



Berkshire Healthcare
Children, Young People and
Families services

Health Promotion information for parents and carers

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1. Physical activity

How much physical activity are children under five years old advised to do to keep healthy?

Being physically active every day is important for the healthy growth and development of babies, toddlers and pre-school children. For this age group, activity of any intensity should be encouraged, including light activity and more energetic physical activity.

Babies

Babies should be encouraged to be active throughout the day, every day. Before your baby begins to crawl, encourage them to be physically active by reaching and grasping, pulling and pushing, moving their head, body and limbs during daily routines, and during supervised floor play, including tummy time. Once babies can move around, encourage them to be as active as possible in a safe, supervised and nurturing play environment.

Toddlers

Children who can walk on their own should be physically active every day for at least 180 minutes (three hours). This should be spread throughout the day, indoors or outside. The 180 minutes can include light activity such as standing up, moving around, rolling and playing, as well as more energetic activity like skipping, hopping, running and jumping. Active play, such as using a climbing frame, riding a bike, playing in water, chasing games and ball games, is the best way for this age group to get moving.

All children under five Children

under five should not be inactive for long periods, except when they're asleep. Watching TV, travelling by car, bus or train, or being strapped into a buggy for long periods are not good for a child's health and development. There's growing evidence that such behaviour can increase their risk of poor health.

Physical activity for early years (birth – 5 years)

Active children are healthy, happy, school ready and sleep better

**Physical activity for early years
(birth – 5 years)**

Active children are healthy, happy, school ready and sleep better

Every movement counts

Aim for at least 180 Minutes per day for children 1-5 years

Under-1s at least 30 minutes across the day

PLAYGROUND, JUMP, CLIMB, MESSY PLAY, THROW/CATCH, SKIP, DANCE, GAMES, PLAY, TUMMY TIME, SWIM, WALK, SCOOT, BIKE, OBJECT PLAY

Get Strong. Move More. Break up inactivity

UK Chief Medical Officers' Physical Activity Guidelines, 2019

GOV.UK Physical activity guidelines: early years (under 5s). Website: <https://assets.publishing.service.gov.uk/media/620a8add8fa8f549097b864a/physical-activity-for-early-years-birth-to-5.pdf>

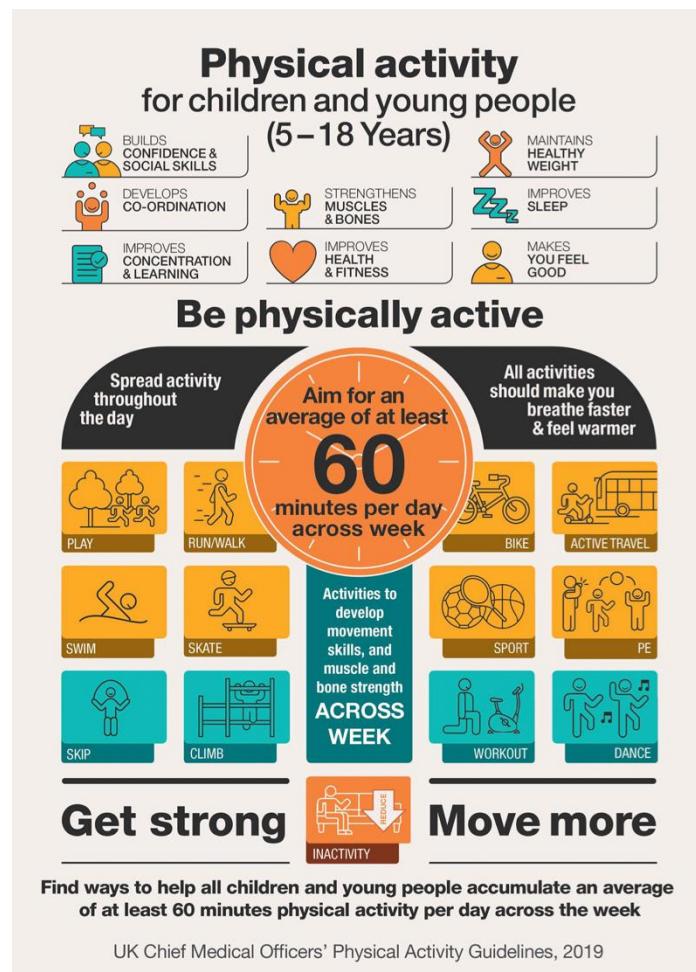
How much physical activity are children and young people aged 5 to 18 years advised to do?

To maintain a basic level of health, children and young people aged 5 to 18 need to do:

- At least 60 minutes of physical activity every day - this should range from **moderate activity**, such as cycling and playground activities, to **vigorous activity**, such as running and tennis.
- On three days a week, these activities should involve **exercises for strong muscles**, such as push ups, and **exercises for strong bones**, such as jumping and running.

Many vigorous activities can help you build strong muscles and bones, including anything involving running and jumping, such as gymnastics, martial arts and football.

Children and young people should reduce the time they spend sitting watching TV, playing computer games and travelling by car when they could walk or cycle instead.



