



The First Five Years

Solihull Approach Leaflet Pack

For professionals who work with children aged 0-5 years and their parents and carers



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Assessment Form

Family worker _____ Date _____

Child's name _____ Sex _____ DoB _____

Family composition _____ Position in family _____

Nursery/day care _____

Parents' perception of the difficulty and expectations of the child:

Parents' perception of normal behaviour:

Parents' previous and current management of difficulty, e.g. praise, punishment, coercion:

Child's medical/social/emotional history

1. Pregnancy, birth history, birthweight, early childhood. What were the pregnancy and birth like?
How was the very early mother and baby relationship?
How did the mother feel when she first met her baby?

10. Do the parents understand the developmental norms of behaviour and the emotional development of the child?

11. What does the mother/father think about the child generally?

12. Do you think that the child is using his/her behaviour to express distress or anger?

13. Do the parents have their own issues around management of the difficulty?

14. What are the parents' views of family life?

15. What are the parents' goals for improvement?

If you would like to see further questions related to specific issues, please see the relevant section in Part 5.

Leaflet for parents The role of the health visitor

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Health visitors are qualified nurses with additional qualifications. They aim to promote physical, emotional and social wellbeing with both individuals and the population as a whole and are central to improving public health.

Health visitors have a strong emphasis on working with families before and after their babies are born and they continue to work with children in their early years. This can help to prevent difficulties or identify problems early on and provide additional support as needed.

A health visitor can be contacted through your local GP surgery, child health clinic or health centre.

“The seeds of many difficulties in adulthood are sown in early childhood”



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Health visitors work in partnership with people, with the aim of empowering individuals, families and communities to improve their own emotional, physical and social health.

Many health visitors have special interests and additional qualifications such as Healthy Heart, smoking cessation, postnatal depression, men's health, domestic violence and family planning.

Health visitors work in various ways, some examples are listed below.

Individual and family work

Provide an individual family health plan in partnership with families

Support parents antenatally to prepare both emotionally and physically for their new baby

Work with parents to enable them to provide better health for children, increased achievement in school and to improve self-esteem in both children and parents

Support and encourage positive parenting styles

Work more intensively with families who require extra support

Provide support to mothers with emotional health difficulties, such as postnatal depression

Group work

Offer health education groups such as 'quit smoking groups', exercise groups and parentcraft classes

Facilitate groups that encourage the relationship between baby/child and parents e.g. baby massage groups, antenatal and postnatal groups, parenting support groups and breastfeeding support

Work with communities

Assess and address health needs of communities through profiling local information relating to health needs

Encourage contact with other support networks within the community e.g. Sure Start, Children's Centres, local voluntary and community groups

Work with community health improvement projects to help reduce health inequalities, for example 'walk to health' programme, access to healthy foods, 'walking school bus'

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Leaflet for parents Your feelings during pregnancy

The thought of becoming a parent can produce very mixed feelings. It is not uncommon to feel a whole range of emotions from joy and excitement to fear and panic. Making a decision to have a baby may be an individual choice or could involve other people.

It is not unusual to look forward to the birth of your baby whilst at the same time finding it difficult to adjust to your new role as a parent. The feeling of having another person wholly dependent on you for all their needs may be a frightening prospect. However, becoming a mother may feel a very natural experience, some women may actually feel a true sense of identity for the first time when they become a mother. These feelings may also be experienced by fathers.

Feelings can also change at different times in your during your pregnancy. You might sometimes feel close to your baby and at other times you may be preoccupied with how having a baby will affect you. These are some of the feelings that parents have expressed and as you can see they are varied.



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It may be helpful to think about who will be able to offer you emotional support as well as the practical support you may need both now and after your baby is born. There are many people who can help you think about your feelings in becoming a parent. These might include your family and friends, your midwife or your health visitor.

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How parents feel about their baby may be different for individual parents. There may be experiences that you have had that it would be helpful to talk about and this can begin while you are pregnant. Your midwife or health visitor will be available to talk about any concerns you might have.

Getting to know your baby can begin when you are pregnant. As your baby grows inside you may feel you are gradually able to get to know him or her. You will be able to recognise when your baby is very active or asleep. You may notice they have a rhythm to their waking and resting. You may begin to recognise different parts of your baby's body and how they move at different times. Your midwife or health visitor may be able to help you with this.

While you are pregnant your baby will hear your voice and babies can recognise their mother's voice and other voices that they hear frequently before and after they are born. Talking to your baby while you are pregnant is not as silly as it might at first seem.

Beginning to have a relationship with your baby is often talked about once a baby is born. However, your relationship starts sometimes from before your baby is conceived and can become stronger as it grows inside of you. As with all relationships it needs to be nurtured and the foundations for your relationship with your baby can be laid long before they are born.

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Leaflet for parents

Fathers getting involved and staying involved

Becoming a dad can feel like one of the best things to happen in your whole life. But it can also feel quite daunting and a big responsibility.

A father's role is a complicated one – your responsibilities increase, your relationship with your partner changes from being an exclusive couple to a new three-way relationship, in which you may feel temporarily excluded. As well as being a proud new father, feelings of resentment and jealousy can sometimes arise in the most unexpected ways. When you meet your new baby, you may also feel a bit vulnerable yourself and this can be both confusing and difficult to understand and manage.

This leaflet will explain exactly why you are such an important person in your child's life.

Tips for helping during and after the pregnancy

During the pregnancy, your partner may be feeling tired and uncomfortable as well as excited and anxious about the forthcoming new arrival. Expectant fathers can sometimes feel a bit left out of all the attention at this time, but your role as a supportive partner is essential. It could be helpful for both of you to attend the antenatal classes so that you can plan and be as prepared as possible together.

Some women get the baby blues or even feel quite traumatised by the birth. So do some men. Seeing your partner give birth can be pretty scary in lots of ways, whether there was a need for medical intervention or not. It is quite normal to find yourself re-living the experience afterwards. If this happens you might find it helpful to talk it over with someone, just tell them the story from start to finish, but make sure you let someone know that that's what you need to do – they are not likely to ask about the birth in detail unless you tell them.

In the first few weeks, and even months, after your baby's birth, your partner's mind is likely to be especially preoccupied with the needs of your baby, sometimes to the exclusion of all other people, housework and even herself. The more involved you can be in even the most basic of ways will be greatly appreciated, including: helping with the housework, shopping, changing nappies, feeding your baby, boosting your partners self-esteem and ensuring that she has some time to herself now and again. The more involved you are the more benefit there will be not only to your relationship as a couple, but in helping you and your baby to build your own close and secure relationship.

If your partner has been breastfeeding your baby, weaning can sometimes be a complicated time – it may feel like a relief to her in that she has more time to herself, or a time of loss and grief for the special closeness that the two of them shared together in this way. Some mums can feel guilty about the decision to wean, especially if your baby is reluctant to do so. If your baby decides to begin the weaning process first, as some babies do, your partner may perceive this as a rejection, feeling that she is no longer as needed.

As well as becoming more involved at feeding times, you may need to help your partner and your baby to manage some of the more difficult feelings they might be experiencing about this change. The loss of this particular kind of closeness however, can then allow for you, and any brothers or sisters to feel more included.

As you will be aware, it is well documented that smoking is harmful for babies – you, your partner and any visitors should not smoke in the same room as your baby.

Building a relationship

Try to build a relationship from the start with your baby, don't isolate yourself even if you feel a bit left out at first. Being an equal partner in your child's upbringing will be rewarding and beneficial to you and your family as a whole.

Mums have a head start with getting to know the baby during pregnancy. It can sometimes take time for dads to catch up to feeling as close to their baby.

You and your partner

You can help your partner enormously, and therefore your baby, by listening to her worries and feelings and helping her think them through. There is nothing like children (and lack of sleep!) to make everything feel overwhelming and when this happens YOU become your partner's most valuable resource – being a listening ear will be invaluable to her at these times.



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Having said that, having a baby is bound to change your relationship with your partner in some way, and it will probably take time to adjust to each other in your new roles as Mum and Dad. Communication is important.

KEEP TALKING TO EACH OTHER!

Also give it time. There may be times when you can only think of each other as your child's other parent. But after a while it will become easier to see each other as partners, or husband and wife, as well. It is important for your children that you look after your own relationship too, so see if you can find ways to spend one-to-one time together. Think about who you would trust to baby-sit or be creative about having a 'night out' at home!

Play – Valuing the big kid in you!

Many dads are naturally good at playing with their children, so muck in and have fun. In fact research has shown that fathers who play with their children as often as they can, help their children to learn (e.g. turn-taking, problem-solving, how to build relationships, and skills that will help them at school).

When you play with your child you will help him or her to explore their own strengths. You will get to know your child and it will strengthen the bond between you.

Being a role-model

Children learn from their fathers about men in general. With your guidance, and without you necessarily realising it, your child will pick up ideas about what it means to be a man, such as how a man might handle emotions, deal with relationships, manage conflict etc. and this may well be different from the way women, initially mums, tend to handle things. This is another reason why you are such an important person in your child's life. So think about setting a positive example. If you don't want your child to swear, for example, don't swear. If you don't want them to be aggressive, give them an alternative by modelling a non-aggressive behaviour yourself when you are frustrated.

Understanding and thinking about your own upbringing may help you to decide how you want to be as a parent yourself. You may want to consider how your past experience as a child affects the way you are as a parent. Think about what parts of your own experience you would like to pass on to your child? What part would you rather leave out?

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Children need boundaries (or rules) in order to feel that someone is in control and the world is therefore safe. Sometimes fathers will take a more active role in providing the discipline. Remember discipline does not have to be harsh, in fact the calmer you are the more assertive you will sound. If you feel too sorry for your child however you may be tempted to give in, and if this happens often things will be harder for you (and your child) later on. Again reflecting on your own experiences as a child may help you to find a good balance between your 'head' and your 'heart' in matters of discipline.

You are likely to feel frustrated with your baby or young child from time to time. Children can sometimes push us to the end of our tether, particularly if we are feeling tired and overwhelmed. At these times avoid screaming at them, and never shake or hit them. It might be a good idea to think ahead of positive things you can do when you feel frustrated, such as doing some exercise, offering to go to the shops (to get you out of the house!), letting your partner know you need some time out, spending time doing 'normal' stuff with a mate, counting to ten even, or simply talking about how you feel.

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Leaflet for parents

Primary visit

This leaflet is linked to the first contact with your health visitor and explains more about how important you are in helping your baby to develop. It also explains a bit more about how your health visitor can work with you to improve any difficulties you may come across.

At the new birth visit you will probably find that quite a lot of time is spent talking through how you and your partner felt about the whole birth experience. Becoming a parent can bring back feelings of how you were parented yourself and you might need some time to think about that. You might also be wondering how your existing children will react to their new brother or sister, or even how your relationship with your partner might change as the result of your new arrival. Your health visitor will be available if you need to talk through any of these issues. A new addition to the family can be a very tiring, frustrating, puzzling, exciting, rewarding and wonderful time!

Understanding your baby's experiences and feelings, knowing what he/she can already do can make things easier. We already know that babies are born wanting to communicate and they are instinctively drawn towards human face shapes even though their vision is not yet very clear. Because they do not have words yet they will communicate in a different way through looks, cries, yawns, smiles and body movements, so it can be difficult sometimes trying to work out what all these things mean.

We know that good experiences will help a baby's brain to develop. These good experiences can be practical ones – like regularly giving her food when she is hungry, or having her nappy changed when she is dirty, or emotional ones – like having a cuddle when perhaps she feels lonely, bored or tired. Lots of talking with her when she is calm and seems 'ready' will help with her speech and thinking skills. This is one of the first ways your baby learns to 'take turns' and it will help her to become a good communicator, as she gets older.

You might feel sometimes that your instinct is telling you what your baby needs because you feel 'in tune' with her. Other times you might not feel this at all and that both you and your baby are misreading each other's signals. This could be due to lots of different reasons, but illness or stress might be possible causes, and this could be a time when having someone to talk to, such as your health visitor, might help.

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At these times when you feel things are not quite right your health visitor will be interested in your feelings and thoughts, but may also encourage you to think of your baby's experience and feelings about the situation too. Lots of recent scientific research has shown us that like us even tiny babies have lots of different feelings and that they are capable of experiencing anger, fear and even feeling stressed. Unfortunately when babies live in continually stressful environments where either their physical or emotional needs are not met, this can get in the way of their learning and their development.

Health visitors often work with families to try to find the best way forward together if difficulties arise. Often past experiences can have an affect on how individuals think about a given situation. Talking these through, however unrelated they may seem at the time, can help to make things more understandable. Usually we can think more clearly then and the situation appears more manageable. We can all recognise how relieved we feel when we have sorted a problem out that has been bothering us for some time. We generally feel calmer and more relaxed emotionally. Feeling well emotionally can have a big effect on how we feel physically so it is an important part of our overall health.

Good emotional health is really important for babies and children too. Recent research has shown that children who share positive early experiences with their parents develop increased resilience for dealing with later stressful events. Part of this process is a result of the parents showing a willingness to try to see things from the baby's point of view. Another benefit is that it can also improve the child's learning potential. On a more practical level, parents may also find that this approach presents a more realistic and rewarding experience of parenthood.

We hope you have found this leaflet useful. Your health visitor's contact details are in the front of your Parent Child Health Record as well as noted below. Although you have probably already agreed an individual contact plan, please remember that most health visiting services are accessible to all family members experiencing any type of issue affecting their health, whatever their age.

Your health visitor is

Based at Clinic

Telephone number

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Leaflet for parents **Your eight month old**

This leaflet is intended to help you understand some of the stages of development your eight month old has and will reach over the next few months.



The first year of a baby's life is crucial. During the first eight months you will have seen the most rapid development that will ever occur in your baby's life. It has probably been a busy and fascinating time but with some anxious and tiring moments too.

Your baby will be more aware of his environment and be taking a more active part in his relationship with others. The relationship you have with your baby will be shaping his development as he learns to adapt to the world around him, from this comes a growing independence. Your baby will have been working hard to understand his environment and your relationship with him, along with needing to be understood. By being consistently available for your baby you have helped him to learn to trust you. He has also learnt to feel safe and this will help him to start to learn the meaning of different sights, sounds, smells, tastes and touch.

If you have any concerns or worries about any aspect of your baby's development your health visitor will be pleased to discuss this with you. These concerns may include sleeping, eating, speech, general behaviour or development.

Essential child development: emotional and physical

The first three years of a child's life is a crucial period of rapid brain development. The human and environmental interactions that he receives during this time are just two of the components that can affect his capacity to realise his full potential in life.

It is important to bear in mind the following points:

1. Children develop at different rates from each other, but go through the different developmental stages, usually in the same order.
2. Each child develops in his or her own unique way depending on personality, how he or she is managed and family background.
3. Children develop in their minds, bodies and feelings. A delay in one area can result in a delay in another.

Understanding the stages of development

- This can help us to accept behaviour that is normal for each stage of a child's development.
- Children's behaviour can be seen as progression from one stage to the next, rather than as naughty or wrong.

Eight month old babies

Emotional milestones	Physical development
<p>Show anxiety about strangers</p> <p>Become more clingy to care giver</p> <p>Aware of object permanence and may become distressed when carer leaves the room</p> <p>Likes to engage adults using speech sounds</p> <p>Enjoys taking their turn in a 'conversation'</p> <p>Likes babbling sounds to be repeated back to them</p> <p>Uses many forms of communication e.g. facial expressions, laughing, squeals, cries to make feelings known</p> <p>Able to think about what they want to do and then do it e.g. reach for a ball that has rolled away</p> <p>Awareness develops of what happens when you do something e.g. when I press this a ball appears</p> <p>Can show fear and sadness as well as pleasure, joy, anger and distress</p> <p>Starts to throw body back in protest</p>	<p>Can sit unsupported</p> <p>Reaches for toys in front and to side</p> <p>Attempts to crawl</p> <p>Picks up small object between finger and thumb</p> <p>Looks for fallen toy and toys hidden</p> <p>May still startle to sudden and loud noises and movements</p> <p>Knows and turns to own name</p> <p>Babbles repetitive sounds e.g. mama, dada, abab, when alone and to adults</p> <p>Rolls front to back and back to front</p> <p>Stands with support. Should be able to put both feet flat on floor</p> <p>May attempt to pull to stand</p> <p>Feeds self with finger foods and can chew lumpy foods</p> 

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Fears

When your baby is about eight-nine months old, their brain development accelerates to improve their abilities to store and file memories. They start to be able to tell the difference between familiar people and strangers. During this time the attachment to their carer strengthens.

Whether you are returning to work or planning on simply leaving your baby in a crèche for an hour, it is important to consider how you both feel about being separated.

It may help to allow you and your baby to become familiar with the nursery or crèche gradually before you leave them there. This could include sitting or playing with your baby, for short periods of time, in the nursery setting. This will allow you both to build up a relationship with the nursery worker and help your baby to feel more familiar, secure and less distressed when you do eventually leave them in someone else's care.

Cuddling and comforting your baby when she is unsure of strangers will help him to feel loved, secure and to be more comfortable meeting new people as she grows up. Playing disappearing and reappearing type games, like peek-a-boo, help them to learn that you will come back after separation.

Speech and language

Your baby will have been communicating his needs to you since he was born. You will have learnt to recognise different types of cries, gestures and limb movement. Now your baby is able to communicate his needs in many different ways such as babbling repetitive sounds. He may do this when alone but should enjoy 'talking' with other people too. He will especially enjoy you repeating his sounds back to him.

As a parent you play a large part in his speech and language development, he will learn from hearing you talk, while you play with, dress, bath or feed him.

Repeating simple phrases like 'here's your hat' and 'we are washing your face' are a good way of putting words to actions.

Playing with your child is an important part of speech and language development. He learns to take turns in speech as well as listening to what you are saying. Make comments about what he is doing, rather than ask questions, for example 'you've got the ball'. It is also important for him to lead the play and explore his environment, this allows him to be creative with how he uses his toys. Sharing books with your baby is a great way to help speech, this may just mean looking at and talking about the pictures or reading a story.

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It is important to create an environment, which is safe for your baby to explore. Many objects that were previously untouchable are within easy reach once your baby is moving.

By eight months many babies are able to sleep through the night.

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Your health visitor is

Based at Clinic

Telephone number

Further reading

Miller, L. (2004) *Understanding your baby*. London: Rosendale Press.

Murray, L. and Andrews, L. (2000) *The Social Baby*. Richmond, UK: CP Publishing.

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Leaflet for parents Using a dummy

This leaflet aims to help you think about what a dummy might mean to you and your baby and explain why dummies might be helpful for young babies but can become increasingly problematic for parents and older babies and children.

There are many names given to dummies such as pacifiers, comforters, artificial teats and soothers. They have been in existence for hundreds of years and have been made from a variety of materials including clay, silver, pearl and coral.

The subject of dummies can provoke strong feelings for many parents and the decision whether to use a dummy or not can be difficult. For many parents it can sometimes feel like using a dummy can mean the difference between a crying baby and a contented baby. Other parents have strong feelings about not using a dummy. This may be as a result of having experienced difficulties when using a dummy with another child, seeing older children using dummies continually or wanting to soothe their babies themselves.

Dummies can be useful to pacify and comfort young babies who have few alternative ways of experiencing comfort. It is widely recognised that young babies gain greatest comfort from being held by a familiar, loving adult. However there may be times when this can feel difficult. For example, parents can feel tired, worried, and unsure how their baby is feeling or what they need. Babies can feel anxious and overwhelmed by strong feelings and in the early months of life they may have few means of calming themselves.

Dummies can play a part in helping in two ways. Firstly dummies can help soothe a baby and it can do this by the baby sucking hard and 'holding on' to the dummy. Secondly, they will focus their energy on the sucking and this allows the baby to feel like his anxiety is being 'held' by the dummy. Once the baby is calmed you may then be able to start to use other ways of comforting your baby such as cuddling, touching or talking to your baby.

The dummy may mean different things to different parents. Parents and babies will also have different views about the dummy.

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Your baby's view of their dummy

5.1



Parents' view of a dummy



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If a baby has a dummy constantly available to suck then he may only be comforted when his dummy is in his mouth. This means he does not have the opportunity to learn other ways of gaining comfort, which will be more helpful as he gets older. Gradually learning what it's like to feel separate from mum and being able to comfort himself is a healthy and really important stage in a baby's development. The best way for a baby to learn how to soothe himself is to learn from his parents. The dummy can get in the way of a baby learning how to manage the times when mum is not available as it soothes him into feeling he is still connected to her. Prolonged use of the dummy can make separation from mum harder and harder to deal with.

Prolonged use of the dummy can also lead to other developmental delays in the baby's communication skills, thought processes and play, all of which develop out of a sense of being separate. A teddy bear or comfort blanket are much more helpful to a baby and young child and should take the place of a dummy as the infant matures. This is because they 'symbolise' mummy, for example, they take the place of mummy when she is not available, whereas the dummy as we described earlier in the leaflet makes the baby feel that mummy is always available.

Surprisingly, because prolonged use of a dummy can delay psychological development and this can make the baby feel more clingy, and therefore more angry and anxious. Dummies are also thought to play a part in sleep problems as babies often wake when the dummy falls out.

Keeping dummy time to a minimum means:

- The use of the dummy will be more effective – using the dummy to calm your baby so that you can then use other more long-lasting soothing methods, will help your baby to gradually learn to manage their feelings and tolerate separation.
- Less dribble – putting hands, feet, toys and other objects into the mouth for short periods will naturally stimulate the production of saliva. Having a dummy in the mouth for a long time will over stimulate the saliva duct causing excess dribble to make the skin sore and wet the clothes.
- Better muscle development for eating, swallowing and talking – dummies can affect the way the muscles develop possibly leading to delay.
- Allow the correct contact to be made between the tongue and the rest of the mouth for speech sound development.

- More opportunity to practice talking.
- Teeth growing as they should and less likelihood of developing a lisp.

Tips for preventing dummy dependency

- Before using a dummy take some time to think about the many ways you might be able to comfort your baby.
- Use the dummy as a way of initially calming your baby so that you can then develop other ways to soothe him.
- Gradually reduce the use of the dummy as you become more confident in calming your baby preferably before six months of age.
- Once your baby is asleep take the dummy out of his mouth.
- Don't encourage the dummy to become a habit, only give it as a way of calming your baby when he is tired or upset.
- Never let your baby babble or child talk with a dummy in his mouth.
- Don't leave dummies where your child can see or reach them himself, put it away when it is not needed.

