

4

A guide to your child's growth and development

Each child is different because each one is an individual. This chapter looks at the way babies and children grow.

- Children are not just born different, they also have different lives and learn different things.
- A child who plays a lot with toys will learn good hand-eye coordination, a child who goes to the park every day will soon learn the names of plants and animals. A child who is often talked to will learn more words. A child who is given praise when they learn something will want to learn more.
- Some children have issues with learning, sometimes due to physical problems with, for example, hearing or seeing.
- If you are worried about your child's progress, talk to your health visitor or GP. If something is holding your child back, the sooner you find out, the sooner you can do something to help.



Following your child's growth and development

The personal child health record (PCHR)

Shortly before or after your baby is born, you will be given a PCHR. This has a red cover, so is often called 'the red book'.

Personal Child Health Record

Please keep this book safe

Please bring this book to all appointments

This is a way of keeping track of your child's progress. It makes sure that, wherever you are and whatever happens to your child, you will have a record of their health and progress which can be shared with health professionals.

When you have contact with a health professional, such as a health visitor, they will use 'the red book' to record your child's weight, other measurements, immunisations and other important health information. This is your record, so do add

For more on learning and playing, see Chapter 5.

information yourself. This could be a note of when your child does something for the first time, or advice given to you by a healthcare professional. It's a good idea to record any illnesses or accidents and details of any medicines your child takes.

Please bring this book to all appointments so that health professionals can access information already in the book and can also record details about the contact.

When your child's progress is reviewed, the doctor or health visitor will ask you questions about what your child can and cannot do and observe them, rather than carrying out formal 'tests'. You will find it helpful to keep the developmental milestones section of the PCHR up to date and to fill in the relevant questionnaires before the review. Don't forget to take the book with you when you take your child for a review or immunisation! Try to remember it too, if you have to go to the emergency department.



These reviews are an opportunity for you to talk about your child and their health



and general behaviour and to discuss any concerns, not just the major ones but all the little niggles that might not seem worth a visit to the GP but that are still a worry. You can also contact your health visitor at any time to ask about any aspect of caring for your child.

The Healthy Child, Healthy Future Programme

The Healthy Child, Healthy Future Programme offers a series of reviews, screening tests, immunisations and information to support you as a parent and to help you make choices that will give your child the best chance of staying healthy and well.

The health visiting team is led by a health visitor, who will work closely with your GP. The team includes people with different skills and experience such as nurses, nursery staff nurses and early years support staff.

Development is an ongoing process. It's important that you continue to observe your child's

development and go to all of the reviews.

The programme will be offered to you in your GP's surgery or local clinic. Appointments should be arranged so that both you and your partner can be there. Some reviews may be done in your home. Remember, the reviews are an opportunity for you to ask questions and discuss any concerns you may have.

After birth:

Maternity services will support you with breastfeeding, caring for your new baby and adjusting to life as a parent.

Your baby will be examined and given a number of tests, including a newborn screening hearing test.

By 14 days:

A health professional, usually a health visitor, will carry out a 'new baby review'. They will talk to you about feeding your baby, becoming a parent and how you can help your baby grow up healthy.



Health professionals should ensure that babies are weighed (naked) at birth and again at five and 10 days. From then on, healthy babies should be weighed (naked) no more than fortnightly and then at two, three and four months. Babies should be weighed on well-maintained digital scales.

Between 6 and 8 weeks:

Your baby will be given a number of tests and a full physical examination by a health professional.

At 2 months:

Your baby will be given their first scheduled immunisation (see page 137). This is an opportunity to raise any concerns and ask for any information you need.

At 3 months:

Your baby will be given their second scheduled immunisation.

This is a further opportunity to raise any concerns

and ask for any information you need.

At 14–16 weeks:

Your baby will be reviewed by your health visitor.

At 4 months:

Your baby will be given their third scheduled immunisation. Once again, raise any concerns you may have.

At 6 to 9 months:

Your baby will be reviewed by a member of the health visiting team.

At 12–13 months:

Your baby will be given their fourth scheduled immunisation. This happens between 12 and 13 months and includes measles, mumps and rubella (MMR) immunisation. Your baby will usually be weighed at the time of this routine immunisation. Your baby will have a health and development review. Information/support will be available for your family on key issues, such as bonding issues, healthy nutrition, play, dental health and home and child safety.

By 13 months:

Your baby should usually be weighed at 12–13 months at the time of routine immunisation. If there is concern, however, your baby may be weighed more often. Weights measured too close together are often misleading, so babies should be weighed no more than once a month. However, most children do not need to be weighed this often.



Between 2 and 2½:

Your child will have a third full health and development review. Again, this is a chance for you and your partner to ask questions and get ready for the next stage of your child's development.

By now, your child may be attending an early years setting such as a playgroup or nursery.



The staff in these settings will join you and the Healthy Child, Healthy Future team in working to make sure your child stays healthy and develops well, both emotionally and socially.