UK Chief Medical Officers' Physical Activity Guidelines, 2019

GOV.UK Physical activity for children and young people: 5 to 18

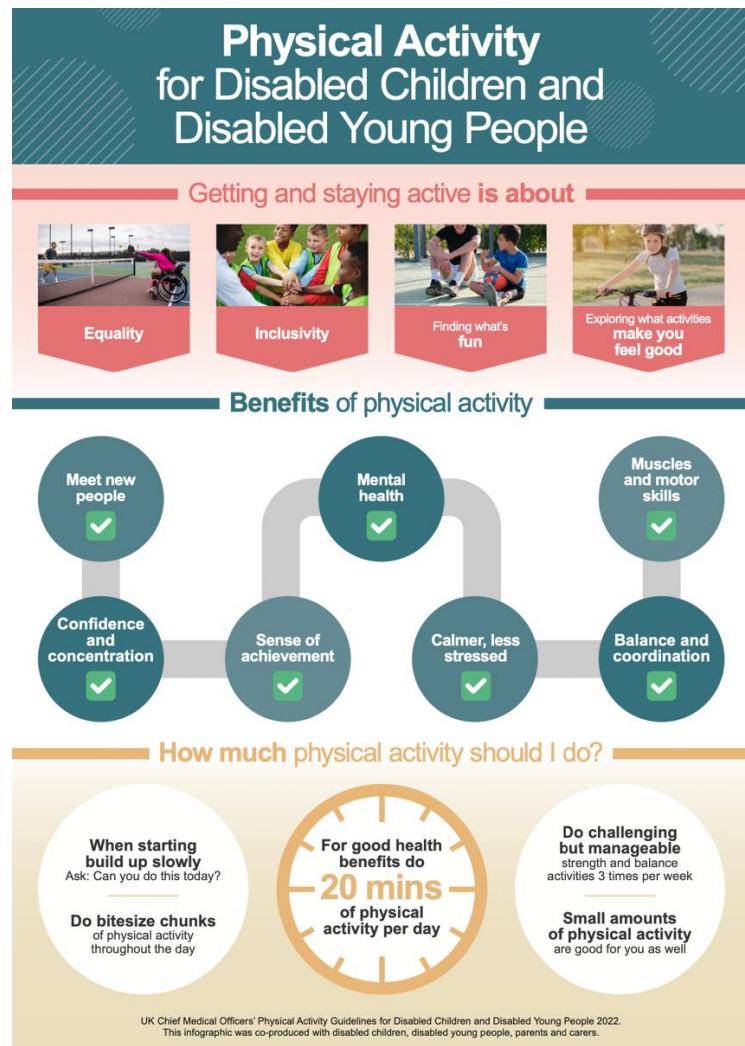
How much physical activity are children and young people with a Disability advised to do?

The type of activity as well as intensity should be tailored to the individual and may require advice from a Physiotherapist and/ or Occupational Therapist if there is a physical disability.

The current advice in the UK is to aim to do:

- 20 minutes of physical activity a day, splitting this into smaller chunks of activity throughout the day if needed.
- challenging but manageable strength and balance activities 3 times a week

For further information on 'Accessible Activities' visit: <https://www.nhs.uk/healthier-families/activities/accessible-activities/>.



GOV.UK Physical activity for disabled children and disabled young people

Further information can be found on the following websites:

- <https://www.nhs.uk/live-well/exercise/physical-activity-guidelines-children-and-young-people/>
- GOV.UK Physical Activity Guidelines:
<https://www.gov.uk/government/collections/physical-activity-guidelines>
- Indoor activities for kids: <https://www.nhs.uk/healthier-families/activities/indoor-activities-for-kids/>
- Keeping active tips: <https://cypf.berkshirehealthcare.nhs.uk/blog/posts/2021/july-2021/keeping-active/>

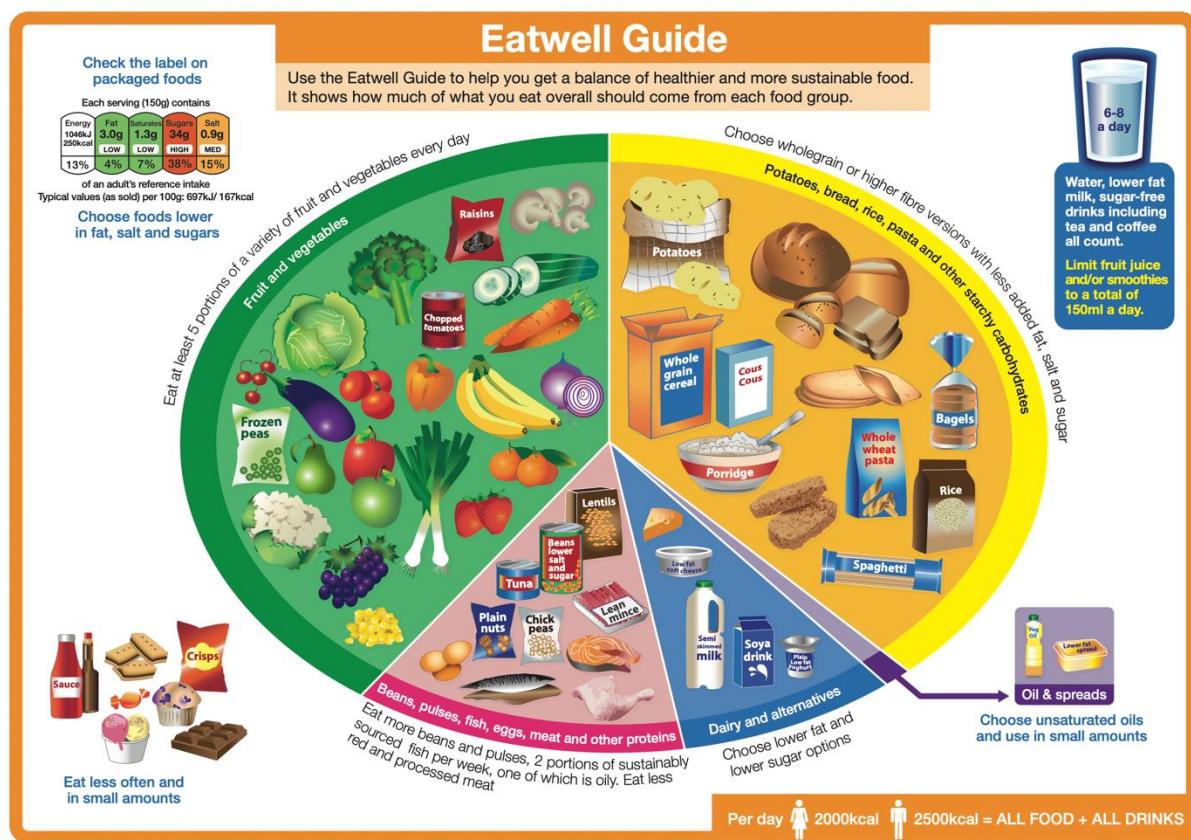
Below are online home workout videos:

- The Body Coach Fun kids workout videos/ P.E. with Joe:
https://www.youtube.com/watch?v=Qjcw2Vov_5k or
<https://www.youtube.com/watch?v=f1DCBvypiNw>
- CBeebies Fun exercised to do at home with the kids.
<https://www.bbc.co.uk/cbeebies/grownups/fun-exercises-to-do-at-home-with-kids>

2. Diet

Children need to eat regular nutritious meals to provide them with energy to support their growth, maintain a healthy body and stay active. However, that does not mean that food and eating cannot be fun and the more we adopt a relaxed and playful approach to eating, the better the relationship the child will have with food. Children can be involved in shopping for groceries, selecting ingredients for a meal, preparation of snacks and meals, setting the table and of course eating the food.

