>WHO</th>
<th>WHERE</th>
<th>HOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/caregiver; pre-school aged child, school-aged child</td>
<td>Agency, home setting</td>
<td>Practitioner led, one-on-one</td>
</tr>
</tbody>
</table>
STEP 2: Explain how the map will work

Explain that there are three steps to the activity.
1. To identify who is currently in your network
2. To consider who you want to seek out
3. To identify how to improve your existing relationships

Decide on who will write or draw (i.e. practitioner or caregiver/child).

For example:
“There is no right or wrong way to do this; it is your map and your story of your important social network. You do not have to be an artist to do this. In fact, if you do not want to draw out your map we can “talk out” your map and I will make notes or make a list or draw it for you, with your permission. When you are finished with your map it belongs to you and will not be shown to anyone without your permission.”

STEP 3: Draw the map

Draw the social connections map using the diagram on the worksheet (see attached), and have the person place their name in the centre of the circle. Next, encourage them to write in the names of people who are currently a close source of support, working from close family/community members and friends, and gradually building outwards to include groups and organisations.

For example:
“Priority should go to people who are most important and readily accessible at the moment. Start with people in your community and then add people who you mainly communicate with by phone, text or email. You can put in individuals, groups or organisations if you’d like.”

STEP 4: Review the map

Part A. Identify current supports
Use the questions provided in the table to assist the person to further define the level of support on the map and identify what sort of support/people are missing. For example, “Are there different people in your life who can provide support with feelings, emotions or problems versus those who you can go to for fun social interactions? Let’s use the table to help us identify those people”.

• “Who are your most important connections right now?”
• “Who can you share your experiences or feelings with?”
• “Who can you get advice from to help you with problems?”
• “Who do you want to spend time with socially in the next couple of weeks?”
• “Who might be able to help you with practical tasks (errands, paperwork, making an appointment to see a GP)?”
• “Who might need your help or support right now?”

Part B. Identify what supports are missing
Once the person has identified who is currently available and how he/she uses these supports, identify what is missing or who is not currently accessible.

For example:
“Sometimes we need additional supports that help us get through challenging times or we want to reconnect with those we have lost contact with. On this part of the worksheet, let’s identify what is missing or needs to be changed in your network”.
The questions below are examples of prompts you might use to probe about what is needed to improve the parent/child’s current social connections:

- “Are there different types of supports that are missing (e.g. someone to listen to you, to help you with advice, help with the additional responsibilities, to do things socially)?”
- “Are there loved ones or friends who you are not currently connected with but want to be?”
- “Who do you want to spend more time with?”
- “Who do you want to spend less time with?”
- “Are there some relationships that need improving?”
- “Are their ways you want to help others?”
- “Do you want to increase your social activities or give to others by joining a community group?”

Example (Adult)
1. “I used to do swimming at the local council swimming pool and I’d really like to start that up again.”
2. “It would be good to retrain and get a qualification to be able to have a job.”

Step 5: Make a social support Action Plan to increase social connections

Once you have identified areas to strengthen the parent/child’s social connections, identify one area to change and make a plan on how the parent/child can make these changes in the next couple of days or weeks. The following is a helpful way of planning for this:

Example (Adult Support Plan)
1. Swimming group – “The community pool has a pensioner fee. I’m going to put away three dollars a week so I can go to the pool. I can go to the pool on Tuesday mornings when the kids are at preschool/child care.”
2. Retraining – “On the next home visit, we can use (the practitioner’s phone) to contact the local TAFE to see what courses are on offer and ask them to send an information pack out.”

Example (Child Support Plan)

<table>
<thead>
<tr>
<th>Person</th>
<th>Type of support (What I like about spending time with them)</th>
<th>What I’d like to happen? Best way to get more support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jesse (e.g. child’s uncle/aunt or family friend)</td>
<td>I can talk to Jesse about anything that’s bothering me</td>
<td>Tell Mum how much I like seeing Jesse. Get Jesse’s number. I know if I get upset I can call him/her</td>
</tr>
<tr>
<td>My friend at footy, Jim</td>
<td>We like having a kick of the footy together</td>
<td>Ask mum if Jim can come over after school, or I could go to Jim’s.</td>
</tr>
<tr>
<td>Mrs Watson (teacher)</td>
<td>She’s good at explaining things to me.</td>
<td>When I don’t understand something we have learnt at school, I can go to her and ask her to help explain it again (e.g. after class). The next time I get upset about something that has happened at school, I can go to Mrs Watson and talk to her about it</td>
</tr>
</tbody>
</table>
**STEP 6: Review Social Connections Action Plan**

Follow-up with the parent/child by reviewing their experience in activating their social connections plan. It is important to determine whether the individual tried to activate the plan identified during the last meeting. Enquire about the outcome and effects of how the plan went. During the review, you should praise any efforts to activate the plan. The discussion should include three issues:

1. A brief review of the rationale for rebuilding healthy social connections (identified previously).
2. What happened when the parent/child tried the plan? (If the parent/child did not activate it, explore the reasons why, and consider re-assigning it). Did they not have the skills to perform the plan or did other barriers come up? Address these issues accordingly and modify the plan.
3. If the social connection plan is working well, consider taking on another area needing change to his/her social connections in the session. Ask the parent/child to make another plan and activate it outside the meeting time.

