



Research Request – Expected abilities / challenges for children <5

Note: will require revision if sharing at legal hearing

Counsel’s position “All parents of children of these ages face challenges, and that raising children of these age ranges is a challenging stage of life and what every family faces.”

1) What are the expected abilities / challenges for children for each stage up to the age of 5:

- Babies 3 – 12 months
- Toddlers 1 – 3 years
- Pre-schoolers 3 – 5 years

In the following areas:

Brief

- Toileting
- Feeding
- Eating (inc fussy eaters, eating problems)
- Dressing
- Behaviours (i.e. tantrums, self-management)
- Sleep/Bedtime
- Multiple children (i.e. demand on parents time)
- Parental Exhaustion (including resources that are recommended to support parents)

2) They have also requested information related to the above about the expected ease of access to and use of double prams for parents with multiple young children.

Date 30/09/19

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Summary

The information collated below details the typical development stages and behaviours for children up to age five. It also examines expected challenges that children and their families may experience during this 0-5 development phase.

The Raising Children website defines development as: **the changes in a child's physical growth, as well as their ability to learn the social, emotional, behaviour, thinking and communication skills they need for life. All of these areas are linked, and each depends on and influences the others¹.**

The majority of information below is taken from the raisingchildren.net.au website, which provides free, reliable, up-to-date and independent information to help Australians families. It is funded by the Australian Government, reviewed by experts and is non-commercial, so it can be considered a reliable source. Health information is also taken from healthdirect.gov.au, which is an Australian government funded service, providing quality, approved health information and advice.

These websites both highlight that all babies, toddlers and children grow and develop at different rates. The Raising Children website identifies the following key points about child development for ages 0-5 years:

- Development is how the child grows physically and emotionally and learns to communicate, think and socialise.
- In the first five years of life, the child's brain develops more and faster than at any other time in his life.
- The parent relationship with the child is one of the most important influences on the child's learning and development.
- In the early years, the child's main way of learning and developing is through play².

For each age bracket, development milestones for toileting, feeding, eating, dressing, behaviours and sleep/bedtime have been listed.

Babies 3 – 12 months

Toileting

Young babies can wee many times a day. Having lots of wet nappies is a good sign – it shows that a child is well hydrated. The wetting will happen less as the baby gets older, but it might still happen at least 6-8 times a day. Pooing anywhere between three times a day and three times a week is normal. Generally, a child will need up to 12 nappies changed a day for a newborn and 6-8 a day for a toddler³.

Feeding

It is recommended that a mother breastfeed exclusively until the baby starts solid foods at around 6 months and keeps breastfeeding until at least 12 months. A baby needs only small amounts of food for the first few months of solids, and breastmilk is still a baby's main source of nutrition. Once a

¹ <https://raisingchildren.net.au/newborns/development/understanding-development/development-first-five-years>.

² Ibid.

³ <https://raisingchildren.net.au/newborns/health-daily-care/poos-wees-nappies/nappies>

parent introduces solids, it's best for the baby if breastfeeding continues along with giving the baby solids until they are at least 12 months old⁴.

In the early days, babies typically need to feed every 2-4 hours. Most babies establish a manageable pattern of demand feeding over the first few weeks of life. They learn to do most of their feeds during the day and have fewer at night⁵.

Eating

Many children are fussy eaters. Fussy eating is normal, but it can be hard to handle. Most of the time fussy eating isn't about food – it's often about children wanting to be independent. Children's appetites are affected by their growth cycles. Even babies have changing appetites.

At 1-6 years, it's common for children to be really hungry one day and picky the next⁶.

Dressing

Once a child reaches about 12 months old, they will be very energetic and might not want to stay still long enough even to put a nappy on, let alone several layers of clothes⁷.

At one year children can usually:

- hold their arms out for sleeves and put their feet up for shoes
- push their arms through sleeves and legs through pants
- pull socks and shoes off⁸.

