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Introduction

Réamhrá

Welcome to **Caring for Your Child: Two to Five Years Old**. This information pack contains valuable information to help you care for yourself and your child over the next three years. The information in this pack is about the older toddler (2-3 years) up to the pre-school child (3-5 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.

Here are some comments from parents who made good use of the first and second information packs.

"The information pack has allowed us to become very confident as first time parents. Thank you for your support and concern."

The booklet: "It was very easy reading, I really enjoyed it."

The audio CD: "It's a handy way to get information while travelling in the car, as it's hard to get time to read something."

Caring for Your Baby:

Birth to Six Months Old

*Ag thabhairt aire dod' leanbh
Ó breith go sé mhí d'aois*



Caring for Your Child:

Six Months to Two Years Old

*Ag thabhairt aire dod' páiste
Sé mhí go dhá bliain d'aois*



Contact your local public health nurse or health promotion office if you wish to get a copy of the two information packs.

1. Taking care of yourself as a parent

Ag tabhairt aire duit féin mar thuismitheoir

For mams and dads – being a ‘good enough’ parent

Do na máthair agus athair - bheith mar thuismitheoir ‘sách maith’

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.

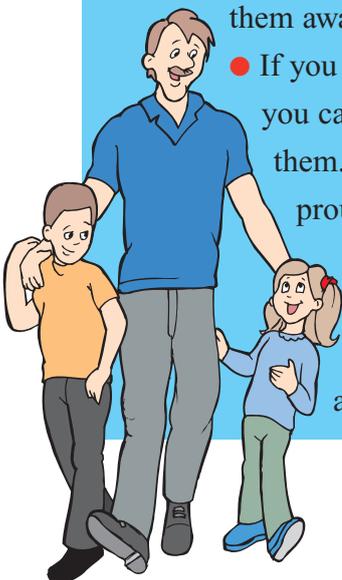


Caring for yourselves

- 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.

Caring for your child

- Spend time with your child. Play and read with them, and talk and listen to them. You are the first kind and loving man or woman in their life. Being with you will make them aware of how other adults in their life should treat them.
- If you work outside the home, take your child to work with you sometimes, if you can. Your child is very interested in what you do when you are away from them. Going to work with you helps them to understand and be even more proud of you.
- Encourage your child to stick to something even if it is hard, such as stacking blocks on top of one another. Say to them, “I know it’s not easy, but we won’t give up just yet.” This teaches them to have patience and encourages them to keep trying.



Getting extra support for parents

Ag fáil breis tacaíochta do thuismitheoirí

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.

The information pack **Caring for Your Baby: Six Months to Two Years Old** discusses the extra support offered by:

- public health nurses;
- the Family Support Agency;
- family resource centres;
- Barnardos; and
- social work departments.

If you do not have a copy of the second information pack, ask your local public health nurse or health promotion office for one.



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

- community mother programmes;
- child psychology;
- parenting programmes;
- community welfare officers; and
- Citizens Information Centres.

It is not possible to discuss all the services available here. This section will discuss the first three on the list. There is also more information on a range of support web sites and telephone numbers in section 10 of this booklet.



Community mothers is the name of a free and confidential home visiting parent support programme. It gives you support and information and provides you with skills and practical tips on raising your child. This programme is for parents of all cultures and backgrounds who have children aged birth to 5 years old. The experienced local community parents in your area are usually mothers, although trained fathers can also deliver the programme.

- Community mothers recognise you are the expert in caring for your own child.
- They are trained to deliver a programme that includes information on healthcare, nutrition and child development. They also inform you about the various activities and services for parents of young families in your local area.
- A community mother will visit you in your home at a time suitable to you and your partner.
- During each meeting, the community mother identifies and praises your skills and strengths. This helps you enjoy caring for your child and feel better about your parenting skills.

You can ask for a community mother to visit you. For more information ask your:

- antenatal clinic;
 - public health nurse;
 - pre-school services officer;
 - local community mother, or parent support programme;
 - local family resource centre; or
 - Citizens Information Centre.
- Some community mothers programmes also run a mother and baby and parent and toddler group.



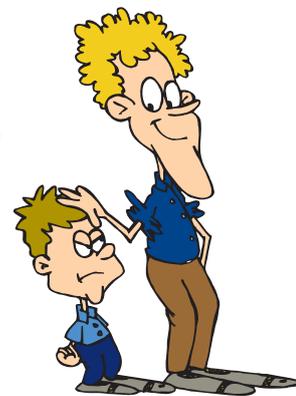
A child psychologist is a health professional who has specialist training. They can assess your child and provide therapy services for children and families in need of support. A psychologist can help with the issues listed below.

- **Behaviour problems:** If your child has behaviour problems, such as aggression, stealing and bullying, 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

Cúrsaí do thuismitheoirí

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. You may even feel that:

- you know enough to get by with raising your child, or
- you will be shown up if you go to a parenting course because of the way you care for your child.

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 help them 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; and
- the benefits of play in your 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;
- your family doctor;
- 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; or
- the Citizens Information Centre.
- You can also look up the web sites in section 10 of this booklet for more information on parenting courses.

Planning a short break away from your child

Ag pleanáil sos gairid

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 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.



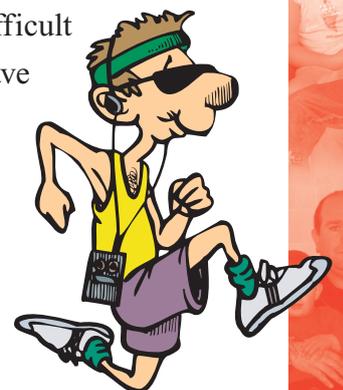
For couples who are separating or divorcing

Do lanúineacha i mbun scartha

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. But 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.

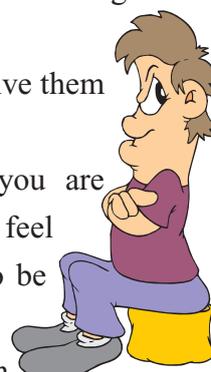


- Keep telling yourself that this upsetting time will pass.
- Be positive about your future. Make realistic plans for yourself and your children.
- Contact support networks such as the Family Support Agency (FSA), which offers family mediation and counselling services. These services help to ease your stress and fears and have a positive impact on your child. The contact details of the FSA are on page 69 of this booklet.



