

HOW YOUR CHILD WILL GROW

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Your baby may walk at 11 months. Your neighbour's baby may still be crawling at 16 months. One child may be talking in sentences at two years old, another may have just started to put two words together. Both are fine. Each child is different because each one is an individual. This chapter looks at the way babies and children grow.



- Children are not just born different, they also have different lives and learn different things.
- A child who plays a lot with toys will learn good hand-eye co-ordination, a child who goes to the park every day will soon learn the names of plants and animals, a child who is often talked to will learn more words, a child who is given praise when they learn something will want to learn more.

- Some children have difficulty learning, sometimes due to physical problems with, for example, hearing or seeing.
- If you are worried about your child's progress, talk to your health visitor or GP. If something is holding your child back, the sooner you find out, the sooner you can do something to help.

For more on learning and playing, see Chapter 5.

FOLLOWING YOUR CHILD'S GROWTH AND DEVELOPMENT

The personal child health record (PCHR)

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

This is a way of keeping track of your child's progress. It makes sure that, wherever you are and whatever happens to your child, you

will have a record of their health and progress which can be shared with health professionals.

When you have contact with a health professional, such as a health visitor, they will use 'the red book' to record your child's weight, other measurements, immunisations and other important health information. This is **your** record, so do add information yourself. This could be a note of when your child does something for the first time, or advice given to you by a healthcare professional. It's a good idea to record any illnesses or accidents and details of any medicines your child takes.

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



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

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

The Healthy Child, Healthy Future Programme

The Healthy Child, Healthy Future Programme offers a series of reviews, screening tests, immunisations and information to support you as a

parent and to help you make choices that will give your child the best chance of staying healthy and well.

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

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

After birth:

- Maternity services will support you with breastfeeding, caring for your new baby and adjusting to life as a parent.
- Your baby will be examined and given a number of tests, including a hearing test.

By 14 days:

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

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

Between six and eight weeks:

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

At eight weeks:

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

At three months:

- Your baby will be given their second scheduled immunisation. This is a further opportunity to raise any concerns and ask for any information you need.

At 14–16 weeks:

- Your baby will be reviewed by your health visitor.

At four months:

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

At six to nine months:

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



healthy growth

More information

Immunisation

To see when children usually get immunisations, visit: www.publichealth.hscni.net



If you have any worries at any other times or would like to know more about your own or your baby's health or to have your baby's weight checked, you can contact the team or go to a local child health clinic.

At 12 months:

Your baby will be given their fourth scheduled immunisation. Your baby will usually be weighed at the time of this routine immunisation.

Your baby will have a health and development review. Information/support will be available for your family on key issues eg bonding issues, baby massage, healthy feeding issues, play, dental health and home and child safety.

At 13 months:

Your baby will be given the measles, mumps and rubella (MMR) immunisation, and you will have the opportunity to discuss your child's progress or ask for information.

By 13 months:

Your baby should usually be weighed at 12–13 months at the time of routine immunisation. If there is concern, however, your baby may be weighed more often. Weights measured too close together are often misleading, so babies should be weighed no more than once a month up to six months of age, once every two months from 6–12 months of age, and once every three months over the age of one year. However, most children do not need to be weighed this often.

Between two and two-and-a-half years:

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

See Chapter 7 for more information about all immunisations, including MMR.

By now, your child may be attending an early years setting such as a playgroup or nursery. The staff in these settings will join you and the Healthy Child team in working to make sure your child stays healthy and develops well, both emotionally and socially.

At school entry (four to five years):

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

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

Two to two-and-a-half year old review

The two to two-and-a-half year review will be carried out by a member of the Healthy Child, Healthy Future team – usually a health visitor, nursery nurse or health visiting staff nurse. They will encourage you to talk about how things are going and listen to your concerns. The review might be at home. Try to make sure that both you and your partner are there. At this age, your child will be learning lots of new skills so there will be quite a lot to cover. It may help to write down any questions you have before the appointment so you don't leave anything out. Take your 'red book' with you, so you can keep a record of what is discussed.