Behaviours

The Raising Children Website identifies the following common behaviour concerns for babies 3-12 months:

- Fear of strangers
 - Fear of strangers is normal and common. It can start at around eight months and usually passes by around two years⁹.
- Separation anxiety
 - Separation anxiety is a normal part of development from about eight months of age¹⁰.
- Breath holding
 - Children might hold their breath when they're upset or hurt. They don't do it on purpose. Breath-holding spells usually end within 30-60 seconds¹¹.
- Fear of bath
 - Newborns might not like the feeling of being in the bath. Older babies and toddlers might be frightened of the bath¹².

⁴ <https://raisingchildren.net.au/babies/breastfeeding-bottle-feeding-solids/about-breastfeeding/breastmilk-breastfeeding-benefits>

⁵ <https://raisingchildren.net.au/babies/behaviour/common-concerns/can-you-spoil-a-baby>

⁶ <https://raisingchildren.net.au/toddlers/nutrition-fitness/common-concerns/fussy-eating>

⁷ <https://raisingchildren.net.au/babies/health-daily-care/dressing-babies/dressing-baby>

⁸ <https://raisingchildren.net.au/toddlers/development/understanding-development/development-first-five-years>

⁹ <https://raisingchildren.net.au/babies/behaviour/common-concerns/fear-of-strangers>

¹⁰ <https://raisingchildren.net.au/babies/behaviour/common-concerns/separation-anxiety>

¹¹ <https://raisingchildren.net.au/babies/behaviour/common-concerns/breath-holding>

¹² <https://raisingchildren.net.au/babies/behaviour/common-concerns/fear-of-the-bath>

- Biting, pinching and hair pulling
 - Babies bite, pinch and pull hair to work out cause and effect. Toddlers often do it to express feelings they don't have words for.¹³
 - Babies and toddlers might also pinch, bite or pull hair if they:
 - feel overwhelmed by too much noise, light or activity
 - need opportunities for more active play
 - feel overtired or hungry.
- Shyness
 - Some children are naturally shy. This means they're slow to warm up or uncomfortable in social situations¹⁴.
- Overstimulation
 - A stimulating environment to play in and explore helps a child to learn and grow. But sometimes too many activities add up to overstimulation, so downtime is important.
 - If a newborn or baby is overstimulated, they might:
 - be cranky or tired
 - cry more
 - seem upset or turn her head away from you
 - move in a jerky way
 - clench her fists, wave her arms or kick.¹⁵

At 6-12 months, a baby starts to understand cause and effect and begins to have some control over their behaviour. This is a good time to start setting gentle limits to form the basis of teaching a child [positive behaviour](#) in the future¹⁶.

Sleep/Bedtime

Most babies under six months of age still need feeding and help to settle in the night.

6-12 months:

- As babies get older, they need less sleep.
- From about six months, most babies have their longest sleeps at night.
- Most babies are ready for bed between 6 pm and 8 pm. They usually take less than 30 minutes to get to sleep, but about 1 in 10 babies takes longer.
- At this age, most babies are still having 1-2 daytime naps. These naps usually last 1-2 hours. Some babies sleep longer, but up to a quarter of babies nap for less than an hour¹⁷.
- Most parents of babies under six months of age are still getting up in the night to feed and settle their babies. For many this keeps going after six months.

¹³ <https://raisingchildren.net.au/babies/behaviour/common-concerns/biting-pinching-hair-pulling>

¹⁴ <https://raisingchildren.net.au/babies/behaviour/common-concerns/shyness>

¹⁵ <https://raisingchildren.net.au/babies/behaviour/common-concerns/overstimulation>

¹⁶ <https://raisingchildren.net.au/babies/behaviour/understanding-behaviour/baby-behaviour-awareness>

¹⁷ <https://raisingchildren.net.au/babies/sleep/understanding-sleep/sleep-2-12-months>

- Some parents find that this is OK as long as they have enough support and they can catch up on sleep at other times. For others, getting up in the night over the long term has a serious effect on them and their family life.
- There's a strong link between baby sleep problems and symptoms of postnatal depression in women and also postnatal depression in men. But the link isn't there if parents of babies with sleep problems are getting enough sleep themselves¹⁸.

