



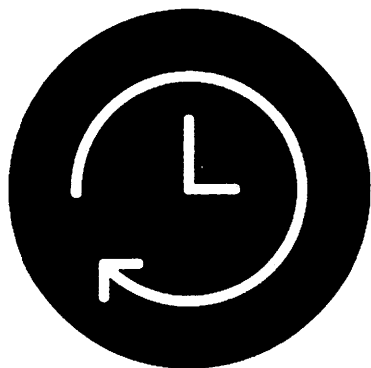
## PRACTICAL SLEEP TIPS FOR CHILDREN

**Everybody can benefit from having a good sleep routine – even grown-ups! A good sleep routine needs to be planned well in advance. Consistency and firmness are also key.**

Firstly you need to consider what time bedtime will be and then work backwards, planning the hour leading up to it in some detail. If your child isn't settling until late you may need to gradually move their bedtime as previously described, the routine will need to be gradually moved too.

- Make sure bedtime is realistic, if your child isn't falling asleep until 11pm there is no point starting a routine at 6pm.
- Create a calm, sleep-friendly bedroom. It needs to promote relaxation so decorate in calming colours, remove gadgets from the room (including the TV) and put toys. Keep the room dark to block out external light and never have it too warm, 16–18 degrees is ideal.
- Don't send children to the bedroom/bed if they've been challenging. The bedrooms should be a safe haven and not one where they feel anxious, stressed or worried.
- Dim the lights in the hour before bedtime, close the curtains if needs be and create some darkness to help to promote the melatonin (sleep hormone) production.
- Turn all screens off in the hour before bedtime to help calm your child and to support the production of the melatonin (the sleep hormone)
- Offer quiet activities that are motivating to your child. Fine motor skill activities are perfect to aid relaxation eg jigsaws, colouring in, threading, building with bricks etc.
- Consider introducing supper time. Slow releasing carbohydrates are great for keeping little tummies full. Dairy products are also very calming at night time. Avoid anything sugar loaded or containing caffeine.
- Baths are great if your child finds them relaxing. If however they are fearful of them or get overexcited they may not help in the bedtime routine. Ideally a bath should take place 30 minutes before bedtime as this aids relaxation by increasing the body temperature. It is the slow decrease in body temperature that helps us to feel more relaxed and nod off more easily.
- Get ready for bed in the same order – for example, pyjamas on, tooth brushing, toilet etc.
- Once in bed spend some time reading a bedtime story with your child.
- Give hugs and kisses and tell your child 'it's night time, go to sleep'.
- Wake them up at the same time each morning to help to strengthen their body clock.

For more information and advice, visit The Sleep Charity at [thesleepcharity.org.uk](https://thesleepcharity.org.uk) or contact us on [info@thesleepcharity.org.uk](mailto:info@thesleepcharity.org.uk)



## CREATING A GOOD BEDTIME ROUTINE

**A bedtime routine is important in getting a good night's sleep. A routine helps to support children's body clock and aid relaxation. Consistency is key, sometimes sleep patterns may get worse before they get better. It is not uncommon to think that a new routine isn't working but it is important to stick to it for at least two weeks in order to see results.**

### **Here are some helpful tips to create a good routine:**

- Take some time to plan your routine and write it down. Work out what time it will start, this should be an hour before your child goes to sleep. Display the new routine somewhere where everybody in the home can follow it.
- Do the same thing at the same time each day, including having a set wake up time each morning. We know this is difficult at the weekend, but it is important to have these set times to support your child's body clock.
- Turn off all screens at the start of the routine, they may suppress the body's production of melatonin, the sleep hormone, and make it more difficult to nod off.
- Consider whether having a light supper time snack in the routine would be helpful – we have a tip sheet all about sleepy food.
- Dim the lights in the hour before bed to encourage the production of melatonin, this will help to promote that sleepy feeling.
- Younger children may enjoy a bedtime box, filled with a selection of activities to carry out during the routine. Hand eye co-ordination activities such as jigsaws, colouring and threading are great for promoting relaxation. Older children may prefer to read, play a board game or take part in a craft activity.
- A bath 30 minutes before bed can help to promote sleep, the decrease in body temperature after a bath can help us to nod off more easily.
- Once in bed sharing a story is a great way to end the day or older children may prefer to read independently.