The Eatwell Guide as shown below provides a visual representation of the types of food and proportions that should be included in our diet for optimal health. This model does not apply to under 2's as they have different nutritional needs but between the ages of 2 to 5 years children should gradually move towards the proportions on the Eatwell Guide.



As much as possible children should consume balanced meals based on the 5 food groups below:

Starchy Carbohydrates:

Each meal should be based on foods from this group as these foods provide energy. These foods include; bread, potatoes, pasta, rice, breakfast cereals and grains such as couscous and quinoa. If possible in children over 5 years try to opt for wholegrain or high fibre varieties, as these are healthier and more filling.

Fruits and Vegetables:

Aim for five portions of fruit and vegetables every day. Fruit and vegetables provide lots of vitamins, fibre and antioxidants. Fruit & vegetables can be fresh, frozen, tinned (in their own juice) or dried. Try and include both fruit and vegetables at main meals, fruit can be used as a snack or to make smoothies. Further information on 5 a day can be found at <https://www.nhs.uk/healthier-families/food-facts/5-a-day/>

Dairy and dairy alternatives:

Dairy is an excellent source of protein and calcium. Calcium supports healthy bone and teeth development. Products such as milk, cheese and yoghurt are good options and where possible opt for unsweetened yoghurts. Your child should ideally aim for three servings of calcium-rich food every day - for example, a 150ml glass of milk, a small pot of yoghurt and a small matchbox-sized piece of cheese.

Non-dairy alternatives to cow's milk can be given from six months in food and from 12 months as a main drink. If you do choose plant-based alternatives, you should make sure that these milks contain 120mg of calcium per 100mls and ensure they have around 55-60kcals per 100mls.

Children under two years should have full fat milk and dairy foods. Semi-skimmed milk can be introduced from two years if they are growing well.

Protein and Iron:

Meat, fish, eggs, nuts, seeds, pulses (like beans, lentils and peas), tofu and Quorn are excellent sources of protein and iron. Protein is needed for growth and iron is needed to prevent anaemia; a common condition seen in children. A variety of protein rich foods should be given at least twice per day. Try to choose lean cuts of meat and mince and reduce red and processed meat like bacon, ham and sausages.

Healthy Fats:

Food consists of unsaturated and saturated fats. Unsaturated fats are also known as 'healthy fats' and include polyunsaturated (omega-3 and omega-6) and monounsaturated fats, which are important for maintaining a healthy heart, lowering cholesterol and absorption of some vitamins. Examples include: olive oil, seed oils, spreads made from these oils, avocados, some nuts, seeds, eggs and oily fish. It is recommended to eat 2 portions of fish each week, with one being oily fish. More information on fats can be found at: <https://www.nhs.uk/healthier-families/food-facts/fat/>

Saturated fats are also known as 'unhealthy fats' as they can increase cholesterol and the risk of heart disease stroke and Diabetes. Examples include fatty cuts of meat, sausages, pies, pizza, chips, butter and ghee, cream, ice-cream, chocolates, biscuits, cakes, pastries, palm oil and coconut oil.

Specific nutritional advice for young children:

The nutritional requirements and advice is slightly different for younger children, specifically around dairy and fats. Further information, including weaning advice can be found at:

- NHS – Weaning and Feeding webpage: <https://www.nhs.uk/baby/weaning-and-feeding/what-to-feed-young-children/>
- First Steps Nutrition Trust - <https://www.firststepsnutrition.org/>

There are also certain foods that are best avoided in younger children, detailed information can be found at: <https://www.nhs.uk/baby/weaning-and-feeding/foods-to-avoid-giving-babies-and-young-children/>

Foods to limit:

Sugar and saturated fats: Foods high in sugar and saturated fats such as biscuits, cake, ice cream, sweets, chocolate, condiments such as ketchup, savoury snacks such as crisps, chips and sugary drinks should be limited. These foods increase the risk of developing a range of health conditions in childhood and later life, including, Obesity, heart disease, stroke, diabetes, high blood pressure and some cancers.

Salt: High levels of salt consumption in children can increase their blood pressure and result in an increased risk of obesity and adult health issues such as stroke and heart disease. It is important to not add salt to children's food and opt for lower salt foods e.g. plain rice cakes, full fat plain yogurt, low salt Baked Beans. Salt is often hidden in foods you least expect e.g. bread, condiments (Ketchup) and breakfast cereals. For further information on the salt content of foods and handy tips to reduce your child's intake, see the **Action on Salt** leaflet on 'Salt and the health of your children', https://www.actiononsalt.org.uk/media/action-on-salt/resources/1194_17-Salt-awareness-week-leaflet_v9-print.pdf

Below are the salt recommendations for children:

Age (years)	Amount
Under 1	<1g
1 to 3	No more than 2g
4 to 6	No more than 3 g
7-10	No more than 5g
11+	No more than 6 (1 teaspoon)

Snacks:

It is fine to incorporate 2 snacks a day in between meals but try to ensure these are healthy options such as unsalted nuts, fruit, vegetable sticks with hummus,



wholegrain, oat or rice crackers with low fat cream cheese, plain or reduced sugar yoghurt, wholegrain toast with nut butters and low sugar oat bars. More information about healthy snack options can be found by visiting the First Steps Nutrition website (<https://www.firststepsnutrition.org/>) and downloading the Snack for 1-4 year olds leaflet for free.

Portion size:

It can be difficult to decide how much food to offer your child and it varies from one child to another depending on their size and weight. Their appetite (just like an adults) varies day to day and can be determined by various factors such as growth spurts, illness, activity levels, sleep quality as well as their mood and emotional state. Visual depictions of food portions for varying ages can be found by visiting the First Steps Nutrition website (<https://www.firststepsnutrition.org/>) and downloading the 'Good Food Choices and Portion Sizes for 1-4 year olds' for free.

