



Holmleigh EYFS Health Pack

This booklet contains important information about looking
after your child's health

Starting at a Pre-school or Nursery school

Starting pre-school or nursery school is an important stage in the separation process and the feelings aroused or battles waged at an earlier stage often re-emerge at this point. Many children embrace this change without a backward glance. It is sometimes the parent in this situation who feels sad and disappointed at having to let go and move on.

Some children feel very ready for the stimulus of other children, toys, educational challenges and all that the new world of pre-school or nursery school has to offer. But many young children who are developing normally nevertheless find this particular stage of life very difficult. They may express their feelings through crying and clinging. They may also return to baby habits and behaviour, such as thumb-sucking, bedwetting or accidents at school, tantrums and baby language. It is as if they are giving their parents the message that they want to go backwards to a more comfortable time rather than forwards to the next stage. It is common for parents to see enormous swings between moods of great dependence and independence – a little baby one minute and an assertive and exploratory three-year-old the next.

At this stage, some children may be very withdrawn and shy within groups, while others may show aggression and rivalry with others. Parents can be reassured that these extremes of mood and behaviour are normal and are not signs that there is anything wrong with their child.

Helping your child to settle

Parents can help their children to settle by showing them that they understand their feelings, while also encouraging them to move forward confidently.

Some helpful suggestions

- Take it a step at a time – it needs to be a gradual process.
- Prepare children for any change that is coming and try not to spring it on them. It helps to talk about it and rehearse for it – by acting it out as a game, for instance.

- Don't slip out without saying goodbye. Your child will trust you and be more confident if you say goodbye and acknowledge their feelings directly.
- A firm and confident goodbye at pre-school or nursery school tells your distressed child that you know they'll be able to cope. It's better not to hover and appear anxious.
- Separation encourages your child's developing independence even though it may cause stress at first.
- Most of us thrive on a healthy mix of stable routines and new challenges. Children do, too.

A child of this age who had the attention they needed at an earlier stage, is likely to have the invaluable tools of play and language to take their development a step further. Children who can talk about their feelings as a parent leaves, or who find a way of enacting what they are going through, can gradually make sense of their feelings and increase their capacity to tolerate these experiences. They can then move on to exploring the whole range of opportunities that new environments have to offer.

In a good pre-school or nursery setting, young children have the opportunity to learn a range of new skills and to sort out complicated feelings about themselves and others. Through playing and learning, they find out more themselves and the world around them.

They have a chance to prepare themselves for the next step, when they will enter the more formal world of primary school.

Oral Health

Promoting oral health in early years is essential to protecting young teeth and establishing good habits. It is also a requirement of the EYFS guidelines: “*All settings must promote the good health, including oral health, of children attending the setting.*”

There are three main themes in good dental health:

- Keep sugary and acidic food and drinks to mealtimes
- Brush teeth at least twice a day with a fluoride toothpaste
- Visit the dentist regularly

Spark their interest...

Pretend to brush teddy's or doll's teeth

Make up a story e.g. the toothbrush (the good guy) beating the invading germs (the bad guys)

Face opposite each other and brush at the same time, mirroring how you brush

Brush each other's teeth

ROAR like a dinosaur or a tiger (an open mouth will help you to access their teeth)

Try different products, like a milder toothpaste, a fun toothbrush, a 2 minute timer or brushing in front of a mirror

Have a few different colour brushes they can choose from to suit their mood!

Distraction – watching TV or a tablet while you brush their teeth? They can spit out into a tissue or some kitchen roll

Try apps, youtube videos or songs to make brushing fun and engaging

Be positive...

Brush your teeth at the same time together...
“*I like it when we brush our teeth together!*”

Give an immediate reward: a bedtime story, watch something on TV or play outside

An independent child? Let them brush first, then you follow up

Take a deep breath and be patient if they are not co-operating

Choose your timings well i.e. avoid overtiredness and stressful times of the day

Try to leave at least 30 minutes after eating or drinking

Develop a routine each time

Give praise for any compliance or achievement...“*Well done! Great brushing! Your teeth are **so** clean!!*”

Build on each achievement by reminding them of how well they did before



Hearing

Although serious hearing problems during childhood are rare, early testing ensures that any problems are picked up and managed as early as possible.

Why hearing tests are important

Hearing tests carried out soon after birth can help identify most babies with significant hearing loss, and testing later in childhood can pick up any problems that have been missed or have been slowly getting worse.

Without routine hearing tests, there's a chance that a hearing problem could go undiagnosed for many months or even years.