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Leaflet for parents

Looking after your baby's teeth

Every parent wants their child to grow up with good teeth. As your baby's first teeth come through it can be an exciting and anxious time. This leaflet includes simple and helpful tips for keeping teeth healthy by building on your developing relationship with your baby.

5.1

Brushing your baby or child's teeth

As a parent you can play an important part in helping your baby or child to enjoy the experience of brushing their teeth. Parents often say that they want their baby's experiences of having their teeth brushed to be a pleasant and enjoyable one.

Many parents ask when is the best time to start brushing their baby's teeth. Once the teeth have come through you can begin to brush their teeth. It will be a new experience for both you and your baby and taking time to learn together can create a strong basis for the future.

You may be worried about how your baby will respond to the toothbrush and how you can manage to manipulate the brush in your baby's mouth.

It can start with your baby watching you brush your teeth. One of the most successful ways that parents have found to make brushing teeth a pleasant experience is to create a simple turn taking game for your child to enjoy. This can begin by smiling at each other and showing one another your teeth and gradually move on to introducing the toothbrush.

Your baby or child will let you know she is ready to move to the next stage by her response and if she shows you she is a little worried you can retrace the steps of the game until she is feeling more confident.

Once your baby or child is ready, start to include tooth brushing in her daily routine. It may help if you sit your baby or child on your lap with a mirror in front of you above the basin. She can watch what you are doing and you can see how she feels. She will also be able to see the toothbrush and this may be less worrying for her.

Some parents find that brushing their children's teeth during bath time can be helpful as they are often preoccupied with playing and tooth brushing is then associated with a pleasurable experience.

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Sometimes encouraging a child to brush their parents' teeth in return for brushing theirs can work very well. Do not worry that the toothbrush may be uncomfortable or make them wretch if it goes too far back in the mouth. This rarely happens because the first teeth to come through are at the front of the mouth. By the time some of their back teeth are through you and your child will have gradually adapted the game to include them opening their mouth wide so you can brush the back teeth.

As your child grows older and begins to enjoy the sense of independence, they may want to brush their own teeth. Parents can be concerned that their children may not clean their teeth as thoroughly. The turn taking game can again be helpful as part of the routine, encouraging them to clean their teeth first and finishing with a final of cleaning each other's teeth.

Adults usually brush their teeth twice a day. By including children in this routine you can pass on an important and protective message for life.

Tips

A small-headed brush with soft bristles is fine to start with.

Fluoride is added to toothpastes and some local water supplies as it helps to prevent tooth decay. If teeth are exposed to very large amounts of fluoride it may cause some markings on the teeth.

By brushing his teeth each morning and night, last thing before he goes to bed, it very quickly becomes an acceptable part a child's daily routine.

The most important thing to remember is to remove all the plaque (the coating that builds up on teeth) from all the surfaces, the front, and the back and biting surfaces of the teeth. This helps prevent both tooth decay and gum disease.

You can get more information about the type of toothpaste, how much to use and how to brush your child's teeth from NHS Choices website:

www.nhs.uk/Livewell/dentalhealth/Pages/Careofkidsteeth.aspx

Going to the dentist

Taking your baby or child with you when you attend dental appointments is a good introduction to the dentist, and the dental surgery will become a familiar environment. It can be helpful to explain to your child that the dentist helps the family keep their teeth healthy. Avoiding words like 'hurt'

and 'bad teeth' will prevent a situation where your child is anticipating an unpleasant experience.

As they get older, a ride on the chair sitting on your lap will often be associated with a pleasurable experience. If they refuse, it may be a sign that they are anxious and letting them know that you understand they are not ready to sit on the chair can help them cope with the feelings they might have.

Some parents may feel unable to take their child to the dentist because of their own concerns. Your child may be unsettled by your own feelings about the dentist and be unsure of how they themselves feel. It can be helpful to talk to your dentist and arrange a way of creating a calm atmosphere for your child. This may include involving a friend or relative in the visit so they can support you and your child.

If you do not have a dentist you can find out about local dentists from the NHS Choices website.

NHS Choices website: www.nhs.uk/Service-Search/Dentist/LocationSearch/3

Keeping teeth healthy

Healthy teeth are associated with a clean mouth and a well-balanced diet. Make sure that your child's sugar intake is restricted and that her teeth are brushed regularly to give her teeth the best possible start. Baby teeth help guide the permanent tooth into the right position so it is important that they last until they are ready to fall out. Avoiding decayed or early tooth loss can help protect your child from the difficult physical and emotional experiences that are connected with tooth decay.

Tooth decay is caused by sugar. When something that contains sugar is eaten or drunk the mouth produces acid, which slowly dissolves the outer enamel layer of the tooth. The acids are diluted by saliva in the mouth after about 20 minutes. The more often that teeth come in to contact with sugar will increase the rate of tooth decay.

Whilst it is hard to control sugar intake at meal times, food and drink that contain sugar should be limited in between these times.

As babies are introduced to foods other than milk it is useful to introduce them to sweet tastes in the form of food that will cause less tooth decay such as sweet potato, parsnip, pears, and other fruit or vegetable.

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Snacks and treats do not have to be in the form of sweets and biscuits, there are lots of alternatives that children love. Try breadsticks, fingers of toast or a sandwich, fruit and raw vegetables.

Baby drinks in bottles are a common cause of tooth decay in young children. To help reduce tooth decay it is helpful if you begin to introduce a baby cup from the age of about six months especially for drinks that might contain some form of sugar.

If acidic drinks (such as fruit juice, squashes or carbonated drinks) are drunk too often this can lead to tooth erosion. This is where the enamel, the outer surface of the tooth, is slowly worn away.

Having sweetened drinks in a bottle at night can result in a lot of damage to children's teeth, and cause decay to young children's teeth, often referred to as bottle or nursing decay. This is because at night our mouths do not make as much saliva and so acids are not diluted so quickly. If your child has a drink at bedtime or during the night, it is very important to use water or milk and not juice that might contain sugar.

Tips

Most baby drinks contain sugar in one form or another, with the exception of water and milk. If you want to offer them an alternative, try diluted fruit juice 1 part to 10 or very dilute squash in a cup not a bottle.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Leaflet for parents Your two year old

This leaflet is intended to help you understand some of the stages of development your two year old is likely to pass through over the next few months/year.



5.1

The first three years of a child's life is a crucial period of rapid brain development. The human and environmental interaction that he receives during this time are just two of the components that can affect his capacity to realise his full potential later in life.

The change from birth to two years is the most stunning period of change and development in a human being's lifespan. Between the ages of two and three years we can lose a sense of perspective as the child can do so much of what grown ups can do, but it is unreasonable to expect them to be 'mini adults'. However, being a two year old or the parent of one can be exciting, beautiful, frustrating, puzzling, baffling, frightening. Bringing up a two year old is much more rewarding when we try to understand the meaning of what they do and think about our own responses (Reid, 1992).

If you have any concerns or worries about any aspect of his/her development your health visitor will be pleased to discuss this with you. These concerns may include: toilet training, speech, sleeping, feeding, temper tantrums and general behaviour.

Essential child development: emotional and physical

It is important to bear in mind the following points:

1. Children develop at different rates from each other, but go through the different stages, usually in the same order.
2. Each child develops in his or her own unique way depending on personality, how he or she is managed and family background.
3. Children develop in their minds, their bodies and feelings. A delay in one area can result in a delay in another.

Understanding the stages of development

- This can help us to accept behaviour that is normal for each stage of a child's development.
- Children's behaviour can be seen as progression from one stage to the next, rather than as naughty or wrong.

Two year olds

5.1

Emotional milestones	Physical development
<p>Toddlers normally show extremes of behaviour between two and three years – very dependent/ independent, very aggressive/ calm/helpful/stubborn</p> <p>More independent – get very angry when stopped from moving somewhere, tantrums common (cries, kicks, bites)</p> <p>Begins to show feelings of pride, pity, sympathy</p> <p>Needs carer to tell what is right and what is wrong</p> <p>Fear of strangers is less</p> <p>Fear of noises, thunder, trains, flushing toilets</p> <p>Plays alone or alongside others – won't share</p> <p>Short attention span and easily distracted</p> <p>Harsh parenting and smacking gets in the way of a child's emotional development</p>	<p>Runs, pushes and pulls large toys</p> <p>Climbs on furniture</p> <p>Sits on small bike and scoots along with feet</p> <p>Hand preference usually obvious</p> <p>Enjoys picture books and recognises detail</p> <p>Pencil grip changes, scribbles to and fro and in circular motion</p> <p>Uses 50+ words and will understand many more and begins to form simple two-three word sentences</p> <p>Talks to self</p> <p>Names familiar objects and parts of body</p> <p>Carries out simple instructions containing two or three pieces of information</p> <p>Spoon feeds self and chews well</p> <p>Enjoys imitating domestic activities</p>



Speech and language development

From the age of two-three years, children develop a higher level of understanding of themselves and others. The stage is set for the child to learn and think ahead. They are also beginning to put words to their emotions in a very simple way.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

At this age they are trying to use much more language and their speech will become clearer to main carers. They jabber a lot during play and will name body parts. They can also follow simple instruction such as 'get your slippers'. 2-3 word phrases develop into longer sentences with many grammatical immaturities e.g. 'me do it' 'I runned'. Pretend play will be developing e.g. dusting TV, bath dolly.

Gaining control: toilet training

Being ready to toilet train requires a child to be physically mature, emotionally secure and intellectually able to understand what is happening. Between the second and third year, for a lot of children, daytime training is achievable. When the carer and child are in tune with each other they can learn to identify the signals that the child wants to 'poo' or 'wee'. At this stage the child can be introduced to the potty and may sit on it for a few minutes after meals and before bedtime.

Often toddlers become aware of wet or full pants right after, rather than before the event or they 'go' when they get off the toilet. This can be frustrating for parents but it shows that the child is relating the potty to pooing. However, they haven't mastered the right order yet. This can be an important step as they need to beware of the discomfort after it happens to help them become aware of the full feeling before 'weeing' or 'pooing'. The most important part of toilet training is establishing a calm attitude and relaxed routine.

Achieving dryness at night often takes longer, possibly up to five years.

If you would like to discuss any issues, please contact your health visitor.

Your health visitor is

Based at Clinic

Telephone number

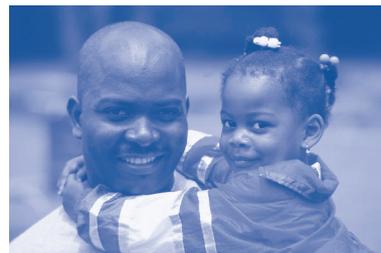
Further reading

Reid, S. (2004) Understanding your 2 year old. London: Jessica Kingsley.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Leaflet for parents Your three year old

This leaflet is intended to help you understand some of the stages of development your three year old has and will reach over the next few months/year.



The first three years of a child's life is a crucial period of rapid brain development. The human and environmental interaction that he receives during this time are just two of the components that can affect his capacity to realise his full potential later in life.

The transition from two to three years sees a more confident child who is able to separate from their parents easier, but still needs reassurance. Children of this age can be very affectionate as they start to realise that those around them have feelings too. However, they can find it difficult to wait for your attention as they live for the moment. Tantrums become less at this age but moods can change very rapidly and dramatically. Your three year old can be charming and exhausting. Bringing up a three year old is much more rewarding if we help them to put their feelings into words to understand what has or is happening.

If you have any concerns of worries about any aspect of your child's development your health visitor will be pleased to discuss this with you. These concerns may include toilet training, speech, sleeping, eating or general behaviour.

Essential child development: emotional and physical

It is important to bear in mind the following points:

1. Children develop at different rates from each other, but go through the different stages, usually in the same order.
2. Each child develops in his or her own unique way depending on personality, how he or she is managed and family background.
3. Children develop in their minds, their bodies and feelings. A delay in one area can result in a delay in another.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Understanding the stages of development

- This can help us to accept behaviour that is normal for each stage of a child’s development
- Children’s behaviour can be seen as progression from one stage to the next, rather than as naughty or wrong.

Three year olds

Emotional milestones	Physical development
<p>Play is the work of this age – focus on becoming confident and efficient</p> <p>Quite balanced – normally happy and contented</p> <p>Still self-centred and magical in thinking – believes wishes make things come true</p> <p>Has imaginary friends who can be blamed when things go wrong</p> <p>Bargaining works but reasoning does not</p> <p>Distraction still works</p> <p>Doesn’t get so frustrated and gets less angry when stopped</p> <p>Biggest fear is that carer will abandon him – especially at night</p>	<p>Enjoys walking/climbing and running</p> <p>Likes drawing/threading/play-dough and simple jigsaws</p> <p>Begins to take turns, as a start to sharing</p> <p>Large vocabulary mainly intelligible to strangers, but many ungrammatical forms persist</p> <p>Able to follow more complex instructions</p> <p>Asks many ‘what, where and who’ questions</p> <p>Listens eagerly to stories</p> <p>Uses fork and spoon</p> <p>Pulls pants/knickers up/down</p> <p>Repeats and signs nursery rhymes</p> <p>Gives full name and sex</p>

Fears

A child’s imagination begins to develop between the ages of three and a half and four years, they may have frightening dreams. They can be happy to be separated from you in the daytime but remain fearful of being left alone at bedtime. It is important to explain where they are going and what is happening. If you need to leave them try to stick to the time stated for your return, as this helps trust continue.

Changing behaviour **Additional assessment questions**

What does the mother think about the child generally?

What does the mother think about the child's behaviour?

Do the parents have their own issues around behaviour management?

Do you think that the child is using their behaviour to express distress or anger?

Are the parents trying to be over-controlling with the child?

Are the parents in conflict over the management of the child's behaviour? Are the parents in conflict generally?

Does the child appear to have difficulties in wanting to grow up?

What routines are there for the child?

How often do temper tantrums happen?

What form do they take?

How long do they last?

Who is present? Is it always the same people?

Where does it happen?

Was there a particular event that caused the behaviour to start?

How do you react?

What strategies have you tried so far? Did they resolve the situation?

Do you talk to your child about it afterwards?

Leaflet for parents

Behaviour difficulties: a child's perspective

Even when I try to be good she doesn't think I am.

Why does it always happen to me? I don't mean it to go wrong.

I want a new mummy – a nicer one.

It's more exciting to be naughty – it's too hard being good all the time.

If she can say NO to me, I don't have to do what she wants.

If Daddy shouts at Mummy why can't I?

Nobody loves me. They would rather I wasn't born – it's not my fault.

I'll get my own back for them being so horrible to me.

Ever since that baby came no one thinks I'm the best any more.

I can look after myself. I don't need Mummy and Daddy.

Mum loves her more than me.

Why should I have to say sorry? They started it.

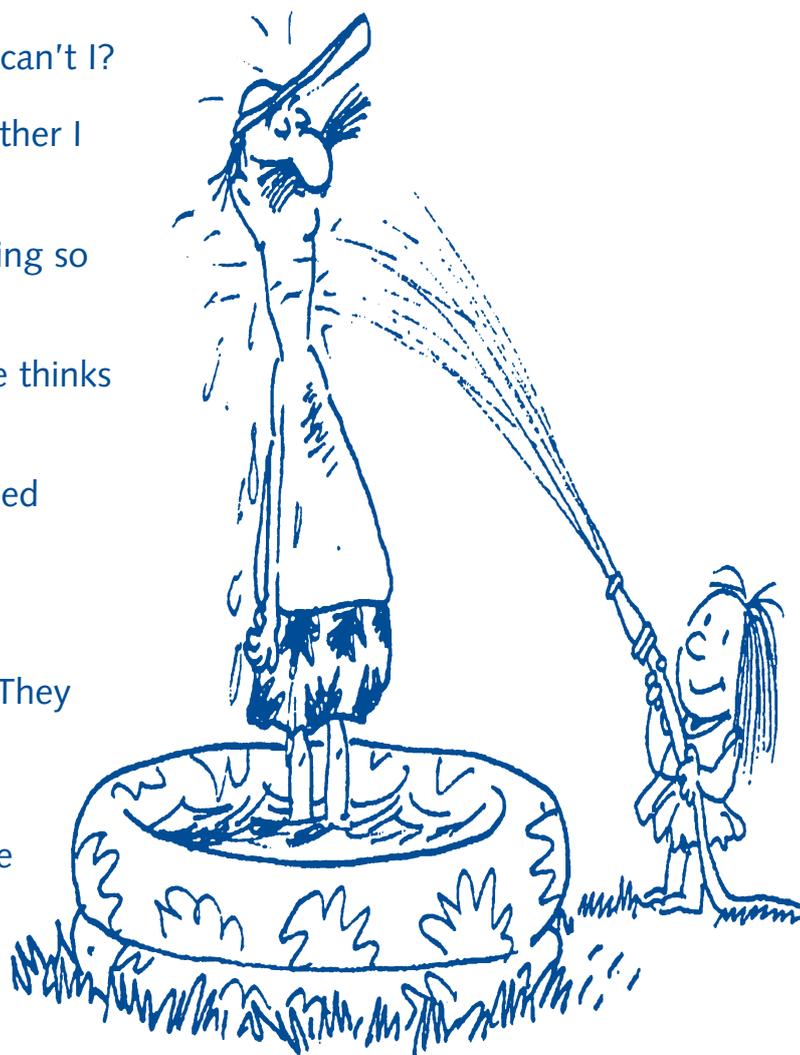
I want to go to bed please Mummy but I'm frightened of the monsters.

He'll give in in a minute if I keep on screaming.

I don't really want to be naughty but nobody notices when I'm good.

Why can't I do this today? Daddy let me yesterday.

She doesn't stop to listen and understand why I'm doing this.



Behaviour difficulties: a parent's perspective

What am I doing wrong? It must be my fault.

He's so naughty, he keeps throwing the dummy out of the pushchair when I'm shopping.

She has got the devil in her.

She screams when I'm on the phone.
Is it just attention seeking?

My Dad said he needs a good slap; that will stop him pinching his sister.

When we are out, other people stare when he has a tantrum. It's so embarrassing.

Her sister was an easy baby, but she's a little monster!



NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Leaflet for parents

How to help your child develop emotionally and behave well

Build a positive relationship with your child

Building a positive relationship with your child is the best way to help your child develop positive emotional wellbeing. As a parent you have a central part in helping your child learn how to tolerate frustration, learn to calm down, know how to behave acceptably in society and relate to others in a healthy way.

Showing your child that you are listening to them and that you understand that they are trying to communicate with you is an important part of developing a two-way relationship. You may not always know immediately what they are attempting to tell you but they will feel more secure knowing that you are open to hearing about their feelings.

Show your child you are listening to them

Find support for yourself

There may be times when both you and your child might find feelings overwhelming. It is at these times that logical clear thought seems to be most difficult. Finding support for yourself is an extremely important part of your emotional wellbeing. In taking care of your emotions you may feel better able to help your child with his. Regaining a sense of calm may make what you thought was an unmanageable situation seem less difficult.

Parents have often commented that at difficult times it is hard to look past your child's behaviour and think about how your child is feeling. Finding ways to stay calm can not only support you but also help you to look past the behaviour and see the message your child may be giving and why they behaved in that particular way.

Stay calm and try to work out what your child is feeling

Accept angry and frustrated feelings and offer calm or comforting words and actions

Helping your child to calm down so that they will eventually learn what it feels like to calm themselves is an important skill for life. For example staying close to the child and offering words of comfort and an affectionate gentle hug to let them know you are there for them and helping them to cope with their anger and frustration. As children get older, being able to tolerate frustration and cope with strong emotions may positively affect the way they behave towards other people.

Children respond far more positively towards loving, predictable, behaviour and clear boundaries. Avoiding threats and harsh punishment, smacking and excessive shouting will help both you and your child develop a more respectful and positive relationship. Giving children a way of saving face and an opportunity to change their behaviour is important in helping them to learn that relationships are about how both people feel.

Give your child a way to back down without losing face

Lay foundations by praising positive behaviour

Choosing behaviour techniques such as positive praise and encouragement, distraction, time out to calm down, or rewarding good behaviour instead of focusing on difficult behaviour, will help lay the foundations for later negotiations on acceptable limits to behaviour.

Boundaries and rules are often an important part of family life. They can offer a sense of security and predictability for your child. Boundaries that are most effective are those that are appropriate to your child's age.

Rules and routines help children feel safe...

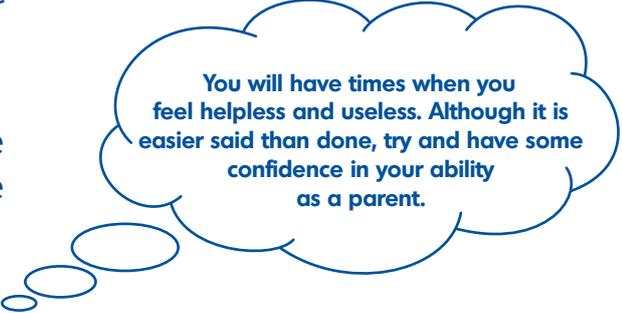
... but be flexible where necessary

While it is good to be consistent in putting agreed rules and boundaries into place, it is also helpful for a degree of flexibility. There may be occasions when it is appropriate not to stick rigidly to the rule such as when your child is ill.

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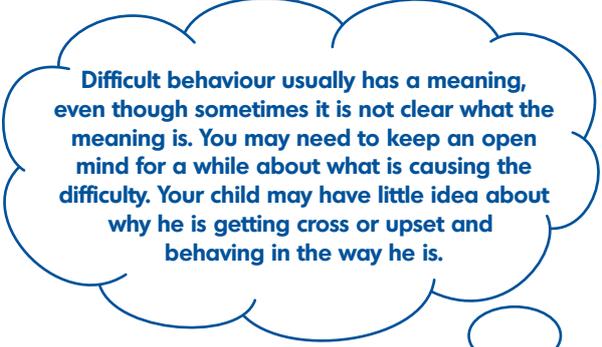
If boundaries are changed for other reasons it is best to avoid making decisions at the height of an argument or in anger. The message about new rules may be lost as one or both of you struggle to keep control of your emotions.



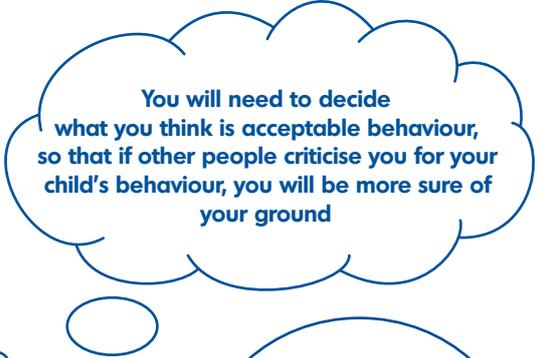
You will have times when you feel helpless and useless. Although it is easier said than done, try and have some confidence in your ability as a parent.