Toddlers 1 – 3 years

Toileting

A child might display signs that they are ready for toilet training from about **two years on**. Some children show signs of being ready as early as 18 months, and some might be older than two years.

The child will require assistance with timing, hygiene e.g. wiping, encouragement, reminding and dressing associated with toileting until they are able to self-manage.

Feeding

Weaning off breastfeeding is suitable for 1-4 years and it entirely dependent on the mother and child's preferences¹⁹.

Eating

For this age it is the parent's responsibility to monitor eating habits and encourage healthy eating.

Children's appetites are affected by their growth cycles. Even babies have changing appetites. At 1-6 years, it's common for children to be really hungry one day and picky the next²⁰.

Messy eating is normal when children are learning to feed themselves. It's natural for them to start by using their hands and fingers and then move on to cutlery, cups and plates. Over time, their muscles and coordination improve, and mealtimes become less messy²¹.

Dressing

At **two years** children can usually:

- take off unfastened coats
- take off shoes when the laces are untied
- help push down pants
- find armholes in t-shirts.

At **2½ years** children can usually:

- pull down pants with elastic waists
- try to put on socks
- put on front-buttoned shirts, without doing up buttons
- unbutton large buttons.

At **three years** children can usually:

¹⁸ <https://raisingchildren.net.au/babies/sleep/understanding-sleep/sleep-2-12-months>

¹⁹ <https://raisingchildren.net.au/toddlers/nutrition-fitness/common-concerns/weaning-older-children>

²⁰ <https://raisingchildren.net.au/toddlers/nutrition-fitness/common-concerns/fussy-eating>

²¹ <https://raisingchildren.net.au/toddlers/nutrition-fitness/common-concerns/messy-eating>

- put on t-shirts with little help
- put on shoes without fastening – they might put them on the wrong feet
- put on socks – they might have trouble getting their heels in the right place
- pull down pants by themselves
- zip and unzip without joining or separating zippers
- take off t-shirts without help
- button large front buttons²².

Behaviours

Tantrums

- Tantrums are very common in **children aged 1-3 years**. This is because children's social and emotional skills are only just starting to develop at this age. Children often don't have the words to express big emotions. They might be testing out their growing independence.
- So tantrums are one of the ways that young children express and manage feelings, and try to understand or change what's going on around them. **Older children** can have tantrums too. This can be because they haven't yet learned more appropriate ways to express or manage feelings.
- For both **toddlers and older children**, there are things that can make tantrums more likely to happen:
 - [Temperament](#) – this influences how quickly and strongly children react to things like frustrating events. Children who get upset easily might be more likely to have tantrums.
 - Stress, hunger, tiredness and overstimulation – these can make it harder for children to express and manage feelings and behaviour.
 - Situations that children just can't cope with – for example, a toddler might have trouble coping if an older child takes a toy away.
 - Strong emotions – worry, fear, shame and anger can be overwhelming for children²³.

Self-regulation

- Self-regulation is the ability to understand and manage behaviour and reactions. Children start developing it from around 12 months. As a child gets older, they will be more able to regulate their reactions and calm down when something upsetting happens, resulting in fewer tantrums.
- Toddlers can wait short times for food and toys. But toddlers might still snatch toys from other children if it's something they really want. And tantrums happen when toddlers struggle with regulating strong emotions²⁴.

Biting, pinching and hair pulling

- Toddlers might bite, pinch or pull hair because they're excited, angry, upset or hurt. Sometimes they behave this way because they don't have words to express these feelings.

²² <https://raisingchildren.net.au/toddlers/development/understanding-development/development-first-five-years>

²³ <https://raisingchildren.net.au/toddlers/behaviour/crying-tantrums/tantrums>

²⁴ <https://raisingchildren.net.au/preschoolers/behaviour/understanding-behaviour/self-regulation>

- Some toddlers might bite, pinch or pull hair because they've seen other children do it, or other children have done it to them²⁵

Fear of bath

- Older babies and toddlers might be afraid of the noise of the water draining or of slipping under the water. They might not like having their hair washed or getting water or soap in their eyes²⁶.