The review will cover topics such as:

- general development, including movement, speech, social skills and behaviour, hearing and vision
- growth, healthy eating and keeping active
- teeth brushing and going to the dentist
- managing behaviour and encouraging good sleeping habits
- keeping your child safe
- immunisations.

This is your opportunity to ask for advice about anything that is bothering you and to find out about useful services and schemes, including early learning services. If you are thinking about getting back into work or training, ask about childcare and any other support you may be able to get.

The team will also look at whether your child needs more help and support and, if they do, how to go about getting it.



Keeping an eye on your child's development

Development is an ongoing process. It's important that you continue to observe your child's development and go to all of the reviews. You can also talk to your health visitor or GP if you have any concerns about your child at any time.

What if I need some extra help?

All families are different. Being a parent can be more difficult if you are young or living on a low income, if your child is ill or disabled or for all sorts of other reasons. The Healthy Child, Healthy Future Programme offers plenty of support for children and families who need it. The health visitor will make sure that your child's individual health needs are considered and your plans reflect your particular strengths, needs and choices.



Screening

As part of the Healthy Child, Healthy Future Programme, your child will be offered routine screening tests. The point of these is to identify any problems with development or any other issues as early as possible so that any support your child needs can be given in a planned and co-ordinated way. If you have any concerns about your child at any other times, talk to a member of the health visiting team or your GP.

GENERAL DEVELOPMENT

Some health visitors may ask your child to do little tasks, such as building with blocks or identifying pictures. Others may simply watch your child playing or drawing. This, combined with the information they get from you, will help them build up a picture of how your child is doing. The **development chart** on page 65 will give you an idea of the kind of physical and verbal skills they are looking for.

Children all develop at different rates, but if your child seems slow in one particular area of development, you will have the opportunity to discuss the possible reasons for this and whether there is anything you – or anyone else – can do to support them. If your baby was born prematurely, their developmental age will be calculated from your original due date, not from the actual date of delivery.

Weight and height

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

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

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

Weight gain is just one sign that feeding is going well. See Chapter 1 for other ways you can tell that your baby is feeding well and getting what they need.

Measuring a baby's length is done by trained staff, using appropriate equipment. By two, your child's height can be measured standing up. Your child's length or height will always be measured if there are any concerns about their weight gain or growth.



MONTHS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	YEARS	2	24	3	36	4	48	5	60	
Movement		Lift their head while lying on their front.																										
						Sit without support. If your baby is not sitting unsupported by 9 months, talk to your health visitor or GP.	Start trying to crawl. Some babies crawl backwards before they crawl forwards. Some learn to walk without ever crawling. Others are bottom shufflers.	Pull themselves upright and stand, holding on to the furniture.																				
Handling things																												
Hearing and talking																												
Seeing																												

Walk alone. If your child is not walking by 18 months, talk to your health visitor or GP.

Learn to kick or throw a ball. Throwing sometimes takes longer than kicking.

Enjoy scribbling with a crayon.

Can draw what you see is a person (with a face and maybe arms and legs). Like much else, this depends a lot on how much practice and encouragement they get.

Can use a knife and fork.

By 3-3½ years: can talk well in sentences, chant rhymes and songs, and talk clearly enough to be understood by strangers. A few 3-year-olds may be difficult to understand. It's normal for a 2-year-old to pronounce words incorrectly, if your 3-year-old is hard to understand, mention this to your health visitor.

By 2 years: can put at least two words together and can point to parts of their body.

By 18 months: can say between 6 and 20 recognisable words, but understand many more. They also start to use language in play, for example when feeding a teddy or doll, or talking on a toy telephone.

By 12 months: respond to their own name, say something like 'mama' and 'dada' to parents.

