



Children's Physical Development, Physical Care and Health Needs

6

Getting to know your unit

Assessment

You will be assessed by a series of assignments set by your tutor.

If children are fit and healthy, their learning and development is encouraged and they are more likely to be happy.

In this unit, you will learn about the physical development and physical care needs of children and look at how to support their healthy development. You will consider how to plan routines and activities that meet children's individual needs, help them to be independent and encourage them to make healthy choices. You will also learn how to recognise and respond when children are unwell and look at ways of supporting children who have long-term medical conditions.

How you will be assessed

This unit will be assessed by a series of internally assessed tasks set by your tutor. Throughout this unit, assessment activities will help you work towards your assessment. Completing these activities will not mean that you have achieved a particular grade, but you will have carried out useful research or preparation that will be relevant when it comes to your final assignment.

To achieve the tasks in your assignment, it is important to check that you have met all of the Pass grading criteria. You can do this as you work your way through the assignment.

If you are hoping to gain a Merit or Distinction, also make sure that you present the information in your assignment in the style that is required by the relevant assessment criterion. For example, Merit criteria require you to analyse and discuss, and Distinction criteria require you to assess and evaluate.

The assignment set by your tutor will consist of a number of tasks designed to meet the criteria in the table. This is likely to consist of written assignments but may also include activities such as:

- ▶ responding to a case study, which will allow you to show your understanding of how children at different ages will have different physical development needs as well as care needs, and how these needs might be met
- ▶ planning a reflective account linked to your work placement that shows how you have supported a child's physical development
- ▶ producing a report that considers the role of early years practitioners in meeting the needs of children who are unwell or who have a long-term health condition.

Assessment criteria

This table shows what you must do in order to achieve a **Pass**, **Merit** or **Distinction** grade, and where you can find activities to help you.

Pass	Merit	Distinction
Learning aim A Understand the physical development and care needs of children and approaches to their healthy development		
A.P1 Explain the importance of care routines for meeting children's physical care needs to support a healthy lifestyle. Assessment practice 6.1	A.M1 Assess the extent to which care routines and play activities support and promote physical development and encourage a healthy lifestyle for children. Assessment practice 6.1, 6.2	A.D1 Evaluate the value of care routines and play activities for supporting and promoting children's physical development and encouraging a healthy lifestyle. Assessment practice 6.1, 6.2
A.P2 Explain how different types of indoor and outdoor play activities are used in early years settings to support and promote the physical development of children at different ages and stages. Assessment practice 6.2		
Learning aim B Plan and support routines and activities to meet children's physical development and care needs		
B.P3 Plan care routines and physical play activities to meet the needs of a selected child. Assessment practice 6.3	B.M2 Analyse the planned care routines and play activities in relation to their contribution to children's physical development, care needs and promotion of independence and a healthy lifestyle. Assessment practice 6.3, 6.4	B.D1 Demonstrate effective self-management and professional conduct consistently in planning and supporting care routines and activities that meet the physical development and care needs of a child. Assessment practice 6.4
B.P4 Support care routines and physical play activities to promote development, independence and a healthy lifestyle. Assessment practice 6.4		
Learning aim C Investigate how to recognise and respond to children who are unwell and support children with ongoing health conditions		
C.P5 Explain how to recognise the signs of ill health in children and the procedures that should be followed in early years settings. Assessment practice 6.5	C.M3 Justify procedures for recognising and supporting children who are unwell. Assessment practice 6.6	C.D2 Evaluate, giving justifications, the role of the professional in early years settings in the effective use of procedures for recognising and supporting children who are unwell and in supporting children with ongoing health conditions. Assessment practice 6.6, 6.7
C.P6 Explain how professionals in early years settings support children with ongoing health conditions for positive outcomes for their health and holistic development. Assessment practice 6.7	C.M4 Analyse the role of the professional in early years settings to support children with ongoing health conditions for positive outcomes for their health and holistic development. Assessment practice 6.7	

Getting started

Make a list of care routines that you think are important to children's health and development. For each one, see if you can provide a reason why it is important. When you have finished this unit, see if there are any that you missed.



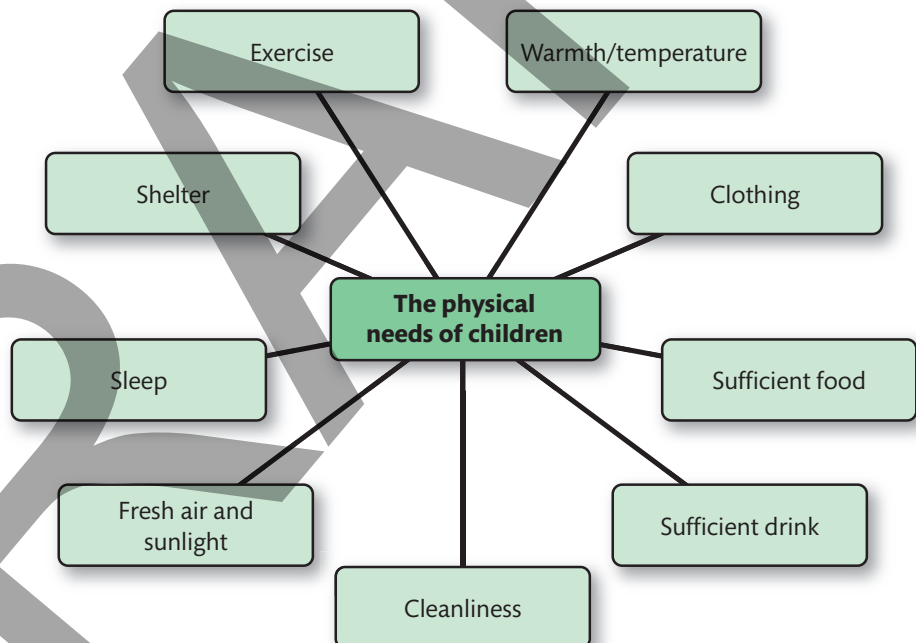
A

Understand the physical development and care needs of children and approaches to their healthy development

A1 The physical needs of children

Basic needs of children

It is easy to forget that babies and children cannot learn, relax and play if their basic physical needs are not met. Figure 6.1 shows the physical needs of babies and children.



► **Figure 6.1:** The physical needs of babies and children

Key terms

Asthma – a long-term lung disease that inflames and narrows the airways causing difficulty in breathing.

Respiratory disease – a condition that affects the lungs or a person's ability to breathe.

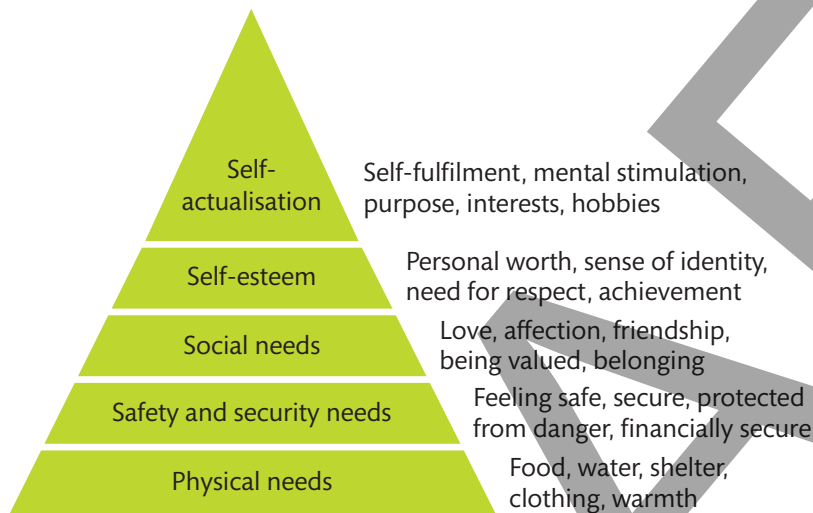
Rickets – a bone disease caused by lack of vitamin D.

In addition to these basic physical needs, you also have to think about temperature and ventilation when providing an environment for children. Ideally, the temperature indoors should be 18–21°C, with babies' sleeping spaces at 16–18°C. Ventilation is important indoors to prevent airborne illnesses and to make sure that the air is sufficiently oxygenated.

When any of children's physical needs are not met, their development, health and well-being are likely to be affected. If, for example, children are too hot or too cold, they may find it hard to concentrate. If they do not have enough sunlight, they may develop **rickets**, which is a bone disease. Children should also live in good housing because when they are exposed to damp or live in unsafe homes, they are more likely to develop a **respiratory disease** such as **asthma** or have accidents.

Maslow's hierarchy of needs

Abraham Maslow (1908–1970) was a psychologist who was interested in understanding people's behaviour and motivation. He studied people who were high achievers and came to the conclusion that it was only possible to reach high levels of personal and career fulfilment if other needs were met first. Maslow showed this through a hierarchical model similar to the one shown in Figure 6.2. The idea is that the basic physiological needs on the bottom layer have to be met before the next layer of needs can be met. When Maslow's work was published in 1943 it was influential in many areas, and notably for large employers. Maslow's model is useful in reminding us that children cannot learn or benefit from settings unless their physical and emotional needs have been met.



► **Figure 6.2:** Maslow's hierarchy of needs



PAUSE POINT

List three of the basic needs of children.

Hint

Think about what babies and children need to survive.

Extend

Using Maslow's theory, explain why children's basic needs have to be met.

The importance of meeting children's physical needs at different ages and stages

Children's physical needs can impact significantly on their development. It is important that you not only identify the physical needs of children, but also understand their importance and how they change as a child grows and develops.

A nutritious diet

The development of babies and children is affected by what, and how much, they eat. Food and drink intake supports the physical and brain growth of babies and young children, and also provides them with sufficient energy to move. It therefore helps to develop their physical skills. Food and drink are also important for good health, and children who are **malnourished** or **undernourished** are more likely to have periods of ill health.

On the other hand, babies and children who have too much food and drink and insufficient exercise, even if the food is otherwise healthy, are likely to develop health problems later in life that are associated with being overweight, such as heart disease.

Key terms

Malnourished – having a lack of proper nutrients.

Undernourished – having insufficient food/nutrients.

What is a healthy diet?

It might seem easy to suggest that children should have a healthy diet, but recognising what, and how much, children should eat is actually quite complex. This is because children's needs change according to their age and level of activity. A good starting point is to understand that food and drink provide us with nutrients. A healthy diet is, therefore, one in which children have the right balance of nutrients for their age/stage in order to support exercise, growth and development.

Nutrients are often grouped into:

- ▶ protein – good for growth and repair of cells
- ▶ carbohydrates – good for energy
- ▶ fats – good for energy and to absorb some vitamins
- ▶ minerals – necessary for a range of different functions, such as calcium for bone development
- ▶ vitamins – necessary for a range of different functions, such as vitamin C for healthy skin.

Changing needs

It is important to understand that babies and young children have different nutritional needs than adults. Adults have larger stomachs and so they need to eat less often than babies and children. The proportion of fat and protein in an adult's diet in comparison to other nutrients is also lower than the proportion in a child's diet. Children's nutritional needs change during childhood and they can vary according to the child's activity level. When planning meals, knowing what babies and children need at different ages is, therefore, essential.



PAUSE POINT

Why is protein needed as part of a healthy diet?

Hint

Think about why bodybuilders eat lots of protein.

Extend

What other four groups of nutrients are needed for a healthy diet?

Research

Find out what babies and children need in terms of nutrition by visiting The Caroline Walker Trust website. You can access this website at www.cwt.org.uk.

Rest and sleep

Sleep and rest are vital to children's health and well-being. Sleep is needed for healthy brain function and growth, and to enable the body's cells to repair themselves. It is also needed to regulate the hormones that are responsible for growth and even appetite. Sleep and rest are needed for other reasons, as you will now see.

- ▶ **Concentration** – brain function is helped or hindered by sleep. When children are tired they find it harder to concentrate.
- ▶ **Memory/learning** – during sleep, the brain reviews the day's events and this seems to be important in terms of putting down memories. Children who are not sleeping sufficiently are likely to find it harder to learn because they will not remember as much.
- ▶ **The immune system** – sleep plays a part in supporting the immune system. During sleep the body repairs cells and fights infection. Children who are not sleeping sufficiently are more likely to have colds and other infections.
- ▶ **Controlling emotions and impulses** – young children tend to be impulsive and **emotionally labile**. A lack of sleep exaggerates this and so children who are not sleeping sufficiently are more likely to show impulsive behaviour. Linked to this is sleep's ability to provide children with a sense of well-being.

Key term

Emotionally labile – having emotions that may be strong and fluctuate quickly.

- **Obesity** – The Family Lifestyle, Activity, Movement and Eating (FLAME) study looked into the relationship between how long a child sleeps and their weight. The results, published in 2011, suggest that children who are not getting sufficient sleep run the risk of becoming overweight, and even obese. Scientists are still working on the correlation between sleep and weight gain, but it is thought to be related to the hormones that are responsible for appetite and metabolism. Also related is the fact that being tired increases lethargy and so decreases interest in physical activity.

How much sleep?

Although children vary in how much sleep they need, there are some useful guidelines. Table 6.1 shows the guidelines for children aged 3 months to 5 years.

- **Table 6.1:** How much sleep children need at different ages (Source: *Information for parents: Sleep*, p.5 © Crown copyright 2010)

Age	Naps	Night-time	Total
3 months	5 hours	15 hours	20 hours
4–12 months	3 hours	11 hours	14 hours
1–3 years	2 hours 15 minutes	11 hours	13 hours 15 minutes
3–4 years	1 hour 30 minutes	10 hours 30 minutes	12 hours
5 years	None	10–12 hours	10–12 hours

Signs that a child is tired

Babies and children will show you when they are tired. Look out for the following signs:

- irritable behaviour, having tantrums or becoming whiny and uncooperative
- crying for no clear reason
- a lack of concentration
- dark rings around the eyes.

Helping children to sleep

You can only fall asleep when your body relaxes and feels safe. This means that children who are tired may find it hard to sleep in an environment that is noisy or unfamiliar. You can help babies and children to sleep by providing them with familiar objects such as their own sheet or cuddly toy, and by making sure that the environment feels calm.



