Caring for your Child

2 to 5 Years
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This information pack is the third in a set of three packs for parents:
- Caring for Your Baby: Birth to Six Months
- Caring for Your Child: Six Months to Two Years
- Caring for Your Child: Two to Five Years

Each one contains information to help you to care for yourself and your child during your child’s first five years. Before we produced this information pack, we asked parents what information they needed to care for themselves and their baby or toddler during this time. Parents said they wanted common-sense information and tips on the general care of their child; information about the growth and development of their child; advice about what to do if their child has a problem; and details of what people and services to get in touch with for more help and support.

The information in this pack is based on the most up-to-date, accurate information available within the Health Services, and on opinion from professionals in child health, support services, voluntary organisations and parent groups.

Each baby is special and for some of you, the details in this pack are only the beginning of your search for information on how to do the best for your baby and you. No booklet is a replacement for talking with someone who is trained to help you, so the useful web pages and phone numbers at the end of the pack will help you reach a wide range of trained professionals.

Sincere thanks to all the health professionals who helped in the development of this child health information pack, especially the parents.

Welcome to Caring for Your Child: 2 to 5 years.

This booklet contains valuable information to help you care for yourself and your child over the next three years.

Caring for your child is exciting, challenging and a big responsibility. Parenting styles may vary but as a parent your goal is the same as other parents’ goal. You want to do the best you can for your child.

Good quality information is one of the key elements that will guide you in doing a good job. This booklet will help you deal with the everyday concerns of being a parent. It will also point you to people and services that offer further information and support.

For copies, contact your Public Health Nurse or see www.hse.ie/caringforyourbaby
Taking care of yourself as a parent

For Mams and Dads - being a ‘good enough’ parent

It is important to realise that you do not have to be perfect as a parent. Everybody makes mistakes. You are already juggling many roles in your daily life, and it’s hard to be an expert at everything. What is more important is to be good enough in doing the best you can for your child, yourself and your family.

What matters most to your child is that you are there to love and care for them. Your child wants to be able to come to you when they need your support and cuddles. Where it is possible, it is important that dads be as active in caring for their child as mams.

Caring for yourselves

- Support your partner when they are dealing with your child’s misbehaviour
- Work as a team by sharing your roles as parents
- Talk to each other every day about your children and family
- Praise and encourage each other when things go well
- Don’t be afraid to ask for help. All parents need help at different stages
- Discuss any problems with your partner when you are both calm
- Don’t discuss problems in front of your child
- Set a good example in your own behaviour so that your child will see it and copy you

Smoking and drinking alcohol

If you want to give up smoking help and support is available on www.quit.ie or talk to your doctor.

It’s a good idea to keep an eye on your drinking habits. Do you know what a standard drink is? Do you know your limits? Find out more at www.yourdrinking.ie

Getting extra support for parents

High-quality childcare, information, parenting programmes and early intervention can greatly help you as a parent. These things will also help your child, family and community.

Caring for your baby: Six Months to Two Years Old discusses the extra support offered by:

- Public health nurses
- The Child and Family Agency provides support to families through their Family Resource Centres see www.tusla.ie or call 01 635 2854
- Barnardos; www.barnardos.ie
- Social work departments. www.tusla.ie
- If you do not have a copy see www.hse.ie/caringforyourbaby

Other examples of the range of supports available to parents include:

- Child psychology
- Parenting programmes
- Community welfare officers
- Citizens Information Centres

A child psychologist is a health professional who has specialist training. They can assess your child and provide therapy services for children and families in need of support. A psychologist can help with:

- Behaviour problems: If your child has behaviour problems, the psychologist can help you learn how to manage them
- Family difficulties: A psychologist can help your child cope if you and your partner separate; if a close family member or friend dies; if there is violence in the home; or with difficult family relationships
- **Abuse:** A psychologist can help a child who has experienced sexual, physical or emotional abuse or neglect. They can also support the parents of the child who was abused.

- **Emotional difficulties:** A psychologist can help you manage anxiety, stress and self-esteem issues in children.

- **Health-related difficulties:** If your child has a chronic illness or long-term disability, a psychologist can help them develop coping skills.

- **Support for children in residential care:** If your child is in residential care, a child psychology service provides support for them.

- **Intellectual disability (special needs):** There is a child psychology service to provide support to children who have a moderate or severe intellectual disability, autism or learning difficulties.

Your health professional can refer you on to your local child psychology department. There may also be a ‘drop in’ clinic in your area. For more details contact your public health nurse.

### Parenting courses

For some of you, parenting courses or classes are not high on your list of things to do. You have a very busy time juggling family and work commitments. But most parents of older children and teenagers say they wish they had gone to parenting classes when their child was a toddler or pre-school child. Other parents who did go to parenting courses say they learned lots that helped them to be a parent.

Parenting courses offer information and support on:

- Parenting skills and coping
- Dealing with adult, child and family relationships
- Managing your child’s behaviour
- The general care of your young child
- The benefits of play in your own child’s growth and development

We recommend you do a high-quality parenting support course at different stages of your child’s growth and development. The practical tips and advice you get will help you do the best you can for your child.

For more information on parenting courses in your local area, contact:

- Your local public health nurse
- The child and family psychology department
- The health promotion department
- The county childcare committee
- Your local school parent council
- Your local family resource centre
- Community mothers
- The Citizens information centre
- Your family doctor

You can also look up the websites in section 10 of this booklet for more information on parenting courses.
Planning a short break away from your child

Sometimes you or your partner may want or have to spend time away from your child. It might be due to work, to enjoy some time with your partner or personal time alone. It is important that you prepare well before you go so your child’s routine is not disturbed too much. Then you can enjoy the break and your child will cope without you for a short while. The tips below will help you prepare your child for this short break.

• Make sure a responsible adult looks after your child while you are gone
• Discuss your child’s routine with the person who will care for your child. Include information on your child’s favourite food, their favourite bedtime story and their toilet training routine
• If possible, don’t divide your children between different homes when you go away. They may already feel upset about being separated from you. They will get comfort from each other while you are gone
• Let your child know you are going away two or three days before you go. Then they have time to ask questions and prepare themselves
• Reassure your child that you will be coming back soon
• Keep in touch with your child by phone

For couples who are separating or divorcing

Separation or divorce is a time of unhappiness and stress for a family. It is difficult enough to cope with your own emotional needs at this time. When you have children it is important to look after their emotional needs too.

How can I care for myself during a separation or divorce?

• Get support and help from others, such as family and friends
• Look after yourself. Eat, sleep, rest and take exercise
• Keep telling yourself that this upsetting time will pass
• Be positive about your future. Make realistic plans for yourself and your children
• Contact support networks such as The Child and Family Agency, which offers family mediation and counselling services. These services help to ease your stress and fears and have a positive impact on your child. www.tulsa.ie

How can I help my child through a separation or divorce?

• Love, support and reassure your child
• Explain why you are separating or divorcing. Reassure your child that it is not their fault
• To reassure your child, both parents need to give the same explanation in a way that is right for your child’s age
• Tell your child that they can still love both parents. They don’t have to take sides
• Tell your child that it’s ok to talk about their feelings, worries or anger
• Listen to your child’s feelings and the reasons they are angry or sad. Sit down with them so it is easy to make eye contact. Eye contact lets them know that you are listening to them
• Use simple words of encouragement to help them talk to you. For example, say, “It seems like something is troubling you. Can I help?”
• Encourage your child to spend time with their friends doing normal things like playing
• Respect your child, tell them about the process and involve them in decisions as much as you can
• Do not speak badly about your partner and why you are separating, despite how you may feel. Your child may feel guilty about loving their other parent while they try to be loyal to you
• Reassure your child that they will still have contact with the parent who leaves the home

If you feel that your emotional difficulties or your child’s difficulties are serious, there are professionals who can help you. You can contact your community resource centre, where a range of support services are available;

- the Citizens Information Centre; 0761 07 4000 www.citizensinformation.ie
- Women’s refuge centres; freephone 1800 341 900 www.womensaid.ie
- the Money Advice and Budgeting Service MABS - 0761 07 2000 MABS; www.mabs.ie
- your doctor
- your public health nurse
- the child, adolescent and family psychology department
- the social work department www.tusla.ie
For parents who live apart

My partner and I live apart. How can I make shared parenting easier for my child?

• Dads and mams play a very important role in their child’s life, whether they are in a relationship or not

• In most cases, it is important for your child to have contact with both parents. Shared parenting lets your child build a positive, loving relationship with both parents. Your child will also develop a good sense of their own identity

• Sometimes it is not physically possible to share the parenting responsibilities for your child. Keep in contact through phone calls or online

• Send copies of your child’s pre-school and school reports to the other parent so they are aware of the progress their child is making. Knowing about pre-school progress and school reports shows your child that both their parents love and care for them

• Let the other parent know about pre-school or school plays, parent and teacher meetings or other events that parents are expected to attend. It is important for your child that both parents see them in plays and other activities, if that is possible

• Your child needs to feel at home in both parents homes. Your child needs both families to love and accept them. Simple things can help. Let your child have a place for their own toothbrush, special blanket and toys. This is a sign that they belong and are not merely passing through

• It is important to realise that you need to separate your relationship with your child from your relationship, or the lack of one, with your child’s other parent
2 Feeding your child

The information pack Caring for Your Child: Six Months to Two Years Old discusses:

- Breastfeeding
- Formula feeding
- Starting to spoon-feed your child
- A healthy, balanced diet for your child
- Common questions about food and children
- Caring for your child’s teeth

If you do not have a copy of the second information pack see www.hse.ie/caringforyourbaby

Breastfeeding

If you are continuing to breastfeed your child, information and support is available through your local:

- Public health nurse
- Health promotion department
- La Leche League breast feeding support group www.lalecheleagueireland.com
- Cuidiu breastfeeding support group. www.cuidiu-ict.ie

Read our booklet Breastfeeding a Good Start in Life in the publications section on www.healthpromotion.ie

A healthy balanced diet for your child

Healthy eating is about enjoying lots of different healthy foods from the four main food groups. There are four main food groups:

Starchy foods:

These are the energy foods. Offer at each meal and also as snacks.

Bread, bagel, bread roll, crackers, pitta bread, wraps, rice cakes, scones, porridge, wheat biscuits, flake-type cereal; potatoes, pasta, plain noodles, couscous, rice.

Fruit and vegetables

Provide lots of vitamins and minerals. Offer at each meal and also as snacks.

Fruit-Apple, avocado, banana, mandarin oranges, grapes, blackberries, blueberries, raspberries, strawberries, kiwifruit, plum, apricot, mango, melon, orange, peach, nectarine, pear, pineapple, stewed fruit, tinned fruit, fruit puree.

Vegetables-Beetroot, broccoli, cauliflower, brussels sprouts, cabbage, carrot, celery, cucumber, peppers, lettuce, cherry tomatoes, courgettes, aubergine, leeks, onions, shallots, mange tout, mushrooms, parsnip, peas, spring greens, spinach (cooked), turnip, sweetcorn, tomato, homemade vegetable soup.

If your child does not each much fruit, encourage them to eat more vegetables.

Dried fruit should be limited to mealtimes and only once a day as they are not kind to teeth.

Fruit juices are not necessary, but if you choose to give them to your child they should be well diluted and given only with meals.

Milk, yogurt and cheese

Provide calcium for healthy bones and teeth. Offer with each meal or as a snack.

Milk (no more than 600ml a day), yogurt, fromage frais, cheese, custard, milk pudding.

Follow-on or special toddler milks should not be necessary. Nutritious foods are more appropriate sources of extra nutrients. You can gradually introduce low fat milk after 2 years of age provided your child is a good eater and has a varied diet. Skimmed milk is not suitable for children under 5 years.
Meat, fish, eggs, nuts, beans, lentils, tofu

Provide protein for growth and development. Offer twice a day.
Meat, chicken, turkey, fish, eggs, baked or kidney beans, chickpeas/hummus, lentils, tofu, nuts or peanut butter.
Children should avoid whole nuts until at least 5 years of age because of the danger of choking.
Chicken nuggets, sausages, fish fingers and burgers are often lower in protein and higher in fat than unprocessed meats or fish. They should not be a regular part of your child’s diet.

Fats, oils, spreads

Very small amounts of these are needed to add flavour and enjoyment. However they are high in energy or salt so should be used sparingly or use a teaspoon to measure out.
Foods and drinks high in fat, sugar or salt.
Sweets, chocolate, biscuits, cakes, fizzy drinks or crisps should not be part of your child’s daily diet. Filling up on foods from this group spoils your child’s appetite for more nutritious food. Sugary food and drinks are not good for your child’s teeth. Never use foods high in fat, sugar or salt as a reward or to comfort your child.

Healthy snack options include fresh fruit, vegetables, plain yogurt, cheese and bread. Milk and water are the most tooth-friendly drinks. A maximum of 600ml of milk a day should be given. Remember, from 12 months of age, only a cup or non-lidded beaker should be used for all drinks other than breastfeeds.

Vitamin D is important for good bone health but it is difficult to get enough from foods. Oily fish like herring, mackerel, salmon, trout, sardines or eggs naturally have good amounts of vitamin D. Other foods have vitamin D added like particular breakfast cereals (called ‘fortified’ cereals) or some milks. These should be included regularly in your child’s diet, for example give oily fish once or twice a week.

How can I encourage my child to have a healthy balanced diet?

• Encourage your child to eat a variety of foods. Your child’s diet will be more balanced when a wide range of different foods are eaten
• Encourage your child to eat 5 portions of fresh or frozen fruit and vegetables daily. Fruit and vegetables contain lots of vitamin A, C and E.
• Active young children need healthy snacks between main meals. Make sure the snacks you give your child are nutritious
• Try to eat in a relaxed area without the TV turned on, as children can be easily distracted from eating
• For younger children, start with smaller portions of food and increase according to your child’s growth and appetite. Do not try to over feed them
• Children know what foods they like and are usually wary of new foods. Introduce new foods one at a time. If your child doesn’t want something, don’t push it on them. Try it again a few days later. A food may be refused several times before being eaten
• Let your child help you prepare food. This may encourage them to eat what they made
• Have your child’s friend over for a meal. It may encourage your child to eat their food or to try new food
• Cut down on foods that have a lot of saturated fats, such as cakes or biscuits. Do not add sugar or salt to foods
• Do not keep unhealthy snack foods such as biscuits and sweets in your house. If they aren’t there, you and your child won’t be tempted to eat them
• Do not ban any foods outright, such as ice cream and sweets. You may make these foods even more appealing to your child
• If your child eats sugary foods at their friend’s birthday party, don’t make a fuss over it. It’s just a party treat

If you are worried about your child’s weight or eating habits, contact your health professional for advice. For healthy eating recipes see www.safefood.eu
What foods do I give my child if they are vegetarian?