By 7 months: turn to your voice across the room, or to very quiet noises on either side if not distracted by something else.

In the first few weeks: especially like looking at faces. Babies will focus on a face close in front of them and follow it.

By 2 weeks: begin to recognise their parents.

By 4-6 weeks: may start to smile.

By 6 weeks: can follow a brightly coloured moving toy field about 20cm away.

By 6 months: can see across a room.

This guide gives an idea of the age range within which most children gain certain skills. The ages given are averages. Lots of perfectly normal children gain one skill earlier, another later than average. You can tick off each thing as your child achieves a new skill and keep it as a record for development reviews (see pages 62-63).

Understanding your child's chart

Your child's growth will be recorded on a centile chart, so it's easy to see how their height and weight compare with other children of the same age. On this page you can see an example of boys' height centile lines for ages two to four; the chart on the right shows girls' weight centile lines for babies from 0 to 12 months. Boys and girls have different charts because boys are on average heavier and taller and their growth pattern is slightly different.

The charts in your PCHR or 'red book' (see page 61) are based on measurements taken by the World Health Organization from healthy breastfed children, with non-smoking parents, from a range of countries. They represent the pattern of growth that healthy children should follow, whether they are breastfed or formula fed. They are suitable for children from all ethnic backgrounds.

The curves on the chart, or centile lines, show the range of weights and heights (or lengths) of most children. If your child's height is on the 25th centile, for example, this means that if you lined up 100 children of the

same age in order from the shortest to the tallest, your child would be number 25; 75 children would be taller than your child. It is quite normal for a child's weight or height to be anywhere within the centile lines on the chart.

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

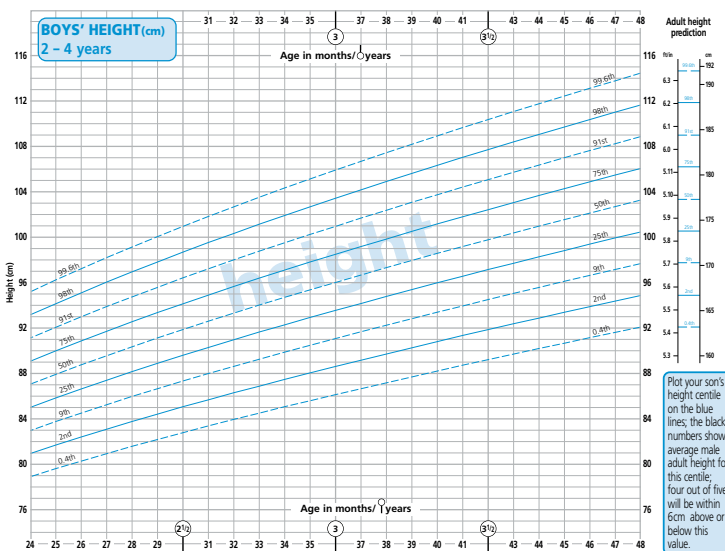
Usually, weight gain is quickest in the first six to nine months and then gradually slows down as children move into the toddler years. If your baby is ill, weight gain may slow down for a while. Toddlers may actually lose weight when ill. When they recover, their weight will usually return to normal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

health visitor to check them and measure their length.