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 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;
- women's refuge centres;
- the Money Advice and Budgeting Service (MABS);
- your family doctor;
- your public health nurse;
- the child, adolescent and family psychology department; and
- the social work department.

There are many more support services available for parents and children who are experiencing difficulties. For more information on the services, see the web sites and telephone numbers in section 10 of this booklet.

For parents who live apart

Do thuismithoirí scartha

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 married to each other 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 telephone chats, letters and photos sent through the post or Internet.
- 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 the homes of parents who live separately, especially if your child lives in both 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

Ag tabhairt bia dod' páiste

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; and
- caring for your child's teeth.



If you do not have a copy of the second information pack, ask your local public health nurse or health promotion office for one.

Breastfeeding

Cothú Cíocha

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

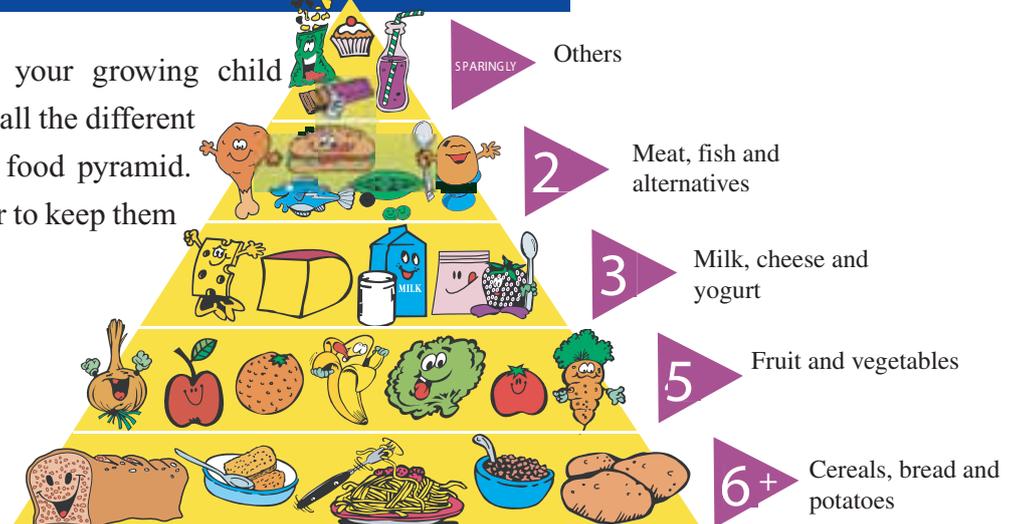
- public health nurse;
- health promotion department;
- La Leche League breast feeding support group; and
- Cuidiú breastfeeding support group.

You can also look up the websites on section 10 of this booklet.

A healthy, balanced diet for your child

Aiste bía sláintiúl,

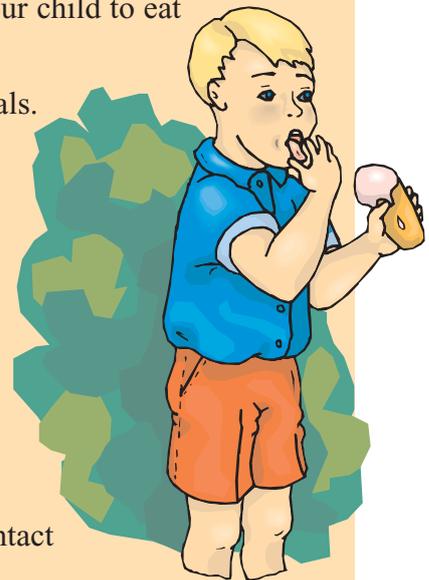
A healthy diet for your growing child includes foods from all the different food groups on the food pyramid. They also need water to keep them well.



Courtesy of the Health Promotion Unit.

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

- Eat together as a family at the table. This helps you know what your child is eating. It also lets you encourage your child to try new foods. Mealtimes should be an enjoyable occasion.
- Try to eat in a relaxed area without the TV turned on, as children can be easily distracted from eating.
- Encourage your child to eat 5 portions of fresh or frozen fruit and vegetables daily. Fruit and vegetables contain lots of vitamins A, C and E. Look at the food pyramid on page 10 for tips on the foods to eat.
- 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.
- 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.
- For younger children, start with smaller portions of food and increase according to your child's growth and appetite. Do not try to over stuff them.
- Cut down on foods that have a lot of saturated fats, such as cakes or biscuits. Also cut down on adding sugar or salt to foods.
- 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.
- Active young children need healthy snacks between main meals. Make sure the snacks you give your child are nutritious.
- 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.
- Do not ban any foods outright, such as ice cream and sweets. You may make these foods even more appealing to your child.
- 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.



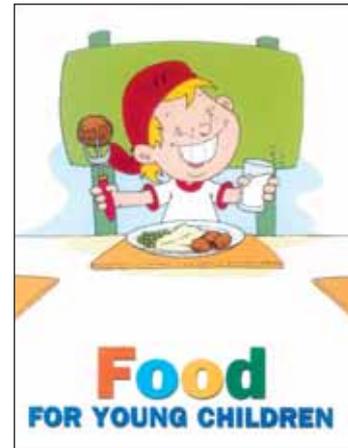
If you are worried about your child's weight or eating habits, contact your health professional for advice.

Always wash your hands before you prepare food.

For more information on feeding your toddler and pre-school child, read **Food for Young Children**. It contains useful information on topics such as:

- suggested servings from each shelf of the food pyramid;
- suitable snacks for your child;
- sample meal plans;
- fussy eating; and
- making the most of mealtimes for your child.

Ask your public health nurse, community dietitian or local health promotion office for a copy.



Common questions about food and children

Ceisteanna comónta fé bia agus páistí

Why doesn't my child sit down and eat at mealtimes?