Make sure that your child gets a healthy balanced diet for their growing mind and body. Your child needs:
- Pulses, such as peas, lentils and beans
- Milk and milk products, such as yoghurt and cheese
- Eggs
- Soya foods
- Quorn, which is a source of protein that can be used instead of meat

Other than that, your child’s diet is the same as any other growing toddler and pre-school child. But as it may be more difficult for your child to meet their nutritional requirements on a vegetarian diet, it would be useful to get more advice from your community dietitian.

What is a food allergy?

A food allergy is an immune reaction in your child’s body to a food after eating it. Only tests that your family doctor or hospitals do can tell you if your child is allergic to a food.

- If you suspect your child has a food allergy, go to your family doctor to have it medically diagnosed. Your family doctor may also refer you to a dietitian for specialised advice
- Do not try to give your child various foods yourself to see what works. Limiting your child’s diet can malnourish them. Ask a professional for advice

For more information on allergies see www.ifan.ie

Other reasons why your child may be making the mealtime hard to manage.

- Your child may find it hard to sit down quietly for long periods, especially if mealtime is long. Be realistic in how long your child to sit quietly
- Your child may like some foods more than others. Their favourite food may not be on the menu today, so they lose interest in the meal
- Your child’s appetite can vary from day to day. We all have days when we are not that hungry
- Children often get extra attention when they do not eat or sit down during mealtime. Your child might realise that their behaviour attracts your attention, so they may repeat it. Instead of coaxing your child to eat or getting cross with them, praise their good behaviour. For example, say something like, “Andrea, you sat through the whole meal tonight. Well done, I like it when you sit nice and quietly with us.”
- As your child grows and learns good eating habits, they will not act up and behave badly. Continue to praise your child for eating and behaving well at mealtimes

For more tips on dealing with your child’s behaviour, go to section 5 of this booklet.
Overweight and obese children

What do the terms ‘overweight’ and ‘obese’ mean?

Overweight means that your child weighs more than they should for their height.

Obese means that your child has such an excess of body fat that it may cause them serious health problems.

If my child is overweight or obese, what are the risks to their health?

Being overweight or obese can cause health problems for your child in later life. Possible problems include:

- Diabetes
- High blood pressure
- High cholesterol
- Stroke
- Heart disease
- Arthritis
- Poor self-esteem

Which children have an increased risk of being overweight or obese?

- Babies who grow very fast in infancy because of overfeeding
- Children who have parents who are overweight or obese
- Children who eat lots of food that is high in sugar, fat and salt
- Children who drink fizzy drinks
- Children who watch lots of TV and don’t exercise

What can I do to reduce the risk of my child becoming overweight or obese?

- Breastfeed your baby if you can. Breastfeeding reduces the risk of obesity later in childhood
- Have regular mealtimes where all your family sit down to eat a healthy balanced meal together
- Do not give your child fizzy drinks. Offer water or milk instead
- Set your child a good example. Only eat healthy snacks between meals and don’t eat sugary foods
- Limit the amount of time your child spends watching TV to one or two programmes a day
- Encourage your child and your family to be active. For example, walk with your child rather than use the car or bus if you can

What can I do if I think my child is overweight or obese?

Check your child’s weight against the growth (centile) chart on their Personal Health Record where this record book is available. You will be able to compare your child’s weight to the average for their weight and height.

- If your child appears to be gaining weight much faster than they should, they may be overweight or obese. Make changes as a family towards living a healthier lifestyle. This will benefit everyone’s health and focus on health rather than on body weight or shape.

Remember your actions may affect your child’s future attitudes to food, their body, and their self-esteem. What is important is that you work together and support and love your child, whatever they look like.

- Get advice from your local public health nurse, community dietitian, doctor or practice nurse on how to care for your child.

For more information read the leaflet ‘Your Child’s Weight – A guide to Preventing Childhood Obesity’ available in the publications section on www.healthpromotion.ie

Read the Fact Sheets on www.indi.ie

Helping your child stay active

Staying fit and healthy is important for your child’s normal growth and development. It also helps you and your family keep well. Physical exercise and a healthy balanced diet with enough sleep are all part of staying fit and healthy. A healthy balanced diet and an active lifestyle will:

- Reduce the risks, listed on page 18, of becoming overweight or obese
- Build strong bones and teeth
- Reduce stress and tension by allowing your child to burn off energy
- Give your child more opportunities to learn and develop their brain

For more information read the leaflet ‘Eat Smart Move More’ in the publications section of www.healthpromotion.ie. It contains useful tips on portion control, types of activities and a meal planner.
How can I provide an active lifestyle for my child and myself?
For useful ideas on toys, fun games and activities that help provide an active lifestyle for your child and family, go to section 6, ‘Playing, being active and learning’. Check out the events section of www.getirelandactive.ie for sports in your area.

Caring for your child’s teeth
The information pack Caring for Your Child: Six Months to Two Years Old looks at the topics below:
• How many teeth will my child have?
• How do my child’s teeth grow?
• Why are baby teeth important?
• What is tooth decay?
• How can I care for my child’s teeth?
• How do I clean my child’s teeth and gums?
• Injuries to baby teeth

Read ‘Caring for Your Child: Six Months to Two Years’ at www.hse.ie/caringforyourbaby.

When will all my child’s first (baby) teeth be there?
Your child should have most of their 20 baby teeth by the time they are 2½ years old. He/She will be 12 years old or more before the last baby tooth falls out.

When will my child start to get their adult (permanent teeth)?
At around 5-6 years of age, your child’s baby teeth will begin to fall out and be replaced by permanent teeth. The front baby teeth, at the bottom of the mouth are usually the first to fall out. At around the same time, the first adult back teeth (molars) start to come through the gum right at the back of the mouth. Because no baby teeth will fall out to make way for these new back teeth, it is very important to look out for signs of these new molar teeth.

What is tooth decay?
Tooth decay takes place when sugary foods and drinks are broken down by bacteria in the mouth to form acids which destroy the tooth surfaces. It is the most common ongoing childhood disease. It can be difficult to treat in young children.

Can tooth decay be prevented and how can I do it?
Tooth decay can be prevented. Teeth are at risk of decay as soon as they appear in the mouth. Food and drinks that contain sugar can cause decay. Controlling how often your child has sugary foods and drinks is really important to prevent decay. Remember that a baby is not born with a sweet tooth so don’t give them one. Delay giving your child sugary food and drinks for as long as possible.

How can I keep my child’s teeth healthy?
• Encourage your child to eat a balanced diet with plenty of fruit, vegetables and fibre
• Foods and drinks that contain sugar can lead to tooth decay. Keep foods and drinks that contain sugar to mealtimes only. Do not give sugary foods as snacks between meals
• Milk and water are the most tooth-friendly drinks. They are good drinks to give your child with or between meals. Keep fruit juice or squash to meal times only and dilute well
• Fruit juices are not needed. Try to give cooled boiled water only until your child is 1 year old. If you choose to offer juices, only small amounts of well-diluted, unsweetened fruit juice (1 measure pure fruit juice to 8-10 measures cooled boiled water) should be given from a beaker only at mealtimes or with snacks and only from 1 year onwards.
• Avoid fizzy drinks. They contain a lot of sugar and acid. If your child does drink a fizzy drink, use a straw. It helps keep the fluid away from their teeth
• Read food labels carefully. Sugar may also be called sucrose, fructose, glucose or maltose on labels. ‘Low sugar’ or ‘no added sugar’ on the label does not mean that the food or drink is sugar-free
• Sugar-free medicines should be used when available

How can I care for my child’s teeth as they grow?
• Always help your child with toothbrushing. Brush twice a day with fluoride toothpaste. Use a soft toothbrush with a small head
• Use a small pea-sized amount of toothpaste. Use regular family toothpaste, containing fluoride from age 2 years. Fluoride gives added protection to your teeth
• Childrens toothpaste with low fluoride (500ppm F) does not provide as much protection as regular fluoride toothpaste
• Your child should spit out any remaining toothpaste after brushing and not rinse their mouth out afterwards
• It takes about 2 minutes for your child to brush their teeth properly
• Look out for the first permanent molar teeth coming up at the back of your child’s mouth from the age of 5, and make sure that these teeth are included in the brushing
• Change your child’s toothbrush about every three months or when the bristles get ragged
• Try to make brushing fun
• Always brush last thing before putting your child to bed
Tips to help your child to stop using a soother/thumb sucking

<table>
<thead>
<tr>
<th>Your child sucks their:</th>
<th>What can I do to help?</th>
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</thead>
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| **Thumb**               | • Give your child something else to do with their hands when they are playing or relaxing. They will be less likely to suck their thumb  
• Make sure your child’s hands are clean so they don’t get an infection in their mouth  
• Give your child encouragement and praise for small successes when they try to stop thumb sucking |
| **Soother**             | • Only use soothers at set times e.g bedtime. Remove the soother when the child is asleep  
• Take your child’s soother out when they are trying to talk or busy playing  
• Give rewards (non food). For older children, try using a star chart to praise them  
• Don’t replace lost soothers. Throw all other soothers away  
• Give the soother to Santa, Tooth Fairy, Easter Bunny etc  
• Once your child has given up the soother, don’t be tempted to give it back. Stick with it – they will forget about it in time |

My child is 3 and still sucks its soother and/or thumb. What can I do?

- Some children continue to suck their thumb or a soother until they are 4 years old or more. Your child may still be sucking their thumb or soother because it helps them cope with emotional issues. Issues can include a new baby in the family, going into hospital or starting pre-school.
- For some children, the attachment to their thumb or soother is very strong. Don’t try to stop them sucking if they are going through a stressful time.
- Try not to remind or criticise your children about sucking their thumb or soother. It could make them feel bad.
- Try to remove any stress that could be worrying your child.
- Sucking your thumb or soother can affect tooth and jaw development in the long run. So, at some point, you will need to encourage your child to do something else instead. Your child may not have enough time to practice using their lips and tongue for talking or may not want to talk. This may take some time to correct. Your child may also breathe through their mouth if sucking a soother, which can lead to too much dribbling.

Injuries to teeth

Falls, bangs and bumps are part of the daily life of young children and injuries to teeth can easily happen. A fall involving the mouth can loosen, break, knock out or push a baby tooth up into the gum. This can damage the developing permanent tooth. If your child injures a baby tooth or a permanent tooth in a fall or accident, take him/her to the dentist. If your child knocks out a baby tooth, do not try to put the tooth back. If your child knocks out a permanent (adult) tooth, although this is not as likely in this age group, put the tooth back in its socket, or if you cannot, place it in milk and bring it and your child to the dentist immediately.

If your child injures a baby tooth, although this is not as likely in this age group, put the tooth back in its socket, or if you cannot, place it in milk and bring it and your child to the dentist immediately.

Visit your Dentist once a year.

Ask your dentist, doctor, practice nurse or public health nurse for more advice about caring for your child’s teeth or contact the dental health foundation of Ireland on 01 672 8870. www.dentalhealth.ie
Where should my child usually sleep?

- Between 2 and 3 years old, your child usually sleeps in their own cot. But if your child is very active they may harm themselves by climbing out of the cot. A young child may grow too big to move about in a cot. Then change them to a low, adult size bed to prevent accidents.

- Between 3 and 5 years old, your child can sleep in their own low size adult bed, usually a single bed. A removable safety rail tucked under the mattress can help your child get used to changing from a cot to a bed.

How much sleep does my child need?

Every child has a different sleep pattern. You can help your child’s development by making sure they are well rested. Ideas on how much sleep your child needs are in the chart below.

<table>
<thead>
<tr>
<th>My child’s age</th>
<th>How much sleep does my child need?</th>
</tr>
</thead>
</table>
| From about 2-3 years old | • 11-12 hours of sleep a night  
• One nap during the day of about a ½ to 1 hour. The length depends on your child and their activity that day. Try not to let your child nap beyond mid-afternoon. You want them to be tired and ready for sleep again by night time |
| From about 3-5 years old | • 11-12 hours of sleep a night  
• Your 3 year old child may need one nap during the daytime of about half an hour. Not all children need this nap. Some quiet time reading and playing may be enough. When your child comes home from preschool, especially in the beginning, they may be very tired because of the new routine and activity |

How can I make my child’s bedroom a cosy place for them?

As your child grows, they begin to get a sense of independence from you. They need their own space and privacy. You can make their bedroom a nice place for them to sleep and spend time in.

- Decorate the bedroom in bright colours. Hang photos of your child and family on the wall.
- Use low shelves for your child to store their favourite toys and books.
- Use photos to help your child tidy their clothes and toys away in the right place.
- Don’t place storage boxes or furniture, near windows. This could encourage your child to climb onto the window ledge.
- Use window restrictors that don’t need tools for opening.
- Do not use blinds or curtains with cords attached.
- Leave your child’s bedroom door open so they can still hear and be near you.

How can I get my young child to take a small nap during the day?

Each child has a different need for sleep and a different pattern of napping. For some children, quiet time reading a book or playing quietly is all that they need. For other children, a nap is still important to stop them becoming cross and cranky.

- Set up a daily routine so your child knows when the nap is due each day.
- Keep your child’s bed for sleeping only, not for playing or relaxing.
- Close the curtains so the room is darkened.
- Remove your child’s shoes and outer clothes, such as a heavy jumper, so they do not become too warm when they sleep.
- Give them their special blanket or toy as a comforter in bed.
- Speak in a calm tone of voice if you are reading a short story to them.
- If your child appears tired and cranky but cannot fall asleep, bring them for a walk in their pushchair or buggy or for a short drive in the car.
Managing sleep problems

How can I manage sleep problems?

