

Mini Training Sessions – Network Meetings June 16

Incontinence

Constipation can be very preventable, it can also cause a lot of pain in children. General increase of fluids tends to help. Make regular toilet visits part of the daily timetable for your children, 10 mins after a big meal is a good time. Health visitors saying 'They'll do it when they're ready' with regard to toilet training is not always helpful. There will always be a time when a child may be more ready to achieve this even with a disability but this is time consuming and requires a lot of effort and everyone involved with that child to work together. Very early toilet training has been associated with incontinence. 2.5 – 3 years is a good age. If your child is pre-school age see a health visitor for any issues, school age GP. ERIC <http://www.eric.org.uk/> is the childrens Continence Charity that is recommended by the NHS. If your child has regular runny bowel movements try dropping fibre from their diet. There is a resuss (Spelling?) service for bed wetting aids available for ages 7 and above. With health records, if your child has a certain diagnosis or traits that it would be helpful that professionals know straight away you can ask at health clinics for that info to flag up on the screen so you don't have to talk about your child in front of them.

Hypermobility

This means bendy joints/double jointed. There are two types of hypermobility Benign – bendy with no symptoms and Symptomatic – bendy with pain. It is an inherited condition. Children's bones and joints are very different to adults, they have to be bendy as they fall over so much. Some are truly hypermobile some are just normal with some variations. Core strength can effect hypermobile hands. Core strength is the foundation for the body working at its best. You can't build a house without firm foundations, the body is the same. If a child is concentrating on trying to sit still and straight try not to ask them to do much else. If they need to concentrate let them sit how it is comfortable to them, if they are listening or watching TV get them to try sitting in a better position for their body. In-toeing is very common and most pronounced between the ages of 5-7 years, this is not necessarily hyper-mobile. Pain is related to strength and endurance not the hypermobility so it is all relative to the individual. This also effects co-ordination. Balance bikes are good for co-ordination and strength. Exercise sheets can be found here. <http://www.cambscommunityservices.nhs.uk/what-we-do/children-young-people-health-services/specialist-services/children's-physiotherapy-service>

Sleep

Everyone has sleep cycles. Adults have cycles of around 1.5 hours whereas babies have ones of around an hour. Then we wake up. A good sleep routine needs to start with the bedroom, this needs to be associated with sleep. Put toys away at certain times to turn the room into a place of sleep rather than one of 'play'. Don't reduce the liquid intake of a child to stop them wetting at night. The bladder needs to grow and it can't do this if you reduce fluids. Brown drinks in general can effect sleep. Clear liquids are best nearer to bedtime.

Sleep solutions is a service run by Scope that can assist you

<https://www.scope.org.uk/support/services-directory/sleep-solutions-tailored-service-for-families>

Also the Papworth sleep Centre <http://www.papworthrssc.nhs.uk/>

Some helpful leaflets below



17-PT_Healthy-Sleep_V5.pdf



19-PT_Sleep-in-Older-Children_V4.pdf

Sensory Processing

We all have sensory processing, problems occur when there is an issue with that processing. We have the usual 5 senses but there are also vestibular senses (That effect sea sickness etc) and Proprioceptive senses (These effect joints and muscles and our awareness of our body position etc) For an action like going punting for example this will use all our senses just to get in the boat. Sense of touch is very important, discriminative system (Which is part of this) tells you what you are touching. Children with additional needs have trouble with this. Things like hugs can be painful, there is a fine line between pain and what is acceptable and our children can have a fear of being touched due to this. Sensory Processing Disorder is not a diagnosable condition in Cambridgeshire, it is labelled as Sensory Processing issues or as part of Autistic Spectrum Disorder. Sensory processing can change over days and weeks as well. Some children will experience things on a normal level of arousal, some will have low arousal (They won't notice if they hurt themselves) or high arousal (Sensation of hair falling on their face can be painful) Children can move between all these levels. A useful video to explain high arousal is

https://www.youtube.com/watch?v=Lr4_dOorquQ

For times like this noise cancelling ear defenders can help. Fledglings

http://www.fledglings.org.uk/docs/pdf/brochure_online.pdf have equipment for special needs as well as Sensory direct http://www.sensorydirect.com/sense/sensory-dens.html?gclid=CjwKEAjwn7e8BRCUqZIP_vnrBkSJAC_lp4HRR895mem2JFe7bQldRjcXgbEKzwsZnqM_CZ8RqAyOBoCpifw_wcB

Please click on the link below to open the power point.



Welcome and Introduction

- My Name?
- What might you get from today's talk?



Selective Eating

Most people have a food preference, humans are visual, we know what is safe to eat through our senses. What we learn as children follows us through to adulthood. We are all naturally programmed to love sweet and fatty foods and we have to work hard to like tastes of foods that are better for you. The more you try the more you get used to it. When a baby is 6-12 months old they need to try as many new foods as possible, by the time a child is 1-2 years old they develop a fear of the new so will try less. This dies down between the ages of 5-7 years. At this point you should calmly try new foods again and don't give up. Everyone is on a sliding scale of sensory

hypersensitivity, some feel difficulty eating and this causes stress. Exposure to new foods will help this, do not try to hide foods in others as a child will find these and clam up even more. Put a separate plate for new foods so it doesn't touch their 'safe' food. Relax! If they don't eat they will still be fine. Meals should last no longer than 30 mins, if they haven't eaten, let it go for that meal. Check the child's weight and growth but as long as there is a balance of foods throughout the **day** not necessarily each meal all will be fine. Multi vitamins will help. Doing messy play and cooking with new food first can help them wish to try it. Use motivation charts, get the child to rate the food from 1-10. They can get points for 'yummy' food. If a family eats well it is likely a child will too, role models are very important. Talk through what is expected at dinner time, plan times and how long they will be at the table for. This can be a slow journey, be prepared. Red flags to watch out for are losing weight and more restrictive diet occurring. For stomach/bowel issues keeping a food diary can help. There are actually no true tests for intolerances, you just have to note what foods seem to cause problems. It is trial and error. For those children who emotionally eat, try to work out the trigger situation, find other things that keep them happy and distract them from the food. Give them a drink first to dull the hunger.



0318 - Food Refusal Toddlers.pdf



0329 - Food Refusal 4 - 11 years.pdf