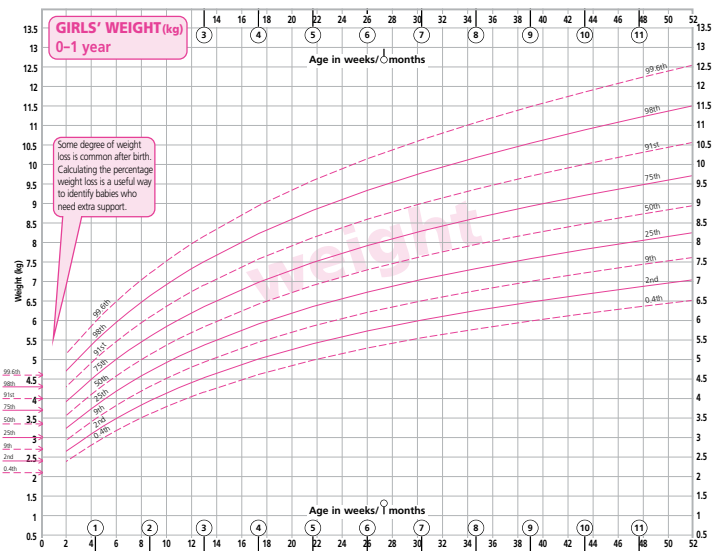
babies grow at different rates

Your child's height after the age of two can give some indication of how tall they will be when they grow up. Use the adult height predictor on the new height page of your 'red book'. It's quite normal for your child to be on different centiles for their weight and their height/length, but the two are usually similar. If there is a big difference, or if your health visitor is concerned about your child's weight, they will calculate their body mass index (BMI) centile. This will help to show whether your child is overweight or underweight. In this case, you can talk to your health visitor about your child's diet and levels of physical activity and plan any changes needed.

Boys' height (2-4 years)



Girls' weight (0-1 year)



Eyesight

Babies are born able to see, although their vision may be less well focused early on. Their eyesight develops gradually over the first few months. By the time of their first review, at around 14 days, you will have noticed whether or not your baby can follow your face or a colourful object held about 20cm (8 inches) away with their eyes. If this is not happening, you should mention it at the review.

At birth, a baby's eyes may roll away from each other occasionally. This is normal. But if your baby is squinting all or a lot of the time, tell your health visitor or your GP. They can refer you to an orthoptist or ophthalmologist who specialises in children's eyes.

Helpful tips

Bilingual children

Lots of children grow up in a family where more than one language is spoken. Speaking more than one language is an advantage to children in their learning, and knowing their home language will support the development of English.

The important thing is to talk to your child in whichever language feels comfortable to you. This may mean one parent using one language and the other using another. Children adapt to this very well.

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

Talking

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

You can help your child learn by holding them close, making eye contact and talking to them as soon as they are born. They will look back at you and very soon begin to understand how conversations work. Even copying and making 'baby' noises will teach your baby useful lessons about listening, the importance of words and taking turns in a conversation.

As your baby starts to take more of an interest in what is going on around them, you can start naming and pointing at things that you can both see ('Look, a cat!'). This will help your baby to learn words and, in time, they will start to copy you (around 12 months of age). Once your toddler can say around 50 individual words, they will start to put short sentences together. This normally happens by the age of about two.



However, some children may find it hard to learn what words mean, or may struggle to use words or put them together in sentences. Others may use long sentences but find it hard to make themselves understood. These are all signs that they may need some extra help.

If you are at all worried about your child's language development, talk to your GP or health visitor. It may help to get your child referred to a speech and language therapist. In most areas, you can do this yourself by contacting your health visitor or local health centre. Useful information can be found on www.talkingpoint.org.uk/talkinglinks or in the Personal Child Health Record (PCHR).

The site also provides general information about learning to talk.

Helpful tips

The following tips will help encourage your baby to start talking:

- From the day that they are born, you can make faces and noises, and talk about what is going on: 'Are you hungry now?' 'Do you want some milk?'
- You can start looking at books with your baby from an early age. You don't have to read the words on the page, just talk about what you can see.
- Point out things you see when you are out and about ('There is a bus'). As your baby gets older, add more detail ('There is a red bus').
- As your baby grows, have fun singing nursery rhymes and songs, especially those with actions like 'Pat-a-cake' and 'Row, row, row your boat'.
- If you repeat the sounds your baby makes back to them, your baby will learn to copy you.
- Background noise will make it harder for your child to listen to you so switch off the TV.
- If your child is trying to make a word but gets it wrong, say the word properly. For example, if your baby points to a cat and says 'Ca!', say 'Yes, it's a cat.' But don't criticise or tell them off for getting the word wrong.
- It's best to use short, simple sentences. If your child is already talking, as a general rule try to use sentences that are a word or so longer than the sentences they use themselves.
- Play games where you have to take turns, like peek-a-boo and round and round the garden.
- Get your child's attention by saying their name at the start of whatever it is you are saying to them.
- You can increase your child's vocabulary by giving them choices: for example, 'Do you want an apple or a banana?'
- Encouraging your child to talk in different settings (such as in the bath, in the car or just before bed) will help them to learn to talk. If you ask a question, give them plenty of time to answer you.
- Keep dummies for sleeping. It's hard to learn to talk with a dummy in your mouth!