Section two of *Caring for your Child: Six months to Two Years Old* discusses the topics below:

- Where should my child usually sleep?
- Are there any tips to help my child sleep at night?

If you don’t have the booklet ask your Public Health Nurse or see [www.hse.ie/caringforyourbaby](http://www.hse.ie/caringforyourbaby)

Other tips to help you manage sleep issues

- Gradually reduce or cut out daytime naps so your older child is tired at bedtime
- Decide on a regular time for bed. Establish a routine such as washing their hands, face and teeth; putting on the pyjamas; reading a story and giving your child their favourite toy to cuddle
- Turn off the lights and tuck them into bed, saying “You are very special and mammy and daddy love you very much.” Helping your child feel secure in your love can help to give your child a restful night

Do not reward your child if they wake. For example, don’t let them get up and join you in the living room or get into your bed if it’s the middle of the night. (a breastfed child may be brought into it’s mothers bed for a breastfeeding at night).

Settling your child to a sleep pattern takes time. These tips don’t work overnight. You need to follow them for a while to see them work. Give the tips time and they will help you settle your child.

What are nightmares?

- Nightmares are dreams that upset or frighten your child
- Some children have nightmares now and again. The nightmares may be linked to something that happened during the day or a worry or fear your child has. Worries and fears can include starting pre-school, a death in the family or fear of monsters they saw on television
- Nightmares generally happen during the last few hours of sleep. When they wake, your child will usually tell you about the dream. They may even think that the dream was real
- As your child gains confidence in dealing with problems, they tend to have fewer nightmares

How can I help my child if they wake up at night with a nightmare?

- Hold and comfort your child when they wake from a nightmare
- If your child is too upset to be left alone, sit or lie with them until they go back to sleep
- Leave their bedroom door and yours open so they know you are near
- Try to eliminate any daytime worries your child has. For example, encourage your child to talk to you and carefully choose the TV programmes your child watches
- If the nightmare is very disturbing or if it keeps happening for a month or so, you may need to talk to your health care professional for further advice and support

Why does my child wake very early in the morning?

Many young children wake up early. They cannot stay asleep just to please you! The good news is that they usually wake in good spirits and may start chatting or singing instead of crying. The problem is that they may move from their bed to greet you or other family members who are sound asleep! Here are some tips to try to encourage your child to play quietly and happily without disturbing you.

- After they go to sleep at night, leave some toys and books beside their bed. When they wake, they can play without disturbing you
- If your child calls you because they are wet, you cannot leave them in soiled clothes. Quietly change them into dry pyjamas. Put a clean dry towel over any wet area of the bed until you have time to change the bed fully. Then your child may rest again or play quietly without disturbing you

Sleep and Obesity

Children who don’t get enough sleep may be at increased risk of becoming overweight.

- Encourage children to be active in the evenings to tire them out
- Finish eating 2 or 3 hours before bedtime
- Create a sleep-friendly environment that is dark, quiet, comfortable and cool
- Keep your child’s bedroom a TV-free zone

For more information see [www.safefood.eu](http://www.safefood.eu)
4 Caring for your child every day

Washing your child

Bathtime
- Stay close to your child and never leave them alone in the bath. Make sure they don’t turn on the hot tap and scald themselves or slip and fall in the bath or shower.
- Bathtime gives your child a chance to have fun with floating toys, plastic cups, bubbles and warm water.

Everyday Washing
- Teach your child to wash their hands before mealtimes, after they use the potty or toilet or after they play with animals.
- Get a small box or step for them to stand on at the hand basin. The step will also help your child reach other things like their own toothbrush.
- Don’t leave dangerous items, such as tablets or a shaving razor, where your child can reach them.

Dressing your child
- Undressing your young child is the easy part. An active toddler is well able to take off clothes, shoes and socks and toss them away.
- It is best you manage your child’s clothes and they manage getting their body into the clothes. For example, you can hold open the sleeve of a jumper and encourage your child to put their arm through it.
- Encourage your child to do as much as they can for themselves. They will be more likely to let you do the difficult bits such as pulling the jumper over their head.
- Describe in simple language what you are going to do as you help your child dress. Then repeat the action with them. For example, place your hands over your child’s hands as they put on their own vest. Comment on what you are doing. Your child gains confidence as they learn new skills from you.
- Teach them to tie their shoelaces or to use Velcro, buckle or elastic-sided shoes.
- Let your pre-school child assist in making decisions about what clothes they want to wear. Give your child a choice of two or three sets of clothes that are practical. Let them make the final decision. Praise them for their sense of style.

What clothes should I use to dress my child?
- Clothes should protect your child’s skin and keep them warm and dry.
- Your child needs comfortable clothes that are easy to put on and take off as they move about.
- Make sure clothes are not too big or too loose. Clothes that are too big now will be shabby from use when your child grows into them. Your child may also trip over clothes that are too big on them.
- Clothes are for wearing, not for ‘minding’. Choose practical inexpensive clothes your child can wear as they play and get messy.
- Be careful with clothes that use a string or cord to tie the hood or waist as they may become caught up in something while your child is playing.
- When your child is a toddler, choose clothes and shoes with Velcro fastenings, elastic or snap fasteners. Buy shoes with laces or buttons when your child is older and can manage laces or buttons themselves.
- It is important that your child’s shoes or sandals fit correctly. Get your child’s feet measured regularly by a trained assistant in a shoe shop.
Toilet training your child

What is toilet training?

Toilet training is also known as potty training. It means teaching your child to go to the toilet by themselves when they are ready to do so. When you begin toilet training your child, decide at the beginning on the words you are going to use such as ‘wee’ for passing urine and ‘poo’ for a bowel motion. Talk about these in a positive way.

How will I know when my child is ready for potty or toilet training?

Ask yourself these questions to see if your child is ready to toilet train.

- Can my child follow simple directions?
- Does my child remain dry for at least two hours at a time during the day?
- Is my child dry after a daytime nap?
- Are their bowel movements regular and predictable?
- Can they pull their pants up and down by themselves?
- Do they seem uncomfortable in soiled or wet nappies?
- Do they know the difference between wet and dry?
- Can they tell me that a wee or poo is coming?

If you answer yes to most of these questions, your child is ready to be toilet trained. Children are usually ready for toilet training between 2 and 3 years old. But each child starts in their own time.

Should I start to train my child on a potty or on a toilet?

- You can begin training your child on a small training potty rather than the full-sized toilet. Small children may be afraid of falling into the toilet, especially when the toilet is being flushed
- As your child becomes more comfortable with using the potty, introduce them to a small training toilet that clips over the seat of a full-sized toilet. Your child can use a small step to get up and sit on the training seat
- It is better to train your son in a sitting position first. He may want to poo as well as wee. When he is confident sitting on the potty, you can encourage him to wee standing up

Do

- Plan to set aside 3-4 days to begin the toilet training. After that, maintain the same routine in the weeks that follow. For example, start a routine of sitting your child on the potty first thing after meals and naps and before bedtime
- Let your child set the pace for training. Train them when if feels right for them
- Leave the potty near at hand. For example, have one upstairs and one downstairs
- Watch your child for signals that they know their pee or poo is coming, such as hopping up and down, holding their pants or hiding. Get them to the potty quickly
- It is important to understand that children cannot make themselves pee like adults can. So you can only train your child to ‘hold on’ once they get the urge to go.
- While they are on the potty, let your child look at a book about toilet training or listen to music to help them relax
- Praise your child gently whenever they use the potty
- Tell them that when they are a big girl / boy that they will be able to go to the toilet to do their wee and poo. This gives them the opportunity to make the decision about their toilet training
- Put on easy-to-care-for clothes that your child can pull up and down easily
- At this stage you can start to change the child’s nappy in the bathroom all the time as this will help them associate nappy changing with toileting. You can also encourage your child to wash their hands after the nappy change
- Take your child with you when you or your other children go to the toilet. It prepares your young child for when it is their turn
- Help your child to manage for themselves on the potty or on the toilet, but don’t leave them to manage alone. Go with your child when they ask you to
- After they have finished get your child’s permission to wipe their bottom. Remember to wipe girls from front to back to prevent infection
- Teach your child to always wash their hands with soap and water when they use the toilet or potty
- Empty the contents of the potty down the toilet. Wash the potty out with warm soapy water and a disinfectant
- Your child may prefer to flush the toilet themselves. Let them. Doing things for themselves helps your child’s sense of independence and self-confidence
- Plan ahead. If you are going out, bring a few sets of spare pants, soft toilet tissue and baby wipes
- If your child is in a crèche, discuss your child’s training needs with the staff
- When your child is mostly dry at home, leave off the nappy or trainer pants by day and only use them at night. Although you may still have a number of puddles, giving up nappies or trainer pants encourages your child to use the potty

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Don’t

• Don’t start potty training too soon. Wait until they are old enough to understand what you are on about.
• Don’t force your child to train if they are unhappy or do not want to train. Stop and try again in 2-3 weeks.
• Don’t listen to other parents who boast that their child was fully toilet trained by 11 months old. Your child will set their own pace. There is no right or wrong time to start.
• Don’t force your child to stay on the potty until they wee or poo. If they say they can’t, calmly help them off and try later.
• Do not get your child to hold on to a bowel motion. They may not be able to and it is uncomfortable to do so.
• Never get cross with your child over potty training accidents. You may upset your child and put them off trying again.
• It is not a good idea to start toilet training if you are about to move house or have a new baby. These big events could upset your child and affect their routine. Wait a few months before you start toilet training.

Can I use a reward chart to help my child toilet train?

• Yes, reward charts are a good way to motivate your child to do something. For example, to reward your child for using the potty you can stick a star on a big poster of a toilet that you both coloured. When you add the star, say, “You did a wee in the potty, so now we can put a shiny star on the chart. Good girl, Andrea!”
• Use reward charts as encouragement and love, not instead of it. There is nothing more important to your child than your love and cuddles.
• Don’t remove a star from the chart if your child is naughty or has an accident. They earned the reward. Taking it away can discourage them.
• You can also use the reward charts for other things. For example, you can use a reward chart for staying in their own bed at night or tidying up all their toys.

How can I train my child to be dry at night?

• Generally night time control comes months after daytime control. Your child should regularly wake up dry in the morning before you leave off nappies at night. It could take 3-4 weeks of dry nappies in the morning before you consider leaving a nappy off at night.
• Put a mattress protection cover over the mattress. Let your child know that it doesn’t matter if they wet the bed.
• Make sure your child goes to the toilet before they go to sleep.

• If the bed is wet, involve your child in changing the bed and night clothes.
• Encourage your child to shower or bathe in the morning to avoid having wee on their body. It can cause infection and the smell can cause embarrassment to your child.
• Encourage your child to drink plenty of water or milk only. Avoid fizzy drinks, tea and coffee as they stimulate their bladder. They should drink 6-7 good-sized drinks throughout the day and up until bedtime. There is no benefit in stopping drinks after 6pm. Stopping drinks does not encourage a healthy bladder and it can dehydrate your child.
• Make sure your child eats plenty of fruit, vegetables and cereal to prevent constipation.

Many young children stay dry all night with no problems and few accidents. But most children are not reliably dry before their 5th birthday. Even after the age of 5, occasional wet beds are common. Lifting a child to go late at night is not a great idea. Your child is very sleepy and lifting them doesn’t help your child take charge when they feel like going to the toilet themselves.

Night-time bedwetting in older children

What is toilet training?

Night-time bedwetting is also called enuresis. Night-time bedwetting is very common until your child is around 5 years old and it is not unusual up to the age of 7, especially in boys. Don’t be in a hurry to decide that your young child has a problem. Many young children simply grow out of night-time bedwetting. But waiting for an improvement can be a stressful time for you and your family. Although many parents find it difficult not to worry about wet beds when their child is 4, 5 or 6, it’s best to keep calm and support your young child.

How common is bedwetting in older children?

Bedwetting in older children is more common than you think. One in seven children aged 5 years or older and one in twenty children aged 10 years or older wets the bed at night. You are not alone in dealing with bedwetting. Do not delay in seeking advice and support for your older child.

Why does my older child still wet the bed at night?

There are a number of reasons why your older child may still wet the bed.
• Bedwetting can run in families.
• Sometimes your child sleeps through the signal of a full bladder.
• Some children produce large amounts of wee during the night.
• Your child’s bladder could be small and less able to hold a lot of wee.

Remember that toilet training takes time. It is very important for you to be as patient and encouraging as possible. Praise their effort and not the result!
What can I do if my child was dry at night but now wets the bed again?
If your child has been dry for some time and they start bedwetting again, they may be reacting to stress in their daily life.

- A new baby in the family may give your child an unconscious wish to be a baby again
- A separation from you or another main carer can affect your child
- Starting a new school can be stressful
- Bullying can be very stressful for your child
- A death of someone close, such as a loved grandparent, can stress your child
- Any other major upheaval in their routine can shake your child’s confidence. They may stop the more grown-up behaviours for a while, such as being dry at night. You may see other signs of regression along with starting to wet the bed again. For example, your child might have trouble sleeping or demand a dummy or bottle. Don’t expect a miracle cure for these wet beds. Becoming dry at night will come back gradually. If it doesn’t, contact:
  - Your public health nurse
  - Your doctor
  - Your practice nurse
  - A community paediatrician (a doctor that specialises in children’s health)
  - The continence advice nurse in your area

Lifting and carrying your child
A young child does not learn to follow you and move quickly alongside you until they are about 3 years old. Before this, they hold up their arms to be carried if you are on the move. Bring a pushchair (buggy or stroller) or back carrier with you when you go out. These are useful if you can’t carry your child for a long time. It also allows you to move more quickly. Use proper lifting techniques to help protect your own back as well as your child’s back.

For information on caring for your back, read our leaflet ‘The Back Care Book: A guide to keeping your back healthy’ in the publication section of www.healthpromotion.ie
It contains useful information, such as:
- The causes of back pain
- How to take care of your back
- What to do if you have acute back pain
- Frequently asked questions
- Where to get more information

Preparing your child for hospital
Hospitals can be strange and frightening places for your child. Being ill or in pain is also frightening. Combining the two can be very upsetting for your child. They may have to stay in hospital at some stage, either after an emergency or for a planned operation or medical treatment.

