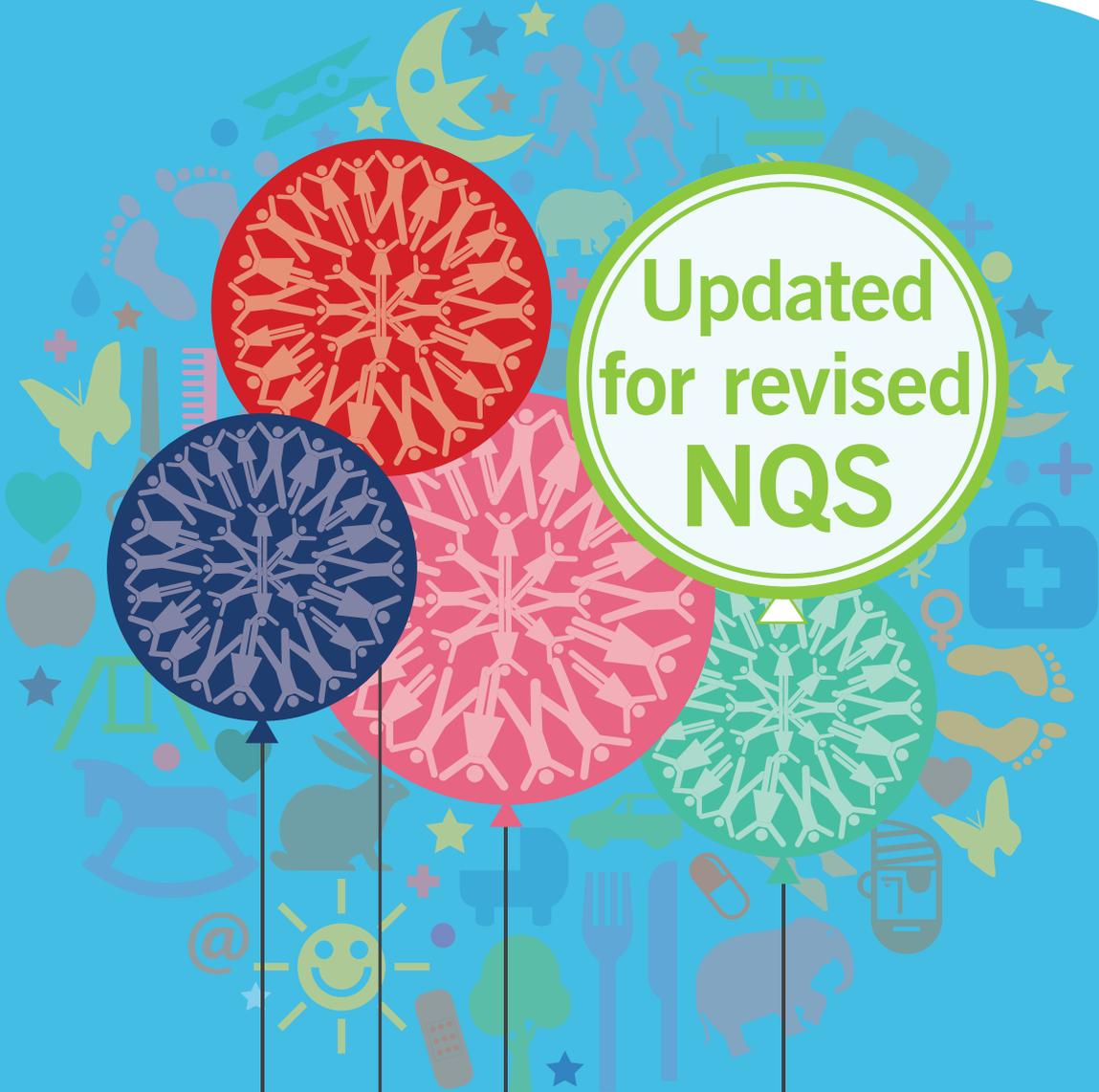


CHCECE005

Provide care for babies and toddlers



Updated
for revised
NQS

Learner guide



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learning resources

CHCECE005

Provide care for babies and toddlers

Release 2

Learner guide

Aspire Version 2.1



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CHCECE005 Provide care for babies and toddlers, Release 2



© 2018 One World for Children Pty Ltd
407–411 Thompson Road
NORTH GEELONG VIC 3215 AUSTRALIA
Phone: (03) 5272 2714
www.owfc.com.au

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© 2018 Aspire Training & Consulting
Level 1, 464 St Kilda Road
MELBOURNE VIC 3004 AUSTRALIA
Phone: (03) 9820 1300