- These children all have their own beds and sheets, and an adult will stay with them so they feel safe

Research

Find out more about the latest research into the links between childhood obesity and sleep by looking at the FLAME study on the British Medical Journal website: see www.bmj.com.



PAUSE POINT

List three signs that a child might be tired.

Hint

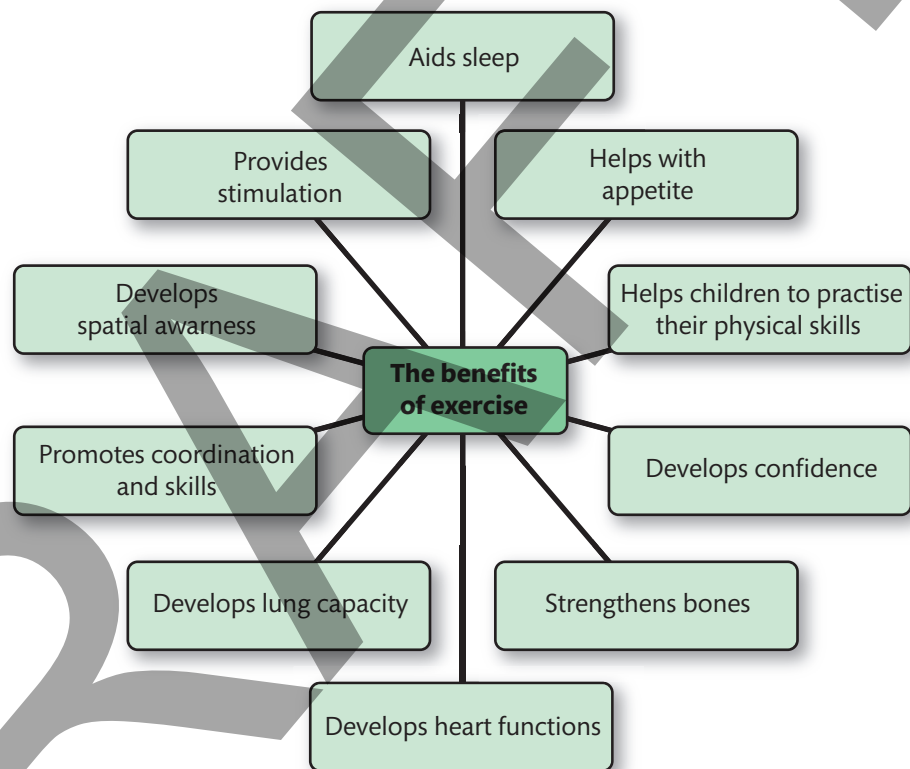
Think about how you feel and act when you are tired.

Extend

Explain the impact on children's development if they are not having enough sleep.

Exercise

Babies and children need exercise, among other things, to improve their lifelong health. This does not mean formal movements or PE lessons, but opportunities to move around or, in the case of non-mobile babies, to be able to kick and move their arms. Figure 6.3 shows the benefits of exercise to children's overall development.



► **Figure 6.3:** The benefits of exercise

How much exercise?

Over the past few years, there have been concerns that young children are not having sufficient opportunities for vigorous exercise. At the time of writing, the UK government recommends that children under 5 years old, who are walking, are physically active for at least 3 hours per day; children aged 5–18 years should spend an hour over the course of the day engaged in physical activity. This might be walking, running, using wheeled toys or generally engaging in some form of play. When planning for children's physical activity, it is worth knowing that young children need a stop-start approach. Their lung and heart capacity means that they will find it hard to maintain vigorous activity for long periods. This is why toddlers are in and out of their pushchairs, for example – one moment they will be sitting down and the next they will be up walking or running about.

Skin care

Skin is an organ that has many purposes, one of which is to protect the body from infection. This means that keeping skin clean and healthy is essential. Children have

different types of skin and many children have skin conditions, so it is essential for early years professionals to find out from parents how they should look after children's skin. For example, a child with severe eczema may not be able to use soap on their hands or face, and children with dry skin may need to use moisturisers or oils.

Hand washing

Developing good hand-washing routines with children is important to prevent infections and stop germs spreading. It also gets them into a habit for when they are older. Remember the following guidance.

- ▶ Keep nails short.
- ▶ Wash hands after going to the toilet, after playing outside and after touching animals.
- ▶ Wash hands before eating or drinking.
- ▶ Use a nail brush if there is dirt under the nails.
- ▶ Dry hands thoroughly – each child should have his or her own towel or paper towel.



PAUSE POINT

What are the key points about keeping hands clean?

Hint

Think about when and how to wash and dry hands.

Extend

Explain the role of hand washing as part of infection control.

Washing the face and body

Bath or shower time is usually a source of great pleasure for children and is often part of a bedtime routine at home. If you are employed in a child's home, it may become your responsibility, although many parents enjoy this part of the day with their children.

The bottom and genital areas of children need to be washed each day, although older children should be encouraged to wash these parts themselves. Each child should have their own towel and flannel to prevent the spread of any infection. After the bath or shower, the skin needs to be thoroughly dried to prevent soreness. Younger children have folds of skin under their arms and neck that need to be patted dry.

Although many children have a bath or shower before going to bed, they will still need to have their hands and face washed in the morning. Younger children will need to have their faces and hands washed after meals.

Bathing babies

As well as being a key aspect of the routine for caring for babies, bath time is often great fun for them. Most babies love being in the bath and benefit from playing in the water. They learn from the sensory experience of touching the water and also develop muscles while kicking and splashing around.

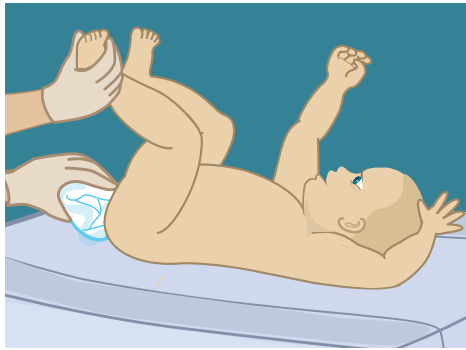
Making sure that bath time is safe

Although bath times can be fun, they can also be dangerous – some babies drown or are scalded by hot water. The following safety advice must always be followed when bathing babies and young children.

- ▶ Never leave babies or young children alone when they are near or in water.
- ▶ Always check the temperature of water. It should be around 37–38°C: warm, but never hot.
- ▶ Make sure that any toys for the bath are suitable for the age of the baby.

Preparing for bath time

Good preparation and organisation is essential when bathing a baby. Everything should be laid out before starting to undress the baby. The room needs to be warm (20°C) as babies chill quickly. Adults also need to check they are not wearing anything that might scratch babies' skin – for example, a watch or jewellery. An apron is often useful, as babies tend to splash. Figure 6.4 outlines how to bathe a baby.



1 Put the baby on a flat surface. Undress them and take off the nappy. Clean the nappy area.



2 Wrap the baby gently but securely in a towel so that the arms are tucked in.



3 Hold the baby over the bath and wash the head and hair.



4 Take off the towel, holding the baby securely under the head and round the arm, lift them into the water.



5 Use your spare hand to wash the baby.



6 lift the baby out of the bath, supporting the baby under the bottom. Quickly wrap them in a warm towel.

► **Figure 6.4:** A step-by-step guide to bathing babies

Changing nappies

Changing nappies will be part of the role of most early years professionals. It is extremely important for babies and children because skin infections and nappy rash may occur if it is not done properly. Ideally, nappy changes should be done mostly by the child's key person. Figure 6.5 shows how to change a nappy.

Nappy rash

Nappy rash is common in babies. It comes up in the genital area as a bright red rash, which often starts as a spotty rash. If left untreated it may turn into sores. It is painful and so early years professionals must do everything they can to prevent babies and toddlers from developing it. This means changing soiled nappies promptly, having frequent nappy changes and keeping an eye out for any changes to the skin. You should also let parents know as sometimes a change in diet or skin product can be a trigger. Many parents and practitioners also find that babies who are teething are more prone to nappy rash.

One of the best treatments for nappy rash is to leave the nappy off so that the skin can dry and heal. With parents' permission, barrier cream can be used, but the most important thing is that the skin is kept as clean and dry as possible.



- 1 Wash and dry your hands. Get everything that you need to hand and put on disposable gloves. Remember to tell the child what you are going to do, and keep communicating with them throughout.



- 2 Lift the child onto a changing mat and remove the dirty nappy. Place it out of reach of the child.



- 3 Clean the area carefully, making sure that you wipe from front to back. Use a clean wipe or piece of cotton wool for each wipe.



- 4 Dry the area and apply barrier cream, if requested by parents. Put on a new nappy and fasten. Take the child down from the mat.



- 5 Safely dispose of the dirty nappy and disinfect the changing area. Dispose of your gloves.



- 6 Wash your hands thoroughly.

► **Figure 6.5:** A step-by-step guide to changing nappies

Sun care

As part of skin care, adults working with children should keep them safe from the sun. While it is important for children to spend time outdoors, and also to benefit from the vitamin D that being in the sun offers, UVA and UVB rays can damage skin. You will look at how to support sun protection for skin in Section B2.

Link

Sections B1 and B2 provide more information on how to plan care routines for toileting and nappy changing, and how to support progression out of nappies..

Toileting routines

Most children are out of nappies at around 3 years. In early years settings it is good practice for children to go to the toilet when they need to. It is also good practice to encourage children to be as independent with their toileting as possible. Good toileting routines are important to avoid children from becoming constipated or developing urinary infections.

Care for hair

Children's hair needs to be kept clean as babies and young children can get quite a lot of food and other things in their hair. While looking after children's hair is usually the responsibility of parents, there are some early years professionals, such as childminders and nannies, who will, as part of their work, regularly look after children's hair. When caring for children's hair, it is important that parents' wishes and advice is respected.

Head lice

In recent years, there has been an increase in outbreaks of head lice in preschool settings and in schools. Head lice are parasites that live close to the scalp. They are also sometimes known as nits, which is the name given to the eggs that they lay. Regular combing with a fine-toothed comb can prevent and kill head lice. The comb pulls the lice out and damages the eggs.

Brushing and combing hair

If you are responsible for washing and combing hair, you need to follow parents' wishes. For example, children of African Caribbean descent may need oil rubbed into their hair and some children may have braids or dreadlocks that should not be brushed. Remember the following advice.

- ▶ Hair should be combed or brushed twice a day.
- ▶ Make sure that you check for head lice or nits.
- ▶ If hair is tangled, start with a wide-toothed comb and then use a brush.

To make brushing hair more enjoyable for children:

- ▶ give toddlers a doll of their own with hair to brush
- ▶ encourage older children to brush their own hair
- ▶ let children look in the mirror while you are brushing.

Care of teeth

Dental hygiene is important in young children. Teeth help children to eat and they are also important for clear speech. Teeth impact the way we look; children who have poor teeth or no teeth are likely to become self-conscious as teenagers or adults.

Most parents will be responsible for the day-to-day cleaning of their children's teeth but there are some early years professionals, such as nannies and childminders, who may be responsible for cleaning teeth. Teeth cleaning should begin once a baby has their first tooth. Teeth should be brushed twice a day, once at bedtime and once at another time in the day, often after breakfast. While children can be interested in joining in, it is important that adults do the 'two minute' clean until children are 7 or 8 years old.

Here is some general advice for cleaning young children's teeth.

- ▶ Clean teeth a little while after food has been eaten so as not to brush food into the gums.
- ▶ Use a small-headed toothbrush with fluoride toothpaste.
- ▶ For children under 3 years, put a smear of toothpaste on the brush. For children aged 3–6 years, use a pea-sized quantity.
- ▶ Brush teeth gently and in circular movements.

Preventing dental decay

More children now than ever are showing early signs of dental decay. To prevent dental decay, children need periods of time when there is no food or drink (except water) on their teeth. This is because food and drink increases the amount of acid in the mouth, which is the starting point for dental decay. The amount of acid is gradually neutralised after eating, but this process cannot happen if teeth are continually exposed to food/drink (except water). Remember, foods and drinks containing natural sugars (such as fruit and fruit juices), as well as foods and drinks containing refined sugars cause higher levels of acid to be created. Dentists therefore recommend that foods and drinks with natural and refined sugars should be consumed mainly at mealtimes.

Follow these guidelines to help prevent tooth decay in young children.

- ▶ Provide only water in between meals.
- ▶ Milk and diluted fruit juice should be drunk at meal times rather than continuously sipped.
- ▶ Snacks should be free of sugars, including sugars from fruit.
- ▶ Foods containing sugar should be offered only at meal times.



PAUSE POINT

What are the key points for preventing dental decay in young children?

Hint

Think about what young children should eat and drink at mealtimes and at snack times.

Extend

Why should children be offered water rather than juice between meals?

The interrelationship between health and growth and physical development

Being healthy helps children to feel good about themselves, which supports their confidence and sense of competency. This means that health and well-being are often linked when we consider their impact on children's development. Interestingly, children who have continued poor health are more prone to depression, and so steps to promote children's health will have an effect on their well-being.

Good health is important for babies' and children's all-round development. When babies and children are poorly, they are less likely to want to play with others, interact and explore their environment. This lack of stimulation will, in turn, delay their cognitive and social development as they will not be gaining new experiences or interacting well with others. Babies and children who feel unwell are also less likely to cope with the trials and tribulations of the day and so are more prone to have tantrums, cry or become frustrated.

For children of school age, taking time off school due to illness may mean that they fall behind with learning to read as well as other aspects of the curriculum.

It is important to support children with medical conditions, because their long-term development can be affected for the reasons just described.

Link

For more detailed information about how to support children with ongoing health conditions, see Section C3 of this unit.

Reducing the risk of sudden infant death syndrome (SIDS)

If you are responsible for putting babies down to sleep, you should follow the latest guidelines to prevent sudden infant death syndrome (also known as cot death or SIDS). At the time of writing, these guidelines include preventing the baby from overheating by making sure the room is cool and not using cot duvets or bumpers. You should also place babies on their backs with their feet touching the end of the cot. This is known as 'feet to foot'. It is important to know that smoking plays a part in cot deaths. You should not handle a baby for 20 minutes after you have last smoked because the baby will breathe in your exhaled air, which will be low in oxygen.