It's important to identify hearing problems as early as possible because they can affect your child's speech and language development, social skills and education.

Treatment is more effective if any problems are detected and managed accordingly early on. An early diagnosis will also help ensure you and your child have access to any special support services you may need.

When will my child's hearing be checked?

At around 4 or 5 years old – some children will have a hearing test when they start school, this may be conducted at school or an audiology department depending upon where you live.

Your child's hearing can also be checked at any other time if you have any concerns. Speak to a GP or health visitor if you're worried about your child's hearing.

What causes hearing loss?

There are a number of reasons why a child may have a hearing problem, including temporary hearing loss from a common illness such as a [common cold](#).

Some possible causes of [hearing loss](#) that may be detected during routine tests include:

- [glue ear](#) – a build-up of fluid in the middle ear, which is common in young children
- infections that develop in the womb or at birth, such as [rubella \(german measles\)](#) or [cytomegalovirus](#), which can cause progressive hearing loss
- inherited conditions which stop the ears or nerves from working properly
- damage to the cochlear or auditory nerves (which transmit hearing signals to the brain); this could be caused by a [severe head injury](#), exposure to loud noise or head surgery, for example
- being starved of oxygen at birth (birth asphyxia)
- illnesses such as [meningitis](#) and [encephalitis](#) (which both involve swelling in the brain)

Although your child will be offered routine hearing tests as they grow up, it's still important for you to look out for signs of any problems and seek advice if you have any concerns.

For babies, the checklist in your baby's personal child health record (red book) can be used to help you check your child's hearing as they grow up.

In older children, signs of a possible hearing problem can include:

- inattentiveness or poor concentration
- not responding when their name is called
- talking loudly and listening to the television at a high volume
- difficulty pinpointing where a sound is coming from
- mispronouncing words
- a change in their progress at school

Speak to a GP, health visitor or a member of the nursery if you're concerned about your child's hearing. Your child can have a hearing test at any age.

Eye Health

Good eyesight is crucial in making sure a child develops to their full potential both at school and socially. It is especially important to look after children's eyes – the eye is still developing throughout early childhood so if problems are treated early, it can make a lasting difference. Yet research shows that around 20% of school-aged children have an undiagnosed vision problem (1). It is never too early to have a sight test, visiting an optometrist will mean you can spot and manage vision problems that may affect your child's development.

How do I know if my child has an eye problem?

Some eye conditions do not display any signs or symptoms, so the only way to know for sure is to take your child for a sight test. Signs which may show there is a problem with a child's sight include:

- An eye appearing to drift inwards or outwards
- Difficulty concentrating
- Behavioural problems
- Headaches
- Sitting too close to the television
- Frequent eye rubbing

Symptoms of a vision problem

This could mean your child needs glasses or that they have an eye that is healthy but does not see as well, otherwise known as a 'lazy eye'. The condition can run in the family, so if a relative has either an eye turn (squint) or suffers from reduced vision in one or both eyes (amblyopia), it's a good idea to take any related children for a sight test.

When should my child visit the optometrist?

Although the UK National Screening Committee recommends screening at age four to five years, there are many optometrists who will see children much younger than this for a sight test. We recommend that children have a sight test around the age of three, so that conditions are picked up and treated early. After the first test it is a good idea to return every two years, or as recommended by your optometrist.

What can I do if I do not want my child to wear glasses?

If you are reluctant for your child to wear glasses, it is important to remember that some children need a visual correction in order for their vision to develop normally and to achieve their full potential. The good news is, there is now a much wider range of attractive frames to choose from and less stigma attached to wearing glasses. Some children may even be disappointed when told they don't need to wear glasses.

Many children are also suitable for contact lenses; this is particularly helpful for children who take part in regular sports activities and can be successfully worn from an earlier age than you might expect. Ask your optometrist whether contact lenses would be suitable for your child.

What else can I do to look after my child's eyes?

- Get them outdoors – regular play and exercise can help with eye health. Studies show two hours of outdoor activity a day is ideal for healthy eyes (2)
- Make sure they eat healthily and drink enough fluids
- Protect their eyes from the sun – never let them look directly into the sun and make sure they always wear good-quality sunglasses with the 'CE' quality mark and the British Standard BS EN 1836:2005



Screen time — facts for parents

Most parents worry how much time their child is spending on digital devices. Here are the facts about screen time.

What is blue light?

Sunlight contains red, orange, yellow, green and blue light rays. Combined, this spectrum of coloured light rays creates what we call 'white light' or sunlight. Depending on where they fall on the spectrum, light rays have long wavelengths (with less energy) or short wavelengths (with more energy).