Ideally, your child should be in a ward with other children who have the same needs. They should not be in wards with adults who are ill. Adults prefer to rest and relax when they are ill or recovering, but children are more active. As children get better, they want to get up and play!

How can I prepare my child for hospital?
- Use dolls and teddies to play doctors and nurses with your child
- Bandage parts of the teddy or doll and talk about this with your child
- Read a book with pictures to your child about being in hospital
- Talk about hospitals as places where people help make other people better
- Reassure your child that you, or someone else that they love and trust, will be with them as much as possible. Tell them they will be coming home again

How can I help my child when they are in hospital?
- Cuddle and reassure your child as much as you can
- It is important that you, your partner or someone close to your child stay with them as much as possible to comfort and reassure them
- If the hospital policy allows, pack your child’s favourite toy or blanket to soothe and comfort them
- Organise your plans so that your partner or family is able to swap places with you for a while. You need a chance to freshen up, go home to your other children or just have some time to yourself
- Explain as much as you can to your child so they know what is happening to them. Reassure them as much as you can
- Be truthful with your child. If something is going to hurt them tell them, otherwise your child may get distressed because it did hurt and they may not believe you the next time you tell them something
- For more information on Children in Hospital see www.yoobyoo.ie
Immunisation

What immunisations should my child have between 2 and 5 years old?

<table>
<thead>
<tr>
<th>When my child is:</th>
<th>My child should have:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-5 years</td>
<td>• 4-in-1 to prevent diphtheria, whooping cough (pertussis), tetanus and polio</td>
</tr>
<tr>
<td></td>
<td>• A second dose of MMR to prevent measles, mumps and rubella (German measles)</td>
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</tbody>
</table>

Vaccines recommended in the school programme are offered free of charge by the HSE School team. Your child will receive an information pack offering 4 in 1 and MMR vaccines through their school. In Sligo/Leitrim and Donegal the 4 in 1 and MMR vaccines are given by your GP.

From time to time, the HSE may introduce other booster vaccination campaigns and catch-up programmes. If there is another immunisation for your child, you will get a letter about it or someone from the HSE will tell you.

Protect your child - immunise.

For more information about all childhood immunisation and common questions parents ask, including questions about minor reactions, read Your Child’s Immunisation, A Guide for Parents. The very useful information in this booklet answers questions such as:

- What causes infection?
- How do vaccines work?
- What will happen if my child does not get these vaccines?

The Guide has an Immunisation Passport which you can bring with you when you go to the doctor. They can record the immunisations for you. Copies are available from www.healthpromotion.ie

For more information see www.immunisation.ie or contact the National Immunisation Office 01 867 6108.

Common childhood illnesses

Fever

Fever means that your child’s body temperature is higher than normal. The normal temperature for a child is about 36.5 to 37.2 degrees celsius. Get advice from your doctor if your child has a temperature, especially if your child appears unwell or you are worried at all.

- Remove their outer clothes. This allows extra heat to escape from their body
- Sponge them down with lukewarm water and allow the skin to dry. This may reduce the temperature
- Encourage your child to drink lots of fluids such as water or their regular milk feed
- Give your child some temperature reducing medicine (analgesia) that your doctor or chemist has recommended. Read the instructions on the medicine bottle

Febrile convolution

A febrile convolution or seizure is a fit. It can happen if your child has a very high temperature. During a febrile convolution, your child may:

- Breathe heavily
- Drool
- Turn blue
- Roll back their eyes
- Jerk their arms and legs but have a rigid body

The febrile convolution may last for several minutes. Afterwards your child may be sleepy and limp.

To help your child:

- Get medical help at once
- Turn your child’s head to one side so any vomit or saliva can drain out
- Do not put anything in your child’s mouth while the seizure lasts
- Keep a note of how long the seizure lasted and tell your doctor
Croup

Croup is inflammation of the voice box (larynx) and wind pipe (trachea). With croup, your child coughs, is hoarse and has difficulty breathing.

To help your child, you can:
• Keep your child warm
• Give them fluids to drink, such as their usual milk feed or water
• Contact your doctor if your child finds it hard to breath
• Contact your doctor if the croup does not go away

Ear infection

An ear infection is an illness in the middle ear. It is usually caused by a virus. Signs that your child has an ear infection may include:
• Touching or pulling at the ear
• An ear that looks red and feels hot
• A temperature
• No interest in feeding
• Vomiting, diarrhoea or both

To help your child:
• Do not use a cotton bud or anything else to poke inside their ear, as it may cause damage and pain
• Take your child to the family doctor for advice and treatment

Tummy Upsets (Gastroenteritis)

Most cases of gastroenteritis get better without specific treatment. If your child has vomiting or diarrhoea you should ensure that your child drinks plenty of fluids. If you are worried about your child or if there is blood in the diarrhoea, contact your doctor.

VTEC (Verotoxigenic E. coli) is a serious type of gastroenteritis that can result in complications such as kidney failure. To prevent spread of infection children who have VTEC are not allowed attend crèches or other childminding facilities until they are free of infection.

For more information see the VTEC factsheet on www.hpsc.ie

What are meningitis and septicaemia?

• Meningitis is an inflammation of the lining of the brain and spinal cord. There are two main types of meningitis: bacterial and viral
• Septicaemia is a blood poisoning from bacterial meningitis

What are the symptoms of meningitis or septicaemia?

You should be concerned if your child:
• Is irritable when you pick them up and has a high pitched or moaning cry
• Has a tense or bulging soft spot on their head
• Has a stiff neck
• Is not able to tolerate bright light
• Has a high temperature
• Has a seizure or fit
• Has a very bad headache
• Is vomiting or refusing to feed
• Has pale or bluish skin
• Has cold hands and feet and shivering
• Has stomach, joint or muscle pain
• Has a stiff body with jerking movements or a floppy lifeless body
• Has red, brown or purple pinprick rash marks or blotches on the skin. Use the glass tumbler test to check for a meningococcal septicaemia rash

Not every child has all these symptoms at one time. Symptoms can occur in any order. Septicaemia can occur with or without meningitis.

How do I do the glass tumbler test?

Press the bottom or side of a clear glass tumbler (a drinking glass) firmly against the rash. If the rash does not fade under the pressure of the glass tumbler, then your child may have a meningococcal septicaemia rash and you should get medical help at once. The rash can be harder to see on darker skin, so check on the palms of the hands or the soles of the feet.

• Trust your instincts. If you think your child is ill, get medical help at once
• For more information contact the Meningitis Research Foundation call the 24 hour helpline number is 1890 413 344 or www.meningitis.org
Your child’s physical development – posture and movement

The information in this section is a guide only. Children develop at their own pace. How you help your child through this time of growth and development has an impact on their later life.

At 2-3 years your child may:
- Walk up and down stairs with help
- Bend over and squat easily without falling
- Stand on one foot for 1-2 seconds with help
- Kick a ball forward
- Begin to walk on their tip toes
- Begin to pedal their tricycle
- Turn a rotating handle on a door to open it
- Build towers of 9-10 blocks using both hands but start to use one hand more often than the other
- Turn the pages of a book one at a time
- Pick up and thread large beads on a piece of string and
- Match the colour red with red and yellow with yellow

At 3-5 years your child may:
- Walk up and down the stairs one foot per step without help
- Walk heel to toe
- Walk around corners
- Walk along a straight line drawn on the ground
- Move forward and backward easily and quickly
- Throw a ball from shoulder level
- Catch a large bouncing ball most of the time
- Begin to hold a crayon with their thumb and finger instead of their fist
- Draw a person with 3-4 body parts such as a head, arms, body
- Roll, pound, squeeze and pull clay using their hands and
- Know the difference between more colours

At 4-5 years your child may:
- Jump forward several times without falling
- Stand on one foot for 10 seconds or more
- Hop and turn cartwheels
- Be able to skip
- Copy triangles and other shapes
- Draw a person with a full body
- Write some more capital letters
- Thread beads on to a string easily
- Drive pegs and shapes into holes
- Draw crosses and circles easily and
- Cut a straight line on paper with safety scissors
Your child’s growth and weight gain

Growth measurements check your child’s overall health and development. Normal growth is helped if your child has a healthy balanced diet and is emotionally secure. Other things, such as genes, health and sickness, can affect your child’s growth pattern.

What growth measurements will my child have between 2 and 5 years old?

As your young child grows, health professionals such as your public health nurse or family doctor monitor their growth. These checks include your child’s weight and height. The results of these growth checks are recorded on your child’s Personal Health Record where it is available. This record plots the growth of your child from birth onwards and shows if there are any changes in the average growth of your child. These checks take place either in:

- Your home
- Your local health centre
- Your doctors surgery

How much weight should my child gain between 2 and 5 years old?

On average, a child gains 2-3kgs (4.5 -6.5 lbs) each year until they reach puberty. Your child may gain weight slower or faster than this guide says they will.

Physical activity

Children under 5 should have at least 3 hours of physical activity spread throughout the day, building up to at least 1 hour of energetic play by 5 years of age. All activity counts - walking, running, dancing, hopping, skipping or cycling. Being active can help your child to have a healthy body, develop self confidence and improve learning and attention. Create safe places to play, play music and learn action songs together, dress for the weather and explore the outdoors, make time for play with other children and whenever possible, get where you’re going by walking or cycling.

How much will my child grow between 2 and 5 years old?

- On average, a child will grow between 4-6 cms (1.5 – 2.5 inches) each year until puberty
- Your child may grow slower or faster than this guide says they will
- If your child appears to be growing and developing normally, then weighing and measuring them twice a year is enough

What do I do if I notice something wrong with my child’s growth?

Your health professional will work closely with you to monitor your child’s growth. If you or your health professional is concerned about an area of growth, then your child may be measured every three months for a while. Your health professional might refer you to a specialist for further checks.

Your child’s eyes

What are some of the terms used when talking about my child’s eyes?

**Amblyopia** is also called lazy eye. It is poor vision in one or both eyes where normal eyesight did not develop during early childhood.

**Squint** is also called a cast or a turn. It means one eye looks in a different direction from the other. For example, one or both eyes can appear to be turning in (convergent), turning out (divergent) or turning upward (vertically displaced). As a result, one eye does not see as well as normal. Your child’s eye or eyes may show signs of a squint on and off or all the time. Children do not ‘grow out of’ a true squint. If you think your child has a squint, get professional advice.

**Visual acuity** is a test of how clearly and sharply your child can see. The test measures the smallest thing your child can see and focus on at a fixed distance. For example, in a test your child stands either 3 or 6 metres (10 or 20 feet) away from a vision screening chart. The smallest letters your child can see clearly are the limit of their visual sharpness. The visual acuity test is the most accurate way to measure your child’s vision and compare it to normal standards.
When and how are my child’s eyes checked?

Your child’s eyes are checked between 18 and 24 months and again between 3 and 4 years old. At these checks:

- Your child’s eyes are checked using a small torch
- Any concerns you have are taken into account

In junior infant class at primary school, a specialist school public health nurse or your local public health nurse checks your child’s eyes. At this check the nurse:

- Notes any concerns you wrote on the consent form that you have to sign
- Inspects your child’s eyes with a small torch
- Checks your child’s vision using a special chart with letters

Some children already wear glasses when they go to school. They are included in the vision screening programme by being checked with their glasses on.

What do I do if I notice something wrong with my child’s eyes?

Some eye conditions are treatable if they are identified early. If you notice something wrong with the appearance of your child’s eyes or with their vision or if you are concerned that there is a close family history of lazy eye or squint, contact:

- Your doctor
- The public health nurse
- The public health nurse who visits the school
- The community health doctor
- The hospital-based children’s doctor (paediatrician)

You can contact these services during your child’s pre-school years and when your child is in primary school. If there is a problem, they may refer you to the specialist community medical eye service (ophthalmology).

Your child’s hearing

When and how is my child’s hearing checked?

Your child’s hearing is checked between 18 and 24 months and again between 3 and 4 years. During the check, the nurse:

- Checks if your child’s speech and language is right for their age
- Notes any concerns that you have about your child’s speech or ability to respond, which could indicate hearing difficulties. For example, do they need to turn up the volume on the TV?

In junior infant class at primary school, a specialist school public health nurse or your local public health nurse checks your child’s ears and hearing. At this check, the nurse:

- Notes any concerns you wrote on the consent form that you have to sign
- Uses a small screening audiometer with headphones to test if your child can hear high and low pitched noises
- In some areas, a specialist school nurse looks into your child’s ears with an otoscope to check for wax or infection

What do I do if I notice something wrong with my child’s hearing?

As a parent, you are best placed to know if your child is hearing well for their age. You will know by how your child listens, talks and behaves compared to other children their age. So if you are concerned about your child’s hearing, contact:

- The public health nurse
- Your doctor or practice nurse
- The community health doctor
- The local children’s audiology services

You can contact these services during your child’s pre-school years and when your child is in primary school. If there is a problem, they may refer you to the children’s community audiology services specialist or to ear, nose and throat services for more investigation and treatment.
Your child’s speech and language development

Each child develops speech and language skills at their own pace. Be patient with your child as their speech develops. You will find that helping and encouraging them is a very rewarding experience that also helps to build on the loving relationship between you both.

A guide to your child’s speech and language development

By 2-3 years your child may:
- Use ‘I’, ‘me’ and ‘you’ a lot but not always correctly
- Use from 50-200 words and understand many more
- Put 2 or 3 words together such as ‘me do it’ or ‘you go shop?’
- Not be fully understood by strangers
- Say their own name, age and if they are a boy or a girl
- Point to common objects or pictures in books when you ask them to
- Understand what it means when something is on, in or under
- Tell you about events that happened to them that day and
- Be able to count to 10 if you teach them but have little real understanding of amounts bigger than 2 or 3

By about 3-4 years your child may:
- Know about 800-1200 words
- Have some 4-5 word sentences such as ‘the dog is running away’
- Repeat parts of words slowly or hesitate when they talk as if their rate of speaking is slower than the rate they are thinking
- Have some errors in their grammar such as ‘I runned to the shop’
- Speak clearly enough for strangers to understand most of the time
- Understand sentences that involve the use of time such as ‘Daddy will be home tomorrow’
- Be able to follow basic instructions
- Be able to chat with you for a minute or two without being distracted by things around them
- Talk out loud to themselves as part of pretend play and
- Know different colours by name

By about 4-5 years your child may:
- Use the words who, what, where, when and why a lot
- Use words like can, might and should
- Use future tense such as ‘I will go’
- Understand that things happen in order such as ‘First we get into the car, then we put on our seatbelts’
- Like to talk about their friends to you and other people
- Be able to learn and remember simple lines of poems
- Sing songs fluently
- Say their own name and address
- Retell a story, even if some bits are not very accurate
- Understand the difference between loud, louder and loudest noises
- Be able to listen to a long story without being distracted
How can I help my child learn to speak and understand language?