Research

Find out about the latest guidelines for putting babies safely to sleep from the Lullaby Trust website: see www.lullabytrust.org.uk.

Assessment practice 6.1

A.P1

A.M1

A.D1

Nina is working as a nanny for a family with a baby of 8 months and a 2-year-old. She wants to find out more about children's physical care needs.

- Explain the importance of physical care needs for children.
- Assess the impact on children's development when their physical care needs are met.
- Evaluate ways in which Nina might be able to meet the physical care needs of the two children she is working with.

Plan

- What information will be the most relevant for this task?
- Where can I find additional information?
- How long will I need to collate and analyse the information required for the task?

Do

- Am I presenting the information accurately and concisely?
- Am I managing my time effectively?

Review

- Can I justify why I have decided to approach this task in the way that I have?
- Have I evaluated my work and am I confident that it fulfils the set task?

A2 Approaches to supporting physical development and care needs

The importance of observation and assessment

Observation and assessment play an extremely important role in supporting development. By looking carefully at babies' and children's physical development, you can assess what their developmental needs are. You can also think about whether children are showing any signs of developmental delay that may need further investigation. For observation to be of any use, you do need to know what typical development looks like for most children. This means that it is worth revising your knowledge of normative development.

Link

See Unit 1 for more information about typical or normative development. Also see Unit 9, which goes into more detail about the processes of observation and assessment.

You also need to talk to parents, as children often show some aspects of their physical development outside the setting.

By observing children, you can also think about other areas of their development – such as their confidence levels and whether they are keen to try out new experiences. In addition, you can begin to identify children's interests and plan activities that take these into account.

Case study**The importance of observing and assessing children**

Purmina is 18 months old. She loves playing with her sit-and-ride toy. Her key person has spotted that she is coordinating her feet movements to push the toy along with both feet. She is also moving quickly and knows when to stop and turn the toy. Her key person talks to Purmina's mother who tells her that, at home, Purmina tries to get on her brother's tricycle. They agree that it is time for Purmina to try out a simple tricycle that requires pushing rather than pedalling, but which she can steer.

Check your knowledge

- 1** Why is it important for Purmina's key person to observe and assess her development?
- 2** Why is it helpful for the key person to talk to Purmina's parents?
- 3** How will this observation and assessment help Purmina's development?

Environments that support children's physical development

There is no single template as to how to provide an environment to support children's development. The key elements when planning environments for children's physical development include the following.

- ▶ **Space** – to practise many large (gross) and locomotive skills, such as running and throwing, children need sufficient space. This is one reason why taking children outdoors is considered to be important.
- ▶ **Time and encouragement** – many of the skills that children need to master take time to develop. You only have to watch a baby trying to crawl to realise the amount of effort and motivation that is involved. This is one reason why adults need to support and encourage children.
- ▶ **Resources** – to support children's physical development, a good range of resources are needed. These are best chosen according to the skill that is being developed, but also according to the stage of development of each child. If resources are put out that children do not have the skills to access, there is a danger that they will become frustrated or that they may harm themselves. The various resources that can help children learn to use a bicycle are shown on the following page.

Step by step: Learning to ride a bicycle

7 Steps

1 Brick trolley



2 Sit-on toy



3 Sit-on toy with steering



4 Tricycle without pedals



5 Tricycle



6 Bicycle with stabilisers



7 Bicycle



Routines for physical care

Years ago, group-care settings had very tight routines around children's physical care. These mainly met the organisation's needs rather than individual children's; for instance, children were told when to go to the toilet and had to eat everything on the plate at mealtimes.

Today, things have changed. Physical routines are more child-centred and individual. Early years professionals also work in partnership with parents and respect their wishes. However, early years settings still need to make sure that children's physical needs are met during a session or during the day. This means that it is usual for children to spend some time outdoors but they can have naps or water whenever they need them.

Theory into practice

Look at the indoor and the outdoor environment in your work placement. Consider how each of the environments support children's physical development.

Play and activities to promote physical development

Play is an important tool to support children's physical development because children are likely to practise movements as they are enjoying play. Many resources and activities that support development of the muscles used in fine and large (sometimes referred to as gross) motor movements can be set up in indoor and outdoor environments. Tables 6.2, 6.3 and 6.4 show activities and resources that can be used indoors and outdoors.

Link

You looked at some of the key elements of physical care in Section A1 and you will look in more detail at how to plan routine care in Sections B1 and B2.

Babies

In cold or damp weather, babies need to be dressed warmly but they should still spend time outdoors so they can benefit from fresh air and the opportunity to be in a sensory environment.

► **Table 6.2:** Activities for babies that support fine and large motor movements

Fine motor movements (including fine motor and hand-eye coordination)	Large motor movements (including balance)
Treasure basket play	Paddling pool
Sensory play	Baby gym
Shakers	Swings
Rattles	Roll-a-ball games
Looking at books	Knock-down bricks and beakers
Activity mat	Tree stumps to allow babies to cruise

Toddlers aged 1–2 years

Toddlers are very active and so need opportunities to move around.

► **Table 6.3:** Activities for toddlers aged 1–2 years that support fine and large motor movements

Fine motor movements (including fine motor and hand-eye coordination)	Large motor movements (including balance)
Heuristic play	Climbing frames
Mark making	Some wheeled toys – sit-and-rides
Paint	Soft play cushions
Playing in water and sand	Throwing (beanbags and soft balls indoors)
Sensory play, e.g. loop	Swings



- This child is being helped onto a climbing frame. How is the activity helping his physical development?

Children aged 2–8 years

As children develop, their need for space increases when playing with wheeled toys or during other vigorous activities. Some settings, such as schools, have large indoor spaces that are helpful in this respect.

- **Table 6.4:** Activities for children aged 2–8 years that support fine and large motor movements

Fine motor movements (including fine motor and hand-eye coordination)	Large motor movements (including balance)
Construction, e.g. block play	Parachute games
Mark making, chalking and drawing	Moving to music
Painting	Throwing and catching (beanbags in limited spaces)
Role play (this may include elements of large motor movements)	Soft play
Sand and water play	Circle games, e.g. 'The farmer's in the dell', 'The hokey cokey', musical statues

Theory into practice

Observe what activities are available to promote the development of children's fine and large motor movements in your setting. Create a table like the one below and fill it in to show whether these opportunities are indoors or outdoors.

Fine motor movements		Gross motor movements	
Indoor	Outdoor	Indoor	Outdoor



PAUSE POINT

Give two examples of activities that might support a 3-year-old's hand-eye coordination.

Hint

Think about activities for 3-year-olds in your setting – which ones relate to hand-eye coordination?

Extend

Explain why play is important in supporting children's physical development.

Ways to use the indoor and outdoor environment to support physical development

When planning the layout of a setting and specific activities, you should consider the range of physical skills that children can gain through play, both indoors and outside. There are many ways of doing this, but it can be helpful to make a list of skills and then think about activities and resources that will support these skills.

It is also important to observe and assess children to ensure that any activities or resources are developmentally appropriate for groups of children as well as individual children. Table 6.5 suggests ways of using indoor and outdoor environments to support children's physical development. It is usual to find that larger movements and vigorous exercise take place outdoors where there is more space.

► **Table 6.5:** Examples of how to use the indoor and outdoor environment to support physical development

Skill	Indoors	Outdoors
Balance	<ul style="list-style-type: none"> • Opportunities to sit on the floor or on cushions • Opportunities to stand to do activities, e.g. sand and water tray • In baby rooms, handrails or stable furniture to help babies stand and walk 	<ul style="list-style-type: none"> • Swings • Slides • Obstacle courses
Coordination of large movements	<ul style="list-style-type: none"> • Small wheeled toys such as pushchairs or brick trolleys 	<ul style="list-style-type: none"> • Opportunities to throw • Wheeled toys including trikes and scooters
Fine motor skills	<ul style="list-style-type: none"> • Sand and water play • Construction play • Small-world play • Cooking activities • Opportunities to develop self-care skills at mealtimes • Role play 	<ul style="list-style-type: none"> • Opportunities to care for garden, e.g. planting seeds, and pets • Play with natural materials, e.g. sand and water • Role play

How to ensure inclusive provision

Inclusive provision is about making sure that children of all ages benefit from physical activities. This includes children who may have physical needs, mobility needs or learning difficulties. It may also include children who are not confident and need reassurance and encouragement from adults.

In order to ensure inclusive provision, the adults in a setting should have a positive and can-do attitude. The next important thing is to identify the needs of each child. There are many ways to do this, including observing the child and talking to parents and other professionals who may be involved with them. Once individual needs have been identified, you must consider how to adapt, change or add in new resources to meet them.

Many voluntary organisations can provide advice or even equipment to support children with additional needs.

Gender and culture

In addition to supporting children who may have additional needs, you must ensure that provision is inclusive for children regardless of their gender and culture. This is important, because if children are not taking part in the full range of physical activities and play there is a danger that their development will be restricted. To check that all children are able to access provision, observe children over a period of time as they play. You may spot that some equipment is only used by certain children.

Settings report that some girls choose not to play with wheeled toys or take part in ball games as they get older. If this is the case, consider whether the equipment could

Reflect

How does your work setting support inclusive practice?

form part of a wider activity – for example, setting up a role play shop outdoors and using the tricycles to do ‘deliveries’. The involvement of adults can also influence children’s play preferences. For example, if an adult starts off a skipping game and invites children to come and join in, wider participation is more likely.

How to provide children with appropriate physical challenges

One of your roles when supporting children’s physical development is to provide sufficient opportunities to help children develop further. Table 6.6 shows some of the activities that can provide children with physical challenges and help them learn and develop physical skills.

► **Table 6.6:** Activities that can provide children with appropriate physical challenges

Fine motor movements 0–2 years		Fine motor movements 2–8 years	
Skill	Activity	Skill	Activity
Hand coordination: grasping; moving objects from one hand to the other	<ul style="list-style-type: none"> • Rattles • Self-feeding • Play with sensory materials such as gloop (from 6 months) • Activity mat 	Pincer grip	<ul style="list-style-type: none"> • Tweezers, pipettes • Sewing, pegboards
Hand-eye coordination	<ul style="list-style-type: none"> • Pointing to pictures in books • Turning pages in books • Self-feeding • Baby gym • Pop-up toys • Playing with water 	Strengthening hand preference	<ul style="list-style-type: none"> • Routine activities that require an active hand and a stabilising hand, e.g. dustpan and brush, drying a beaker
		Hand-eye coordination	<ul style="list-style-type: none"> • Turning pages in books • Self-care skills such as dressing, eating • Sewing • Construction toys, e.g. LEGO® • Drawing and painting • Playing with malleable materials, sand and water • Junk modelling
Large motor movements 0–2 years		Large motor movements 2–8 years	
Skill	Activity	Skill	Activity
Strengthening of limbs and muscles	<ul style="list-style-type: none"> • Baby gym • Activity mat • Bath time • Playing with water • Playing in ball pool • Throwing soft balls 	Locomotive skills and balance	<ul style="list-style-type: none"> • Climbing frames • Running • Obstacle courses • Movement to music
Locomotive movements and balance	<ul style="list-style-type: none"> • Baby swing • Brick trolley • Sit-and-ride toys • Climbing frame 	Balance	<ul style="list-style-type: none"> • Tricycles, bicycles, pushchairs and other wheeled toys requiring steering • Ball games involving catching and throwing • Games such as ‘The hokey cokey’

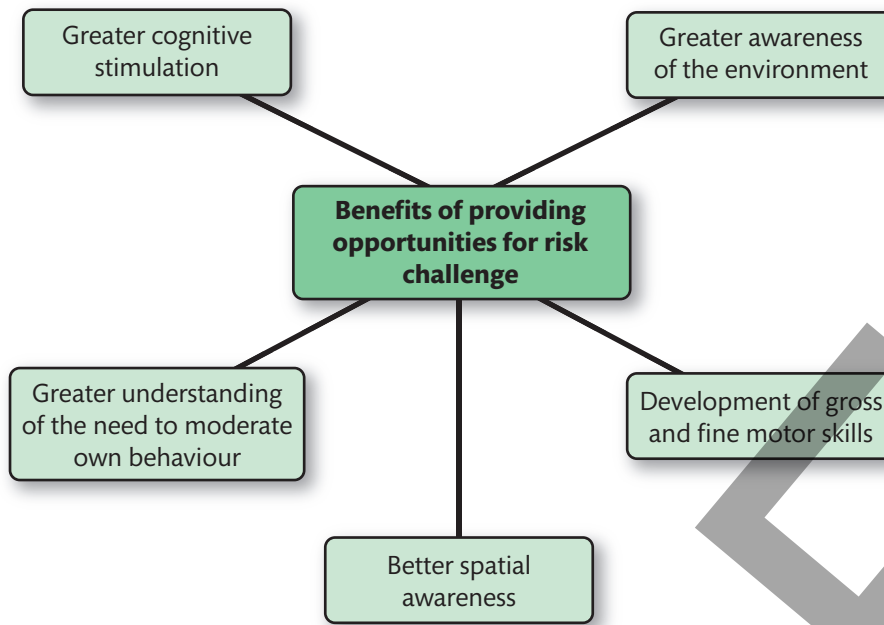
Risk assessment to balance physical challenge and safety

In Unit 5, we looked at the process of risk assessment. When providing physical challenges for children to support their physical development, the risk assessment process remains important.

Settings have to balance risk against their legal duty to take reasonable steps to prevent accidents. The test of what is reasonable or not is linked to what a ‘reasonable person’ thinks is acceptable. This, in turn, is likely to link to the age of the child and how significant the risk is. For example, giving a marble to a baby would present an unreasonable level of risk, but it would be reasonable to let a 6-year-old child play with marbles. For children to develop physically, they need sufficient challenge in their activities. If there is insufficient challenge, there is a danger that children will become bored or frustrated. Figure 6.6 shows the benefits of providing risk and challenge in settings.

Link

You may find it helpful at this point to look back at Sections A2 and D1 of Unit 5 to remind yourself of the principles of carrying out a risk assessment.



