

Children's Care, Learning and Development

Unit 314 Provide physical care that promotes the health and development of babies and children under three years

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Provide physical care that promotes the health and development of babies and children under three years

This is an optional unit for anyone following the Children's care, learning and development NVQ Level 3 qualification. It is concerned with providing care for babies and children, in partnership with their parents. It is for you if you work unsupervised or have supervisory responsibility for the care of babies and children under three years in settings or services whose main purpose is the care, learning and development of children. You must work within the principles and values of the sector in order to achieve this unit.

The first few years are a time of rapid growth and development, and you are in the privileged position of being able both to watch and to support babies and toddlers as their development unfolds. Sharing the pride and delight of a baby or toddler in newly discovered skills is one of the pleasures of working with this age group. By providing a warm, safe and encouraging environment, positive interaction and affection, you can contribute to children's emotional security and their development of resilience, self-esteem and confidence that will last throughout life. Attending to the physical needs of babies and toddlers provides opportunities to develop caring and supportive relationships through interactive play and conversations.

What you must know and understand:

- Safety and security requirements of the setting and the relationship between these and regulatory and legislative requirements (K3H413)
- Organisational issues to ensure health and safety of babies and children under three years, such as room arrangement, staffing levels, supervision, assessment of hazards and risks (K3H414)
- How to carry out risk assessment that takes all reasonable precautions without restricting opportunities for development; how organisational policy can support this (K3H294)
- Hygiene and cross-infection requirements to keep babies and children safe (K3H447)

- Regulations for food handling and storage, including babies' milk and expressed breast milk (K3H276)
- Activities that can be used to promote physical development (gross and fine motor skills), hand–eye coordination, intellectual and thinking skills (cognitive and problem solving), social and emotional skills, language development (K3D438)
- How activities for babies and children under three years can be themed and linked to extend skills, knowledge and understanding (K3D439)
- The importance of having responsive, reflective and knowledgeable adults caring for babies and children under three years. The key features of responsive care giving and how these can be implemented in everyday practice (K3D415)
- Information about effective practice (e.g. sleeping position, temperature) and risk factors in respect of sudden infant death syndrome (K3H448)
- The government's guidelines on infant feeding and why it is important that these are followed by child care practitioners (K3H416)
- The different nutritional needs of babies and children, according to age, height, weight and preferences (K3H418)
- How you can support mothers who wish to continue breast-feeding e.g. by discussing needs and providing facilities (K3H417)
- How to prepare formula feeds for babies following manufacturers' instructions, including preparation and sterilisation of equipment using different methods (K3H425)
- What are appropriate foods to give babies and children under three years, and what foods are unsuitable and why (K3H419)
- How you can encourage healthy eating practices in babies and children under three years (K3H423)
- How differences between current best practice and parental wishes can be resolved amicably and in the best interests of the child (K3C424)
- Special dietary requirements and food preparation related to culture, ethnicity or religious beliefs (K3H297)
- Special dietary requirements related to health needs and why it is important that these are agreed and confirmed with parents and health professionals (K3H422)
- Why it is important that all dietary information is documented and shared with others e.g. food allergies (K3H421)

- Why it is important that care routines are not hurried (K3D426)
- How to establish what help a child under three years needs with self-care in ways that do not undermine the child's confidence in their own ability (K3D427)
- How to care for children's skin, hair and teeth, appropriate toiletries, sun awareness (K3H428)
- Procedures and processes for nappy changing, washing, dressing and toileting that protect children and the adults who care for them (K3H429)
- How to recognise when children are ready to start toilet training, how to approach this and why it is important to plan this with parents (K3D430)
- What learning opportunities are available within routines for eating and drinking, personal hygiene, washing and dressing; understanding how these contribute to different areas of learning and development (K3D431)
- Why sensory exploration is important to babies and how you provide opportunities for this (K3D432)
- Why it is important for babies and young children to form attachments to key individuals and how this can be achieved (K3D433)
- The different ways in which babies and young children may express emotional distress; techniques for calming and comforting (K3D434)
- How you show children that their feelings are important; ways in which they can express their feelings appropriately and the language young children use to describe their emotions (K3D435)
- Why behavioural boundaries are important and how these can be implemented with babies and young children (K3D436)
- Why it is important for parents to share information that might affect their children's emotional well-being, how you can encourage this and the importance of confidentiality (K3M437)
- Signs and symptoms of common illnesses, e.g. respiratory infections, gastro-enteritis, chicken pox, measles (K3H441)
- How children may describe feeling unwell (K3H443)
- Organisational policy concerning babies and children who are ill, why it is important to follow this and the implications of not doing so (K3H442)
- Normal temperature of babies and young children; when and how to take, read and record this accurately (K3H444)
- How to manage symptoms of illness, e.g. fever, gastro-enteritis (K3H446)
- When and in what circumstances medical advice or attention should be sought for babies and children under three years (K3H445)

How to provide a safe and secure early years environment

Safety and security requirements and the law (K3H413)

In order to ensure the safety of babies and children when they are cared for by people other than family members, both the providers of child care and the premises in which children are cared for are regulated and inspected.

Within the scope of the Children Acts 1989 and 2004, which are concerned with safeguarding the welfare of children, all child care providers are expected to meet minimum standards of care as detailed in the National Standards, which cover all the different types of provision available for babies and children: full day care, sessional day care, crèches, out of school care and childminding. The National Standards apply across the four countries of the United Kingdom, although there are some minor differences in application. Providers of child care are inspected by the relevant regulatory bodies on their compliance with the National Standards (in England with Ofsted, in Wales with the Care Standards Inspectorate for Wales, in Scotland with the Care Commission and in Northern Ireland with the local health and social services trust).

In addition to the National Standards, there are many regulations, laws and guidelines that deal specifically with health and safety in early years settings. You do not need to know the detail, but you must know where your responsibilities begin and end.



• An environment suitable for children should provide space to play, learn and relax.



Key terms

Environment describes the provision that is made for children in which they can learn, play and relax. It encompasses both the physical environment – such as the layout, equipment and furniture – and the ‘emotional’ environment – the atmosphere or ambience that is created.

Your roles and responsibilities

Your responsibilities include:

- taking reasonable care for your own safety and that of others
- working with your employer in respect of health and safety matters
- knowing about the policies and procedures in your particular place of work – these can all be found in the setting’s **health and safety** policy
- not intentionally damaging any health and safety equipment or materials provided by the employer
- immediately reporting any hazards you come across.

Apart from your legal responsibilities, knowing how to act and being alert and vigilant at all times can prevent accidents, injury, infections and even death – this could be in relation to you, your fellow workers or the children in your care.

Organising the setting to ensure the health and safety of babies and young children (K3H414)

The physical safety of babies and children under three years is directly linked to their developmental capabilities. Babies and young children learn about their world by exploring their surroundings physically, using touch, taste, feel, smell and sound. They are naturally inquisitive and are at increased risk of harm because they have no sense of danger.

Room arrangement

Babies need a room that provides safe and comfortable floor space for rolling around and for practice as they move from being relatively non-mobile and unable to move around much, to sitting and crawling (The National Standards recommend a minimum of 3.5 square metres for each child). More information on required staffing levels and supervision can be found in Unit 302.

As children become more mobile – usually after their first birthday – they need to have access to a wider variety of toys and activities. It is important to know and understand the usual stages of development related to mobility as well as being able to recognise differences between individual children. The table provides a summary of what you need to provide in terms of the physical setting at different ages and stages of development.

What children at different ages and stages of development require of their physical setting

Age and stage of development	What you need to provide
<i>The first three months</i>	
<ul style="list-style-type: none"> Babies progress from being able to hold up their head to being able to support themselves using their arms when lying face down on the floor. They strengthen the large muscles by kicking their legs when lying down and waving their arms vigorously, especially when excited They put their hands in their mouth and will attempt to hit a dangling object by swiping at it. This marks the beginning of hand–eye coordination They can generally hold a rattle for short periods and may accidentally hit themselves when shaking it intentionally; they will put objects to their mouth in order to explore with lips and tongue 	<ul style="list-style-type: none"> A comfortable surface to lie on with plenty of unobstructed space around them Protection from hazards, for example something being dropped on the baby (especially hot liquid being spilt) Suitable objects for them to play with and explore – rattles and other handheld tactile toys which are sturdy, have rounded edges and are not too heavy to cause damage if they accidentally hit themselves in the face

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Age and stage of development	What you need to provide
<ul style="list-style-type: none"> • They watch and follow interesting movements and respond to familiar faces and people by smiling and vocalising, sometimes blowing bubbles or ‘raspberries’ with their lips. They will watch faces especially intently 	<ul style="list-style-type: none"> • Face-to-face contact with a familiar person who engages them by using exaggerated facial expressions and talks to them. (Talking to babies is crucial to their cognitive and speech development, even though it may seem strange at first to talk to a baby who cannot ‘talk’ back. Babies will respond by making excited body movements and sounds in response to speech
<i>From three to six months</i>	
<ul style="list-style-type: none"> • At this age most babies learn to roll over 	<ul style="list-style-type: none"> • Protection from falls. The safest place for babies is on the floor or in a playpen if they have to be left unattended for a short period (e.g. if you need to attend to another child); they must never be left alone on any surface – falling from a surface is one of the most common causes of accidents and injury to young babies, sometimes causing head injury or fractures
<i>At around six months</i>	
<ul style="list-style-type: none"> • Babies can usually sit up, using their hands for support at first and then without support. They will reach out and grasp interesting objects and struggle towards those that they cannot immediately reach, occasionally falling over and crying with frustration 	<ul style="list-style-type: none"> • Keep all toys and objects that are inappropriate for young babies out of reach. Older children in the nursery may try to ‘help’ by giving the baby an unsuitable object to play with – having expressed empathy with the baby’s evident frustration. Gently explain to them why the baby should not have the desired object and do not chastise them for trying to help
<ul style="list-style-type: none"> • Babies can recognise their name and respond to emotions expressed by different tones of voice, including ‘no’. They communicate by gurgling, babbling, squealing with pleasure and crying when tired or distressed; they enjoy having ‘conversations’ with adults 	<ul style="list-style-type: none"> • Give plenty of opportunities for babies to respond when you speak to them and always encourage their responses. This is the start of the speaking and listening patterns in speech that we all use when communicating
<ul style="list-style-type: none"> • Babies can manage to feed themselves with their fingers 	<ul style="list-style-type: none"> • Use a highchair with a three-point harness when babies are eating and drinking and always closely supervise them
<i>Between 9 and 12 months</i>	
<ul style="list-style-type: none"> • Babies will now be mobile – they may be crawling, ‘bear walking’, bottom-shuffling or even walking. Learning to walk involves coordinating all the movements learned and practised during kicking, bouncing and rolling in the earlier months, together with maintaining balance 	<ul style="list-style-type: none"> • Space to practise as well as praise and encouragement. It is important that babies are allowed to practise walking barefoot without shoes or socks because the act of balancing needs the toes to grip; this then strengthens the muscles of the foot and develops the arch

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Age and stage of development	What you need to provide
<ul style="list-style-type: none"> Newly mobile babies will use furniture and other objects to pull themselves upright and move around the room – this is called cruising. They frequently fall over and may bump their heads on hard surfaces and the corners of furniture if these are not protected 	<ul style="list-style-type: none"> A safe and clean floor covering; protected soft edges to furniture
<i>Between one year and three years</i>	
<ul style="list-style-type: none"> At 15 months, most babies can walk alone, with feet wide apart and arms raised to maintain balance 	<ul style="list-style-type: none"> A wide variety of toys: stacking bricks, containers, toys to sit on and propel with their feet: walker trucks, pull-along toys etc.
<ul style="list-style-type: none"> At 18 months, children walk confidently and are able to stop without falling. They can kneel, squat, climb and carry things around with them They enjoy trying to sing as well as listening to songs and rhymes 	<ul style="list-style-type: none"> Balls to roll, kick or throw Encourage outdoor play whenever possible
<ul style="list-style-type: none"> Around two years, children may have 'temper tantrums' when they cannot express themselves They are becoming more independent and can usually go to the toilet independently 	<ul style="list-style-type: none"> Activities such as dough play, painting, drawing, sand and water play, action rhymes, singing games, puppet play, dressing-up clothes Help children to learn how to express themselves without hurting others – by showing empathy Provide and read picture books with them Be relaxed about toilet training
<ul style="list-style-type: none"> Around three years, children now play with other children and are making their first friends 	<ul style="list-style-type: none"> Encourage role play and play with other children



• Babies enjoy exploring new objects.



• As they become more confident in their movement, children enjoy activities like kicking balls.

Hazards, risks and risk assessment (K3H414, K3H294)

Babies and children under three years are at risk of harm because they:

- lack any appreciation of danger
- are naturally inquisitive
- love to explore and test the boundaries of their world.

You need to help young children to explore within safe boundaries, but to adjust those boundaries according to their capabilities and increasing skill. Useful skills to employ when dealing with inquisitive toddlers include recognising the value of distraction – for guiding attention away from something dangerous and towards something potentially more interesting, or for physically removing the child: ‘Sam, come with me – I want to show you something...’

Nonetheless, no environment – however carefully planned and designed – can ever be totally without risk to developing children. The most important factor in preventing accidents is *you!*

There are different views on whether the environment should be made ‘toddler-proof’ by removing all potentially dangerous items and ensuring adult supervision at all times, or whether by helping children to develop skills, including self-control, they can be encouraged to recognise and manage a degree of risk appropriate to their capabilities.

Parents may have different opinions on the level of risk to which they are prepared to allow their child to be exposed; some find the idea of risk difficult to come to terms with, owing to a combination of natural concern for the child and a desire to protect, coupled with a real worry about the best china!

Whatever the child care setting, the policies and procedures that are in place to help children manage risk while keeping safe must be made clear to parents before the child is accepted.

The likelihood of different types of accidents occurring depends on three factors:

- The age and developmental capabilities of the child. For example, bicycle accidents are more likely in older children, while accidents involving poisoning are commoner in younger children.
- The environment (e.g. indoor or outdoor, child-aware or not). For example, toddlers visiting childless relatives are more likely to find hazards – such as trailing electrical flexes, loose rugs or unsecured cupboards containing potentially dangerous cleaning products – than they are in a household with children.
- The degree of supervision available. For example, inquisitive toddlers with little appreciation of danger need more supervision in an environment that is not child-aware. At the same time, the adult may be less aware of potential dangers because of distractions, such as holding a conversation with a friend, either in person or on the phone (especially a mobile phone) or when in a busy shopping centre where there is a lot of visual stimulation.



Key terms

Empathy is awareness of another person's emotional state, and the ability to share the experience with that person.



Check it out

Look at your own kitchen and living room at home. How would you make it safe for a family with a baby of eight months and a child aged two and a half years?