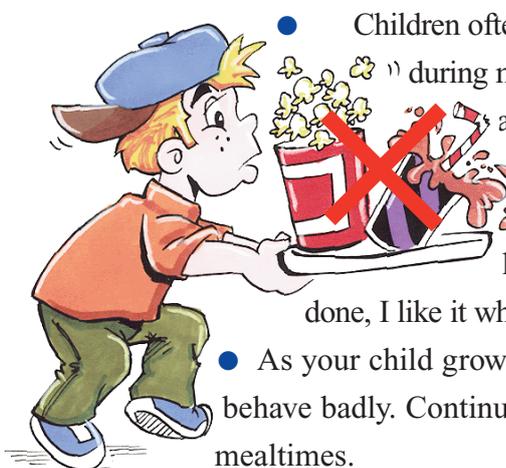
The information pack **Caring for Your Child: Six Months to Two Years Old** discussed the topics below.

- What are fussy, faddy and picky eating habits?
- What can cause fussy eating?
- What can I do to encourage my child to eat well?

Read section 2 of that information pack again to review those tips.

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 you expect your child to sit quietly.
- Your child may like some foods more than others. Their favourite food might 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.

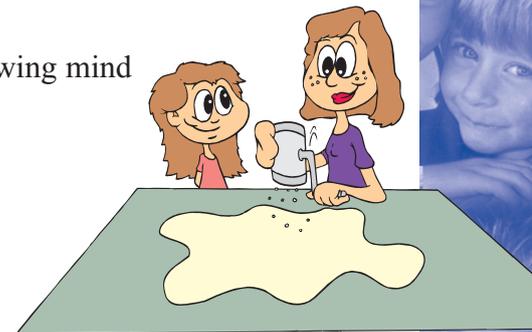
For more tips on dealing with your child's behaviour, go to section 5 of this booklet.

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;
- healthy soya foods, such as hummus or tofu; and
- 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.

Overweight and obese children

Páistí ramhar

What do the terms 'overweight' and 'obese' mean?

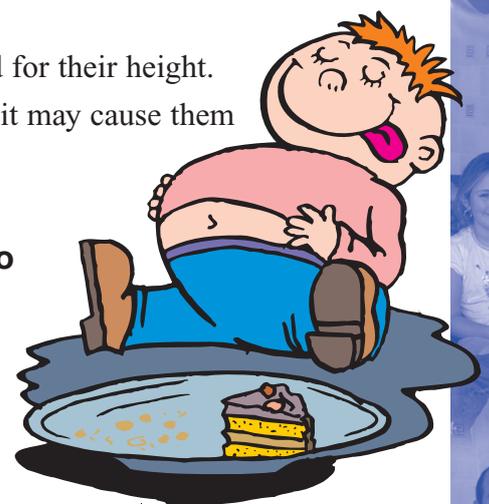
Overweight means that your child weighs more than they should for their height.

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; and
- 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 foods from the top shelf of the food pyramid on page 10
- Children who drink fizzy drinks
- Children who watch lots of TV and don't exercise



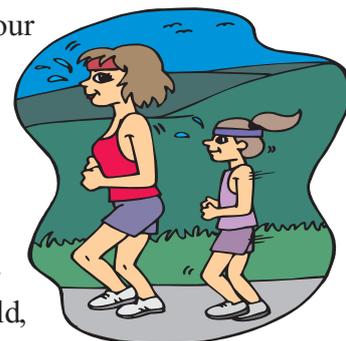
What can I do to reduce the risk of my child becoming overweight or obese?

- From birth, breastfeed your baby if you can.
- Have regular mealtimes where all your family sits 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. Don't eat between meals and don't eat sugary foods.
- Limit the amount of time your child spends watching TV to one or two programmes per 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 age and height.

- If your child appears to be gaining weight much faster than they should, they may be overweight or obese. If so, it is natural to want to help them lose weight. But remember that your actions may affect your child's future attitudes to food and their own body, and may also affect 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, family doctor or practice nurse on how to care for your child.

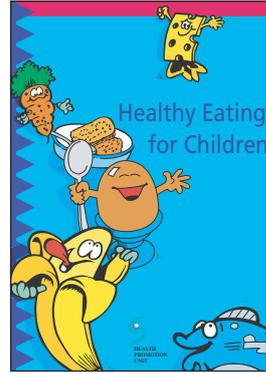


The good food choices you make for your child today will affect their health in the future.

For more information on feeding your school going child from 5 years onwards, read **Healthy Eating for Children**. It contains useful information, such as:

- ideas on healthy servings from the food pyramid;
- healthy light lunches for each day at school;
- ideas on healthy main meals; and
- recipes you can cook with your child.

Ask your public health nurse, community dietitian or local health promotion office for a copy.



Helping your child stay active

Ag cuidiú le do páiste beith beo bríomhar

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 13, of becoming overweight or obese;
- build strong bones and teeth;
- reduce stress and tension by allowing your child burn off energy; and
- give your child more opportunities to learn and develop their brain.

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'.

Caring for your child's teeth

Ag déanamh cúram do fhiacra do pháiste

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 gums and teeth?
- Injuries to baby teeth.





Read 'Caring for my child's teeth' in the second information pack again to review these points. If you do not have a copy of the second information pack, ask your local public health nurse or health promotion office for one.

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.

How can I keep my child's teeth healthy?

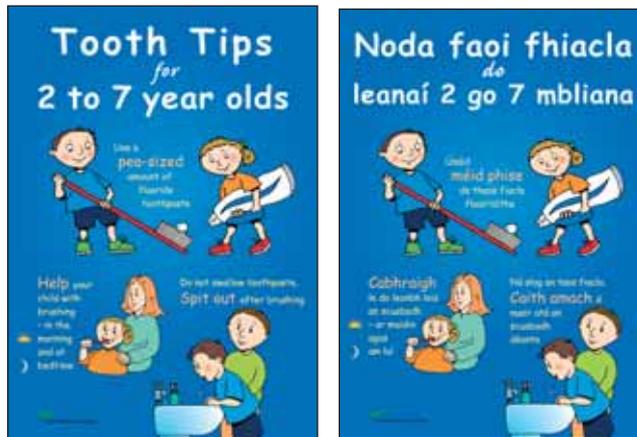
- Encourage your child to eat a balanced diet with plenty of fruit, vegetables and fibre.
- Foods and drinks that contain sugar can lead to tooth decay. Keep foods and drinks that contain sugar to meal times only. Do not give sugary foods as snacks between meals.
- Milk and water are the most tooth-friendly 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.
- 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, glucose, fructose or maltose on labels. 'Low sugar' or 'no added sugar' on the label does not mean that the food or drink is sugar-free.
- Foods that include sugar substitutes are available but these should be eaten in moderation.
- Sugar-free medicines should be used when available
- Visit your dentist with your child at least once a year.