Over stimulation

- If a toddler or pre-schooler is overstimulated, they might:
 - seem tired, cranky and upset
 - cry and not be able to use words to describe feelings
 - throw themselves on the floor in tears or anger
 - tell you that they do not want to do a particular activity anymore
 - refuse to do simple things like putting on a seatbelt.

Lies

- Children can learn to tell lies from an early age, usually around three years of age²⁷.

Swearing

- Young children often swear because they're exploring language. They might be testing a new word, perhaps to understand its meaning²⁸.

Pestering

- Pestering is also common behaviour for 2 – 8 year olds and can sometimes lead to tantrums²⁹. There are effective parenting techniques to reduce pestering behaviours.

Sleep/Bedtime

- Toddlers need about 12-13 hours of sleep every 24 hours. That's usually 10-12 hours at night and 1-2 hours during the day.
- Common toddler sleep problems include having trouble settling to sleep and not wanting to stay in bed at bedtime. Other common toddler sleep problems are night terrors, teeth grinding and calling out after bed time³⁰.
- Less than 5% of two-year-olds wake three or more times overnight³¹.

²⁵ <https://raisingchildren.net.au/babies/behaviour/common-concerns/biting-pinching-hair-pulling>

²⁶ <https://raisingchildren.net.au/babies/behaviour/common-concerns/fear-of-the-bath>

²⁷ <https://raisingchildren.net.au/toddlers/behaviour/common-concerns/lies>

²⁸ <https://raisingchildren.net.au/toddlers/behaviour/common-concerns/swearing-toddlers-preschoolers>

²⁹ <https://raisingchildren.net.au/toddlers/behaviour/common-concerns/pester-power>

³⁰ <https://raisingchildren.net.au/toddlers/sleep/understanding-sleep/toddler-sleep>

³¹ <https://raisingchildren.net.au/school-age/sleep/understanding-sleep/about-sleep>

Pre-schoolers 3 – 5 years

Toileting

Often, children are 3-4 years old before they're dry at night. One in 5 five-year-olds and one in 10 six-year-olds still uses nappies overnight. And bedwetting is very common in school-age children³².

Faecal incontinence - All children achieve bowel control at their own rate. Faecal incontinence isn't generally considered a medical condition unless a child is at least four years old.

Pre-school age children need to be taught about personal hygiene for washing, drying and toileting.

Feeding

The Raising Children website states that it is up to the parent how long a mother continues to breastfeed. If a mother decides to breastfeed for longer, the baby will get added benefits like protection against infections in the toddler years³³.

Eating

The Raising Children website provides information about healthy nutrition and fitness choices for children and teaching health habits. Children of this age are able to decide if they are hungry and what they would like to eat, but still require parent's to provide health options and monitor undereating or overeating³⁴.

Dressing

At **four years** children can usually:

- take off t-shirts by themselves
- buckle shoes or belts
- connect jacket zippers and zip them up
- put on socks the right way
- put on shoes with little help
- know the front and back of clothing.

At **4½ years** children can usually:

- step into pants and pull them up
- thread belts through buckles.

At **five years** children can usually:

- dress without help or supervision
- put on t-shirts or jumpers the right way each time
- Tying up shoelaces is a skill that most five-year-olds are still learning³⁵.

Behaviours (continuation from 1-3 year old)

Self-regulation

³² <https://raisingchildren.net.au/preschoolers/health-daily-care/toileting/toilet-training-guide>

³³ <https://raisingchildren.net.au/babies/breastfeeding-bottle-feeding-solids/about-breastfeeding/breastmilk-breastfeeding-benefits>

³⁴ <https://raisingchildren.net.au/preschoolers/nutrition-fitness/healthy-eating-habits/healthy-eating-habits>

³⁵ <https://raisingchildren.net.au/preschoolers/health-daily-care/dressing/how-to-get-dressed>

- Children develop self-regulation through warm and responsive relationships. They also develop it by watching the adults around them.
- Self-regulation starts when children are babies. It develops most in the toddler and preschool years, but it also keeps developing right into adulthood.
- Pre-schoolers are starting to know how to play with other children and understand what's expected of them. For example, a pre-schooler might try to speak in a soft voice if you're at the movies.
- School-age children are getting better at controlling their own wants and needs, imagining others people's perspectives and seeing both sides of a situation. This means, for example, that they might be able to disagree with other children without having an argument³⁶.