How to carry out risk assessment

Risk assessment is a method of preventing accidents and ill-health by helping people to think about what could go wrong and devising ways to prevent problems. The diagram opposite shows you how you would carry out a risk assessment.

Active knowledge: Risk assessment

Look at the picture below and – using the flow chart opposite – carry out a risk assessment. List both the hazards – to children and to adults – and the measures you should take to ensure they do not endanger anyone.



• Hazards in the nursery

Look for the hazards

Decide who might be harmed and how

Weigh up the risk: a risk is the likelihood that a hazard will cause harm

Decide whether existing precautions are enough

If not, decide what further precautions are needed to reduce risk

Record your findings

- The six steps in risk assessment.



Key terms

A **hazard** is a source of potential harm or damage, or a situation with potential for harm or damage.

Risk assessment is the evaluation that must be carried out in order to identify hazards and find out the safest way to carry out certain tasks and procedures.

What to do when an accident happens

If children have an accident they are likely to be shocked and do not always cry immediately. They will need calm reassurance as first aid is given, together with an explanation of what is being done to them and why. Parents must be informed and the correct procedures for the setting carried out. If the child needs emergency hospital treatment, parental permission will be needed.

You will need to be able to deal with the full range of incidents:

- minor injuries – cuts and bruises, sprains and strains, stings and bites
- major injuries – fractures, burns and scalds, foreign bodies
- life-threatening incidents – seizures, poisoning, choking, anaphylaxis, loss of consciousness, respiratory and cardiac arrest.

If you work in a setting with others, there is likely to be a designated person who is qualified in first aid and he or she should be called to deal with the



Key terms

Anaphylaxis is severe allergic reaction that affects the whole body. It can lead to anaphylactic shock.

Anaphylactic shock is a potentially fatal immune response when the body system literally shuts down. The most common causes are a severe allergic reaction to insect stings and certain drugs.

situation. Remember, it is essential that you do not make the situation worse and it is better to do the minimum to ensure the child's safety, such as putting him or her into the recovery position. The only exception to this is if the child is not breathing or there is no heartbeat.



Keys to good practice: Managing risk

- ✓ Attend a recognised first-aid course, and remember that you will have to attend at regular intervals to keep your skills fresh and up to date.
- ✓ Always make sure you know whom to call for help and how to summon medical aid.
- ✓ There should be clear policies on risk which are communicated to parents.
- ✓ Encourage children to manage a degree of risk that is appropriate to their actual capabilities (this will differ between individual children, even those of the same age).
- ✓ Remember that childhood accidents are not entirely preventable, and that accident prevention is a community concern.

Maintaining a safe environment

To ensure children's safety you need to be able:

- to identify a hazard
- to be aware of the child's interaction with the environment
- to provide adequate supervision
- to be a good role model
- to teach children about safety.



Did you know?

The commonest causes of accidental death in babies under a year old are choking, followed by suffocation.



Keys to good practice: Checking the environment for safety

- ✓ Doors, gates and windows should be appropriately fastened.
- ✓ Access points and fire exits must be unobstructed at all times.
- ✓ Check toys and play equipment regularly; remove any damaged items and report your action to your supervisor.
- ✓ Check that sandpits are covered overnight or brought indoors to prevent contamination from animals, such as cats.
- ✓ Sharp objects, such as scissors and knives, must be stored out of children's reach.
- ✓ The water tray should be checked for cleanliness and also to make sure no broken toys have been left inside.
- ✓ Check that the electric sockets are covered with socket covers when they are not in use and that there are no trailing wires on the floor or where children could grab them.
- ✓ If there is open water such as a pond, drains or a pool at or near to the setting make sure they are made safe and inaccessible to children.
- ✓ Ensure that children are closely supervised at all times when playing with or near water.

Supervising children's safety

Appropriate levels of supervision, provided by you, are essential. For example, babies under a year old are able to wriggle, grasp, suck and roll over and are naturally curious. Toddlers can move very quickly, so accidents often happen in seconds. Children with special needs may need specialised equipment and playthings in order to participate safely in the daily activities in any child care setting.

Why accidents happen and how to prevent them

Accidental injury is the biggest single cause of death in UK children over the age of one. More children die each year as the result of accidents than from illnesses such as leukaemia or meningitis.

Common types of accident include:

- choking and suffocation
- falls
- burns and scalds
- poisoning.

Babies are most at risk from choking when left unsupervised either eating or playing. Young children are most at risk of choking when they are tired or crying or when they are running around.



Keys to good practice: Preventing choking

- ✓ Never leave small items within a baby or toddler's reach – be extra vigilant when working in a setting where older children leave their toys around.
- ✓ Never leave a child propped up with a bottle or feeding beaker.
- ✓ Always supervise babies and toddlers when they are eating and drinking.
- ✓ Never give peanuts to children under four years as they can easily choke on them or inhale them into their lungs, causing infection and lung damage.
- ✓ Make sure you know what to do if a child is choking.



Did you know?

Half of all cases of choking in children under four years involve food. Only 6 per cent of cases are due to toys.

Top ten causes of choking each year involving food

Type of food	Number of cases per year			
	0–12 months	1-year-olds	2-year-olds	Total cases
Sweet	45	162	138	345
Fishbone	20	73	122	215
Piece of fruit	44	54	4	102
Piece of baking/biscuit	43	43	15	101
Lump of meat	11	17	24	52
Piece of vegetable	15	18	17	50
Peanut/cashew/walnut	2	32	16	50

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Type of food	Number of cases per year			
	0–12 months	1-year-olds	2-year-olds	Total cases
Meat bone	10	20	15	45
Unknown food	24	13	3	40
Crisp	13	8	2	23

Active Knowledge: Choking

Look at the table above and answer the following questions:

- Which type of food is responsible for the most cases of choking in all children under three years old?
- What is the second most common cause of choking by food in babies under a year old?
- What is the second most common cause of choking by food in two-year-olds?

Falls

Before, during and after play sessions you will need to check for and remove any items that may prove an obstruction. Always be aware of children with special needs – for example, those with mobility problems or a visual impairment. Whenever children are playing with or near water – even indoors at the water play area – they must be constantly supervised.

Babies need to be protected from falls – again close supervision is needed. Running and playing in the garden or outdoor play area is good for children's health and fitness, but active play always increases the risk of accidents happening. All children will trip and fall at some time, but children should not be put at risk of serious injury.



Keys to good practice: Preventing falls

- ✓ Never leave a baby unattended on a table, work surface, bed or sofa.
- ✓ Make sure young children cannot climb up near windows – and ensure window catches are used.
- ✓ Always clean and dry a floor where children are playing.
- ✓ Make sure that clutter is removed from floors.
- ✓ Make sure you know how to use safety equipment, such as stair gates, reins and harnesses, adjustable changing tables and car seats.
- ✓ Use safety gates when working in home settings.



• A high chair can help prevent a baby from falling.

Burns and scalds

As children learn to crawl, climb and walk, the risk of scalds or burns increases. Nearly half of all severe burns and scalds occur in children under five years old.

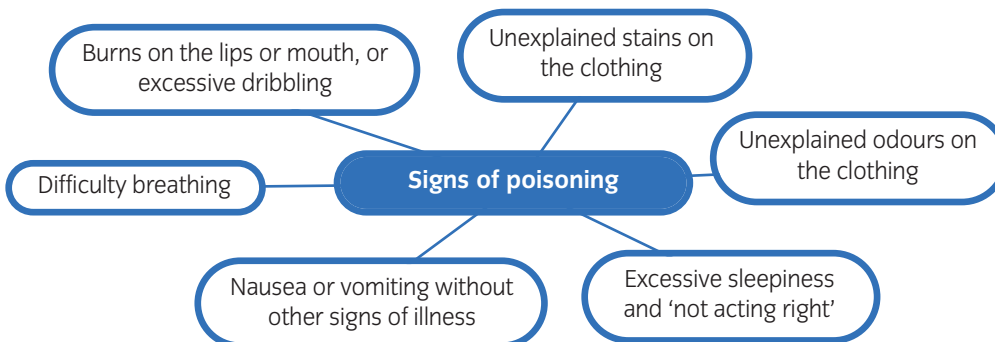


Keys to good practice: Preventing burns and scalds

- ✓ Never carry a hot drink through a play area or place a hot drink within reach of children.
- ✓ Make sure the kitchen is safe for children – kettle flexes coiled neatly, cooker guards used and saucepan handles turned inwards.
- ✓ Make sure the kitchen is inaccessible to children when no one is in it.
- ✓ Never smoke in child care settings and keep matches and lighters out of children's reach.

Poisoning

The peak age for accidents with poisons is one to three years, when children are highly mobile and inquisitive. When young children explore the world, they use all their senses, including taste. They typically put everything in their mouth to find out what it is.



- What to look out for if you suspect a child has been poisoned.

If you suspect a child has been poisoned, immediately inform your supervisor or manager, who will summon medical help. The child should be taken straight to hospital. Take any evidence, such as an empty pill packet or bottle, with the child to hospital.



Keys to good practice: Preventing poisoning

- ✓ Make sure that all household chemicals are out of children's reach.
- ✓ Never pour chemicals or detergents into empty soft drink or water bottles.
- ✓ Keep all medicines and tablets in a locked cupboard.
- ✓ Use child-proof containers.
- ✓ Teach children not to eat berries or fungi in the garden or park.

Fire safety

In the case of fire or other emergency you need to know what to do to evacuate the children and yourselves. You should also always practise fire safety.



Keys to good practice: Fire safety

- ✓ Remember that no smoking is allowed in any child care setting.
- ✓ Keep handbags containing matches or lighters securely away out of children's reach.
- ✓ The nursery cooker should not be left unattended when turned on.
- ✓ Fire exits and other doors should be free of obstructions on both sides.
- ✓ Ensure you know where the fire extinguishers are kept and how to use them.
- ✓ Regularly check electrical equipment for any faults.

How to keep children safe on outings

Any outing away from the children's usual setting – for instance trips to farms, parks and theatres – must be planned with safety and security issues as a top priority. You need to have a copy of the children's contact information with you on the outing and you should regularly check the names of the children against the day's attendance list.

Staffing ratios on trips

There should always be trained staff on any outing – however local and low-key the trip may seem. The child to adult ratio should never exceed 4–1, and if the children are under two years old or have special needs then you would expect to have fewer children per adult. Swimming trips should be attempted only if the ratio is 1 adult to 1 child for children under five years. Particularly if a trip involves crossing roads, when an adult must be available to hold the children's hands, then the younger the children, the more adults are required.

Dealing with accidents and emergencies

If a child has a severe accident or appears to be seriously ill, try to remain calm and follow your organisation's procedures according to your role and responsibilities. All early years workers should take a first-aid course which is geared specifically towards caring for babies and children.

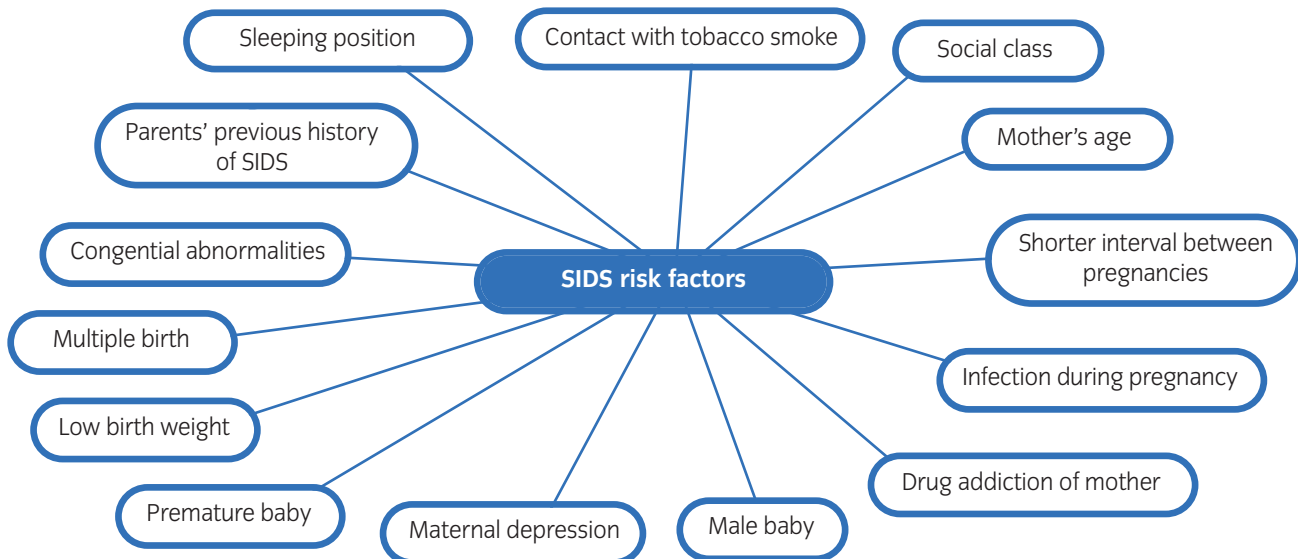


Keys to good practice: Emergency procedures

- ✓ Call for help – notify the person in charge.
- ✓ One person must stay with child to comfort and reassure him or her, and this should preferably be a trained first-aider.
- ✓ One person should telephone 999 for an ambulance and then the child's parents or (if this is not possible) the named 'emergency contact person'.
- ✓ Every early years setting is required by law to have an accident report book and to maintain a record of accidents.

Sudden infant death syndrome (SIDS) (K3S448)

This is the unexpected and unexplained death of an infant while asleep. It has been one of the major causes of infant mortality in the UK. It is also known as 'cot death'. Most typically the baby is found dead at home, either first thing in the morning or after a period – often very brief – of being left alone in a cot or pram. The incidence has fallen from 1.8 per 1,000 live births in the late 1980s to 0.45 per 1,000, or about 300–400 babies per year, largely due to changes in the advice given to parents about sleeping position.



• Some of the main risk factors for sudden infant death syndrome (SIDS).



Keys to good practice: Preventing sudden infant death syndrome

- ✓ Place babies on their back to sleep, with the feet near to the end of the cot to prevent the baby slipping under the covers ('feet to foot').
- ✓ Make sure the room is not too hot or too cold (it should be about 18–20°C). If the room is warm enough for you to be comfortable wearing light clothing, then it is the right temperature for babies.
- ✓ Do not overdress the baby – keep the head uncovered.
- ✓ Do not place the baby's cot in direct sunlight or near a radiator.
- ✓ Do not use duvets or quilts until the baby is over a year old.
- ✓ Do not smoke or let anyone else smoke near the baby.
- ✓ Breast-feed. SIDS is less common in breast-fed infants; however, it is unclear whether this is due to the protection offered by breast milk itself or other factors such as social class or education, which are both higher in mothers who breast-feed and the incidence of SIDS lower.
- ✓ Be aware of illness in the baby. Common signs in young babies include a reluctance to feed, listlessness, sleeping through feeds, not playing, crying more often and for no apparent reason, being difficult to settle.
- ✓ Share a bedroom – but not a bed – especially during the first months.