► **Figure 6.6:** The benefits for children of providing opportunities for risk and challenge in settings

Deciding on the level of risk

When deciding how much risk and challenge is acceptable, you have to consider several factors.

- **The age/stage of the child** – Babies and toddlers have little awareness of safety and are very impulsive. We also know that until 18 months or so, babies and toddlers put things in their mouths. However, the majority of older children are often more aware of their surroundings and have more self-restraint.
- **Risk assessment** – It is important to identify the risks in order to make a decision about what is appropriate. As part of the risk assessment, you should consider what the physical impact/injury for the child would be if an activity went wrong. A slight bump or bruise is likely to be acceptable for an older child but the possibility of concussion or a serious wound is not.
- **Group size and composition** – When young and older children are together and sharing the same space, it is important to think about what resources can be used and what activities can take place. A toddler can easily stumble into the path of an oncoming bicycle or football, for instance.

Health and safety procedures for physical care routines

Every setting has its own health and safety procedures in relation to physical care routines. These have to be followed to ensure your personal safety and that of the children. Lifting a child incorrectly can, for example, cause back injury and not using personal protective equipment might spread infection.

Link

In Section B1, you will look at how to ensure health and safety when providing physical care, including infection control.

The key person approach

The key person plays a vital role in meeting children's physical care needs and it is a requirement of the English Early Years Foundation Stage (EYFS) that the key person works with children's parents and carers. Other early years frameworks also stress the importance of strong key person or key worker approaches in relation to physical care. It is good practice, for example, for the key person to be involved in toileting and nappy changing as this is important in maintaining children's dignity. In the same way, it is also good practice for a baby's key person to feed them as this helps to strengthen attachment bonds.

The key person should also talk to parents about how they meet their children's needs for sleep, rest, food and toileting at home. Wherever possible, the aim is to ensure that settings try to meet children's needs in the same way, so that there is continuity of care between a child's home and the setting. It is also good practice for early years settings to exchange information with parents about how children's care needs have been met in the session. This is particularly important with babies and toddlers who are not able to talk to their parents about what they have been doing. Most early years settings use daily diaries or home-setting books in which parents and early years professionals can record information about food intake, general health and toileting.



PAUSE POINT

What is the role of the key person in supporting children's physical care?

Hint

Think about how the key person works with children and their parents.

Extend

Explain the link between maintaining children's dignity and the role of the key person in carrying out physical care activities.

Physical care routines as learning and development opportunities

Physical care routines such as dressing, combing hair and toileting all take some time. This means that they are perfect opportunities for adults to support children's learning in a variety of ways. One of the most important is the opportunity to develop children's language. By chatting and listening carefully to children during a nappy change or at mealtimes, there is the opportunity for children to have ten or more minutes of sustained conversation. This is one of the reasons why it is important for a child's key person to be responsible for most or all of the physical care routines.

If adults are able to draw children's attention to what is happening, and why, there is also the possibility of children learning through these routines.

Link

In Section B2, you will look at practical examples of how care routines can support children's learning.

Theory into practice

How does your work placement use care routines as learning and development opportunities?

How to support children and parents/carers to make healthy lifestyle choices

Increasingly, early years settings have a role in supporting children and their families to make healthy lifestyle choices. This is done in a variety of ways, including having a healthy food policy at the setting. As a result of this policy, foods served in the early years setting will be healthy and children will be encouraged to try new fruits and vegetables. Many early years settings provide nutritional information for children and their families by putting out leaflets and using wall displays.

Early years settings also help parents find out about the need for their children to have sufficient sleep and exercise. In some early years settings, parents are offered information sessions and signposting to professionals who may be able to help them further.

Case study

Sleep support for parents

Adam is nearly 4 years old and rarely sleeps more than nine hours at night. He is clearly tired and as a result his behaviour is difficult to manage. Bedtimes are a battleground because Adam wants to stay up with his teenage brother, with whom he shares a room.

His mother is desperate to tackle his sleep habit and has tried without success to cope alone. She is embarrassed about seeking help as she feels that everyone will think she is a bad parent. When the early years setting offers an information session for all parents about sleep, she

decides to attend and is relieved to find that she is not the only parent who struggles at home.

Check your knowledge

- 1 How much sleep should Adam be having at his age?
- 2 Explain the importance of early years settings offering information to parents about sleep and other issues.
- 3 Evaluate the impact on Adam and his family if his mother is able to access more information and support.

How to work in partnership with parents/carers to provide for children's individual needs

Parents are likely to have preferences about what should happen when their child sleeps, which nappies and skin products to use and also what their child should wear. Parents will also know about any allergies that their children may have or particular needs that may affect their child's health and comfort, such as ongoing health conditions or special dietary needs. In particular, food allergies that might put a child at risk have to be noted carefully and many early years settings have procedures in place to ensure that children are not given foods that might contain allergens.

Many aspects of babies' and children's routines need to be continued when children are in early years settings, particularly their sleeping and feeding routines, so it is important that you consult with parents about these things.

Also remember that parents' wishes may be linked to cultural and religious practices. An example of this would be people of the Muslim faith who would prefer any washing to be done under running water. This means that their children will need to be showered rather than bathed. In the same way, cultural or religious practices might influence the dietary requirements of a particular child.

Nina (the nanny from assessment practice 6.1) also wants to know about meeting the baby's and 2-year-old child's physical development needs. She is particularly interested in physical activities both indoors and outdoors, as well as finding out more about how to support their care needs.

- Identify a range of activities that will support the baby's and 2-year-old child's physical development needs.
- Analyse the impact of the activities on their overall development.
- Evaluate how care routines and physical activities can promote children's physical development.

Plan

- What information will be the most relevant for this task?
- Where can I find additional information and check that information is still current?

Do

- Am I presenting the information accurately and concisely?
- Am I managing my time effectively?

Review

- Can I justify why I have decided to approach this task in the way that I have?
- Have I evaluated my work and am I confident that it fulfils the set task?

B

Plan and support routines and activities to meet children's physical development and care needs

B1 Planning for physical care routines and activities

Planning for a child's physical care or creating a programme of activities to support a child's development are part of the responsibilities of any early years practitioner. However, it is important that this is not done in isolation. This means that you need to work closely with other colleagues and also the parents or carers of the children you look after. This is particularly important with babies and toddlers who will not be able to tell you, for example, what they have eaten and whether they have been to the toilet.

How to exchange and record information about children's physical care needs

Adults need to work together to exchange and record information about children's physical care needs. In most early years settings, systems of daily recording and exchanging information are used so that everyone who is caring for the children knows about:

- ▶ naps and sleep
- ▶ toileting
- ▶ food and drink intake.

With older children, daily records are not normally kept, but any changes to children's regular care needs are recorded and information is exchanged. This means that parents of a child who has not wanted anything to eat at lunchtime would be told about this, as it may be that the child is starting to be poorly. By sharing and exchanging information, children's physical care needs can also be balanced. For instance, a child who has missed their usual nap time may need to go to bed earlier while a child who has not eaten any breakfast at home will be given an earlier snack by the early years setting.

To record physical care needs on a daily basis for younger children, most settings have a simple home-setting book or send out slips of paper. Parents are also encouraged to let the setting know about their child at home. This can happen using a home-setting book or parents may prefer to let the child's key person know.

What to remember when recording information

Each setting will use a different format to record babies' and toddlers' physical care needs. However, you should always ensure the following when recording information.

- ▶ Make sure that you are recording information about the correct child.
- ▶ Write the time as well as the event that took place.
- ▶ Write concise and precise information, e.g. 'Millie slept between 2.00–2.40 p.m. this afternoon' or 'At 10.45 a.m. David took 180 ml of his feed'.

How to plan care routines

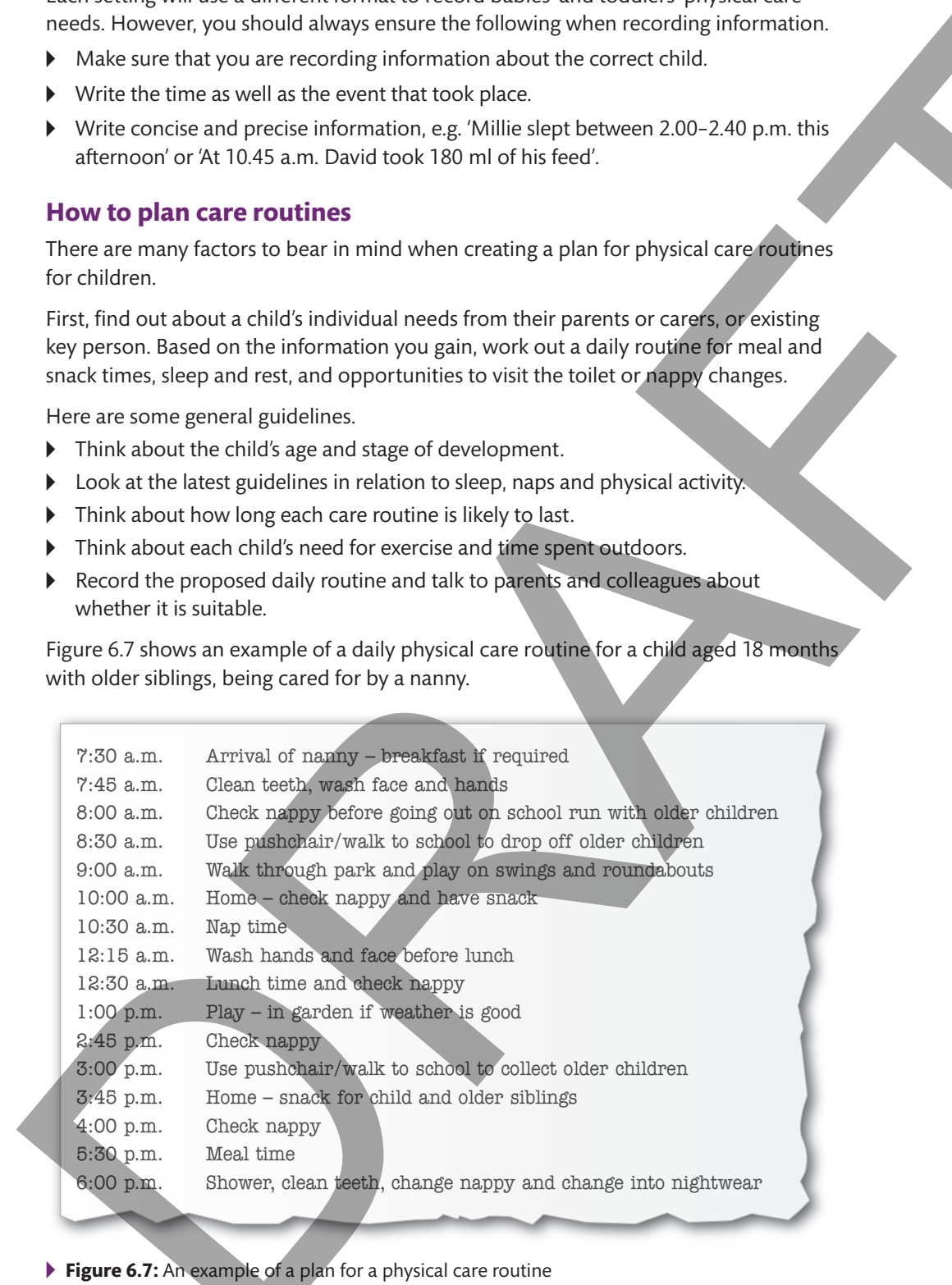
There are many factors to bear in mind when creating a plan for physical care routines for children.

First, find out about a child's individual needs from their parents or carers, or existing key person. Based on the information you gain, work out a daily routine for meal and snack times, sleep and rest, and opportunities to visit the toilet or nappy changes.

Here are some general guidelines.

- ▶ Think about the child's age and stage of development.
- ▶ Look at the latest guidelines in relation to sleep, naps and physical activity.
- ▶ Think about how long each care routine is likely to last.
- ▶ Think about each child's need for exercise and time spent outdoors.
- ▶ Record the proposed daily routine and talk to parents and colleagues about whether it is suitable.

Figure 6.7 shows an example of a daily physical care routine for a child aged 18 months with older siblings, being cared for by a nanny.



7:30 a.m.	Arrival of nanny – breakfast if required
7:45 a.m.	Clean teeth, wash face and hands
8:00 a.m.	Check nappy before going out on school run with older children
8:30 a.m.	Use pushchair/walk to school to drop off older children
9:00 a.m.	Walk through park and play on swings and roundabouts
10:00 a.m.	Home – check nappy and have snack
10:30 a.m.	Nap time
12:15 a.m.	Wash hands and face before lunch
12:30 a.m.	Lunch time and check nappy
1:00 p.m.	Play – in garden if weather is good
2:45 p.m.	Check nappy
3:00 p.m.	Use pushchair/walk to school to collect older children
3:45 p.m.	Home – snack for child and older siblings
4:00 p.m.	Check nappy
5:30 p.m.	Meal time
6:00 p.m.	Shower, clean teeth, change nappy and change into nightwear

▶ **Figure 6.7:** An example of a plan for a physical care routine

Once you have created a physical care routine and you are starting to follow it, think about how effective it is. A good routine that will provide a child with a healthy lifestyle should not feel rushed or pressured. It is also worth remembering that as children grow and develop, their physical care needs change and so new routines will need to be created.

Theory into practice

Look at the following care practices in your work placement:

- mealtimes and snack times
- nappy changes
- nap times.

What is the typical length of time for each one? Include preparation time, e.g. preparing the table, washing children's hands before eating.

How to plan for challenging, safe activities to support physical development

Planning for children's physical development should start with a good knowledge of their current level of development. This is why observation and assessment (as we saw in Section A2) is very important. In addition, many early years frameworks, including the EYFS in England, also have curriculum outcomes for physical development. This means that early years settings plan activities that are linked to the curriculum that they are following.

When planning activities for children, it is also important to think about their current interests and what they are keen to do. This helps children to be motivated. As many physical skills are acquired through practice, it is essential that children enjoy what they are doing.