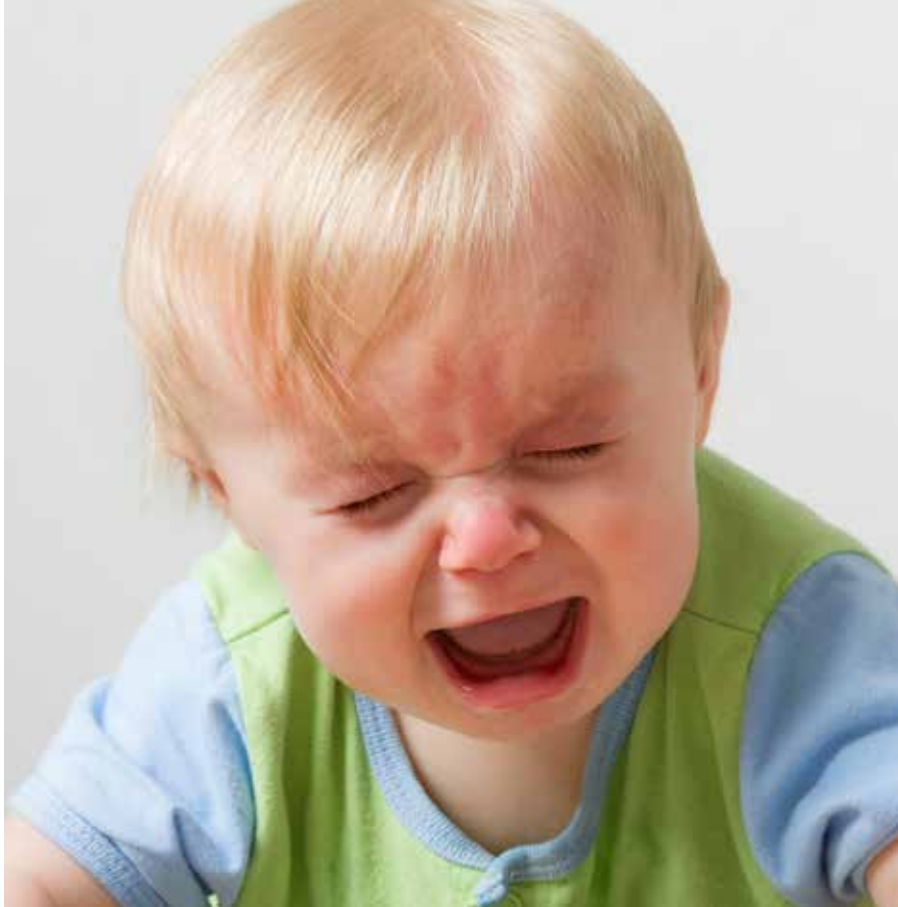
3+ review

A new review has been introduced for some pre-school children. Parents will be invited to complete an Ages and Stages Questionnaire and attend a review in the child's pre-school setting. This is an opportunity to discuss any worries or concerns about your child with a health visitor. Visit www.publichealth.hscni.net for more information. The second MMR vaccine and pre-school booster will be offered to your child when they are three years and four months.

At school entry (4 to 5 years):

Your child will have a health review, including measuring their weight and height and testing their vision and hearing.

Once your child reaches school age, the school nursing team and school staff will help support your child's health and development. They will work with you to make sure your child is offered the right immunisations and health checks, as well as providing advice and support on all aspects of health and wellbeing, including emotional and social issues.



Weight and height

Growth and weight gain are a useful guide to general progress and development. You can have your baby weighed at your child health clinic or GP's baby clinic. Sometimes the midwife or health visitor may weigh your baby at home.

Steady weight gain is a sign that feeding is going well and your baby is healthy. In the early days after birth it is normal for a baby to lose some weight, so your baby will be weighed to make sure they regain their birth weight. Four out of five healthy babies are at or above birth weight by 14 days. If your baby loses a large amount of weight, your health visitor will talk to you about how feeding is going and look at your baby's health in general.

After the early months, your baby will be weighed during routine reviews at around a year and between two and two and a half years, unless you are concerned. Your health visitor or doctor may ask you to bring your baby more often if they think more regular monitoring might be needed.

Weight gain is just one sign that feeding is going well. See Chapter 2 for other ways you can tell that your baby is feeding well and getting what they need. Measuring a baby's length is done by trained staff, using appropriate equipment. By two, your child's height can be measured standing up. Your child's length or height will always be measured if there are any concerns about their weight gain or growth.

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Understanding your child's chart

Your child's growth will be recorded on a centile chart, so it's easy to see how their height and weight compare with other children of the same age. On this page you can see an example of boys' length for up to two years, and height centile lines for ages two to four. Boys and girls have different charts because boys are on average heavier and taller and their growth pattern is slightly different.