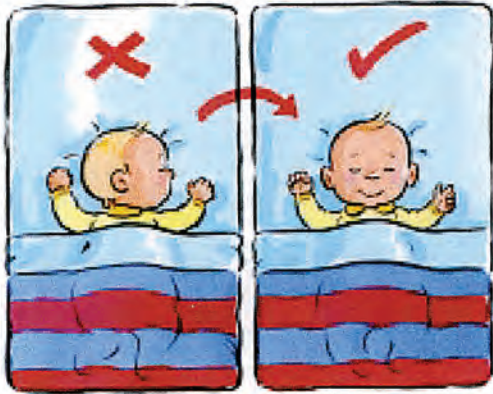
The safest way for your baby to sleep is on the back.



Babies who sleep on their backs are safer and healthier.

If babies vomit, they are more likely to choke if on their front.

If your baby has rolled onto his tummy, turn him onto his back and tuck him in, but don't feel you have to keep getting up all night to check.



At some point babies will learn to roll onto their front. When your baby can roll from back to front and back again, on his own, then leave him to find his own position. At the start of any sleep time, put him on his back. Babies settle more easily on their backs if they have been placed to sleep that way from the very first day. If your baby won't settle, keep trying.

Premature babies are slept on the front in hospital for special medical reasons. If your baby was born prematurely then make sure you keep her safe by sleeping her on the back when you take her home from hospital unless your doctor advises a different sleep position.

It can be dangerous if your baby's head gets covered when she sleeps. Place her with her feet to the foot of the cot, with the bedclothes firmly tucked in and no higher than the shoulders, so she can't wriggle down under the covers.

If she wriggles up and gets uncovered – don't worry.

Make sure your baby's head stays uncovered.

Put me to sleep on my back in the Feet to Foot position



- Poster from the Foundation for the Study of Infant Deaths (FISD) giving advice. Poster supplied by permission of The Foundation for the Study of Infant Deaths (www.sids.org.uk)

Use of dummies

Two research studies published since 2000 have shown that babies who usually use a dummy but then stop are at an increased risk of cot death on the night they do not use it.

The Foundation for the Study of Infant Deaths (FSID) said the statistical analysis was very complicated and that the findings required careful study. In response to this latest study, the FSID said: 'Our advice is that there is no reason for parents not to use a dummy but if they do, they must use it every time the baby sleeps and never forget to give the baby the dummy.' The charity also recommended:

- A dummy should not be coated in a sweet solution.
- It can be taken away when the baby is about 12 months old.
- If a mother is breast-feeding, it might be best to wait a month or so before introducing a dummy.

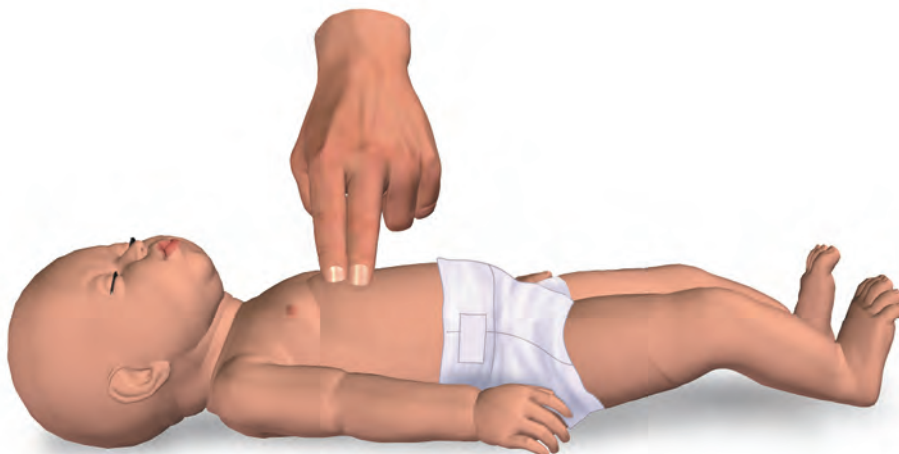
Coping with sudden infant death in a day nursery

It is very *rare* for a baby to suffer SIDS when sleeping in a day nursery cot; it is more likely to occur while babies are in the care of a nanny or childminder.

If a baby is pale and unresponsive when you try to rouse him or her from a nap, take immediate action:

- Ask a colleague to remove all other children to an area well away from the ill child.
- Check for breathing and pulse.
- If they are absent, start CPR (cardiopulmonary resuscitation) *immediately*, if you are trained in CPR.
- Call an ambulance.
- Contact the parents – the person in charge will do this – and explain that the baby is very ill and that an ambulance has been called. Suggest that they go directly to the hospital.

If you are a nanny or childminder working on your own, start CPR and carry the baby – continuing resuscitation – while you wait for the ambulance.



- Chest compressions being given to a baby.



Check it out

For further information on SIDS, look at the website of the FSID:
<http://sids.org.uk/fsid/>

Hygiene and cross-infection (K3H447)

Children who play closely together for long periods are more likely than others to develop an infection – and any infection can spread quickly from one child to another and to the adults who care for them. Good hygiene will help to prevent infection and the spread of disease. Being clean also increases self-esteem and social acceptance, and helps to prepare children in skills of independence and self-caring.

Here, as elsewhere, you should be a good role model with your personal hygiene and by wearing the right clothes. You should help children to develop good personal hygiene routines, for example by encouraging children to keep their face clean by using a clean flannel.

The chief way of preventing the spread of infection is through the washing of hands. Regular hand-washing should be practised and promoted within the setting.



Keys to good practice: Hand-washing

- ✓ Teach children how to wash and dry their hands.
- ✓ Make sure they always wash their hands before eating and drinking.
- ✓ Make sure they always wash their hands after going to the toilet.
- ✓ Make sure they always wash their hands after playing outdoors.
- ✓ Make sure they always wash their hands after handling pets or other animals.
- ✓ Make sure they always wash their hands after blowing their nose.



● Regular hand-washing must be part of any nursery routine.

Your setting's health and safety policy will establish procedures to reduce the risk of infectious diseases being transferred. These include:

- providing staff members and parents with information on infection control policies and procedures
- stating the exclusion criteria that will apply when a child or a staff member is sick
- training for staff members so they understand and can use the infection control procedures
- adequate supervision to make sure everyone follows the policies and procedures
- adequate supplies of protective equipment
- adequate facilities for hand-washing, cleaning and disposing of waste
- safe working practices for high-risk activities, such as dealing with blood and body fluids, nappy changing and toileting, handling dirty linen and contaminated clothing, and preparing and handling food.

Identifying hazards to health and hygiene in the setting

All areas where children play and learn should be checked for hygiene and safety at the start of every session and again at the end of each session – but do be alert at all times. Look at your setting's written policy for health and hygiene issues. Find out how to clean toys and other equipment from your manager, and remember that many objects (plastic toys and soft toys) end up in children's mouths, which is a good way of passing on and picking up an infection.

Remember that you could also be a risk to children's health. For example, if you have a heavy cold or have suffered from diarrhoea or vomiting within the previous 24 hours, you must not attend work as you could pass on a serious infection to the children.



Did you know?

You have a responsibility to report all accidents, incidents and even 'near misses' to your manager. As you may be handling food, you should also report any incidences of sickness or diarrhoea. If you are unable to contact the sick child's parents (or other emergency contact person), then you will need to seek medical advice. Always ask your supervisor or manager if in doubt.



Keys to good practice: Checking for risks to health and hygiene

You should check the following areas and identify possible risks to health and hygiene:

- ✓ *Floors and surfaces.* Floors and surfaces must be checked for cleanliness.
- ✓ *Plastic toys.* Throw out any plastic toys which have cracks or splits in them, as these cracks can harbour germs.
- ✓ *Dressing-up clothes and soft toys.* All toys and play equipment should be cleaned at least once a week. This includes dressing-up clothes and soft toys – and you should always remove from the nursery any toy that has been in contact with a child who has an infectious illness. Particular care should be taken to keep hats, head coverings and hairbrushes clean in order to help prevent the spread of head lice.
- ✓ *Water tray.* Water trays should be emptied daily, as germs can multiply quickly in pools of water.
- ✓ *Sandpit.* Check that sandpits or trays are clean and that toys are removed and cleaned at the end of a play session; if the sandpit is kept outside make sure it is kept covered when not in use.
- ✓ *Home area.* The home area often contains dolls, saucepans and plastic food; these need to be included in the checking and in the regular wash.
- ✓ *Ventilation.* Adequate ventilation is important to disperse bacteria or viruses transmitted through sneezing or coughing. Make sure that windows are opened to let in fresh air to the nursery – but also make sure there are no draughts.
- ✓ *Outdoor play areas.* These should be checked before any play session for litter, dog or cat faeces or any other object which could cause children harm.

Dealing with waste safely and appropriately

Most settings employ a cleaner, but part of your role involves dealing with all waste hygienically and safely. Anyone working with young children is likely to come into contact with body fluids – for example, urine, vomit, blood or faeces. Many serious infections – such as hepatitis or HIV (the AIDS virus) – can be passed on through blood and other body fluids, so it is very important that you take precautions and follow your setting's procedures. Your setting will have a written policy which tells you what to use when cleaning up after a spill of any body fluids – usually a solution of soap and very hot water, but sometimes a dilute bleach solution or disinfectant is used.

Above all you must make sure that you protect yourself and others from the risk of infection and dispose of all waste material correctly. In this context, waste material includes wet or soiled nappies, tissues and any cloths which have been used in mopping up body fluids.



Keys to good practice: Handling waste

- ✓ Always protect yourself from infection by wearing protective apron and gloves.
- ✓ Protect children by keeping them away from spillages at all times (you may need to ask another member of staff to keep them away while you deal with the incident).
- ✓ Dispose of waste safely and hygienically, in special bins.
- ✓ Clean up spillages which could cause infection, using special solutions.
- ✓ Wrap children's soiled clothes in a polythene bag and give them to the parents when they arrive.
- ✓ When a child uses a potty, make sure that it is emptied immediately after use and cleaned appropriately.

Knowing about the principles of food hygiene (K3H276)

In promoting the health of children it is important that you understand the basics of food hygiene as they generally apply to you in the child care setting. Your role may involve serving children's food and drinks and supervising them when they are eating and drinking. Often you will have to prepare simple snacks for the children. You need to be confident that you are doing everything in your power to provide children with food and drink that is safe to eat and free from illness-causing bacteria. As you progress in your career, you may become more involved in food preparation and as such be required to attend an accredited food hygiene course.



Keys to good practice: Food hygiene

When serving food and clearing away after meals and snacks, you should observe the rules of food hygiene:

- ✓ Wash your hands using soap and warm water and dry them on a clean towel.
- ✓ Wear clean protective clothing.
- ✓ Ensure any washing-up by hand is done thoroughly in hot water, with detergent (and use rubber gloves).
- ✓ Cover cups/beakers with a clean cloth and air dry where possible.
- ✓ Drying-up cloths should be replaced every day with clean ones.
- ✓ Never cough or sneeze over food.

How to provide for the nutritional needs of babies and young children

The government's guidelines on infant feeding (K3H416)

The government issues guidelines on infant feeding through the Food Standards Agency (FSA). There are seven main guidelines for a healthy diet which apply to children:

- Enjoy your food.
- Eat a variety of different foods.
- Eat the right amount to maintain a healthy weight.
- Eat plenty of foods rich in starch and fibre.
- Eat plenty of fruit and vegetables.
- Do not eat too many foods which contain a lot of fat.
- Do not have sugary foods and drinks too often.

The most important issue to consider when feeding babies and young children is that eating patterns and habits become established at this age. It is no exaggeration to say that helping young children to see healthy eating as normal and enjoyable provides them with the foundation for a healthy life.

The different nutritional needs of babies and children (K3H418)

By the time children are a year old, they should be:

- helping to feed themselves
- taking chopped and whole foods rather than puree or lumpy foods
- chewing and biting
- drinking from a cup (and only having formula or breast milk once or twice per day)
- using cutlery (this helps to develop motor skills)
- eating with others (this helps to develop social skills).

By the time children are five years old, they should be eating an adult diet, so it is important that they are introduced to a wide variety of foods during the early years.

Children need lots of energy and nutrients from food, as they are growing. Try to encourage them to eat a variety of different foods to make sure they get a range of nutrients. A balanced diet contains:

- large amounts of starchy foods, such as bread, pasta and rice
- large amounts of fruit and vegetables – at least five portions a day
- moderate amounts of meat and fish (or alternatives, such as eggs, beans and lentils)
- moderate amounts of dairy products
- small amounts of fatty or sugary foods.

Because of their small size, young children cannot take large amounts of food at one time so it is essential to provide smaller, more frequent meals and snacks. Remember that these snacks will provide a significant proportion of the child's daily nourishment, rather than being an addition to meals, as they would for an adult.