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Contents

Before you begin	iv
Topic 1 Promoting safe sleep	1
1A Catering for sleep needs	3
1B Creating appropriate sleep environments	6
Summary	8
Learning checkpoint 1: Promoting safe sleep	9
Topic 2 Providing positive nappy-changing and toileting experiences	11
2A Following hygienic nappy routines	13
2B Supporting toilet learning	17
Summary	21
Learning checkpoint 2: Providing positive nappy-changing and toileting experiences	22
Topic 3 Promoting quality mealtime environments	25
3A Managing nutrition and food hygiene	27
3B Providing positive mealtime environments	33
Summary	35
Learning checkpoint 3: Promoting quality mealtime environments	36
Topic 4 Creating a healthy and safe environment	39
4A Providing a safe environment	41
4B Communicating health information	46
Summary	47
Learning checkpoint 4: Creating a healthy and safe environment	48
Topic 5 Developing relationships with babies and toddlers	51
5A Creating times for learning	53
5B Responding to cues	62
Summary	70
Learning checkpoint 5: Developing relationships with babies and toddlers	71
Topic 6 Developing relationships with families	75
6A Communicating information	77
6B Supporting home-to-care transitions	82
Summary	84
Learning checkpoint 6: Developing relationships with families	85

Before you begin

This learner guide is based on the unit of competency *CHCECE005 Provide care for babies and toddlers*, Release 2. Your trainer or training organisation must give you information about this unit of competency as part of your training program. You can access the unit of competency and assessment requirements at: www.training.gov.au

How to work through this learner guide

This learner guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the learner guide you need to read, and which practice tasks and learning checkpoints you need to complete.

Feature of the learner guide	How you can use each feature
Learning content	<ul style="list-style-type: none"> ▶ Read each topic in this learner guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.
Examples	<ul style="list-style-type: none"> ▶ These highlight learning points and provide realistic examples of workplace situations.
Practice tasks	<ul style="list-style-type: none"> ▶ Practice tasks give you the opportunity to put your skills and knowledge into practice. Your trainer will tell you which practice tasks to complete.
Video clips	<ul style="list-style-type: none"> ▶ Where QR codes appear, you can use smartphones and other devices to access video clips relating to the content. For information about how to download a QR reader app or accessing video on your device, please visit our website: www.aspirelr.com.au/help 
Summaries	<ul style="list-style-type: none"> ▶ Key learning points are provided at the end of each topic.
Learning checkpoints	<ul style="list-style-type: none"> ▶ There are learning checkpoints at the end of each topic. Your trainer will tell you which learning checkpoints to complete. These checkpoints give you an opportunity to check your progress and apply the skills and knowledge you have learnt.



Topic 1

In this topic you will learn about:

1A Catering for sleep needs

1B Creating appropriate sleep environments

Promoting safe sleep

Rest may include sleep and time spent quietly relaxing. Children have different sleep needs and will be used to different sleep environments from home. Ongoing communication with families allows you to identify the individual baby's or toddler's needs.

Finding out their needs and providing safe and hygienic sleep and rest options help the baby or toddler to feel safe, secure and supported, which in turn helps them feel a sense of belonging. This links to Outcome 1 of *Belonging, being and becoming: The early years learning framework for Australia (EYLF)*: Children have a strong sense of identity.

Watch this video about the assistance babies require from adults.



The following table maps this topic to the National Quality Standard and *Belonging, being and becoming: The early years learning framework for Australia*.

National Quality Standard	
	Quality Area 1: Educational program and practice
✓	Quality Area 2: Children's health and safety
✓	Quality Area 3: Physical environment
	Quality Area 4: Staffing arrangements
✓	Quality Area 5: Relationships with children
✓	Quality Area 6: Collaborative partnerships with families and communities
	Quality Area 7: Governance and leadership
Early Years Learning Framework	
Principles	
✓	Secure, respectful and reciprocal relationships
	Partnerships
	High expectations and equity
✓	Respect for diversity
	Ongoing learning and reflective practice
Practice	
✓	Holistic approaches
✓	Responsiveness to children
	Learning through play
	Intentional teaching
	Learning environments
✓	Cultural competence
	Continuity of learning and transitions
	Assessment for learning
Outcomes	
✓	Children have a strong sense of identity
	Children are connected to and contribute to their world
✓	Children have a strong sense of wellbeing
	Children are confident and involved learners
	Children are effective communicators

1A Catering for sleep needs

The terms ‘baby’ and ‘infant’ are used to define a child who is less than one year old. In particular, a baby or infant is a child who is not yet able to walk. In this learner guide, we will use the term ‘baby’ to avoid confusion. Once a child can walk, they are termed a toddler. You will need to cater for children’s sleep needs differently depending on their age and individual needs.