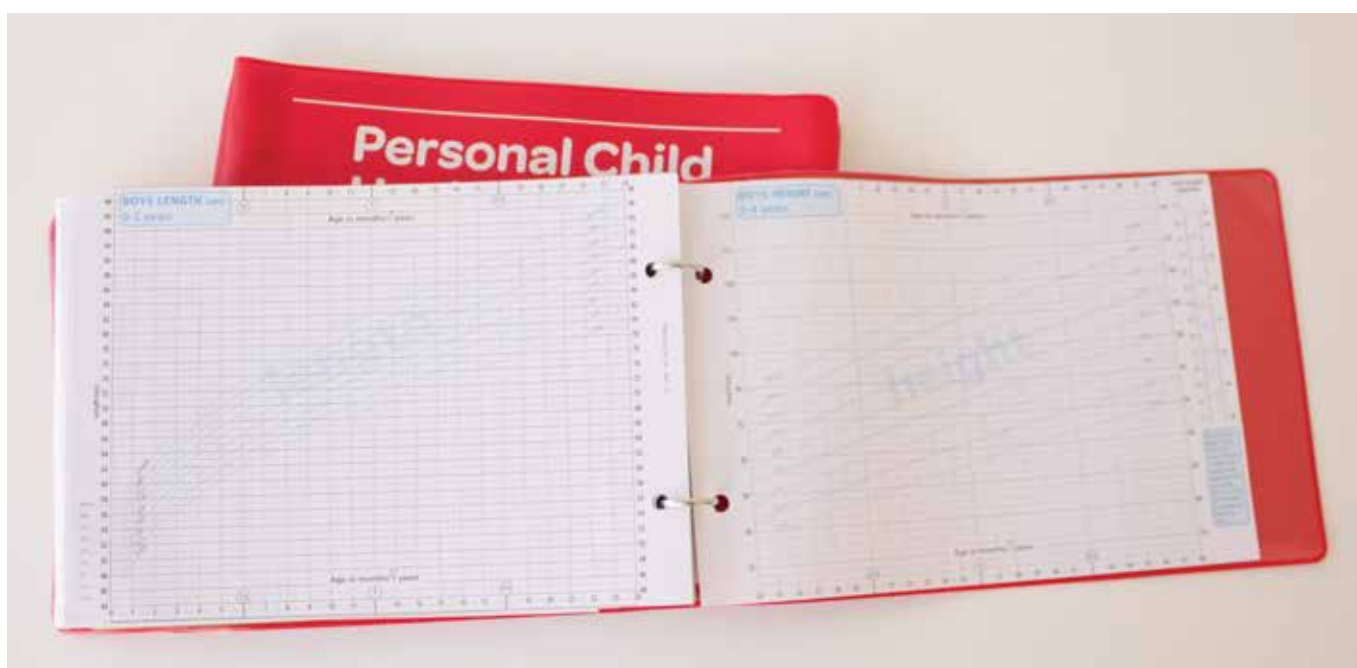
The charts in your PCHR or 'red book' (see page 104) are based on measurements taken by the World Health Organization from healthy breastfed children, with non-smoking parents, from a range of countries. They represent the pattern of growth that healthy children should follow, whether they are breastfed or formula fed. They are suitable for children from all ethnic backgrounds.

The curves on the chart, or centile lines, show the range of weights and heights (or lengths) of most children. If your child's height is on the 25th centile, for example, this means that if you lined up 100 children of the same age in order from the shortest to the tallest, your child would be number 25; 75 children would be taller than your child. It is quite normal for a child's weight or height to be anywhere within the centile lines on the chart.

The centile lines also show roughly the pattern of growth expected in weight and in length, but this will not usually follow one centile line exactly. The weight will usually track within one centile space (a centile space is the distance between two of the marked centile lines on the chart). All babies are different, and your baby's growth chart will not look exactly the same as another baby's (even their brother or sister).

Usually, weight gain is quickest in the first six to nine months and then gradually slows down as children move into the toddler years. If your baby is ill, weight gain may slow down for a while. Toddlers may actually lose weight when ill. When they recover, their weight will usually return to normal within two to three weeks. If your baby drops two or more centile spaces from their normal position, ask your health visitor to check them and measure their length.

Your child's height after the age of two can give some indication of how tall they will be when they grow up. Use the adult height predictor on the new height page of your 'red book'. It's quite normal for your child to be on different centiles for their weight and their height/length, but the two are usually similar. If there is a big difference, or if your health visitor is concerned about your child's weight, they will calculate their body mass



index (BMI) centile. This will help to show whether your child is overweight or underweight. In this case, you can talk to your health visitor about your child's diet and levels of physical activity and plan any changes needed.

Eyesight

Babies are born able to see, although their vision may be less well focused early on. Their eyesight develops gradually over the first few months. By the time of their first review, at around 14 days, you will have noticed whether or not your baby can follow your face or a



colourful object held about 20cm (8 inches) away with their eyes. If this is not happening, you should mention it at the review. At birth, a baby's eyes may roll away from each other occasionally. This is normal. But if your baby is squinting all or a lot of the time, tell your health visitor or your GP. They

can refer you to an orthoptist or ophthalmologist who specialises in children's eyes.

It's important that any problems with your child's eyesight are identified as soon as possible, as they can affect social and educational development. Children themselves may not know that there is anything wrong with their sight. Eye examinations are available free of charge to all children under 16, and they don't have to be able to read to have one. Ask your health visitor or school nurse for further advice or book an appointment directly with an optometrist.

Advice about dummies

The dummy may mean different things to different parents. Parents and babies will also have different views about the use and withdrawal of the dummy. Prolonged use of a dummy may cause a delay in psychological and speech development. Here are a few ideas on how to manage your child's use of the dummy so that it doesn't affect his or her speech.

- Not all babies will need or want a dummy.
- Try to use a dummy only when your baby is tired, upset or trying to get to sleep.