reading and talking



Reading

Spending time reading to or with your baby or child will help them develop good language skills, support their emotional well-being and help you bond. Booktrust is a national programme that offers free books to children, along with guidance materials for parents and carers, at around:

- eight months
- 18 months, and
- three to four years.

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

Hearing



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

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

In the first few weeks of your baby's life, you will be offered a routine hearing screening test (see page 36 for more on routine tests and screening). The test uses the latest technology and can be carried out almost immediately after birth. It is completely safe and comfortable for babies.

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

At the time of the test, the hearing screener will point you to a section within your baby's Personal Child Health Record (the red book), which gives advice about the sounds your baby should react to and the types of sounds they should make as they grow older. If you have any concerns regarding your baby's hearing, discuss them with your health visitor or GP (see page 61).

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

Teeth

Most babies get their first milk tooth at around six months, usually in front and at the bottom. But all babies are different. Some are born with a tooth already through, while others still have no teeth by the time they are a year old. Most will have all their milk or primary teeth by about two-and-a-half. There are 20 primary teeth in all, 10 at the top and 10 at the bottom.

The first permanent 'second' teeth come through at the back at around the age of six.

Brushing your child's teeth

As soon as your baby's teeth start to come through, you can start brushing their teeth. Buy a baby toothbrush and use it with a tiny smear of fluoride toothpaste. Check with your dentist whether the brand you are using has enough fluoride for your baby's needs. Don't worry if you don't manage to brush much at first. The important thing is to get your baby used to teeth-brushing as part of their everyday routine. You can help by setting a good example and letting them see you brushing your own teeth.

Gradually start brushing your child's teeth more thoroughly, covering all the surfaces of the teeth. You should do it twice a day – just before bed, and at another time that fits in with your routine. Not all children like having their teeth brushed, so you may have to work at it a bit. But try not to let it turn into a battle. Instead, make it into a game, or brush your own teeth at the same time and then help your child 'finish off'.

The easiest way to brush a baby's teeth is to sit them on your knee with their head resting against your chest.



With an older child, stand behind them and tilt their head upwards. Brush the teeth in small circles covering all the surfaces and let your child spit the toothpaste out afterwards. Rinsing with water has been found to reduce the benefit of fluoride. You can also clean your baby's teeth by wrapping a piece of damp gauze with a tiny amount of fluoride toothpaste on it over your finger and rubbing this over their teeth.

You will need to carry on helping your child brush their teeth until you are sure they can do it well enough themselves. This normally will not be until they are at least seven.

Cutting down on sugar

Sugar causes tooth decay. Children who eat sweets every day have nearly twice as much decay as children who eat sweets less often.



It's not just the amount of sugar in sweet food and drinks that matters, it's how often the teeth are in contact with the sugar. Sweet drinks in a bottle or feeder cup and lollipops are particularly bad because they 'bathe' the teeth in sugar for long periods of time. Acidic drinks such as fruit juice and squash can harm teeth too. This is why it's better to give them at mealtimes, not in between.