**For more information, contact The Sleep Charity or your representative.**

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## How to manage challenging behaviour

The Primary Behaviour Service (PBS) is a team of dedicated practitioners with extensive experience working in Hampshire primary schools to promote children's positive behaviour and emotional wellbeing.

We believe that:

- Behaviour is a metaphor for communication
- Every child deserves to be heard, can be taught and learn strategies to succeed
- Every child has the right to equality of opportunity, inclusion and their individual needs met through a child-centred approach
- Every child can take responsibility for their own actions and create their own opportunity for change
- In early, targeted support to develop optimal independence and emotional resilience
- Positive relationships between school, families and children help remove barriers to learning
- Parents/carers are powerful agents for change for their children
- Every child can flourish, develop their individual strengths and make a valuable contribution to society.

Referrals to PBS are made by schools. PSB will work with schools and parents/carers to promote positive behaviour outcomes.

### **The Nice & Nice**

Your child is reluctant to start a task -

*Are you going to tidy up your toys now or after dinner?*

*Are you going to do your homework with a pencil, or pen?*

### **The Nice & Nasty**

Using matter of fact calm voice-

*Either it's finished/tidied now, or after dinner.*

*Your toys need to go away not or during TV time.*

### **Thanks Not Please**

Really important! Say please too often and you may sound like you are pleading. Try "name, instruction, thanks"

*Billy, socks on, thanks!*

*Jane, wait until I'm finished talking, thanks!*

*Luke, shoes in the corner, thanks!*

After giving the instruction, confidently walk/turn away, with the expectation your child will comply.

### **The Never Say 'No'**

Sometimes we have to say 'no' but for other times try this – 'Yes, as soon as you have...'

*Can I have the telly on? Yes as soon as you've done your homework.*

*Can I go to the shops today? Yes, you can go to the shops, although not today. We can go on...*

*Can I have a biscuit? Yes, as soon as you've finished your sandwich.*

*Can I have that toy? Yes, you can when you've done your jobs this week.*

*I want Megan round to play today? Yes, she can come round, although not today. She can come on...*

### **Using Conditioner**

Using the phrase "When", "Then"

*When you are dressed, then you can have the TV on.*

*When you've tidied your toys, then you can go on the computer.*

*When you've brushed your teeth, then we can have a story.*

### **Don't say "don't"**

Reframe instructions positively. We often give children ideas of what to do when we are trying to get them to stop. E.g. "Don't jump in that puddle"...child thinks "I will jump in that puddle!". Try "stay out of the puddle, thanks".

*Walk, thanks – rather than 'don't run'*

*Stay with mum, thanks – rather than 'don't walk off'*

*Put that down, thanks – rather than 'don't throw that'*

### **Notice and Praise**

Be constantly on the look-out for the good rather than the bad. Name and praise the behaviour.

*I've noticed how nicely you are sharing*

*It's really lovely to see you being so nice to...*

*Goodness me, you are sitting so nicely/eating sensibly*

*Thank you for...sharing/asking/being polite*

**You cannot 'overdo' the praise.**

**Making the 'punishment' fit the 'crime'!**

If your child is constantly refusing to put their bike away, removing TV privileges is not a 'natural consequence'. However, removing the privilege of using the bike until they learn to put it away, is.

*Child rides his bike out of the agreed area, and he loses his bicycle privileges for 24 hours.*

*Child is throwing a ball in the house and he breaks a lamp. He has to do chores to earn enough money to pay for a new lamp.*

**For more information**

Primary Behaviour Service, Hampshire  
Tel: 02380 613152

# Top Tips for Bowel Control

**Ensure your child has 6 to 8 glasses of water-based drinks throughout the day with at least 2 to 3 during school time.**

Dehydration (lack of water) can lead to headaches and constipation. Drinking more increases the fluid content of stools (poo) making them easier to pass. Your child needs to drink more when exercising or in hot weather.



**Encourage your child to eat a well balanced diet including fruit, vegetables and wholegrain foods which have high fibre content.**

Eating foods that are high in fibre increases the bulk of the stools (poo) making them softer and easier to push out.



**Provide your child with opportunities for regular exercise.**

Physical activity increases bowel activity.



**Encourage your child to use the toilet around 15-20 minutes after meals.**

The bowel is more active after meals, so this is the time that your child is more likely to get the feeling that they need a poo.