Healthy eating plan for children

Food Groups	Main nutrients	Types to choose	Portions per day	Suggestions for meals and snacks
1 Bread, other cereals and potatoes All types of bread, rice, breakfast cereals, pasta, noodles and potatoes (beans and lentils can be eaten as part of this group)	Carbohydrate (starch), fibre, some calcium and iron, B-group vitamins	Wholemeal, brown, wholegrain or high-fibre versions of bread; avoid fried foods too often (e.g. chips). Use butter and other spreads sparingly	FIVE All meals of the day should include foods from this group.	One portion = <ul style="list-style-type: none"> • 1 bowl of breakfast cereals • 2 tabs pasta or rice • 1 small potato Snack meals include bread or pizza base
2 Fruit and vegetables Fresh, frozen and canned fruit and vegetables, dried fruit, fruit juice (beans and lentils can be eaten as part of this group)	Vitamin C, carotenes, iron, calcium, folate, fibre and some carbohydrate	Eat a wide variety of fruit and vegetables; avoid adding rich sauces to vegetables, and sugar to fruit	FOUR/FIVE Daily, include 1 fruit or vegetable high in Vitamin C, e.g. tomato, sweet pepper, orange or kiwi fruit	One portion = <ul style="list-style-type: none"> • 1 glass of pure fruit juice • 1 piece of fruit • 1 sliced tomato • 2 tabs of cooked vegetables • 1 tabs of dried fruit – e.g. raisins <i>continued on next page</i>

Food Groups	Main nutrients	Types to choose	Portions per day	Suggestions for meals and snacks
<p>3 Milk and dairy foods Milk, cheese, yoghurt and fromage frais (this group does not contain butter, eggs and cream)</p>	Calcium, protein, B-group vitamins (particularly B12), vitamins A and D	Milk is a very good source of calcium, but calcium can also be obtained from cheese, flavoured or plain yoghurts and fromage frais	THREE Children require the equivalent of one pint of milk each day to ensure an adequate intake of calcium	<p>One portion =</p> <ul style="list-style-type: none"> • 1 glass of milk • 1 pot of yoghurt or fromage frais • 1 tabs of grated cheese, e.g. on a pizza <p>Under 2s: do not give reduced-fat milks, e.g. semi-skimmed – they do not supply enough energy</p>
<p>4 Meat, fish and alternatives Lean meat, poultry, fish, eggs, tofu, quorn, pulses – peas, beans, lentils, nuts and seeds</p>	Iron, protein, B-group vitamins (particularly B12), zinc and magnesium	Lower-fat versions of meat with fat cut off, chicken without skin, etc. Beans and lentils are good alternatives, being low in fat and high in fibre	TWO Vegetarians will need to have grains, pulses and seeds; vegans avoid all food associated with animals	<p>One portion =</p> <ul style="list-style-type: none"> • 2 fish fingers (for a 3-year-old) • 4 fish fingers (for a 7-year old) • baked beans • a small piece of chicken
<p>5 Fatty and sugary foods Margarine, low-fat spread, butter, ghee, cream, chocolate, crisps, biscuits, sweets and sugar, fizzy soft drinks, puddings</p>	Vitamins and essential fatty acids, but also a lot of fat, sugar and salt	Only offer small amounts of sugary and fatty foods. Fats and oils are found in all the other food groups	NONE Only eat fatty and sugary foods sparingly, e.g. crisps, sweets and chocolate	Children may only be offered foods with extra fat or sugar – biscuits, cakes or chocolates – as long as they are not replacing food from the four main food groups

Feeding babies

The way babies and children are fed involves more than simply providing enough food to meet their nutritional requirements; for the newborn baby, sucking milk is a great source of pleasure and is also rewarding and enjoyable for the mother. The ideal food for babies to start life with is breast milk and breast-feeding should always be encouraged as the first choice in infant feeding; however, mothers should not be made to feel guilty or inadequate if they choose not to breast-feed their babies.



Key terms

Nutrients are essential parts of the diet, such as carbohydrates, proteins, certain fats, vitamins and minerals.

Supporting mothers who are breast-feeding (K3H417)

Many mothers give up breast-feeding when they return to full-time work. Others continue to breast-feed their baby fully by expressing their own milk and bringing it to the nursery or crèche for it to be given by bottle. This involves a considerable amount of planning and organisational skill. The baby's key worker should reassure the mother that her wishes will be respected, and that every effort will be made to support her in her preference for breast-feeding. As with formula-fed babies in your care, you should ensure that you record the amount of feed taken and note any changes or problems in feeding.



Case study 1: Supporting breast-feeding

Cara Bailey is a single parent with one child, Matthew, who is three months old. She needs to return to work and has chosen to leave Matthew at Heathlands Nursery. She is determined to carry on breast-feeding Matthew for as long as possible and her health visitor has suggested that she talk it over with the baby room supervisor before returning to work.

- What are the main points Cara needs to consider when leaving Matthew in full-time nursery care?
- How could Matthew's key worker help to smooth the way for Cara to continue breast-feeding?
- Find out about the work of UNICEF's Baby Friendly Initiative to promote breast-feeding (see www.babyfriendly.org.uk).

How to prepare formula feeds for babies (K3H425)

A day's supply of bottles may be made and stored in the fridge for up to 24 hours. The following equipment will be needed:

- a container for sterilising bottles, large enough to submerge everything completely; or use a steam steriliser and follow the instructions
- wide-necked feeding bottles and teats designed for newborn babies
- a large plastic or Pyrex measuring jug and a plastic stirrer – or feeds can be made directly in bottles and shaken to mix
- sterilising liquid or tablets – check the manufacturer's instructions for length of time and correct dilution.

How to make up a feed

- Wash hands and nails thoroughly.
- Boil some fresh water and allow it to cool.
- Take bottles from the steriliser.
- Shake but do not rinse because this would de-sterilise them.
- Pour the correct amount of boiled water into each bottle (check quantity at eye level on a firm surface).

- Measure the exact amount of formula milk powder using the scoop provided; level with a plastic knife but do not pack down; add powder to each bottle.
- Take teats from steriliser, taking care to handle by the edges, and fit into the bottles upside down; put caps, rings, and tops on.
- Shake each bottle vigorously until any lumps have dissolved.
- If not using immediately, cool quickly and put bottles in the fridge.

Sterilising feeding equipment

It is very important that all bottles and equipment are thoroughly sterilised:

- After use, scrub all the bottles, caps and covers, using hot soapy water and a special bottle brush. Rinse thoroughly in clean running water.
- Teats may be cleaned using a special teat cleaner; turn teat inside out to ensure all milk deposits are removed and wash as the bottles.
- Submerge bottles, teats and all other equipment needed for bottle-feeding in the sterilising solution, checking that no bubbles are trapped inside bottles and that teats are completely immersed.



Keys to good practice: Giving a bottle-feed

- ✓ Collect all the necessary equipment before picking up the baby. The bottle may be warmed in a jug of hot water; have a muslin square or bib and tissues to hand.
- ✓ Check the temperature and flow of the milk by dripping it on to the inside of your wrist (it should feel warm, not hot or cold).
- ✓ Make yourself comfortable with the baby. Do not rush the feed – babies always sense if you are not relaxed and it can make them edgy too.
- ✓ Try to hold the baby in a similar position to that for breast-feeding and maintain eye contact; this is a time for cuddling and talking to the baby.
- ✓ Stimulate the rooting reflex by placing the teat at the corner of the baby's mouth; then put the teat fully into the mouth and feed by tilting the bottle so that the hole in the teat is always covered with milk.
- ✓ After about ten minutes, the baby may need to be helped to bring up wind; this can be done by leaning the child forwards on your lap and gently rubbing the back or by holding the baby against your shoulder. Unless the baby is showing discomfort, do not insist on trying to produce a 'burp' – the baby may pass it out in the nappy.



Did you know?

The National Children's Bureau states that babies who are bottle-fed should be held and have warm physical contact with an attentive adult while being fed. It is strongly recommended that a baby in a child care setting is fed by the same staff member at each feed. Babies should never be left propped up with bottles as it is dangerous and inappropriate to babies' emotional needs.

Weaning a baby – or starting on solid foods (K3H419)

For children from four to six months of age, you can gradually increase the amount of solid foods you give. By 12 months solid foods should form the main part of the diet, with breast or formula milk making up the balance (see table).

Three stages of weaning

Stage 1 Around 5–6 months	Stage 2 6–8 months	Stage 3 9–12 months
<p>Mix a teaspoon of one of the following with the baby's usual milk (breast or formula):</p> <ul style="list-style-type: none"> vegetable purée – such as carrot, parsnip, potato or yam fruit purée – such as banana, cooked apple, pear or mango cereal (not wheat-based) – such as baby rice, sago, maize, cornmeal or millet <p>Offer this before or after one of the usual milk feeds, or in the middle of a feed, if that works better. If the food is hot, make sure you stir and cool it and test it before giving it to the baby</p>	<p>Add to the vegetable, fruit and cereal purées other foods such as:</p> <ul style="list-style-type: none"> purées of meat and poultry purées of pulses such as lentils (dhal), hummus full-fat milk products such as yoghurt or fromage frais – unless advised otherwise by the health visitor or general practitioner (full-fat cows' milk can also be used for cooking only e.g. in cheese sauce, but avoid giving cows' milk as a drink) <p>Try to give cereals just once a day; start to add different foods and different tastes. By using family foods – mashing, or puréeing a small amount – you help to get the baby used to eating as the family</p>	<p>Add a wider range of foods with a variety of textures and flavours:</p> <ul style="list-style-type: none"> finger foods such as toast, bread, breadsticks, pitta bread or chapatti, peeled apple, banana, carrot sticks, or cubes of cheese pieces of meat from a casserole 3–4 servings a day of starchy foods and fruit and vegetables – the vitamin C in fruit and vegetables helps our bodies absorb iron <p>If the baby is following a vegetarian diet, give two servings a day of pulses (e.g. red lentils, beans or chickpeas), or tofu</p>

Foods to avoid

Salt

Do not add salt to any foods you give to babies, because their kidneys cannot cope with it. The baby foods on sale are not allowed to contain salt. Limit the child's intake of foods that are high in salt (e.g. cheese, bacon and sausages). Avoid giving any processed foods that are not made specifically for babies – such as pasta sauces and breakfast cereals, because these can be high in salt.

Sugar

Do not add sugar to the food or drinks you give to babies. Sugar could encourage a sweet tooth and lead to tooth decay when the first teeth start to come through. If you give the baby stewed sour fruit, such as rhubarb, you could sweeten it with mashed banana, breast or formula milk.

Honey

Do not give honey until the baby is a year old. Very occasionally, honey can contain a type of bacteria that can produce toxins in a baby's intestines. This can cause serious illness (infant botulism). After a baby is a year old, the intestine matures and the bacteria cannot grow.



Did you know?

Cows' milk must not be given as a drink for babies under a year old. This is because their digestive system cannot cope with the proteins.

Other foods to avoid up to six months

Certain foods can cause an allergic reaction in some babies, so it is best to avoid giving babies any of the following foods before the age of six months:

- wheat-based foods and other foods containing gluten – including bread, wheat flour, breakfast cereals and rusks
- nuts and seeds – including peanuts, peanut butter and other nut spreads (peanuts can be given from six months old, if you always crush or flake them)
- eggs
- fish and shellfish
- citrus fruit and fruit juice (e.g. orange, lemon and lime).

Remember that it is dangerous to give whole peanuts or any type of whole nuts to children under five years old because they could cause choking.



Keys to good practice: Weaning

- ✓ Go at the baby's pace. Allow plenty of time for feeding, particularly at first.
- ✓ Always stay close to the baby to make sure that he or she does not choke.
- ✓ Do not rush or 'force feed'. Most babies know when they have had enough to eat.
- ✓ Do not spend a lot of time persuading babies to take food – they soon learn that refusing food is a good way of getting attention.
- ✓ Encourage babies to help with feeding. When they show an interest in feeding themselves, this is a good sign. You can encourage this by giving them the spoon, while you try to spoon in most of the meal with another spoon. (Be prepared for a lot of mess!)
- ✓ Offer a wide variety of foods – to avoid choosiness or fussiness later on.

Providing drinks for children

You must offer children something to drink several times during the day. The best drinks for young children are water and milk (which is very nourishing). Water is a very underrated drink for the whole family. It quenches thirst without spoiling the appetite; if bottled water is preferred it should be still, not carbonated (fizzy), as this is acidic. More water should be given in hot weather in order to prevent dehydration. Research into how the brain develops has found that water is beneficial; many early years settings now make water available for children to help themselves.

All drinks that contain sugar can be harmful to teeth and can also take the edge off children's appetites. It is therefore best to avoid flavoured milks, fruit squashes and flavoured fizzy drinks.

Unsweetened diluted fruit juice is a reasonable option for children – but not as good as water or milk – but ideally should be offered only at mealtimes. Low-sugar and diet fruit drinks contain artificial sweeteners

and are best avoided. Tea and coffee should not be given to children under five years, as they prevent the absorption of iron from foods. They also tend to fill children up without providing nourishment.

Encouraging healthy eating (K3H423)

During childhood we develop food habits that will affect us for life. By the time we are adults most of us will suffer from some disorder that is related to our diet, whether minor, like tooth decay, or major, such as heart disease or cancer. Establishing healthy eating patterns in children will help to promote normal growth and development, and will protect against later disease. As early years workers, you need to know what constitutes a good diet (see above) and how to encourage healthy eating.

Occasionally, children may arrive at the setting with sweets and packets of crisps. Both staff and parents need to work together to formulate a policy which gives consistent guidelines about what is allowed in the setting – and to ensure that every child is offered a healthy and nutritious diet when away from home.



Keys to good practice: Your role in encouraging healthy eating

- ✓ Offer a wide variety of different foods. Give babies and toddlers a chance to try a new food more than once; any refusal on first tasting may be due to dislike of the new rather than of the food itself.
- ✓ Set an example. Children will imitate both what you eat and how you eat it. It will be easier to encourage a child to eat a stick of raw celery if you eat one too! If you show disgust at certain foods, young children will notice and copy you.
- ✓ Be prepared for messy mealtimes! Present the food in a form that is fairly easy for children to manage by themselves (e.g. not difficult to chew).
- ✓ Do not use food as a punishment, reward, bribe or threat. For example, do not give sweets or chocolates as a reward for finishing savoury foods. To a child this is effectively saying, 'Here's something nice after eating those nasty greens'. Give healthy foods as treats, such as raisins and raw carrots, rather than sweets or cakes.
- ✓ Encourage children to feed themselves. Get them to use a spoon or offer them suitable finger foods.
- ✓ Introduce new foods in stages. For example, if switching to wholemeal bread, try a soft-grain white bread first.
- ✓ Always involve the children in making choices as far as possible.
- ✓ Teach children to eat mainly at mealtimes and avoid giving them high-calorie snacks (e.g. biscuits and sugary drinks) which might take the edge off their appetite for more nutritious food. Most young children need three small meals and three snacks a day.

- ✓ Presentation is important. Food manufacturers use a variety of techniques to make their children's food products exciting – colours, shapes, themes and characters. Using these tactics can make mealtimes more fun.
- ✓ Avoid adding salt to any food – too much salt can cause dehydration in babies and may predispose certain people to hypertension (high blood pressure) if taken over a lifetime.
- ✓ Allow children to follow their own appetites when deciding how much they want to eat. If a child rejects food, never force-feed the child. Simply remove the food without comment. Give smaller portions next time and praise the child for eating even a little.
- ✓ Never give a young child whole nuts to eat – particularly peanuts. Children can very easily choke on a small piece of the nut or even inhale it, which can cause a severe type of pneumonia. Rarely, a child may have a serious allergic reaction to nuts.

Special dietary requirements and food preparation related to culture, ethnicity or religious beliefs (K3H297)

As an early years worker, you are ideally placed to ensure that stereotyping in relation to eating habits is not practised. Mealtimes and the choice of food can be used in a positive sense to affirm a feeling of cultural identity.

The importance of understanding diversity naturally extends to children's dietary requirements, which are often determined by the family's culture, ethnicity or religious beliefs. Examples of religious dietary requirements are set out in the table below. It is important however not to make assumptions here, as elsewhere, and it is always advisable to discuss diet with parents.