Do not make unrealistic rules. Make a few rules and stick to them

As your child grows and develops there will be decisions to be made about changes in boundaries. Talking to your child about why new boundaries are planned will help them co-operate more readily.



Difficult behaviour usually has a meaning, even though sometimes it is not clear what the meaning is. You may need to keep an open mind for a while about what is causing the difficulty. Your child may have little idea about why he is getting cross or upset and behaving in the way he is.

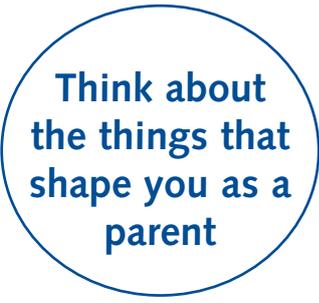


You will need to decide what you think is acceptable behaviour, so that if other people criticise you for your child's behaviour, you will be more sure of your ground

Sharing time with your child to help develop a positive relationship is important. Within a family children may have different individual needs. This may include giving different age-appropriate bedtimes.



Share one-to-one time with your child



Think about the things that shape you as a parent

It may be useful to spend some time thinking about the way you want to parent your child. You may choose to discuss this with your partner and family members. Each parent or carers' experience of being parented as a child themselves may be different and can raise difficult issues for some couples who may feel they want to parent their own children differently. Children can feel confused by receiving different messages from adults in their lives, so it might be really useful to think about how you would like to be as a parent.

Understanding Childhood

Understanding Childhood is a series of leaflets written by experienced child psychotherapists to give insight into the child's feelings and view of the world and help parents, and those who work with children, to make sense of their behaviour.

This leaflet was originally published by the Child Psychotherapy Trust.

Leaflets available from:

www.understandingchildhood.net

email:
info@understandingchildhood.net

temper and tears

in the twos and threes



It's a long way from being a helpless baby to becoming a relatively independent three or four year old, ready to go to playgroup or nursery. It can be an exciting journey of discovery – but it can also seem like a very bumpy ride for both you and your child.

As children move towards their second birthday, they want to take part in what is going on around them – exploring and playing, watching and imitating others, using their first words. They now feel that they are a person in an interesting world of other people and they want to join in.

What it is like to be two or three

Your two year old is discovering all sorts of things that they can't do or mustn't do. They are waging a constant battle with their own passionate wants, hopes and fears.

They have feelings that they can't yet manage by themselves without tempers or

tears. They are still struggling to sort out who they are and what they feel about the people who care for them – why they love them one moment and hate them the next. They can't just ask for your help. Instead, they mess you around with contradictory demands because that's how helpless and confused they feel.

Young children react very differently to the triumphs and setbacks of their second and third years so they need different kinds of support from their parents.

Being bossy

Some children can't bear to feel little and helpless. They refuse to accept that there are things they can't yet manage. Being bossy can be a way of covering this up and trying to make others feel small. They can be so convincing that, as parents, we may sometimes come to believe they don't need us or may feel so irritated that we want to cut them down to size.

But bossy two year olds really need someone to offer them love and care even when they don't seem to want it.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Being fussy

Many children of two or three develop all sorts of fads and rituals that they absolutely insist on. From a parent's point of view it can seem silly and tyrannical, but how does it look to a small child?



Everyone is expecting them to give up being a baby and become more independent. But they may feel as if the grown-ups are always interfering and bossing them around. When they insist on wearing something strange, or doing things in a particular order, they may be trying to get you to recognise that they have their own choices and preferences.

Sometimes it's probably helpful to give in gracefully over things that don't really matter. That way they will get the chance to learn how to back down themselves. And, of course, there are going to be plenty of times when they want something impossible or dangerous. So there will still be opportunities for them to learn about 'no' and for you to learn to cope with their tears.

Sometimes fussiness is to do with worries that your child can't name or tell you about. Then their determination to avoid certain objects or situations may be their way of controlling their fears.

What's worrying them may not have any obvious connection with the things they're making a fuss about – but it's easier to control what you let your mum put on your plate than to control anxieties you don't understand.

These sorts of fears tend to come and go, but if your child's behaviour becomes especially difficult it is worth wondering if they are under some particular stress.

Being clingy

Some children seem to be saying 'I'd rather be small'. A child who is clingy and fearful can be very trying to parents in a different way from one who is bossy.

As parents, we need the reassurance of seeing things move in the right general direction. So 'babyish' behaviour is hard to bear because it makes us worry that things are

going backwards. It's also very exhausting not knowing if you've got a baby or a big girl or boy on your hands.

When you have the feeling that you can't get it right, the chances are that your child is feeling in a tremendous muddle too.

Being fearful

New situations can be frightening. Children of two or three sometimes feel quite scared about new situations, especially if they think it means being left with other people. It is worth being truthful about new situations – such as the birth of a baby or different childcare arrangements – so that they don't feel taken by surprise or tricked. Allow plenty of time for settling in and a certain amount of fussing. And be prepared to take your child seriously if they really feel they are not ready for a new step forward.

But some of the frightening things are inside them.

It is at this age that children first complain of bad dreams or night terrors. Sometimes the dreams may be connected with worrying events that happened during the day, but quite often they seem to grow from feelings within the child.

You may never really know what's troubling them, but it's very comforting for a child who can't yet understand themselves if they feel that a grown up is trying to do the understanding for them.

Useful Understanding Childhood leaflets

Sibling rivalry

Separation and changes in the early years

Temper tantrums

Your child is coping with strong feelings all day long. If they're managing to keep on a reasonably even keel they're doing well, but there are bound to be times when they can't cope.

When your child throws a temper tantrum they are showing you what it feels like inside them when they can no longer cope. This could simply be because they are exhausted or overwhelmed.

They are not doing it just to get attention. They have a tantrum because they can't tell you in words. They scream and throw

themselves around because they feel their big self has exploded.

They are probably scared, as well as angry, because their rage seems so powerful and dangerous and they have lost their picture of Mummy and Daddy as helpful or friendly.

They don't need you to come up with a solution or to buy them off with treats (though every one has done that at times). They do need to see that you can feel upset and helpless but still keep them safe from hurting themselves, take care of both of you and go on loving them.

Is there a real problem?

Sometimes parents feel that their child's temper tantrums are not just the ordinary sort that they will grow out of.

Perhaps they feel that their child has never really started talking or doesn't enjoy playing or being with other people. They may be restless and destructive as if they can't take pleasure in anything. And – most painful of all – parents in this situation may feel that there is a barrier between themselves and their child.

If you have concerns of this sort, it is important to ask for specialist advice. It is not a good idea to just leave things in the hope that they will sort themselves out.

How can parents cope?

Coping with your child's tantrums doesn't mean trying to stop them being angry – it means coping with how angry they make *you* feel. In the heat of the moment it is easy to become just as angry as your child and to scream back. You are not expected to be perfect parents but you *are* expected to be able to control your own feelings when your child's feelings are out of control.

As parents we feel helpless, embarrassed or exposed if our children have tantrums in public. Even at home there are going to be times when they drive us too far.

Firmness is important, but so are understanding and tolerance. Simply telling a child to behave better doesn't give them the strength to control their feelings. They can only learn slowly how to share with other children and to accept people saying 'no' when they want something.

Children learn by example, so they learn that it is possible to be distressed or angry

without throwing a tantrum through seeing us struggling to cope with our own frustration or worry.

Getting to the end of your tether

Sometimes parents feel they are no longer able to keep going. They may become frightened that they will injure their child physically or emotionally.

You may feel you don't have enough help and support. You may have too many worries on your plate. You may feel depressed or unwell.

If you feel this is happening to you, for the sake of your child and yourself, you should seek help to sort out what's wrong.

Useful Understanding Childhood leaflets

Postnatal depression

Some helpful practical tips

- Unless they are doing something dangerous, or could accidentally hurt themselves, count to 10 before doing anything at all.
- Try not to get drawn into an argument about exactly what started it – they really are beyond reasoning with.
- Don't ask more of them than they can manage.
- Try to avoid saying things just to hurt them back – especially threats of leaving home or having them put away. You may not mean it but they don't know that.
- Don't worry about them growing up to be a monster. The temper tantrums of a two and three year old will start to tail off – but only slowly. It may take two or three years.
- Try to remember that through their tempers they're learning important lessons about themselves – and both of you are practising for when they're a teenager!

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Further help

In every area there are organisations that provide support and services for children and families. Your GP or health visitor will be able to offer you advice and, if needed, refer you to specialist services. To find out more about local supporting agencies, visit your library, your town or county hall, or contact your local council for voluntary service.

Contacts

Sure Start

There are a number of Sure Start programmes in the UK offering services and information for parents and children under four. To find if there is one in your area contact:

Phone 0870 0002288

Web www.surestart.gov.uk

YoungMinds Parents' Information Service

Information and advice for anyone concerned about the mental health of a child or young person.

Freephone 0800 018 2138

Web www.youngminds.org.uk

Parentline

Help and advice for anyone looking after a child.

Freephone 0808 800 2222

Web www.parentlineplus.org.uk

ChildcareLink

Information about child care and early years services in your local area.

Freephone 0800 096 0296

Web www.childcarelink.gov.uk

Contact a Family

Help for parents and families who care for children with any disability or special need.

Freephone 0808 808 3555

Web www.cafamily.org.uk



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Leaflet for parents Before, during and after

Trying to understand your child's difficult behaviour

Why is your child behaving like that? Sometimes it is very hard to understand why your child is suddenly having a temper tantrum. Why is she trying to break things or hurt another child for apparently no reason? Some of the things children do seem to have no relation to what is going on around them. You may be exhausted or feel helpless trying to cope with your child's behaviour.

This leaflet explains one way of trying to understand your child's behaviour. What children do has a meaning behind it, even if it's difficult to see. It is very rare for a temper tantrum to come out of the blue. This approach can help you gather up the clues to what is happening and why it is happening. In turn, this can help you with the situation. You may be able to see a different way of doing things or it may show you that your child is struggling to come to terms with something that you may be able to help her with. This approach looks at what happens before, during and after the tantrum or behaviour.

When your child does 'it' again, take a few moments to think about what happened. Looking at a situation in this way, what happened before, during and after can help in several ways. The 'Before' section can show you what is setting the situation off. This may give you ideas about what to do differently. The 'During' section tells you a bit more about what is happening, which again can give you ideas about what to do differently. The 'After' section shows you if the behaviour of your child is rewarded in any way. This will make it more likely that the behaviour will happen again. For example, if your child knows that if he makes enough fuss at bedtime you will let him stay up longer, this will make it more likely that next time he will complain long and loudly about going to bed. There is a 'Before, During and After' chart (the ABC chart) which your health visitor can give you.

Before

Think about what was happening before 'it' began. What were you doing? What was your child doing? What were other people doing? You may also find it useful to try and think about what you were feeling and thinking at the time and about what your child was thinking and feeling.

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During

Think about exactly what you, other people and your child did. Again, it can be useful to remember what you were thinking and feeling at the time and what you imagine your child was thinking and feeling.

After

What happened afterwards? What did you do? What did your child do? What thoughts and feelings did you and your child have?

A more complicated example is the everyday story of Lee and Jordan. Lee and Jordan were brothers. Lee was 8 years old and Jordan was 5 years old. Most of the time they got on fairly well, playing all sorts of games, but sometimes Jordan became suddenly very cross as he was playing.

At first Mum and Dad thought he was just being selfish, wanting to be the centre of attention as he played, but when Jordan began to throw things, break things and kick and punch Lee they began to get very cross with him and also worried that his behaviour might get worse. There were soon frequent scenes in the house when both boys were upset, something was broken and Mum and Dad were telling one or both of them off.

Mum and Dad thought that Jordan was a naughty boy who just wanted attention but they decided to try to use the 'Before, During and After' approach to understand a little more about what was going on.

They chose a particular event when a game on the computer had ended with Jordan almost breaking one of the controls, pushing Lee and storming out of the room in angry tears.

They described the following things:

Before: Jordan and Lee were playing happily. They seemed excited and cheerful, laughing and giggling. Lee seemed to be concentrating more. Jordan seemed to be becoming increasingly serious. The game was reaching a crucial point. Lee was winning.

During: Jordan became very angry, frowning and complaining. He shouted and screamed and said it wasn't fair. He seemed unable to control himself and seemed to want to break the computer. He punched Lee as if he really wanted to hurt him then ran out of the room. Jordan seemed very cross with Lee.

After: The game was not over but nobody was now going to win. Lee looked shocked and upset. Jordan was upset in another room.

5.2

Mum and Dad were telling Jordan he was a naughty boy. Lee said 'it wasn't my fault'. Mum and Dad were cross with Jordan.

Having noticed these things Mum and Dad sat down and talked about what could be going on. Here are some of the questions they found themselves trying to explain:

- What were the boys thinking about as they were playing?
- What was happening in the game as Jordan began to get cross?
- Why was Jordan so cross with Lee?
- Why did Lee have to concentrate so hard?
- What did Jordan think was unfair?
- Who had been going to win the game?
- Why did Jordan leave the room?

After discussing this for a few days they sat down with the boys and talked it through. They asked the boys some of these questions and tried to help both of them to explain what they had been feeling at the time. The conversation got quite heated but eventually Mum and Dad had an idea of what had happened in this game and in other games too. It turned out that Jordan was getting very cross because Lee had a way of always winning. Jordan was not skilful enough to beat Lee because he was younger. Lee was very good at making sure that he always beat Jordan. Jordan felt that Lee was deliberately making him cross and this made him even more angry. Jordan then spoilt the game and left it before it was over so that Lee did not actually win. In this way the game did not have an ending and there was no winner or loser.

Now that Mum and Dad were thinking about this event like this they were able to try to find ways of dealing with the cross feelings in the family. Competition is normal between brothers and sisters, but sometimes children (and parents!) need help to manage it.

- They spoke to Jordan about how hard it is to be only 5 years old when Lee is 8 years old and is able to do more than Jordan.
- They spoke to Lee about how they now knew that it wasn't all Jordan's fault and that Lee liked to annoy his brother by beating him and then getting him into trouble by making him angry.
- They tried to arrange for Jordan to play more with children of his own age and ability.
- They encouraged the boys to play some games that didn't have to involve one being a winner and the other a loser.

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Describing Behaviour, the 'Before, During and After' chart (ABC chart).

Name _____

A Before	B During	C After
<p>Where was the child? What seemed to lead up to the behaviour? Were any warnings given prior to the behaviour? What did individuals do or say to the child? How did you feel? How did you think the child was feeling?</p>	<p>What time of day was it? What did the child do exactly?</p>	<p>What happened as a result of the behaviour? How did the episode come to an end?</p>
<p>Date</p>		

5.2

Leaflet for parents

Guidelines for the use of star charts

A star chart acts as a reward. Your child earns gold or coloured stars for the behaviour you are trying to encourage. Star charts also show your child how her behaviour is changing. Children are usually ready to record their successes, so you can encourage your child to record them.

There are various charts available but parents usually like to design their own to suit their child. Instead of using a star chart, you can use a drawing of your child's favourite character, divided into sections. One section is coloured in instead of using stars. So the pathway on the journey to the castle would be coloured in.

It is important to explain to your child exactly what must be done to earn a star/smiley face. You should ensure that she understands what needs to be done. E.g. 'Sarah you tidied your toys and put them away'. 'Sarah you played quietly while I fed Johnnie'. 'You read Billy a story and gave him a nice gentle hug'. 'You let Amy sit on the horse/go on the trampoline first'.

- Keep the chart in a place it can be easily seen by your child.
- Tell people who see your child regularly about the star chart so that they can also encourage your child to earn stars. Success at an early stage is vital to keep your child interested.
- If your child is not able to earn a star in the early days of trying, then you could make the first step easier to encourage her.
- Always praise your child when she earns a star and let her stick it on the chart at once.
- If your child is disappointed when she has not earned a star you should sympathise, but encourage her by saying 'you can try again.'
- It is important to remember not to get cross or upset – be positive.
- It is also important not to remove stars for bad behaviour.
- Once a star is earned it should never be removed.
- Use the chart to reward your child. Never use the chart in a negative way.

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If the desired result is not being achieved it is important to find a behaviour that can be praised. It does not have to be drastic. Try and catch her doing something that you have asked and say something like 'you did what I asked. I am very pleased.'

Three stars on a chart are rewarded with a small present or an activity/event. This does not have to be expensive and should be appropriate for the child.

Parents have noted the following have been important for their children:

Books/comics, cooking biscuits, small toys/treats, trips to library/park, sweets, extra bedtime story, watching a favourite TV programme, short game, time with parents, water play/swimming.

When to stop using a chart

Wait until your child is regularly earning stars. Then you can either:

Stop giving stars but always continue to praise your child.

Gradually decrease the number of stars you give your child.

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You can put your child's favourite picture here or your child could draw their own picture to colour in



5.2

Monday	<input type="checkbox"/>						
Tuesday	<input type="checkbox"/>						
Wednesday	<input type="checkbox"/>						
Thursday	<input type="checkbox"/>						
Friday	<input type="checkbox"/>						
Saturday	<input type="checkbox"/>						
Sunday	<input type="checkbox"/>						

Journey to the castle

Your child's name _____

5.2



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Leaflet for parents **Play: a child's perspective**

I don't know how this works

I can't do it

I like it when Grandma plays with me

I want mummy to play with me

I want to copy mummy – she puts things in the oven too

I'm bored

Why does Daddy keep taking my bricks away?

How come he can play with my toys?

I'm not as good at that as she is

That's MINE!

I wonder if that will hurt?

I don't want to do it your way

But I like to paint the faces blue

Who cares 'How many there are?

How come it's time to stop – we're having fun!

I don't want to play – I always end up having to tidy up.

I wonder how far I can throw this?

Look mummy – I can paint the whole settee blue!

I wonder what happens when you eat this?

Now I've made two pencils out of one



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Play: a parent's perspective

Why can't you just play quietly?

Stop bothering me – I'm busy

Can't you ask Daddy to play with you, I'm too tired

It's all very well other people playing with him – they don't have the tea to cook, the laundry to do, the shopping to get

There's no way I'm playing with her after she's been so naughty today

Stop putting things in the oven!

I'm bored

I quite like building with bricks!

Why can't you two just share nicely!

Look! I can build a great castle!

If you're not going to share
then I'll take the toys off you

It's your own fault – I
told you not to climb up

Why don't you listen!

I don't know how to
play with children

My parents never played with me –
kids these days are so demanding

He'll never learn if he insists on
painting everything the wrong colours

I don't have any good ideas –
what if he thinks I'm dull

This is a fun way to learn numbers and colours

No matter how long I play with them,
it's never enough for them

If children get something out, they've
got to learn to put it away again

Oh no – look at all that blue paint everywhere!

Will you just play nicely!

Stop eating/throwing/breaking everything

I'm not too good at reading – what if my child asks me to read her a book?



Leaflet for parents

Fun interactions with your baby are really important

Babies are individuals

All babies are different; some are calm, some are active. At first, it can be confusing to know what your baby needs and how to respond. This leaflet has been designed to help you tune in to your baby. This will promote a good strong bond between you. We also hope you'll find the suggested activities good fun.

Building strong relationships

Some parents may feel 'bonded' with their baby even before the birth. For others this bonding does not happen 'automatically'. Once your baby is born, there are lots of things that can influence the way your relationship develops. These include: which kind of temperament your baby has; how you look at, speak to and handle your baby; how you are feeling; and how much support you are getting with your new baby. Your positive, calm interactions with your baby help him or her to be calm too. And using different ways to interact not only helps to build a strong bond between you, but also stimulate your baby's brain development.

Developing healthy baby brains

Your baby's brain development speeds up after birth so your interactions in these early months are crucial. From Day One, babies are learning about you, your feelings, your words and your touches. All of these experiences stimulate healthy brain growth, setting up strong connections for their future learning. Young babies who have had good interaction experiences with their carers are more able to learn about how to communicate with others. These children are more likely to do better in school, make friends more easily and display fewer behavioural difficulties later on in childhood.

Babies love to communicate with you

Watch closely and you will see that your baby is sending out signals from the day they are born. This is their way of saying 'hey! Over here! Come and interact with me!' They often let you know they're ready to interact by looking for your face or turning round until you have eye contact. They often follow this by increasing face and body movements and making more noises. Imagine this like a dance – by following your baby's lead you can join in the steps at a level your baby feels comfortable with. Babies will probably tell you when they've had enough by turning or looking away, yawning, or putting their hands to their face.

Most important of all: Relax!

Parents often naturally provide all the right kinds of interactions with babies so the most important thing for you to do is slow down, relax and spend time with your baby. There are hundreds of interactions between you and your baby occurring everyday during normal activities like feeding, nappy changing and bathing.

Here are a few parent-and-baby activities that we know are really helpful for baby brain development and developing healthy relationships.

Before starting these activities, why not have a go at watching your baby closely and trying to work out what are the different ways he or she is trying to tell you something?

1. Taking turns to talk to each other

After spending 9 months in the womb, babies can recognise their mother's voice as early as a few minutes after birth. Babies are biologically wired up to tune into the sound of your voice and will often show a noticeable response when they hear you.

Talking gently or singing to your baby stimulates brain development and helps your baby learn about communication and also that you are a safe, dependable carer. This helps build trust.

Try to spend a few minutes, several times a day, holding your baby, preferably face to face, copying their noises and expressions, or singing nursery rhymes.

Babies also have ways of 'talking' to you using body movements and sounds. Lots of wriggly arm and leg movements with excited noises is your baby's way of saying he or she likes what's happening. Turning away, arching his back or putting his hand to his face are your baby's way of saying 'I've had enough of that for now thanks'. Watch your baby closely and you will start to notice these baby ways of 'talking'.

2. Trying out ways to calm your baby

Babies use crying as one way of communicating. It's specifically designed to distress us so that we'll respond as soon as possible! Sometimes they're saying 'I'm hungry', 'I'm too hot' or 'I've got a wet nappy'. But just like adults, all babies have times when they feel tired, irritable, bored, frightened or just need to have a little cry to feel better again. This is when they need their carers to help them become calm again and manage these tricky feelings.

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You could try:

Swaying

Singing gently

Rocking

Cuddling

Gentle bouncing

Stroking

Dimming the lights

Baby massage

Using a toy to distract

Babies often use objects to calm themselves, like blankets, soft toys or sucking their own fingers. These activities are important parts of your baby's emotional world so try not to prevent them.