It is also important when planning to think about individual children's level of development. If an activity is not sufficiently challenging, children become bored and may start to show unsafe behaviours. It is also important that while an activity is challenging, it is still within grasp of a child. If it is too difficult, children may give up.

You also need to think about specific skills that children may need to work on. This means planning enjoyable activities that might support this skill. Look back at Table 6.6 in Section A2 to see how skills can be linked to different activities.

Link

Section A2 looks at how to provide children with appropriate physical challenges and the importance of risk assessment to balance physical challenge and safety.

Case study

Balancing challenge with safety

Little Gems nursery is planning the environment for the next week. It is June and the weather forecast looks promising. The staff are thinking about planning a series of activities based on water. They are considering creating a waterfall and also perhaps having a paddling pool for the toddlers on one or two days. Indoors, they are thinking about putting water in buckets rather than in water trays so that children can explore water in a different way.

Everyone in the setting is excited about this theme, but they need to carry out a risk assessment as the activities are not part of the usual environment. They also need to consider how each risk will be managed.

The team quickly identify the risk of drowning and also the potential of falls caused by water creating slippery surfaces. In addition, with the weather forecast suggesting hot weather, the team need to consider how to prevent sunburn.

Check your knowledge

- 1 Why is it important during the planning process for risk assessment to be considered?
- 2 Explain ways in which the setting might decide to manage the key risks that they have identified.
- 3 Why is it important when planning the environment to consider a range of factors such as the weather?



PAUSE POINT

What factors are involved in planning challenging, safe activities to support physical development?

Hint

Think about children's skills and enjoyment.

Extend

Why is it important that children enjoy the physical activities on offer?

Discussion

Today there are concerns that children are not doing sufficient physical activity, especially outdoors. Some people think that parents are over protective. Others blame the increased use of television, computer games and tablets.

What do you think is to blame? How would you go about increasing physical activity among children?

Discuss these questions in a group and share your feedback.

Formats for recording care routines and activity plans

There is no particular format for recording care routines or activity plans. So settings tend to develop them in very individual ways. It is, however, usual for early years settings that care for babies to have individual routines for each baby. This is because each baby is likely to have different sleep and feeding patterns. Recording individual routines allows for continuity of care.

In group-care settings, the overall routine is likely to be recorded in a timetable format, especially where different groups of children are sharing spaces such as outdoor space or hall time. Figure 6.8 shows an example of a care routine for a nursery school attached to a school.

Sunnyfields Nursery

Daily care routine

9:00 a.m.	Register with key person on arrival Choice of play activities indoors and outdoors until 10:45 a.m.
9:30–10:45 a.m.	Snack bar open for self-service. Staff member reminds children to wash hands before eating.
11:00–11:30 a.m.	Mondays, Wednesdays and Fridays: hall time for dance/using simple apparatus Tuesdays and Thursdays: children remain in provision playing indoors and outdoors
11:40 a.m.	Story and rhymes in key person groups
11:50 a.m.	Preparation for going home Children are supported to dress themselves independently and collect their belongings
12:00 p.m.	End of session

Toileting arrangements

- Children who are in nappies are changed when required
- Children are free to go to the toilet at any point during the session but are reminded if necessary

► **Figure 6.8:** An example of a care routine for a nursery school attached to a school

How to ensure health and safety in provision of physical care

The process of making sure that the physical care needs of children are met involves some tasks that carry a potential risk. It is important that early years professionals are aware of these risks so that they can ensure their own health and safety and also the health and safety of the child. For example, lifting a baby or toddler up onto a raised surface in order to change a nappy can potentially put a strain on the early years professional's back unless it is done properly. There is also a risk to the child of falling from the raised surface. During each physical care task, you should carefully evaluate the risks to both you and the child, and then take the necessary steps to minimise them.

Infection control

As well as the potential for physical risks during physical care routines, it is essential to avoid the possible risk of infection, especially from tasks related to nappy changing or toileting. It is for this reason that disposable gloves and aprons are provided in early years settings. Good hand-washing procedures should also be in place. These procedures protect both the child and the adult.

Link

You may want to remind yourself of the infection prevention and control procedures you looked at in Section B1 of Unit 5.

Assessment practice 6.3

B.P3

B.M2

Nina, the nanny working with a baby and a 2-year-old, is concerned about how, in practice, a care routine can be planned.

- Identify the care routines that are needed for a baby and a 2-year-old.
- Think about the likely duration of each routine. Then plan an overall routine.
- Evaluate the effectiveness of this routine and its likely impact on the children's health and well-being.

Plan

- What information will be the most relevant for this task?
- Where can I find additional information?

Do

- Am I presenting the information accurately and concisely?
- How can I evaluate the effectiveness of the routine?

Review

- Can I justify why I have decided to approach this task in the way that I have?
- Have I evaluated my work and am I confident that the routine would be effective?

B2 Support physical development and care needs

How to empower children and support their independence

Good care routines are respectful of babies and children. They help them to understand the process, and where possible to be involved in it. In practical terms, this means always talking to babies and children when you are with them and finding ways to involve them in a routine. For example, babies can hold items during a nappy change or start the process of wiping their own faces during a cleaning routine. Finding ways of involving children means that they can start the process of learning to care for themselves. It also makes the experience more pleasant for them and can reduce their anxiety.

The following tips are useful when carrying out care routines.

- ▶ Let babies and children know what is going to happen.
- ▶ Always talk to babies and children during physical care routines, using a warm and sensitive voice.
- ▶ Explain the importance of what you are doing as soon as children can understand.
- ▶ Find ways of involving the child and, if possible, give them choices.
- ▶ Look for ways in which the child can do some parts of the process.
- ▶ Try to find ways to ensure some privacy during toileting.
- ▶ Look for ways of making physical care routines fun.

How to support routines for sleep and rest

Falling asleep is easier for babies and children when there is some sort of routine. Sleep routines allow babies and children to feel safe and, therefore, to relax. The ability to relax is key to falling asleep. To help babies and children fall asleep, it is important that adults spend time with them beforehand so that they feel emotionally secure. It is also helpful if adults choose things to do with children that are calming. There is little point in expecting children to fall asleep immediately after they have been running around.

Bedtime routines

The following bedtime routine for the home is recommended by many health visitors to help babies and children get into the habit of sleeping:

- 1 Mealtime
- 2 Give the child time to play and relax with you
- 3 Bath or shower the child
- 4 Change the child into nightwear
- 5 Child cleans teeth
- 6 Take the child into the bedroom, which is darkened slightly
- 7 Put the child into bed/cot
- 8 Share a story with the child
- 9 Reassure the child
- 10 Leave the bedroom.

Theory into practice

Sleep routines

Talk to three parents about how they settle their child for sleep and find out the following information.

- Does their child have a set bedtime?
- How do they manage the bedtime routine?
- Do they have, or have they ever had, any difficulties in getting their child to sleep?

Creating an environment for naps

Bedtime routines are also important in group-care settings, where it is important to create both a routine and an environment that help children to take naps.

It is good practice to have a separate area for children to sleep in. This area should feel calm, tidy and homely. Children should also have their own bed, which is always in the same place. Ideally, the room should be darkened. As with the home routine for bedtime, children benefit from a strong routine in group care.



▶ This parent is making the routine of putting shoes and socks on fun

Discussion

Many parents feel that their child should be prevented from having a daytime nap, or want the setting to restrict the length of their child's nap.

What is your setting's policy on napping? Discuss your thoughts on this issue in small groups.

As some children struggle after waking up, it is a good idea to have a routine to help them. A story and a hug while a child is waking up can work well. Also consider offering children a drink of water, as some children will be dehydrated.

Comfort objects

Some children will be used to having comfort objects such as a dummy, special blanket or toy with them in order to sleep. You should find out from the child's parents what they need and also how the comfort object is usually used.

How to support mealtimes

Mealtimes should be social occasions and times when children can enjoy eating. It is good practice to sit with children while they are eating so that you can model how to use utensils and interact with others. It is also good practice for children to have opportunities to show independence. This means that most settings will encourage children to pour their own drinks and also to serve themselves food.

Encouraging healthy food choices

Dieticians recommend that all food served to children in early years settings is nutritious and healthy, so children are making choices between healthy foods rather than between healthy and unhealthy foods. It is also recommended that children are introduced to a range of different vegetables and flavours. Adults can help this process by role modelling eating a wide range of vegetables and also being open to trying new combinations and flavours.

Theory into practice

How does your work placement setting help children to enjoy vegetables?

How to support toileting routines and progression out of nappies

The role of the adult is important in helping children with toileting and moving out of nappies. Firstly, adults have to remain calm and very child-centred. Children are likely to have more accidents or refuse to go to the toilet when they are unsure of adults' reactions. It is also important that the toileting environment is a pleasant one and maintaining toileting areas is the responsibility of adults. Not only should areas be clean and hygienic, they should also be attractive.

As part of supporting toileting, adults need to recognise any signs that children are becoming constipated. Constipation can be caused by lack of hydration, insufficient fruit or vegetables and other forms of fibre in the diet, or due to a child feeling nervous and resisting going to the toilet. In some cases, constipation may be linked to a medical condition. If the early signs of constipation are not recognised, it can become increasingly difficult and painful for a child to pass a stool. This in turn can make things worse and some children can develop long-term problems with constipation.

The signs of constipation include:

- ▶ soiling of clothes
- ▶ small, hard stools ('rabbit droppings') or very large stools
- ▶ foul-smelling wind
- ▶ loss of appetite.

If you have concerns that a child is becoming constipated, it is important that parents are alerted so that they can seek medical advice. Often, constipation can be reversed if children take in more fluid and have more opportunities to eat fruit, vegetables and other fibrous foods.

Progression out of nappies

There is no set time when children should be ready to move out of nappies. Anywhere between 18 months and 3 years is fairly typical. It is important that parents understand this age range and do not feel pressurised to start toilet training their children until they are physically and emotionally ready. A successful process requires the child to recognise they need the toilet and to get there in time. If children need constant reminders, or are having accidents, the full process has not been achieved.

Signs of readiness

When children are ready to move out of nappies, the process can be very quick. Most children are clean and dry within four or five days and no longer have accidents or require constant reminders. Children's physical maturity, their individual motivation and their language development will all have an effect on their readiness to move out of nappies. The starting point though is always to check that children have bladder maturity and can retain urine for a period of time. Unless this is in place, children will be physically unable to manage the process of moving out of nappies.

Look out for the following things to help you decide whether or not a child is ready and work closely with parents to make sure the time is right.

- ▶ Children's physical maturity:
 - Is the child's nappy dry for a long period, e.g. two hours?
 - Does the child release urine in significant quantities?
 - Can the child walk upstairs on alternate feet?
 - Can the child manage simple undressing?
- ▶ Children's motivation:
 - Is the child keen to move out of nappies?
 - Is the child interested in potties/toilets?
- ▶ Children's language:
 - Does the child have sufficient language to signal that they need to use the toilet?



PAUSE POINT

List four signs that children might be ready to move out of nappies.

Hint

Think about signs of physical maturity, motivation and language.

Extend

Why is bladder maturity needed before a child can move out of nappies?

Starting off the process

When you think the child is ready to progress out of nappies, it is worth removing the nappy and having a potty or two strategically placed in the room. Let the child know where they are but do not keep reminding them. A low-key approach, which is calm, relaxed and matter-of-fact, works well. Too much emphasis on the child being a 'big boy' or 'big girl' can make it harder to put the child back into nappies if required. Too much pressure can also mean that the child becomes anxious and this anxiety can, in turn, prevent the child from relaxing sufficiently to pass urine.

If the child has an accident, simply clear it up without comment. When the child manages to get to the potty and perform, praise them but do not overreact. When the child goes to sleep or, if staying near a potty in this way is not possible, put a nappy back on the child. Within a day or so, it will soon become clear whether the child is ready. If a child is not ready, it is better to return to nappies for a few more weeks and then try again.

How to use everyday care routines as learning and development opportunities

In Section A2, you looked at the importance of using care routines as learning and development opportunities. There are many ways of doing this, as Table 6.7 shows.

► **Table 6.7:** How everyday activities with babies and children can provide learning opportunities and developmental benefits

Activity	Learning opportunities	Developmental benefits
Nappy changing	<ul style="list-style-type: none">• Interaction between child and adult• Opportunities for baby or child to contribute, e.g. holding clean nappy	<ul style="list-style-type: none">• Supports language development• Helps baby or child to build an attachment towards their key person• Helps baby or child to feel part of the process
Feeding a baby a bottle	<ul style="list-style-type: none">• Close physical contact• Eye contact• Interaction	<ul style="list-style-type: none">• Helps baby to build an attachment• Gives baby pleasure• Helps promote baby's receptive language
Mealtimes	<ul style="list-style-type: none">• Interaction between child and adults• Talk about food, e.g. colour, size, shape• Encouragement for serving themselves and self-feeding	<ul style="list-style-type: none">• Supports language development• Gives child a healthy attitude towards food• Helps child develop concepts of number, size and colour• Promotes social development• Helps child's fine motor skills
Getting dressed	<ul style="list-style-type: none">• Interaction between child and adult• Talk about features of clothes, e.g. colour, shape, number of buttons• Encouragement for child to dress themselves	<ul style="list-style-type: none">• Supports language development• Helps child to build an attachment• Helps child learn concepts of colour and number• Develops fine motor skills• Helps child to develop self-care skills and confidence
Going for a walk	<ul style="list-style-type: none">• Interaction between child and adult• Encouragement for children to get dressed and go out• Talk about what children see during the walk	<ul style="list-style-type: none">• Supports language development• Helps child to learn about their surroundings• Develops large motor skills• Supports development of healthy bones and muscles• Promotes a healthy lifestyle



PAUSE POINT

Give an example of how a care routine could be used as a learning opportunity.

Hint

Think about communication and how the child could get involved.

Extend

Explain how the concepts of colour and number could be incorporated into a care routine.

Theory into practice

Make a list of the ways that your work placement avoids the spread of infection during care routines.

How to ensure infection control

You looked at infection control in Unit 5, Section B1. Consider this section now with reference to care routines.