Fussy eaters:

As part of normal development, many children will go through phases of refusing food or declining new and unfamiliar foods. It often starts around the age of 1 year and can continue until school age. Various factors can contribute to their appetite and willingness to try new foods but as long as they continue to achieve a reasonable rate of growth and are in good health it should not be of concern. There are a number of helpful tips below:

- Create a positive mealtime environment free of stress and try to eat together and be a positive role model.
- Establish a routine of regular meal and snack times, so that they know what to expect.
- Get creative and serve and present the food in different and more fun ways.
- Give small portions and praise your child for eating, even if they only eat a little.
- If they reject the food, do not force them to eat and instead stay calm and remove the food without saying anything.
- Don't be afraid of getting messy and getting the children involved in food preparation and exploring the touch, smell and texture of different foods.
- Involve children/young people in meal planning, shopping, preparing meals, serving the meal and cleaning up.
- Encourage your child to accept new foods gradually, a little at a time on a separate plate. Keep trying as a new food can take 14-20 times to become accepted.
- Expand on the accepted range of food very slowly, by changing a little at a time such as the colour or shape.

More detailed information on fussy eating can be found at:

- Berkshire Healthcare Fussy Eating leaflet:
<https://cypf.berkshirehealthcare.nhs.uk/media/109514148/fussy-eating-booklet.pdf>
- British Dietetic Association: <https://www.bda.uk.com/food-health/lets-get-cooking/cooking-at-home/fussy-eaters.html>
- VEGPOWER Supporting Neurodiversity:
<https://simplyveg.vegpower.org.uk/supporting-neurodiversity/>
- ARFID Awareness: <https://www.arfidawarenessuk.org/>

Vitamins:

All children aged six months to four years should be given a supplement containing vitamins A, C and D, such as Healthy Start vitamin drops unless they are drinking more than 500mls of infant formula.

All children over the age of one should have a vitamin containing 10 micrograms of vitamin D, especially during autumn and winter.

Further information regarding choosing an appropriate multivitamin and mineral supplement for children can be found at <https://www.cuh.nhs.uk/patient-information/choosing-a-multivitamin-and-mineral-supplement-for-children/>

Tips to increase the nutritional content of child's food

- Sprinkle ground nuts and seeds (flaxseeds, chia seeds) into your child's food including porridge and baked items
- Add a tin of beans or lentils to homemade sauces such as pasta sauces – a good source of fibre and counts towards your 5-a-day!
- Add in vegetables whenever possible, such as blended vegetables in sauces, banana and spinach pancakes, chocolate courgette muffins etc.
- Offer pre-cut colourful vegetables prior to dinner in a relaxed and non-pressurised manner.
- Keep a stock of certain food items at home to encourage preparation of quick and easy meals and snacks e.g. cans of beans and lentils, chopped tomatoes, oats, pasta, couscous, pearl barley, orzo, healthier nut butters, rice cakes, oat cakes etc.
- Prepare healthier snacks in advance e.g. jar of roasted nuts, seeds and chopped up dried fruit, pre-cut vegetable sticks, homemade hummus or other dips, banana muffins, oat bars etc.
- Prepare healthier 'treats' such as a healthy snicker bar (dates, peanut butter and chocolate), black bean brownies, home-made ice-creams and ice-lollies using real fruit and pear and chocolate muffins. Recipes can be found below.

N.B. If your child has a very restricted diet or ARFID, be cautious when altering their 'safe foods' or offering new foods along with their 'safe foods', as they may refuse food altogether. Ideally, you should be guided and supported by a Dietician and Occupational Therapist. Further information can be found on <https://www.arfidawarenessuk.org/>

Healthy recipes for children and parents

To be completed

For further information on dietary advice for your child visit:

- British Dietetic Association - Health Eating for Children:
<https://www.bda.uk.com/resource/healthy-eating-for-children.html>
- Nutrition for Children: <https://www.nutrition.org.uk/nutrition-for/children/>
- The Eatwell Guide: <https://www.nhs.uk/live-well/eat-well/food-guidelines-and-food-labels/the-eatwell-guide/>
- VEGPOWER: <https://simplyveg.vegpower.org.uk>

3. Drinks

Children's main source of fluid should be water and some milk. Sugary drinks such as fizzy drinks, squash, juice should be avoided. Fruit juices contain lots of sugar and so it is better to eat the whole fruit which contains fibre as an added benefit. Regular hydration is essential and can reduce the likelihood of constipation, urinary tract infections, headaches, poor concentration and fatigue. Children should drink 6 to 8 cups of water a day, with the size of the cup varying depending on your child's age, see table below:

This table suggests how much water-based fluid your child should be drinking each day:

Age (years)	Volume (mls)
1 to 3	900-1000
4 to 8	1000-1400
9-13 (female)	1200-2100
9-13 (male)	1400-2300
14-18 (female)	1400-2500
14-18 (male)	2100-3200

Source: ERIC Website

The colour of a child's urine can give an indication of how well hydrated they are, the darker the urine the more dehydrated they may be and the lighter the urine the better hydrated they are.

How to encourage your child to drink:

- Do cheers with them and role model drinking.
- Make drink times fun e.g.
 - Make a den and have their water to drink whilst in there.
 - Try 'grow your own cress' activity: You may like to grow some cress as this needs lots of water to grow. Tell your child that cress needs to be watered every day, just like us drinking every day, and this will make the plant grow. Keeping it watered means that the cress stays healthy, just like keeping our bodies working well too.
 - Play Simon Says but with water bottles. Say, for example: Simon says 'take a drink' and Simon says 'drink for a count of Three Mississippi - one Mississippi, two Mississippi, three Mississippi'."
- Measure out your child's water into a clean jug or plastic bottle each day, so they can see what they should be drinking. Offer them a small reward if they manage to drink it all. This chart can be used to track their water intake: <https://www.bbc.co.uk/bitesize/articles/z3htrmn#z4yf8p3>
- Let your child chose their glass, cup or straw. Novelty straws work well for some children.
- You could offer them ice cubes or add slices of fruit to water.
- Ice lollies and jellies have high water content, but try to chose ones that are sugar-free.



4. Dental Health

Oral health is an important aspect of a child's overall health status and general wellbeing. Tooth decay affects up to a quarter of 5 year olds and can not only cause distress and pain for the child but can have an impact on appetite, sleep, school attendance and behaviour. Dental care for children and young people is free through the NHS and we would advise taking your child to the dentist when their first milk teeth appear at around 6 months of age. This is so they become familiar with the environment and get to know the dentist. The dentist can help prevent decay and identify any oral health problems at an early stage. Just opening up the child's mouth for the dentist to take a look is useful practice for the future. Continue to visit your dentist regularly for check-ups at a frequency recommended by your dentist.