Scratch mittens can stop a baby using his or her hands to explore their own face and mouth and touching you – an important part of their emotional development. Try to only use mittens when your baby's hands might get cold outside.

3. Faces are fun!

Babies are especially interested in human faces. Looking at responsive faces helps stimulate social and emotional centres in their brain. Playing face-to-face activities with carers also helps them learn where sounds come from and how people use different facial expressions to communicate feelings.

You could try:

Activity ideas with pictures, e.g.

hide-peep

lap games

nursery rhymes

blowing bubbles

There are some practical ways to increase your face-to-face time with your baby, for example, choosing a pram or baby sling which lets your baby look directly at your face.

4. Copying each other

Babies love to copy you, and they really love you to copy them! When you watch closely you will see your baby trying to copy your mouth and face movements. They often need 10-15 seconds to copy you, so

be sure to wait for a while to give them chance! You can also copy their actions and their sounds, which helps them to watch you closely, building concentration and promoting turn taking.

5. Become a sports commentator!

Babies are listening from day one. They have no idea what your words mean, but they will in time. Babies do learn a great deal from the tone, pitch and quality of your voice so keep talking to them! Chatting along is just fine.

Babies also listen to you as a way of understanding how to interpret their own feelings and sensations. You can help by giving them a running commentary like a sports announcer. It might feel a bit silly but your baby will love it! You might say things like 'Hey, you're looking at daddy to see what he's doing!' 'You're getting very excited looking at that toy!' It's a bit like imagining you are doing the voices to the film *Look Who's Talking* – this is a way of putting your baby's experience into words as if he or she could talk.

6. Learning about feelings

Babies have very strong emotional experiences and can seem to be full of sadness, rage or despair at times. From day one, they need you to help them learn about feelings and how to cope with them.

One of the first steps is for you to give your baby's feelings a word.

This can be trickier than it sounds! It's difficult to know exactly how a baby is feeling, but using phrases like 'that's a happy face!' or 'you look like that's upset you a bit' do help even the tiniest baby to learn that you are trying your best to understand and help.



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7. Looking at books together

Babies like looking at books from a really early age. This is a great parent and baby activity for many reasons – it stimulates brain development in areas related to visual understanding, learning sounds, and facial expressions.

Try to find a way to look at books where you can see each other's face.

8. Rhymes, rhythms and repetition

Simple rhythms and tunes will really help your baby to learn about sounds and words – that's why we naturally raise our voices and use a sing song tone when we speak to a young child! Babies need to hear rhymes and songs over and over again because it stimulates brain pathways to strengthen and grow.

Older babies start to get clingy

Interacting with your baby in these ways will help you form a healthy, strong relationship and will stimulate the baby's brain in all the right places. Around 8-10 months or so, babies have a tendency to become more clingy for a while. They may seem nervous of strangers and cry more if you leave the room. They may refuse to sleep on their own or cry more for a certain adult. Parents often say their baby tries to follow them around more at this stage.

This is a key time for your baby to learn about trust; he or she needs those short separations from you so that they can learn that you do always come back!

Try to gently encourage your baby's first steps into independence by helping him or her cope with the strong feelings that arise when you are apart. Let your baby know you'll be right back after he or she has had a nap or a short stay with nanna, for example. Sometimes babies like to keep a special toy or one of your belongings with them whilst you're away. It will take several times of being apart before your baby starts to learn that they can cope with their feelings whilst you are apart, but once this happens their confidence will blossom.

This is often a difficult time for parents too, getting used to their own feelings of separation from their new baby. So, make sure you ask others to support you whilst you and your baby are learning to cope with separation.

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Leaflet for parents

Let's play!

This leaflet is designed to help parents understand why play is so important for children and includes suggestions for fun activities, which we hope parents and children will enjoy doing together.

All children need to play

All children are different, but every child is born with a natural desire to play and explore. Play is like a child's job – it is how they learn about and understand the world around them.

What is play?

Babies start playing and communicating from the minute they are born. When a baby watches an adult's face or listens to an adult's voice, he or she is starting to learn about taking turns, having fun and being playful with another person. This develops into exchanging smiles and giggles, looking at things together and exploring toys and objects.

Young children don't need lots of expensive toys – the packaging of the toys often make the most interesting playthings: a cardboard box can become a car, a spaceship and all manner of interesting things. The most important factors in play are your time and your joint imaginations. As a parent, you can help by watching your child play, waiting to see what catches his or her attention, and helping him or her to explore those things in their own unique way.

Children can lead the way!

When children play, they like to lead the way

The first step for you is to recognise what your child is interested in and to follow his/her lead. Following your child's lead is not a passive process of just watching, but depends on your ability to follow and encourage your baby/child's way of expressing themselves. It is important to try and pick up on your baby's/child's cues of wanting you to join in, wanting to change their focus of attention or wanting to stop playing a particular game. This isn't always easy and can be a case of trial and error – your child will soon let you know whether you are wanted as an active play partner, or watcher, at any particular time.

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Children's play can tell us a lot about how they are thinking and feeling. For children who are too young to 'talk' in words, their play will be like their part of a conversation. Early on in your relationship with your baby, your attention and sensitivity to what he/she is trying to communicate is very important. Even if you are not sure what he/she is trying to say, trying to understand will show your baby/child that you are interested in him and trying to make a connection. Children tend to be very generous in their efforts to help us to understand them and so don't worry if you feel confused at first, you will get lots more chances!

Mirroring your baby's facial expressions, and imitation, can seem like just a bit of fun but at the same time this is helping your baby to learn about himself and his feelings. The more secure your child feels, the more he'll be able to explore and experiment with new things in a creative way.

Stimulation is important for your child and there are so many fascinating toys around for children to play with. Even though your child will be able to learn certain things from playing with his/her toys, if you join in too that will make playtime a much more meaningful experience and will also encourage much needed social skills for when he/she joins nursery or a playgroup.

Play is an ideal opportunity for your child to learn to focus his attention, imitate actions and sounds, take turns, anticipate what comes next, recognise when something is hidden that it still exists, understand new words, say new words and pretend.

It is well known that the skills used in play are the basics for a child learning to communicate through language, so playing with your child is also teaching him language skills.

Children need to believe that their efforts are worthwhile and considered important enough to be taken seriously and to be given the time to be understood and listened to. Play really is serious business.

Children learn best when they lead the way

All parents want to teach their children new skills like counting, learning shapes, colours and words. The best way to do this is to for you to point out the things your child is already interested in and playing with, and then say the words for them. For example 'that's the blue square you've put in' or, 'you've got 1, 2, 3 little ducks'. Research shows that this way of playing really helps your child to learn. It is like building a ladder together,

where your child builds a step, you add a step, your child adds a step and so on.

It can be surprisingly difficult to let your child take the lead in play. You might want to play too, or make suggestions, or ask questions so that your child learns things. Actually, your child enjoys play best when you describe what they are already doing, rather than asking too many questions or making too many suggestions.

Sometimes your child will do things that aren't quite 'correct', like putting a water cup on their head, painting a face in green, or playing a board game upside down. You might be concerned that this could lead them into bad habits or stop them from learning about how to do things right. But don't worry, what might seem to you to be an 'incorrect' use of a particular toy might actually be a clever and creative idea from your child exploring his imagination. Even better, your child will have great fun if you join in being silly.

The best kinds of play are sometimes the messiest!

It can be really hard to let children make a big mess, but what might look to you like a huge mess may actually be a child's most creative moment! There are a number of reasons why messy play is so helpful for children's development. They get to experiment and explore in exciting ways, helping them to learn lots of new things about the world. Messy play also helps children to understand that sometimes things do get to be a real mess, but it can be sorted out and made 'OK' again with a little bit of help from other people. This is the start of your child learning about coping skills. Children who have been allowed to explore messy play and have been helped to learn how to tidy up start to understand that they are able to cope with messy feelings too. As they get older, when they come across difficult situations, they are able to tolerate these difficulties and think about ways to sort it out. So try not to get cross if your child makes a mess, and try to have fun with them helping you clear up afterwards.

Young children explore objects by putting them in their mouths and this is an important part of their learning. Young children see food as a great play opportunity because squishing, mashing and mixing their food is such a great way to learn about textures, colours and touch. If you are worried about the mess, get a plastic sheet or mat to put underneath their chair during mealtimes. They will grow out of it eventually!

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Play helps children learn about emotions

Children who have experienced positive play experiences with their carers, in which they have been able to take the lead, tend to develop better self-confidence and are better able to trust other people. This is because play helps children learn that they can have a positive impact on their surroundings and that adults will not intrude upon or control their imagination.

Parents are important partners in a child's world of play

Sometimes children don't want to play with their parents, and this can make the parent feel hurt or rejected. If this happens, it can be tempting to start avoiding play times with your child, but this will often just make matters worse. You might try just sitting near your child watching him or her play, without making too many comments at first. Remember, your child values your positive attention and words more than your suggestions or directions at this stage. If your child asks you to join in, try to follow their instructions about what to do – your child will love this sense of being in charge for once!

Some parents find it hard to play

It is not unusual for parents to find playing with their children a bit hard at times. This might be because they get bored at their child's need for constant repetition, or might feel it is their responsibility to come up with all the ideas during play. Sometimes parents feel silly, or don't know what to do. There are times when parents might worry about allowing their child to play 'incorrectly' with things or be a bit silly. We hope that this leaflet will help to emphasise the importance of letting your child take the lead in their play. Given a few simple toys or objects and a bit of attention from you, most children will get to work imagining and pretending and having fun.

Sometimes playing with your child may bring back memories from your own childhood, positive and negative. Occasionally these memories can get in the way of you and your child enjoying your play together. If this happens, you might find it helpful to talk it over with someone you feel comfortable with, for example your health visitor, a friend or family member.

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Leaflet for parents

Helping your child to grow up safely in the home

From the day your child is born they are learning about their new world. From only a few months of age your child will start to reach out to touch things (an essential way of learning) and will move their arms and legs in excitement, discomfort or frustration.

- As soon as they can lift their feet in the air they can roll over. Never leave your baby alone even, for a second on a raised surface or a higher level such as changing station, as they could roll off.



From a few months of age they are able to reach out and manipulate objects in their hands, but do not have the knowledge or skills to control fine movements or understand what is safe and unsafe to put into their mouths.

It is an exciting time watching your child being able to do something for the first time, share the pleasure with them.

- For babies and small children shiny and small objects may seem very attractive so it can be much safer to keep objects that can be swallowed, cause injury or choking completely out of sight. Being out of reach does not always mean that a child will not be able to reach an object. Keeping dangerous objects in a locked cupboard is much safer.



For toddlers (from about 1 year) it is an exciting, confusing and frustrating time and a very vulnerable time for accidents to happen. They are becoming more mobile by crawling, bottom shuffling or walking around furniture and are exploring further.

- Most children suffer minor accidents during their childhood and learning to walk may take a lot of practice and a few minor bumps and bruises before it is perfected.

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- Using safety equipment will help to make the home a little safer, but will only help to create a safer environment if they are considered in relation to your child's development and used as an addition to careful supervision.
- It can be helpful to anticipate your child's next stages of development and think about what you might need to make your home safe in advance. For example, if your child is showing signs of crawling fix a stairgate at the top and bottom of stairs, or depending on the layout of your home, on the door to the kitchen.

Children need some freedom to explore and learn about their surroundings with appropriate support and guidance from you. It is important they are guided safely and limits are set. Avoid confrontation and be firm when needed. If there is a possibility of danger there can be no room for negotiation. Your child may find this difficult at times especially if they are very attracted to the activity or place. It might be helpful for your child to accept the situation if you are able to think about what they could do instead.

Boundaries are an important part of helping a child to feel safe and to explore and learn. It is important that their actions i.e. 'climbing up onto the work surface using a chair' receives the same response each time as attempting it without supervision may result in an accident/injury. Support your child to play and learn safely by using encouraging words and actions.

Try this: Many parents have found it helpful to look at their home from a toddlers view. Crawl around on your hands and knees and you will find how different the house looks and how you may feel the need to climb higher to see what is out of sight.



- Young children cannot understand the effects of their actions and that reaching/climbing up to explore the mug or kettle on the work surface may cause a lot of pain and suffering if they pull it towards them and are scalded by the hot fluid. A hot drink stays hot enough to scald 15 minutes after being made.
- Keep dangerous substances (household chemicals, tablets, medicines) locked away.

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TIP

Your child will climb on things to explore what is higher up. Let them stand on a chair with you behind them, and with supervision they can wash the unbreakable pots and pans and explore the higher level, with dangerous objects out of reach.

Involve your child in domestic routines and allow time for play during care routines.

Playing and learning

Playing and copying others is how your child learns. Find time to play and talk with your child from day one. When you are together, explain what you are doing 'lets change you into a nice clean nappy'. They will begin to learn from your reactions (what you say, tone of voice) what you are happy for them to do but will not understand why you say no to some actions (as they could be dangerous) and not to others. Children respond and are guided by your responses to their actions.

As they become older their imagination develops. They may begin to copy characters (i.e. superman) or may try things they have seen on television. Give them the freedom to use their imagination but help them to use it safely. When they are imagining they are action man jumping off a high rock it may be safer encouraging them to jump in the garden or park rather than them trying it off the back of the settee.

Help them to play, learn and explore safely.

A few hints and tips



Think about how you feel and what your worries are for your child. It can help to talk to family friends or professionals such as your health visitor.

Using equipment such as fireguards, safety gates and cupboard locks will help to make your home a safer for your child to explore. Whilst it is not possible to watch your child every second of the day it is important not to rely solely on the use of safety equipment. Your knowledge, understanding and thoughtful supervision of your child will be the first successful barrier to preventing injuries occurring.

- ✓ Keep objects and things that may cause injury or harm out of reach and out of sight. Small children cannot understand dangers. As your child grows it is useful to think about their development and how you might explain dangers to them. This can be done in many ways, talking about things as you do them, simple age appropriate explanations or story books.
- ✓ Keep your child safe and actively occupied with a range of toys and activities. This will reduce the time for more dangerous exploration and increase their confidence.
- ✓ Use toys appropriate for their age and that are up to safety standards. Some toys are labelled 'Not suitable for a child less than 36 months' because of small parts that could be swallowed. Be aware that older children love to share their toys (which may contain small parts) with younger children.
- ✓ By using diversion 'let's go and build a house with your brio' some potential dangers can be avoided.
- ✓ Anticipation is the key. You need to be one step ahead of your child and try and think from their view what they might find interesting to explore. Be aware of what your child could get up to when they are out of your sight for a few seconds.
- ✓ Make your home safer, fit a smoke alarm – it will warn you of a fire and give you valuable time to escape.

If your child suffers an accident/injury

After an accident it is quite usual for your child to feel bewildered and frightened and as a parent for you to feel guilty and powerless. Following the accident they will require kindness and understanding and so may you.

If there are any injuries, these may need treatment. Seek medical attention as soon as possible if your child is distressed or you are concerned about an injury. If your child suffers a burn or scald however small it may appear, seek medical attention promptly. If you need advice you can contact NHS direct, your GP or local Accident and Emergency (A&E) Department.

If your child needs to go to hospital try to remain calm and explain clearly to them what is happening. It is often helpful if another relative or friend can come along to give support. It is also quite usual for siblings or friends who witness an accident to be quite upset or distressed by it and to also need support. Sometimes there can be a delayed reaction of several days. They may show this by being quiet and withdrawn, doing things out of character.

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Solihull Approach Resource: The first five years

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At hospital ask questions about any treatment your child is receiving. At a later time consider what led to the accident and consider what can be done to prevent a similar event happening again. You may find that your child may be clingier for a while, sleeping less well, suffer nightmares or physical symptoms such as sickness or headaches. Do not hesitate to discuss any areas you are concerned about with your health visitor or GP.

It is quite usual to need support after an accident. You may prefer to talk with family and friends or you may wish to talk to your health visitor or GP. If you wish to talk to other parents who have been through a similar experience ask your health visitor for advice.

Pictures courtesy of 'The Accident Notebook' 1997. Care of The Community Shop, 518 Stratford Road, Sparkhill, Birmingham, B11 4JJ

Sleeping

Additional assessment questions

What do the parents think about the child sleeping, e.g. is she frightened that the child will die in the night?

Is the mother (or father) having difficulty separating from their child?

Do the parents have their own issues around sleeping?

If relevant: who benefits most from the child sleeping in the parent's bed?

What does leaving a child alone at night mean for the parents? Do they have memories of being left to go to sleep as children themselves?

What time does the child start getting ready for bed?

Is there a bedtime ritual/routine?

Has the parent got special toys or ways to help settling?

What time does the child usually go to bed?

What time does the child usually go to sleep?

What started the problem?

What do the parents/child do if they wake during the night?

What does the child do to settle itself?

Sleeping difficulties: a child's perspective

'Me no wanna sleep!'

My bottom is cold/wet.

My nose is blocked.

I'm not tired – I had a long nap earlier.

My ears/teeth/tummy hurts.

I want Mummy.

I'm too excited.

Look at me!

I've had a bad dream.

Mummy and Daddy shout at night.

It's too quiet.

Teddy's gone.

I'm scared.

I'm hungry.

I'm too hot.

I'm cold.

All the fun is down stairs.

I don't like the dark.

I like my cot, not this bed.

Where am I? I fell asleep on the settee.

No nipple. No dummy. HELP!

It's too noisy.



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Sleeping difficulties: a parent's perspective

Every time I think he is asleep and I go to leave the room he wakes up and cries. He is doing it deliberately!

My mum used to leave us to cry ourselves to sleep but I can't bear to hear her crying.

Perhaps I should keep her in the room with us for a few more months. If I try to put him in the cot on his own I think that he will be lonely.

She will only go to sleep on the settee. She will not go to sleep in her cot.

He had bad nightmares so I let him sleep in my bed and now he won't go back into his bed and I'm too tired to keep putting him back.

I'm tired.

I'm frustrated. I feel helpless.

I'm terrified – that there is something wrong.



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Leaflet for parents

Preventing sleep problems

You and your baby were one, then when he or she was born you became two separate beings. Physically becoming two separate beings is not the same as emotionally becoming two separate beings. The process of learning where she ends and you begin takes longer.

During her first year your baby will begin to develop a sense of herself as separate from you. By the end of the first year she will begin to manage some independence, first crawling away from you to explore a bit, each time coming back to you. The process of becoming separate and independent is a theme that will continue throughout her childhood and into young adulthood. It is part of normal growing up.

The key to how well we manage separation is how much confidence we have that it is temporary. Your baby needs to know that if she crawls away from you she will be able to crawl back and find you again. If you are there for her the first few times then she will be able to tolerate being further away, even out of sight, without becoming too anxious, because she will trust that she will find you again. Your baby is learning that it is okay to be by herself for short periods of time. Remember your presence and her trust in you is what makes separation possible.

With separation comes anxiety, and this is normal. Anything new and frightening will activate your baby's inner alarm system, the 'cure' for which is seeing, hearing or touching you. In order to grow and develop and learn about the world your baby will need to be exposed to new things and this will also help her to learn that a certain amount of anxiety is not the end of the world.

Think about how you feel when you are not close to your baby or child. It takes two to separate, and some parents will find it hard to manage their side of the bargain, either for themselves or because they worry about what it might feel like for their child. It may be that parents are reminded of other losses or separations that felt unbearable for example. The health professional can help you think about this if you feel it might be relevant to you.

So what does this have to do with sleep? Well, sleep is a time of separation. We leave others to go into our own world and this is something we cannot do with anyone else. Your baby will be very sensitive to any messages from you about whether it is safe and okay to

go to sleep. If she learns in the day that being on her own, and perhaps even being a bit anxious, is not the end of the world, then when she wakes up in the night she will be able to tolerate being on her own and will drift back off to sleep.

Some children have more energy than others and they wake up wanting something to do. It can help to make sure that there is a safe toy in easy reach of the child so that they can amuse themselves when they wake up without waking you. Some children also take time to settle. A favourite soft toy can help. It can comfort the child, as you are not there. They can also be part of a story the child tells himself, just as you sometimes read before he goes to sleep.

If you are feeling tired you are likely to be feeling overwhelmed. You may have memories of being left to cry as a child. You might feel guilty about how angry and frustrated she makes you feel. In fact there may be all sorts of reasons why you might struggle to manage the separation from your child at night, all of which will make it difficult to convey to your child that sleep and separation are safe and manageable. Remember the health professional can help you think about these ideas if you think it would be helpful.

The first year

Your baby will need you to be close to you and early on you will need to be responsive in a fairly immediate way. The part of the brain that helps them to cope with a little bit more frustration has not yet developed. In the first few months don't worry too much about trying to build in a routine, just go with the natural rhythm of your baby's sleep- wake cycles. You will notice that your baby's sleep cycles are closely linked to their feeding pattern both during the day and at night. Each baby is different and as you and your baby get to know each other, you will become more confident in recognising your baby's signs.

In the first year, your baby will learn how it feels to fall asleep in a safe comforting way with your help. By responding sensitively to the changes in your baby's development you will build the foundations for a healthy sleep pattern in your baby. This process can take time and can feel like a dance between you and your baby and you will each learn to get into step with each other. As you get to know each other's rhythm you and your baby will begin to know the right time to soothe or be soothed less, rock or be rocked less, sing or be sung to and eventually your baby will learn how it feels to fall asleep using what you have taught them.

From around 3 months it can be helpful to start to introduce a simple short pre-bedtime routine which is relaxing and calming. This can include giving your baby a bath if this settles them, putting on their night clothes, calming down from the day by singing a lullaby or spending a quiet soothing one to one time with your baby and turning down the lights to help your baby recognize the difference between day and night. Bedtime routines can begin between 15-30 minutes before bed and are best carried out in the same order every night. As your baby gets older you can make small adjustments to their bedtime routine that are appropriate for their age, but the structure of the routine will stay the same. For example, nearer to the age of 1 year you and your baby may enjoy sitting together looking at a book.

There may be some nights when your baby is less settled even after their feed. You may find placing your baby in skin to skin contact or offering your breast again if they have just breastfed will calm your baby. This is because babies can find suckling comforting and does not mean your baby will overfeed. If your baby is unwell, their sleep may also be disturbed and, in addition to seeking medical advice, you may find these soothing actions helpful too.

There is a range of information and advice about creating a safe and comfortable environment for your baby to sleep in. This includes:

- sharing a room with your baby
- the best sleeping position for a baby
- safe room temperature
- where a baby should sleep
- supporting breastfeeding

New research is emerging all the time about these topics and you can find up-to-date information at:

NHS Choices <https://www.nhs.uk/conditions/pregnancy-and-baby/reducing-risk-cot-death/>

<https://www.lullabytrust.org>

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/caring-for-your-baby-at-night/>

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Sleeping for toddlers and young children

As your baby continues to grow and develop, so will their sleeping patterns and routines. We talked earlier about how becoming separate is a normal part of growing up and being able to settle and get oneself to sleep is an important part of our development. It is not helpful for young babies to be expected to settle themselves and although toddlers and young children will be moving towards this stage they will still need your help to get there.