Religion	Dietary requirements
Buddhists	Many Buddhists are vegetarian as they respect all life and avoid killing animals
Hinduism	The eating of meat is generally forbidden but especially beef, as the cow is a sacred animal. Many Hindus will not eat fish or eggs
Islam	Muslims will not eat pork or pig products, and all animals must be killed according to Islamic regulations (producing what is known as halal meat). Halal food must be cooked with separate utensils and should not be stored or cooked with non-halal food
Judaism	Food acceptable to the Jewish religion is known as 'kosher'. Jews may not eat fish without fins or scales, shellfish, pork, birds of prey or rabbits. Meat and milk may not be eaten together, and the same utensils may not be used for each of these
Rastafarians	Rastafarians tend to prefer to eat natural foods and many avoid pork. Fruit and vegetables are important and are called I'tal. Many Rastafarians are vegetarians
Sikhism	Beef is forbidden and dairy products are important; many Sikhs, though, are vegetarian

(Table and accompanying text adapted from Unit 307 in Tassoni, P., *et al.* (2005) *Children's Care, Learning and Development (S/NVQ Level 3)*, Heinemann.)

Children on vegetarian diets

Children who are on a vegetarian diet need an alternative to meat, fish and chicken as the main sources of protein. Such alternatives include milk, cheese, eggs and pulses (lentils and beans). Care needs to be taken that they have enough iron, as iron is more difficult to absorb from vegetable sources than from meat. Iron may be obtained from sources such as:

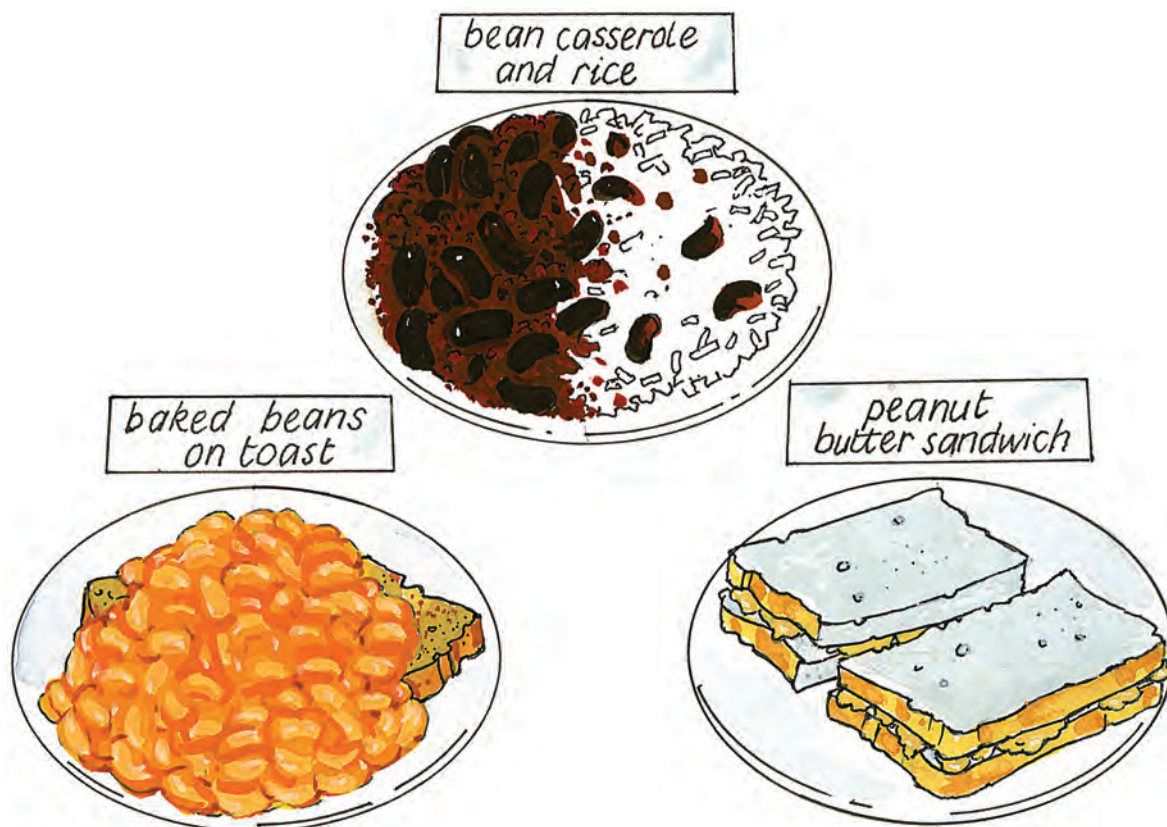
- leafy green vegetables – such as spinach and watercress
- pulses (beans, lentils and chick peas)
- dried fruit (such as apricots, raisins and sultanas)
- some breakfast cereals.

It is easier to absorb iron from food if it is eaten with food containing vitamin C – such as fruit and vegetables or diluted fruit juices at mealtimes.



Did you know?

A vegan diet completely excludes all foods of animal origin, that is, animal flesh, milk and milk products, eggs, honey and all additives which may be of animal origin. A vegan diet is based on cereals and cereal products, pulses, fruits, vegetables, nuts and seeds. Human breast-milk is acceptable for vegan babies.



- Good combinations of vegetarian food.

Special dietary requirements related to health (K3H422)

Most children on special diets are not ill. Often they require a therapeutic diet that replaces or eliminates some particular nutrient to *prevent* illness. The following diets are followed by children with specific needs.

Diabetes mellitus

Diabetes mellitus occurs in 1 in every 500 children under the age of 16 years and results in difficulty in converting carbohydrate into energy due to underproduction of insulin. Insulin is usually given by daily injection and a diet sheet will be devised by the hospital dietician. It is important that mealtimes be regular and that some carbohydrate be included at every meal. Children with diabetes should be advised to carry glucose sweets whenever they are away from home in case of hypoglycaemia (low blood sugar).

Cystic fibrosis

The majority of children with cystic fibrosis have difficulty in absorbing fats; they need to eat 20 per cent more protein and more calories than children without the disease, and so require a diet high in fats and carbohydrates. They are also given daily vitamin supplements and pancreatic enzymes.

Coeliac disease

Treatment for coeliac disease is by gluten-free diet and has to be for the rest of the person's life. All formula milks available in the UK are gluten-free, and many manufactured baby foods are also gluten-free. Any cakes, bread and biscuits should be made from gluten-free flour, and labels on processed foods should be read carefully to ensure that there is no 'hidden' wheat product in the ingredients list.

Galactosaemia

The child with galactosaemia cannot digest or use galactose – which, together with glucose, forms lactose, the natural sugar of milk. A list of 'safe foods' with a low galactose content will be issued by the dietician, and food labels should be checked for the presence of milk solids and powdered lactose, which contain large amounts of this sugar.

Obesity

A child who is diagnosed as being overweight will usually be prescribed a diet low in fat and sugar; high-fibre carbohydrates are encouraged, such as wholemeal bread and other cereals. The child who has to go without crisps, chips and snacks between meals will need a lot of support and encouragement from carers.

Children with difficulties with chewing and swallowing

Children with cerebral palsy can experience difficulties with either or both of these aspects of eating. Food has to be liquidised, but this should be done in separate batches so that the end result is not a pool of greyish sludge. Presentation should be imaginative. Try to follow the general principle of making the difference in the meal as unobtrusive as possible.



Check it out

Feeding Young Imaginations is a campaign run by the Pre-school Learning Alliance that builds on the government's Every Child Matters strategy. It aims to address the shortage of information on nutrition, for the benefit of all early years settings, parents and children. It will achieve this by:

- developing guidelines for food provision in pre-school settings
- acknowledging the needs of children at different ages, as well as cultural and dietary requirements
- providing practical food and nutrition advice and support for pre-school staff, volunteers and parents
- raising awareness of the importance of a healthy start in life and the need for resources to ensure that all children benefit.

Find out more about Feeding Young Imaginations from www.pre-school.org.uk.

Why it is important that all dietary information is documented and shared (K3H421)

Parents have a right to bring up their children according to their own beliefs and cultural practices. Sometimes these preferences are difficult to accommodate within a group setting. Early years workers need to ensure that each child has his or her dietary needs and preferences recorded and that every worker knows how to follow these wishes. This is particularly important if a child has a food allergy or intolerance. Some nurseries have developed a system of personalised table placemats which include the child's name and photograph, along with their specific dietary requirements.

How to supervise and use physical care routines to promote development

The importance of routines (K3D426)

Routines – for example around mealtimes and bedtimes – can be very useful in helping babies and toddlers to adapt both physically and emotionally to a daily pattern; this will suit both them and those caring for them. It will prove especially helpful during times of transition and change in their lives, such as starting nursery or moving house. If certain parts of the day remain familiar, they can cope better with new experiences. Having routines for everyday activities also ensures that care is consistent and of a high quality.

This does not mean that caring for babies is, or should be, in itself a routine activity. Anyone looking after babies should be able to adapt to their individual needs, which will change from day to day. You therefore need to be flexible in your approach and allow, whenever feasible, the individual baby to set the pattern for the day – as long as all the baby's needs are met. Obviously, parents and carers have their own routines and hygiene practices and these should always be respected. (For example, Muslims prefer to wash under running water and Rastafarians wear their hair braided and so may not use a comb or brush.)

Young children are learning to be independent and need to practise the skills of dressing and personal care. They need to be able to find out how much they can do for themselves; you should allow time for this learning and offer praise and encouragement. Nobody should expect children to be forever worrying about personal cleanliness, but there is a great deal you can do in the workplace to ensure that children follow good hygiene routines (see above), which will become a pattern for life.



Keys to good practice: Everyday routines for babies and young children

- ✓ Be patient – even when pressed for time, try to show children that you are relaxed and unhurried.
- ✓ Allow time for children to experiment with different ways of doing things.
- ✓ If you work directly with parents, encourage them to make a little extra time in the morning and evening for children to dress and undress themselves. Children could be encouraged to choose their clothes the night before from a limited choice; the choosing of clothes to wear is often a fertile ground for disagreements and battles of will.
- ✓ Resist the urge to take over if children are struggling, since this deprives them of the sense of achievement and satisfaction of success.
- ✓ Show children how to do something and then let them get on with it. If they ask for help, they should be shown again. If adults keep doing things for children that they could do for themselves they are in danger of creating 'learned helplessness'.
- ✓ Offer praise and encouragement when children are trying hard, not just when they succeed in a task.

Rest and sleep

Children vary enormously in their need for rest and sleep. Some children seem able to rush around all day with very little rest, while others need to recharge their batteries by having frequent periods of rest. By the end of the first year, most babies are having two short sleeps during the day – before or after lunch and in the afternoon – and sleeping through the night, although there is much variation between individual children. It is important to have 'quiet periods', even if the baby does not want to sleep.

Why is sleep important?

Sleep is important to everybody. When we sleep, we rest and gain energy for a new day. But sleep does more than that. When we dream, we process all the events of our daily life. After a night without enough sleep we often feel exhausted and irritable, but after a good night's sleep we feel rested, refreshed and full of energy. It is important to parents that their child sleeps through the night, as it influences the entire family's life and well-being. Children need more sleep than adults because the brain is developing and maturing and they are physically growing as well. Sleep is important to child health because:

- it rests and restores their bodies and promotes a feeling of well-being
- it enables the brain and the body's metabolic processes to recover (these processes are responsible for producing energy and growth)
- at night, the body produces more growth hormones, which renews body tissues and produces new bone and red blood cells.

For information on sudden infant death syndrome (SIDS), see page 16.



Key terms

Learned helplessness is when people have repeated experiences of failure at a task or skill and learn to assume that they are not capable, when in fact they may simply need to be taught from a different point of view or to break the problem down into smaller, achievable elements (when you will be acting as the scaffolding in the child's learning – see page 45).

Bedtime and sleep routines

Children will sleep only if they are actually tired, so it is important that enough exercise and activity are provided throughout the day. Some children do not have a nap during the day – they can, however, be encouraged to rest in a quiet area.

There are cultural differences in the way parents view bedtime and sleep routines. In some cultures it is normal for children to sleep with parents and to have a much later bedtime in consequence. Some families who originate from hot countries where having a sleep in the afternoon is normal tend to let their children stay up in the evening. Such children are more likely to need a sleep while in day care; as long as the overall amount of sleep is sufficient for the child, it does not matter.

It is always worth discussing bedtime routines with parents when toddlers are struggling to behave well. Some areas have sleep clinics managed by the health visiting service to help parents whose children have difficulty sleeping.

Even after they have established a good sleep routine, children's sleep patterns can become disrupted between the ages of one and three years. There are thought to be a number of factors for this, including developmental changes and behavioural issues.



Keys to good practice: Sleep and rest routines

When preparing children for a daytime nap or rest, you can help children in the following ways:

- ✓ Treat each child as an individual – with individual needs and preferences.
- ✓ Find out the child's preferences – some children like to be patted to sleep, while others may need to cuddle their favourite comfort object.
- ✓ Respect the wishes of the child's parents or main carer.
- ✓ Keep noise to a minimum and darken the room.
- ✓ Make sure that children have been to the toilet first.
- ✓ Ensure that you stay with the children until they fall asleep.
- ✓ Reassure them that you (or someone) will be there when they wake up.
- ✓ Provide quiet, relaxing activities for those children who do not have a sleep – for example, by reading a book to them or doing jigsaw puzzles.



Did you know?

There is increasing evidence that some young children who exhibit hyperactive behaviour, irritability and an inability to concentrate are, in fact, suffering from chronic sleep deprivation.



Case study 2: Contented babies

Two parents in your nursery are following the advice given in *The Contented Little Baby Book* by Gina Ford and one of the pieces of advice is that all babies should be placed in a darkened room to have a sleep at 11 a.m. each day. They have each asked their baby's key worker to make sure this happens every day.

- Do you think the nursery could – or should – accommodate the parents' wishes?
- What would happen in your own setting if such a request were made?

Sensory exploration (K3D432)

From a very early age babies learn best by exploring the world through their senses and through their movements. In other words they learn by:

- doing
- seeing
- listening
- tasting
- smelling
- touching.

Sensory exploration through play is important because it helps babies to learn about and understand the world around them. It also helps them socialise and form relationships with their primary carers. During the first year of life, babies mostly play either by themselves (solitary play), with objects such as rattles, toys or activity mats, or with someone they love – clapping games, action games. There are many ways in which you can play with a baby; babies do not need a room full of expensive toys in order to play. The most important part of a baby's development is to experience continuous attention and affection from their parents, care givers, relations and other significant adults.

Caring for children's skin, hair and teeth (K3H428, K3D427, K3H429)

Caring for a baby's skin

A baby's skin is soft and delicate, yet is also tough and pliant. Young babies do not have to be bathed every day because only their bottom, face and neck, and skin creases get dirty and because the skin may tend to dryness. If a bath is not given daily, the baby should have the important body parts cleansed thoroughly – a process known as 'topping and tailing', which limits the amount of undressing and helps to maintain good skin condition. Whatever routine is followed, the newborn baby needs to be handled gently but firmly, and with confidence. Most babies learn to enjoy the sensation of water and are greatly affected by your attitude. The more relaxed and unhurried you are, the more enjoyable the whole experience will be.