A good example of infection control is the use of personal protective equipment, for example, disposable aprons and gloves during toileting and nappy changing. Separate bins should also be used to dispose of materials that have been in contact with bodily fluids. Good infection control is also important during mealtimes.

How to support sun protection for skin

Children and adults need some sunlight because it is a major source of vitamin D. However, babies' and children's skin burns easily in the sunlight and UVA rays from the sun can cause cancers. Most settings will have a policy relating to sun protection

that should be based on the latest guidelines. Early years settings will ask parents to provide items used for sun protection, such as sun hats and sun-cream. They will also ask parents for written permission to apply sun-cream.

At the time of writing, the following is recommended for the summer months.

- ▶ **Shade** – make sure you put babies and children in the shade whenever possible.
- ▶ **Sunglasses** – provide sunglasses that will protect eyes against UVA rays.
- ▶ **Sun-cream** – use a high-factor sun-cream, and use it generously. Use non-allergenic creams and be ready to apply according to the manufacturer's instructions.
- ▶ **Clothing** – whenever possible, keep children covered up in loose, long-sleeved cotton clothes.
- ▶ **Hats** – use sun hats to protect babies' and children's heads from the sun.

Research

Find out about protecting children's skin from the sun by visiting the Cancer Research UK website: www.cancerresearchuk.org.

II PAUSE POINT

List three ways in which children's skin can be protected from the sun.

Hint

Think about how you would protect your own skin from the sun.

Extend

Explain why children's skin particularly needs protecting from the sun.

Assessment practice 6.4

B.P4

B.M2

B.D1

Make a list of the care routines and physical play activities that you have been involved in at your work placement.

Write a reflective account of your role in each routine and activity. Your reflective account should:

- explain your role in each of the care routines and physical play activities
- analyse how you supported the health and physical development of the children and how you promoted their independence and understanding of a healthy lifestyle
- evaluate your overall performance in relation to the provision of care routines and physical play activities and how they meet the needs of the child.

Plan

- Have I made a note of the care routines and activities I have been involved in?
- How can I gather feedback on my performance?

Do

- Have I considered all the activities I am involved in?
- Have I gathered feedback from other people about my performance?

Review

- Have I written an account in a reflective way that covers both my strengths and weaknesses as a practitioner?
- Have I provided examples to support the analysis of my performance?



Investigate how to recognise and respond to children who are unwell and support children with ongoing health conditions

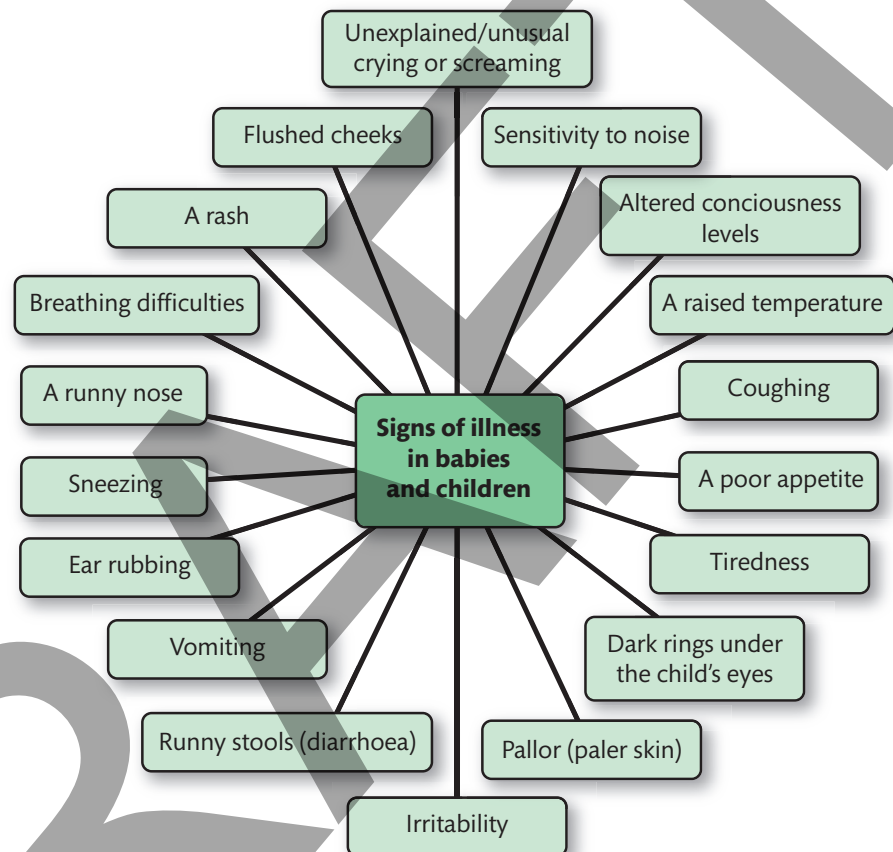
C1 Signs of illness

There will be times when you need to deal with a baby or child who is unwell. Recognising that the child is poorly and knowing what to do is very important, especially in the rare event of a life-threatening disease. This section looks at how to recognise and respond to babies and children who are unwell. However, it cannot take the place of a valid, recognised first-aid qualification. Until you have been on a first-aid course, you should be very careful about any actions you take in an emergency, because the wrong action could cause more harm to the casualty. If in doubt, summon help first.

Recognising signs of illness

It is important to recognise the signs that babies and children are either becoming ill or are poorly. Babies and very young children rely on us to notice that they are becoming, or are, unwell as they cannot tell us.

Figure 6.9 shows some of the key signs that might alert you to a baby or child being unwell or incubating an illness. Some of these signs, as you will see, are indicators that emergency attention is required.



► **Figure 6.9:** Signs of illness in babies and children

Behavioural signs of illness

Behavioural signs of illness are often early indicators that a child is becoming poorly. In order to identify changes to children's behaviour that might be linked to illness, it is important to know the child well. This means that it is often the child's parents or the child's key person who are best placed to spot the signs.

Behavioural indicators may include a child being irritable or tearful. Take note if children who are usually quite outgoing, bubbly or sociable are withdrawn or uninterested in playing with others. Changes in a child's sleep or feeding patterns may also show that the child is becoming unwell. Many children who are unwell want to nap or find it hard to wake up from a sleep. They may also lose interest in food or only want to eat foods that are easy to swallow. The latter is usually a sign of a sore throat, which often precedes many childhood illnesses.

Even if a child is not showing other signs of being poorly, it is important to share changes in their usual behaviour with parents so that they can keep a closer eye on the child when they return home.

**PAUSE POINT**

List three signs that may indicate that a baby or child is not well.

Hint

Think about obvious symptoms but also changes in behaviour.

Extend

Why is it important to quickly identify a baby or child who may be ill?

Symptoms that require urgent medical attention

Some symptoms are important to notice and then act on immediately. Most childhood illnesses are mild but there are some, notably meningitis, which have sudden onset and can be fatal if not treated quickly. All of the following symptoms indicate that a baby or child should be seen immediately by a doctor. Some of these symptoms are associated with meningitis and septicaemia. Remember, if you notice that a baby or child's skin looks blotchy or a rash is appearing, press a glass to it. If the rash does not fade under pressure, you should immediately summon emergency help.

Babies

Babies' immune systems are not fully developed and so infections can quickly overcome them. It is important to call for help quickly if there are signs that a baby is becoming very poorly. All of the following symptoms indicate that a baby should be seen immediately by a doctor:

- ▶ raised temperature – above 38°C if the baby is under 3 months or above 39°C if the baby is over 3 months
- ▶ a fever (above 38°C) with cold hands and feet
- ▶ unusual crying or screaming
- ▶ convulsions
- ▶ floppiness and unresponsiveness
- ▶ pale, blotchy skin or blueness of skin
- ▶ an intense response to light
- ▶ drowsiness – trance-like state
- ▶ refusal of food
- ▶ vomiting or vomit that contains blood
- ▶ fast breathing or difficulty in breathing.

Children

Children can often fall quite ill within a few hours, so it is important to recognise not only when a child is off colour, but also when their illness is becoming severe. All of the following symptoms indicate that a child should be seen immediately by a doctor:

- ▶ temperature above 40 °C
- ▶ fever with cold hands and feet
- ▶ child complains of headache
- ▶ child complains that their eyes hurt
- ▶ unresponsiveness or drowsiness
- ▶ child screams and dislikes light
- ▶ pale blotchy skin or blueness of skin
- ▶ child complains of stiff neck
- ▶ violent and prolonged vomiting or vomit containing blood
- ▶ fast breathing or difficulty in breathing.



PAUSE POINT

List four signs that indicate that a baby needs immediate medical attention.

Hint

Think about changes in temperature and skin, and level of consciousness.

Extend

Why might a baby's health deteriorate more quickly than an adult's?

Assessment practice 6.5

C.P5

Nina, the nanny working with an 8-month-old baby and a 2-year-old, is a little worried that she might not be able to spot the signs of illness. She has asked you to prepare some information for her.

- Identify the key signs of illness.
- Analyse the importance of identifying illness promptly in children.
- Evaluate how early years practitioners can have an impact on children's health through the prompt identification of illness.

Plan

- Where can I find information about signs of illness in children?
- How confident do I feel in my ability to complete the task?

Do

- Am I presenting information in a way that will be accessible?
- Am I managing my time effectively?

Review

- Can I identify how what I have learned during this task relates to my future work with children?
- Can I clearly state whether my work meets all the criteria for the task?

C2 Responding to children who are unwell

The importance of having policies and procedures for supporting children who are unwell

Every early years setting has a policy and procedures for adults to follow when children are unwell. The policy and procedures focus on:

- ▶ preventing infection from spreading to other children
- ▶ care and attention for the child who is unwell
- ▶ informing parents about their child's illness
- ▶ exclusion periods for children who have been unwell
- ▶ reporting the illness to other organisations and authorities where appropriate (see the section below on statutory reporting of infectious diseases).

The policy outlines the approach to supporting children who are unwell. The procedures give adults working with children a step-by-step guide about what to do. It is good practice also for parents to be aware of the policy and procedures that are in place so that they know what will happen if their child becomes poorly.

If you work in a setting, it is important that you follow the procedures to ensure that a child who is unwell is properly cared for, but also to prevent the spread of infection.

Theory into practice

Look at your work placement's policy on children who are unwell.

- In what situations will parents be asked to collect their children immediately?
- What steps does the setting take if a child is showing early signs of being poorly, but is not very unwell?

Procedures for seeking medical help

As part of the policy for supporting children who are unwell, early years settings also have procedures in place in the event that medical help is required. In most settings, when children need medical attention, the child's key person will either call the parent to ask that they collect the child to take them to the doctor, or in the case that a child's condition is serious, an ambulance will be called by whoever is best placed to do this. This is usually a senior member of staff or the child's key person.

Procedures do vary from setting to setting, so it is important to always find out in your setting what would happen if a child needed medical help.

Procedures for reporting and recording illness

An essential aspect of your role is to know about and follow your setting's policy for reporting and recording illness in children.

Reporting signs of illness promptly is important, so that procedures to stop the spread of infection can be implemented. It is usual, for example, for the child to be moved to an area away from other children. You may need to contact the child's parents and, in serious cases, seek medical help.

It is important to record illness. It is usual to write down the date and time of the illness, the child's name, the symptoms, and the actions that were taken (which may include giving medication). Where a baby or child has a temperature, you should record the temperature, how it was taken and the time it was taken, and keep doing this until the child leaves your responsibility. You should also do this with episodes of diarrhoea and vomiting.

The information that has been recorded should be passed to the parent so that they know what steps have already been taken and also so that they can see how the illness is affecting their child. Where medical attention has been sought, this information should be passed to the medical professional treating the child.



PAUSE POINT

What information should be recorded if a child is ill?

Hint

Think about the details that a parent or medical professional might ask for.

Extend

Why should this information be passed onto to the child's parents or the medical professional treating the child?

How to call for urgent medical help

In Unit 5, you looked at how to call for urgent help in an emergency. Always try to stay calm so that you can give clear information. In some cases, urgent help may mean calling for a colleague, but an ambulance should always be called if the child is showing any of the signs listed in Section C1. It is always better to err on the side of caution – in the case of some illnesses, such as meningitis, a delay may be life-threatening.

Link

Section D2 of Unit 5 has more detail about how to call for urgent medical help.

How and when parents are informed about illness

Parents need to know if their child is unwell. This is one reason why it is important to maintain up-to-date contact details for parents. Parents should also, as part of the admissions process, have given written consent for emergency medical treatment.

It is usual for settings to contact parents immediately when it is recognised that the child is unwell. Where a child has a slight complaint, such as not eating as much as usual, this may be noted, and the parents informed when they arrive to collect the child. When parents arrive, let them know if there are restrictions on when their child can return to the setting.

When contacting a parent, remember the following.

- ▶ Check that you are talking to the child's parent.
- ▶ Clearly explain the symptoms.
- ▶ Clearly explain what measures have been taken.
- ▶ Let the parent know whether their child needs immediate collection or, in the case of an emergency, where their child is.

If a child has been hospitalised, a member of staff should have accompanied the child and should meet the parents at the hospital.

Case study

Letting parents know about their child's illness

Jamie is 4 years old. He is at nursery when his key person notices that he has a fever and also a rash. She thinks that he may have chickenpox. She sits with him in a separate room from the other children and calls his father. During the phone conversation, she is reassuring but makes it clear that Jamie does need collecting from nursery.

Check your knowledge

- 1 Why is it important that the key person is reassuring but gives a clear message to Jamie's dad?
- 2 Explain why Jamie needs to be taken home.
- 3 Why did the key person separate Jamie from the other children?

How to support children who are unwell

Being poorly is distressing for babies and children. Many babies and children want the reassurance of being with their parents. While waiting for parents to arrive, it is important to give the child reassurance. Babies and children should not be left alone, not only because they could take a turn for the worse, but also because they need this reassurance from you. Remember to:

- ▶ make the baby or child as comfortable as possible
- ▶ explain to them what is happening to their body and what is going to happen next
- ▶ offer a comforter, if a child has one
- ▶ stay calm and positive
- ▶ follow the baby or child's mood, e.g. recognise if they do not want to communicate
- ▶ observe the child closely and be ready to get emergency help if the child's condition deteriorates or you see any of the symptoms described earlier.