Teething

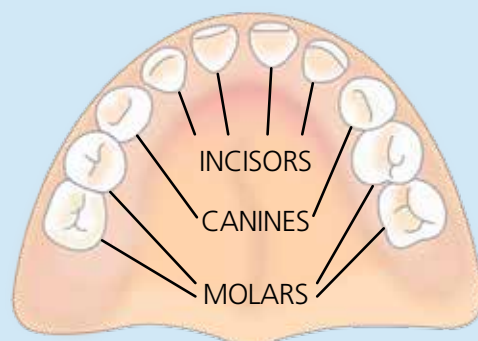
Some teeth come through with no pain or trouble at all. At other times you may notice that the gum is sore and red where the tooth is coming, or that one cheek is flushed. Your baby may dribble, gnaw and chew a lot, or just be fretful.

It can help to give your baby something hard to chew on, such as a teething ring, a crust of bread or breadstick, or a peeled carrot (stay nearby in case of choking). It's best to avoid rusks because almost all brands contain some sugar. Constant chewing and sucking on sugary things can cause tooth decay even if your baby has only one or two teeth.

For babies over four months old, you can try rubbing sugar-free teething gel on their gums. You can get this from the pharmacist.

For younger babies, talk to your GP or health visitor. You may also want to give sugar-free baby paracetamol or ibuprofen. Follow the instructions on the bottle for your child's age, or check with your pharmacist, GP or health visitor.

It can be tempting to put all sorts of things – rashes, crying, bad temper, runny noses, extra-dirty nappies – down to teething. If you are unsure about your child's health, seek advice.



The following tips will help you reduce the amount of sugar in your child's diet and avoid tooth decay:

- From the time your baby is introduced to solid food, try to encourage them to eat savoury food. Watch for sugar in pre-prepared baby foods (even the savoury ones), rusks and baby drinks, especially fizzy drinks, squash and syrups.
- You should only give sweet foods and fruit juice at mealtimes. Well diluted fruit juice containing vitamin C and given in a cup with a meal may also help iron to be absorbed. Between meals, stick to milk or water.
- Try not to give biscuits or sweets as treats – and ask relatives and friends to do the same. Use things like stickers, badges, hair slides, crayons, small books, notebooks and colouring books, soap and

bubble baths. They may be more expensive than sweets, but they last longer too.

- If children are having sweets or chocolate, it's less harmful for their teeth to eat them all at once and at the end of a meal than to eat them little by little and/or between meals.
- At bedtime or during the night, give your baby milk or water rather than baby juices or sugar-sweetened drinks.
- If your child needs medicine, ask your pharmacist or GP if there is a sugar-free option.





- Try to avoid giving drinks containing artificial sweeteners, such as saccharin or aspartame. If you do, dilute them with water (read the labels carefully).
- It's OK to use bottles for expressed breastmilk, infant formula or cooled boiled water but using them for juices or sugary drinks can increase tooth decay. It's best to put these drinks in a cup and keep drinking times short.
- Between six months and one year, you can offer drinks in a non-valved free-flowing cup (see page 47 for more on choosing the right cup or beaker).
- It might help to check your whole family's sugar intake and look for ways of cutting down. See Chapter 3 for some suggestions.

avoid artificial sweeteners



Fluoride

Fluoride is a natural element that can help prevent tooth decay. It occurs naturally in foods, and is also in some water supplies, although the levels are usually too low to be of much benefit.

You can give extra fluoride in the form of drops (for babies) or tablets (for children), but you should not do this if you live in an area where fluoride is naturally present or has already been added to the water. Ask your dentist for advice. Fluoride in toothpaste is very effective. Use a tiny smear for babies and a pea-sized amount for toddlers and children.

Taking your child to the dentist

You can take your child to a dentist as soon as they are born, even before they have any teeth. HSC dental treatment for children is free. Take your child with you when you go to the dentist, so they get used to the idea. If you need to find a dentist, you can ask at your local health centre, contact your local health trust – the address and telephone number will be in the phone book.

Helpful tips

Monitoring sugar content

Sucrose, glucose, dextrose, maltose, fructose and hydrolysed starch are all sugars.