Keys to good practice: Topping and tailing

- ✓ Babies do not like having their skin exposed to the air, so should be undressed for the shortest possible time. Always ensure the room is warm – no less than 20°C (68°F) – and that there are no draughts.
- ✓ Warm a large, soft towel on a not-too-hot radiator and have it ready to wrap the baby in afterwards.
- ✓ Wash your hands. Remove the baby's outer clothes, leaving on her vest and nappy. Wrap the baby in the towel, keeping the arms inside.
- ✓ Using two separate pieces of cotton wool (one for each eye; this will prevent any infection passing from one eye to the other), squeezed in the boiled water, gently wipe the baby's eyes in one movement from the inner corner outwards.



Did you know?

Recent results from a longitudinal study of children's health and development (the 'Children of the 90s' study, run by the Institute of Child Life and Health at the University of Bristol) suggest that the more frequently children are washed, bathed and showered, the more likely they are to develop eczema and asthma. The researchers suggest that coming into contact with a low level of harmless bacteria in the environment stimulates the immune system and that the use of more anti-bacterial products in the home or nursery setting can interfere with this natural process.

- ✓ Gently wipe all around the face and behind the ears. Lift the chin and wipe gently under the folds of skin. Dry each area thoroughly by patting with a soft towel or dry cotton wool.
- ✓ Unwrap the towel and take the baby's vest off, raise each arm separately and wipe the armpit carefully. The folds of skin rub together here and can become quite sore. Again, dry thoroughly and dust with baby powder if used.
- ✓ Wipe and dry the baby's hands.
- ✓ Take the nappy off and place in a lidded bucket.
- ✓ Clean the baby's bottom with moist swabs, then wash with soap and water; rinse well with flannel or sponge, pat dry and apply protective cream.
- ✓ Put on clean nappy and clothes.

Nappy rash

Almost all babies have occasional bouts of redness and soreness in the nappy area. This may be caused by leaving wet and dirty nappies on too long, poor washing techniques, infections, skin disorders such as eczema or seborrhoeic dermatitis, or reaction to creams or detergents.

The most common types of nappy rash are: candidiasis, or thrush dermatitis, and ammonia dermatitis (see table).

The two main types of nappy rash and their treatment

Type	Cause	Description	Treatment
Candidiasis or thrush dermatitis	An organism called <i>Candida albicans</i> , a yeast fungus which lives naturally in many parts of the body	The rash is pink and pimply and is seen in the folds of the groin, around the anus and in the genital area; it is sometimes found in breast-fed babies whose mothers have taken a course of antibiotics, or in bottle-fed babies where the teats have been inadequately cleaned and sterilised	Use a special anti-fungal cream at each nappy change. This is prescribed by the doctor. Do not use zinc and castor oil cream until the infection has cleared, as the thrush organism thrives on it. If oral thrush is also present, a prescribed ointment may be used

continued on next page

Type	Cause	Description	Treatment
Ammonia dermatitis	The ammonia present in the baby's urine and stools reacts with the baby's skin	This is the most severe type of nappy rash. It is more common in bottle-fed babies because their stools are more alkaline, providing a better medium for the bacteria to thrive. The rash is bright red, may be ulcerated and covers the genital area; the ammonia smells very strongly and causes the baby a lot of burning pain	Wash with mild soap and water, and dry gently. Expose the baby's bottom to fresh air as much as possible. Leave plastic pants off. Use creams only if advised



Keys to good practice: Changing nappies in a group setting

Nappy changing is an important time and you should ensure that the baby feels secure and happy. Singing and simple playful games should be incorporated into the procedure to make it an enjoyable experience. Each setting will have its own procedure for changing nappies. The following is an example:

- ✓ Nappies should be checked and changed at regular periods throughout the day.
- ✓ A baby should never knowingly be left in a soiled nappy.
- ✓ Collect the nappy and the cream needed. Put on apron and gloves. Ensure you have warm water and wipes.
- ✓ Carefully put the baby on the changing mat, talking to and reassuring him or her.
- ✓ Afterwards dispose of the nappy and discard the gloves.
- ✓ Thoroughly clean the nappy mat and the apron with an anti-bacterial spray.
- ✓ Wash your hands to avoid cross-contamination.
- ✓ Record the nappy change on the baby's nappy chart, noting the time, whether it was wet or dry whether there had been a bowel movement. Note any change you have observed, for example in the colour or consistency of the stools or if the baby had difficulty in passing the stool. Also note whether there is any skin irritation or rash present.
- ✓ Check nappy mats for any tears or breaks in the fabric and replace if necessary.
- ✓ Never leave a baby or toddler unsupervised on the changing mat.

Caring for the hair

Babies' and young children's hair should ideally be washed during bath time, using a specially formulated mild baby soap or shampoo. Adult shampoos contain many extra ingredients, such as perfumes and chemicals – all of which can lead to irritation of children's delicate skin. Regular combing and brushing will also help to prevent the occurrence of head lice.

Caring for the teeth

Care of the first 'milk' teeth is as important as for permanent teeth, since it promotes good habits and encourages permanent teeth to appear in the proper place. As soon as the teeth erupt, at around six months, they are exposed to potential sources of decay and should be cared for by brushing gently with a soft toothbrush. Giving water to drink after food will help to remove any residual food and the natural tendency of babies to produce a lot of saliva also acts as a protective mechanism.



Keys to good practice: Caring for teeth

- ✓ Children under one year should have their teeth brushed with a soft brush once or twice a day using gentle toothpaste.
- ✓ Drinks should be given after meals and water between meals.
- ✓ Babies should not be allowed to have constant access to a bottle or cup.
- ✓ Children should be encouraged to drink from a cup at between 12 and 15 months.
- ✓ Bottles and cups should not contain fizzy or sweetened drinks and fruit juice should be limited to mealtimes.
- ✓ Crusty bread, crunchy fruit and raw vegetables such as carrot or celery help to keep teeth healthy and free of plaque.
- ✓ Sweets should be given only after meals, if at all.

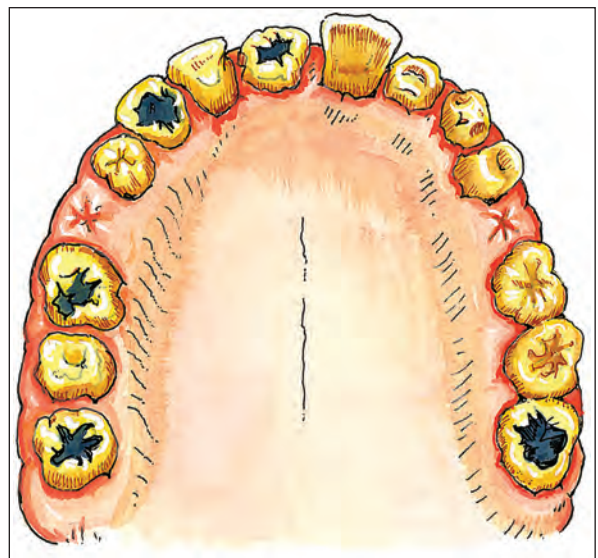


Key terms

Plaque is a substance that forms a rough, sticky coating that builds up on the teeth. It is made up of saliva, bacteria and food debris. It attracts bacteria and causes tooth decay.

Every time the child eats sweet things, acid is produced which attacks the enamel of the tooth. Saliva protects the teeth from this and more saliva is produced during meals. The protective effect lasts for about half an hour, so the more frequently the child eats sweets or sugary drinks, the more exposure to acid the teeth have. The picture below shows how the degree of dental decay is linked to the pattern of tooth eruption – the longer the teeth have been exposed, the greater the decay.

Children should be helped to clean their teeth as soon as they are old enough and brushing should be supervised until the child carries this out automatically. Parents should be encouraged to take



• Dental decay in a young child

babies to the dentist at the same time as older children as soon as they have teeth. Most dentists will examine the teeth of children from about two years.

In areas of the country where there is no fluoride in the water, children can be given fluoride drops as a supplement – health visitors, the local health promotion unit or community dentist can advise on this.

The use of dummies

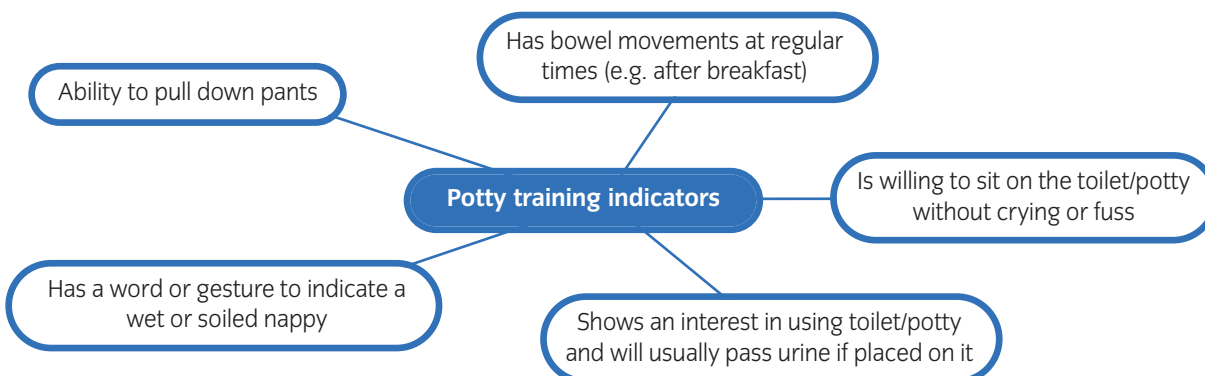
Parents often have strong views about the use of soothers and dummies. These are likely to be harmful to tooth development only if they are used constantly and habitually, or if they are sweetened, which is likely to cause decay. Dummies should be sterilised regularly and changed if they have been dropped on the floor. Dummies should never be sucked by adults before giving to babies as this merely transfers bacteria from adult to child and can cause stomach upsets.

Caring for the feet

Babies do not need shoes. The bones of the feet are not fully developed during the first year and can easily be damaged by shoes – and even socks – which restrict the natural movement of the toes and feet, especially if they are too small. The feet of babies and young children grow very quickly, so that both socks and shoes can become too small in a matter of weeks. Although miniature versions of adult shoes are available in sizes to fit babies they should be discouraged; unfortunately, because of the availability of such products, there is a tendency to believe they are not harmful. Babies should be left barefoot as much as possible, especially once they become mobile, because their attempts to balance and efforts at walking strengthen and develop the supporting muscles of the foot, including the arch.

Toilet training (K3D430)

Children will not achieve control over their bowel or bladder function until the nerve pathways that send signals to the brain are mature enough to indicate fullness. This usually happens between two and three years of age, and most children achieve control by four years. Gaining control over these basic functions is a major milestone that relies on both psychological and physical readiness.



- You should understand how to recognise the signs that children are ready to be toilet trained.

Toilet training must be discussed with the parents and the decision on when to start agreed, but parents must not feel pressured into toilet training their child. Children exhibit certain signs and behaviours that indicate they are developmentally ready to consider training, and parents may find this information helpful. Parental attitudes to toilet training are important, since unrealistic expectations lead to frustration on the part of the parent at the child's perceived 'failure' to control bladder and bowel movements. This has been identified as a precursor to physical and verbal abuse in some cases.

You should try to anticipate when the child is likely to need the toilet – such as after meals, before sleep and on waking, and sit the child on the potty or toilet at these times. Always give children praise on 'going' and have a pragmatic and sympathetic attitude to 'accidents'. Help children to understand that using the toilet is a normal activity that everyone does when they are old enough to manage it.

There are different opinions on using a potty or placing the child straight on the toilet. Privacy must be considered within the nursery setting and the potty placed in a cubicle if the child is used to a potty; however, if the toilet is 'child sized' then children can be encouraged to use it. Aids such as clip-on seats and steps are available to enable children to use an adult-sized toilet and still feel safe – some children are anxious about falling down the toilet.



Case study 3: Routines and distress in toilet training

Marco is two and a half years old and has recently been toilet trained. He has had very few 'accidents'. After one nap time in the nursery, Marco wakes up wet – which causes him distress. His key worker, Rachel, comforts him, saying: 'Don't worry, we'll go and find your bag with clean clothes in'. Marco calms down and they go to find his bag. But Rachel finds the bag is empty. She says: 'Never mind, Marco, we've got some spare clothes in the cupboard'. Marco starts to cry as Rachel leads him to the clothes cupboard. As Rachel pulls out the T-shirt, pants and trousers, Marco starts to scream even louder and pushes the clothes away. When Rachel takes his wet clothes off, Marco still cries but does not resist. However, as soon as she tried to get the new clothes on, his sobs became a full-blown tantrum.

- *Why do you think Marco was so upset?*
- *If you were Marco's key worker, is there anything you could suggest doing that might have lessened Marco's distress?*

How routines can support learning and development (K3D431)

Good routines – whether in a home or in a group setting – can provide valuable opportunities for promoting holistic development. Everyday care routines for babies and children under three years provide opportunities for the promotion of:

- cognitive and language skills – talking to babies and children when carrying out routine care promotes communication skills and understanding
- emotional development – babies and children feel secure when handled and treated in an affectionate and competent manner
- social skills – young children see and understand that they are treated equally when routines are carried out and will learn the concepts of sharing and taking turns. They will also experience a feeling of belonging, which is very important.
- development of independence – good routines allow time and space for toddlers to try to do things for themselves, rather than being rushed by the adult.



- A puppet can be used to encourage quieter children to communicate.

How to provide an emotionally secure and consistent environment

Toddlers are developing rapidly, both physically and emotionally; they will naturally test the limits of their experience in order to develop their capabilities. This is an important stage of development. Children of this age come to see themselves as separate from their carers and are beginning to develop independence and a sense of self. However, they are likely to experience many frustrations because their physical development is out of step with their emotional development. They will, for example, be learning how to behave from adult roles and try to copy adult activities, which they may be physically unable to carry out. Similarly, the desire to influence their world and the people in it often results in a refusal to comply with adult requests – causing frustration all round. Young children often want to do things that they are not capable of doing; however, adults do not always provide appropriate assistance, especially when time is limited and it is so much quicker to do it themselves.

Activities to promote holistic development (K3D438, K3D439)

In addition to love, food, warmth and shelter and protection from harm, babies and young children need stimulation. There are many activities that help to promote development in a holistic way (see table below). Children learn very quickly; during the first year, babies learn to become mobile and can understand a lot of what is said around them. At first, play is mostly solitary, but by two or three years of age children enjoy playing games and sharing activities with others.