Steps to take if a baby or child has a temperature

If a child has a temperature, you should:

- ▶ remove layers of clothing
- ▶ keep the room cool and well ventilated
- ▶ take the child's temperature and record it; repeat every hour or earlier if symptoms change
- ▶ offer a paracetamol- or ibuprofen-based medicine, if permission has been gained from parents
- ▶ offer the child sips of cooled boiled water
- ▶ get emergency help if the temperature rises to the temperatures given in Section C1.

Research

Find out how to take a child's temperature using the following instruments:

- a fever strip
- a digital thermometer in the mouth/under the armpit
- a digital thermometer in the ear
- a traditional thermometer in the mouth/under the armpit.

Find out the advantages and disadvantages of using different methods to take a child's temperature.

Precautions to prevent the spread of infection

It is essential to take precautions to prevent the spread of infection when children are unwell.

- ▶ **Isolate the baby or child** – The first step to take if illness is suspected is to keep the baby or child separate from other children. Otherwise, the infection may be passed from one child to another, either through contact or through the air. Some large settings, such as schools, will have a designated room for unwell children.
- ▶ **Ventilate** – It is a good idea to keep the setting well ventilated by opening a window to disperse/dilute airborne infections.
- ▶ **Wear disposable gloves and aprons** – If a child has diarrhoea or has vomited, gloves and aprons should be worn to clean the toilet or area affected; you should then dispose of the gloves and aprons immediately. If the child's clothing needs changing or the child needs washing, use a new set of gloves and aprons.
- ▶ **Use disinfectant to clean areas affected** – Toilets and any areas affected by faeces or vomit must be cleaned immediately with disinfectant. Items used to clean the areas should be disposed of or disinfected. Items that the child handled before becoming ill should also be disinfected. In addition, where vomiting and/or diarrhoea has occurred, the whole setting should be thoroughly cleaned, with particular attention paid to door handles, toys and food utensils.

In cases where babies and children show other symptoms such as tiredness or headaches, the area where they have been isolated should be cleaned thoroughly after they have left.

- ▶ **Wash hands** – It is essential that adults who have been with the child wash their hands frequently, especially after coming into contact with the child. Other children who have been playing, or in contact, with the child should also have their hands washed.

**PAUSE POINT**

What are the key ways in which the spread of infection can be prevented when a child is ill?

Hint

Think of these key words: isolate, ventilate, clean!

Extend

Why, in group-care settings, is it particularly important that steps to minimise the spread of infection are taken immediately?

Exclusion periods

To prevent the spread of infections such as chickenpox or gastroenteritis, early years settings have policies in place to prevent children from returning to the setting too early after being infected. The exclusion policy does vary from setting to setting, but many early years settings follow the guidance from Public Health England.

Research

Download the guidance on infection control in schools and other childcare settings from the Public Health England website: www.gov.uk/government/organisations/public-health-england.

Key terms

Notifiable disease – a disease that has to be reported to authorities.

Statutory – required by law (statute).

Table 6.8 shows the different exclusion periods for different diseases.

► **Table 6.8:** How long to exclude children with infectious diseases Source: *Guidance on infection control in schools and other childcare settings*, 2014 © Crown copyright 2014. Reproduced under the terms of the Open Government Licence v2.0)

Disease	Exclusion period
Chickenpox	Until all vesicles (fluid-filled spots) have crusted over
Diarrhoea and/or vomiting	For 48 hours after the last episode of diarrhoea or vomiting
Flu (influenza)	Until recovered
Impetigo	Until lesions are crusted and healed or 48 hours after commencing antibiotic treatment
Measles	For four days from the onset of rash
Mumps	For five days from the onset of swelling
Whooping cough	For five days from starting antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment

Statutory reporting of infectious diseases

There are some illnesses that have to be reported to the authorities by law. These are known as **notifiable diseases**. Reporting is usually done by the child's family doctor at the point of diagnosis. They will report to the local public health office in the area. In England, all notifiable diseases have to be reported to Ofsted and, if two or more children have food poisoning, this also has to be reported. The list of notifiable diseases is frequently changing and so it is important that you remain up to date.

Research

You can find a list of notifiable diseases on the Public Health England website: www.gov.uk/government/organisations/public-health-england.

Policy and procedures for giving medicines

Every setting should have policies in place for the administration of medicines. In England, these policies must be based on the **statutory** EYFS framework. Policies for settings in England:

- require parents to provide written consent for each medicine that is to be administered
- state that all medicine that is being administered must be recorded and reported.

Early years settings, therefore, have procedures in place to keep records of medication that has been given to children. In the case of medications that are occasionally given to children because of a known medical condition such as asthma, or because of a severe allergic reaction, settings have procedures in place to make sure parents know that these medications have been given to their children.

Most settings also refuse to give children medicines that are not in their original package, for example, cough syrup in a clear bottle.

Remember to check the following when giving medicine.

- Check that there is written parental consent in place for the medicine that you are administering.
- If possible, find out what the medicine is for.
- Make sure that the medicine is labelled with the child's name and that you are giving it to the right child.

- ▶ Make sure that the medicine is in date and has been stored correctly.
- ▶ Follow the dosage instructions and the correct method of administration.
- ▶ Record the date, time and dosage, and sign your name.
- ▶ Check that the baby/child does not have any adverse reactions.
- ▶ Store the medicine as per the manufacturer's instructions and out of reach of other children.



PAUSE POINT

List four of the key points to remember when giving medicines to children.

Hint

Think about the checking and recording procedures that are important.

Extend

Explain why it is important that records are kept when children are given medicine.

Assessment practice 6.6

C.M3

C.D2

An early years centre wants new members of staff to understand how to support children who are unwell and the procedures that they should follow. They have asked you to provide the relevant information.

- Explain the importance of following policies and procedures, including infection control and provision of medicines.
- Analyse the impact on children when early years professionals are effective in supporting children who are unwell.
- Evaluate the role of the early years professional in supporting children who are unwell.

Plan

- Do I understand what I am learning and why it is important?
- Do I have any existing knowledge that will help me with this task?

Do

- Am I recording any problems I am experiencing in completing the task and looking for ways to clarify queries?
- Have I considered my own experiences when evaluating the role of early years professionals?

Review

- Can I explain which parts of this task I found hardest?
- Do I realise where I have learning or knowledge gaps and do I know how to resolve them?

C3 Support for children with ongoing health conditions

Many babies and children have ongoing health conditions. These conditions can be anything from eczema and asthma through to sickle cell anaemia. This section looks at some of the most common health conditions and the principles behind working with children who have health issues.

How to work in partnership with parents and carers

Meeting children's individual physical care needs should be done in close consultation with parents and carers.

Children may have ongoing health conditions, such as eczema or dietary needs, which need careful management and/or additional support. It is important to work with parents to find out all of the information you require about children's needs when they first come into a setting. In turn, you will need to regularly share information with parents about their children. Children's needs may change over time but by discussing them on a regular basis with parents or carers, and by recording the information carefully, practitioners can ensure these needs are met.

It is essential to listen to parents carefully, take notes and make sure that you understand the condition, how it is managed and what you need to do. You may need to ask parents the following questions.

- ▶ What is the name of the medical condition?
- ▶ What are the symptoms/effects?
- ▶ How long has the child had the medical condition?
- ▶ Are there any triggers that we need to be aware of?
- ▶ How will we know when the child is getting worse, needs medication or emergency help?
- ▶ What should we do in case of emergency?
- ▶ How can we reassure your child?
- ▶ How and when should the medication be used?
- ▶ Where should the medication be stored?



PAUSE POINT

Give three reasons why it is important to work in partnership with parents when their children have ongoing health needs.

Hint

Think about examples of useful information that might need to be exchanged.

Extend

Why is it important not to assume that two children with the same health condition will have identical needs?

How to keep accurate and coherent records of medication requirements

It is a requirement of the EYFS and other early years frameworks that records are kept every time medication is given to children by adults. The type of medicine, the dosage and the time and date have to be recorded, as well as the name of the person who gave the medicine to the child. It is important to keep accurate records and to record details promptly for several reasons.

- ▶ It enables adults to check that medication has been given to the child and that this has been done at the correct time.
- ▶ If there is a medical emergency, there is a record showing what medicines have already been administered.
- ▶ It prevents any confusion about exactly what has been given to the child and when.

How to minimise the impact of illness on learning and development

Some children with ongoing health conditions can miss out on learning as their health condition may mean that they are tired, or they miss sessions due to medical appointments or because they are poorly. You can minimise the impact on learning and development in several ways.

- ▶ Share with parents the activities that have been planned for the child so that parents can do these at home, if appropriate.
- ▶ Send toys and resources home so that children have access to some of the play opportunities that they may otherwise miss out on.
- ▶ When children are in sessions, increase the amount of adult interaction during play.
- ▶ Plan to repeat specific activities for the child that will help them to acquire any skills, knowledge or concepts that they may otherwise have missed.

Maintaining friendships

As children develop friendships, usually from the age of 3 years, it is also important to keep these 'alive' when children are not able to join in. You can do this by talking about the child to their friends and using photographs and film clips as reminders. You could also encourage the children to write or send items to each other. With parental permission, it might also be possible to maintain contact using Skype or by telephone. When children return to the setting, it may also be helpful to plan an activity where pairs of children can work together with an adult, e.g. cooking.

How to ensure inclusive provision

Years ago, settings often refused to take children with serious ongoing medical conditions or would insist that parents come on-site to give medication to their children themselves. This meant that some children could not access education and services.

Today, under anti-discrimination legislation, this is no longer the case. However, simply admitting a child with an ongoing medical condition does not necessarily mean that the setting is being inclusive. Settings must be aware of individual children's physical and emotional needs. Good practice means that children who have ongoing medical conditions should not be made to feel different in a setting and that, wherever possible, thought is given to making sure the child feels fully part of the setting, for example, by adapting routines.

The case study shows how two settings have each managed a child with diabetes very differently.

Case study

Inclusive provision

Gregory and Rajeet are both 4 years old. They attend different preschool settings but both have type 1 diabetes. This means that they need injections of insulin before they eat and need to eat regular snacks.

The staff team at Farmhouse Nursery spent a long time with Gregory's parents discussing Gregory's needs. They wanted to make sure that Gregory did not feel isolated or miss out in any way. The preschool suggested that they would introduce a rolling snack time, but prompt Gregory to eat his snack at a certain time. That way his condition would be managed but he would not have to eat alone. The staff asked Gregory's parents how they felt about this.

The manager at Minnows preschool was horrified when Rajeet's mother said that he had diabetes. She asked

his mother to send in a factsheet explaining what the condition was and what it meant for the setting. The manager decided that it would be unfair on the other children to disrupt the routine of the setting. She told Rajeet's mother that she should send in a box of snacks for Rajeet and that he could sit out in the cloakroom to eat them.

Check your knowledge

- 1 Which setting is working in an inclusive way, and why?
- 2 What effects might the settings' approaches have on each of the children?
- 3 What effects might the settings' approaches have on each child's parents?

How to meet the needs of children with ongoing health conditions

There are some health conditions that are quite common. It is helpful for all early years practitioners to be aware of them and also how to support children who may have them. As with all areas of physical care, it is important to talk to parents to find out about how the health condition affects their child.

Key terms

Preventer inhaler – an inhaler that is used to control the symptoms of asthma with the aim of preventing or reducing attacks.

Reliever inhaler – an inhaler that is used during an asthma attack. It works by enlarging the airways, so helping to facilitate breathing.

Asthma

Asthma is a respiratory condition that affects one in eleven children in the UK. During an asthma attack, the airways are narrowed and mucus can form, which further prevents air from reaching the lungs. Asthma can be fatal and so it is important to know what you should do if a child has an asthma attack. You should also know what can trigger an individual child to have an asthma attack, and how their asthma affects them. As you saw earlier, working with parents is important to gain this knowledge.

How asthma as a condition is managed

When a child is diagnosed with asthma, a decision will be made about whether the condition should be managed by giving the child a **preventer inhaler**. Many people refer to this type of inhaler simply as a preventer.

Preventer inhalers are used daily and are unlikely to be taken into settings unless a child is going on an overnight stay. Preventers reduce, but do not eliminate, the possibility of a child having an asthma attack. They are of no use during an asthma attack.

Reliever inhalers are used during an asthma attack. They work by enlarging the airways, so helping to facilitate breathing. Reliever inhalers are usually blue. Parents and others may call them Ventolin inhalers. Reliever inhalers can save a child's life during an attack.

If you are caring for a child with asthma, make sure that you have a reliever inhaler for them that is in date and remember the following information.

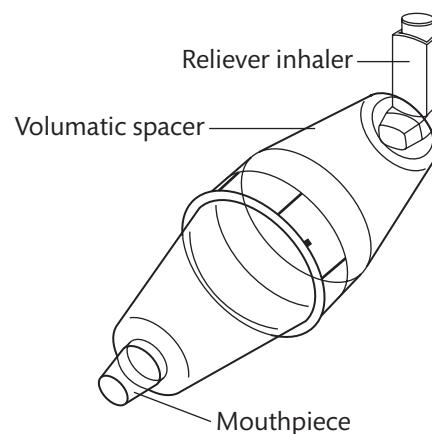
- ▶ Reliever inhalers must always be kept near or with the child.
- ▶ Reliever inhalers must not be locked away.
- ▶ Take the child's reliever inhaler with you if you go outdoors, on a trip or leave the building.

Nebulisers

Nebulisers are used in hospitals and in emergencies. They are machines that create a mist containing the same drugs as a reliever inhaler. The child wears a mask to breathe the mist in. The fine mist helps the drugs work more effectively.

Spacers

Spacers are often given to children to help them take their inhalers more easily. They are effectively plastic tubes. At one end there is a mouthpiece and at the other end there is a hole to slot the inhaler into. The inhaler is depressed and then the child breathes in. Figure 6.10 shows you what a reliever inhaler looks like when it has a spacer attached to it.