Tantrums

- If a child has tantrums, it might help to know that this behaviour is still very common among children aged 18-36 months. Hang in there – tantrums tend to lessen after children turn four.

Habits and lying

- Lying is part of a child's development, and it often starts around three years of age. Children aged 4-6 years usually lie a bit more than children of other ages.

Anxiety

- Anxiety is a normal part of children's development, and pre-schoolers often fear being on their own and in the dark.
- Children may also experience separation anxiety and social anxiety and phobias³⁷.

Imaginary friend

- It is common for children to have an imaginary friend at this age. Make-believe mates grow out of healthy, active imaginations, give children a great way to express their feelings, and give children someone to practise social skills with³⁸.

Sleep/Bedtime

- Most pre-schoolers need 11-13 hours of sleep a night, and some still nap during the day.
- Pre-schoolers sometimes have sleep problems like getting out of bed, as well as nightmares and night terrors³⁹.
- It is a parent's responsibility to establish a sleep schedule and minimise factors that prevent sleep⁴⁰.

³⁶ <https://raisingchildren.net.au/preschoolers/behaviour/understanding-behaviour/self-regulation>

³⁷ <https://raisingchildren.net.au/preschoolers/health-daily-care>

³⁸ <https://raisingchildren.net.au/preschoolers/behaviour/understanding-behaviour/preschooler-behaviour>

³⁹ <https://raisingchildren.net.au/preschoolers/sleep/understanding-sleep/preschooler-sleep>

⁴⁰ Health Direct, 'Sleep tips for children', December 2017, <https://www.healthdirect.gov.au/sleep-tips-for-children>, accessed 1 October 2019.

Parenting and stress

Parental Exhaustion

Parental burnout is a specific syndrome resulting from enduring exposure to chronic parenting stress. It encompasses three dimensions: an overwhelming exhaustion related to one's parental role, an emotional distancing from one's children and a sense of ineffectiveness in one's parental role⁴¹.

Available information indicates that this is a relatively new area of research and the impacts of parental burnout have not been accurately measured. The research to date has mostly been measured by self-reporting about lived experience throughout a set period of time.

The Australian Institute of Family Studies have recently studied parenting efficacy, which is 'a parent's belief in their effectiveness as a parent'. This research has found a direct link between the parents perception of 'high parenting efficacy' with:

- 1) greatest level of community support
- 2) perceived financial status as being prosperous/very comfortable
- 3) high level of partner support; and
- 4) enough help from family and friends⁴².

The research concluded:

- "The importance of local community support, financial support, family and friend support, and marital support for parenting efficacy. Parents with greater local community support, positive financial status, strong social network and a supportive partner reported higher levels of parenting efficacy.
- Local community supports and resources, such as community-based parenting services, play an important role in building parenting efficacy and should be accessible for all parents. Local councils could provide information about these services through newsletters and advertisements.
- Interventions that focus on helping parents have better financial capacity and help in relieving financial pressures for them are also important. For instance, current policies such as paid maternity leave and family tax benefits should help parents cope with decreased income when they need to reduce working hours to perform parenting tasks.
- An important part of support interventions can involve assisting parents to develop new relationships with people in their social networks and to help them enlarge their social networks by making new friends. For example, local community activities such as "street parties" or activities at neighbourhood houses can be encouraged as parents are often able to meet other parents who can help them to make friends and enlarge their social networks.
- Strengthening parents' partnerships is an effective aspect of parenting efficacy, and interventions could increase marital support through developing co-parenting awareness and skills to better support each other. For example, postnatal parenting support groups, parenting workshops and telephone helplines could be beneficial to parents"⁴³.

⁴¹ Mikolajczak, M et al, 'Consequences of parental burnout: Its specific effect on child neglect and violence, Child Abuse and Neglect, vol. 80, June 2018, <<https://www.ncbi.nlm.nih.gov/pubmed/29604504>>, pp-134-145.