Sleep information

You need to ask parents or other carers for information about the child’s sleep habits. When you seek information about the sleep and rest needs of individual babies and toddlers, you are gaining information about how to develop an appropriate environment and how to assist the child to settle.

You may care for babies and toddlers who:

- ▶ sleep in their own cot
- ▶ sleep in a shared bed or room
- ▶ sleep with their parents
- ▶ sleep on their backs
- ▶ sleep in a hammock, sling, cradle or shawl
- ▶ sleep with many or no blankets
- ▶ sleep many times a day or have no sleep in the day
- ▶ are swaddled or wrapped tightly.

You need to know the answers to the questions in the following table.

Question	Example
What times does the baby/toddler usually sleep or rest?	Is it once or more a day, in the morning or the afternoon, or only at night?
What does the baby/toddler do before they sleep or rest?	Do they eat, drink, play, read a book or want a cuddle?
How is the baby or toddler usually settled?	Are they cuddled, rocked, left alone or left with music playing?
Does the baby/toddler have a special toy or comfort item they use to settle?	Do they have a dummy, blanket, toy, book or person nearby?
Where does the baby/toddler sleep or rest?	Do they use a cushion, cot, bed, mattress, hammock, sling or pram?
What specific physical or emotional needs does the baby/toddler have during sleep or rest?	Do they use a blanket to keep warm, only use a sheet, rest in their underwear, remain fully dressed, lie on a pillow, have someone in the same room, have a nightlight or prefer a very quiet environment?

Sleep cycles change constantly, so flexibility is essential to be able to meet the baby's or toddler's needs. For example, a baby requiring a morning and afternoon sleep may move to a stage of requiring only an afternoon sleep.

You may have a document that initially collects information from parents about their child's needs, but your daily communication with families must include asking specific questions to ensure you continue to gather information about the child's ongoing needs and parental preferences. The baby or toddler may have needs that change from week to week, or even day to day, depending on their home routines and health.

Sleep expectations

Every baby and toddler is different, but generally as they get older they move from daily sleeps to only having a rest period or time of quiet play. You will notice that as these changes take place, the child will develop an understanding of their own needs. Sometimes they will need your help to develop the ability to assess their own needs.

You can help children develop the ability to assess their own sleep needs by:

- ▶ encouraging the toddler to lie down and see if they fall asleep
- ▶ suggesting some rest that may turn into sleep
- ▶ asking the toddler questions about how they feel and then assisting them to recognise these feelings as tiredness, if this is the case
- ▶ talking to the toddler about how sleep is good for their body and will give them energy to play later
- ▶ making sleep and rest times pleasant
- ▶ never forcing children to sleep or stay in a resting position for long periods of time.

Children need time to wind down to allow for a balanced day. Signs that a baby or toddler may be tired include:

- ▶ a loss of interest in play
- ▶ crying
- ▶ clinginess
- ▶ irritability
- ▶ throwing tantrums
- ▶ asking for a security item
- ▶ cuddling up
- ▶ reduced coordination
- ▶ rubbing eyes or ears
- ▶ sucking their thumb.

If you accept that a baby or toddler may need to rest rather than sleep, you are respecting their needs and rights. The United Nations Convention on the Rights of the Child says that children have the right to relax, play and join in a wide range of leisure activities.

Rest and wind-down periods may include a variety of activities and will vary in time. Some ideas for rest are:

- ▶ lying quietly on a mattress or cushion
- ▶ yoga or simple stretching or breathing exercises – try the ones at: <http://aspirelr.link/calm-for-kids>
- ▶ helping to leisurely set up the room for the next routine
- ▶ reading books



- ▶ listening to audio books or music
- ▶ looking through photo albums or their individual child portfolio
- ▶ helping to write stories about their day
- ▶ helping puzzles
- ▶ doing water play activities
- ▶ drawing
- ▶ playing with or cuddling soft toys
- ▶ undertaking single-child activities, such as playing with a doll’s house.

Be realistic about the length of time you expect children to relax for. The timing must meet their relaxation needs rather than your routine timetable.

Recording sleep and rest periods

Parents will want to know about their child’s sleep or rest routines while they are in your care. There are many ways you can share this information, the most common being talking to parents when they arrive to pick up their baby or toddler. Here are some other ideas:

- ▶ Use a personal diary, communication book or information sheet.
- ▶ Create a routine board – be aware of confidentiality or gain permission first.
- ▶ Send an SMS or email to let the parent know when their child goes to sleep and wakes up – you need to check that this method suits them first.