How can I care for my child's teeth as they grow?

- Always help your child with tooth brushing. Brush twice a day, especially at bedtime. Use a soft tooth brush with a small head.
- Use a small pea size amount of fluoride toothpaste. Use regular family toothpaste.
- Children's toothpaste with low fluoride (e.g. 500ppm F) do 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!

Tooth Tips for 2 to 7 year olds



Courtesy of the Dental Health Foundation, www.dentalhealth.ie



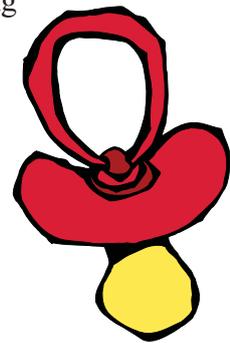
My child is 3 and still sucks its soother and/or thumb. What can I do?

- 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 their 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.

Look at the list on the next page for tips to help your child to stop.



**My child
sucks their:**

What can I do to help?

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



- Suggest that your child put the soother somewhere safe that they can reach, while they are playing. They will know they can get to it if they really need it.
- While at pre-school, let your child keep the clean soother in their pocket. Your child will know the soother is near them even if they don't use it.
- Do not dip the soother into anything sweet before you give it to your child.

Ask your dentist, doctor, practice nurse or public health nurse for more advice about caring for your child's teeth.



3. Sleeping

Ag codladh

Where should my child usually sleep?

Cár cheart do mo pháiste codladh de gnáth?

- 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. Or 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 the change from a cot to a bed.



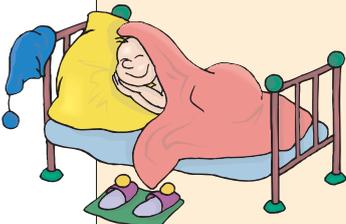
How much sleep does my child need?

Cé mhéid codladh a theastaíonn ó mo pháiste?



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.

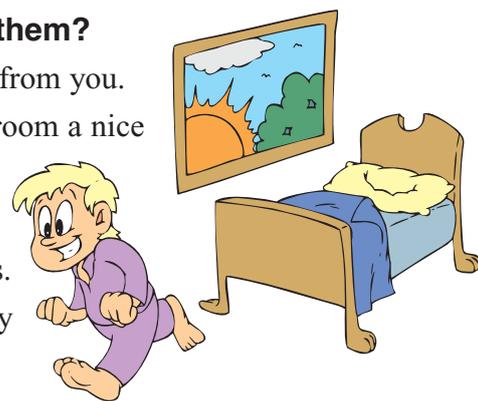
My child's age	How much sleep does my child need?
From about 2 - 3 years old	<ul style="list-style-type: none"> ● 11–12 hours of sleep a night ● One nap during the day of about a ½–1 hour. <p>The length depends on your child and their activity that day.</p> <p>Try not to let your child nap beyond mid-afternoon. You want them to be tired and ready for sleep again by nighttime.</p>
From about 3 - 5 years old	<ul style="list-style-type: none"> ● 11–12 hours of sleep a night ● Your 3 year old child may need one nap during the daytime of about a half an hour. Not all children need this nap. Some quiet time reading and playing may be enough. <p>When your child comes home from pre-school, especially in the beginning, they may be very tired because of the new routine and activity.</p>



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 with matching curtains and bed cover. Get their help in choosing the colours.
- Hang pretty pictures and photos of your child and your family on the wall.
- Fix secure low shelves for your child to store their favourite toys and books.
- Hang your child's clothes neatly and store other clothes and shoes in boxes or presses. This gives your child more space to move about.
- Stick photos or images of socks or jumpers on each box so your child knows where everything goes. Being able to tidy their room themselves builds their self-esteem. It also helps their early maths skill as they match up things.
- Your growing child values their growing sense of independence and space, but leave their 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 while they sleep.
- Give them their special blanket or toy as a comforter in the 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.
- When the nap is over, try to let your child wake up on their own. If they wake themselves, they will be in a better mood and ready to get active again.

Managing sleep problems

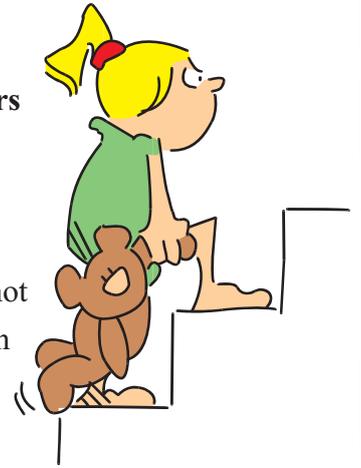
Fadhbanna codhlata

How can I manage sleep problems?

The information pack **Caring for Your Child: Six Months to Two Years Old** discusses the topics below.

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

Read or listen again to section two of that information pack. If you do not have a copy of the second information pack, ask your local public health nurse or health promotion office for one.



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.

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.

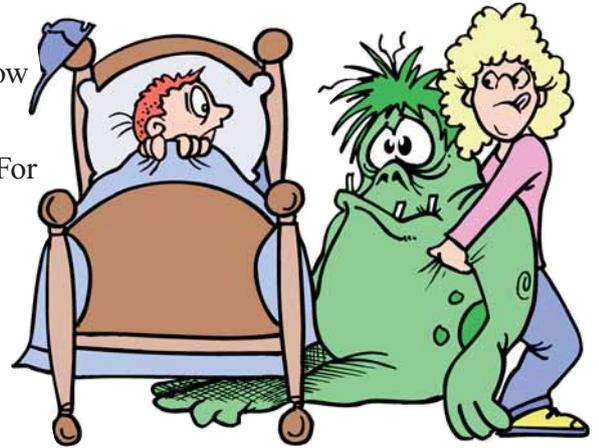
What are nightmares?



- 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 a 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.