Blue light is a high-energy visible light and has shorter wavelengths. It is known as blue light because it is on the violet-blue band of the spectrum. Blue light is naturally present in sunlight but is also something we can see from screens such as TVs, computers, smartphones and tablets.

Can blue light damage my child's eyes?

There is currently no scientific evidence that blue light causes damage to the eyes. However, there is evidence to suggest that carrying out near tasks, involving looking at something close-up, such as using mobile devices, screen time and reading a book, can increase eye strain for those who do this for long periods of time.

What is digital eye strain?

Digital eye strain happens when a lot of time is spent using near vision, for example, reading on screen or playing online games. Digital eye strain does not cause permanent damage to your eyes but can be uncomfortable. One of the main symptoms is temporary blurred vision but other signs such as sore and tired eyes, dry eye and headaches are also associated with digital eye strain.

Can blue light affect my child's sleep pattern?

Using screens close to bedtime may contribute to poorer sleep, which may mean your child's

concentration levels are lower during the day. This may be because blue light is linked to the suppression of the hormone melatonin which makes us feel sleepy. However, there is a range of other factors linked to disrupted sleep.

Can blue light filtered lenses help?

Some people report that lens coatings that filter blue light make their eyes feel more comfortable or are helpful before bed, but there is no clear scientific evidence to support this. There is also no evidence that these kinds of coatings prevent eye disease.

Why have I heard that blue light is harmful to eye health?

Several studies have been carried out into the effects of blue light, and research in this area is still ongoing. Some past studies have revealed that exposure to blue light can lead to changes in animals' eyes. However, because the time and intensity of exposure to blue light in these studies was far more than that of natural daylight and that of screens, this does not show that blue light is harmful to eyes.

Is there a link between screen time and short-sightedness?

Short-sightedness, or myopia, is increasing throughout the world. Family history, ethnic background, environment (living indoors, in cities) and carrying out near tasks, such as screen use, have all been linked to the development of myopia. However, there is no clear evidence to suggest that screen time alone is the direct cause. But, there is good evidence to suggest that children who spend more time outdoors are at lower risk of developing short-sightedness.

About the AOP

The Association of Optometrists (AOP) is the leading representative membership organisation for optometrists in the UK. We support our community of more than 17,000 members to fulfil their professional roles to protect the nation's eye health. Find more information at www.aop.org.uk/patients

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Screen time — facts for parents



🕒 Tips for keeping your child's eyes healthy

- Get them outdoors — regular play and exercise can help prevent or reduce the development of myopia (short-sightedness). Studies show two hours of outdoor activity a day is ideal.¹
- Using night settings, if your device has them, may help children sleep by reducing the amount of blue light given off by the screen during night-time hours.
- Make sure digital devices are turned off at least an hour before bedtime.
- Book your child in for a sight test every two years, from the age of three, or more often if your optometrist recommends it.

1. Effect of time spent outdoors at school on the development of myopia among children in China. Randomized clinical trial.

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What Are the Benefits of your child eating a Healthy School Lunch?

As part of the Healthy, Hunger-Free Kids Act established in 2010, the National School Lunch Program's policies were revised to better guarantee that children receive a nutritionally sound lunch. The changes ensure that schools offer fruits and vegetables, whole-grain foods, low-fat dairy products and limit calories, saturated fat and sodium. As a parent, you can follow these same guidelines if you pack your child's lunch. A healthy school lunch provides sound nutrition to establish a lifetime of healthy habits and the energy your child needs for the rest of her busy day.

Provides Key Nutrients

It is vital your child eats a healthy lunch, because lunch provides one-third of their daily calories. It is important to make those calories count by offering nutrient-dense foods. Children who eat a healthy lunch have a higher nutrient intake not only for lunch but also for the entire day.

Limits Fat Intake

The American Heart Association recommends children get no more than 25 to 35 percent of their calories from fat, with most fat coming from polyunsaturated and monounsaturated fats. Think nuts, fish and vegetable oils as opposed to pizza, cake and cookies. This is enough to support normal growth and development, and to meet your child's energy needs while supporting sound heart health -- for now and the future. A healthy school lunch limits fat to less than 30 percent and saturated fat to less than 10 percent of overall calories over the course of a week.

Prevents Obesity

School menus or foods from home that are high in saturated fat can lead to obesity and associated health conditions, which include diabetes and high blood pressure. Healthy options, such as high-fiber foods, whole-grains, fruits, vegetables, legumes and low-fat dairy products, will fill up your child and keep

him full longer. This can prevent unwanted weight gain and chronic health conditions.