The electronic method may also be useful if you want to ask for a parent’s wishes in a changed circumstance.

Example

Communicating with parents about rest

Jody usually sleeps for half an hour in the afternoon, but today she says she doesn’t want to sleep.

Jody’s educator, Matilda, feels that Jody will manage without the sleep, but wants to make sure Jody’s mum agrees. Matilda texts Jody’s mum and explains the situation. Jody’s mum texts back that she is happy for Jody to do some quiet activities and see how she manages today.

Practice task 1

1. Johan (10 months) usually sleeps once in the morning and once in the afternoon. This week he is teething, and is clingy and upset.
 - a. How do you think this could change Johan’s sleep routine?

.....

.....

.....

- b. How would you ask his parents about their thoughts on Johan’s sleep routine?

.....

.....

1B Creating appropriate sleep environments

You need to provide an appropriate sleep environment for all babies and toddlers. This includes making sure the environment is hygienic and safe.

Sleep hygiene

Hygienic sleep practices rely on your daily housekeeping tasks. To reduce the risks of infection and cross-contamination, you should wash bed linen regularly and disinfect mattresses and beds.



Ensure each baby/toddler has their own specific bedding. This may be used once and laundered, or clearly labelled and stored so it is kept separate from other children's bedding. These practices will help prevent cross-infection.

Sleep safety

Your hazard prevention skills are key to providing safe sleep environments. Here are some tasks and actions you can conduct:

- ▶ Place beds in positions where equipment or furniture cannot fall on them.
- ▶ Position beds and cots away from heaters, power points and cords.
- ▶ Remove any restrictive clothing, strings or ties.
- ▶ Keep the cot uncluttered.
- ▶ Supervise at all times, even when children are sleeping.
- ▶ Check that the design and construction of the bedding and furniture meet Australian Standards (for example, AS/NZS 2172:2003):
 - Bars or panels must be between 50 mm and 95 mm apart.
 - There must be a minimum depth of 600 mm from the base of the mattress to the top of the cot.
 - Gap between the mattress base and the sides and ends should be no more than 20 mm.
 - There must be no spaces or holes where arms, legs or fingers could be trapped.
 - Wheels must lock.



SIDS

Sudden infant death syndrome (SIDS), also known as cot death, is the name given to the sudden death of a baby or child, where it is not possible to demonstrate an adequate cause of death. Although SIDS is most common between the ages of two and four months, it can occur in younger and older babies, including children over 12 months of age, although this is rare.

SIDS can occur in both breastfed and bottle-fed babies, at any time of the day or night, and may occur in cots, prams, car seats and bassinets.

While sleeping, babies may get into dangerous situations; for example, they may be:

- ▶ suffocated under bedding
- ▶ choked by sucking on toys or other objects
- ▶ caught between the side of the cot and the mattress
- ▶ strangled by cords and ribbons.



The reasons for this are that babies:

- ▶ are not able to control their own sleeping situations
- ▶ cannot understand danger
- ▶ may not be able to move out of a dangerous situation
- ▶ may place things in their mouths or around their necks, and choke.

The safest sleeping positions, which are guidelines that took effect in October 2017 within the national law and regulations for the prevention of SIDS, can be achieved by following some simple rules.

Safe sleeping rules:

- ▶ Place the baby on their back to sleep.
- ▶ When putting a baby to sleep, place their feet at the end of the cot and make up the cot so that the baby's head is not able to slide under the bedclothes.
- ▶ Tuck in bedclothes securely so bedding is not loose.
- ▶ Ensure quilts, doonas, duvets, pillows and cot bumpers are not in the cot.
- ▶ Always keep the baby's head uncovered when sleeping; never dress them in hats, hoods or rugs when sleeping.
- ▶ Remove any clothing that has long drawstrings, ribbons or cords to avoid the baby being strangled.

To find out more about SIDS, access the Red Nose website at: <http://aspirelr.link/red-nose>. You can access further information about infant safe sleeping by clicking on the 'Safe Sleeping' link on their home page. The safe sleeping information can be translated over the phone or downloaded in various languages.

Watch this video about safe sleeping rules.



Practice task 2

1. How would a service ensure bedding is kept separate and that each child's bedding is only used by that child?

.....

.....

2. How would a service clean beds or mattresses?

.....

.....

3. Explain the policies and procedures that a service has in place about sleep safety. Use these to describe why sleeping positions are important.