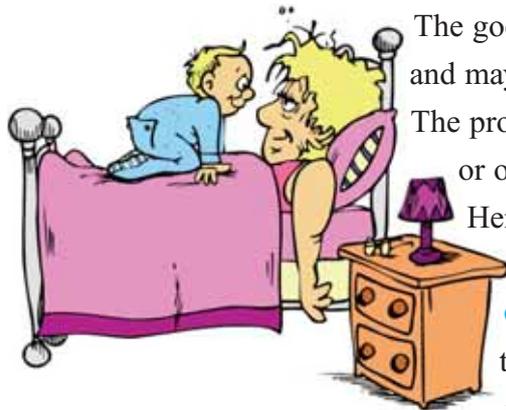
How can I help my child if they wake up at night with a nightmare?

- 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 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.

If you are concerned that your child is not sleeping or that their sleep pattern is disturbed, contact your health professional for more information and advice.

4. Caring for your child every day

Ag tabhairt cúram dod' páiste gach lá



Washing your child

Ag tabhairt folcadh dod pháiste

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.
- Bathing your child is a good activity for dad when he gets home from work. Fathers' larger hands are well suited to holding on to a slippery small child! And the time together lets your child know daddy cares for them.
- 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

Ag gléasadh an páiste

- 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

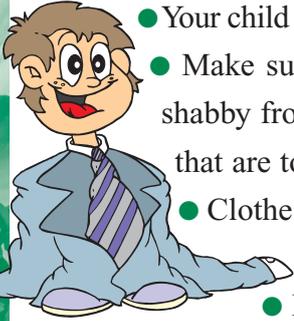


are doing. Your child gains confidence as they learn new skills from you.

- 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

Traenáil leithris



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 a 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 comfortable with using the potty, introduce them to a small training toilet that clips over the seat of the 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.



What if my child wants to use the toilet instead of the potty?

- It's their choice of picking the toilet instead of the potty. They probably like the idea of doing this, as they want to copy you. For example, boys may want to stand up like daddy when they wee.

How can I help my child potty or toilet train?

If possible, summer time is a great time to begin potty training. The weather is warmer and your child wears fewer clothes anyway. If your child feels ready to train in the wintertime, dress them in clothes that are easy to pull up and down so they can go to the toilet in a hurry.

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 it 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 need to go to the toilet, such as hopping up and down, or holding their pants. Get them to the potty quickly.
- 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.
- Put on easy-to-care-for clothes that your child can pull up and down easily.
- 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 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 after they use the potty or toilet.
- 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 toilet 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.



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 with 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 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, nighttime control comes months after daytime control. Your child should regularly wake up dry in the morning before you leave off nappies 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 nightclothes.
- 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 these 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 fifth 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.

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!

Nighttime bedwetting in older children

Fliuchadh leaba um oíche maidir le páistí níos sine



Nighttime bedwetting is also called **enuresis**. Nighttime 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 nighttime 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 20 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.



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 family doctor;

- your practice nurse;
- a community paediatrician (a doctor that specialises in children's health); or
- the continence advice nurse in your area.

You can also visit the web sites that are listed in section 10 of this pack for more information on toilet training and bedwetting.

Lifting and carrying your child

Ag árdú agus ag iompar dod' pháiste

- 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 more information on caring for your back, read **The Back Care Book: A guide to keeping your back healthy**. 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; and
- where to get more information.

Ask your local health promotion office for a copy.



Preparing your child for hospital

Ag réiteach do pháiste don ospidéal



● 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 like taking blood will hurt a little, then tell them. If you say, "It won't hurt James, I promise" and your child gets distressed because it did hurt, they may not believe you the next time you tell them something.

Immunisation

Imdhionadh

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



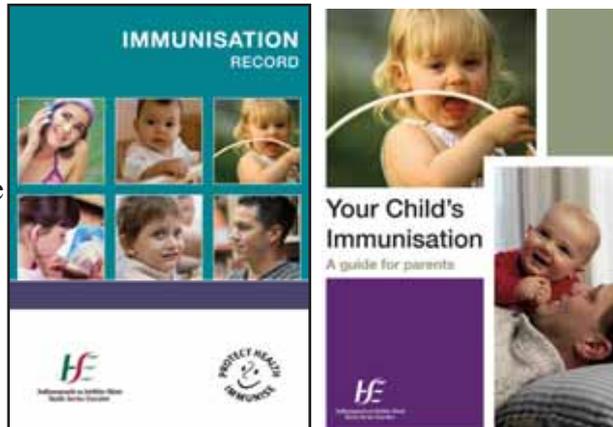
When my child is:	My child should have:
From 4 - 5 years	<ul style="list-style-type: none"> ● (4-in-1) to prevent diphtheria, whooping cough (pertussis), tetanus and polio (DtaP/IPV) ● A second dose of MMR to prevent measles, mumps and rubella (German measles)
<ul style="list-style-type: none"> ● These vaccines are free from the Health Service Executive immunisation team in your child's school or Local Health Office. Where this service is not in place, these immunisations are available free from your local doctor. 	

Where there is a school based immunisation service available and the parents choose to go to their doctor instead, they will be charged an administration fee

- From time to time, the Health Service Executive (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 written 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 the questions below.



- What causes infection?
- How do vaccines work?
- What about all the scary stories?
- What will happen if my child does not get these vaccines?

An immunisation record can be found inside the back cover of this Immunisation Booklet or is available from your doctor or local health promotion centre. Please bring this record with you when you go to the doctor for your child's injections so they can record them for you. You can get more information from www.immunisation.ie or contact the National Immunisation Office, Manor Street, Dublin 7. Phone: 01 867 6108

Common childhood illnesses

Breiteacht comónta d'ógánaigh

Eczema is a general term for several types of inflammation or irritation of the skin.

If your child has eczema, you may need advice from your family doctor about:

- things your child may be intolerant to that make the skin disease worse;
- moisturisers or emollients (creams) to apply to the skin to soften it;
- corticosteroid creams to calm down any severe cases; or
- antibiotics to reduce any infection of the skin.

Atopic dermatitis is the most common form of eczema in children. It is a long-lasting disease that affects your child's skin. It usually affects infants and young children, but it can continue into adulthood. It may also appear for the first time later in life.

Your child may have atopic dermatitis if their skin looks:

- very itchy and inflamed;
- swollen and red;
- weepy and crusted over; and
- cracked, flaky or scaly.