Invert sugar or syrup, honey, raw sugar, brown sugar, cane sugar, muscovado and concentrated fruit juices are all sugars.

Maltodextrin is not a sugar, but can still cause tooth decay.

Nutrition Facts	
Serving Size	
Servings Per Container	
Amount Per Serving	
Calories	
Calories From Fat	
Total Fat	4.5g
Saturated Fat	1.5g
Trans Fat	0g
Cholesterol	30mg
Sodium	1260mg
Total Carbohydrate	48g
Dietary Fiber	3g
Sugars	16g
Protein	14g



Feet and shoes

Babies' and small children's feet grow very fast, and it's important that the bones grow straight.

The bones in a baby's toes are soft at birth. If they are cramped by tight shoes or socks, they cannot straighten out and grow properly. It's a good idea to keep your baby's feet as free as possible.

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

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

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

the shape of the previous owner's feet and may rub and/or not give your child's feet the support they need. It's also important to check that socks are the right size. Cotton ones are best.

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

Some common foot problems and how to deal with them

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

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

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

- **Knock knees.** This is when a child stands with their knees together and their ankles apart. Between the ages of two and four, a gap of 6cm (around 2.5 inches) is considered normal. Knock knees usually correct themselves by the age of six.

- **In-toeing.** Also known as pigeon-toes, this is where the child's feet turn in. The condition usually corrects itself by the age of eight or nine, and treatment is not usually needed.

- **Out-toeing.** This is where the feet point outwards. Again, this condition usually corrects itself and treatment is not needed in most cases.
- **Flat feet.** Even if your child appears to have flat feet, don't worry. If an arch forms when your child stands on tiptoe, no treatment will normally be needed.
- **Tiptoe walking.** If your child walks on tiptoe, talk to your GP or health visitor.

CHILDREN WITH ADDITIONAL NEEDS



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

You may find it difficult to take in everything that is said to you at first, or even the second time around. You may also find that not all health professionals talk easily or well to parents. Go back and ask for the information again. If you can, get a friend or relative to come with you, or at least take a pen and paper so you can make some notes. In the end, the honest answer to your questions may be 'I don't know'

or 'We are not sure', but that is better than no answer at all.

Special educational needs

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

You, or any of the professionals involved in caring for your child, can ask your local authority to carry out a statutory assessment of your child's needs. After this, the local authority will decide whether to issue a statement that describes your child's needs and the support needed to meet them. The Advisory Centre for Education (see page 157 for contact details) offers advice on education and produces a handbook on special education.

Help for children with additional needs

Child development teams

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

Coping with your own feelings

Finding out that your child has a disability or illness is a stressful and upsetting experience. You will be trying to cope with your own feelings at the same time as making some tough decisions and difficult adjustments. Your GP, health visitor or social worker or a counsellor can all help. So can other parents who have been through similar experiences. But, even with help, it will take time to adjust. It's OK to think about

your own life and needs as well as your child's. The charity Contact a Family brings together the families of children with special needs and offers information and advice. You can call the free helpline on 0808 808 3555 or go to www.cafamily.org.uk

Benefits

If you have a child with a disability, you may be able to claim Disability Living Allowance or Carer's Allowance. If you are already getting benefits or tax credits, you may be entitled to extra amounts. Contact a Family can help. Call the free helpline on 0808 808 3555 or go to www.cafamily.org.uk

Some questions you might like to ask

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

Help and support

Getting information, advice and support

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

There are lots of services for children with special needs, for example physiotherapy, speech and language therapy, dentists, occupational therapy, home learning schemes, playgroups, opportunity groups, nurseries, and nursery schools and classes. To find out what is available in your area, ask your health visitor, GP, Sure Start Centre, children's services department or the Early Years area special educational needs co-ordinator (area SENCO) at your local education department or Early Years service. See page 157 for more information.