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Summary

- ▶ Family agreement must be reached in relation to the sleep needs of babies and toddlers.
- ▶ Most families are interested to know how their child's sleep or rest routine went during the day.
- ▶ Cots, bedding and equipment must meet approved standards.
- ▶ Hygiene and safe sleeping procedures assist in the provision of quality sleeping environments and the safety of children.

Learning checkpoint 1

Promoting safe sleep

1. Provide details of how your service ensures beds, mattresses and bedding are cared for to reduce cross-contamination.

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2. Access safe sleeping information from your service and at: <http://aspirelr.link/red-nose>

- a. How would you check a cot to see if it meets the 'safe sleeping environment' expectations?

.....

.....

.....

- b. What information can you find about putting a six-month-old baby to sleep on their tummy?

.....

.....

- c. What would you do if a parent asked you to do this?

.....

.....

.....



Topic 2

In this topic you will learn about:

2A Following hygienic nappy routines

2B Supporting toilet learning

Providing positive nappy-changing and toileting experiences

The babies and toddlers you care for will be at various stages in their toilet use and have various needs. They and their families will have different habits and preferences for nappy use.

This difference will be noticed again once the baby or toddler begins to use the toilet, as parents may have their own ideas about how old their child should be and the techniques to use for toilet training. In some situations, parents will look to you for guidance.

Each choice a family makes is usually backed up by family beliefs, cultural values and their own life experiences. Ensure you understand each child's toileting needs and how you can incorporate their individual needs into your daily routine.

The following table maps this topic to the National Quality Standard and *Belonging, being and becoming: The early years learning framework for Australia*.

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	Ongoing learning and reflective practice
Practice	
✓	Holistic approaches
✓	Responsiveness to children
	Learning through play
✓	Intentional teaching
✓	Learning environments
✓	Cultural competence
✓	Continuity of learning and transitions
	Assessment for learning
Outcomes	
✓	Children have a strong sense of identity
	Children are connected to and contribute to their world
✓	Children have a strong sense of wellbeing
	Children are confident and involved learners
	Children are effective communicators

2A Following hygienic nappy routines

Many babies and toddlers will have different toileting needs and nappy preferences. For example, you may care for children who:

- ▶ use cloth nappies
- ▶ use disposable nappies
- ▶ must not be in the nappy change or toilet area if there is a child of the opposite sex present
- ▶ have their nappies changed only when heavily soiled
- ▶ wear no nappy or bottom covering at home
- ▶ have their nappy changed often.



A hygienic nappy-changing procedure assists you to minimise the spread of infection. The environment and equipment you use for nappy changing and toileting should be easy to clean, safe and comfortable. Babies and toddlers need constant support, modelling and guidance while they develop their toileting skills.

Ensure you understand and follow your service procedures to provide a hygienic and safe environment.

Watch this video about positive nappy-changing routines.



Nappy-changing procedures

The following is an example of a nappy-changing procedure. It is recommended that nappies be changed at least every two hours.

- 1 Collect materials**

Collect all materials needed for the nappy change and have these within reach prior to placing the baby/toddler on the bench. This ensures that you never need to leave the baby/toddler unattended.
- 2 Clean area**

If a cleaning/disinfecting agent has been sprayed onto the change area, wipe this down.
- 3 Collect child**

When collecting the baby/toddler for changing, always approach them at their level and let them know what is going to happen. Continue to talk with the baby/toddler about what you are doing as you complete the nappy change. This ensures they are respected.
- 4 Place child**

Place the baby/toddler on the nappy-change bench or, if they can walk, assist them to use the steps provided. Remember to use proper lifting techniques and have babies/toddlers use the steps whenever possible to avoid hurting your back.
- 5 Remove clothes**

Remove the child's clothes as required to change the nappy. If the clothes are soiled, put gloves on before commencing this stage.

Remove nappy

6

Remove any waterproof cover and nappy, ensuring you place the items safely away from the child's reach. Also ensure nappy pins are closed once removed or placed well away from the child's reach. Take precautions to ensure you don't come into contact with body fluid.

Clean bottom

7

Clean the child's bottom – wipe away excess faeces with the soiled nappy, then thoroughly clean their bottom with wipes. Bottoms that are simply wet also need to be wiped to ensure the skin is cared for.

Dispose of materials

8

Dispose of all soiled materials, including gloves. Remove gloves by peeling them back from your wrists inside-out, and dispose of them in the appropriate bin.

Put on clean nappy

9

Put on a clean nappy (ensuring pins are placed in horizontal position with the pin head facing outwards or using a nappy fastener and waterproof cover).

Dress child

10

Dress the baby/toddler.

Wash child's hands

11

Wash the child's hands with a wipe or by using the child sink.