⁴² Yu, M, Parenting efficacy: How can service providers help?, Family Relationships Quarterly, No 19, Australian Institute of Family Studies, 2011, <https://aifs.gov.au/cfca/publications/family-relationships-quarterly-no-19/parenting-efficacy-how-can-service-providers-help>

⁴³ Ibid.

Financial and other impact of disabilities on family

The Australian Institute for Professional Counsellors state that:

- “Some family members, especially mothers, experience more stress and a change to their wellbeing than families who do not have children with disabilities. Time and emotional commitments associated with raising a child with high support needs are usual sources of this stress. Mothers and fathers benefit significantly, both financially and emotionally, from receiving additional informal and formal support. While access to formal support services is crucial to parents, mothers have also described emotional support as possibly the most helpful coping factor”⁴⁴.

Multiple children (i.e. demand on parents time)

A recent study from 2018 published in the Journal of Marriage and Family, titled ‘*Harried and Unhealthy? Parenthood, Time Pressure, and Mental Health*’, investigated the effects of first and second births on time pressure and mental health and how these vary with time since birth and parental responsibilities. It also examines whether time pressure mediates the relationship between parenthood and mental health.

The research found that:

- Children have a stronger effect on mothers' than fathers' experiences of time pressure. These differences are not moderated by changes in parental responsibilities or work time following births. The increased time pressure associated with second births explains mothers' worse mental health⁴⁵.
- Researchers expected the introduction of a second and subsequent children to increase the demand of the parents' role, while bringing less pressure and stress due to developed parenting skills gained from their first child. However, research revealed significant time pressure increases for both parents following the birth of their first child (with mothers showing substantially larger time pressures than fathers). The birth of their second child doubled time pressure for both parents, further widening the gap between mothers and fathers⁴⁶.

The impact of multiple and complex needs on a family

The Victorian Government Department of Human Services have published a document titled ‘Families with multiple and complex needs: best interests case practice model – Specialist practice resource’, which is a practice model for professionals for working with children and families. While it is framed in a child protection context, it offers information about the dynamics of families for complex needs.

Some key passages from the resource about parenting stress factors:

⁴⁴ The Australian institute of Counsellors, Trends and Statistics of the Contemporary Family, 2012, <https://www.aipc.net.au/articles/trends-and-statistics-of-the-contemporary-family/>

⁴⁵ Ruppner, L et al, ‘Harried and Unhealthy? Parenthood, Time Pressure, and Mental Health, Journal of Marriage and Family, 2018, National Council on Family Relations, <https://onlinelibrary.wiley.com/doi/abs/10.1111/jomf.12531>

⁴⁶ Gifford, BE, ‘research reveals having a second child worsens parental stress and mental health’, Happiful, December 2018, <https://happiful.com/research-reveals-having-a-second-child-worsens-parental-stress-and-mental-health/>

- The main challenges for parents experiencing multiple and complex needs are the capacity to care for their children and parent effectively.
- Parents are likely to be preoccupied by attempts to deal with and manage pressures, so they are not able to give parenting the attention needed or to parent effectively, and their parenting capacity becomes depleted or compromised.
- Their parenting may include disengaged, unresponsive, inappropriate, harsh, punitive or abusive responses to children. Couple relationships may be under extreme pressure and subsequently become conflict-ridden and unstable, and both couples and single parents may lack sufficient family and social supports.
- Parents' own poor experience of parenting and absence of good parenting models to replicate, may also affect their responses to children and parenting capacity. To make matters more complicated, family members may be experiencing the same stressors but they present with different reactions, behaviours and problems linked to those stressors and linked to each other's behaviour and problems.
- Over time, the stress, compounding difficulties and cumulative impacts mean that a family can struggle to function, experiencing periodic crises, intensification of individual and family relationship problems, role disintegration or family fragmentation.
- As family members become increasingly overwhelmed, the effect on individual functioning and on family dynamics can exacerbate contexts in which family violence, substance abuse, mental illness and child abuse occur or escalate⁴⁷.