How to prevent tooth decay:

- 1) Reduce the consumption of food and drinks that contain sugar as follows:
 - Only give sweet foods and dried fruit at mealtimes
 - Avoid squashes sweetened with sugar, fizzy drinks, soft drinks and juice drinks
 - Limit the amount of fruit juice and smoothies your child drinks to a maximum of 150 ml (1 portion) in total per day and drink it with meals
 - Always ask for sugar-free medicines are an option
 - To identify hidden sugars in food you can download the 'Change 4 Life food scanner app' at <https://www.nhs.uk/change4life/food-facts>.
- 2) Brush teeth twice daily with fluoride toothpaste, last thing at night and at least on one other occasion. After brushing, spit and do not rinse.
 - All children up to 3 years old should use a smear of toothpaste with a fluoride level of at least 1000ppm (parts per million).
 - After 3 years of age, they should use a pea-sized amount of toothpaste that contains 1350 to 1500ppm. Check the toothpaste packet if you're not sure or ask your dentist.



- Supervise your child's tooth brushing until they can effectively brush their teeth independently, which tends to be around 7 years of age. 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 backwards. Brush the teeth in small circles, covering all surfaces.
- 3) Bottle-fed babies should be introduced to drinking from a free-flow cup from the age of 6 months and bottle feeding should be discouraged from 12 months old. You should only give breast or formula milk or cooled, boiled water via a bottle.

4) **Regularly visit the Dental Practice at a rate recommended by the Dentist.** They can check the state of the teeth as well as apply a Fluoride Varnish for children aged 3-6 years and for children aged 0-6 years if there are concerns.

What if....

- **My Child doesn't like the taste of toothpaste:** Try a flavourless toothpaste such as OraNurse. Ensure it does not exceed the recommended amount of fluoride.
- **My child dislikes the foaming texture of toothpaste:** Try a non-foaming/ Sodium Lauryl Sulphate (SLS) free toothpaste such as OraNurse, TePe Daily Kids toothpaste, Sensodyne Pronamel Kids Toothpaste.

Brands of non-foaming (SLS free) toothpaste and the fluoride content

Sensodyne daily care gel	1450ppm
Sensodyne daily care	1450ppm
Oranurse unflavoured toothpaste	1450ppm
Sensodyne pronamel	1450ppm
Retardex toothpaste	1000ppm
Aquafresh children's little teeth	1400ppm
Oralieve moisturising toothpaste	1450ppm
BioXtra toothpaste	1450ppm
Biotene toothpaste	1000ppm

- **My child dislikes the sensation of the toothbrush:** Try an alternative toothbrush such as an electric toothbrush for a vibratory sensation (age 3+), a multi-angled toothbrush such as Dr Barman's Superbrush or a toothbrush with softer bristles.

- **My Child refuses to brush their teeth:** This can be a common battle faced by parents but that is why it is important to introduce babies to a consistent twice daily teeth brushing routine. Even then some children will dislike brushing but it is important to persevere and perhaps turn it into a game or role-model good brushing at the same time.



3 sided toothbrush



360-degree soft toothbrush



MouthEze Cleanser

For further information please visit the following websites:

- 1) <https://www.nhs.uk/live-well/healthy-body/taking-care-of-childrens-teeth/>
- 2) <https://www.nhsborders.scot.nhs.uk/media/971598/Meeting-your-childs-sensory-needs-Toothbrushing.pdf>
- 3) <https://www.communitydentalservices.co.uk/wp-content/uploads/2024/03/2024-Tips-for-toothbrushing-children.pdf>
- 4) toothPASTE website: <https://www.autismtoothcare.com/>

5. Hearing

Routine 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. It's important to identify hearing problems as early as possible because they 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.



can

Picture source: <https://www.nhs.uk/baby/newborn-screening/hearing-test/>

When will my child's hearing be checked?

- Within a few weeks of birth – this is known as newborn hearing screening and it's often carried out before you leave hospital after giving birth. This is routine for all children and even those having a home birth will be invited to come to hospital to have this.
- From 9 months to 2.5 years of age – you may be asked whether you have any concerns about your child's hearing as part of your baby's health and development reviews, and hearing tests can be arranged if necessary.
- 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.

Spotting signs of a hearing problem

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

Further information can be found at the following websites:

<https://www.nhs.uk/conditions/hearing-tests-children/>

6. Vision

When should children have their eyesight checked?

As part of the Newborn physical examination performed within 72 hours of birth, the appearance and movement of your baby's eyes will be checked. In addition, the lens of the eye will be checked with a torch light to exclude a cataract and other eye conditions. Of note, this examination does not give any indication as to how well your baby can see.

Similarly, between 6 to 8 weeks of age the GP will repeat this examination to identify any conditions that may have been missed at the Newborn Physical Examination.

At around 1 year of age and between 2 and 2 and half years of age, the health visiting team will ask if there any concerns regarding your child's vision as part of their routine health and development review. If any concerns are raised, a review at the local Opticians (by an Optometrist) will be advised.

The next review will be when your child starts school at around 4 to 5 years of age, when all children are offered a vision screening test to identify reduced vision in one or both eyes. If reduced vision is identified, a referral will be made to a community or hospital eye service or an Optometrist.

It is important to note that an eyesight test can be performed at any age and if there is a family history of childhood eye problems it should be performed as early as possible. If there are any concerns regarding a child's vision, advice should be sought from the Health Visitor, GP or local Opticians. Children under 16 and full time students under 19 are eligible for free sight tests on the NHS.

Signs that may indicate your child has a problem with their eyesight:

The Personal Child Health Record (Red book) includes a checklist (see below) to identify signs of potential vision-related problem in children under the age of 5 years.