Certain things can make atopic dermatitis worse. You should avoid them. These include:

- an allergy to some foods or drinks;
- too much heat and sweating;
- grass or hay;
- chunky scratchy clothes; and
- stress of any kind.

To help your child, get advice from your family doctor or chemist. Your child may need a treatment for eczema.

Hives (Urticaria) are a common short-term skin condition. Hives affect 10-20% of all children and adults. Hives can be very itchy. Your child may scratch their skin and make it bleed.

- Your child may have hives if they have small, pink, itchy swellings on any part of their body.

Certain things can cause hives.

- Viral infections
- Too much heat and sweating
- Cold
- Sunlight
- Certain foods
- Reactions to a medicine your child is taking

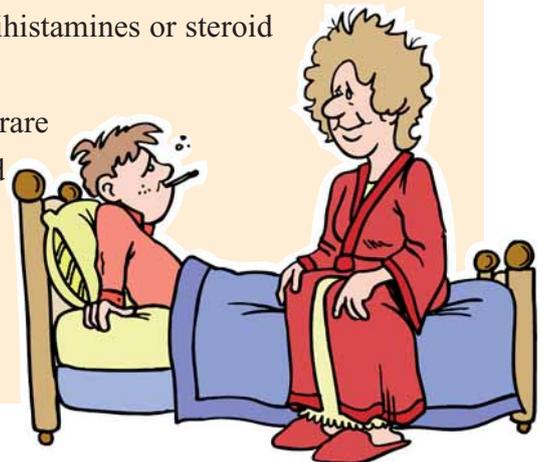


To help your child:

- apply a cooling lotion to the skin, such as calamine lotion; and
- remove the things that may be causing the hives. For example, avoid putting too many clothes on your child.

There are two situations where you should seek advice from your family doctor.

- If the hives don't go away, your child may need antihistamines or steroid creams.
- If your child's eyes and lips swell, they may have a rare but serious condition called angioedema. They need medical treatment immediately.



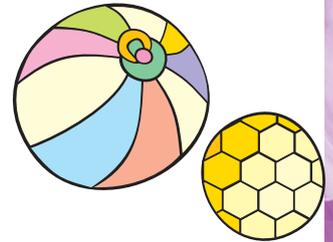
5. A guide to your child's growth and development

Treoir le h-aghaidh fás agus forbairt do pháiste

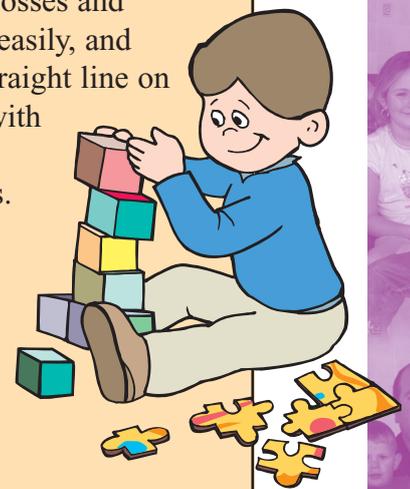
Your child's physical development – posture and movement

Forbairt fisicúil – staidiúr agus gluaiseacht

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:	At 3-4 years your child may:	At 4-5 years your child may:
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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, body, and arms, begin to copy some capital letters, roll, pound, squeeze, and pull clay using their hands, and know the difference between more colours. 	<ul style="list-style-type: none"> 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

Fás páiste agus méidiú meáchain

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 observe 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; or
- your doctor's surgery.



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

On average, a child gains 2 - 3 kgs (4½ - 6½ lbs.) each year until they reach puberty. Your child may gain weight slower or faster than this guide says they will.

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. Or your health professional might refer you to a specialist for further checks.



Your child's eyes

Súile do pháiste



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.

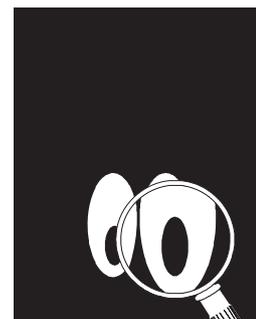
Squint is also called a cast or a turn. It means one eye looks in a different direction from the other. For example, one or both eyes can appear to be turning in (convergent), turning out (divergent) or turning upward (vertically displaced). As a result, one eye does not see as well as normal. Your child's eye or eyes may show signs of a squint off and on, or all the time.

- Children do not 'grow out' of a true squint. If you think your child has a squint, get professional advice. As you are with your child every day, you are the best person to detect signs of a possible squint.

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 6 metres (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; and
 - 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; and
 - 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 because there is a close family history of lazy eye or squint, contact:

- your family doctor;
- the public health nurse;
- the specialist public health nurse based in the school;
- the area medical officer (who is also called public health doctor); or
- 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

Cloisint



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:
 - observes if your child's speech and language is right for their age; and
 - notes any concerns that you have about your child's ability to respond, which could indicate hearing difficulties. For example, do they need to turn up 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; and
 - uses a small screening audiometer with headphones to test if your child can hear high and low pitched noises; and
 - 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 family doctor or practice nurse;
- the area medical officer (public health doctor); or
- the local children's audiology services.

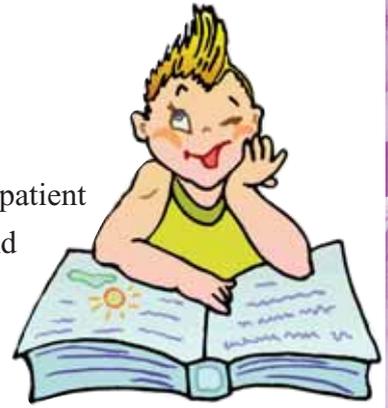
You can contact these services during your child's pre-school years and when your child is in primary school. If there is a problem, they may refer you to the children's community audiology services specialist or to ear, nose and throat services for more investigation and treatment.