Cleaning and disinfecting

Always wear gloves when changing soiled nappies. It is essential that pregnant women wear gloves for every change.

Between each nappy change, the bench or change mat must be cleaned with soap or detergent and water. Bleach may also be used regularly throughout the day to disinfect the area. Some services use vinegar as an environmentally sound disinfectant; this should be applied to the change mat and left for at least two minutes before being wiped prior to use again.

If an area is directly soiled, the cleaning process should occur and disinfection with bleach should immediately follow. In addition to cleaning after use, the whole nappy-change area should be disinfected at least once during the day.

Soiled nappies, wipes, paper and washers must be kept out of the child's reach and placed in lidded containers as soon as possible after use.

Toilet areas require the same level of care as nappy-change benches. Potties must be emptied into the toilet and cleaned and disinfected as soon as possible after use. They should never be cleaned in a hand-washing sink, as this will spread germs.



Nappy rash

When working with nappies, you need to monitor the condition of the baby's or toddler's skin. If the skin covered by the nappy – the genital area, the folds of the thighs and the buttocks – appears red and inflamed, the baby/toddler may have nappy rash. The affected areas can be dry or moist, and sometimes look pimply. Nappy rash has a variety of causes, including allergies, use of antibiotics or other medications, and sometimes use of disposable nappies.

When faced with nappy rash, you should consult with parents and find out what treatment they are using or what they would prefer you to do. They may be interested in your ideas and seek out your advice.

Be flexible to the baby's or toddler's needs because you will find that each child reacts differently to the nappies you use, as well as to any treatments.

Generally, nappy rash is treated by:

- ▶ using a zinc-based or prescribed powder or cream
- ▶ more frequent changing of the nappy
- ▶ removing the allergic material
- ▶ having nappy-free time where possible.

One-to-one time

Nappy changes that occur throughout the day provide opportunities for one-to-one interaction with babies/toddlers. To aid your interaction, you can:

- ▶ have mobiles hanging from the ceiling
- ▶ have photos or pictures on the wall
- ▶ sing simple songs to catch the child's attention
- ▶ pull funny faces
- ▶ talk about the child's body parts
- ▶ chat about what you are doing
- ▶ allow the baby/toddler to bring the toy they are playing with into the change room if they are upset about leaving their play (you may need to disinfect the toy before leaving the change room or replace it with another option for the baby/toddler).

As you get to know each baby and toddler, you become familiar with the things they enjoy the most at nappy-change times, and you can include these in the routine. Babies/toddlers who dislike nappy-change time and wriggle around or become upset will benefit from your preparation, as you can involve them in an interaction that reduces and limits these issues.

If your current routine causes you to race through the process, it is not a child-centred practice and should be reviewed.

Practice task 3

Collect a copy of the procedure used in a service for cleaning the nappy-change area.

1. Can you suggest any ways to improve this procedure?

.....

.....

.....

2. Does the service policy relating to nappy changes include any consideration of sustainability? This may relate to waste disposal, chemical use or the type of nappy used.

.....

.....

.....

2B Supporting toilet learning

Toilet learning is often thought of as a physical development milestone that relates to a baby/toddler becoming aware of their need to use the toilet, acting on this need by taking themselves to the toilet and carrying out toilet use. Toilet learning also provides opportunities for other knowledge and skill development.



Signs of toilet-learning readiness

Initially, toilet learning requires the toddler to develop physical sensations and abilities. These are identified through certain signs of readiness.

Signs of readiness for toilet learning include:

- ▶ an understanding of what wet and dry mean
- ▶ being able to identify wet and dry feelings on the skin
- ▶ an interest in toilets, toileting, urine and faeces
- ▶ having a dry nappy for extended periods of time
- ▶ being able to hold on for the period of time between identifying a signal telling them they need to use the toilet and getting to the toilet and undressing
- ▶ the ability to remove pants or clothes and place themselves on the toilet
- ▶ an awareness of their own physical needs and how to meet these.

A toddler who displays these signs or abilities is demonstrating to you that they are ready for the toilet-learning process. It would be appropriate to speak to the toddler's parents at this point and suggest some toilet-learning routines. Depending on the family you are working with, they may have their own ideas about the toddler's readiness and style of learning, or they may be keen to follow your lead.

Commencing learning prior to readiness may cause some toddlers to become anxious, afraid or confused. This may even cause the learning period to take much longer than if you wait for the signs of readiness.

On the other hand, some families have cultural practices that include starting toilet learning very early. If your discussion with the family and your observation of the baby/toddler shows that this is doing no harm, then there is no concern in you following this request.

Implementing toilet-learning routines

Your role in toilet learning is to support the child and their parents. Give gentle reminders, provide appropriate materials and equipment, and encourage success.