Where can parents get help?

The Better Health Channel (Victoria) suggests parents can seek help from the following sources:

- Your doctor
- Your partner
- Family members and friends
- Parentline Tel. 132 289
- **Family Relationship Advice Line** Tel. 1800 050 321 Monday to Friday, 8am to 8pm, Saturday, 10am to 4pm
- This way up - an online **Coping with Stress** and an **Intro to Mindfulness course** developed by the Clinical Research Unit of Anxiety and Depression (CRUfAD) at St Vincent's Hospital, Sydney and University of New South Wales (UNSW) Faculty of Medicine.
- Maternal and child health nurse
- Your local community health centre
- Professionals such as counsellors⁴⁸.

Most state and territory health and family support agencies have this information readily available.

⁴⁷Victorian Government Department of Human Services, 'Families with multiple and complex needs: best interests case practice model – Specialist practice resource', 2012, <https://www.cpmanual.vic.gov.au/sites/default/files/Families%20with%20multiple%20%26%20complex%20needs%20specialist%20resource%203016%20.pdf>

⁴⁸ Better Health Channel, 'Parenting and Stress', 2014, <https://www.betterhealth.vic.gov.au/health/healthyiving/parenting-and-stress>

Double Prams

Overview

- Double prams/strollers are readily available for purchase throughout Australia. However it appears that the three leading department stores in Australia, Kmart, Target and BigW, whilst offering single prams and strollers and an array of other baby products, do not offer the double pram/trolley.
- Although the consumer has the ability to purchase direct from a store, the stores are limited in number and mainly located within major or inner to major cities.
- Online purchase choice to the consumer is considerable within top to high end ranges of types and prices.
- There is an abundance of price, type comparison, and safety standards and regulations information available to the consumer
- Prices vary considerably depending on the type of pram/stroller and additional add on accessories.
- None of the retailers sourced gave regulatory standards information for their products, either within their advertising, online product descriptions or websites.

Ease of purchase access and pricing

In 2018 Choice Australia advised that the price ranch for double prams/strollers range from \$150 to over \$2000, although research indicates this is higher.

A search of the internet indicates the following major retailers who sell double prams in Australia. The table below gives the retailer, purchase access, price range and whether or not the retailer indicates the products adherence to Australian standards/regulations.

Retailer	Online/In store Purchase?	Number of stores by state	Price Range (\$)	Regulations statement in product description or website
Baby Kingdom	In store and online	2 (NSW)	329-2570	No
Babyco	In store and online	1 (Victoria)	650	No
Baby Village	In store and online	1 (NSW)	630-2900	No
Baby Direct	In store and online	3 (Victoria)	270-2000	No
Baby & Toddler Town	In store and on line	1 NSW	263-1880	No
Baby Bunting	In store and on line	1 (Victoria)	339-999	No
Baby Barn Discounts	In store and on line	1 (Qld)	500-2000	No
Bubs & Grubs	On line only	0	320-1800	No

Retailer	Online/In store Purchase?	Number of stores by state	Price Range (\$)	Regulations statement in product description or website
Baby Junction	On line only	0	369-2400	No
Baby Warehouse	In store and on line	1 (Victoria)	679-999	No
The Baby Gallery	On line only	0	700-2800	No
Baby Train	In store and online	2 (Victoria)	999-999	No

Availability of quality information

Choice, Australia's leading consumer advocacy group suggests that there are three main types of prams or strollers for those needing one set of wheels for two kids:

1. Side-by-side
2. Tandem
3. Single-seaters with a toddler seat attached ⁴⁹

The group also gives information on the pros and cons of each type and has tested double prams with the [test results available on their website](#), indicating that their tests often go above and beyond the minimum safety requirements set by standards and regulations, and so have only recommend a few of the strollers we review.

A search of the internet concerning advice and comparison information by type of pram/stroller, indicated that there is a great deal of information available to the buyer to make an informed purchase decision.

None of the retailer websites sourced give an indication in the product summary or elsewhere on their website, as to a product meeting Australian standards or regulations.