- Don't give your baby a dummy unless he or she really needs it.
- Dummy sucking can soon become a habit.
- Try to reduce using a dummy by the time your baby is 6–9 months old.
- Children over the age of 1 do not need a dummy.

Giving up the dummy...

- Gives your baby more time to learn to babble and talk.
- Will be better for the position of your child's teeth.
- May reduce the risk of tummy, mouth and ear infections.

Remember...

Never dip a dummy in sweet things.

Tips from parents:

"I take it out when she's playing"

"I made a clean break, stuck at it and didn't give it back"

"We gave his dummy to the Dummy Fairy"



Talking

Learning to talk is vital for children to make friends, as well as for learning and understanding the world around them. They need to understand words before they can start to talk themselves.



You can help your child learn by holding them close, looking at them and talking to them as soon as they are born. They will look back at you and very soon begin to understand how conversations

work. Even copying and making 'baby' noises will help your baby learn about listening, the importance of words and taking turns in a conversation.

As your baby starts to take more of an interest in what is going on around them, you can start naming and pointing to things that you can both see (for

The following tips will help encourage your baby (0-1½ years) to start talking:

- **"Take your place face to face, I learn most when you are close"**
Right from birth, look at and talk to your baby face to face.
- **"Playing with parents is number one, get ready for learning and lots of fun!"**
Play games where you have to take turns, like 'Peek-a-boo' and 'Round and round the garden'.
- **"Copy what I say and do, to help me learn to speak like you"**
If you repeat the sounds your baby makes, your baby will learn to copy you.
- **"Time with me is so much fun, I learn much more when we're one to one"**
Have special times playing with your baby throughout the day.
- **"When I gurgle, laugh and coo, I'm taking my turn to 'talk' to you"**
When your baby makes sounds, add the word that you think she is trying to say, like: Baby 'Brmmm Brmmm', You: 'Car'.

- **"Turn off your tablet, phone and TV, spend some time playing with me"**
Background noise will make it harder for your baby to listen to you. Babies need to hear your voice to learn to speak.
- **"Pick up a book and have a look"**
You can start looking at books from an early age. You don't have to read the words on the page, just talk about the pictures. Join your local library!
- **"Sing a rhyme anytime, start me learning for a lifetime"**
As your baby grows, have fun singing nursery rhymes and songs, especially those with actions like 'Pat-a-cake' or 'Row, row, row your boat'.
- **"Add some words to my actions and play, I'll learn to say them myself one day"**
For example, if your baby raises his hands to get lifted, say what he is trying to say with his actions... 'Up'.
- **"A dummy can help when it's time for bed, but sometimes I need a hug instead"**
It is a good idea to reduce the use of a dummy by the time your baby is six to nine months old.



example 'Look, a cat!'). This will help your baby to learn words and, in time, they will start to copy you (around 12 months of age). Once your toddler can say

around 50 individual words, they will start to put words together. Putting words together usually happens by the age of two years.

Some children may find it hard to learn what words mean, other children may struggle to use words, say words clearly or put them together in sentences. A small number of children may have a stammer. These are all signs that they may need some extra help.

If you are at all worried about your child's speech or language development, talk to your GP or health visitor. Your child may need to be referred to a speech and language therapist. In most areas, you can do this yourself by contacting your health visitor or local health centre. Useful information can be found on www.talkingpoint.org.uk The site also provides general information about learning to talk.

Helping your child to talk (for 1½ to 2½ years)

- **"Take your place face to face, I learn most when you are close"**
Talking to your child throughout the day will help her learn words. Point out things you see when you are out and about.
- **"Playing with parents is number one, get ready for learning and lots of fun"**
Playing games helps your child learn and develop new skills. Join in with what your child is doing and have fun.
- **"Time with me is so much fun, I learn much more when we're one to one"**
It is best to use short sentences when you are talking to your child. If you ask a question, give your child plenty of time to answer.

- **"Pick up a book and have a look"**
Your child likes to look at picture books, turn the pages and try to tell stories. Reading the same story many times helps your child learn and use new words. Join your local library.
- **"Turn off your tablet, phone and TV, spend some time playing with me"**
Your child is learning to listen, but background noise will make it harder. Children learn more when they are listening well.
- **"Add some words to what I say, I'll learn about sentences as we talk and play"**
If your child says, 'Ball Mummy!', you could add some words, for example, 'Yes, it's a big ball', 'lets kick the ball'.
- **"Sing a rhyme, anytime, start me learning for a lifetime"**
As your child grows. He can join in with action rhymes and songs, he can have lots of fun singing and learning new words.
- **"Give me a choice and hear my voice"**
Help your child learn new words by giving her choices, like 'Do you want an apple or a banana?'
- **"Some words are hard for me to say, so let me hear them the right way"**
If your child says a word that is not clear, just say the word back to him the right way. For example, if they say 'tar' you say 'car'.
- **"When I talk and play, take my dummy away"**
If your child still has a dummy this is the time to give it up for good!

Reading

Spending time reading to or with your baby or child will help them develop good language skills, support their emotional wellbeing and help you bond.