• Let your child help you with everyday things. Explain to them what you are doing and why. Give them simple instructions. Thank them for their help so they feel appreciated.

• You can help your child to understand and follow simple instructions by playing games such as ‘Simon says’

• Talk to and listen to your child. For example, ask them about their morning in preschool and listen closely as they tell you about their day

• Start with a comment instead of a question. A comment invites your child to answer with more than just ‘yes’ or ‘no’. For example, instead of asking, “Is that a sand castle?”, say, “I see you are building a lovely sand castle. Tell me about it.”

• Read to your child. Encourage them to pick out the letters and say them back to you

• As you read to your child, ask questions that will help their imagination. For example, before you turn the page of a book that you are reading say, “I wonder what will happen next?” Wait for your child to reply and listen as they give a reply. Repeat what they said, then turn the page. Praise them for their ideas

• Get your child to use different things to draw and write, such as markers, pens, pencils, chalk, crayons and a stick in wet sand. Ask them to talk about that they did

• When another adult speaks to your child, don’t answer back for them. Allow your child to hear what the other person said. If necessary, repeat the question to your child. Then let them answer. Your child feels important because they are asked their opinion

What do I do if I notice something wrong with my child’s speech or language?

While most children develop without any difficulty, problems can occur. Difficulties may be just with speech and language. But they may also be linked to hearing, emotional, physical or learning issues. If you are concerned about your child’s speech or language or your child cannot do most of the things on the list for their age, contact:

• The local public health nurse
• Your doctor

They may refer you to a speech and language therapist, or other specialist services.

• You can also contact your local speech and language therapy department for further information

Your child’s social, emotional and behavioural development

Children’s social, emotional and behavioural development is very important so that they can grow to be confident, assured and secure. When you help your child, you also improve the caring relationship between you both.

What should I expect in my child’s social, emotional and behavioural development?

By the end of 3 years your child may:

• Show a wide range of emotions, such as laughing with joy or crying with sadness, and try to deal with their own emotions
• Experience rapid mood shifts and show increased fear of things like the dark or heights
• Show awareness of their own feelings and other children’s feelings
• Be very affectionate towards you and younger siblings
• Be assertive about what they want and say ‘no’ often
• Defend their own possessions
• Identify themselves by saying “baby” or their own name
• Be aware of the difference between a boy and a girl
• Watch other children play and briefly join in
• Wait their turn in games with other children
• Pick out things they recognise in a picture book
• Stack rings by their size on a peg
• Blow bubbles and poke their finger at them to pop them
• Eat with a fork, spoon and sometimes a table knife
• Dress and undress themselves with some help
• Begin to play house and other role-play and pretend games
• Like helping you with chores such as gardening or washing up
By the end of 4 years your child may:

• Begin to find solutions to problems and conflicts
• Get more independent and want to do more things by themselves
• See themselves as a whole person with a body, mind and feelings
• Not always be able to tell the difference between fantasy and reality
• Enjoy jokes and show their sense of humour
• Imagine that many unfamiliar images may be monsters
• Seek information by asking ‘why’ and ‘how’ questions a lot
• Be more aware of past and present
• Draw and explain the pictures that they draw
• Be able to match colours and sizes
• Share their toys with other children
• Play with something for between 5 and 15 minutes without becoming distracted
• Play at being mam or dad
• Be increasingly inventive in their pretend play, such as pretending to be animals
• Brush their teeth with you close by to supervise them
• Wash and dry their hands without help and blow their nose when you remind them

By the end of 5 years your child may:

• Sometimes be demanding and at other times be very cooperative with you
• Be able to distinguish between fantasy and reality
• Choose their own friends
• Compare themselves with others and want to be like their friends
• Want to please their friends or comfort a friend who is upset
• Show more interest in the difference between girls and boys
• Be more likely to agree to rules and understand orders
• Show more independence in what they do by themselves
• Be able to tell you where they live
• Like to dance, sing and act
• Mimic the way you stand or the way you speak
• Enjoy pretend play, like dressing up
How can I help my child’s emotional, social and behavioural development?

- Love your child without expecting anything in return. Give them plenty of cuddles and kisses.

- Encourage your child at every opportunity and reward them for their efforts with words and cuddles. Be specific when you encourage them. For example, instead of saying “You are a great boy,” say, “James, you gave Andrea a toy, you are a great boy for sharing with your little sister.”

- Praise your child, not just for doing something, but for trying to do it. Praise them in front of other people so that your child sees how proud you are of them.

- Teach your child rules and limits. Set guidelines for acceptable behaviour so that they recognize what is acceptable and what is not. Reduce the number of demands you place on your child. They become confused if there are several instructions at the same time. Give gentle reminders about how you expect them to behave.

- Look out for their physical care. Make sure your child is warm. Give them regular healthy, balanced meals. Keep them safe from harm and give them plenty of undisturbed rest.

- Keep to a routine. Children feel more secure if things happen at roughly the same time each day. If you need to change anything, explain why so your child doesn’t feel upset.

- Make sure your child is stimulated. Make things interesting and exciting for your child so they want to think, explore things and learn about the world around them.

- Offer choice. Let your child choose what book you will read to them. Or offer your child the choice of doing what you ask and the result of not doing so. For example, say, “Put on your coat or you can’t go outside to play,” or “If you don’t go to bed now, there won’t be time for a short story.”

- Build trust and independence. As your child grows, it is important to show them you trust their behaviour. They will feel valued and they develop their sense of independence and self-confidence. For example, if your child is going to a friend’s house to play, try not to give them a list of reminders, such as “Wipe your feet at the door,” or “Thank your friend’s parents when you leave.” If you teach these things to your child all along, you can trust them to take charge of themselves. They will behave well when they are in the company of others.

- Respect your child. All children deserve to be treated with courtesy and dignity, just like adults. Your child learns respect from what you do. For example, suppose you correct your child for doing something naughty. Later, you find out that you were wrong. You can show them the correct way to behave by saying that you were wrong and you are sorry. They may even forgive you by giving you a hug as a reward.

- Understand your child’s feelings. We show our emotions in the tone of our voices and the looks on our faces. You can help your child understand their feelings and show yours by smiling back at your child when they smile at you. Or put on a sad face and speak to them in a sad tone of voice while you wash and bandage their sore finger. This shows them you feel for them and want to help and comfort them.

How can I guide my child’s behavioural development?

As a parent, you want the best for your child. You want to teach them about good behaviour and give them direction by setting limits on what is acceptable behaviour for their age.

Setting limits is not a punishment. It is about teaching your child what is right and wrong in ways that are suitable for their age. Getting the balance right is not easy. As a parent, you are not expected to have all the answers. Parenting is a time of learning for both of you.

- Guide your child in what you want them to do. For example, don’t say, “No, stop that” if your child causes a mess while trying to help you. Encourage them by saying, “Well done Andrea, now let’s try to do it like this” as you help them do the task the way you want it done.

- The time and attention you give your child acts as a reward to them, but some children may misbehave to get more of your undivided attention. Pay attention to your child’s good behaviour and not their misbehaviour. For example, say, “Andrea, that’s a lovely picture you are drawing. It is very colourful,” which rewards their good behaviour and lets them know you are interested in what they are doing.
• If your child sees you being kind and helpful to other children and grown ups, they will learn from you. But if you are often angry and shout, your child will think this is the normal way to act. They will copy you when they talk to their friends.

• Try to keep the ‘do not’ for actual rules and not for daily events. Instead of saying, ‘Do not interrupt while I am talking,’ remember there are times when you are glad that your child interrupts. For example, they might need to go to the toilet. It is better to say, ‘Please wait a minute until daddy and I have finished speaking. Then you can talk.’

• Do not use negative words if your child makes a mistake, as you can affect their self-esteem. For example, if your child spills a cup of milk on the floor, don’t say, “You silly boy, now look what you have done.” Instead, say, “It was an accident. Now please get a cloth and I will help you clean it up.”

How can I encourage my child to share?

• Play games with your child where they must wait to take their turn, such as playing on a swing.
• Colour pictures with your child and share a packet of crayons. They have to wait to use a colour if you are already using it.
• Remind them to say ‘please’ if they want something. Praise your child for asking nicely and waiting their turn.
• Play board games like snakes and ladders. Your child learns that they may not always win, but they can enjoy taking part in a group-based game. They also see other children or adults win or lose without getting upset.
• Support your child in trying to solve a problem or conflict themselves. Keep an eye on your child. If they are about to grab a toy from another child, squat down beside them and ask them what the problem is. Ask what happened and repeat it so you are sure you understand it from their point of view. Ask them for their ideas on a solution to the problem. Choose a practical solution together.

What can I do if my child will not do what I tell them to do?

Think about how you can get your child to co-operate with you instead of making them obey.

• If you say, “Do as I tell you and don’t argue,” then you are forcing obedience. There is no meaningful communication and learning between you both. What you can say instead is, “Andrea, you have 5 more minutes to play with your toys. Then you have to go to bed, as it’s getting late.” Your child gets some time to finish the game they are playing and will respect you for allowing them space to do so. Naturally, your child must be at an age that they can listen to and understand what you are saying and why.

• Check that your child is ready for bed after the 5 minutes and tuck them into bed. Remember that your child needs your good and consistent example. They will push the boundaries of what is acceptable behaviour as wide as you allow them.

• Generally, a child will co-operate if you ask them to. If they do not, it is better to stay calm and show your child that it is not the appropriate way to act. For example, you ask your child not to touch a letter you have ready to post. But your child scribbles all over it with a crayon. If no harm came to anyone, you can prevent an attention-seeking argument by ignoring the action. Instead, you can say, “James, imagine scribbling on my letter, you must be in a mood for drawing. Here are some more colours and paper for you while I get a new envelope for my letter.” Your child learns that they cannot provoke you easily. Your calm response distracts them from uncooperative behaviour.

If you are faced with misbehaviour that you cannot overlook and your child does not respond to positive parenting techniques, you can discipline them. Use these techniques alongside the positive approaches above.

You may need a number of different responses and solutions to help your child if they misbehave. One of these responses is ‘time out’.

What is time out?

Time out is a way to take a misbehaving child out of a stressful situation for a short time. It does not replace encouragement and cuddles. You and your child get a chance to calm down before they rejoin others. It is important that your child knows that it is their misbehaviour that is being corrected and not them as a person.

Who is time out for?

For time out to work, your child must be able to know:

• What they did wrong in the first place
• What they should have done instead
• What they must do now to put it right
Your child’s sexual development

It is important to start talking to young children in an age-appropriate way about their sexual development. Build on these early discussions as they get older.

Can I have time out too?

If you are feeling stressed, angry or upset, you can also take some quiet time out. Get someone else to mind your child while you leave the situation to calm down. Return to your child when you are in a more positive frame of mind.

For more advice about coping with your child’s developing behaviour, contact:
- Your community child psychologist
- Your public health nurse
- Your practice nurse
- Your doctor

You can also phone Parentline on 1890 927 277.

There are also web sites and references at the back of this information booklet. They will help you learn more about your child’s social, emotional and behavioural development during the toddler and pre-school stages.

Time out is not useful if your child:
- Is under 3 years old and does not understand why they are being disciplined
- Has special needs and is unable to co-operate with you in spending time alone

When should I use a time out?
- Your child needs to be very clear on what behaviour will lead to time out. Some examples are hitting, biting or throwing things even after you ask them to stop
- It is important that both parents or carers stick to the small list of misbehaviours that your child knows will lead to time out
- Do not use time out for other behaviours in the heat of the moment
- Identify a safe quiet place for your child to sit where there are no distractions. Good places are a chair or beanbag by the wall or on the bottom step of the stairs. You can see your child and be near them and they are still near you
- Explain to your child that you are doing this as a way for both of you to get on better together when they come out

Steps for successful time out
- Give your child a warning that you are not pleased with their current behaviour. Use a firm but calm tone of voice. For example, say, “If you throw that block again, you will have to take time out.”
- If their misbehaviour persists, bring them to the time out chair, beanbag or stair step in a calm firm manner. Do not argue with your child
- If they come out of the time-out area and want to re-join the play, place them back in the time-out area, provided they will be safe. After the few timed minutes, allow your calmer child to rejoin the group again. The quiet time should usually last 1 minute for each year of age
- At the end of time out, reward your child. Show your approval of their changed behaviour by cuddling them and giving them your full attention again
- Do not start nagging your child about their previous misbehaviour. Simply try to return to positive attention. To distract them, say, “Do you want to go and play now?”
- If your child refuses to go to time out, you can add something like, “If you don’t go to time out now we will not go to your friend’s house later.” If your child still refuses to go to time out, do not use it to correct their misbehaviour this time, and do not go to their friend’s house either

<table>
<thead>
<tr>
<th>Child’s age:</th>
<th>Your child may:</th>
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| From 2-3 years | • Still be trying to work out how parts of their body are connected to the rest of them  
• Be trying to figure out how their body works |
| From 3-5 years | • Be modest about their body  
• Like being naked  
• Be interested in looking at their own body and at other children’s bodies  
• Be interested in their parents’ bodies and how they differ from their own  
• Ask you about the different parts of your own body and want to touch them  
• Want to know where babies come from  
• Like touching their own private parts when they are upset or tense or as a comfort when they are going to sleep |
Why should I talk to my young child about their sexual development?

Children will learn about their sexual development if you want them to or not. This is because sex is everywhere around us: in newspapers, magazines and on TV. As a parent, you’re in a good position to talk about sex and development at a time, that is right for you and your child.

How do I talk to my child about sex from birth to 3 years old?