In older children, signs of a possible eye problems can include:

- the eyes not pointing in the same direction
- complaining of headaches or eye strain
- problems reading – for example, they may need to hold books close to their face and they may lose their place regularly
- problems with hand-eye co-ordination – for example, they may struggle to play ball games
- being unusually clumsy
- regularly rubbing their eyes
- sitting too close to the TV

7.Immunisations

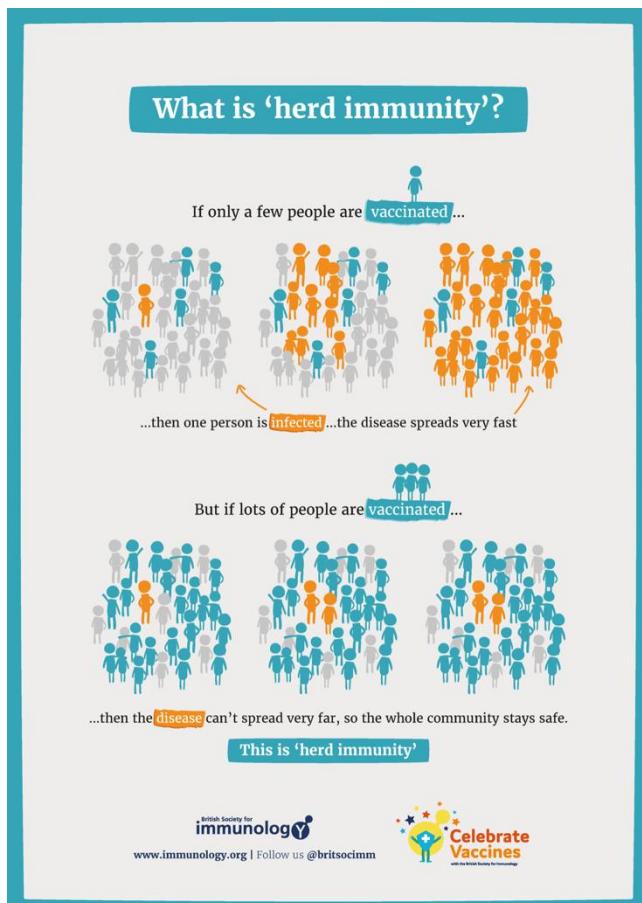
Vaccination is proven to be a highly effective intervention to prevent dangerous diseases and in turn prevent death or serious complications. Since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people are either gone or seen very rarely.

How do vaccinations work?

Vaccines teach your immune system how to create proteins called antibodies that protect you from diseases. It's much safer for your immune system to learn this through vaccination than by catching the diseases and treating them. Once your immune system knows how to fight a disease, it can often protect you for many years.

What is herd immunity?

When a high percentage of the population is vaccinated it prevents the spread of infections to others in the community; a concept known as herd immunity. Herd immunity protects those who cannot be immunised due to their young age or in whom vaccination is contraindicated because of an underlying condition. Further information regarding herd immunity can be accessed at <http://vk.ovg.ox.ac.uk/vk/herd-immunity>.



Are vaccinations safe?

All vaccines are thoroughly tested to make sure they will not harm you or your child. There are many misconceptions about the associations and risks of vaccinations circulated on social media based on unsubstantiated evidence, however there is overwhelming good scientific evidence that vaccinating your child is safer than not vaccinating.

Most of the side-effects are mild and do not last long. The most common side-effects include swelling, redness and soreness at the injection site (subsides after 2 to 3 days), a rash, flu-like symptoms such as headache, muscle ache and fever for 1 to 2 days. A severe allergic reaction (anaphylaxis) following a vaccine is extremely rare, with the overall rate being around 1 in 900,000. The person who vaccinates you or your child will be trained to deal with allergic reactions and treat them immediately.

If you have any concerns about vaccinating your child we would advice visiting 'The Vaccine Knowledge Project' (<https://vaccineknowledge.ox.ac.uk/home>) which provides clear information about vaccines backed up by high-quality reliable research.

When should my child be vaccinated?

In the UK children are immunised according to the national immunisation programme, which undergoes frequent changes including the introduction of new vaccines or alterations made to the number or timing of doses of existing vaccines. The changes made to the national immunisation programme are based upon emerging best practice and scientific evidence. The latest immunisation schedule can be accessed at <https://www.nhs.uk/conditions/vaccinations/>.

8. Sleep

A good night's sleep is essential for a child's mental, physical, social and emotional development. Equally, having a child that sleeps well will promote a better sleep for parents and carers, which in turn fosters positive parent-child/ carer-child interactions.

Around **4 in 10 children** will experience a sleep problem at some point and this rises to **8 out of 10 children** where there is a diagnosis of Special Educational Need or Disability (SEND).

Why is Sleep important?

There are many reasons why sleep is important, some of which are listed below.

Physical Development: Sleep allows for the release of growth hormone, vital for bone and muscle growth. It also supports the immune system, making children less susceptible to illness.

Mental and Emotional Development: Sleep helps regulate emotions, reducing irritability and promoting emotional well-being. It also enhances problem-solving skills and cognitive function.

Learning and Memory: Sleep helps the brain process and consolidate information from the day, improving memory and concentration.

Behaviour: Children who get enough sleep tend to be happier, calmer and less anxious. Hyperactivity is one the most common signs of sleep deprivation.

Appetite: Sleep plays a role in regulating appetite hormones, promoting healthier eating habits and a healthier weight.

How much sleep should my child be getting:

AVERAGE HOURS OF SLEEP NEEDED

AVERAGE NUMBER OF HOURS NEEDED		
AGE	DAYTIME	NIGHTTIME
1 WEEK	8	8½
4 WEEKS	6¾	8¾
3 MONTHS	5	10
6 MONTHS	4	10
9 MONTHS	2¾	11¼
12 MONTHS	2½	11½
2 YEARS	1¼	11¾
3 YEARS	1	11
4 YEARS	-	11½
5 YEARS	-	11
6 YEARS	-	10¾
AVERAGE NUMBER OF HOURS NEEDED		
AGE	DAYTIME	NIGHTTIME
7 YEARS	-	10½
8 YEARS	-	10¼
9 YEARS	-	10
10 YEARS	-	9¾
11 YEARS	-	9½
12 YEARS	-	9½
13 YEARS	-	9¼
14 YEARS	-	9
15 YEARS	-	8¾
16 YEARS	-	8½

Table sourced from
The Sleep Charity,
Welcome to The Word
of Sleep leaflet

How to improve a child's sleep:

For exhausted parents and carers it can feel overwhelming making changes to child's sleep but the key is to try one thing at a time, be consistent and focus on getting the basics right.