A routine of toilet use can support the learning process, as other children may need the toilet at these times too.

Try the following toilet times:

- ▶ before and after sleep
- ▶ before and after meals
- ▶ before and after going out
- ▶ during outings if they are lengthy.

You will also notice cues that the child may need to use the toilet. Parents will recognise these too, so asking them is useful. Look for whether the child is wriggling, crossing their legs or using their hand to stop the process.

Discussing with parents is a good way to start the toilet-learning process and create a positive start for the child. There may also be cultural aspects to add to the routine. You can find out the family’s routines and preferences by asking questions like the following.

Question	Example
What words would the family like to use?	Consider the family’s words for: <ul style="list-style-type: none"> ▶ the toilet ▶ urination or faeces ▶ the genitals.
What facilities does the family prefer and what facilities will their child feel comfortable with?	The family may want the child to use: <ul style="list-style-type: none"> ▶ a potty or potty chair ▶ a small toilet ▶ an adult toilet with a child’s seat and foot stool.
How independent will the child be?	Consider whether the family wants you to: <ul style="list-style-type: none"> ▶ allow the child to dress and undress themselves ▶ steady the child on the toilet ▶ wipe the child’s bottom ▶ leave the child to complete the task themselves ▶ talk the child through what to do next.
What approach will the family want you to take?	The family may want you to: <ul style="list-style-type: none"> ▶ tell the child they must use the toilet at specific times ▶ allow the child to choose when to use the toilet ▶ remind the child to use the toilet, but not insist.

Toilet learning and other skills

You can provide various scaffolding experiences during toilet learning. During this time, an enormous amount of learning takes place physically, socially and emotionally, because the child sees new things and tries new tasks.

Opportunities exist here to develop wider knowledge and skills than simply knowing how to use a toilet. For example, providing support and enough time enables you to boost the toddler’s self-esteem.

Learning opportunities may include the areas outlined in the following.

Physical development, hygiene and self-help

- ▶ Washing hands
- ▶ Drying hands
- ▶ Flushing toilets
- ▶ Dressing and undressing
- ▶ Using nappies, underpants or pull-ups
- ▶ Cleaning bathroom floors and sinks

Science, biology and anatomy

- ▶ Sex differences
- ▶ Ways the toilet is used
- ▶ Why we go to the toilet
- ▶ What makes urine and faeces
- ▶ What germs and infections are
- ▶ Why we use toilet paper
- ▶ Where the flush takes waste
- ▶ The different ways water is used

Toddlers who are toilet learning enjoy exploring the properties of water and the ways it can be used. It isn't hygienic to allow water play in the bathroom, but it is a good idea to capitalise on this interest and provide water play in your program for children undertaking toilet learning.

Each child will have different questions according to their age, abilities, level of interest and depth of understanding. These questions and investigations are valid and should be answered honestly and in an age-appropriate manner.

Toileting accidents

Despite a child's age or developmental level, toileting accidents do occur. To support toddlers at these times, you can:

- ▶ keep spare clothes on hand
- ▶ be flexible and allow toddlers to use the toilet when they ask to
- ▶ react calmly to accidents
- ▶ support toddlers without overshadowing them
- ▶ understand that toddlers often identify a need to use the toilet shortly before they do, rather than when you ask them or when it is convenient
- ▶ accept that accidents will happen
- ▶ provide information for parents if necessary
- ▶ know how your service expects you to manage soiled clothing.

Reasons a toddler may have a toileting accident include:

- ▶ not being ready to start toilet learning or having physical difficulties
- ▶ a lack of self-esteem and feeling that they have little privacy; for example, insecure toilet doors
- ▶ not feeling comfortable in the environment
- ▶ feeling a lack of support, encouragement and supervision
- ▶ fear of punishment
- ▶ having drunk more fluids than usual
- ▶ cold weather
- ▶ excitement
- ▶ health issues
- ▶ a change in diet
- ▶ distractions
- ▶ clothing they are unable to remove
- ▶ fear or anxiety.

As the causes of toileting accidents are either out of the toddler’s control or part of a larger issue, it is unreasonable to punish them for toileting accidents.

Be aware that an ongoing problem may indicate an infection or emotional issue, or it may just be that the toddler has difficulty focusing on bodily functions while engrossed in an activity.

Whatever the cause, your role is to support the toddler in returning to a clean and dry state, while following infection control procedures that include hygiene protocols. You should always:

- ▶ wear protective gloves
- ▶ rinse or wash wet or soiled clothing, following the service procedure for dealing with infectious materials
- ▶ return the clothing to the parent, either in a sealed bag if it is soiled, or in a cleaned and dried state.