• Your baby or young child learns their first lessons from being cuddled by you. So it’s important to show love to them with hugs and kisses. Your baby or young child also learns about things through touch, including touching their own bodies. By accepting these explorations, you will show them that their body is normal. If you scold them for touching themselves, they will start to feel something is wrong with that part of their body.

• Your baby or young child thinks that whatever happens in their family must be the right way of doing things. So don’t be afraid to kiss and hug your partner in front of your children if you want to.

How do I talk to my child about sex from 3 to 5 years old?

• By this age your child is aware and curious about the differences between the sexes.
• They may peek under each other’s clothing and like to play mammy and daddy.
• The questions they often ask at this age include, “Where do babies come from?” and “Can daddy have babies too?” You can reply by asking them a question such as “Where do you think babies come from?” This way you find out what they already know. A short and truthful answer is all you need.
• Talk about babies and bodies in a language and at a level that they can understand, for example how Mammys’ bodies change when they are expecting a baby; how Mammys’ breasts make milk to feed the new baby.
• You can use picture books about the body to help you discuss the subject. Reading your children stories often helps them talk about different feelings and relationships.
• Many children have a natural curiosity about their bodies. They may show their curiosity as part of their overall playtime. For example, they may play doctors and nurses to explore their own and other young children’s bodies in a safe way.

Use everyday situations to start a conversation about sex and relationships. Topics on TV programmes are also a good opportunity to start the chat. Or, talk when you’re tidying up around the house so your child feels that sex and development is a normal part of family life.

How can I support my child as they learn about their bodies?

• Think before you say anything so you don’t make your child feel ashamed. For example, if you say “No” or “That’s dirty” in a cross way if you see your young child touch their genitals, your child thinks that touching and exploring their own body is bad.
• Tell your child that any touching they may do needs to be done in a private place.
• Try to work out if anything might be worrying your child. You must also be alert to times when your child may be exposed to harm.
• Encourage your child to tell you if they feel uncomfortable or unsafe in any situation or with any person. Always believe your child and seek help if you are concerned.

For more information and support on your child’s sexual development, contact:

• Your doctor
• Your local child psychology
• The local health promotion unit
When is the health check? Usually between 3 and 4 years.

Where does it take place?
- Your local health centre
- In your own home

What happens at this health check?
Your public health nurse:
- Weighs your child and measures their height
- Checks that your child is developing as expected
- Checks your child’s hearing and eyes
- Discusses your child’s and family’s health, nutrition, safety issues and concerns with you and your partner
- Checks your child’s teeth and oral hygiene

4 - 5 years (junior infants)

- In school

Your specialist school public health nurse or your local public health nurse carefully reads the detailed consent form you sign before the check. The form has questions about your child’s general health
Your school nurse also checks your child’s hearing and eyes and sees whether they are developing as expected.

What signs may suggest that my child is not developing as expected?
This list is only a guide to possible problems with your child’s development. If you are concerned that your child is not developing, contact your health professionals. They can study your child’s behaviour and development to make sure your child is ok. They also provide you and your family with support, developmental guidance and referrals if you need them.

Signs to alert you to possible problems with your child’s development

My 3 year old:
- Falls a lot and has difficulty climbing stairs
- Is constantly drooling or has very unclear speech
- Does not get involved in pretend play
- Does not understand simple instructions
- Cannot copy a circle
- Has little interest in other children
- Has extreme difficulty separating from me
- Makes poor eye contact with me and others
- Has very limited interest in toys
- Cannot build a tower of more than 4 blocks
- Has no interest in being toilet trained or dressing themselves

My 4 year old:
- Cannot throw a ball from shoulder level
- Cannot ride a tricycle
- Cannot grasp a crayon between their thumb and fingers
- Has difficulty scribbling
- Cannot stack 4 blocks
- Doesn’t use sentences of more than 3 words
- Doesn’t use ‘me’ and ‘you’ correctly
- Still clings or cries when you leave them or their carer leaves
- Shows no interest in games with others
- Doesn’t respond to people outside the family
- Doesn’t engage in pretend play
- Cannot copy a circle
- Lashes out without any self control when they are angry or upset

My 5 year old:
- Acts very fearfully or timidly, or aggressively
- Is unable to separate from me without a major protest
- Is easily distracted and unable to concentrate on any single activity for more than 5 minutes
- Shows little interest in playing with other children
- Seems unhappy or sad much of the time
- Has trouble eating, sleeping or using the toilet
- Cannot understand a two-part command such as “put the doll in the bed and cover it with blankets”
- Cannot correctly give their first and last name
- Doesn’t talk about their daily activities
- Cannot build a tower of 6-8 blocks, has trouble taking off their clothes
- Cannot wash and dry their hands

If you or your specialist school public health nurse are concerned about any part of any health check, your child may be sent for a further check, or they may be sent to a specialist.
Your child with special needs

Children with special needs and long-term illnesses need care and nurturing from the range of services available. As a parent, you have many difficult choices to make to do the best for your child and your family.

It is not possible to discuss the wide range of special needs and services available here. For further information and supports for your child and family contact:

- Your public health nurse
- The area medical officer (community health doctor)
- The disability service department in your health service executive region
- Your doctor
- Your family resource centre
- The citizens information centre

A range of web sites listed in section 10 of this booklet offer further information about children with special needs and the supports that are available.

Developmental disorders

Children with developmental disorders benefit from early treatment. Here are brief descriptions of two disorders that benefit from early identification and management.

What is Attention Deficit Hyperactivity Disorder (ADHD)?

ADHD (Attention Deficit Hyperactivity Disorder) is a disorder where a child has difficulty concentrating and paying attention and is often hyperactive. It can affect their learning. Other childhood problems can present as ADHD but often turn out to be something different. It is very important to get early assessment and treatment if you are concerned about your child.

<table>
<thead>
<tr>
<th>ADHD TYPE</th>
<th>Signs of ADHD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainly inattentive</td>
<td>A child may find it hard to:</td>
</tr>
<tr>
<td></td>
<td>• Set up or finish a task</td>
</tr>
<tr>
<td></td>
<td>• Pay attention to small details</td>
</tr>
<tr>
<td></td>
<td>• Concentrate</td>
</tr>
<tr>
<td></td>
<td>• Follow through on instructions</td>
</tr>
<tr>
<td></td>
<td>• Hold a conversation for a while</td>
</tr>
<tr>
<td>Mainly hyperactive - impulsive</td>
<td>• Your child can’t stay quiet. They fidget and talk a lot or speak out at inappropriate times</td>
</tr>
<tr>
<td></td>
<td>• Your child can’t sit for a long time. They may run, jump and climb a lot, grab things and be on the go all the time</td>
</tr>
<tr>
<td></td>
<td>• Your child can’t keep calm. They may feel restless and impulsive and interrupt others a lot</td>
</tr>
<tr>
<td></td>
<td>• They won’t wait their turn or listen to directions</td>
</tr>
</tbody>
</table>

A child with this type of ADHD may have more accidents and injuries than others because of the impulsive nature of the condition.

Combined Type

• Your child shows symptoms of the two types listed above
What services are available to help my child with ADHD?

<table>
<thead>
<tr>
<th>What treatments are available for ADHD</th>
<th>Who provides the service?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Treatment may be through behavioural therapies where your child and your family work with trained professionals</td>
<td>• Your doctor may advise you</td>
</tr>
<tr>
<td>• Medical therapies</td>
<td>• A specialist paediatric doctor</td>
</tr>
<tr>
<td>• Combined treatment with both medical and behavioural therapies</td>
<td>• Your child and family psychology department</td>
</tr>
<tr>
<td></td>
<td>• Your disability services department</td>
</tr>
<tr>
<td></td>
<td>• An early intervention or pre-school development team</td>
</tr>
<tr>
<td></td>
<td>• Not all children with hyperactivity or attention problems actually have ADHD or ADD (Attention Deficit Disorder). Your family doctor or psychology department can refer you to the child psychiatry team if needed. This team provides a service to children with ADHD or ADD</td>
</tr>
</tbody>
</table>

What is Autistic Spectrum Disorder (ASD)?

ASD (Autistic Spectrum Disorder) is a lifelong pervasive developmental disorder that affects the way your child sees and interacts with the world around them.

What types of ASD are there?

ASD is a range of disorders that affects each child differently. ASD ranges from a severe form, called autism, to a mild form, called Asperger syndrome. The main characteristics of a child with ASD include:

- Impaired verbal and non-verbal communication skills
- Problems with social interactions
- A pattern of repetitive behaviour
- Restricted patterns of interests

What are the common signs of possible ASD?

Your child:

- does not babble by the age of 1 or speak by 16 months
- does not combine two words by the age of 2
- speaks but may repeat a word they heard several times
- does not respond to their name
- loses the language or social skills that they already had
- makes poor eye contact
- resists or does not respond to cuddles and kisses
- focuses intently on one item for a long time
- is silent, withdrawn and does not smile
- shows anxiety
- rocks their body repetitively
- is unusually attached to certain things
- has spontaneous tantrums and outbursts of aggression if they are overwhelmed; can’t verbally express their needs
- appears insensitive to pain
- relies on rituals and set routines such as lining up toys or other objects

If your child shows some of the signs above it may not mean that they have ASD. What is important is to seek advice without delay.
What services are available to help my child with ASD?

<table>
<thead>
<tr>
<th>What services are available for ASD?</th>
<th>Who supplies the service?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Behavioural therapies where your child and your family work with trained professionals</td>
<td>• Your doctor</td>
</tr>
<tr>
<td>• Combined interventions with behavioural therapy and community support can be helpful. Combined treatment for ASD works best in understanding each child’s needs</td>
<td>• A specialist paediatric doctor</td>
</tr>
<tr>
<td>• Parenting training can also help you cope with the challenges of raising your child with ASD</td>
<td>• Your child and family psychology department</td>
</tr>
<tr>
<td></td>
<td>• Speech and language services</td>
</tr>
<tr>
<td></td>
<td>• Occupational therapy services</td>
</tr>
<tr>
<td></td>
<td>• Educational support services</td>
</tr>
<tr>
<td></td>
<td>• Your disability services department</td>
</tr>
<tr>
<td></td>
<td>• An early intervention or pre-school development team In a small number of cases a psychiatric opinion may be needed. Your doctor will refer you on, if needed</td>
</tr>
</tbody>
</table>

What do I do if I am worried that my child is showing signs of ADHD or ASD?

Identifying your child with ADHD or ASD early on may help them improve. Research shows that parents are usually correct about noticing developmental problems. If you are concerned that your child may show symptoms of ADHD or ASD, or you just want more information, contact the people listed above.

• A range of web sites listed in section 10 of this booklet offers further information on ADHD and ASD
Play is important for children because it is how they learn and develop. Play is a child’s work. Playing with your child can help you build a close and satisfying relationship with them. As a busy parent, you may need to plan playtime with your child so as not to miss out on it. The play session doesn’t have to be long to be useful. Children are surrounded by electronic devices; take the time to encourage your child to play with traditional, slower paced toys and games to build their concentration levels. Model this by playing board games or going on nature walks and pointing things out.

- Your child learns to build play with you into their daily routine and they look forward to this
- With children up to 6 years old, a short session of 15 minutes can make a difference to their lives
- Set aside play time just after dinner or before bedtime
- Even if your child has misbehaved during the day, have uninterrupted playtime with them

**How does play help my child grow and develop?**

<table>
<thead>
<tr>
<th>Development</th>
<th>What does my child learn to do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>2-5 years: Play releases your child’s need for physical activity</td>
</tr>
<tr>
<td></td>
<td>2-3 years: Your child uses their imagination. For example, they might drink tea out of a pretend cup</td>
</tr>
<tr>
<td></td>
<td>3-5 years: Your child’s thinking skills develop. They start to count toys with the numbers 1, 2 and 3. They know the differences in sizes like big and small</td>
</tr>
<tr>
<td>Intellectual</td>
<td>2-3 years: Their sense of their own independence increases as they begin to enjoy making friends more</td>
</tr>
<tr>
<td></td>
<td>3-5 years: They begin to develop a separate identity</td>
</tr>
<tr>
<td></td>
<td>They begin to learn how to get along with other children</td>
</tr>
<tr>
<td></td>
<td>They begin to use language to say they want something instead of using behaviours such as crying</td>
</tr>
<tr>
<td></td>
<td>Play with their friends becomes important. They play games such as shopkeeper or doctors and nurses with their toys</td>
</tr>
<tr>
<td></td>
<td>They also play games together, for example running after one another</td>
</tr>
</tbody>
</table>

**What does my child learn to do?**

<table>
<thead>
<tr>
<th>Development</th>
<th>2-3 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional and Behaviour</td>
<td>The outbursts of anger and temper tantrums lessen as your child learns to communicate in other ways</td>
</tr>
<tr>
<td></td>
<td>They develop the ability to show empathy and care for others</td>
</tr>
<tr>
<td>Social</td>
<td>2-3 years</td>
</tr>
<tr>
<td></td>
<td>Their sense of their own independence increases as they begin to enjoy making friends more</td>
</tr>
<tr>
<td></td>
<td>Playing with toys prepares them for tasks such as caring for others</td>
</tr>
<tr>
<td></td>
<td>3-5 years</td>
</tr>
<tr>
<td></td>
<td>They begin to develop a separate identity</td>
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<tr>
<td></td>
<td>They also play games together, for example running after one another</td>
</tr>
</tbody>
</table>
How does my child respond and learn?

• Your child develops confidence, as they are allowed to take charge and make decisions.

• This encourages your child to solve problems. They can find out for themselves where the jigsaw fits or what things match each other. You can help them if they need it.

• Your child enjoys mixing and playing with other small children.

• As well as stretching and using up energy, singing and moving about teaches your child to remember words and do the matching action at the right time, such as touching their toes.

• Your child loves you chasing them or finding them when they hide and squeals in delight.

• You and your child will benefit from the physical activity and you encourage them to stretch and move about.

• This does not cost any money and it gives your child a range of learning opportunities. For example, your child learns about nature and how things grow and live.

• Your child will enjoy stretching or moulding with the dough or the feel of wet sand and learn that it is good to get dirty.

How can I help my child learn and develop?

• Get down to your child’s level and ask them what they want to do.

• Do jigsaws and play matching games with them.

• Have your child’s friends around to play.