Creating an optimum sleep environment and consistent bedtime routine are essential to encourage a good night's sleep. Helpful sleep tips can be found below:

- Make sure you have a calming, predictable bedtime routine that happens at the same time each night, for example bath, pyjamas, story then bed. Ideally, aim for a consistent bedtime and wake-time across the week including weekends.
- If they have a bath try to do this at least half an hour before bedtime as it increases their body temperature and it is the drop in body temperature that makes them feel sleepy.
- If your child complains that they're hungry at night, try to encourage them to eat more for their evening meal or opt for snacks such as low sugar cereal, porridge, almonds, bananas, cherries and cheese. In the hour before bed try to stick to water or plain milk. Avoid high sugar food and caffeinated drinks close to bedtime.
- Avoid screens in the hour before bed and replace this with calming activities such as puzzles and craft activities.
- Avoid long naps in the afternoon.
- Darken the environment in the hour before bed to support your child to nod off more easily. In the Summer months this may mean using black-out blinds or heavy lined curtains. If your child is afraid of the dark, consider using a nightlight or leaving a landing light on throughout the night.
- Try to create a clutter-free, calm and quiet bedroom environment and remove any distractions.
- White noise machines can mask background noise which can also be useful especially if there are external environmental sounds you can't control such as busy roads, railways or noisy neighbours
- Aim for a room temperature of 16-18 degrees as a cooler environment aids sleep.

Play	
Bath	
Pyjamas on	
Teeth cleaning	
Toilet	
Bed	
Story	
Asleep	

Example of a visual bedtime routine. Source: Council For Disabled Children



- Try to remove sleep associations (something that is required for a child to fall asleep e.g. dummy, parent's presence, bottle of milk) that cannot be maintained throughout the night.
- Breathing and mindfulness exercises can be helpful especially if a child is anxious.
- Offer praise to your child for small successes and use reward charts.

Much more advice and support can be found on the following webpages:

- <https://thesleepcharity.org.uk/information-support/children/>
- <https://www.nhs.uk/conditions/baby/health/sleep-and-young-children/>
- The Sleep Charity and World of Sleep eBook -
<https://thesleepcharity.org.uk/information-support/children/childrens-sleep-ebook/>

Resources specifically for children and young people with additional needs:

- Helping your child sleep: Information for Parents of Disabled Children.
<https://www.nhs.uk/conditions/baby/health/sleep-and-young-children/>
- Cerebra Sleep Advice Service: <https://cerebra.org.uk>
- National Autistic Society: Sleep and Autism: <https://www.autism.org.uk/advice-and-guidance/topics/physical-health/sleep/parents>
- Scope: <https://www.scope.org.uk>
- Council for Disabled Children -Information about sleep:
<https://councilfordisabledchildren.org.uk/sites/default/files/uploads/files/earlysupportsleefinal2.pdf>

9. Mental Wellbeing

The emotional and mental wellbeing of children is just as important as their physical wellbeing. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

Mental health problems affect about 1 in 10 children and young people. They include depression, anxiety and conduct disorder, and are often a direct response to what is happening in their lives.

If your child is feeling low or anxious for a prolonged period of time, or if you have any serious concerns about how your child is feeling or acting, you may want to seek professional help.

As a first step, you may find it helpful to speak to:

- someone you trust at school or college – for example, a teacher, school nurse, mental health lead or special educational needs co-ordinator (SENCO)
- a GP
- a health visitor (for children up to 5 years)

In Berkshire further information about Mental Health support services can be found at:
<https://cypf.berkshirehealthcare.nhs.uk/media/109514121/local-area-guide-june-22.pdf>

Services include:

- mental health support teams (MHSTs) in schools and colleges
- NHS-funded services from local mental health organisations, such as charities and social enterprises
- NHS services - you may hear these called children and adolescent mental health services (CAMHS)

The Young Minds A-Z Mental Health Guide has a wealth of practical tips on how to help your child with their feelings and behaviour, mental health and a wide range of life events. This can be accessed at <https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/>.

The Parenting Smart website also contains practical advice in the form of videos and written advice to support your child's wellbeing and behaviour. This can be accessed at <https://parentingsmart.place2be.org.uk/>.

Other useful links and resources:

- <https://cypf.berkshirehealthcare.nhs.uk/mental-and-emotional-health/>
- <https://cypf.berkshirehealthcare.nhs.uk/media/109514121/local-area-guide-june-22.pdf>
- <https://www.nhs.uk/mental-health/children-and-young-adults/mental-health-support/supporting-a-child-or-young-person/>
- Childline - <https://www.childline.org.uk>

10. Puberty and Sexual Health

Puberty is a normal part of growing up and tends to occur anywhere between 8-14 years of age and can last up to 4 years. Puberty starts after the release of hormones by the brain telling the body it is time to make some changes. It is important to appreciate that everyone's puberty journey is different; some may start at a younger age, others may have more noticeable body changes than others but there is no wrong or right way to look. The release of hormones in the developing teenage brain can lead to emotional and mood fluctuations. It is important to validate these emotions and give them the space to be open and honest about their feelings. The **Health for Teens** website (<https://www.healthforteens.co.uk/>) (has very clear information on puberty and some of the changes to expect.

As part of puberty, children develop an interest in romantic relationships with others as well as question their sexuality and gender identity. Good Sexual Health involves feeling healthy and happy in your body, building safe and positive relationships and making informed decisions about sexual activity, whilst being aware of protection against potential risks like Sexually Transmitted Infections (STIs) and unwanted pregnancies.

Helpful tips on how to best support children through puberty?

- Make sure your child knows you are non-judgemental and a safe person to have difficult and what they may view as embarrassing conversations with.
- Show an interest in their lives and have regular chats, making it easier to talk about topics such as sex that may feel awkward at first.
- Role-model self-worth and body acceptance and normalise different body shapes and sizes.
- Respect your child's need for privacy and their increased time spent on personal care and grooming.
- Teenagers will challenge and break rules but decide on a set of clear boundaries and consequences and stick with them.
- If you are worried your child may be having unprotected sex or taking drugs, try talking calmly and directing them to useful information.
- Know where to access resources and information (see below).