Ask your health visitor, Sure Start or library for more information. Books are carefully selected to give young children an introduction to the world of stories, rhymes and pictures. Books are also available for children who have problems with hearing or vision. For more information, including about activities in your local area, go to www.booktrust.org.uk

Hearing

Hearing and talking are closely linked. If your child cannot hear properly, they may well find it difficult to learn to talk.

If the problems with their hearing are relatively minor, they may simply need some extra support to learn to talk; if the problems are more serious, they may need to learn other ways of communicating. The earlier that hearing problems are discovered, the greater the chance that something can be done.

In the first few weeks of your baby's life, you will be offered a routine hearing screening test. The test uses the latest technology and can be carried



out almost immediately after birth. It is completely safe and comfortable for babies.

Parental information leaflets and their translations are available at www.publichealth.hscni.net



At the time of the test, the hearing screener will point you to a section within your baby's PCHR, which gives advice about the sounds your baby should react to and the types of sounds they should make as they grow older. If at any stage you have a concern regarding your child's hearing, you should discuss this with your health visitor or GP (see pages 104-105).

If test results show that there could be a problem with your child's hearing, you will be invited to a follow-up assessment. Sometimes, a cold or other infection can temporarily affect hearing.

Feet and shoes

Babies' and small children's feet grow very fast, and it's important that the bones grow straight. The bones in a baby's toes are soft at birth. If they are cramped by tight shoes or socks, they cannot straighten out and grow properly. It's a good idea to keep your baby's feet as free as possible.

Your child will not need 'proper' shoes until they are walking on their own. Even then, shoes can be kept for outside walking only, at least at first. When you buy shoes, try to get your child's feet measured by a qualified fitter. Shoes should be about 1 cm (a bit less than half an inch) beyond the longest toe and wide enough for all the toes to lie flat.



Shoes with laces, a buckle or Velcro fastening are good because they hold the heel in place and stop the foot slipping forward and damaging the toes. If the heel of a shoe slips off when your child stands on tiptoe, it doesn't fit. If possible, buy shoes made from natural materials, like leather, cotton or canvas, as these materials 'breathe'. Plastic shoes tend to make feet sweaty and can rub and cause fungal infections.

If possible, have your child's feet measured for each new pair of shoes. Children under four should have their feet measured every six to eight weeks. For children over four, it's enough to measure their feet every 10–12 weeks. You cannot rely on the question 'Do they feel comfortable?' – because children's bones are soft, your child will not necessarily know if their shoes are cramping their feet. Try not to buy second-hand shoes or hand shoes down, as they will have taken on the shape of the previous owner's feet and may rub and/or not give your child's feet the support

they need. It's also important to check that socks are the right size. Cotton ones are best.

After washing your child's feet, dry well between the toes. Cut toenails straight across, otherwise they can become ingrown.

Some common foot problems and how to deal with them

When children first start walking, it's normal for them to walk with their feet apart and to waddle. It's also common for young children to appear bow-legged or knock-kneed, or walk with their toes turned in or out. Most minor foot problems in children correct themselves. But if you are worried about your child's feet or how they walk, talk to your GP or health visitor. If necessary, your child can be referred to a paediatrician, orthopaedic surgeon or paediatric physiotherapist.

- **Bow legs.** Before the age of two, most children have a small gap between their knees and ankles when they stand.

If the gap is pronounced, or does not correct itself, check with your GP or health visitor. This could be a sign of rickets (a bone deformity), although this is very rare.

- **Knock knees.** This is when a child stands with their knees together and their ankles apart. Between the ages of two and four, a gap of 6cm (around 2.5 inches) is considered normal. Knock knees usually correct themselves by the age of six.
- **In-toeing.** Also known as pigeon-toes, this is where the child's feet turn in. The condition usually corrects itself by the age of eight or nine, and treatment is not usually needed.
- **Out-toeing.** This is where the feet point outwards. Again, this condition usually corrects itself and treatment is not needed in most cases.
- **Flat feet.** Even if your child appears to have flat feet, don't worry. If an arch forms when your child stands on tiptoe, no treatment will normally be needed.
- **Tiptoe walking.** If your child walks on tiptoe, talk to your GP or health visitor.



Children with additional needs

For some families, everything is not 'all right'. Sometimes, that niggling worry turns out to be a more serious problem or disability. If this happens to you, you will need support as well as information about the problem and what it's likely to mean for you and your child. You are bound to have a lot of questions for your health visitor, GP and any specialists you are referred to. You may find it easier to make a list. See 'Some questions you might like to ask' for suggestions.

You may find it difficult to take in everything that is said to you at first, or even the second time around. You may also find that not all health professionals talk easily or well to parents. Go back and ask for the information again. If you can, get a friend or relative to come with you, or at least take a pen and paper so you can make some notes. In the end, the honest answer to your questions may be 'I don't know' or 'we are not sure', but that is better than no answer at all.

Special educational needs

If you are concerned that your child has special educational needs – that is, you think they might need extra help at school – talk to a health professional who already knows you and your child.

You, or any of the professionals involved in caring for your child, can ask the Education Authority to carry out a statutory assessment of your child's needs. After this, the Education Authority will decide whether to issue a statement that describes your child's needs and the support needed to meet them.