**Give your child enough time to use the toilet so that they don't feel rushed.**

Many children don't like to use toilets in school for a poo, so try and ensure that your home routine allows them enough time to go if necessary.

**Make sure your child can sit on the toilet securely and that they have a footstool to put their feet on if necessary.**

If feet are supported it makes it easier to push the poo out and gently rocking forwards and backwards on the toilet "rock and pop" can also help [See ERIC website for more details].

**Try to make toilet times fun.**

Try having a poster on the back of the toilet door or try a comic/book for your child to look at whilst they are sitting on the toilet.

**Don't let your child hold on to do a poo.**

The longer poo stays in the bowel, the harder and drier the poo becomes.

**Stay positive and praise your child for small steps within their control (e.g. drinking plenty), and try not to make too much of it when accidents happen.**

**Seek advice and support**

Seek advice from your School Nurse [www.southernhealth.nhs.uk/services/childrens-services/school-nursing/](http://www.southernhealth.nhs.uk/services/childrens-services/school-nursing/) or your family doctor

Seek advice from Education Resources for Improving Childhood Continence [ERIC] [www.eric.org.uk](http://www.eric.org.uk) 0845 370 8008

# Top Tips for Bladder Control

## Establish a good daytime toileting routine even if there is no desire to go.

- on waking
- before school
- morning break
- lunchtime
- home time – 2nd play
- dinnertime
- before bed

This has been shown to be effective in developing better bladder control. It means your child plans when to pass urine rather than waiting for bladder signals. It helps them to focus on their bladder.



## Increase drinks throughout the day.

- Have at least 6-8 good sized cups of drink per day
- Do not restrict drinks
- Avoid blackcurrant and fizzy drinks. Water and dilute apple juice are good drinks

The bladder needs to fill and empty regularly in order to function well. Some drinks can irritate the bladder.



## Avoid constipation

- Encourage your child to eat a well balanced diet including fruit, vegetables and wholegrain foods
- Establish a good toileting routine and allow your child enough time in the day to use the toilet for a poo
- Seek advice from your family doctor if you feel your child may be constipated.

Hard stools (poo) in the lower bowel can press on the bladder and prevent it from filling properly and can contribute to day and night time wetting.

## During the night

- Encourage your child to use the toilet during the night if they wake
- **No** lifting or waking your child to toilet.

Whilst it may appear logical to lift, it may actually prolong bedwetting because if your child is not fully awake wetting is being encouraged. Even if your child is fully woken up, the bladder is unlikely to be full therefore denying your child the chance to experience a full bladder and learn to wake to the signals.



## Before bed

- 90 minutes before bed a small drink is ok but try not to drink too much
- Avoid Tea, Coffee and Hot Chocolate before bed.
- Empty bladder completely before sleep, trying twice e.g. **Toilet, Teeth, Toilet (The 3 T's)**
- Consider when to stop using pull-ups/nappies.

These drinks have a diuretic effect, which increase urine production.

Pull-ups are designed in such a way that your child may not be aware that they are wet. They are not able to experience the sensation of wetness and being uncomfortable, so may not have the incentive of being dry.



## Be positive

- Focus on what is possible by setting small realistic goals
- Encourage your child and praise success.

## Seek advice and support

Seek advice from your School Nurse [www.southernhealth.nhs.uk/services/childrens-services/school-nursing/](http://www.southernhealth.nhs.uk/services/childrens-services/school-nursing/) or your family doctor