Boosts Energy and achievement

When children do not eat a healthy lunch, it is harder for them to concentrate at school and to muster the energy for after school activities. They are also more likely to reach for unhealthy snacks later in the afternoon. By offering a healthy school lunch, your child will get the energy he needs to power through the afternoon. A study published in 2008 in the “Journal of School Health” examined the eating habits of nearly 5,000 children. Children who ate more fruits, vegetables and protein and fewer calories from fat, performed better on literacy tests compared to children with a high-fat, high-salt diet.

Childhood Immunisation Programme

Some infectious diseases can kill children or cause lasting damage to their health. Your child's immune system needs help to fight those diseases. Immunisation gives protection against some infectious diseases. Vaccines stimulate the body to produce antibodies that fight infection. Immunisation is also known as 'vaccination', 'jab' or 'injection'.

Why childhood immunisation is important?

Immunisation prepares the body to fight serious infections that might happen in the future.

Young babies are very vulnerable to infections, so they need to be protected as early as possible.

Your child needs several different vaccines to be fully protected, so it's important to complete their childhood immunisation programme.

What can happen when a child isn't immunised?

Due to the high number of children receiving vaccinations in Northern Ireland over the past couple of decades, many serious childhood infectious diseases have disappeared altogether, like diphtheria, polio or tetanus or been dramatically reduced, such as measles and whooping cough.

In some countries it is more difficult to receive vaccines and as a result more people die from infectious diseases every year.

Unless vaccine uptake remains high in Northern Ireland, many of these serious infectious diseases will return from parts of the world where they still occur.

If this happens, then children living in Northern Ireland that are not vaccinated will be at risk of these infections, their complications and even death.

Age immunisation is given	Diseases protected against	How vaccine is given
Two months old	diphtheria, tetanus, pertussis (whooping cough), polio, haemophilus influenzae type b (Hib) and hepatitis B (6 in 1)	one injection
	rotavirus	orally
	meningococcal group B disease	one injection
Three months old	diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b (Hib) and hepatitis B (6 in 1)	one injection
	rotavirus	orally
	pneumococcal disease	one injection
Four months old	diphtheria, tetanus, pertussis, polio, haemophilus influenzae type b (Hib) and hepatitis B (6 in 1)	one injection
	meningococcal group B disease	one injection
12 to 13 months	haemophilus influenza type b (Hib) and meningococcal group C	one injection
	meningococcal group B disease	one injection
	measles, mumps and rubella (MMR)	one injection
	pneumococcal disease	one injection
Annually from two years old	flu	nasal spray or injection
From three years and four months old	diphtheria, tetanus, pertussis and polio	one injection
	measles, mumps and rubella	one injection
12 to 13 year olds	human papillomavirus (HPV)	one injection
14 to 18 years old	diphtheria, tetanus and polio	one injection
	meningitis (meningococcal groups A, C, W and Y)	one injection

PACKED WITH HEALTH

6 easy Steps to a Healthy packed Lunch

Step 1



Take some bread

- High fibre white, wholemeal, white, seeded, or perhaps a roll, wrap, pitta, chapatti or crackers

Step 2



Add some spread

- Don't spread too thickly



Step 3



Now take a tasty filling

- Chicken, cheese, cream cheese, egg, ham, mozzarella and tomato, salmon, tuna, tuna and sweet corn
- Add some lettuce, slices of cucumber or tomato

Step 4



Now a portion or two of fruit and vegetables

- Apple, banana, grapes, kiwi, pear, plum, mango or melon cubes, dried fruit is good too – raisins, sultanas, apricots. You could even add a little tin or pot of fruit
- Carrot or celery sticks, cherry tomatoes, chunks of cucumber

Step 5



Add a drink

- Water, pure fruit juice and milk are best
- Look for drinks with no added sugar

Step 6



Then to finish add a healthy choice

- Fromage frais or yogurt, (especially if no cheese or milk is already included)
- Slice of malt loaf, currant bun, homemade cake, flapjack, plain biscuits, scotch pancake

Crisps, chocolate bars and chocolate biscuits might be added occasionally rather than every day

The Eatwell Guide shows how much of what we eat overall should come from each food group to achieve a healthy, balanced diet.

You do not need to achieve this balance with every meal, but try to get the balance right over a day or even a week.



Thank you for reading this booklet.

If you still need support or further information, please speak to a member of the Early Years' team