Check it out

What material would you provide for:

- a visually impaired baby
- a hearing impaired baby
- a toddler with delayed physical development – for example, not walking at 21 months.

Activities to promote holistic development

Activities and toys to provide	Area of development
<i>In the first year</i>	
Mobile	Sensory development – especially vision
Rattle	Motor skills – gross and fine manipulative skills
Songs and rhymes	Emotional, cognitive and language development
Bath time	All
Activity centre	Hand–eye coordination and motor skills
<i>When the baby can sit unsupported</i>	
Treasure basket	Physical – gross and fine motor skills; sensory (all); cognitive – helps concentration and exploratory play; emotional – release of tension by banging objects; promotes independent playing
Saucepans and wooden spoons; plastic or foam bricks	Emotional
Reading a book	Emotional – close contact; cognitive – exposure to ‘book’ language
<i>From one to three years</i>	
Trucks and trolleys for pushing and pulling	Walking skills, balance and coordination; confidence; independence
Wheeled toys to sit on and move with the feet	Balance; large muscle development; steering skills and coordination
Cardboard boxes	Motor skills – getting in and out of boxes, balance and coordination
Duplo; large threading toys	Fine manipulative skills – grasping, passing, picking up objects with finger and thumb
Playdough; ‘gloop’; paints and crayons	Fine manipulative skills; emotional development; creativity and aesthetic appreciation
Balls (large, soft), balloons etc. according to child’s ability	Motor skills – gross and fine; gross manipulative skills; hand–eye coordination; social skills – taking turns
Bricks for building towers; stacking cups and beakers; jigsaws; posting boxes	Fine manipulative skills; hand–eye coordination
Comfort objects; soft toys; cuddles and hugs	Emotional development; security
Messy play – finger painting, wet sand, water play, mud, ‘gloop’, playdough and clay	Emotional – allows an outlet for frustration and aggressive feelings
Picture books; action rhymes and songs; interest tables at which children can handle various objects	Cognitive, language and social development
Bath toys and water play	Cognitive – early concepts of sinking, floating, volume and capacity
Mealtimes	Skills of independence as children learn to feed themselves; social and emotional development

Why responsive care giving is so important (K3D415)

There are various factors which, when taken together, result in responsive care giving. These are:

- attachment
- communicating with babies
- trust
- emotional security
- scaffolding.

Attachment

When children receive warm, responsive care, they feel safe and secure. Secure attachments are the basis of all the child's future relationships. Because babies experience relationships through their senses, it is the expression of love that affects how they develop and that helps to shape later learning and behaviour. They will grow to be more curious, get along better with other children and perform better in school than children who are less securely attached.

Communicating with babies

Babies send many cues or signals to the adults who care for them without saying a word. They communicate their needs and preferences through various methods, including:

- the sounds they make
- the way they move
- their facial expressions
- the way they make or avoid eye contact.

Adults need to respond affectionately to these signals and show that they have understood and that they care.

Trust

Children become securely attached and begin to trust a carer when that person:

- smiles back at them
- comforts them when they are upset
- feeds them when they are hungry.

Remember that you cannot spoil a young baby by responding to his or her needs.



Key terms

Responsive care giving involves knowing each child as a unique individual and taking cues from the child about when to expand on the child's initiative, when to guide, when to teach and when to intervene.



Key terms

Attachment means a warm, affectionate and supportive bond between child and carer that enables their to develop secure relationships.



Did you know?

Research shows that babies who receive quick and affectionate responses to their expressed needs typically learn to cry much less and sleep more at night. At the same time, when babies are calmed by being comforted or fed, their brain's stress response systems are turned off. Babies' brains then begin to create the network of cells that help them learn to soothe themselves.



• *Babies need to feel secure and loved.*



Key terms

Scaffolding is a way in which adults can help develop children's thinking. It is very much like being a piece of scaffolding on a building. At first, the building has a great deal of scaffolding (i.e. adult support of the child's learning), but as the children extend their competence and control the scaffolding is progressively removed until it is no longer needed.

Emotional security

When unhappy, babies will often frown or switch their focus from the carer to objects in the room. This is their way of expressing their feelings. As babies gain more experience with their carers' soothing responses to their signals of unhappiness, babies begin to develop their own pattern of soothing self-regulation, for example by babbling to themselves before going to sleep or on waking. A key component of self-regulation is the baby's emotional security.

Scaffolding

The child–carer relationship is critical to emotional development; these relationships also become the scaffolding for babies' developing ability to control anxiety and to predict outcomes.



Keys to good practice: Being a responsive care giver

- ✓ Be interested, affectionate, loving, and responsive.
- ✓ Hold, touch, rock, sing and smile at babies and children.
- ✓ Build an understanding of the needs and temperaments of each child.
- ✓ Continually observe each baby or toddler to discover what skills he or she is ready to explore and eventually master.
- ✓ Have an overall plan for each day – one which includes materials and activities that are appropriate for the development stage of each child.
- ✓ Always work to enhance sensitivity and respect.



Case study 4: Active communication

Patrick (aged ten months) plays with the xylophone that his key worker, Maggie, has given him. He then lies down and begins whining. Maggie sits him up and plays the xylophone as she talks to him softly. 'Now, it's your turn, Patrick!' she says enthusiastically. Patrick stops whining and plays with the xylophone again as Maggie strokes his hair and says, 'Patrick is making a lovely sound.' Maggie is quick to respond to Patrick's 'cue' that he is unhappy as she helps him to control his feelings. Once he is calm and begins playing with the xylophone again, Maggie reassures him further by talking to him softly as she strokes his hair. In her daily interactions, Maggie often 'contains' a baby: that is, she helps the baby to remain involved in an activity.

- *Why are musical instruments particularly useful in this situation?*
- *How could Maggie best engage Patrick's attention?*

Forming attachments to key individuals (K3D433)

An early years setting must recognise and promote the benefits of a three-way relationship, that is between:

- the baby and the parent(s)
- the baby and the early years worker
- the parent and the early years worker.

For babies to spend any significant amount of time away from their parents they have to be allowed to form an attachment relationship with their early years worker. There should be clear structures and systems to facilitate this, such as:

- the key worker system
- home visits
- settling-in programmes
- regular staff time for observation (in order to plan for individual needs) and record keeping.



Did you know?

With children who have a strong attachment to their parent(s), the process of becoming attached to the worker is easier, not harder, than it is for children with a weaker attachment. Remember, though, that all parents find separation difficult, whether they have formed a strong attachment with their child or not.

The key worker system

In nursery and crèche settings, each child should be allocated to a key worker, who, ideally, is responsible for:

- the routine daily hands-on care (e.g. feeding, washing, changing)
- observing the child's development
- encouraging a wide range of play activities tailored to the child's individual needs
- recording and reporting any areas of concern
- liaising with the child's primary carers or parents and establishing a relationship which promotes mutual understanding.

Any setting which uses the key worker system should also have a strategy for dealing with staff absence or holidays.

Official: Babies do best with mother

Young children who are looked after by their mothers at home develop better than those cared for by nurseries, childminders or relatives, a study revealed today. The project, which was started in 1998, observed 1,200 children from north London and Oxford from birth until the age of 3. One of the authors of the study, Penelope Leach, said the social and emotional development of babies who were cared for by someone other than the mother was 'definitely less good'.

Nannies and childminders were seen as the next best thing to a mother's care, followed by grandparents. Young children who are looked after in nurseries fared the worst, the study found. The babies were seen at three, 10, 18, 36 and 51 months old. They were given a set of tasks and their level of eye contact with adults was monitored. Those not cared for by their mothers tended to show higher levels of aggression and became more withdrawn, compliant or sad. Dr Leach insisted that the results were not a call for all mothers to stay at home and give up work. She said it highlighted a demand for 'developmentally appropriate high-quality child care'.

'Mothers also often wanted their own mother as the carer because they say "she's family, she loves the baby"', she said. 'But love doesn't necessarily produce the best child care. That takes planning and thinking about the child and his or her activities.' Dr Leach conceded that not all mothers were best – those suffering depression or with priorities other than motherhood would be better leaving their child in another's care.

Gill Haynes, of the National Childminders' Association, argued that the highly responsive care that the very young require is better delivered by childminders, who are, often mature, have 'life skills' and are parents themselves. They also often provide one-to-one care, which is thought to be better for children.

Responding to the study, nursery leaders defended their reputation. The chief executive of the National Day Nurseries' Association, said: 'Day nurseries provide an ideal environment for the care and education of children up to the age of five. And 78 per cent of working mothers say a nursery is their "ideal" child care.'

(Adapted from an article in the *Guardian*, October 2005)

Read the extract above and answer the following questions:

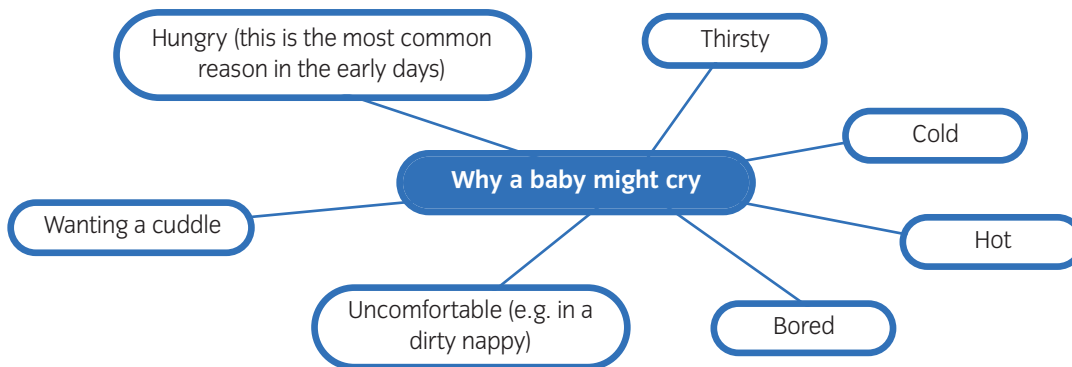
- What were the findings of the study in terms of the children being looked after in nurseries?
- Is being looked after by your own parents always the best option?
- What do you consider the advantages and disadvantages for a baby of being cared for by: a nanny in the child's own home; with other children in a childminder's home; in a day nursery in a special baby room?

How to calm and comfort babies and young children with emotional distress (K3D434)

Newborn babies use crying as a way of communicating their needs. These include physical needs such as hunger, tiredness, a wet nappy, being too hot or too cold, or even discomfort from tight clothing. Babies also cry because of anxiety or an emotional need such as affection. Parents and carers have to work out just why they are crying.



• A child should be encouraged to communicate



• Some of the reasons why a baby may be crying.

Parents of earlier generations were led to believe that babies' cries are meaningless reflexes, and that crying is a good way 'to exercise the lungs'. Child experts in the 1950s warned that parents would spoil their babies if they responded to crying and advised them to leave babies to cry alone. Current research in neuroscience shows that this advice was wrong. We should always respond to babies' crying.



Keys to good practice: Helping a crying baby

- ✓ Make sure the baby is not hungry or thirsty.
- ✓ Check that the baby is not too hot or cold.
- ✓ Check that the baby is not physically ill.
- ✓ Check if the baby's nappy needs changing.
- ✓ Treat conditions which cause pain (e.g. colic or teething problems).
- ✓ Cuddle the baby and try rocking gently the child in your arms.
- ✓ Talk and sing to the baby.
- ✓ Take the baby for a walk (or – if feasible – a car ride).
- ✓ Play soothing music.

Although crying is the main way babies express emotional distress, they can also become withdrawn, spiteful and aggressive.

Helping children to express their feelings appropriately (K3D435)

Babies and young children feel things strongly and they need help to understand, express and deal with these emotions. Each child should be treated as an individual – with individual needs. What helps one child might not help another. You can help them by remembering what all children need:

- personal space
- one-to-one attention
- to feel secure
- responsive care giving (see page 44)
- friends
- to feel part of the group.

More than anything else, children need to feel that you care about them and that you will not just dismiss their feelings as unimportant. All babies and children need to have their feelings acknowledged and attended to; this means that you cannot ignore a child who is having a temper tantrum or one who is showing obvious distress. You need to try to find out why the child is distressed and apply the values and principles of child care in your response.

The importance of boundaries (K3D436)

Boundaries are the limits within which behaviour is acceptable. They identify what may and may not be done or said. Children require clear, consistent boundaries in order to manage their own behaviour. They need to understand what sort of behaviour is acceptable and what is unacceptable in the setting – in other words, what the boundaries are. When a boundary has been agreed by the whole team in the setting, children feel secure; they know just what is expected from them. Young children will usually try to test the boundaries, and may even try to see whether they can get away with certain behaviour with a particular member of staff. This is why we need to make sure we are consistent when applying these ‘rules’.

The importance of confidentiality (K3M437)

Confidentiality is very important when working in a close partnership with parents. You will be entrusted with personal information about children and their families and it is important that you do not abuse this trust. You should never gossip about parents or their children, and never discuss one parent with another.

Some information does have to be shared, but only with your line manager. For example, if you suspect there may be a child protection issue, this should be shared with your line manager in strictest confidence. Parents need to be aware of this policy from the outset of your partnership so that they understand that, although they may tell you things in confidence, you may have to share the information with your line manager. It is not fair to encourage parents to talk about confidential things with you unless they first understand this.

Some information has to be shared with the whole staff team, such as information about diet, allergy, religious rituals and if the child is being collected by someone else. Make sure parents are clear about the sort of information that cannot be confidential.



- When discussing individual children in your care, remember to preserve confidentiality.

How to recognise and respond to illness in babies and young children

General signs of illness in babies and children under three years (K3H441, K3H443)

You are in a good position to be able to tell whether children in your care are ill – or seem to be ‘sickening for something’, as you will know how they behave normally – when they are healthy – and so can see the change.

General signs of illness in younger babies

Babies are of course not able to explain how they are feeling to their carers, so it is important to recognise some of the general signs that accompany illness. These include:

- crying in a ‘strange’ way – in a way that is different from their usual cry
- refusing feeds
- not smiling or playing as normal
- becoming unusually listless or lethargic
- cannot be comforted by the usual methods
- having a raised temperature (or fever) – indicating infection
- seems overly clingy
- is especially sleepy at times when he or she is normally wide awake
- is crying weakly or seems in pain.