Continuing to build on what you have done in the first year will help your child to manage how they feel when they are separate from you for short periods. All the suggestions for developing a healthy sleep pattern mentioned earlier in this leaflet such as bedtime routines and spending a calming time with your child, changing into night clothes, thinking about the temperature of the room and dimming the lights are still important. Your child may now be sleeping in their own room and you may find carrying out part of the bedtime routine in their bedroom helps them to settle. For example, you could read a story once they are in bed.

As you start to think about moving your child from a cot to a bed you may have concerns about how your child will cope with this change. It is another step in them 'growing up'. There is no set time to make this change although most children are ready between 18 months and 3 years. Again your child will look to you for support in how they manage this new experience in their life. Preparing your child and ensuring they are safe are probably the main issues you will be thinking about. It is a significant time in your child's development, when they may no longer be thought of as a baby and it can be worth spending time taking care of how you feel alongside your child's feelings.

The time your toddler or child goes to bed may also change as they develop and their daytime routine changes. Once again, there is no one bedtime that suits every child. Some children show signs of being ready for bed at 6pm while others do not appear tired until 8pm. Family routines can also affect your child's routine. For example, a parent may try to arrange a child's bedtime so that they are able to spend time with a parent who may work. It can be a challenge, but you are best placed to consider the impact for you and your child.

Many parents are beginning to ask about whether using televisions, mobile phones or tablets in their child's bedroom affects a child's sleep. There is now more known about how these devices can disrupt children's sleep and that includes young children and teenagers. Artificial light such as that emitted from TVs, phone and tablets has been found to reduce the

hormone that tells our brain to go to sleep, so turning the devices off an hour or two before bedtime can be helpful to your child.

There may be other changes or events that affect your child's sleep pattern. If your child is unwell, you go on holiday or there is a change in your family's routine your child may find sleep more difficult. Often these occurrences are temporary and last for a short time. It may take a few days, but those foundations that you have worked hard to give your child will help them return to a steady sleep routine with help from you. This can usually take a few days but if your child has a longer period of being unsettled, if you have concerns or questions and especially if your child is unwell, you can speak to your GP or health visitor for advice.

As your child gets older they may find that a soft toy or an item that reminds them of you comforts them as they fall asleep. This is not essential as most children settle with a bedtime routine and saying 'good night', which signals to them that the day is now finished and it is time to go to sleep.

Make sure your child has a good meal at teatime/suppertime so that he is not waking because he is hungry.

Have a set routine at bedtime as much as possible. The last hour should be a quiet period. Exciting play, physical activity, exciting/frightening television programmes, should be avoided during this wind down period.

A ritual of a bath/wash, drink, story, bed is suitable. Do not allow your child to over-extend this ritual, set a reasonable time limit.

Your child should be taken gently to bed, tuck him in and say goodnight.

At this point the day is finished. Try to convey a confident expectation that he will stay in bed, reading a book or playing with a toy if he is not sleepy.

He may cry, get out of bed or come downstairs after being put to bed. Try to allow yourself to feel confident at this point. It helps if parents use the following approach at this time:

Take your child back to bed without giving him attention such as playing with him so that he is aware that it is bedtime. The aim is to be boring and uninteresting.

Tuck him in and whisper 'night-night'. You may need to offer him some comforting words of reassurance in order to calm him.

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Leaflet for parents

The Solihull Approach to the disappearing chair routine

The disappearing chair routine is not intended to be used as a first approach. First you need to try to understand what is happening emotionally and practically for you and your baby. You may find talking to your health visitor or a professional helpful. As part of a way of thinking about helping your baby to settle the disappearing chair routine may be suggested.

As part of helping your child to develop a healthy sleep experience it is important to also think about what happens during the day. Routines are important during the daytime so if you can help your child settle separately from you, this can be practice for your child to separate more easily at bedtimes.

The disappearing chair routine can be used for the child who tries to keep you with them at bedtime, or who wakes during the night.

- Put your child to bed with their usual routine.
- Sit in a chair beside the bed reading a book (pretend if necessary). If your child is very upset you may need to sit on the bed or lie beside her.
- Every night the distance between you and your child should be increased. This may be sitting beside her if you have been lying beside her or moving the chair gradually towards the door. When the chair is outside the bedroom door you have completed the programme.

This process can take as long as you and your child need, several days to several months.

Be prepared for the problem to get worse for a night or two. In some cases this just means that she is testing you to see if you are really serious.

Making a new sleep routine is best started on a Friday night so that you are not under pressure.

This is only an outline. Each child is different and changes may need to be made before the routine is totally successful.

It is important to continue to be aware of your child's response to this programme.

Leaflet for parents

Nightmares, sleepwalking and night terrors

Source: Ferber, R. (1985) Sleep, sleeplessness and sleep disruptions in infants and young children. *Annals of Clinical Research*. Vol17:5, pp227-234.

These can be very distressing for parents but it can help to know that they are normal and usually will pass in time.

Sudden partial wakings

Behaviour

Extended periods of crying, sobbing, and moaning with wild thrashing.

Typical age

6 months – 6 years; occasionally in older children.

What to do

Go in to be sure your child does not injure herself. Let the episode run its course.

Keep your distance. Don't forcibly 'help'.

Only hold your child if she recognises you and wants to be held. Do not shake her or try to wake her.

Watch for the relaxation and calm that signals the end of the episode. You may then help her to lie down and you may cover her. Let her go back to sleep. Don't make her feel strange or different.

General suggestions

Make sure that your child gets enough sleep. Consider an earlier bedtime. Restart a nap if it was stopped without good reason.

Make sure that her sleep and daily routines are fairly regular and consistent.

Professional advice may be considered if events are frequent and if they began around known stresses, or if significant and persistent stresses are present.

Calm sleepwalking

Typical age

At any age from the time the child learns to crawl or walk.

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What to do

Talk quietly and calmly to your child. She may follow your instructions and return to bed herself.

If she does not seem upset when you touch her, you should be able to lead her back to bed calmly. She may want to stop at the bathroom.

Although you may be able to wake her nothing is gained and there is no point in trying. She is unlikely to remember the sleepwalking in the morning and is not in any distress.

If she wakes by herself after the episode (which older children and adolescents commonly do), she will probably be embarrassed.

Do not make any negative or teasing comments. Don't make her feel peculiar or strange.

Treat the sleepwalking in a matter-of-fact way, and let her go back to bed.

General suggestions

For young children ensure adequate sleep and a normal schedule. Occasionally this will help older children as well.

Make the environment as safe as possible to avoid accidental injury.

Floors should not be cluttered, objects should not be left on stairs, and hallways should be lit.

If your child's walking sometimes goes unnoticed put a bell on the door so that you will be aware whenever she leaves her room.

If your child tries to leave the house an extra chain lock above her reach should be installed.

If she sleeps in a bunk bed, the bottom bunk is safer. Consider professional help.

Agitated sleepwalking

Typical age

Middle childhood through adolescence.

What to do

If the agitation is marked, restraint will only make the event more intense and longer lasting.

Keep your distance. Only hold her if she is starting to do something dangerous. Remember your child is unlikely to be in distress even though it may appear that way.

When she calms, treat her as you would a calm sleepwalker.

General suggestions

Same as for calm sleepwalking.

Night terrors

Behaviour

Screaming, look of panic and fear, possibly wild running. The child may cry out, talk, moan in a seemingly nonsensical way, and may have a glazed expression.

Typical age

Most commonly reported between the ages of 3 to 8.

What to do

Wait for the screaming to subside and then simply let your child return to sleep. They will be able to relax quite quickly and will have no memory of the night terror.

Do not try to wake her.

Do not embarrass her if she reaches full waking.

If there is wild running and risk of injury, you may have to intervene, but be careful; both of you could be injured.

Talk calmly and block her access to dangerous areas, but actually holding her may be very difficult and can lead to even wilder behaviour.

Try to stay calm yourself. The most difficult aspect of a night terror is the fact that the child's sudden arousal, characteristic of night terrors, also wakes you up with alarm and without warning. It is you who is more likely to be in distress, not your child.

General suggestions

She may be safer sleeping on the ground floor.

If there is a threat of, or actual window breakage, consider replacing glass with an unbreakable type.

Use the same general precautions as for sleepwalkers.

Consult your general practitioner for possible use of medication, especially if there is wild running.

If medication is used, it should be viewed as a temporary solution used mainly for protection.

Professional help should be considered. This is the case even if psychological factors seem minimal but arousals are frequent, intense and dangerous.

With all these behaviours talk to your child during the day and listen out for any worries.

Nightmares and night terrors: how to tell them apart

Source: Daws, D. (1993) *Through the Night: Helping Parents and Sleepless Infants*. London: Free Association Books.

- Nightmares tend to happen during the latter half of the night, whereas night terrors happen in the first third.
- Nightmares are long, frightening dreams, which wake the sleeper and can be remembered in vivid and intense detail. A night terror is not a dream but an unusual awakening. Sleepers do not remember the night terror as they might a dream, they remember either nothing at all or a single frightening image.
- Night terrors are a different biological phenomenon from nightmares. They can be considered a minor abnormality in the brain's sleep-wake mechanism, resulting in unusual arousals. They occur at a different stage of the sleep cycle, usually deep sleep, not REM sleep.
- Both nightmares and night terrors can be influenced by stress or a difficult period in the family. Night terrors are likely to be worse with sleep deprivation or extreme tiredness, which is why it can help to keep to a regular bedtime routine.
- Nightmares, like dreams, can be an opportunity to express and figure out the conflicts and worries of everyday life. Children may fear retaliation for their own angry impulses for example, which is why it can help to let your child know that their difficult feelings are perfectly normal and acceptable (even if some of the behaviours they show you are not).
- Your child can be consoled after a nightmare whereas they may not recognise you or allow you to comfort them after a night terror.
- Nightmares can be associated with daytime depression, whereas night terrors are associated with sleepwalking.
- After a nightmare your child might be frightened to go to bed or to sleep. After a night terror he will not have this fear, in fact he will be able to return to sleep quickly and will not be afraid to go to sleep on other nights.

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Leaflet for parents Sleep diary

Child's name	Age						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time woke in morning							
Time of nap(s) in day							
Time went to bed evening							
Times woke at night							
What did you do?							
Times went to sleep again							
Comments							
How do you think your child felt?							
What did you feel?							
Suggestions for next week							

Toileting

Additional assessment questions

Parents' perception of normal toileting:

Strategies used by parents/teachers/health visitors, in management of child's toileting difficulties:

Medical history

Diet:

Fluids – amounts/types:

Bowel habits

Is there any diarrhoea/constipation?

Is there any pain on defecation?

Are the stools normal in consistency?

Is there any blood present?

Is there any soiling?

Is there any encopresis?

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Leaflet for parents

Toilet training: a child's perspective

Look, I can pull my pants up and down myself (avoid dungarees and belts).

The toilet is scary; it's a big hole and makes a noise.

I've only just started walking. I find it hard to squat.

If my poo's horrible, am I horrible?

Why don't they understand what I'm saying? Ooh too late!

I don't want to use a potty. I'm a big girl – I want to use the toilet like Mummy and Daddy.

The toilet/potty is too far away; I'll never get there in time.

It's dark in here – I can't reach the light.

Everyone is clapping – aren't I clever?

Don't take my nappy off; it's soft and warm and it catches everything that's mine.

My Mummy/Daddy looks upset, but at least they are with me now.

My poo will get lost down there – I'll hold on!

I'd rather carry on playing than bother with the toilet.

I like my potty. I helped to choose it.

It hurt last time I went; I'll hold on to it.

Why are they all watching me? I want some privacy behind the settee.

You said these are pants. They feel like nappies.



Toilet training: a parent's perspective

My mum had us all potty-trained at 18 months. What's wrong with my child? He must be naughty.

He's doing it to get at me.

I can't wash one more pair of pants.

She's asking for a nappy like the baby.

My friend's child can do it and she's 6 months younger.

If he can use the toilet once he can do it again. He must be doing it deliberately.

He just stood there and pooped his pants in the supermarket. It was so embarrassing.

I get so angry when she does. I know it doesn't help.



Leaflet for parents Toileting chart

Name _____ DoB _____

Date/time	Food and drink Times eaten or drank Type of food or drink Where food or drink is consumed	Toileting Times uses potty/toilet Wee/poo	Comments How your child is feeling? How you are feeling?

Leaflet for parents **A guide to toilet training**

For most children, daytime toilet training is achievable between 2-3 years of age. For a child to achieve this they need to be physically mature, emotionally secure and able to understand what is happening. It is important for the carer to look for signs that the child is ready to toilet train.

The most important parts of toilet training are having a calm attitude and setting a routine. Once your child has settled into the routine of sitting on the potty, he will soon develop the skills to use it. As a parent you will need to be patient, to encourage your child and don't give up. You may find it helpful to explore your own anxieties.

All children develop at different rates and the carer needs to support their child through each stage.

At first, emptying of bowel and bladder is a reflex action. A baby cannot use the potty until he is old enough to control his bowels and bladder voluntarily, just like an adult. This usually happens around two years of age, sometimes later. This is often around the same time as you are getting your child ready to start pre-school or nursery. It is important not to rush them into training, even if this means delaying the start of pre-school. You may wish to talk about this with the pre-school leader or your health visitor.

Think of yourself as being there to help a natural development. You should see how your child is getting on and think about how you and your child may be feeling about the process and experience.

Your child will be able to control her bowels before she controls her bladder. The sequence is usually as follows, but may vary:

- First, bowel control at night
- Next, bowel control during the day
- Then, bladder control during the day
- Finally, bladder control at night.

Bowel movements are more predictable than urination, so try to note at what time of the day he regularly goes, and encourage him to use the potty at this time. This may be after a meal or a warm drink, first thing in the morning, or before bed.

Your child may feel uncomfortable opening his bowels on his potty to begin with, and may hold on until his nappy is put on.

Look for signs of needing a bowel movement, such as reddening of the face, hiding, standing still, crying, pointing.

Your child's toilet training may stir up your own worries about loss of control and being messy.

Aiming for dryness during the day:

Only begin once your child has shown signs of being ready for toilet training.

Ensure that the potty you buy is sturdy and won't tip up. Involve your child when buying it. A splashguard is a good idea for little boys.

Explain to your child what the potty is for and encourage him to sit on it but not play with it. Praise your child if he sits on it but if he looks frightened, move him away from the potty and comfort him.

Encourage awareness of other members of the family using the toilet, and buy your child's first toilet seat and step.

Talk to your child about 'wees' and 'poos' when changing his nappy.

When he wees without a nappy, talk about it; this will help build and reinforce the link between the feeling of needing to pass urine and then doing it.

First stage

Begin potty training at a calm time, but only once your child has show an interest in the potty and an awareness that she knows how and when to use it.

It may be a good idea to have extra members of your family around so you can spend time helping your child to the toilet. Avoid times of change, e.g. the arrival of a new baby, moving house, illness in your child or other members of the family.

Look for signs that your child is ready:

- nappy may stay dry for a reasonable length of time
- your child may indicate that he has done a wee or a poo in his nappy
- he may use words to describe what he has done
- he may show signs of needing to pass urine or open his bowels.

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Place the potty in a warm, accessible room, preferably where you and your child spend most of the time, as to start with he will only have a few seconds between realising that he needs the potty, and using it.

Develop a routine that fits in with family life and stick to it. Sit your child on the potty at regular intervals; at first this may be every 60 minutes. If your child is dry after 60 minutes, gradually increase the time until it is two-three hours.

Use appropriate clothing that is easily removed, such as elasticated trousers and pants. It may be easier to leave him undressed from the waist down at first.

When your child sits on the potty, praise and encourage him, as this helps him to feel good about what he is doing.

Use nappies when going out or during a daytime sleep.

Do not restrict drinks as this will make your child thirsty and fretful. Although try to avoid fizzy drinks, squash and tea as this may cause them to wee more often.

Accidents will happen, so clean up the mess calmly. Never punish your child as this may make her afraid or worried.

You need to be aware that your child might have lots of fears and ideas about the toilet and their own body (see leaflet on Toilet training: a child's perspective).

Second stage

When your child sits on the potty regularly and happily, try to encourage him to ask for it, and introduce pants and trousers.

Try venturing out to shops without a nappy.

Ask your child regularly if he needs a wee, and continue praise and encouragement.

Do not expect your child to be dry at night for up to 12 months after he is dry in the day. When he begins to stop wetting his nappy at night, get some plastic sheets and let him sleep without a nappy on.

Dryness at night can be related to bladder size and the depth of your child's sleep. The pattern of night dryness can also be genetic.

When your child is confident about using his own potty and toilet, encourage the use of different potties and toilets to prevent problems when visiting friends or on holiday.

Constipation in babies and children

Constipation is usually defined as the infrequent passing of stools, which are very hard. It affects 1-3% of the child population and accounts for 3% of referrals to general paediatricians and 25% of referral to paediatric gastroenterology centres.

Babies vary a lot in how often they pass stools. Some have a bowel movement at or around each feed; some can go for a day or even several days without having a movement at all. Either is normal.

Most babies strain and go red in the face or even cry when passing a stool. This is normal and does not mean they are constipated so long as the stools are soft.

It is common for mothers to complain that their babies are constipated by which they usually mean infrequent stools. In most cases the stools are of normal consistency and these mothers have not appreciated that the stool frequency varies widely from one infant to another, especially in breastfed babies.

Causes of constipation in babies include poor fluid intake, incorrectly prepared feeds and over-heating causing excessive sweating. Constipation may occur in breastfed babies and bottle-fed babies.

Breastfed babies

Usually breastfed babies do not need additional fluids, especially in the first few months. If they are thirsty, they will demand milk.

During the early stages of breastfeeding it is particularly important to avoid giving extra fluids as this may interfere with the establishment of lactation.

If a breastfed baby becomes constipated, advise trying to increase the number of breastfeeds given each day.

Bottle-fed babies

In bottle-fed babies, constipation may occur because formula milk is incorrectly prepared, resulting in poor fluid intake. It is important that parents always follow the instructions and never add more powder or less water than is recommended, which can lead to feeds being over-concentrated. It is essential to measure the powder using the scoop

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

provided with the food. The powder should never be pressed down into the scoop, it should be levelled off using a clean dry knife.

If extra fluids are to be given, cooled boiled water is the best choice. Adding brown or white sugar to water should be thoroughly discouraged; it has a strong osmotic influence and can lead to dehydration.

Helpful hints

Following a warm bath:

- gently massage the abdomen in a circular, clockwise motion
- leave the nappy off and gently hold the legs in a relaxed bent position
- apply a smear of Vaseline around the back passage.

Causes of constipation in children

Non-organic

Developmental:

inadequate toileting by parents

cognitive delay/disorder

ADHD (Attention Deficit and Hyperactivity Disorder)

Autistic Spectrum Disorder (some ASD children have chronic constipation at an early age, before diagnosis)

Psychological:

coercive toilet training

toilet phobia

school toilet avoidance

excessive parental intervention

sexual abuse

new sibling arrived

depression

family breakdown

home move

Environmental:

potty, toilet not comfortable

potty not easily accessible

multiple carers – or parents who spend little time at home

lack of predictable structure at home

Other factors:

- recurrent illnesses
- lack of exercise
- family history
- poor diet
- cow's milk protein intolerance.

Note: The following handouts should only be given to parents following an assessment of the child's difficulties and the parents' perception of these. Advice within the leaflets and the use of reward systems, such as star charts, should be tailored and modified to meet the needs of the individual.

The management of constipation in children

The management of constipation in children in the community falls easily into six categories, each playing a vital role in the treatment of constipation (Burnett and Wilkins, 2002; Rowan-Legg, 2011).

1. Medical/laxative therapy
2. Modification of dietary fibre and fluid intake
3. Behaviour modification
4. Exercise
5. Education and follow-up
6. Parental support.

NB. The management options are not necessarily in order of action. An assessment may find that a combined use of these strategies or containment of the parental anxieties, i.e. support, may be enough.

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Soiling

Bowel control is generally established by four years of age. Normal bowel function is a complicated process involving both voluntary and involuntary actions. The action can be influenced by emotional states and diet. Most children are successfully bowel trained between two and four years of age irrespective of the training methods used (Buchanan and Clayden, 1992).

For a child that soils it is a most devastating occurrence that is hard to acknowledge, and often the child denies that he is soiling. It makes the child feel that he has lost his dignity and is often treated as a social outcast, especially at school. The soiling may also make it difficult to make friends and even more difficult to spend nights away from home with their friends, because of the constant fear that they may make a horrible smell, or make a mess in their clothes. It is not surprising that these children and their parents develop strategies for coping, often by withdrawing from social activities. Most childhood soiling is a result of chronic constipation.

Soiling

- Inappropriate passage of stool associated with chronic constipation
- Passage of stool is involuntary and usually unsuspected by child in contrast to encopresis
- Faecal material may be soft or may be brown liquid leaking past hard faecal 'scybala'
- Often referred to as constipation with overflow.

Neurogenic soiling

- Soiling which occurs due to a neurological abnormality
- Occurs in spina bifida, myelomeningocele, paraplegia etc.

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Encopresis

Encopresis affects 1% to 3% of children, with higher rates in boys than in girls. However, encopresis may go undetected unless health professionals directly inquire about toileting habits.

Non-retentive encopresis refers to the inappropriate passage of normal stools. Children who evacuate their faeces into clothing, behind furniture, under their beds etc, cause intense parental frustration. Parents sometimes feel deeply ashamed and embarrassed, and feel that somehow they are to blame. They may also feel that the child is doing it deliberately to wind them up. Parents may accurately recognise that the child is expressing feelings which may be negative e.g. hostility or jealousy, but it may well be that the child himself is not aware of this. The health visitor is in an ideal position to help parents think about their child's experience; encopresis can often be the first sign that the child needs some emotional support. Any disturbance in a child's regulation of bodily functions can be an indication of a temporary emotional 'disturbance'. The child may be having to deal with some new feelings which feel disturbing e.g. jealousy at the impending arrival of a new sibling. The Solihull Approach provides a particularly useful model of thinking in such circumstances, as the emphasis is on exploring relationships.

An organic cause for non-retentive encopresis is rarely identified. The medical assessment is usually normal, and signs of constipation are noticeably absent.