Help for children with additional needs

Child development teams

In most areas, teams made up of paediatricians, therapists, health visitors and social workers will help support children with additional needs and their families. These teams are usually based in child development centres. Your GP, health visitor or hospital paediatrician can refer your child to one of these teams if you have any concerns or there is a need for further assessment or support.

Coping with your own feelings

Finding out that your child has a disability or illness is a stressful and upsetting experience. You will be trying to cope with your own feelings at the same time as making some tough decisions and difficult adjustments. Your

Some questions you might like to ask

- Is there a name for my child's problem? If so, what is it?
- Does my child need more tests to get a clear diagnosis or confirm what has been found out?
- Is the condition likely to get better or worse, or will it stay roughly the same?
- Where is the best place to go for medical help?
- Can I get any help or support?
- How can I get in touch with other parents who have children with a similar problem?
- How can I help my child?

GP, health visitor or social worker or a counsellor can all help. So can other parents who have been through similar experiences. But, even with help, it will take time to adjust. It's OK to think about your own life and needs as well as your child's. The charity Contact a Family brings together the families of children with special needs and offers information and advice. You can call the free helpline on 0808 808 3555 or go to www.cafamily.org.uk

Benefits

If you have a child with a disability, you may be able to claim certain benefits. If you are already getting benefits or tax credits, you may be entitled to extra amounts. Visit pha.site/benefits or telephone Make the call on 0800 232 1271 for further information on what benefits you may be entitled to.

Dealing with challenging behaviour

Children develop skills and awareness as they grow. Babies learn to sleep without you soothing them, young toddlers experiment with food (perhaps making quite a mess!) and they begin to play with other children. It is sometimes easy to expect quite young children to be more independent, or better able to manage their feelings than is possible. It is normal for toddlers to have tantrums,



Getting information, advice and support

You can also get information, advice and support from organisations dealing with particular disabilities, illnesses and other problems. They will usually be able to put you in touch with other parents in similar situations. See the useful organisations section (page 165) for contact details.

There are lots of services for children with special needs, for example physiotherapy, speech and language therapy, dentists, occupational therapy, home learning schemes, playgroups, opportunity groups, nurseries, and nursery schools and classes. To find out what is available in your area, ask your health visitor, GP, Sure Start Centre, children's services department or the Early Years area special educational needs coordinator (area SENCO) at the Education Authority or Early Years service.

especially when they cannot do something they want. They need you to help them learn how to cope with strong emotions, support and encourage them to do new things and give them confidence in themselves.

Parents also react to their children's behaviour in different ways. Some are stricter than

others, some are more patient than others, and so on. It's not just a matter of how you decide to be. It's about how you are as a person. It's also to do with your child's individual character. For example, some children react to stress by being loud and noisy and wanting extra attention, others by withdrawing and hiding away.



You will probably find that you deal with your child's behaviour in your own way and set rules that fit the way you live and the way you are. But there will probably be times when your child's behaviour worries you or gets you down, and when nothing you do seems to work. This section will give you some pointers on how you might cope if this happens.

Understanding challenging behaviour

Sometimes it can help to take a step back. Is your child's behaviour really an issue? Do

you really need to do something about it now? Is it just a phase that they will grow out of? Would you be better off just living with it for a while?

It's also worth asking yourself whether your child's behaviour is an issue for you, or for other people. Behaviour that might not worry you can become an issue when other people start to comment on it.

Sometimes, taking action can actually make the issue worse. At the same time, if an issue is causing you and your child

distress, or upsetting the rest of the family, you do need to do something about it.

Identifying the reasons for challenging behaviour

There are a number of possible reasons for challenging behaviour.

Here are a few suggestions:

- Any change in a child's life, like the birth of a new baby, moving house, a change of childminder, starting playgroup, or even something much smaller, can be a big deal. Sometimes children show how they are feeling in the only ways they know how.
- Children are quick to pick up on it if you are feeling upset or there are problems in the family. Their behaviour may be difficult to manage just at the time when you feel least able to cope. If you are having problems, don't blame yourself – but don't blame your child either if they react in a difficult way.
- Sometimes your child may react in a particular way because of the way you have handled a problem in the past. For example, if you have given your child sweets to keep them quiet at the shops, they may well scream for sweets every time you go there.





- Could you accidentally be encouraging challenging behaviour? Your child might see a tantrum as a way of getting attention (even if it's angry attention!) or waking up at night as a way of getting a cuddle and a bit of company. Try giving them more attention when they are behaving well and less when they are being difficult.
- Think about the times when your child's behaviour is most difficult to manage. Could it be because they are tired, hungry, over-excited, frustrated or bored?

Changing your child's behaviour

Do what feels right

It's got to be right for your child, for you and for the family. If you do something you don't believe in or that you don't feel is right, the chances are it will not work. Children are quick to pick up when you don't really mean what you are saying!

Stick at it

Once you have decided to do something, give it a fair trial.

Very few solutions work overnight. It's easier to stick at something if you have someone to support you. Get help from your partner, a friend, another parent, your health visitor or your GP. At the very least, it's good to have someone to talk to about what you are doing.

Try to be consistent

Children need to know where they stand. If you react to your child's behaviour in one way one day and a different way the next, it's confusing. It's also important that everyone close to your child deals with the problem in the same way.