General signs of illness in older babies and children up to three years

Small children are not always able to explain their symptoms and may complain vaguely of ‘their head hurting’. Again, you are in a good position to observe if the child is ill. They may show the following signs and symptoms:

- not wanting to eat or drink, which could be because of a sore, painful throat or a sign of a developing infection
- lacking interest in play, without being able to explain why
- abdominal pain (the child may rub the tummy and say that it hurts), which could be a sign of gastro-enteritis
- a fever (a temperature above 38°C), which is usually an indication of infection but can also result from over-heating
- diarrhoea or vomiting, which is usually a sign of gastro-enteritis
- lethargy or listlessness, when the child may be drowsy and prefer to sit quietly with a favourite toy or comfort blanket
- a change in behaviour, perhaps being lethargic or restless, or upset and tearful
- pallor, when the child will look paler than usual and may have dark shadows under the eyes (you may notice a paler area around the lips on a darker-skinned child and the conjunctiva will be pale pink instead of the normal dark pink)
- a rash (pimples or spots), which is usually a sign of an infectious disease (rashes should always be investigated and a possible cause found).

When children feel generally unwell, you should ask them if they have any pain or discomfort and treat it appropriately. Take their temperature and look for other signs of illness, such as a rash or swollen glands. Often, feeling generally unwell is the first sign that the child is developing an infectious disease. Some children can also show general signs of illness if they are anxious or worried about something, either at home or at the nursery.

The table below lists the more common illnesses that typically affect younger children.

Common illnesses affecting babies and children under three years

Disease and cause	Spread	Incubation	Signs and symptoms	Rash or specific sign	Treatment	Possible complications
Common cold (coryza) virus	Airborn/droplet, hand-to-hand contact	1–3 days	Sneeze, sore throat, running nose, headache, slight fever, irritable, partial deafness	Treat symptoms, Vaseline to nostrils	Bronchitis, sinusitis, laryngitis	

continued on next page

Disease and cause	Spread	Incubation	Signs and symptoms	Rash or specific sign	Treatment	Possible complications
Chickenpox (varicella) virus	Airborne/droplet, direct contact	10–14 days	Slight fever, itchy rash, mild onset, child feels ill, often with severe headache	Red spots with white centre on trunk and limbs at first; blisters and pustules	Rest, fluids, calamine to rash, cut child's nails to prevent secondary infection	Impetigo, scarring, secondary infection from scratching
Dysentery bacillus or amoeba	Indirect: flies, infected food; poor hygiene	1–7 days	Vomiting, diarrhoea, blood and mucus in stool, abdominal pain, fever, headache		Replace fluids, rest, medical aid, strict hygiene measures	Dehydration from loss of body salts, shock; can be fatal
Food poisoning bacteria or virus	Indirect: infected food or drink	1½–36 hours	Vomiting, diarrhoea, abdominal pain		Fluids only for 24 hours; medical aid if no better	Dehydration – can be fatal
Gastro-enteritis virus	Direct contact. Bacteria or infected food/drink	Bacterial: 7–14 days. Indirect: ½–36 hours	Vomiting, diarrhoea. Viral: signs of dehydration		Replace fluids – water or Dioralyte; medical aid urgently	Dehydration, weight loss – death
Measles (morbilli) virus	Airborne/droplet	7–15 days	High fever, fretful, heavy cold – running nose and discharge from eyes; later cough	Day 1: Koplik's spots, white inside mouth. Day 4: blotchy rash starts on face and spreads down to body	Rest, fluids, tepid sponging. Shade room if photophobic (dislikes bright light)	Otitis media, eye infection, pneumonia, encephalitis (rare)
Meningitis (inflammation of meninges, which cover the brain) bacteria or virus	Airborne/droplet	Variable – usually 2–10 days	Fever, headache, drowsiness, confusion, photophobia (or dislike of bright light), arching of neck	Can have small red spots or bruises	Take to hospital, antibiotics and observation	Deafness, brain damage, death
Mumps (epidemic parotitis) virus	Airborne/droplet	14–21 days	Pain, swelling of jaw in front of ears, fever, eating and drinking painful	Swollen face	Fluids: give via straw hot compresses, oral hygiene	Meningitis (1 in 400), orchitis (infection of testes) in young men

continued on next page

Disease and cause	Spread	Incubation	Signs and symptoms	Rash or specific sign	Treatment	Possible complications
Pertussis (whooping cough) bacteria	Airborne/droplet, direct contact	7–21 days	Starts with a snuffly cold, slight cough, mild fever	Spasmodic cough with whoop sound, vomiting	Rest and assurance; food after coughing attack; support during attack; inhalations	Convulsions, pneumonia, brain damage, hernia, debility
Rubella (German measles) virus	Airborne/droplet; direct contact	14–21 days	Slight cold, sore throat, mild fever, swollen glands behind ears, pain in small joints	Slight pink rash starts behind ears and on forehead. Not itchy	Rest if necessary. Treat symptoms	Only if contracted by woman in first three months of pregnancy – can cause serious defects in unborn baby
Scarlet fever (or scarlatina) bacteria	Droplet	2–4 days	Sudden fever, loss of appetite, sore throat, pallor around mouth, ‘strawberry’ tongue	Bright red pinpoint rash over face and body – may peel	Rest, fluids, observe for complications, antibiotics	Kidney infection, otitis media, rheumatic fever (rare)
Tonsillitis bacteria or virus	Direct infection, droplet		Very sore throat, fever, headache, pain on swallowing, aches and pains in back and limbs		Rest, fluids, medical aid – antibiotics, iced drinks relieve pain	Quinsy (abscess on tonsils), otitis media, kidney infection, temporary deafness

Babies and children who are ill when in the early years setting (K3H442)

We have already looked at ways you can help to prevent illness by promoting good hygiene, but it is inevitable that children in group settings will become ill from time to time. When an illness occurs among a group of children, the situation becomes more complicated than at home. It affects everyone – all the children in the group as well as their families, the staff and, of course, the sick child, who still needs care.

Children who are sick should not be at school or nursery; early years settings are not appropriate places in which to care for sick children. However, it is often at a day care setting that the child first shows signs and symptoms of an illness. Childminders and nannies working in the family home also need to know how to act to safeguard children's health. Nannies and childminders should always contact the child's parents directly in case of accident or illness.

In day care settings, you should notify a senior member of staff if you notice that a child is unwell; that person will then decide if and when to contact the child's parents. Of course, the most senior person at the time may be you, in which case you must make the decision.

If the child has vomiting or diarrhoea, deal with the incident swiftly and sympathetically to minimise the child's distress and to preserve the child's dignity. A member of staff should remain with any child who is ill and keep him or her as comfortable as possible. Offer support and reassurance to a child who is waiting to be taken home.

Records of a child's illness should be kept so that the child's parents and doctor can be informed; as with the accident report book these records should include:

- when the child first showed signs of illness
- the signs and symptoms
- any action taken (e.g. taking the temperature)
- progress of the illness since first noticing it (e.g. are there any further symptoms?).

A guide to the exclusion periods relating to child illness.

Illness and incubation period	Periods when infectious	Minimum period of exclusion
Chickenpox 11-21 days	1 day before to 6 days after appearance of rash	6 days from onset of rash
Rubella (German measles) 14-21 days	Few days before to 4 days after onset of rash	4 days from onset of rash (avoid contact or warn women who are under 14 weeks pregnant)
Measles 10-15 days	Few days before to subsidence of rash	Until swelling has gone
Mumps 12-26 (commonly 18) days	Few days before to 5 days after onset of swelling	Until swelling has gone
Whooping cough About 7 days	From 7 days after exposure to 21 days after onset of the bouts of coughing	21 days from onset of the bouts of coughing

Taking and recording the temperature of babies and young children (K3H444)

The normal body temperature is 36–37°C. A temperature of above 37.5°C means that the child has a fever. A child with a fever may:

- look hot and flushed
- complain of feeling cold or even shiver (this is a natural reflex due to the increased heat loss and a temporary disabling of the usual internal temperature control of the brain)
- be either irritable or subdued
- be unusually sleepy
- go off food
- complain of thirst.

How to take a temperature

Using a clinical thermometer

A clinical thermometer is a glass tube marked with gradations of temperature in degrees centigrade and/or Fahrenheit. When the bulb end is placed under the child's armpit, the mercury will expand, moving up the tube until the temperature of the child's body is reached.

- First, explain to the child what you are going to do.
- Collect the thermometer; check that the silvery column of mercury is shaken down to 35°C.
- Sit the child on your knee and take the top layer of clothing off.
- Place the bulb end of the thermometer in the child's armpit, and press the arm close to the child's side for at least two minutes.
- Remove the thermometer and, holding it horizontally and in a good light, read off the temperature measured by the level of the mercury.
- Record the time and the temperature reading.
- After use, wash the thermometer in tepid water, and shake the column of mercury down again to 38°C.
- Dry it carefully and replace in its case.

Using a digital thermometer

This is battery-operated and consists of a narrow probe with a tip sensitive to temperature. It is easy to read via a display panel and is unbreakable.

- Place the narrow tip of the thermometer under the child's arm as described above.
- Read the temperature when it stops rising; some models beep when this point is reached.



Did you know?

You should never place a clinical thermometer in a child's mouth, because of the danger of biting and breaking the glass.

Using a plastic fever strip

This is a rectangular strip of thin plastic which contains temperature-sensitive crystals that change colour with temperature change. It is not as accurate as the other thermometers but is a useful check.

- Hold the plastic strip firmly against the child's forehead for about 30 seconds.
- Record the temperature revealed by the colour change.

Managing a fever (K3H446)

Children can develop high temperatures very quickly. You need to know how to bring their temperature down to avoid complications, such as dehydration and febrile convulsions, whatever the cause of a high temperature. Remember that medicines should not be given unless the written permission of the parent or next-of-kin is obtained.



Keys to good practice: Reducing a high temperature (or fever)

- ✓ Offer cool drinks: encourage the child to take small, frequent sips of anything he or she will drink (though preferably clear fluids like water or squash, rather than milky drinks). Do this even if the child is vomiting as, even then, some water will be absorbed.
- ✓ Remove clothes: keep the child as undressed as possible to allow heat to be lost.
- ✓ Sponge the child down, using tepid water.
- ✓ Give the correct dose of children's paracetamol. Make sure you have written consent from the parents to use it in case of emergency. If not, contact the parents and try to obtain consent.
- ✓ Cool the air in the child's room: use an electric fan or open the window.
- ✓ Reassure the child, who may be very frightened.
- ✓ Remain calm yourself.
- ✓ Try to stop a baby from crying as this will tend to push the temperature higher still.
- ✓ If the temperature will not come down, call the doctor. Always consult a doctor if a high fever is accompanied by symptoms such as severe headache with stiff neck, abdominal pain or pain when passing urine.

When to seek medical advice for babies and young children (K3H445)

If you think the child's life is in danger, dial 999 and ask for an ambulance urgently and explain the situation. Contact the family doctor (GP) if the child has any of the following symptoms. :

- has a temperature of 38.6°C (101.4°F) that is not lowered by measures to reduce fever (see above), or a temperature over 37.8°C (100°F) for more than 24 hours
- has convulsions, or is limp and floppy
- has severe or persistent vomiting and/or diarrhoea, seems dehydrated or has projectile vomiting
- cannot be woken, is unusually drowsy or may be losing consciousness
- has symptoms of meningitis
- has symptoms of croup (a hoarse, dry, barking cough)
- is pale, listless and does not respond to usual stimulation
- cries or screams inconsolably and may have severe pain
- has a bulging fontanelle (soft spot on top of head) when not crying
- appears to have severe abdominal pain, with symptoms of shock
- refuses two successive feeds
- develops purple-red rash anywhere on the body
- passes bowel motions (stools) containing blood
- has jaundice
- has a suspected ear infection
- has been injured (e.g. by a burn which blisters and covers more than 10 per cent of the body surface)
- has inhaled something, such as a peanut, into the air passages and may be choking
- has swallowed a poisonous substance, or an object (e.g. a safety pin or button)
- has bright pink cheeks and swollen hands and feet (could be due to hypothermia)
- has difficulty in breathing.

If the doctor cannot reach you quickly, take the child to accident and emergency department of the nearest hospital.

In cases where there is fever, always seek medical advice if:

- fever is accompanied by confusion or disorientation
- the temperature rises above 38.9°C in children or 38°C in a baby under one year
- there is any fever in an infant under two months
- the fever has no obvious cause
- fever is accompanied by more than three episodes of diarrhoea in the last 24 hours or if there is blood in the diarrhoea
- fever is accompanied by vomiting and an inability to keep fluids down
- the fever lasts longer than 24 hours
- the child is persistently drowsy and difficult to wake

- in babies, less than half the usual amount of feed has been taken in the last day
- in babies, there have been fewer than four wet nappies in the last 24 hours.

Meningitis

Although meningitis is a rare illness, you should be aware of the signs. Fever is the principal one, but there are others to look out for. These include:

- neck stiffness – the child is unable to bend his or her neck forwards, and attempts to do so are painful
- photophobia – the child cannot tolerate light because it hurts the eyes
- vomiting
- drowsiness
- rash (only in some types of meningitis) – this is patchy and may occur all over the body.

The rash of meningitis is called a non-blanching rash, and can be distinguished from other skin conditions by using the 'glass test'; with meningitis, the rash does not fade (blanch) but remains visible through the glass when it is pressed over the skin. Medical advice should be sought immediately if meningitis is suspected.



Did you know?

The early stages of meningitis are very hard to detect in young children. The Meningitis Research Foundation (www.meningitis.org.uk) in January 2006 issued a checklist of early signs and symptoms which may develop before the characteristic rash appears. These are: very cold hands and feet, despite having a high fever; pale or mottled skin; pain in the limbs.

Reflect on your own practice

As you have seen, providing care that promotes the health and development of babies and children under three years is an essential part of your role. Look at the statements below to assess whether you match up to the levels of care required.

Statement	Always	Sometimes	Never
Do I provide a safe and secure environment for babies and children under three years?			
Do I provide for the nutritional needs of babies and children under three years?			
Do I supervise and use physical care routines to promote development?			
Do I provide an emotionally secure and consistent environment?			
Do I recognise and respond to illness in babies and children under three years?			



End-of-unit knowledge check

- 1 Give three reasons why good hygiene is so important in early years settings.
- 2 When should children wash their hands?
- 3 Why should children's toys and playthings be checked for hygiene and regularly cleaned?
- 4 How should you dispose of a soiled nappy in an early years setting?
- 5 What drinks are suitable for children between the ages of one and three years?
- 6 When preparing and serving food and drinks for children, you must follow the rules of food hygiene. State three important ways in which you can prevent infection from food or drink.
- 7 Describe how you would 'top and tail' a baby.
- 8 How should babies be placed in their cot to sleep?
- 9 What is weaning, and when should it be started, according to government guidelines?
- 10 What is responsive care giving and why is it so important in day care settings?
- 11 Why are routines so important in early child care?
- 12 List five signs and symptoms that would make you suspect that a child under three years old is unwell?
- 13 What is the normal body temperature? How would you take the temperature in a child under three years old?
- 14 What is meningitis? What are the main symptoms of meningitis in a young child?
- 15 What would you do if a child becomes ill when in the day care setting?



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