Encopresis

- Inappropriate passage of normal stool
- Faeces passed into the pants, onto the floor or behind the furniture
- It is implied that there is normal sensation and control.

5.6

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Leaflet for parents **Constipation**

Recommended high-fibre foods – for children one year or more

Brown, granary or wholemeal bread

Cereals such as Weetabix, Ready Brek, Porridge, Shreddies, Raisin Wheats, Puffed Wheat

Wholemeal pasta, brown rice

Baked beans and sweet corn

All fruit – leave skins on where possible

All vegetables

Jacket potatoes and chips with the skin left on

Biscuits – digestive, fig roll, Hob Nobs

Fluid intake should be increased according to the age of the child and should ideally be water-based drinks

See NHS Choices website for more ideas

Signs and symptoms of constipation

- Poor appetite
- Lack of energy
- Unhappy/angry/irritable
- Irregular bowel actions
- Bowels open less than 3 times per week
- Abdominal distension
- Occasional passage of very large stools
- Foul smelling wind and stools
- Irregular stool texture
- Anal fissure
- Withholding or straining to stop the passage of stools
- Pain on defecation
- Passage of blood on defecation
- Enuresis and urinary tract infection
- Abdominal pain.

Leaflet for parents

Toileting

Soiling

1. Use a record or diary sheet of:
 - any medication taken
 - going to the toilet and the results
 - food and fluid intake
2. Try for regular toileting, at least once a day at the same time.
3. Ideally your child should go the toilet 20 minutes after a meal, as this is the time they are most likely to be successful.
4. He should sit there for at least 10 minutes to try and have his bowels opened. Ask him to try pushing, every so often, imagining he is blowing up a balloon.
5. It helps if there is warmth and comfort. Allow your child privacy if this is his wish or stay with him if he prefers.
6. Provide a step for your child to push against, if he cannot reach the floor.
7. Even if a small stool is passed she should be encouraged to keep trying.
8. A child's toilet seat should be provided if the usual seat is too big.
9. It helps if there are comics, books, favourite toys or music available in the toilet.
10. Try a warm drink after breakfast every morning – it helps to trigger bowel action.
11. Make sure your child is eating sufficient fibre, at least one fibre-rich food should be eaten at every meal, including fruit and vegetables. (See Recommended high fibre foods-caution if under one year)
12. Ensure that your child has an adequate fluid intake. Seek advice from your health visitor to ascertain how much your child should be drinking each day.

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13. If your child has been prescribed any medication for his bowels, make sure that it is taken according to the instructions given by your doctor or health visitor.
14. Use a reward system, age-appropriate, that has been discussed with the health visitor and negotiated by you and your child, e.g. pocket money, treats and star charts.
15. Encourage the rest of the family to praise the child appropriately and offer support and help with filling in the record sheet.
16. Regularly review progress with your health visitor.

Adapted from Herbert (1993)

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NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Leaflet for parents

Advice sheet daytime wetting

When thinking about your child's day-time wetting it is important to think through whether your child has ever been properly toilet-trained. Many children appear to do well for a few weeks and then go backwards. This is likely to mean that the child is not quite ready and it may be helpful to back off until she indicates she is ready to try again. However, if your child has been toilet-trained for some time then it may mean that she is expressing a feeling which is too difficult for her to understand. Children are inclined to wet themselves when feeling anxious or angry but they won't usually be able to tell you what is the matter. Talking gently to the child about their day may give you a clue as to what is upsetting them. For example, they may cry or get annoyed and try to stop you talking about something which they are bothered by.

- Encourage regular toileting (bowels and bladder).
- Check daily intake of fluids (six to eight glasses each day).
- Provide a healthy diet.
- Promote good hygiene at toilet visits – wiping bottom, shaking penis, and washing hands.
- Have a comfortable seat position on the toilet, using a footrest if needed.
- Have changes of clothes available.
- Do not scold or punish – the child may have little control and this may make them feel frightened and upset.
- Use a calm and positive tone and gain eye contact with your child.
- It may take time to achieve complete dryness. Don't expect too much too fast.
- Use a reward system for achievable goals (small steps).
- Be consistent and keep focused.
- Discuss with other carers, pre-school, childminders etc., and work together.
- Seek medical advice if the child experiences pain or discomfort when passing urine or stools.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

What to do about bedwetting

Advice for parents

What is bedwetting?

It is a lack of nighttime bladder control.

What causes it?

There can be a number of causes. It can run in families.

Can my child help wetting the bed?

No! Children who wet the bed do not do it on purpose and are not naughty or lazy. It may be that something is worrying them or they could have a urine infection.

Is it common?

Yes. One in every six children starting school wet the bed. There are more boys than girls who wet the bed.

Is it my fault?

No! Some children take longer to gain full control of their bladder at night. All children are individuals and develop at their own pace.

Can it be cured?

Yes, Most children can be helped by giving them support and encouragement.

Helpful hints

- Your child should drink at regular intervals during the day.
- Milk or water is recommended.

At all times avoid

- Tea
- Coffee
- Chocolate flavoured drinks
- Fizzy pop
- **Encourage** your child to use the toilet before bed and again before going to sleep
- **Praise** your child for any dry nights and ignore wet nights
- Use a reward system for small steps.

See ERIC website for more ideas.

Check with eric, the children's bowel and bladder charity www.eric.org.uk, for helpful books and online explanations.

Further reading for practitioners, parents and children

Helpful books for children, parents and practitioners are available from eric, the children's bowel and bladder charity www.eric.org.uk e.g. 'Softy the Poop: Helping families talk about poo' 'Seven Steps To Nighttime Dryness: A Practical Guide For Parents Of Children With Bedwetting' 'Effective Management of Bladder and Bowel Problems in Children'. There are also online explanations for children.

Feeding Additional assessment questions

Feeding assessment

1. What routines are there in the family about eating?
2. What food is being offered?
3. How is it offered?

Emotional history

4. What does the mother think about the child feeding?
5. Is the child upset about something, which is putting him off eating?

Feeding history

6. What was the first feeding experience like for the mother and baby? What were subsequent ones like?

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Leaflet for parents Food and drink intake diary

Child's name _____ Dob _____

Please record all solid and liquid food and drinks.

Use a new page for each day.

Day and date _____

Time	Type of food and drink	Consistency, i.e. soft, smooth, lumps, thick, liquid	Amount eaten or drunk, i.e. ½ cup, 2 teaspoons	Comments, i.e. time taken, behaviour, who fed, possetting, vomiting; how did you feel; how did your baby react?

Leaflet for parents

Feeding: a child's perspective

She keeps shoving that spoon in my mouth. I'm going to spit it all out!

Blah! Blah! I'm not eating that muck!

I'll stop crying if she dips my dummy in the sugar.

Look at the lovely pattern I've made with my ketchup.

Why is Mum so upset I haven't eaten anything? I'm not hungry.

If I stick my fingers down my throat
Mum will come running!

If I make a fuss out shopping
she will give me some sweets.

YUCK! YUCK! LUMPS!

Does he expect me to
chew and swallow? I
wish I were still a baby

My brother still has Mummy's
milk and I'm stuck up here
on my own.



NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Feeding: a parent's perspective

The bottle doesn't seem enough anymore – he's a big baby for 10 weeks. I think I should put an extra scoop of milk in the bottle.

She screams if I don't give her a bottle, she just throws the beaker at me.

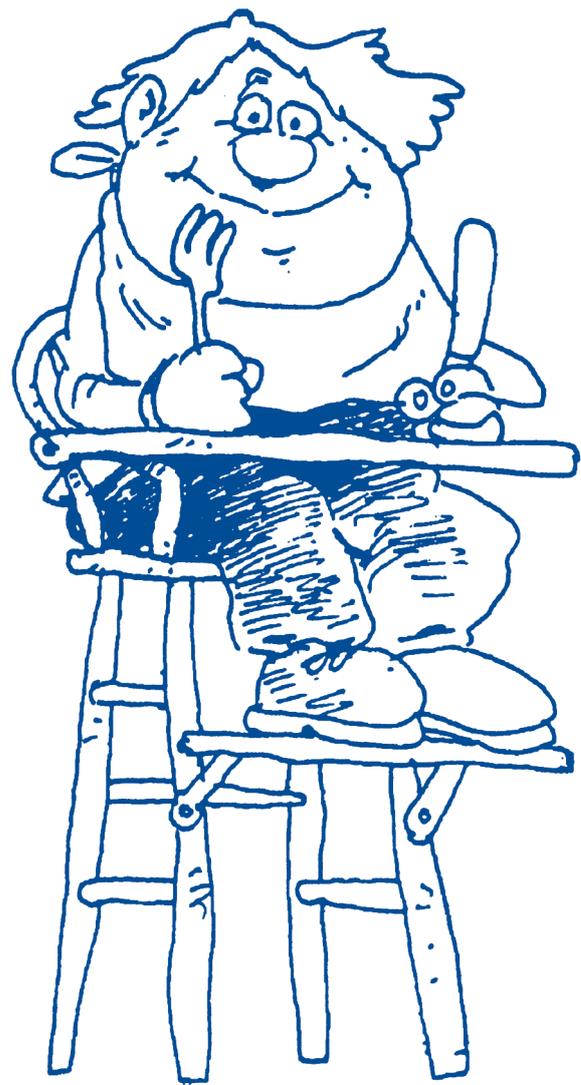
Every time I give him lumpy food he just gags, I don't know if I should go back to puréed food.

He keeps making himself sick and I panic in case he's going to choke.

If I give her the spoon she just makes a mess everywhere.

Nursery says he eats everything they give him, but at home he only eats chocolate biscuits and crisps.

I'm worried he's not eating enough healthy food.



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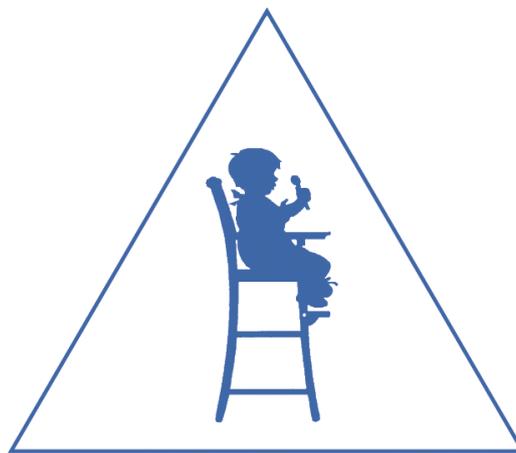
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Leaflet for parents

A useful approach for parents to help your child enjoy food.

Containment

Sharing your feelings with a health visitor
to help reduce stress at mealtimes



Reciprocity

A two-way process
between you and your child
that lets you both feel valued

Behaviour

management
A planned way using hints
and tips to encourage healthier eating

This is a unique guide using the cornerstones of the Solihull Approach to help parents look at eating problems with the family.

Here are some useful ideas to think about when it comes to mealtimes

Tips for toddlers

Eating together regularly as a family can offer your child an enjoyable social experience.

Presentation is important. Colourful plastic plates and cups of contrasting colours.

Adults are conditioned to eat three meals a day. Children will eat when they are hungry.

If your child is clearly not interested after about 20 minutes take the food away without comment. Offer the food again later when your child shows signs of hunger.

Encourage and praise your child even if a small amount is eaten. Do not make a fuss if a small amount of food is left.

Avoid filling up on biscuits and sweets as snacks or drinking too much milk.

Food should never be used as a reward or punishment. For example food used as a bribe may devalue the food you are trying to encourage your child to eat.

Leaflet for parents **Introducing solid food**

Introducing solid food is a big change, from relying solely on baby milk to introducing other foods to your baby. It is a very special time for both parents and child, and not only signals developments in your baby's brain but also a big shift in your relationship with your baby. When babies are small, we have to do everything for them, but as they grow they take many little steps towards independence.

Some parents may welcome their baby moving on from a total reliance on milk, but for others the transition might feel more difficult. It might feel like your baby doesn't need you so much and this could leave you with a mixture of feelings. Just like other big changes, there'll probably be some good days and some more difficult days. Your child will be experiencing new tastes and textures, and is likely to be a bit unsure about it at times. Introducing solid food can sometimes leave you both feeling a bit 'lumpy', just like the new foods you will be introducing! Your health visitor appreciates this is an important time for the whole family and she would be willing to listen to any concerns you might have.

It can feel like there's a lot to think about

It is not unusual to feel anxious about the different aspects of solid food. You might worry that your baby will choke or gag, you might not know which foods to cook, or worry that you'll get this wrong somehow. You might be relieved that your partner will be able to play a more active role in your baby's mealtimes. You might feel that all your friends' babies are starting solids and can't understand why your baby doesn't seem interested. Solid food can seem like a point of pride for some parents, as if it's a pressure and a rush to have their babies on three family meals a day. However, if solid food is not taken at the babies' pace it may result in unhelpful attitudes to food later.

You might feel uncertain or confused about solid food but not really know why you feel this way. This might be a good time to talk to someone understanding, like a friend, family member or health visitor. Solid food can feel difficult because you want to hold on to your precious moments of closeness when you breastfeed, or because you think this might be your last chance to be really close to your baby. You might be thinking about other changes which you are associating with solid food, such as being expected to go back to work or start leaving your baby with a child minder. You might feel OK about these changes but notice your baby

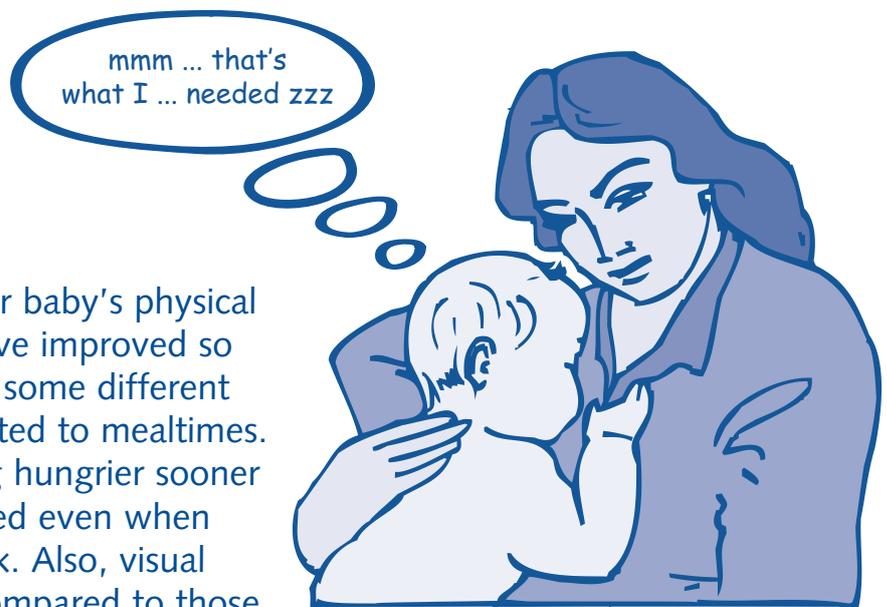
seems reluctant to be introduced to solid food, and so you might be worried whether you're doing the right thing or not. These are all common concerns that many parents can identify with. Whatever your concerns, it's very unlikely that you're the only parent who has ever had these thoughts, and talking about them to someone understanding might just help you find a way to move forward.

There is good news

The good news is that babies come with ways of telling you when they are ready for the next step and what they like. When your baby was first born you might have taken a while to figure out what they wanted and when, but you will have realised that even though they couldn't manage language they were still extremely good at communicating – letting you know when they wanted milk, needed to stop for a break, and also had had enough.

Over the last 6 months your baby's physical and thinking capabilities have improved so you might now be noticing some different behaviours, particularly related to mealtimes. Your baby might be getting hungrier sooner or perhaps is still not satisfied even when they have finished their milk. Also, visual skills are vastly improved compared to those of a newborn. Your baby is able to see the rest of the family eating and may signal that they would like to try some solid food by holding their hand out or trying to grab at food. Different babies will show different signs but some may appear very excited. Some may seem visually fixed on the adult food and some may become a little upset when none comes their way!

The fact that your baby can hold their head up when sat on your lap may also be a sign that they are **physically** more ready for the next stage towards being able to feed themselves. This may all be accompanied by your baby putting their hands into their mouth, feeling their own fingers and tongue. This is a natural stage in their development that helps babies explore how things feel, such as softness or firmness. It also helps a baby carry on judging how to move things around their mouth safely to avoid choking. Putting their hands in their mouth however should not be



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confused with signs of hunger. It is really important to 'listen' to your baby's communications and treat them as the individual they are.

Solid food includes other people too

Eating is an everyday activity that we enjoy through the taste of nice foods and the social interaction that we have with others. Eating with your baby should be no different. Just like all your baby's experiences, mealtimes can also be fun learning opportunities marking an increase in your baby's skill and growing independence. They will really enjoy eating at mealtimes with you and the other members of the family, even if this requires a bit more patience from you; babies do like to grab at other food, make a mess and take their time when they are learning the new skills of solid food.

If we are presented with something we have not tried before we probably approach it in a curious manner, holding it in our mouths and experiencing the texture before swallowing it down. If your baby has always readily accepted milk previously, it can be hard not to feel rejected when they spit out these new tastes. Try to remember that your baby may need several chances at a new food before they can decide if they like it or not. It can be even harder to be relaxed about solid food if you know they'll sleep better if they eat well, or you have been worried about their being poorly recently, or they seem to be spitting a lot out at the moment. Try to keep in your mind that your baby is good at communicating with you, and is asking you to read these signs even though they can't use words.

As you would expect with any important change, there might be times when your baby seems to be finding solid food a bit tricky. For example, your baby will be learning to wait for the next spoonful to be loaded. Your baby might try to go back to relying on bottles or using the breast as a comforter. They will need your help to keep going and not give up. It can feel easier just to give in and go back to milk, even though your baby is clearly giving you signals that they are ready for solid food. This is when another person, such as a friend, relative or health visitor, can help you to keep going in a way that is sensitive to your baby's signals.

Think about how you would want to be fed

The things that are important to us as adults at a mealtime are not that dissimilar to a baby's desires. We like to see our food in front of us. We need to be able to reach it and be in control of what we put in our mouth next. It's nice to eat alongside someone else. We like to be comfortable in order to feel relaxed and enjoy the experience and we like to have enough

time so that it doesn't feel like a race towards indigestion! We also generally stop when we are full up.

wow is this fun!
It tastes yummy and
I can get my hands
in it too!



However we have all had different experiences of mealtimes and it might be worth taking a moment to think about your own experience of food and eating. Would you think of yourself as someone who likes most things and is willing to try new tastes, or do you think your likes are limited. How do you think this might have a bearing on what you give to your baby or indeed how you present food to them? Remember the non-verbal cues we give can be more powerful than what we actually say so it's important to look positive about the food you offer – even if it's something you yourself aren't particularly fond of. Your baby's non-verbal cues are important and so look out for those gestures that mean they want more or that they've had enough. These might be as simple as your baby opening their mouth or looking towards you, turning their head away, clamping their lips together, or even blinking hard.

Trying to see feeding time from your baby's perspective is an important step towards appreciating how they might be feeling in a given situation rather than sticking to your own agenda about how much you feel your baby should be eating at this particular sitting. Your baby will gain so much from knowing you are listening to what they are trying to tell you. Your recognition of your baby's signs to indicate that they have had enough and want to stop now builds a real sense of trust and understanding. Your baby is more likely to enjoy future mealtimes if they feel they have some measure of control about what and how they eat.

can't you see
I've had enough now thanks mum.
You might want me to finish that last
mouthful but I just don't have
any room left



You can find more information about introducing solid food on the NHS Choices website.

NOTE: This leaflet is designed to be used as part of a wider conversation with your practitioner. If you want to take an online course for parents, visit www.inourplace.co.uk.

Leaflet for parents

Being a parent

Are you anxious, frustrated, angry, overwhelmed and helpless about your child's behaviour? Do you feel that you have tried everything to get it right, but things are not improving?

Being a parent is one of the most difficult jobs in the world. When things aren't going right it can help to stop and think with someone else, like a health visitor, about the situation.

Parenting involves a unique relationship between parents and children. Parents provide a window on the world for the child and through this, children can begin to learn about themselves, their environment and others. Parents are vital in establishing a secure base to help the healthy physical, emotional, social and intellectual development of each of us. We are helped to grow and progress from total dependence towards independence and relationships with others.

Everyone brings their own personality, life experience and expectations to their role as a parent. All of us have been parented. That first unique relationship with our parents, how we experienced them and how they experienced us, affects the way we go on to parent our own children. As children we all responded and behaved differently and our parents dealt with our responses and behaviours in different ways, depending on their personalities, life experiences, circumstances and feelings at that time. By understanding more about how you felt when you were growing up with your own parents, you can then begin to see things from your child's point of view.

It can help to stop and think about some issues. This leaflet describes issues that sometimes affect how you feel about your child and how they react to you.

Expectations

As a parent-to-be, you will have thoughts and feelings about the pregnancy and these will all play a part in how you see your new baby. These can include: the pregnancy is unplanned, you would like a girl, you would like a boy, you are worried about whether the baby will have something wrong with her, you are worried about whether the baby

will be sick, you are not sure who the father is, you wanted the pregnancy to be terminated, you are worried about your relationship, you have your own mental health problems at the moment. You may have other thoughts. It can be helpful to talk about them with somebody, such as your health visitor or midwife. Everyone has different thoughts and worries about their new baby.

Personality

Every child is different. Each one has their own personality. Even at birth, babies already have different personalities. If you have more than one child you will already have proof of this. Some children are easier to manage than others. Some children need more patience or firmness. Your child's behaviour is a mix of their personality, your parenting of them and the different things that have happened to them in their lives.

Life events

Where and how you live can affect how you care for your child. Redundancy, your partner leaving you, housing problems or money worries all make it hard for you to concentrate on your baby or child. It is important for you to get as much support as possible in these difficult times, for your own sake and for that of your children.

Everyday life, such as moving home, starting nursery and school, accidents and illnesses will all affect your child. You may remember from your own childhood your feelings about ordinary events like these. You can help your child by explaining what is happening. This will help him feel less out of control and less anxious.

Family crises also affect your child. When you were growing up you may remember how you felt when there were crises in your family. Separation, divorce, illness, domestic violence and bereavement are all difficult times for children. They are also difficult times for you, so just when your children need you to help them cope is also the time when life is hard for you. You may need more support.

Environment

Every child is born into a particular family and your family will, of course, affect how your baby sees the world.

You will know from your own experience that your position in the family makes a difference, for example, whether you are the oldest or the youngest. Sometimes it can make quite a big difference.