Try not to overreact

This can be very hard! When your child does something annoying, not just once but time after time, your own feelings of anger and frustration are bound to build up. It's easy to get wound up and end up taking your feelings out on your child. If this happens, the whole situation can start to get out of control.

Of course, you would have to be superhuman not to show your irritation and anger sometimes,

but try to keep a sense of proportion. Once you have said what needs to be said and let your feelings out, try to leave it at that. Move on to other things that you can both enjoy or feel good about. And look for other ways of coping with your feelings.

Talk to your child

Children don't have to be able to talk back to understand. And understanding why you want them to do something can help. Explain why, for example, you want your child to hold your hand while crossing the road, or get into the buggy when it's time to go home.

Encourage your child to talk

Giving your child the opportunity to explain why they are angry or upset will help reduce their frustration.

Be positive about the good things

When a child's behaviour is really difficult, it can come to dominate everything. What can help is to say (or show) when you feel good about something they have done.

You can let your child know when they make you happy by just giving them some attention, a hug or even a smile. There doesn't have to be a reason. Let your child know that you love them just for being themselves.

Rewards

You can help your child by rewarding them for behaving well, for example by praising them or giving them their favourite food for tea. If your child behaves well, tell them how pleased you are. Be specific. Say something like, 'I loved the way you put your toys back in the box when I asked you! Well done!'

Don't give your child a reward before they have done what they were asked to do.

Smacking

Smacking may stop a child doing what they are doing at that moment, but it will not have a lasting positive effect. Children learn by example, so if you hit your child, you are effectively telling them that hitting is an OK way to behave. Children who are treated aggressively by their parents are more likely to be aggressive themselves.

It's better to teach by example that hitting people is wrong. There are lots of alternatives to smacking as a way of controlling your child's behaviour.

Extra help with challenging behaviour

You can get help for especially challenging behaviour, so don't feel you have to go on coping alone. Talk to your health visitor or GP. Sometimes, a bit of support and encouragement might be all you need. Some children may need to be referred to a specialist where they can get the help they need. Having a child whose behaviour is very difficult can put a huge strain on you. You might find that you need help yourself.

Temper tantrums

Tempers and tantrums can start at around 18 months. They are very common at around this age: one in five two year olds has a temper tantrum every

day. One reason for this is that two year olds really want to express themselves, but find it difficult. They feel frustrated, and the frustration comes out as a tantrum. Once a child can talk more, they are less likely to have tantrums. Tantrums are far less common by about the age of four.

The following suggestions may help you to cope with tantrums when they happen:

- **Find out why the tantrum is happening.** It could be that your child is tired or hungry, in which case the solution is very simple.
- **Or they could be feeling frustrated or jealous,** maybe of another child. They may need time, attention and love, even though they are not being very lovable!
- **Understand and accept your child's anger.** You probably feel the same way yourself at times but you can express it in other ways.
- **Find a distraction.** If you can see that your child is starting a tantrum, find something to distract them straight away – for example, something you can see out of the window ('Look, a cat!').

Make yourself sound as surprised and interested as you can.



- **Sit it out.** Losing your temper or shouting back will not make the tantrum end. Ignore the looks you get from people around you and concentrate on staying calm. 'Giving in' will not help in the long term. If you have said 'no', don't change your mind and say 'yes' just to end the tantrum. Otherwise, your child will start to think that tantrums pay. For the same reason, it doesn't help to buy your way out with sweets or treats. If you are at home, try going into another room for a while – but make sure your child cannot hurt themselves.

- **Be prepared when shopping.** For some reason, tantrums often seem to happen in shops.

There are many different reasons why a child might react in a supermarket

environment that are not necessarily 'bad behaviour'. Often the people, lights and music can cause sensory overload. Anticipate how a child might react in a supermarket environment. Prepare and chat to the child in advance, set gentle boundaries.

If a tantrum occurs, hold the child closely to calm them. Some parents find this helpful but it can be hard to hold a struggling child. It will usually only work when your child is more upset than angry, and when you are feeling calm enough to talk to them gently and reassure them.

Hitting, biting, kicking and fighting

Most young children will occasionally bite, hit or push another child. Toddlers are also

curious and may not understand that biting or pulling hair hurts. This doesn't necessarily mean your child is going to grow up to be aggressive. Here are suggestions for how you can teach your child that this kind of behaviour is unacceptable:

- **Don't hit, bite or kick back.** This could have the opposite effect of making your child think that it's OK to do this. Instead, make it clear that what they are doing hurts, and that you will not allow it.
- **Take them out of the situation.** If you are with other children, say you will leave, or ask the other children to leave, unless your child's behaviour improves – you will have to carry it out for this approach to work!
- **Put your child in another room.** If you are at home, try putting your child in another room (check that it's safe for them) for a short period.
- **Talk.** Children often go through patches of insecurity or upset and let their feelings out by being aggressive. Finding out what is worrying them is the first step to being able to help.
- **Show them you love them, but not their behaviour.** Children behaving aggressively are not always easy to love, but extra love may be what is needed.