Below are several organisations with links to their website, who offer purchase, safety and regulation type advice and information:

- [Kidspot](#)
- [Choice](#)
- [Lifestyle Queensland](#)
- [HealthDirect](#)
- [Babyology](#)
- [Redsbaby](#)

⁴⁹ Choice, Double Trouble, [website], 2018, <https://www.choice.com.au/babies-and-kids/baby-transport/strollers-and-tricycles/buying-guides/double-strollers>, accessed September 30, 2019

Standards and Regulations

The Australian New Zealand Standard AS/NZS 2088:2000 requires prams and strollers sold in Australia comply with provisions for:

- safety restraints
- brakes
- tether straps
- safety labelling
- testing procedures.⁵⁰

The ACCC has completed a review on the mandatory safety standards for prams and strollers and is currently preparing advice to the Minister. The mandatory standard prescribes requirements for the performance testing, design, construction, safety warnings and labels of prams and strollers.⁵¹

Public transport departments also offer guidelines for safety of prams and strollers whilst using public transport, such as [Kidsafe NSW](#), [Public Transport Victoria](#) and [NSW Transport](#).

⁵⁰ NSW Government, Fair Trading: Baby Products, [website], 2019, <https://www.fairtrading.nsw.gov.au/buying-products-and-services/product-and-service-safety/childrens-products/baby-products>, accessed September 30 2019.

⁵¹ ACCC, Product Safety Australia: Prams & Strollers, [website], 2019, <https://www.productsafety.gov.au/standards/prams-strollers>, accessed September 30 2019.

Reference List

- Australian Competition and Consumers Commission, Product Safety Australia: Prams & Strollers, [website], 2019, <https://www.productsafety.gov.au/standards/prams-strollers>, accessed September 30 2019.
- Better Health Channel, 'Parenting and Stress', 2014, <https://www.betterhealth.vic.gov.au/health/healthyliving/parenting-and-stress>
- Choice, Double Trouble, [website], 2018, <https://www.choice.com.au/babies-and-kids/baby-transport/strollers-and-tricycles/buying-guides/double-strollers>, accessed September 30, 2019
- Gifford, BE, 'research reveals having a second child worsens parental stress and mental health', Happiful, December 2018, <https://happiful.com/research-reveals-having-a-second-child-worsens-parental-stress-and-mental-health/>
- Health Direct, 'Sleep tips for children', December 2017, <https://www.healthdirect.gov.au/sleep-tips-for-children>, accessed 1 October 2019.
- Mikolajczak, M et al, 'Consequences of parental burnout: Its specific effect on child neglect and violence', Child Abuse and Neglect, vol. 80, June 2018, <<https://www.ncbi.nlm.nih.gov/pubmed/29604504>>, pp-134-145.
- Multiple Raising Children web pages – as hyperlinked in footnotes.
- NSW Government, Fair Trading: Baby Products, [website], 2019, <https://www.fairtrading.nsw.gov.au/buying-products-and-services/product-and-service-safety/childrens-products/baby-products>, accessed September 30 2019.
- Ruppanner, L et al, 'Harried and Unhealthy? Parenthood, Time Pressure, and Mental Health', Journal of Marriage and Family, 2018, National Council on Family Relations, <https://onlinelibrary.wiley.com/doi/abs/10.1111/jomf.12531>
- The Australian institute of Counsellors, Trends and Statistics of the Contemporary Family, 2012, <https://www.aipc.net.au/articles/trends-and-statistics-of-the-contemporary-family/>
- Victorian Government Department of Human Services, 'Families with multiple and complex needs: best interests case practice model – Specialist practice resource', 2012, <https://www.cpmanual.vic.gov.au/sites/default/files/Families%20with%20multiple%20%26%20complex%20needs%20specialist%20resource%203016%20.pdf>
- Yu, M, Parenting efficacy: How can service providers help?, Family Relationships Quarterly, No 19, Australian Institute of Family Studies, 2011, <https://aifs.gov.au/cfca/publications/family-relationships-quarterly-no-19/parenting-efficacy-how-can-service-providers-help>