Your relationship

There are times when you find it really helpful having a partner to share in bringing up the children. However, it can be also be very difficult to work together. You may disagree with each other about what to do in different

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situations, for instance, about bedtimes. You may find it hard to cope with your children when they play one of you off against the other.

Sometimes you may be angry with each other, but your anger comes out as disagreeing with each other about managing your children's behaviour. You end up arguing about the children.

If there are a lot of disagreements between you and your partner, you may find that your well-behaved child starts to behave 'badly'. You may remember what you felt when your parents were going through difficult times together. Children are very sensitive to how their parents feel. Sometimes they worry about what might happen. They react in different ways. For example, some children react by trying to be in charge of everyone and everything, to make themselves feel less anxious.

All children need to have an experience of parents willing to work together, even if they are separated or divorced.

Your own parents

Our own experiences of being parented can help or hinder us as parents. We may want to alter radically the way we parent our children because of our experiences, or repeat what we felt worked for us.

We may enter parenting determined not to make the same mistakes that we feel our parents may have made. If your father was very strict with you, you may want to be different with your children. However, if you go too far the other way and are not firm enough with your child, that is not helpful either.

These are just a few of the things that affect us as parents. There is no such thing as a 'perfect parent', even though we may wish to be one. At times it can be a struggle. Being a parent isn't easy, but it can be enjoyable and rewarding. To be a 'good enough' parent can take a great deal of determination, thoughtfulness and support.

Leaflet for parents

Child development: emotional and physical

This section is based on the work of the psychologist, Vera Fahlberg.

Before looking more closely at the developmental stages, it is important to bear in mind these three points:

1. Children develop at different rates to each other but go through different stages, usually in the same order.
2. Each child develops in his or her own unique way depending on personality, how he or she is managed and family background.
3. Children develop in their minds, their bodies and their feelings. A delay in one area can result in a delay in another.

Parents who understand the different stages of development that children go through are:

- less likely to be upset by behaviour that is normal for each stage of a child's development
- more likely to support the child in his or her struggle with the challenges of each stage
- better able to understand what a child needs in order to grow
- better able to create an atmosphere that will help the child grow and be confident
- more likely to be able to meet the child's needs so that unwanted, but normal, behaviours will not carry on into later stages of development.

Parents who understand the different stages of development see their children's behaviour as progress from one stage to the next, rather than seeing it as 'naughty' or 'wrong' behaviour.

Families provide safety, security, stimulation, encouragement, reasonable expectations and limits. Children need both emotional support and boundaries as they meet the challenge of each stage of their development and have to cope with the inevitable frustration of each one. Children who do not receive support become confused, bewildered, insecure and lacking in confidence.

Normal fears and worries go with each stage of development. The parents' job is to help children cope with, and overcome, these fears. Making children feel bad because of their fears makes them worse. It cannot possibly help them learn to feel brave and capable.

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It is the quality of the relationship between parents and their babies that helps the babies develop mentally, physically and emotionally and go on to develop equally securely through transitions in their life, making them into confident, well-adjusted adults.

0–12 months general development

During the first year of life the main developmental task is to build feelings of safety, security and trust in other human beings. When parents meet the child's dependency needs, they are helping this process.

During the child's first year when a parent wonders 'What should I do when...', he or she could be encouraged to wonder instead 'What will help my child learn to trust me?'

It is the quality of the relationship between the parent and the baby that helps the baby develop mentally, physically and emotionally.

Babies who experience regular feeding, changing, playing and talking to, learn that adults are available and that they are worthy of the adults' attention and care.

When babies are born they cannot tell the difference between different types of discomfort and upset. They experience and react in a similar way when afraid, hungry, or in pain. Gradually they start to distinguish between these different states. This is the basis for learning cause and effect. When a parent can regularly tell when a baby is hungry and feeds him, the parent is teaching the baby to recognise that the cause of his discomfort and upset is an empty stomach.

During the first year of life, babies' bodies develop very rapidly. They develop so fast that parents see changes nearly every day.

At no other time in life will there be such rapid growth and change. The baby's nervous system becomes organised during the first year of life. The rate and level of this organisation seems to be at least partly related to the quality of the relationship that the baby has with his carer.

The first three months

In general, babies gain control downwards through the middle of their bodies then from the middle outwards to their arms and hands, legs and feet. By the age of six weeks, babies are able to focus on objects at an average distance of 15-25 cms (6-10 inches). This is the average distance between the baby and parent's eye contact when the infant is being held, bottle fed in this position or attached to the breast. From birth babies are genetically programmed to search out a human face. Babies have been shown to prefer curves to straight lines, strong light/dark contrasts, acute angles and are

fascinated by symmetry on the vertical plane. Interestingly these are all key features of the human face. From birth, babies are interested in looking at the face of their carer. Eye contact has been recognised as being important for babies and parents when they are getting to know each other and has an important role in bonding.

Further reading:

If you want to learn more about babies' development, there are many good books, but you might try:

Boswell, S (2004) *Understanding your baby*. London: Jessica Kingsley

Within the first month, most babies learn to follow objects to the midline, and within two months, many can follow beyond the midline. Again this assists the baby to locate the eye contact of the parent or carer. The muscles of the lower part of the face are the next to come under their control. Babies usually respond by smiling before they are three months old. Many babies are able to smile around six weeks or before. Smiling occurs predominantly in response to the faces of those caring for them, although a smile can also occur as a result of other pleasant stimuli associated with a parent or carer, such as hearing a familiar voice or being touched in a soothing way. Next comes control over the neck muscles, allowing the baby to lift his head and neck when lying on his stomach and gain control over the head when held upright. Large muscle control of the arms comes after this.

Three to nine months

Between three and four months, most babies can put their hands together and use their arms for support to raise their chests up when lying on their stomachs. Near this age babies learn to roll over, first from stomach to back and later from back to stomach. Between three and four months, children develop enough control over their hand muscles to be able to grasp a rattle for a short while.

By five months, most babies will reach for an object, and by six months most will move objects from one hand to the other, often putting the object in their mouth. Near this age they learn to pick up small objects by using a raking movement.

Most children can use a thumb and finger grasp by the age of nine months and this action replaces the more immature grasping action. By nine months babies can sit unsupported and begin to crawl. By this time babies are gaining control over the muscles in their legs. They can pull themselves up and stand if there is something to hold onto. Within the next month and a half, most babies will learn to walk holding onto furniture and stand for a few seconds

by themselves. Babies learn to bend at about the same time as they learn to walk alone, usually at about one year of age. During this period babies begin to play an increasingly active part in their relationships.

Nine to twelve months

Between the age of nine to twelve months babies are able to let go of objects and may be able to feed themselves finger foods. Also by one year of age, most babies have learned to pick up small objects with a neat pincer-type grasp. This stage can be frustrating for parents, for children see and pick up every tiny thing on the floor and put everything they have picked up in their mouth.

Speech and language development in the first year

Babies begin to develop language during the first year. Even in the womb, babies can hear. New babies become upset when they hear sharp noises and they prefer soft sounds. By three or four weeks, babies will turn toward noises and respond, especially to the voice of their carer.

By the age of four months, babies make various sounds: babbling, cooing, gurgling and laughing. The more babies are talked to or played with, the more sounds they make.

Between six and nine months, babies copy parents' speech sounds. By this time they are able to control the muscles in their lips, tongue and mouth and an increase in the sounds they can make occurs at this age. By the age of 12 months babies often respond to their own name, babble and form words such as 'mamma' and 'dadda'.

Development of the baby's emotions in the first year

During the first year of life, babies' feelings are varied. During the first month of life, babies are getting used to life outside the womb and are often quite disorganised. The first challenge for the baby and his carer is for the baby to feel calm, safe and have a routine so that he can use all of his senses to begin to understand his world.

Between four and six weeks, a baby becomes more stable and tends to settle into a more regular pattern, although periods of restlessness and fussiness happen at about two months and five months. Between six and nine months, babies can tell the difference between family members and strangers. They begin to show fear or anxiety when approached by a stranger and this increases as they get nearer to one year of age.

During the first year of life, babies gradually become more aware, take a more active part in their relationship with others and become less dependent. As they begin to imitate and expect responses to sounds, their memory begins to develop. Their awareness of cause and effect gradually develops. By

eight to nine months, fear and sadness have joined expressions of pleasure, distress, joy and anger that were evident even earlier.

During the first year, babies usually startle in response to loud or unexpected noises which may be frightening to the baby, and also to sudden movements, threats of falling, or being dropped.

The parents' role in the first year

The main job for the parents during the baby's first year of life is to meet the child's basic needs on demand, and to provide stimulation that will encourage the child to use all of his senses and to begin to move. Parents need to be available consistently and respond in a way that helps the baby to learn to trust them. When children feel safe they are better able to attend to their world and begin to learn the meaning of different sights, sounds, smells, tastes and touches.

By providing care in a regular, calm manner, the parent helps the child organise his nervous system. The foundation for cause and effect is laid down. Providing stimulation through sight, touch and hearing stimulates a baby's development.

One to three years

The main tasks to be accomplished between one and three years are for toddlers to:

- separate emotionally from the main carer
- begin to develop a sense of themselves.

When parents are faced with a 'What should I do when...' question about toddlers, the answer is 'do what will make my child feel more capable'.

Although language starts before the toddler years and certainly continues long after, it is during this stage that it first becomes linked with the child getting his needs met.

Finally, the social or connecting feelings begin to develop during the toddler years, setting the stage for relationships and developing a conscience.

At about the age of 12 months, when babies stand and walk, their view of the world changes because they see it differently and because their muscles are able to do different things. They begin to be able to pick up very small objects. As they begin to use their two new skills they begin to 'get into everything'.

During the early part of the second year, the child begins to figure out ways to get what they want. For example, they may climb up on a chair to reach

something. They find new uses for familiar objects. The toy that they had passed from hand to hand before or banged against another is now stacked one against another. They see something inside a container and now will dump it out. They start to learn to follow simple instructions.

By the age of one, most children are using 'mama' and 'dada' and have two or three other words they use. They jabber a lot. They respond to their own names, to 'no, no' and to 'give it to me'. By 18 months, most children can say about 10 words. They can say 'NO' and may use the words 'me' and 'mine'. They are using words to replace or accompany pointing. Children at 12 months are often very outgoing and will smile and talk with everyone, so long as their carer is close by.

One-year-olds

Between 12 and 18 months, babies become anxious about being separated from their carer. Normal toddlers are frequently underfoot. Since the developmental task for toddlers is to separate emotionally from their carer and develop their own identity when the carer is not there, toddlers feel out of control of the situation and become more anxious and nervous.

Developing identity

As toddlers lose sight of their carer and then find her again, they are learning about themselves as separate from their mothers. They use their carer as a safe haven from which to explore the world. It isn't until sometime between 18 and 24 months that the toddler learns to carry an image of his loved ones within his mind's eye. From that time on, parents no longer have to be in the room for the child to know that they exist.

The key words of an 18-month-old are 'me', 'mine' and 'no'. These words support their developing identity. Children begin to distinguish between 'you' and 'me'. They begin to separate their own identity from their carer's, learning that they are two separate people. Games such as 'point to your nose' and 'point to my nose' help them make this distinction.

The 18- to 24-month-old is going through a normal, stubborn, self-centred stage that is necessary for the development of his identity. His defiance and resistance during this period is not so much aggressive as self-protective. The toddler is trying to establish himself in the world. Although the child's behaviour may be frustrating for adults, if he doesn't gain this sense of himself as worthwhile and capable, there will be serious long-term effects. Those children who do not go through this normal stage of defiance are more likely to be dependent later on in life.

A child's identity is made up of several parts. From babyhood on, adults talk to and handle boys and girls differently. The child's position in the family is another factor. Birth order (combined with the sex of the child in some

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families) has a particularly powerful impact on identity formation. Expectations for the oldest daughter may be very different from those for the oldest son.

Other things can make a difference as well. A child may have been identified as 'my active child' even before birth. Timing of a child's birth in relation to other family events may be important. For example, a male child born soon after the death of a grandfather, and named after him, may have different expectations placed on him than he would have had if born at a different time.

A child's name is an important part of identity. As a toddler, the child learns that a 'no' or praise is directed to him when accompanied by his name.

As toddlers reach their second birthday, their ability to recognise and understand things and copy behaviour has become more developed. By now they have learned that things have a purpose. They love to copy parents and to 'help' with household tasks. They remember past events and imitate them later.

Further reading:

To learn more about one-year-olds, you might like to read:

Gustavus Jones, S. (2004) *Understanding your 1-year-old*. London: Jessica Kingsley

Two-year-olds

During the second year the toddler begins to show feelings of pride, pity, sympathy, modesty and shame. These feelings connect the child to himself and to others. Sympathy and understanding are frequently seen when a toddler tries to comfort an upset parent. The pure joy that lights up the face of the toddler who has just learned to 'do it myself' is an indication of pride. Usually two-year-olds are aware of praise and smile when they hear it. They show signs of being embarrassed. This seems to be a forerunner for the feelings later of shame and guilt.

During the second half of the second year, as the child learns to recognise himself in a mirror and in pictures, he also develops an understanding of when something is different about him.

Toddlers begin to take in the attitudes of others during this period. As they approach an object they are not to touch, the parent says 'no' in a firm voice. Later, as the child approaches this object he himself is likely to say 'No, no.' Not yet quite able to stop himself from touching, he continues to need a parent telling him again 'that's right' or, that is a 'no-no'. This is the beginning step in recognising right from wrong and is a necessary stage before developing a conscience.

Dependence and independence

Two-year-olds still do not fully accept their main carers as separate from themselves. They swing from being dependent to being self-contained. The fear of strangers that occurred at 18 months grows less. However, between 18 months and three years, children learn to form pictures of objects in their minds so that they can hold them in memory even though they are not within sight. This will help the child cope with separation from his main carer. He can create the carer in his mind's eye so that he need not feel abandoned when that person disappears from view.

Children of this age will play alone or play alongside other children. However, they are still self-centred and not yet ready to share. Between 24 and 36 months, they go through a period where extremes are normal. They are either very dependent or very independent. Moods change from hour to hour. They are extremely aggressive or extremely passive, very helpful or very stubborn.

Further reading:

To learn more about two-year-olds, you might like to read:

Miller, L. (2004) *Understanding your 2-year-old*. London: Jessica Kingsley

Gaining control: toilet-training

Toilet-training becomes possible, and for most children daytime training is achievable. First of all the carer learns to identify the signals that a child wants to 'poo' and may place the toddler on the toilet even though the child has not himself yet become aware of the discomfort of needing a 'poo'.

Commonly toddlers first become aware of wet or full pants right after the fact, rather than before, or they 'go' right after they get off the potty rather than while they are on it. Although this is frustrating to parents, it indicates that the child is beginning to relate the potty to pooing. However, the child has not mastered the proper order yet. For most, these are necessary steps in toilet training; for until children become aware of the discomfort after it happens, they cannot become aware of the full feeling before 'peeing' or 'pooing'. Children with a low sensitivity to skin sensations may be delayed in terms of toilet-training.

Since children at this age tend to be stubborn and messy, parents often think that difficulties in toilet-training is their stubbornness. With most children this is not true to start with. However, if parents make a control issue out of toilet-training or use harsh discipline, then the stubbornness of this age may extend to toilet-training as well. This is not likely to happen if parents are relaxed but helpful about teaching toileting skills. Parents may find that toilet-training their child re-activates their own worries about being messy or out of control.

Gaining control: walking

Toddlers have difficulty moving towards a moving object. Until about age three they have problems following the parent who is walking. Usually until age three, parents must transport their toddlers in a pram or pushchair or in their arms. When parent and toddler are out for a walk, it is common to see the adult walk a short distance, remain still until her child catches up with her, and then repeat this pattern.

Developing language and dealing with anger

From the age of two to three and a half years, children develop a higher level of understanding of themselves and others. Organised pretending begins. The stage is set for the child to learn to think ahead. The toddler's vocabulary grows by leaps and bounds.

Between the ages of two and three, children begin to add 's' to words to make plurals. They begin to talk in sentences and their vocabulary increases to over one thousand words. They use words to resist and to ask questions.

By the age of two, most children can join words into short sentences. They use naming words most of all. Most two-year-olds can say around three hundred words and can name some animals, objects and parts of the body. They will usually try to copy single words that are said to them. The word 'mine' is learnt before 'me', then 'you', and finally 'I'.

As toddlers get more independent they get angry, especially when they are stopped from moving somewhere. When 18-month-olds are angry they are likely to have a tantrum, cry desperately and throw themselves on the floor. They may also hit, kick and struggle if an adult tries to control them. They may be rough with animals and younger children. They may pull hair and hug too tightly. By 21 months of age, they become frustrated at not being able to explain what they want or need. When they do start to talk, using language can lead to more experiences of not being understood.

Two-year-olds are not usually as aggressive as 18-month-olds. However, they may hit, poke or bite other children. Owning toys is important to them and they may get in a tug-of-war over toys. They may be messy, but don't usually break things deliberately.

By two-and-a-half years of age (30 months) toddlers are more aggressive with other children and adults and may break things. They may attack other children intending to hurt them, often when fighting over toys. They may even walk up to a stranger and hit her. They may also have kicking, hitting and head banging tantrums.

Children's fears and worries: one to three years

During this period children can pick up fears from their carers, e.g. fears of stairs. During the first half of the second year, children become afraid of

being apart from their carers and may cry a great deal when they see a carer leave. The sounds of machines such as vacuum cleaners, and some mechanical toys can frighten them at this age.

Two-year-olds are afraid of noises such as trains, thunder, animal sounds, or the flushing of toilets. Seeing poo go down the toilet (something that the child can see is important to the carer) may lead to fear that they will go down the drain as well. Separation from their carer, particularly at bedtime, is still frightening.

During the second half of the third year, some children get scared of moving things. They may be frightened of being moved quickly themselves and may not like it if objects around them are moved from their usual places. They notice an object being taken to a familiar place by a different route. They are especially frightened of big objects coming towards them.

Parents' roles

The parents of one- to three-year-olds need to encourage them without putting pressure on them to develop new skills. Parents need to help them feel 'big' and capable. Things like a small chair placed at the sink so the child can get a drink or wash his hands increases self-confidence.

It is the parents' responsibility to make sure the child is safe and well and that accidents can be prevented. The child is now moving freely, so that cleaning materials and medicines need to be put out of the child's reach. It is dangerous to leave the child unattended even for a moment in a bath or paddling pool. Even toilet water may be dangerous, so keeping the toilet lid down or bathroom door closed is wise. It is at this stage that children learn to open doors and cupboards, and so keeping some areas blocked off may be advisable.

Toddlers' short attention span and the ease with which they can be distracted helps parents at this stage. Giving a child a safe toy in exchange for a forbidden one usually works well. Reasoning does not work with a child in the first year. However, during the second year there may be more success in making eye contact and saying 'no' in a firm voice. The child may smile back and again try to reach for the forbidden object, but if the parent moves the child's hand away and again says 'no' they can distract the child into a different activity. Although some parents use a quick tap on the hand or a single tap on the bottom to tell the child they are doing wrong, this is not a good idea with a child at this age, or indeed, at any age.

Harsh parenting and smacking gets in the way of a child's emotional and all-round development.

Children of this age like routine and any change in routine upsets them. Most parents who have had to stop their child from having their usual rest at a

particular time of day know that they may pay the price for it for the rest of the day.

Start and stop games help the baby's sense of self to develop. Toddlers like being in charge of games such as being lifted up high; they will squeal and say 'stop', but as soon as you lower them they will say 'do it again'. There are, of course, other times when they do mean 'stop'.

Three-year-olds

During the years from age three to five-and-a-half or six, when there is again a big change in the way the child sees the world, the focus is on the child becoming confident and efficient. They have learnt to help dress and undress themselves and although they have the occasional accident, they tend not to need nappies in the daytime.

Play

Play is the important work of the child at this age. Play helps children develop their sense of identity as separate from their carer, and their independence. Children of this age are very self-centred and 'magical' in their thinking. Magical thinking leads to them believing that wishes make things come true.

Their self-centred thinking leads them to think that they are responsible for everything that happens to them and to others who are important in their lives. Play is used to work out conflicts in their minds. Children often create imaginary friends who can be blamed for anything the child does wrong. Sometimes the imaginary friend becomes the scared dependant part of the child. A child may say 'I'm not afraid of the dark, but Jo-Jo is...'

They enjoy walking, climbing and running, as well as drawing, threading, playing with dough, and simple jigsaws. Three-year-olds begin to take turns, as a start to true sharing.

Language and emotions

Usually three-year-olds are less rebellious than they were at two years. They have more self-control and are less aggressive than before. When they want their own way they usually use words rather than biting, scratching or kicking. Children of this age will threaten, using words, and can express their anger. Having more words at their disposal they can say what they want and so they don't get so frustrated. They now get less angry when stopped from physical activity and more when their belongings or plans are interfered with. Three-year-olds are capable of being very anxious and jealous for long periods of time.

Three-year-olds are generally balanced. They are able to make sense of most of what they understand. They are usually happy and contented. They enjoy playing by themselves. They seem to have reached some level of self-control. Usually they are friendly and helpful.

Three-year-olds are ready to follow instructions. It is possible to bargain with a three-year-old; 'You do this and I'll do that for you'. They realise that they are separate persons from others. While bargaining works, reasoning with them does not work. Reasoning requires more brainpower than a three-year-old has. Distracting a three-year-old is a good form of discipline.

Three-year-olds often ask questions to which they know the answers. This behaviour is, in part, an effort to find out whether answers change or stay the same.

Fears

Since the child's imagination begins to develop between the ages of three-and-a-half and four, they may well have frightening thoughts and dreams. The greatest normal fear of a three-year-old is that carer(s) will abandon them; that parents will not be available for them when needed. For this reason, the fear of being left alone at night may continue to cause upsets about being separated from parents at bedtimes, although they are happy to be separated in the daytime.

Further reading:

To learn more about three-year-olds, you might like to read:

Emanuel, L. (2004) *Understanding your 3-year-old*. London: Jessica Kingsley

Four-year-olds

As children turn four, some stubbornness that was seen at two years of age comes back again. However, it is usually less strong and has a more playful quality to it. Four-year-olds still enjoy silly talk, silly names, silly rhyming and silly showing off. They love acting and imaginative play.

Although they can dress and undress themselves with little help, they often like help and assistance to get looked after. They begin to have a sense of past and a sense of future. When told 'in a little while' or 'in half an hour' they want to know how long that will be.