- **Help your child let their feelings out some other way.** Find a big space, like a park, and encourage your child to run and shout. Just letting your child know that you recognise their feelings will make it easier for them to express themselves without hurting anyone else. You could try saying things like, 'I know you are feeling angry about...'. As well as recognising the feeling, it helps them to label and think about their own feelings.
- **Ask an expert.** If you are seriously concerned about your child's behaviour, talk to your health visitor or GP.

Coping with an overactive child

All young children are active, and it's normal for them to have lots of energy. A substantial proportion of children are overactive, and some (around 2%) genuinely do suffer from attention deficit hyperactivity

disorder (ADHD) – what used to be known as hyperactivity.

However, a lot of children who are behaving in a difficult way and who have problems concentrating are not necessarily overactive, or may be suffering from a mild form of hyperactivity only. The challenge for parents and, sometimes, health professionals is to recognise the difference between 'normal' behaviour problems and ADHD symptoms, which require early treatment and management. For more information see pha.site/ADHD

Below are some tips on managing an active child. If these tips or the other information in this chapter on dealing with difficult behaviour don't help, talk to your health visitor or GP.

- **Keep to a daily routine as much as you can.** Routine can help if your child is restless or difficult

to manage. It can also help you to stay calmer and cope better with the strain.

- **Make time to concentrate on your child.** One way or another, your child may be demanding your attention for most of the day (and sometimes the night too). Sometimes, you will have no choice but to say 'no' to them.

That will be easier to do, and easier for your child to accept, if there are certain times each day when you give them all your attention.

- **If possible, avoid difficult situations.** For example, keep shopping trips short.
- **Try to get out every day.** Go to a park or playground or another safe, open space – anywhere your child can run around and really burn off some energy.
- **Avoid giving your child fizzy drinks, tea and coffee.** These all contain caffeine, which can make children 'jumpy'. A lot of sugar can also have an adverse effect.
- **Set small goals.** You could try to help your child to be still or controlled, or to concentrate, for a very short time, then gradually build up. You cannot transform your child's behaviour overnight.





When every day is a bad day

There is no such thing as a 'perfect' parent and even good parents have bad days. Most parents go through phases when one bad day seems to follow another. If you are tired or moody, or if your child is tired or moody, it can be hard to get on together and get through the day. You can end up arguing non-stop. Even the smallest thing can make you angry. If you go out to work, it's especially disappointing when the short amount of time you have got to spend with your child is spoilt by arguments.

Most children also go through patches of being difficult or awkward about certain things. Some of the most common are dressing, eating and going to bed at night. It can be a vicious circle. Knowing that they are making you cross and upset can make them behave even worse. And the more tense you get, the less able you are to cope, so they carry on behaving badly, and so on.

As a parent, you cannot hand in your notice or take a week off.

Here are some ideas that might be able to help.

Stop. And start again...

If you are going through a bad patch, a change of routine or a change in the way you deal with things can be enough to stop the cycle of difficult behaviour. Here are some ideas:

- **Change the timetable.** An argument that always happens at a particular time may not happen at another. Try to do the difficult things when your child is not tired or hungry or when they are most cooperative. For example, try dressing them after breakfast instead of before, or have lunch a bit earlier than you normally would.
 - **Find things that your child enjoys, and do them together.** It doesn't have to be special or expensive. You could try going for a swim, to the library or just to play in the park. Let your child know that you are happy when they are happy. If you give
- them plenty of opportunities to see you smile, they will start to learn that a happy parent is more fun to be with than an angry one.
 - **Ask yourself, does it really matter?** Sometimes it does, sometimes it doesn't. But having an argument or telling your child off about certain things can get to be a habit.
 - **Say sorry.** When you lose your temper because you are tired or upset, apologise. You will both feel better for it.
 - **Remember, all children are different.** Some like sitting still and being quiet, while others want to spend every waking minute learning and exploring. If your child is 'into' everything, the best thing you can do is give them as many opportunities as possible to let off steam and explore safely.
 - **Remember, the way you and your partner behave has an effect on your child.** Happy parents tend to have happy children. If you and your partner are having difficulties, you may wish to seek help from an organisation like Relate (www.relate.org.uk).
 - **Young children are still learning.** Children

under three cannot always understand and remember what they should and should not do. Even after this age, it's hard for a child to remember instructions.

- **No one is perfect.** You are not perfect and neither is your child! Don't expect too much of yourselves.
- **Look after yourself.** Looking after young children can be exhausting, physically and emotionally. Having some time to yourself can help you to manage better. Try getting an early night or finding

someone to talk to about how you are feeling.

Talk about it

It does help to talk to and spend time with other people, especially other parents. It's often true that 'only parents understand'. They may look calm and capable from the outside (and remember, they are probably thinking the same about you!), but they would not be human if they did not get angry and frustrated at times. If you don't already know any other parents near you, go to page 165 for information about local groups.

Groups don't suit everybody, but at the very least they are a way of making friends and spending time with people who have children the same age as yours. If the first group you try doesn't suit you, it's worth trying another one.

Talking to others can help

If every day has been a bad day for a while, and you feel that things are getting out of control, get some help. Talk to your health visitor or phone a helpline. Talking to someone who understands what you are going through may be the first – and biggest – step towards making things better.