• Teach your child actions that go with songs or rhymes such as ‘Head, shoulders, knees and toes’ or ‘Ring a ring a rosie’.

• Play chase or hide and seek with your child.

• Play ball games or skipping and hopping games with your child. Make obstacle courses that they have to crawl under.

• Go for a walk in a park or field with your child if you can. Bring the buggy (pushchair) for the journey home, as your toddler will become tired after a while.

• Play with your child using play dough or sand and water.

Developing through play

• They enjoy pretending and using their imagination to add rooms in the castle, or waves out at sea. Their communication and language skills develop as they explain what they are doing and what they ‘see’ around them.

• Your child learns to use their imagination and gets exercise as they move about.

• Audio books are useful as they develop your child’s listening skills and encourages their imagination.

• Your child will love to hear the sound of their own voices on the tape.

• Your child will be delighted to learn more about their mam or dad when they were small and cute.

• Your child learns about different foods and how to make them. They also enjoy being praised for their tasty work.

• They enjoy helping you out, even if your furniture may not end up very clean looking. It’s the joy in taking part that is the reward and not the end result.

• They like the chance of winding up the game instead of stopping suddenly.

• They feel pleased when they are capable of tidying up and you praise them.

• This develops their speaking, listening and thinking skills.
Playing with toys and household things

A mixture of toys and everyday household items encourages your child’s development. Try not to differentiate between boy toys and girl toys. Instead, offer whatever playthings you think your child will enjoy.

What toys and household things can I give my child to play with?

• Sand, plastic jugs and cups, sieves, and a large basin of water for messy play
• Sponges to squeeze, bubbles to blow and plastic
• Toys to wash while your child is having a bath
• Buckets and plastic spades to dig holes in the sand; plastic cars, cups, or dolls to hide in the holes they dig
• Dress-up clothes such as old hats and scarves, shirts or colourful dresses, Wellington boots, slippers and gloves, a doctor’s white coat and bag, or a batman’s cape
• A tricycle, or a small bicycle with side stabilisers, or a scooter to move about on.
• Big and small balls to bounce, kick and roll on the floor
• A little kitchen area with empty food packets, plastic cups, a pretend cooker, a real rolling pin and a wooden spoon
• A workbench with a plastic hammer, toy tool set and hardhat to wear while your child fixes things
• Colourful storybooks with stories about people from different cultures
• Books about things that happen around them such as getting a new baby, going into hospital or starting school
• Non-toxic paint and colourful crayons to help create shapes and figures
• Stencil patterns so your child can draw and discover different shapes and how to create them
• Finger paints so they can use their fingers to feel the textures of the paint on the page
• Let them stick the picture they drew onto the fridge door using a magnet so everyone can see their lovely art
• A window box or a small area in the garden where your child can dig the soil and grow flowers from bulbs or seeds

Check that all toys and items are safe and the right size for your child to play with. Check for the CE mark (Safety Symbol). Throw out broken toys.

Long trips can be the cause of boredom and misbehaviour. Prepare by planning for story-telling, songs, spy games and have toys and snacks available.
Keeping Your Child Safe

In Your Home
- To prevent scalds keep all hot drinks away from children
- Keep all chemicals, sprays and medicines out of the reach of small children
- Guard open fires and heaters
- Use stair gates
- Keep all electrical items and flexes out of reach of children
- Use cupboard safety locks and restrictors to prevent windows opening
- Have a first aid kit in the house

Outside Your Home
- Cover the ground beneath play equipment with sand, rubber mats or bark chipping to cushion the impact of any fall
- Do not allow your child in the garden while someone is using a lawn mower. Your child can fall under the mower and get hurt. Any stones thrown from the moving blades can severely injure an eye
- Tell your child to stay on the inside of the footpath away from the road. This keeps them safer from cars on the road
- Teach your child road safety
- Teach your child to stay away from young or unfamiliar animals such as dogs or cats. If your child goes near an animal, make sure that the animal is safe to be around your child. Get your child to wash their hands after playing with the animal
- Know how to reduce the risk of illness passing from animals to humans. Follow careful hand hygiene practices yourself and teach children the importance of careful and regular handwashing
- In your car, do not let your child play with the electrical car window button, even if the engine is not turned on. They may accidentally press the button, close the window, and catch their head or arm in it
- Practice water safety. Teach your child to swim. Join your local swimming pool and go to the parent and toddler sessions

On the Farm
- Supervise children on the farm at all times.
- Never allow a child into a farmyard unless supervised by an adult.
- Talk to children about safety on the farm - make them aware of the dangers and set the rules.

Fire safety in your home
For detailed information on Fire Safety read the booklet Fire Safety for your Home, available in the publications section of www.healthpromotion.ie
This booklet gives information on Fire Safety in your home, including
- How to install working smoke alarms
- Making a fire escape plan and practicing it often.
- Checking for fire dangers in each room of your home and correcting them
- Carrying out ‘a last thing at night’ routine, to check fire risks in each room of your house
You want to protect your child and family from the risk of an accidental fire in your home.

What do I do if there is a fire in my home?
If there is a fire:
- get everyone out
- phone 999 or 112 for the fire brigade
- stay out of your home until the fire service tells you it is safe
For more information on fire safety contact your local Fire Station.
What do I do if my child gets a burn or scald?

- Cool and clean the burned or scalded area immediately - run cool or luke warm water over the burn for at least 15 minutes
- If possible, remove tight clothing and jewellery as burnt skin can swell. But, do not remove anything which has become stuck to the skin
- Do not place any ice, fats, ointments or creams on the burn
- Do not place adhesive (sticky) dressings or plasters on the burn
- Cover the wound - use a clean non-fluffy cloth or clean cling-film. A clean plastic bag may also be used if the burn is on the hand
- Take the child to hospital immediately unless the injury is very minor

For more information and advice see www.hse.ie/childsafety

Teaching safety without scaring your child

How can I teach safety without scaring my child?

If you tell your child not to talk to strangers, you might confuse or frighten them. They don’t know who you really mean because you may also be encouraging your child to be polite to new people they meet when they are out with you. For example, a new parent at the pre-school or a shopkeeper are all strangers when we first meet them, but you want your child to be polite and friendly to them.

Instead, teach your child that they must never go off on their own, or off with somebody, until they tell you about it. If someone else is minding them, your child needs to know that they should tell their minder what is happening. Here are some examples.

- Your child is playing on the slide in the park. They want to move to a slide that is further away. Your child should come back and check with you before they move. Then you know where they are at all times
- Your child is playing with their good friend from next door. Their friend’s daddy wants to bring them both to the local shop for some snacks. They should come back and check with you. You can then decide if it is all right for them to go or not

This rule does not stop your child from becoming more independent as they grow. Instead, it helps to keep them safe. Your child will learn not to trust anybody who tries to lure them into a car or anybody who wants to walk away with them.

Travelling in the car with your child

What are the types of car seats for my child’s weight and age?

<table>
<thead>
<tr>
<th>Type of child car seat:</th>
<th>Your child’s weight:</th>
<th>Your child’s age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group 1: Forward-facing child seat</td>
<td>9-18 kgs (20-40 lbs.)</td>
<td>9 months-4 years</td>
</tr>
<tr>
<td>Group 2: Booster seat</td>
<td>15-25 kgs (33-55 lbs.)</td>
<td>about 4-6 years</td>
</tr>
<tr>
<td>Group 3: Booster cushion</td>
<td>22-36 kgs (48-79 lbs.)</td>
<td>about 6-11/12 years</td>
</tr>
</tbody>
</table>

For more information about keeping your child safe in the car, read the booklet or watch the DVD on ‘Child Safety in Cars’. This booklet and DVD gives useful information on:

- Types of child seats
- Fitting and using child seats
- Buying a child seat and
- Unattended children in a car

Contact the Road Safety Authority for copies www.rsa.ie
In Caring for Your Child: Six Months to Two Years Old we discussed

• Childminding arrangements
• Babysitting arrangements

For information on these topics read section 8 or see www.hse.ie/caringforyourbaby

What is a parent and toddler group?
A parent and toddler group (or carer and toddler group) is an informal meeting where adults and their small children can chat and socialise. In a parent and toddler group there may be trained staff present if it is run by a support group such as the community mothers programme. Otherwise, you are entirely responsible for caring for your child.

• You can meet other adults who have children of similar age
• You can get parenting tips and information on local supports from the other parents
• Children benefit from attending a parent and toddler group because it gives them a chance to mix with other children of similar age. There are toys and things that will occupy them
• Groups often meet in a local community centre or other central meeting point. Before you join the group, check that the meeting place has insurance in case of an accident
• Be ready to help out in organising the group so that it is enjoyable for your child and you

You can also visit friends who have toddlers or meet them for a walk, or at the park. Meetings like this let your child get used to mixing and playing with other children.

Pre-school services
What do the words ‘pre-school child’ and ‘pre-school service’ mean?

• A pre-school child is a child who is under six years old and who does not yet attend a national school or a school that uses an educational programme similar to the programme in a national school
• A pre-school service means any pre-school, play group, day nursery, crèche, day-care, or other similar service that caters for pre-school children

When is my child ready to go to pre-school?
Your child may be ready to attend a pre-school at about 3 years old.

How do I choose a good pre-school service for my child?

• Visit the range of pre-school services in your area. Talk to the teachers and other parents who send their children to that pre-school
• Bring your child with you and see how they get on
• Explain to your child what will happen in pre-school
## More tips on choosing a good pre-school service for your child

<table>
<thead>
<tr>
<th>I need information on</th>
<th>I need to ask these questions</th>
</tr>
</thead>
</table>
| **The pre-school premises and equipment** | • Does it look clean, bright, and well run?  
• Are there appropriate fire safety and child safety measures in place? Can I see fire extinguishers, safety locks on presses and doors and thermostatically controlled hot water?  
• Is the service insured in case of any accident?  
• Is there a first aid box in the room and a carer trained in first aid?  
• Are the kitchen facilities separate? Are the areas for storing food clean and safe?  
• If food is provided, is there a well-balanced variety of meals available?  
• Are the range of toys and materials interesting for children of different ages?  
• Can the children easily reach the toys and learning materials?  
• Is the furniture and seating area suitable for young children? Are there child-sized toilets or a step and child-sized toilet seat fixed over the toilet?  
• Are the children allowed to play outdoors every day? Are the outdoor facilities safe?  
• Is the whole area securely fenced? Do adults supervise the children outside? |
| **The quality of service provided** | • Is the pre-school service registered with the Child and Family Agency?  
• What level of training and experience do the staff have?  
• Do the staff enjoy talking and playing with children?  
• Do the staff respect the different abilities of the children and treat them all fairly?  
• Does the service offer a child-centred approach to guidance? Does it set limits on each child’s behaviour in a way that encourages socially acceptable behaviour?  
• Does the service have a ‘settling in’ policy to help my child adjust to pre-school?  
• How long have the staff been working there? (Frequent staff changes are difficult for young children. Children become used to having the same person care for them).  
• Does the service have an open and flexible programme that caters for the specific needs of my child?  
• Are the doors and toilets wheelchair accessible?  
• What level of specialised training do the staff have?  
• Are the staff willing to work with other professionals who may be helping my child? |
| **My Child with Special Needs** | • Does the service offer a child-centred approach to guidance? Does it set limits on each child’s behaviour in a way that encourages socially acceptable behaviour?  
• Does the service have a ‘settling in’ policy to help my child adjust to pre-school?  
• How long have the staff been working there? (Frequent staff changes are difficult for young children. Children become used to having the same person care for them).  
• Does the service have an open and flexible programme that caters for the specific needs of my child?  
• Are the doors and toilets wheelchair accessible?  
• What level of specialised training do the staff have?  
• Are the staff willing to work with other professionals who may be helping my child? |
For more detailed information on quality pre-school services for your child, contact:

- the pre-school services officer in your HSE region, see www.tusla.ie
- the liaison nurse councillor for children with a disability in your HSE region; or
- the County Childcare Committee in your area.

Section 10 of this booklet lists useful web sites that give more information on early education and care.

What can I do if my child is upset when I leave them in pre-school?

Children age 3-4 often get upset when the first go to pre-school. Experienced pre-school staff will be aware of these feelings and comfort your child. There are also things you can do to help your child.

- Help your child adjust gradually to the new place and people. Take them on short visits well before their first day at the pre-school. Repeat this short visit and leave your child there for a short while
- Give yourself some time to stay with your child while they get comfortable
- Don’t sneak out the door while your child is occupied. They will be more worried the next day. Even if your child is upset, it is better if they see you leave
- Remind your child that you will be back when you say you will. Make sure you stick to that promise
- As a parent, it is very difficult to leave your child crying. You may feel torn between taking them out of pre-school and knowing that they will benefit from the social activity. Most children adjust to a new setting. They will begin to enjoy the novelty and excitement of new friends, adults and things to do and see

Preparing your child for primary school

Preparing your child for primary school does not start in the late summer just before school begins. There is a lot you can do at home as your child grows from 2-5.

Remember that you are your child’s first teacher and main carer. Read the tips in each section of this booklet again for suggestions on how you can help your child’s development as they grow.

How do I know if my child is ready for school?

Many things help you know that your child is ready for school.