Playing

Three-, four- and five-year-olds use their powers of reasoning and imagination as they play. Two things are frequent in their play: big and little, and good and bad. Through play they continue to work on the balance between being dependent and independent. On the one hand, children of this age love to play at being baby. When taking on this helpless, baby role they may want to rock, suck from a bottle or get into a cot. They are likely to want to play under tables to make a cosy corner or tent for this type of play.

The dependent role may be the sick person while playing doctor, or the pupil while playing school.

In contrast to this, the child sometimes wants to be big, strong, and in charge. When the child of this age takes this role s/he will want to play at being the mother or father, the doctor, nurse or teacher. In acting out these roles, they are likely to be very bossy.

The play of children of this age is also aimed at making sense of the 'good' and 'bad' parts of themselves, understanding by now from their carers that some things they do are seen as 'good' and others as 'bad'. Because this play usually has an aggressive aspect to it, adults sometimes discourage it. However, it is necessary for healthy emotional development.

Using language

Four-year-olds are talkative and give long explanations to answer questions. When they are naughty they may blame others or say it wasn't them. They behave badly on purpose in order to get a reaction. They are able to focus on things that are similar and different. At four years of age, children use questions to make sense of their experiences. They also begin to put things into groups.

Their questions often start with 'why' and 'how'. They can say numbers by heart. They can learn their colours. They learn to use words such as, 'in', 'under', 'on'. When they start to use words ending in -ly, happily, calmly, etc., they begin to master a whole range of grammar.

Four-year-olds are likely to become aggressive again, sometimes biting and kicking and throwing things, as well as being aggressive with words, name-calling, showing off. Four-year-olds are sometimes rough and careless with toys and may stop other children from playing with them.

Sexual identity

Between the ages of four and six years, children begin to compete with the parent of the same sex for the attention of the parent of opposite sex. According to Freud, as expounded in his theory of the Oedipus complex, this is an important part of the development of later sexual identity.

Fears

The most common fear amongst four-year-olds is fear of the dark. They may want a night light or ask their carers to go with them into the dark room. If the carer agrees to do this, it will help the child learn to trust his own ideas about overcoming fears. With a grown-up close by, the child may want to look under the bed or in a cupboard to make sure that there is no one hiding. However, if the grown up joins in the search for hidden persons it gives the message that they may be frightened as well.

Children of this age use words 'afraid' and 'scared' and may even enjoy being a bit frightened by an adult in play, if, on the whole, the adult has been trustworthy. However, as with the 'start-stop' games of toddler years, four-year-olds need to have a measure of control over their activity and play. Threats of the 'bogyman' or 'monster' going to get them are not helpful to a four-year-old.

Further reading:

To learn more about four to five year olds, you might like to read:

Maroni, L. (2004) Understanding your 4 to 5-year-old. London: Jessica Kingsley

Five-year-olds

Children aged five become more balanced again. Their thinking and capabilities seem to come together. They are quite independent and often more serious and realistic than they were earlier or will become later. The 'here' and 'now' is important to them. When they paint or draw they have an idea and then paint or draw it.

This is different to a four-year-old, who draws first and makes sense of it afterwards. Drawing and drama play both become more realistic.

Five-year-olds enjoy brief separations from their homes and parents. Most are friendly and talkative with strangers. They are beginning to be polite and develop tact. They become more aware of the differences between the two sexes and of how people are different from each other. They compare themselves with others. They begin to feel shame and a sense of status.

Language and emotions

Five-year-olds sound more grown up and their speech patterns are more or less complete. The most common pronunciation mistakes at this stage are a 'f' or a 'd' instead of 'the'; and softening 'r' until it sounds like 'w' instead of 'l'.

Five-year-olds have an ear for detail. They may ask the meaning of words, rather than asking what a whole sentence means. They ask fewer questions and the ones they do ask are more linked to what is going on than before. They ask for information rather than having conversations. They have difficulty listening to other people for a long time and would rather talk themselves.

Because at five years they are more stable, they are also less frustrated and less aggressive. When angry, they may stomp their feet or slam doors. 'I hate you' or 'I wish you were dead' are common statements of both four- and five-year-olds.

Bargaining continues to work as a way of controlling five-year-olds; calm-down or time-out chairs help them to get some self-control back. Distraction does not work as well as it did at an earlier age.

Fears

Five-year-olds are mainly frightened of things they can see, such as strange costumes, the dark, animals. On the whole, the age of five years is not a particularly fearful age until the child reaches five-and-a-half years to six years, when they become less balanced. Most fears of early fives are concrete, down-to-earth fears, such as fear of being hurt, fear of falling, or fear of being bitten by a dog. Thunder or sirens at night might make them frightened. The fear that parents will not be available when needed is still present and shows itself most in terms of fears that something will happen to the parent while the child is at school.

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Developmental and emotional milestones

0–12 months

Emotional milestone	Developmental milestones
<p>Birth–4 weeks</p> <p>Baby getting used to life outside the womb – often quite disorganised – baby needs to feel calm, safe and have a routine.</p>	<p>During the first year babies' bodies develop very fast. The nervous system becomes organised – the rate and level of this process seems at least partly related to the quality of the relationship between baby and parent.</p>
<p>4–6 weeks</p> <p>More settled – beginning to settle into regular pattern.</p>	<p>In general, babies gain control over their bodies from head to foot and from their centre outwards to arms and legs, and then their fingers and toes.</p>
<p>6 weeks to 3 months</p> <p>May be starting to smile and will smile in response to a positive interaction with another person.</p>	<p>First control is of eye muscles – focus 6–9 inches. From birth, babies are interested in looking at the faces of their parents.</p>
<p>Starting to develop different cries and facial expressions that indicate when hungry, tired, uncomfortable or overwhelmed.</p>	<p>By 3 months babies respond by smiling.</p>
<p>Enjoys looking at human face in particular parents or familiar adults.</p>	<p>By 3 months will lift head and upper chest when prone using forearms to support.</p>
<p>Starting to vocalise more.</p>	<p>Grasps rattle for a short while. Hands move when distressed/excited at sound of approaching noise.</p>
<p>3–6 months</p> <p>Smiling usually established.</p>	<p>5–6 months: reaches for object – picks up with raking movement.</p>
<p>Temperament becoming clearer.</p>	<p>6–9 months: babies copy carers' speech sounds.</p>
<p>Gradually becoming more aware of own feelings.</p>	<p>By 6–12 months: babies make various sounds – babbling, cooing, gurgling and laughing.</p>
<p>Enjoying the familiar and starting to anticipate regular events, such as sight of bottle prior to being fed.</p>	<p>At 9–12 months sits unsupported for 10–15 minutes; attempts to crawl.</p>
<p>Separation</p> <p>Gradually able to tolerate small amounts of time from parents.</p>	
<p>May be able to comfort self for short time but this is variable and there may be times when baby cannot do this particularly if he is frightened.</p>	

Emotional milestone	
<p>Sleeping may change with altered sleeping arrangements e.g. move from parent's room to separate room. Developmental milestones</p> <p>Recognising others, mother, father, siblings, grandparents aunts, uncles.</p> <p>By 6 months starting to recognise differences in familiar people. At times may be aware of strangers.</p> <p>6–12 months</p> <p>Increased capacity to recognise feelings such as joy and displeasure.</p> <p>Becomes more aware of being separate from parents.</p> <p>Recognising strangers and can react in a distressed way if stranger tries to interact too quickly.</p> <p>Starting to be able to distract themselves when things go wrong.</p> <p>More persistent in pursuing their own goals especially in play.</p> <p>Enjoys sharing games with parents and others.</p> <p>Laughter occurring more often when engaging in exciting interactions with parents and familiar adults</p>	

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12–18 months

Emotional milestone	Developmental milestones
<p>12 months Toddler begins to learn to separate emotionally from main parent and to develop own identity.</p> <p>12–18 months Shows anxiety about separation from parent – tends to feel out of control of the situation and become more nervous and anxious. Not until 18–24 months can toddlers carry a picture of their loved ones in their mind.</p> <p>18 months Key words are 'me', 'mine' and 'no' – begin to distinguish between 'you' and 'me'.</p>	<p>Developing fine pincer grasp.</p> <p>Pulls to stand and by about 1 year most babies walk unaided.</p> <p>From 1 year becomes very active – gets into everything.</p> <p>Climbs on chair to reach something – stacks containers, starts to learn simple instructions.</p> <p>Has 'mama', 'dada' and 2 or 3 other words.</p> <p>Jabbers.</p> <p>Responds to own name and 'no-no' and 'give it to me'.</p> <p>By 18 months has about 10 words – using words to replace or accompany pointing.</p> <p>Drinks from cup with help.</p> <p>Chews.</p> <p>Holds spoon and tries to use.</p> <p>Puts wooden cubes in and out of cup when shown.</p> <p>Quickly finds hidden toy.</p> <p>Plays pat-a-cake, and waves 'bye-bye'.</p> <p>Sits or stands without support while being dressed.</p>

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Emotional milestone	Developmental milestones
<p>Toddlers normally show extremes of behaviour between 2 and 3 years – very dependent/independent, very aggressive/calm, helpful/stubborn.</p> <p>More independent – gets angry when stopped from moving somewhere, tantrums common (cries desperately, kicks, bites, rough with other children).</p> <p>Begins to show feelings of pride, pity, sympathy. These feelings connect the child to himself and to others. Two-year-olds are usually aware of praise and smile.</p> <p>Needs a parent to tell him what is right and what is a 'no-no' – tone of voice important. First step in recognising right from wrong.</p> <p>Less fear of strangers.</p> <p>Fear of noises, thunder, trains, flushing toilets.</p> <p>Plays alone or alongside others but won't share.</p> <p>Short attention span and easily distracted.</p> <p>Harsh parenting and smacking gets in the way of a child's emotional development.</p> <p>Toddlers like routine and any changes upset them.</p>	<p>Runs, pushes and pulls large toys.</p> <p>Climbs on furniture and up and down stairs holding on to rail.</p> <p>Throws small ball overhead.</p> <p>Sits on small bike and scoots along with feet.</p> <p>Hand preference usually obvious.</p> <p>Enjoys picture books and recognises detail.</p> <p>Modifies pencil grasp, spontaneously scribbles to and fro and in a circular motion.</p> <p>Knows 50+ words and begins to form simple sentences.</p> <p>Talks to self.</p> <p>Names familiar objects and parts of body.</p> <p>Carries out simple instructions. Spoon-feeds well and chews competently.</p> <p>Verbalises toilet needs – may be dry in day.</p> <p>Enjoys imitating domestic activities.</p>

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Three years

Emotional milestone	Developmental milestones
<p>Play is the work of this age – focus on becoming confident and efficient.</p> <p>Quite balanced – normally happy and contented.</p> <p>Still self-centred and magical in thinking – believes wishes make things come true.</p> <p>Has imaginary friends who can be blamed when things go wrong.</p> <p>Bargaining works but reasoning does not. Distraction still works.</p> <p>Doesn't get so frustrated and gets less angry when stopped.</p> <p>Biggest fear is that their parent will abandon them – especially at night.</p>	<p>Enjoys walking/climbing and running.</p> <p>Likes drawing/threading/play-dough and simple jigsaws.</p> <p>Begins to take turns, as a start to sharing.</p> <p>Large vocabulary mainly intelligible to strangers, but many ungrammatical forms persist.</p> <p>Able to follow instructions.</p> <p>Asks many 'what, where and who' questions.</p> <p>Listens eagerly to stories.</p> <p>Uses fork and spoon.</p> <p>Pulls pants/knickers up/down.</p>

Emotional milestone	Developmental milestones
<p>4-year-olds enjoy silly games/talk and showing off.</p> <p>Through play they continue to seek balance between dependence /independence.</p> <p>May see return of some '2-year-old stubbornness'.</p> <p>If naughty, may blame others or be naughty on purpose to get a reaction.</p> <p>May be aggressive again – biting, kicking, and throwing objects.</p> <p>Has a sense of past/future.</p> <p>Fear of dark remains.</p> <p>Begin to compete with parent of same sex for the attention of parent of opposite sex.</p>	<p>Up and down stairs with adult following.</p> <p>Climbs ladders/trees.</p> <p>Rides tricycle expertly.</p> <p>Increasing skill in ball games.</p> <p>Threads small beads on lace.</p> <p>Holds pencil in mature fashion.</p> <p>Copies an X.</p> <p>Speech grammatically correct and intelligible.</p> <p>Listens to and tells long stories, sometimes getting confused. Repeats nursery rhymes.</p> <p>Eats skilfully.</p> <p>Washes/dries hands, brushes teeth.</p>

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Five years

Emotional milestone	Developmental milestones
<p>More balanced again.</p> <p>Quite independent and often serious and realistic.</p> <p>Less frustrated and less angry – may bang doors/stamp feet, say 'I hate you' and 'I wish you were dead'.</p> <p>Mostly friendly and talkative to strangers.</p> <p>Bargaining continues to work. Calming down and time-out chairs help them to regain self-control.</p> <p>Fears of being hurt are common.</p> <p>May also worry that parents may not be available when needed, e.g. something happening to a parent while child at school. Tender and protective towards younger child or pet.</p>	<p>Runs lightly on toes.</p> <p>Active and skilful in outdoor play.</p> <p>Grips strongly with either hand.</p> <p>Good control in writing and drawing and painting.</p> <p>Writes a few letters spontaneously.</p> <p>Speech fluent – may have some phonetic confusions.</p> <p>Recites rhymes and jingles.</p> <p>Enjoys jokes – asks meaning of abstract words.</p> <p>Uses knife/fork competently.</p> <p>Undresses/dresses.</p> <p>Appreciates clock time in relation to daily routine.</p>

Handout for parents

Brain development through childhood

The brain is a very complex organ and with advances in medical science and equipment such as brain scans (MRIs) we now know much more about how the brain develops. In this leaflet we have put together some important information about the brain that we hope will help you think about the ways in which you can understand and respond to the baby, child or teenager in your family.

Before the baby is born

When a baby is in the womb important brain development is happening. For example, by the 18th week of pregnancy the baby will have developed between one and two billion basic brain cells. Only a small amount of these cells are connected to each other before birth. The connections that are formed before birth include the baby's hearing and some automatic responses such as the desire to search for food. This can be seen in a newborn baby when they recognise the mother's voice and search with their mouth for the breast or bottle when they are hungry.

When the baby is born

One of the most commonly asked questions about baby brain development is 'What has the most impact on a baby's brain development – nature (genes) or nurture (how a baby is looked after physically and emotionally)?'

The answer is that genes (nature) and nurture (the way a baby is looked after physically and emotionally) work together in developing the baby's brain. Genes provide the building blocks or foundations and nurture (the interactions between a baby and its main carer) determines the way the baby develops. You can think of genes as the foundation for a house and nurture as determining the way the house is built.

The brain's task in the first three years of a child's life is to create connections between the different cells to enable a child to manage in the emotional environment they are living in.

Different parts of the brain develop at different times but there is an order to how this happens. For example, when a baby is born they will already be able to recognise rhythms of speech. They will be able to recognise their mother's voice as they have heard it from the womb. They will also be able to recognise their father's voice once they are born, especially if their father has talked to the baby while in the womb.

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Immediately after birth the baby's vision begins to develop very quickly. Babies also recognise facial characteristics and expressions, usually of their mother, the person who is their main carer or their father, if their father talks to the baby. Together the development of hearing and vision allows the newborn baby to quickly match the voice and the face of the main person caring for them. These early experiences of communication give the baby an experience of language and enable them to use and understand words in the right way later when they learn to speak.

In the first year of life the baby's brain will be very much affected by the emotional experiences they have with those caring for them.

A baby's brain is receiving information all the time from how they are being cared for and what they hear, see, smell, feel and taste. Inside the brain lots of connections are being made so these messages and learning can be stored for the future. Just like any new learning this can take time.

To make the best connections from the experiences it receives the baby's brain needs to shut off the stimulation from the outside world so that it can concentrate on this important task. When a baby is doing this they may look as though they are turning away, closing their eyes or even yawning. Once the baby's brain has made the connections they will once again return to what is happening around them.

Many people may have seen a baby do this but may not have realised just how important the baby's actions are to their brain development. For example when an adult is talking to a baby, the baby might be smiling and cooing with the adult and then the baby may turn their head away or close their eyes for a few seconds. Adults often think that the baby is bored with the interaction but if they were to wait for a few seconds they might find that the baby turns back to look at the adult again for more stimulation.

Because babies' brains are receiving lots of messages and are just beginning to make these kinds of emotional connections babies will need to look away often to let their brain make the most of what they are experiencing. As the baby grows into a child, young person and adult their brain will continue to need this 'look away' time as they learn, so that the brain can make the best connections possible.

Once the brain is sure that it has made the connections that it needs to survive in the physical and emotional environment that the baby is living in it will then hardwire some of the connections into the brain so that they can be kept. The brain cannot keep all the connections that it makes as there would be too many, so it will discard any connections that have not been used or are thought to be unhelpful to the brain by an action in the brain called 'pruning'.

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Parents and people caring for young babies can do lots of things to help a baby's brain grow. Young babies love to communicate and enjoy interacting most through eye contact, smiling, babbling and touching. Adults have an important part to play by watching and responding to the baby's cues and the messages they are giving out. Simple games of smiling and 'chatting' are helping the baby to start to be part of a two way conversation where they can take turns and learn to watch and wait for the other person to speak. Adults also have a very important role in recognising how vital the 'look away' phase is to a baby's development and respond sensitively to the baby by watching for signs when the baby is ready to re-engage.



Childhood

By the age of two years a child will have as many brain connections as an adult. The brain will continue to make and prune connections through childhood. But the majority of the connections that form the foundation blocks on which later connections rely will have been made in the first three years of life.

In the years between three and about ten years the brain is storing information and reorganising the emotional and learning experiences of early childhood. The brain is growing at a steadier and slower pace than the first few years of life.

The brain will continue to need the 'look away' phase so that it can make connections from what a child has learnt. But a child may not need to look away as often as a baby and may develop other ways to cope with the information they are receiving. They may appear to be distracted for a moment, look at the floor or a wall or simply stop what they are doing for a minute.

How many connections a child ends up with as an adult can be affected by the emotional and physical experiences they have as a small child. The positive emotional and physical learning they experience in the early years can increase their brain connections by 25 per cent.

Teenagers

As a child enters puberty the brain and body undergo many changes and for a time this can have a noticeable effect on a young person, both physically and emotionally. The teenager's brain is experiencing a second period of rapid growth. The first growth spurt in their brain occurred in the first three years of life and then during middle childhood the brain settled into a slower pattern of growth.



One of the main changes that adults notice about teenagers is that their emotions can sometimes be reactive, extreme or

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challenging. The teenager's brain is not only growing quickly but it also experiences a period of chaos while it tries to reorganise itself more effectively.

Some parts of the brain are still not fully developed such as the frontal part of the brain that controls reasoning. This might explain why some teenagers find decision making difficult or why the decisions they make might not be the most advisable.

The speech area of the brain is also undergoing more development in the teenage years and for a time it is controlled by a part of the brain that can be very reactive to 'gut reactions', fear or danger. It is not until the later teenage years that the control switches to the part of the brain that can reason more. This pattern of control is also the same for the way the teenager reads the meaning of facial expressions. These changes may explain why teenagers can be spontaneous, speaking without appearing to think and why they misinterpret facial expressions especially those that might be linked to negative emotions.

Teenagers' body chemistry changes when they enter puberty and this affects the amount of sleep they need and the time their body tells them to sleep. Their body clock changes so that they go to sleep later, usually after 11pm and can easily sleep for 12 hours. During this time their body is releasing a hormone needed to grow. Up to 80 percent of growth hormone is released during sleep. When the teenager wakes up they are usually very hungry. This is very similar to a young baby who having slept for a long period overnight can be very hungry when they wake. Most of the advice about teenagers' sleeping habits suggests a reasonable bedtime that takes into consideration the changes in their body clock. A bedtime routine can be useful, especially on week days when they need to get up for school or college. The routine should avoid activities that stimulate the body such as the use of computer games or drinks that contain stimulating caffeine such as coffee or fizzy drinks. It can also be helpful to agree a regular time to get up both in the week and at the weekend that again is not too early or late. This pattern of sleep changes again in the late teens as teenagers' growth pattern begins to slow. Once again teenagers' hormones re-programme their internal clock so that they begin to need less sleep and they find it easier to go to sleep and get up earlier.

In addition to sleep there are other areas of a teenager's development that are also affected by the way their body is developing. It is well known that teenagers take more risks and are influenced by what their friends or other teenagers think of them (whether they are with their friends or peers in person or not).

We now understand more about why this happens in the teenage years and into the early twenties. One reason is that they are normal and important parts of their development as they become more independent and seek out new social relationships in the adult world.

To help this development take place the teenage brain needs to produce higher levels of the 'feel good' hormone dopamine and so the brain looks for experiences that will produce these levels. As a consequence the reward and pleasure centres in the brain can be very powerful in the teenager and at times can override the thinking part of their brain that is still not quite ready yet. Many think of the teenage brain as having the accelerator on before the braking system has been completed.

This mismatch of development in the teenage brain can mean that at times while teenagers might know what is right there are also powerful influences that mean they may react before thinking.

As adults we might be able to make use of this knowledge by focusing on the rewards and less on negative points even if these are obvious to the us. Saying something that links to the reward and pleasure parts of their brain, such as, 'I'd really like you to be able to go to the party with your friends and have fun and to do this we need to feel your safe so you can go off and have fun' instead of 'Unless I know exactly where you're going and when you will be back or you won't be going out to that party'. We might end up with a win/win for everyone.

As teenagers attempt to meet the challenges of fitting in with friends and social groups it has also been discovered that there is a mismatch in how well they can make sense of and react to situations where they might feel rejected by other people. For example, if they are not included by their group because someone has forgotten to contact them they may understand why it happened but at the same time as if it is the end of the world.

You may not be able to change what has happened but the way you respond to your teenager can help their brain development. If your mature brain remains calm you can help the teenage brain to cope with the strong painful feelings so that can become calm and their thinking part of their brain can take control.

As the teenager emerges from puberty (this could be into the early twenties) the different parts of their brain will begin to work together so that they are more able to understand their feelings and make thoughtful decisions.

If a young child has had good enough emotional experiences in their early years the challenges of brain development in the teenage years will have a good foundation. However, for some babies and children their early experiences may mean that their brain development has already had to cope with difficult circumstances. When the teenage growth spurt occurs they are likely to need extra support from sensitive adults so that their brain is able to calm down the parts that have the potential to be very reactive and mature other parts of the brain that help reasoning and decision making.

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