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# Eatwell Guide

Check the label on packaged foods

Each serving (150g) contains

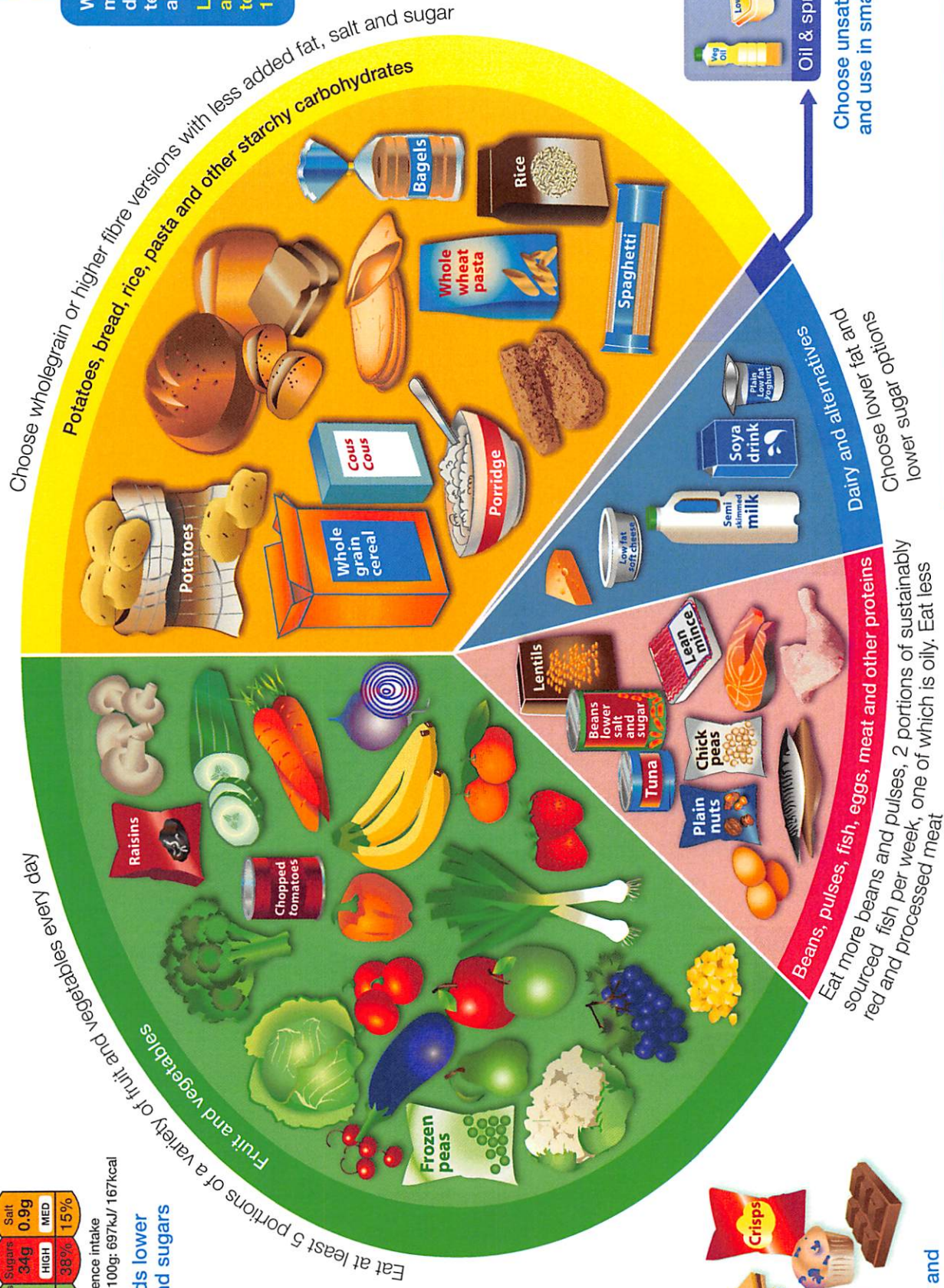
| Energy            | Fat  | Saturated | Sugars | Salt |
|-------------------|------|-----------|--------|------|
| 1046kJ<br>250kcal | 3.0g | 1.3g      | 34g    | 0.9g |
|                   | LOW  | LOW       | HIGH   | MED  |
| 13%               | 4%   | 7%        | 38%    | 15%  |

of an adult's reference intake

Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.



Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.