<table>
<thead>
<tr>
<th>Development area</th>
<th>What should my child be able to do</th>
<th>How can I help my child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health and well-being</td>
<td>They should be fit and healthy for their age</td>
<td>• Ensure that your child has a well-balanced diet</td>
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<td></td>
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<td>• Put your child in bed by 8pm so they have a good night’s sleep</td>
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<td>• Go for walks to different areas such as the beach or the park.</td>
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<td></td>
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<td>• Your child will enjoy being with you. They will also benefit from the exercise</td>
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<td></td>
<td></td>
<td>• Learning means getting your child’s brain and body working together. Encourage your child</td>
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<td></td>
<td></td>
<td>• to catch a ball or hop on one foot. Practising these skills gets your child ready for</td>
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<tr>
<td></td>
<td></td>
<td>• reading and writing in school</td>
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<tr>
<td>Moral and spiritual ability</td>
<td>They should be able to show respect for themselves and others and be able to accept changes to their life in a calm way.</td>
<td>• Read your child a story with a problem in it and ask them about it. This will help your child to reflect on right and wrong</td>
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<td></td>
<td></td>
<td>• Introduce your child to silent relaxation. Encourage them to close their eyes while you play soothing music in the background. Encourage them to think back about their day</td>
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<td></td>
<td></td>
<td>• Feed the ducks in the pond. This teaches your child to share and be kind</td>
</tr>
<tr>
<td>Development area</td>
<td>What should my child be able to do</td>
<td>How can I help my child?</td>
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<tr>
<td>Social and emotional ability</td>
<td>• They should be able to get along and mix with other children</td>
<td>• Bring your young child to a parent and toddler group and then a preschool service. They will get used to mixing and sharing with others</td>
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<td></td>
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<td>• Make a box for dressing up that is filled with school items like a copybook, a ruler, crayons, a pencil case, an old school bag, a second-hand school jumper and a lunch box. Your child will dress up in the school clothes and role-play about being in ‘big school’</td>
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<td></td>
<td></td>
<td>• Encourage and praise your child to show you believe in them These activities will help your child’s sense of independence and confidence in school.</td>
</tr>
<tr>
<td>Learning, communication and language skills</td>
<td>• They should be curious and able to communicate meaningfully with other children and their teachers.</td>
<td>• Talk to your child about everything. For example, name everything your child sees in the garden or get them to count the number of cups on the kitchen table</td>
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<td></td>
<td></td>
<td>• Play with your child every day. Build blocks, cut out shapes and colour pictures with thick crayons</td>
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<td></td>
<td>• Play pretend games where your child uses their imagination. (See section 6 for more tips)</td>
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<td></td>
<td></td>
<td>• Teach your child how to hold a crayon or pencil</td>
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<td></td>
<td>• This type of play helps your child learn about numbers, maths and using their hands</td>
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</tbody>
</table>
What other practical things can I do to prepare my child for school?

- Get a school bag that is not too heavy and is easy for your child to open and close
- Label your child’s school clothes, bag, schoolbooks and lunch box so they are easy to identify if they get lost
- Buy a head lice comb from your chemist. Check your child’s hair every week for head lice. Tie up long hair for school
- Get books, uniforms and lunch ready for school the night before so you and your child are not rushed in the morning.
- Start each day with a good healthy breakfast. This helps your child concentrate at school
- Allow yourself time to get to school and collect your child on time. Children get anxious if they arrive late or are left waiting
- Set up a routine for your child around school, homework and play time

What things should I keep in mind as I choose a primary school for my child?

You may send your child to the local school or you may be able to choose from different schools. Either way, the primary school must suit the needs of your child, you and your family.

- Trust your judgement and remember, as with all parenting choices, it’s a learning curve
- Speak with other parents in your area to see what school they send their children to. Ask their opinions
- Make a list of the schools you, your child and your family are interested in
- Make an appointment with the principal and the junior class teacher in the school or schools that you are considering. Ask questions and get a tour of the school. Bring along your partner or a support person to help you make the right decisions
- Visit the school with your child when it is open. Your child will become aware of the activity and noise of older children
- It helps if your child already knows one or two children in the class they will be in
- Your child may have older brothers or sisters who already go to the school, which helps them feel comfortable. Your child may also be in a class with some of their friends from pre-school, which also helps them feel comfortable
- Do not talk about any concerns you may have about your child starting school while they are near you. They may hear the worries and become upset

More tips on choosing a good primary school for your child

<table>
<thead>
<tr>
<th>I want information about</th>
<th>I need to ask these questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>The school premises and equipment</td>
<td>Reread the checklist in page 79 of section 8, ‘Choosing a good pre-school service for your child’.</td>
</tr>
<tr>
<td>The quality of service provided</td>
<td>• Is it a school that allows only boys or girls, or is there a mix of both in the school?</td>
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<td>• How many children are in each classroom?</td>
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<td>• Do the children have to wear a uniform?</td>
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<td>• Are different languages taught in the school? Is there speech and drama to develop your child’s creative side?</td>
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<td>• What policies does the school have about nutrition and exercise?</td>
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<td></td>
<td>• Does the school promote a range of supervised physical activities?</td>
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<td></td>
<td>• Do the teaching methods meet your child’s needs?</td>
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<td></td>
<td>• Does the school cater respectfully for each child’s cultural background?</td>
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<td></td>
<td>• Does the school offer open channels of communication? For example, will the teacher have informal chats about your child before and after school? Or do you have to wait for a planned parent teacher meeting to discuss your child’s progress?</td>
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<tr>
<td></td>
<td>• How is your child corrected if they misbehave or does not know their lessons?</td>
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<td></td>
<td>• Are they praised and encouraged to develop their self-esteem?</td>
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<tr>
<td></td>
<td>• What are the spiritual, religious and academic values of the school?</td>
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</table>

For more detailed information on schools in your local area, contact the local parents’ association in your area. Section 10 of this booklet and the references also list useful books, articles and websites that give more information on early education and care.
Children in Ireland are dependants of their parents and so have the same entitlement to health services as their parents. This means that if you have a medical card, your children are included as dependants on that card and are entitled to the same range of services as you.

There is also a range of services specifically for children and certain services are provided free of charge for children even if their parents do not have a medical card. These services are generally provided as part of maternity and infant welfare services, health services for preschool children and school health services. Children are also entitled to vaccination and immunisation services free of charge.

There are various state benefits and leave entitlements for pregnant women and parents. There may also be extra supports and entitlements, for example if your child has special needs.

The facts below were correct at the time of going to print but may change in the future.

**Health Service Schemes**

The HSE provides benefits and services to thousands of families and individuals in Ireland, including schemes provided for in law to make the cost of health and medical care more affordable. Some schemes are means tested, some are based on age groups and some are available to all residents. For example:

- Medical Cards allow people to access Family Doctor or GP services, community health services, dental services, prescription medicine costs, hospital care and a range of other benefits free of charge
- GP Visit Cards allow individuals and families in Ireland to visit their family doctor for free
- The Drugs Payment Scheme ensures that any individual or family in Ireland only has to pay a fixed maximum amount each month for approved prescribed drugs
- European Health Insurance Cards ensure that all Irish residents can access healthcare while traveling to other EU and EEA member states.

See [www.hse.ie/benefits](http://www.hse.ie/benefits) to see if you and your family should be registered for these schemes.

**Adoptive Benefit**

- Maternity Benefit is a payment to employed and self-employed pregnant women
- Adoptive Benefit is a payment to an adopting mother or to a single adoptive father from the date your child is placed with you
- It is available to both employed and self-employed people

**For more information**

- Talk to your employer
- Your local Citizens Information Centre, 0761 07 4000, [www.citizensinformation.ie](http://www.citizensinformation.ie)
- Social Welfare Services (Maternity Benefit section) LoCall 1890 690 690
  - [www.welfare.ie](http://www.welfare.ie) LoCall leaflet request line 1890 20 23 25

**Adoptive Leave**

**Who gets it?**

- You are entitled to 24 consecutive weeks Adoptive Leave if you are an adoptive mother or a single adoptive father in paid employment
- You must inform your employer in writing 4 weeks before you start your leave
- You are also entitled to a further 16 weeks unpaid leave after the end of your adoptive leave

**For more information**

- Talk to your employer or
- Your local Citizens Information Centre, 0761 07 4000
- [www.citizensinformation.ie](http://www.citizensinformation.ie)

**Paternity leave for fathers**

There is no legal entitlement to paternity leave in Ireland. Check if your employer has a policy on paternity leave.
Parental leave for mothers and fathers

What is it?
This is unpaid leave for each parent. It must be taken before your child is 8 years old or up to 16 years for children with a long-term illness. This leave can be transferred from one parent to the other if both parents are employed by the same employer, subject to agreement. This leave can be taken in one block or divided into sections, with agreement from your employer.

How long is it?
18 weeks

Who do I contact?
- Your employer
- Your local Citizens Information Centre
  0761 07 4000 www.citizensinformation.ie

Child Benefit
Child Benefit (previously known as Children’s Allowance) is payable to the parents or guardians of children under 16 years of age, or under 18 years of age if the child is in full-time education, Youthreach training or has a disability. Child Benefit is not paid on behalf of 18-year olds. For the most up to day information on the rates see www.citizensinformation.ie

When to apply?
Apply for Child Benefit within 12 months of:
- The birth of your baby or
- The month the child became a member of your family or
- The month the family came to live in Ireland

Who do I contact?
- Your local Citizens Information Centre, 0761 07 4000 www.citizensinformation.ie
- Social Welfare Services (Child Benefit section) LoCall 1890 400 400, www.welfare.ie

One-Parent Family Benefit
One-Parent Family Payment (OFP) is a payment for men and women under 66 who are bringing children up without the support of a partner. To get this payment you must meet certain conditions and you must satisfy a means test.

More information is available from your local Social Welfare Office LoCall 1890 50 00 www.welfare.ie

Other benefits you may qualify for
You may also apply for some of the following:
- Back to Work Allowance
- Back to Education Allowance
- Disability Payment
- Domiciliary Care Allowance
- Exceptional Needs Payment
- Family Income Supplement
- Medical Card
- Mortgage Interest Supplement
- Rent Supplement
- Supplementary Welfare Allowance
- Unemployment payments

Who do I contact?
- Your local Citizens Information Centre, 0761 07 4000 www.citizensinformation.ie
- Your local Social Welfare Office, LoCall 1890 50 00 www.welfare.ie
### Useful web pages and phone numbers

<table>
<thead>
<tr>
<th>Information on:</th>
<th>Web address</th>
<th>Phone number</th>
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<tbody>
<tr>
<td>Child Accident Prevention Trust</td>
<td><a href="http://www.capt.org.uk">www.capt.org.uk</a></td>
<td>0044 20 7608 3828</td>
</tr>
<tr>
<td>Civil Defence</td>
<td><a href="http://www.civildefence.ie">www.civildefence.ie</a></td>
<td>(0505) 25310</td>
</tr>
<tr>
<td>Irish Red Cross</td>
<td><a href="http://www.redcross.ie">www.redcross.ie</a></td>
<td>(01) 642 4600</td>
</tr>
<tr>
<td>National Consumer Agency</td>
<td><a href="http://www.consumerconnect.ie">www.consumerconnect.ie</a></td>
<td>1890 432 432</td>
</tr>
<tr>
<td>National Standards Authority</td>
<td><a href="http://www.n">www.n</a> sai.ie</td>
<td>(1) 807 3800</td>
</tr>
<tr>
<td>Order of Malta</td>
<td><a href="http://www.orderofmalta.ie">www.orderofmalta.ie</a></td>
<td>(1) 614 0035</td>
</tr>
<tr>
<td>Road Safety Authority</td>
<td><a href="http://www.rsa.ie">www.rsa.ie</a></td>
<td>1890 50 60 80</td>
</tr>
<tr>
<td>St Johns Ambulance</td>
<td><a href="http://www.stjohn.ie">www.stjohn.ie</a></td>
<td>(1) 668 8077</td>
</tr>
<tr>
<td>Preventing injuries</td>
<td><a href="http://www.hse.ie/child">www.hse.ie/child</a> safety</td>
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</tbody>
</table>

**Breastfeeding Support**

- Breastfeeding Support Network | www.breastfeeding.ie | (1) 872 4501 |
- Cuidú (Irish Childbirth Trust) | www.cuidú-ict.ie | |
- La Leche League of Ireland | www.lalecheleague.org | |

**Child Health and parent support information**

- Barnardos | www.barnardos.ie | 1850 222 300 |
- Centre for Disease Control and Prevention | www.cdc.gov | |
- Dental Health Foundation | www.dentalhealth.ie | (01) 672 8870 |
- Family Support Agency | www.fsa.ie | (1) 611 4100 |
- Irish Multiple Births Association | www.imba.ie | (1) 874 9056 |
- Irish Health Promotion Unit | www.healthpromotion.ie | (1) 635 4099 |
- Health Protection Surveillance Centre | www.hpsc.ie | (1) 876 5300 |
- National Immunisation Office | www.immunisation.ie | (01) 867 6108 |
- Meningitis Research Foundation | www.meningitis.org | 1890 413 344 (24 Hour) |
- National Literacy Trust | www.literacytrust.org.uk | |

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<tr>
<th>Information on:</th>
<th>Web address</th>
<th>Phone number</th>
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<tbody>
<tr>
<td>Parentline (for parents under stress)</td>
<td><a href="http://www.parentline.ie">www.parentline.ie</a></td>
<td>1890 927 277</td>
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<tr>
<td>Parenting support</td>
<td><a href="http://www.parenting.sa.gov.au">www.parenting.sa.gov.au</a></td>
<td></td>
</tr>
<tr>
<td>Parenting resource on the first years</td>
<td><a href="http://www.zeroththree.org">www.zeroththree.org</a></td>
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<tr>
<td>The whole child</td>
<td><a href="http://www.treoir.ie">www.treoir.ie</a></td>
<td>LoCall 1890 252 084</td>
</tr>
<tr>
<td>Treoir (information for unmarried parents and their children)</td>
<td><a href="http://www.tusla.ie">www.tusla.ie</a></td>
<td>01 6352854</td>
</tr>
</tbody>
</table>

**Health and personal social services**

- Health Service Executive | www.hse.ie | 1850 24 1850 |
- Citizens Advice Bureau | www.citizensinformation.ie | 1890 777 121 |
- Social Welfare Information | www.welfare.ie | 1890 928 400 |
- The Equality Authority | www.equality.ie | 1890 24 55 45 |

These websites and phone numbers were correct at the time of going to print.
References


- Daly, Dr.M.C. (2004) Developing the Whole Child: The Importance of the Emotional, Social, Moral and Spiritual in Early Years Education and Care. Lewiston: The Edwin Mellen Press


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- Health Promotion Unit (2003) Food and Nutrition Guidelines for Primary Schools Dublin: Department of Health and Children


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- Health Service Executive – Midland Area (2005). Child Safety Awareness Programme (CSAP)


- NIPPA - The Early Years Organisation (2003). This is me! Observation Guidelines for Babies and Toddlers. Belfast: Dept of Health, Social Services and Public Safety


- Sheridan, M (2008) From Birth to Five Years: Children’s Developmental Progress (Revised and updated by Ajay Sharma, and Helen Cockerill) New York; Routledge