Your child's speech and language development

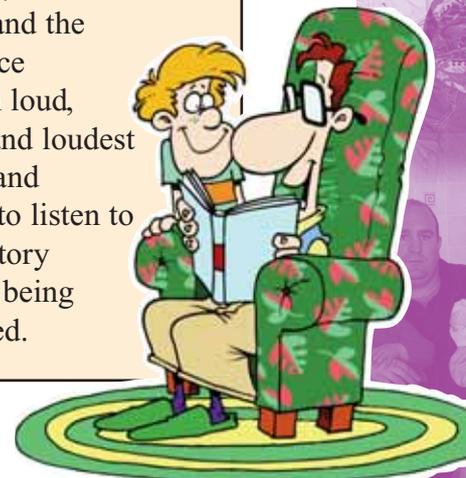
Forbairt cainte agus urlabhra

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

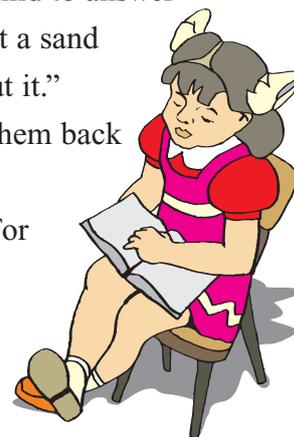
By 2-3 years your child may:	By about 3-4 years your child may:	By about 4-5 years your child may:
<ul style="list-style-type: none"> ● use 'I', 'me' and 'you' a lot but not always correctly, ● use from 50 - 200 words and understand many more, ● put 2 or 3 words together such as "Me do it", or "You go 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. 	<ul style="list-style-type: none"> ● 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 simple 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. 	<ul style="list-style-type: none"> ● 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, and ● be able to listen to a long story without being distracted.



How can I help my child learn to speak and understand language?

Here are some more tips to help your child's speech and language development:

- 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 pre-school 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?

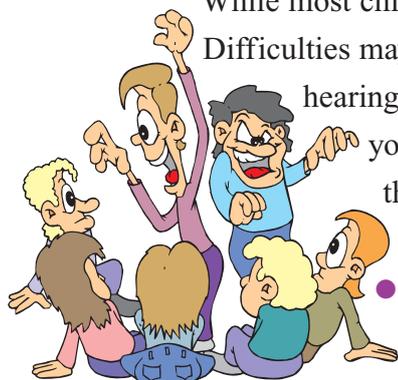
While most children develop without any difficulty, problems can occur.

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; or
- your family 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

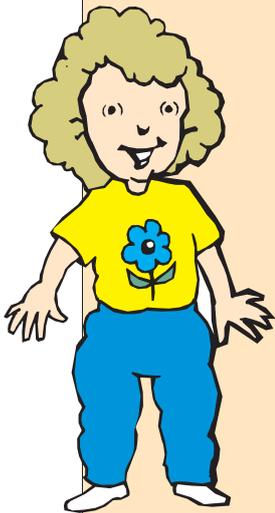
Forbairt sóisialta, mothucháin agus iompair dod pháiste

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?

Child's age:	Your child may:
By the end of 3 years	<ul style="list-style-type: none"> ● 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, and ● like helping you with chores such as gardening or washing up.

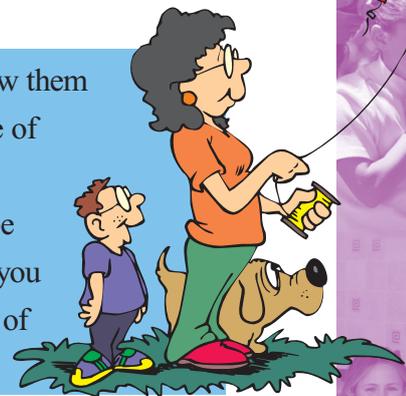


What should I expect in my child's social, emotional and behavioural development?

Child's age:	Your child may:
<p>By the end of 4 years</p> 	<ul style="list-style-type: none"> ● 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, and ● wash and dry their hands without help and blow their nose when you remind them.
<p>By the end of 5 years</p>	<ul style="list-style-type: none"> ● 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, and ● 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.

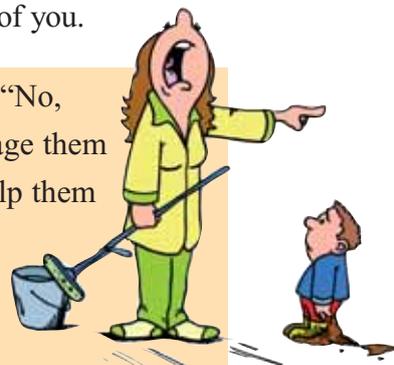


How can I guide my child's behavioural development?

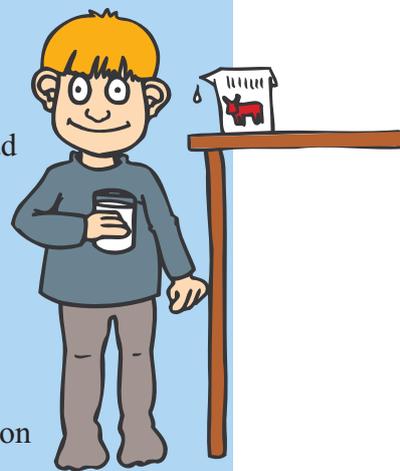
As a parent, you want the best for your child. You want to teach them about good behaviour and give them direction by setting limits on what is acceptable behaviour for their age.

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 act 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." 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.



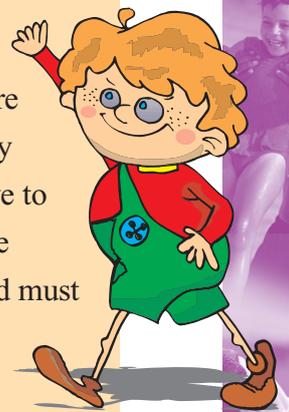
- Play board games like snakes and ladders. Your child learns that they may not always win, but they can enjoy taking part in a group-based game. They also see other children or adults win or lose without getting upset.
- Support your child in trying to solve a problem or conflict themselves. Keep an 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.



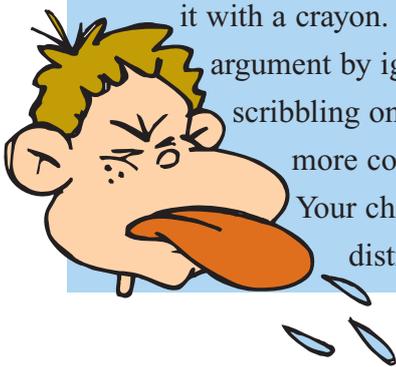
What can I do if my child will not do what I tell them to do?