Eat less often and in small amounts

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

# Routine childhood immunisations

from June 2020

| When                                                  | Diseases protected against                                                                                         | Vaccine given and trade name                           |                                    | Usual site      |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------|-----------------|
| Eight weeks old                                       | Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B | DTaP/IPV/Hib/HepB                                      | Infanrix hexa                      | Thigh           |
|                                                       | Meningococcal group B (MenB)                                                                                       | MenB                                                   | Bexsero                            | Left thigh      |
|                                                       | Rotavirus gastroenteritis                                                                                          | Rotavirus                                              | Rotarix                            | By mouth        |
| Twelve weeks old                                      | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B                                                         | DTaP/IPV/Hib/HepB                                      | Infanrix hexa                      | Thigh           |
|                                                       | Pneumococcal (13 serotypes)                                                                                        | PCV                                                    | Prevenar 13                        | Thigh           |
|                                                       | Rotavirus                                                                                                          | Rotavirus                                              | Rotarix                            | By mouth        |
| Sixteen weeks old                                     | Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B                                                         | DTaP/IPV/Hib/HepB                                      | Infanrix hexa                      | Thigh           |
|                                                       | MenB                                                                                                               | MenB                                                   | Bexsero                            | Left thigh      |
| One year old (on or after the child's first birthday) | Hib and MenC                                                                                                       | Hib/MenC                                               | Menitorix                          | Upper arm/thigh |
|                                                       | Pneumococcal                                                                                                       | PCV booster                                            | Prevenar 13                        | Upper arm/thigh |
|                                                       | Measles, mumps and rubella (German measles)                                                                        | MMR                                                    | MMR VaxPRO <sup>2</sup> or Priorix | Upper arm/thigh |
|                                                       | MenB                                                                                                               | MenB booster                                           | Bexsero                            | Left thigh      |
| Eligible paediatric age group <sup>1</sup>            | Influenza (each year from September)                                                                               | Live attenuated influenza vaccine LAIV <sup>2, 3</sup> | Fluenz Tetra <sup>2, 3</sup>       | Both nostrils   |
| Three years four months old or soon after             | Diphtheria, tetanus, pertussis and polio                                                                           | dTaP/IPV                                               | Repevax or Boostrix-IPV            | Upper arm       |
|                                                       | Measles, mumps and rubella                                                                                         | MMR (check first dose given)                           | MMR VaxPRO <sup>2</sup> or Priorix | Upper arm       |
| Boys and girls aged twelve to thirteen years          | Cancers caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)          | HPV (two doses 6-24 months apart)                      | Gardasil                           | Upper arm       |
| Fourteen years old (school year 9)                    | Tetanus, diphtheria and polio                                                                                      | Td/IPV (check MMR status)                              | Revaxis                            | Upper arm       |
|                                                       | Meningococcal groups A, C, W and Y disease                                                                         | MenACWY                                                | Nimenrix or Menveo                 | Upper arm       |

1. See Green book chapter 19 or visit [www.gov.uk/government/publications/influenza-the-green-book-chapter-19](http://www.gov.uk/government/publications/influenza-the-green-book-chapter-19) or [www.nhs.uk/conditions/vaccinations/child-flu-vaccine/](http://www.nhs.uk/conditions/vaccinations/child-flu-vaccine/)

2. Contains porcine gelatine.

3. If LAIV (live attenuated influenza vaccine) is contraindicated and the child is in a clinical risk group, use inactivated flu vaccine.

## Selective childhood immunisation programmes

| Target group                                                                       | Age and schedule                                      | Disease      | Vaccines required                                                                  |
|------------------------------------------------------------------------------------|-------------------------------------------------------|--------------|------------------------------------------------------------------------------------|
| Babies born to hepatitis B infected mothers                                        | At birth, four weeks and 12 months old <sup>1,2</sup> | Hepatitis B  | Hepatitis B (Engerix B/HBvaxPRO)                                                   |
| Infants in areas of the country with TB incidence $\geq 40/100,000$                | At birth                                              | Tuberculosis | BCG                                                                                |
| Infants with a parent or grandparent born in a high incidence country <sup>3</sup> | At birth                                              | Tuberculosis | BCG                                                                                |
| At risk children                                                                   | From 6 months to 17 years of age                      | Influenza    | LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age |
| Pregnant women                                                                     | During flu season<br>At any stage of pregnancy        | Influenza    | Inactivated flu vaccine                                                            |
| Pregnant women                                                                     | From 16 weeks gestation                               | Pertussis    | dTaP/IPV (Boostrix-IPV or Repevax)                                                 |

1. Take blood for HBsAg at 12 months to exclude infection.

2. In addition hexavalent vaccine (Infanrix hexa) is given at 8, 12 and 16 weeks.

3. Where the annual incidence of TB is  $\geq 40/100,000$  – see [www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people](http://www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people)

For vaccine supply information for the childhood programme please visit [www.immform.dh.gov.uk](http://www.immform.dh.gov.uk) and check vaccine update for all other vaccine supply information.