▶ **Figure 6.10:** This reliever inhaler is attached to a spacer, which makes it easier for the child to breathe in the drug

Recognising the signs of an asthma attack

It is important that you find out from a child's parents what the signs are that their child is likely to have, or is having, an asthma attack. This is because although there are some common signs such as wheezing, not all children will present with these. The following list shows the common signs associated with an asthma attack. Some, but not all, of these signs are likely to be present:

- ▶ wheezing
- ▶ difficulty in catching breath
- ▶ chest pains
- ▶ persistent coughing
- ▶ difficulty in talking
- ▶ rapid breathing
- ▶ anxiety and panic.

What to do if a child is showing signs of an asthma attack

If a child is showing signs of an asthma attack, you should do the following.

- 1 Reassure the child and stay calm.
- 2 Get the child to sit down and discourage onlookers.
- 3 Get the child's reliever inhaler; this should always be kept with or near the child.
- 4 Give the inhaler a quick shake. Attach the inhaler to the spacer if provided.
- 5 Encourage the child to take one or two puffs while breathing in.
- 6 If the child does not start to feel better, the inhaler should be taken again at a rate of two puffs over two minutes – one puff at a time. The child should take up to a maximum of ten puffs.
- 7 If the child is not feeling better, call an ambulance.
- 8 After ten minutes of waiting for the ambulance, and if the child is still unwell, use the inhaler again as in Step 6.

Asthma can be fatal, so it is important to summon emergency help if:

- ▶ a child is not responding to their reliever inhaler
- ▶ a child's lips or fingernails are turning blue.

Common triggers and how to reduce them

Table 6.9 shows some common triggers of asthma and ways of preventing or minimising them. This is not an exhaustive list and you will need to find out from parents what triggers their individual child.

▶ **Table 6.9:** Common triggers of asthma and ways of preventing/minimising them

Trigger	Steps to reduce/minimise
Dust and associated dust mite droppings	<ul style="list-style-type: none"> • Keep the setting clean • Wash cuddly toys • Wash bedding at 60°C
Strong perfumes	<ul style="list-style-type: none"> • Do not wear strong perfumes • Do not use cleaning products, soaps or sensory materials that contain heavy perfumes
Pollen	<ul style="list-style-type: none"> • Keep children indoors if the pollen count is high or be ready with an inhaler
Mould and fungi	<ul style="list-style-type: none"> • Make sure that any problems with damp in buildings are dealt with • Do not have rotting fruit and vegetables lying around • Keep rooms well ventilated

► **Table 6.9:** Common triggers of asthma and ways of preventing/minimising them – *continued*

Exercise	<ul style="list-style-type: none"> Although children do need to take exercise, some children will need a puff of their inhaler beforehand Children may need time to rest Be aware of children's breathing
Colds	<ul style="list-style-type: none"> Be aware that a child is more likely to have an attack
Change of weather	<ul style="list-style-type: none"> Sudden changes of weather can create problems Wrap children up – if children are going from warm to very cold, see if they wish to pull a scarf up over their mouth to start with
Stress and emotion	<ul style="list-style-type: none"> Some children have asthma attacks when they are very upset Make sure that time is spent settling children in Make sure that you prepare children for any changes that may cause distress

Theory into practice

In your work setting, where are the 'reliever' inhalers kept for children who have asthma?

Research

Find out more about asthma by visiting the Asthma UK website: www.asthma.org.uk.

Eczema

Eczema is very common in childhood. According to the NHS, one in five children has eczema, with most children having it in early childhood. Eczema causes the skin to become itchy, dry, red and cracked. There are many types of eczema but the most common form is atopic eczema.

Areas of the body often affected by eczema include:

- wrists
- back of knees
- crook of arms
- neck
- around eyes and ears.

Knowing the child's irritants and how to avoid them

Although it is unclear what causes eczema, we do know that it tends to follow a pattern of flaring up and then calming down – although children's skin may well be dry in the periods when the eczema is not present. Flare-ups can be caused by triggers, although what will trigger an episode for an individual child will vary. Some common triggers are:

- soaps/detergents
- rough clothing
- food allergies (especially in babies)
- overheating
- a skin infection
- dust mites (and their droppings)
- pet fur
- pollen.

Remember that if you are working with a child who has eczema, you should find out from the child's parents if there are any identified triggers.



PAUSE POINT

List five common triggers for eczema.

Hint

Think of things that may irritate or react with the skin.

Extend

Why is it important that settings minimise the triggers that might affect individual children's eczema?

Supporting a flare up

Below are typical treatments for eczema.

- ▶ **Emollients** are often suggested or prescribed for babies and children with eczema. These are applied constantly as a cream to the affected areas even when there are no flare-ups.
- ▶ Topical corticosteroids in cream form are often prescribed during a flare-up and need to be applied sparingly. If you are asked to apply a **topical corticosteroid**, follow the manufacturer's instructions and make sure that you wash your hands thoroughly.
- ▶ Antibiotics may also be prescribed if the skin becomes infected.

Reducing the risk of infection

Eczema causes the skin to be very itchy and this means that babies and children find it hard not to scratch. If the skin is broken as a result of the scratching, there is a danger that it may become infected. To prevent this from happening:

- ▶ try to make babies wear mitts or special sleepsuits
- ▶ keep babies' and children's nails short
- ▶ keep the skin clean and dry after washing
- ▶ make sure babies' and children's hands are washed.

Effects of eczema on the child and family

Eczema prevents babies and children from sleeping well because it is so itchy and can become very sore. This means that it is likely to impact on their behaviour and development. It can also impact on children's feelings about themselves as they often recognise that their skin is different to other children's.

Eczema can also have an impact on the family. It is very distressing for parents to see their children suffering and many parents will find that they have to reassure and comfort their children in the night. This means that the whole family can become sleep deprived. In addition, parents need to take extra care when washing their children, and give extra time for applying emollients.

Recognising the impact of eczema is important as it could mean that children may want to have a daytime nap or need reassurance when their skin is particularly itchy.

Diabetes

Diabetes is a potentially fatal condition that is caused by the body not producing sufficient insulin. Insulin is produced by the pancreas. It is needed by the body to control the amount of glucose in the blood. Glucose is important as it gives cells energy. Too much or too little insulin can create problems for the body.

Diabetes is a lifelong condition. There are two types of diabetes: type 1 and type 2. Typically, children under 8 years old who suffer from diabetes have type 1.

Type 1 diabetes occurs when the body is unable to produce any insulin. This means that the body cannot process glucose and so it is a very serious condition. Signs that a young child has type 1 diabetes include lack of weight gain, thirst and extreme tiredness. Type 1 diabetes is not caused by a child's lifestyle or food choices.

Once a diagnosis has been made, parents are shown how to check their child's blood glucose level and how to inject insulin. To start with, the child will also need to follow food guidelines or a diet.

Controlling diabetes

Diabetes is a condition that has to be controlled carefully. There is a balancing act between how much insulin the child needs and how much food (which in turn creates glucose) the child eats.

This means that, if a child is diabetic, you need to follow parents' instructions carefully.

Key terms

Emollients – special moisturisers designed to prevent skin from drying.

Topical corticosteroids – prescribed creams that are used in the treatment of eczema.



- ▶ This child suffers from eczema on the backs of her legs. Are there any other parts of the body where you think eczema is more likely to be present?

Research

Find out more about eczema by visiting the website for the National Eczema Society: www.eczema.org.

You may also need training as to how to inject the child with insulin and check the child's glucose level. As soon as children are old enough, most consultants will encourage the child to do this for themselves so that they are more involved in the management of their disease. In addition to insulin injections, food intake has to be regulated. The modern approach is to avoid giving children a strict diet, but to make sure that they eat within guidelines, which may limit the intake of certain foods, such as sugar.

How much food a child needs to eat and how much insulin they need will vary day-to-day according to the child's activity level.

Reporting and recording

In order to control diabetes, information has to be shared accurately between the setting and parents. It is important to know how the child is, what has been eaten and what dosages of insulin have been given. As diabetes is potentially a life-threatening condition, it is likely that parents have a system of recording insulin dosages and glucose levels that you will need to contribute to.

Balancing children's diet and exercise

You should find out from parents what the child needs in terms of their diet. It is usual for children to need frequent snacks and smaller meals so that food intake is spread across the day. This keeps the glucose level stable. It is also essential to know which foods are restricted. It is important to find out from parents what to do if the child is likely to be engaging in more physical activity than normal. This is because this will impact on the child's food intake. Children who will be using more energy will need more food in order to prevent hypoglycaemia.

Key term

Hypoglycaemia – when there is too much insulin and insufficient glucose.

The signs of hypoglycaemia in a child

Where there is an imbalance between glucose levels and insulin, a child may develop **hypoglycaemia** (often known as a 'hypo'). Hypos are very serious and have to be responded to immediately.

Hypoglycaemia can have a sudden onset and so it is important to be observant. It is also a good idea to keep something sugary, such as a sweet, on hand. If hypoglycaemia is not treated quickly, children can lose consciousness. As children become older, they are able to recognise the signs of hypoglycaemia themselves.

Signs include:

- ▶ shakiness
- ▶ sweating
- ▶ hunger
- ▶ difficulty seeing
- ▶ lack of concentration
- ▶ headache
- ▶ change in temperament, e.g. being moody
- ▶ loss of colour
- ▶ drowsiness.

Note: if a child loses consciousness, emergency help must be called.

How to respond to the signs of hypoglycaemia

As there is not sufficient glucose in the child's body, the priority is to give the child something high in sugar. This might be a sweet or sugary drink, or sugar in a glass of water. Do not give any diet drinks or products as these do not contain sugar. Chocolate is not ideal but if nothing else is available, use it.

Once the child becomes more responsive, wait for 10–15 minutes and then check their blood glucose levels. If the blood glucose levels are still low, give the child a further drink or sweets. Check the blood glucose levels again after a further 20–30 minutes.

Research

Find out more about diabetes and how to support children with this health condition by visiting www.diabetes.org.uk.

You may also need to give the child a snack such as a piece of fruit or cereal bar, but this will depend on the advice of parents.

Parents should always be told that their child has been hypoglycaemic as they may need to follow this up with the child's doctor or specialist, especially if there have been several events.

Assessment practice 6.7

C.P6

C.M4

C.D2

A children's centre is keen to make sure that all staff understand how to support children who have ongoing health conditions. They have asked you to provide information on this topic.

- Explain the importance of working closely with parents when children have health needs.
- Analyse how providing an inclusive approach to meeting children's health needs can support their overall development.
- Evaluate the role of the early years professional in supporting children with ongoing health conditions.

Plan

- What information will be the most relevant for this task?
- How long do I need to collate and analyse the information required for the task?

Do

- Have I presented the information in a way that will be accessible to staff at the centre?
- Am I managing my time effectively?

Review

- Can I justify why I have decided to approach this task in the way that I have?
- Have I evaluated my work and am I confident that it fulfils the set task?

Further reading and resources

Books

Crawley, H. (2006) *Eating Well for Under-5s in Child Care. Practical and Nutritional Guidelines*, 2nd edition, St Austell: The Caroline Walker Trust.

Crawley, H. (2014) *Eating Well for 1-4 Year Olds. Practical Guide*, 3rd edition, St Austell: The Caroline Walker Trust.

Duffy, A., Chambers, F., Croughan, S. and Stephens, J. (2006) *Working with Babies and Children Under Three*, Harlow: Heinemann.

Fitzhenry, T. and Murphy, K. (2015) *Time to Move*, London: Featherstone Education.

Virgilio, S. J. (2006) *Active Start for Healthy Kids: Activities, Exercises, and Nutritional Tips*, Illinois: Human Kinetics.

Websites

www.asthma.org.uk – Asthma UK: information and advice about asthma and its prevention and treatment.

www.cancerresearchuk.org – Cancer Research UK: information about sun protection for children.

www.diabetes.org.uk – Diabetes UK: information and advice about supporting children with diabetes.

www.eczema.org – National Eczema Society: information and advice about helping children with eczema to manage the condition.

www.cwt.org.uk – The Caroline Walker Trust: advice and guidance about children's nutritional requirements.

www.lullabytrust.org.uk – The Lullaby Trust: information and advice about increasing babies' safety during sleep.

THINK ▶ FUTURE



Annie Sharp Childminder

Annie has been a childminder for nearly five years. She started her career in a day care setting but after she had her own baby she decided that she needed a slight career change. She loves being able to provide a homely setting for children. They do a range of activities to promote physical activity and nearly every day they go to the local park. There is a great playground for the children that is suitable for all ages; it even has a baby swing! Annie takes a range of children of different ages so she has quite a lot of care routines – everything from hair combing through to bathing babies!

As Annie spends a lot of time with children, she is good at spotting the first signs of children becoming poorly. She is able to work closely with parents when children are unwell. Sometimes, if a child is off colour but not seriously ill, parents can still drop the child off, providing, of course, Annie is not taking any other children that day. This flexibility is one of the reasons why some parents use childminders.

Focusing your skills

Helping children to enjoy eating fruit and vegetables

Fruit and vegetables are essential as part of a healthy diet. Here are some tips when introducing children to a new fruit or vegetable for the first time.

- Provide plenty of choice – children are more likely to try out new things when there is a selection.
- Encourage children to touch and handle the fruit or vegetable before it is prepared.
- Involve children as much as possible in the preparation of the food.
- Cut the fruit or vegetables into very small pieces.
- Role model eating the food and talk to them about how it tastes.
- Invite children to self-serve.
- Do not put pressure on children if they are not interested.

Changing cot bedding

It is important that cot bedding is kept clean and fresh. To help you with this, remember the following things the next time you change cot bedding.

- Wear disposable gloves if sheets or blankets are soiled.
- Remove cot bedding carefully. Fold sheets and blankets inwards.
- Wipe down the mattress according to the setting's procedure. Allow the mattress to air.
- Wash hands before touching clean sheets and blankets.
- Put a base sheet over the mattress, making sure that there are no creases.
- Fold the top sheet and blanket down the cot so that they will only cover the baby's chest. Firmly tuck the sheet and blanket in at the base and in on one side. This should prevent the baby from being able to slip down underneath the covers and cuts the risk of cot death from overheating.