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; and
- what they must do now to put it right.

Time out is not useful if your child:

- is under 3 years old and does not understand why they are being disciplined; or
- has special needs and is unable to co-operate with you in spending time alone.



When should I use 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

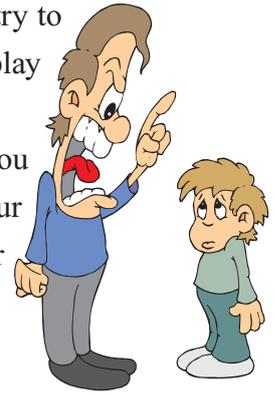
- Give your child a warning that you are not pleased with their current behaviour. Use a firm but calm tone of voice. For example, say, “If you throw that block again, you will have to take time out.”
- If their misbehaviour persists, bring them to the time out chair, beanbag or stair step in a calm 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.



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; or
- your family 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.



Your child’s sexual development

Forbairt gnéas do pháiste

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.

The main stages of your child’s sexual development

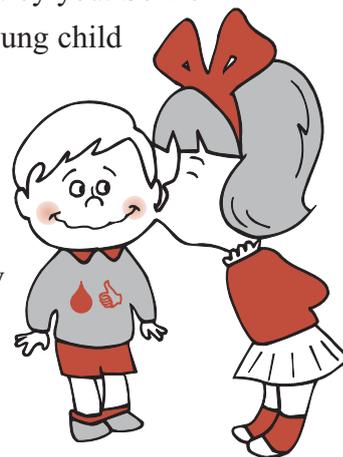
Age	Your child may:
From 2-3 years	<ul style="list-style-type: none"> ● still be trying to work out how parts of their body are connected to the rest of them, and ● be trying to figure out how their body works.
From 3-5 years	<ul style="list-style-type: none"> ● be modest about their body, ● like being 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, and ● 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.
- 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 and not a special or 'dirty' subject.



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 family doctor;
- your local child psychology; or
- the local health promotion unit.

There are also web sites and references at the back of this information booklet to help you learn more about your child's sexual development.

Health checks for your child

Scrúdaithe sláinte dod' pháiste

When is the health check?	Where does it take place?	What happens at this health check?
<p>Usually done between 3 and 4 years</p> 	<ul style="list-style-type: none"> ● your local health centre, or ● in your own home 	<p>Your public health nurse:</p> <ul style="list-style-type: none"> ● 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, and ● checks your child's teeth and oral hygiene.
<p>4-5 years (junior infants)</p>	<ul style="list-style-type: none"> ● in school 	<ul style="list-style-type: none"> ● 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.

If you or your specialist school public health nurse or public health nurse is 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.

What signs may suggest that my child is not developing as expected?

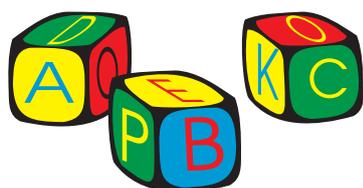
This list is only a guide to possible problems with your child's development. If you are concerned that your child is not developing, contact your health professionals.

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:	My 4 year old:	My 5 year old:
<ul style="list-style-type: none"> ● 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, or ● has no interest in being toilet trained or dressing themselves. 	<ul style="list-style-type: none"> ● 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 I 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, or ● lashes out without any self control when they are angry or upset. 	<ul style="list-style-type: none"> ● 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, or ● cannot wash and dry their hands.



Your child with special needs

Do pháiste le riachtanaisí speisialta

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 family doctor;
- your family resource centre; or
- 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

Fadhbanna Forbartha

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.



What are the types of ADHD?

ADHD type	Signs of ADHD
Mainly inattentive	<p>Your child may find it hard to:</p> <ul style="list-style-type: none"> ● set up or finish a task, ● pay attention to small details, ● concentrate, ● follow through on instructions, or ● hold a conversation for a while. <p>Your child is easily distracted or forgets the details of daily routines.</p>
Mainly hyperactive - impulsive 	<ul style="list-style-type: none"> ● Your child can't stay quiet. They fidget and talk a lot or speak out at inappropriate times. ● 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. ● Your child can't keep calm. They may feel restless and impulsive and interrupt others a lot. ● They won't wait their turn or listen to directions. <p>Your child with this type of ADHD may have more accidents and injuries than others because of the impulsive nature of the condition.</p>
Combined type	Your child shows symptoms of the two types listed above.

What services are available to help my child with ADHD?

What treatments are available for ADHD?	Who supplies the service?
<ul style="list-style-type: none"> ● Treatment may be through behavioural therapies where your child and your family work with trained professionals. ● Medical therapies. ● Combined treatment with both medical and behavioural therapies. 	<ul style="list-style-type: none"> ● Your family doctor may advise you. ● A specialist paediatric doctor ● Your child and family psychology department ● Your disability services department ● An early intervention or pre-school development team ● 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.

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.

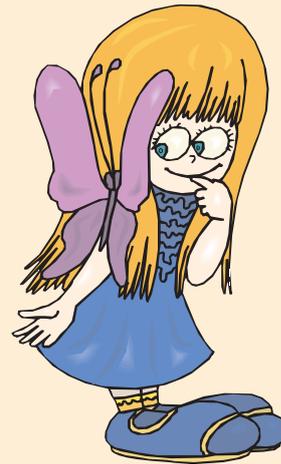
The main characteristics of a child with ASD include:

- impaired verbal and non-verbal communication skills;
- problems with social interactions;
- a pattern of repetitive behaviour; and
- 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; or
- 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?



What services are available for ASD?	Who supplies the service?
<ul style="list-style-type: none">● Behavioural therapies where your child and your family work with trained professionals.● Combined interventions with behavioural therapy and community support can be helpful. Combined treatment for ASD works best in understanding each child's needs.● Parenting training can also help you cope with the challenges of raising your child with ASD.	<ul style="list-style-type: none">● Your family doctor● A specialist paediatric doctor● Your child and family psychology department● Speech and language services● Occupational therapy services● Educational support services● Your disability services department● An early intervention or pre-school development team <p>In a small number of cases a psychiatric opinion may be needed. Your family doctor or paediatrician will refer you on, if needed.</p>

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.