**Additional practice guidelines for social connections**

- In cases where child abuse has been disclosed, ascertain whether there is a protection order or restrictions on the contact with person(s) who perpetrated abuse.

- Children are interested in family relationships. Suggest the parent show their child old family photos. Encourage him or her to ask a grandparent questions about when they were young, or save birthday cards from relatives in a special box. Allow as much special time with grandparents as possible. If they live far away, they can keep in frequent contact via the telephone, email or webcam. Suggest that parents create opportunities for cousins to have time together. If the child does not have accessible extended family members, a network of close friends can be a good substitute.

- Individuals who have been extremely stressed or isolated may have forgotten who is in their network. Gently probing who they have relied on in the past might help them to expand their map. Some suggestions may be:
  - Significant others – closest loved ones, friends, co-workers
  - Clergy (if appropriate)
  - Therapist-Healer
  - Teachers and mentors
  - Coaches
  - Community agencies and individual providers (e.g. social services, Meals-on-Wheels, Hospice)
Social Connections Map–Child

Note for caregivers:
Making a Social Connections Map with your child is one way that the two of you can share your experiences and your important relationships. It can also help your child find ways to feel closer to others.

What is good about connecting with other people?
- Feeling like someone else “gets you”
- Feeling like you fit in and belong
- Feeling needed and wanted
- Feeling like you are NOT alone
- Building up your confidence to handle problems
- Getting good advice when things are hard

Make a Social Connections Map
Write your name in the centre of the circle, and then write in the names of others you see connected to you.
Start off by thinking about people who live close by; people that you can see pretty often. After you add a few names, add in the names of friends and family who live farther away. Maybe there are some people you don’t see much but talk to on the phone or online.
Add as many lines as you need to draw your map.
Review your map

<table>
<thead>
<tr>
<th>Who do you like to play with?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who can you talk about your feelings with?</td>
</tr>
<tr>
<td>Who can give you advice or help you with problems?</td>
</tr>
<tr>
<td>Who can help you with things like chores or homework?</td>
</tr>
<tr>
<td>Who do you want to help feel better?</td>
</tr>
</tbody>
</table>

Is there anything you wish you could change?

Try to come up with a plan about what you are going to do. Make a note if you will need an adult’s help. (For example, you might need to be driven somewhere.) Don’t worry about getting it exactly right—you can always change your plan later.

What’s my plan?

<table>
<thead>
<tr>
<th>Person</th>
<th>Type of support I get from this person (what I like about spending time with them)</th>
<th>What I’d like to happen? Best way to get more support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>
Social Connections Map – Adolescents and Adults

Making a map like this can help if you need additional support, different kinds of support or you just want to be more connected with your community.

**Step 1: Developing your map**

Write your name in the centre of the circle.

Next, write in the names of family, friends, professionals, organisations—even pets—that are part of your network. Add as many lines as you need.
## Step 2: Review Social Connections Map

### Part A:
Different people and relationships provide different types of support.

Take a look at the map you’ve made and try answering the following questions.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who are your most important connections right now?</td>
<td></td>
</tr>
<tr>
<td>Who can you share your experiences or feelings with?</td>
<td></td>
</tr>
<tr>
<td>Who can you get advice from to help you with problems?</td>
<td></td>
</tr>
<tr>
<td>Who do you want to spend time with socially in the next couple of weeks?</td>
<td></td>
</tr>
<tr>
<td>Who might be able to help you with practical tasks (errands, paperwork, homework)?</td>
<td></td>
</tr>
<tr>
<td>What interest or support groups are available in your community?</td>
<td></td>
</tr>
<tr>
<td>Who might need your help or support right now?</td>
<td></td>
</tr>
</tbody>
</table>

Remember, you can add people who live close to you, but also those you might contact by phone or online.

### Part B:
Let’s find **who or what is missing, or what needs to be changed** in your map.

**Write down some things you would like to change.** It can be helpful to ask yourself questions like:

- “Are there types of supports that are missing?”
- “Are there other loved ones or friends I wish I was more connected to?”
- “Who would I like to spend more or less time with?”
- “Are there some relationships I want to improve?”
- “Do I want to help others, but don’t know how to go about doing it?”
- “Do I want to be more social by joining a community group?”

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
### Step 3: Make a Social Support Plan

**Now come up with a concrete plan** about what you are going to do and when you will do it.

What are some simple things you can do first?

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

**Next, put your plan into action!** Don’t worry too much if it feels awkward at first or doesn’t go as smoothly as you thought.

Remember, you can review this sheet and your map later and adjust your plan as needed.

**Check in:**

- What went well?

- Barriers

- New plan or next steps
References


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