For more information on how to support your child visit:

- <https://www.youngminds.org.uk/parent/>
- <https://www.yoursexualhealthmatters.org.uk/sexual-health-and-wellbeing/advice-parents-and-carers>
- <https://www.nhs.uk/mental-health/children-and-young-adults/advice-for-parents/cope-with-your-teenager/>
- <https://www.nhs.uk/mental-health/children-and-young-adults/advice-for-parents/worried-about-your-teenager/>
- Menstruation animation video can be accessed at: <https://reproductive-health.ed.ac.uk/news/2021-news/menstrual-health-animation>

Local Sexual Health Service and contact details:

Visit the Berkshire Healthcare Trust Website 'Sexual Health Service' website for advice and support: <https://www.berkshirehealthcare.nhs.uk/sexual-health-service/>

To talk to someone about a sexual health concern contact:

- **Slough and Bracknell Young Person's clinic (under 18s)**, call 0300 365 7777 between 10am to 2pm, throughout the week
- **Bracknell Forest 0300 365 6000** and select option 3 Bracknellforest.SN@berkshire.nhs.uk

Puberty in Neurodivergent Children and those with additional needs:

Neurodivergent children and children with additional needs may require different methods of communicating information regarding puberty and sexual health, for example in the form of videos, social stories, pictures, books etc. Some children may take longer to process the information and so gradually introducing the topic from an earlier age can help to alleviate some the anxiety.

The idea of periods commonly causes considerable distress amongst parents and carers, especially in children with significant sensory sensitivities, challenges with changes in routine and difficulties understanding new concepts. Again, visual strategies in the form of videos, pictures and practical demonstrations (how to insert and remove a pad) may be effective methods of explaining a period.

There are some excellent resources below that include pictures, suggested conversation scripts and practical tips, links for which can be found below:

- National Autistic Society: Menstruation - <https://www.autism.org.uk/advice-and-guidance/topics/physical-health/menstruation#:~:text=Getting%20your%20period%20can%20bring,autistic%20person%2C%20that%20can%20help>
- National Autistic Society: Sex Education - <https://www.autism.org.uk/advice-and-guidance/topics/family-life-and-relationships/sex-education>
- The University of Edinburgh: Periods and Neurodivergent Children: A resource for parents and carers - https://edwebcontent.ed.ac.uk/sites/default/files/atoms/files/periods_and_neurodivergent_children_.pdf

11. Recreational drug and Alcohol misuse

Young people might turn to drugs or alcohol for reasons such as curiosity, peer pressure, stress, or to cope with emotional or mental health struggles. Most young people who experiment do not go on to be regular users but if you are concerned that a child is misusing drugs or alcohol, it can be helpful as a starting point to sit them down for a chat. Below are some helpful conversation tips:

- Stay calm and non-judgmental: Let the young person know they can talk openly without fear of punishment or harsh judgment.
- Listen actively: Validate their feelings and provide factual, age-appropriate information about the risks of substances.
- Focus on wellbeing: Encourage healthy coping strategies—sports, arts, hobbies, or time with supportive friends and family.

In an EMERGENCY when a child or young person is unwell or at posing a significant risk to themselves or others, call 999 or attend A&E.

Otherwise you can find further advice and support by visiting the following websites:

Local resources across Berkshire (local authority-specific support services) are outlined on the following webpage: https://cypf.berkshirehealthcare.nhs.uk/mental-and-emotional-health/coping-behaviours/drugs-and-alcohol/?utm_source=chatgpt.com

National Resources:

- **Childline** (for under-19s): Free, confidential counselling via phone (**0800 1111**), 1-2-1 chat, email, and more.
- **Talk to FRANK**: Honest, judgement-free drug information and advice. Call **0300 123 6600** or text **82111**, available 24/7.
- **We Are With You**: Offers support around drugs, alcohol, and mental health to young people and families.
- **The Mix**: Offers support via helpline (daily 4 pm–11 pm), online chat, peer support, articles, and counselling for under-25s.
- **NACOA** (National Association for Children of Alcoholics): Supports young people affected by parental drinking through a free, confidential helpline and email support. Wikipedia
- **Change Grow Live**: Supports children and young people affected by someone else's substance use, across multiple local services.
- **Addiction Family Support** and **Adfam**: Offer counselling, peer support, and resources for families and young people impacted by substance misuse.

11. Local support for children with Additional Needs

Detailed information on supporting a child with additional needs can be found on the area-specific Local Offer websites (links below). They cover topics such as education, parenting courses, benefits, transition to adulthood, Education, Health and Care Plan (EHCP) application and many more. They also have links to local activities for you and your child.

Slough SEND Local Offer: <https://www.slough.gov.uk/educational-support-services/children-special-educational-needs-disabilities/2>

Windsor and Maidenhead Achieving for Children: <https://rbwm.afcinfo.org.uk/>

Bracknell SEND Local Offer: <https://www.bracknell-forest.gov.uk/children-and-family-services/special-educational-needs-and-disability/send-local-offer>

12. Free Activities for children with Additional Needs in Berkshire

- Absolutely Together Charity - Swimming vouchers and other activities such as bowling, inclusive climbing, gym access, foot-golf, disc golf. Website: <https://www.absolutely-together.org/>
- Level Water – offers free 1:1 swimming sessions are for children from 4 to 11 years old with a physical disability, visual impairment or hearing impairment. Local venues include The Centre in Slough (Everyone Active) and Bracknell Leisure Centre.
- Slough Holiday Activities and Food (HAF) Programme - provides free enjoyable activities and nutritious meals for primary and secondary school aged children who are in receipt of benefits related free school meals.
- Slough Local Offer Activities and Things to do: <https://www.sloughfamilyservices.org.uk/kb5/sloughcst/directory/localoffer.page?localofferchannel=2-8-1>
- Electric Eels: swimming and synchronised swimming club specifically for people with Down's Syndrome, aged 8 years or over. Website: <https://electriceels.org.uk/>

References:

<https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health>

<https://www.nhs.uk/conditions/eye-tests-in-children/>

http://www.dchs.nhs.uk/assets/public/nhs_record_keeping/docs/Childrens%20red%20book.pdf

<http://vk.ovg.ox.ac.uk/vk/vaccine-side-effects#>

<https://www.gov.uk/government/publications/vaccine-safety-and-adverse-events-following-immunisation-the-green-book-chapter-8>

Healthy Eating for Children, BDA.<https://www.bda.uk.com/resource/healthy-eating-for-children.html>