Practice task 4

1. What educator support would you provide when children are toilet learning?

Consider:

- ▶ how the learning meets the individual baby’s or toddler’s needs
- ▶ how you can help them to develop self-knowledge and awareness
- ▶ being sensitive to mistakes
- ▶ being positive about mistakes
- ▶ family involvement.

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2. What procedures would a service need to follow if a baby/toddler soils their clothing?

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Summary

- ▶ Nappy-change procedures and areas must be hygienic to prevent cross-infection.
- ▶ Babies/toddlers will be at various stages in their toileting routines and have various needs, which may be influenced by family practices.
- ▶ Babies/toddlers learning to use the toilet need support and understanding.
- ▶ Use positive comments and behaviour to help the baby/toddler learn about toileting.
- ▶ Toilet learning will be more successful if you consult with parents.

Learning checkpoint 2

Providing positive nappy-changing and toileting experiences

Read the case study, then answer the questions that follow.

Case study

You are the educator preparing the nappy-change area for use.

You know that Ned is coming in today. He wears nappies, but you think it is time he started to learn to use the potty. You explain to Ned's mum that you would like to start encouraging him to use the potty chair. You assure Ned's mum that you will be positive at all times and be sensitive if Ned has any toileting accidents.

Ned's mum says that she doesn't want him to use the toilet yet as they are going to move house very soon and it may be disruptive for Ned to start toilet training right now.

1. How would you respond to Ned's mum?

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2. What do you use to disinfect the change bench and potty/toilet chair?

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3. What other resources will you prepare to maintain hygiene during nappy changes?

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4. Identify and summarise an example of service guidelines for infection control that relate to nappy changes.

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5. What would indicate that Ned could be ready to use the potty?

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6. If you did begin toilet learning, at what times of the day could you encourage Ned to sit on the potty?

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Topic 3

In this topic you will learn about:

3A Managing nutrition and food hygiene

3B Providing positive mealtime environments

Promoting quality mealtime environments

The areas and equipment used for food preparation, handling, storage and serving are vulnerable to microorganism growth and may harbour bacteria, which can be dangerous, especially to babies and toddlers. Food-associated infection and disease can be extreme and even fatal, so any service with food, including breastmilk and formula feeds, must follow policies and procedures for cleaning and disinfection.

Babies being bottle-fed should be observed closely and be in contact with an adult. This routine is one of the most important times for them to develop confidence in you and to be emotionally soothed by physical holding. The EYLF encourages this routine as part of 'Belonging'.

The following table maps this topic to the National Quality Standard and *Belonging, being and becoming: The early years learning framework for Australia*.

National Quality Standard	
	Quality Area 1: Educational program and practice
✓	Quality Area 2: Children's health and safety
✓	Quality Area 3: Physical environment
	Quality Area 4: Staffing arrangements
✓	Quality Area 5: Relationships with children
✓	Quality Area 6: Collaborative partnerships with families and communities
	Quality Area 7: Governance and leadership
Early Years Learning Framework	
Principles	
✓	Secure, respectful and reciprocal relationships
✓	Partnerships
✓	High expectations and equity
✓	Respect for diversity
	Ongoing learning and reflective practice
Practice	
✓	Holistic approaches
✓	Responsiveness to children
	Learning through play
✓	Intentional teaching
✓	Learning environments
✓	Cultural competence
✓	Continuity of learning and transitions
	Assessment for learning
Outcomes	
✓	Children have a strong sense of identity
✓	Children are connected to and contribute to their world
✓	Children have a strong sense of wellbeing
✓	Children are confident and involved learners
	Children are effective communicators

3A Managing nutrition and food hygiene

You need to provide positive nutrition for babies and toddlers. This includes supporting parents who are breastfeeding. You must also ensure you follow safe hygiene practices when preparing milk and food.



Babies' feeds

For babies up to the age of six months, breastmilk or formula is their most important source of nutrition.

A mother may not be aware that they are able to come into the service during the day to breastfeed their baby, so remember to talk about this on enrolment. You should encourage mothers to come and breastfeed during the day if this fits into their schedule. You will need to provide privacy and a comfortable place to sit.

The mother may need some basic things that she may provide herself or request from you; for example, a blanket or a pillow. Ask the mother what she needs.

A sign on the door can help protect the mother's privacy by letting others know she is feeding. This will also ensure the baby is not distracted, making for a pleasant time they can enjoy together.

Some mothers will be happy to feed their child in the room with you. This can be of great benefit to the older children as they see how the baby is fed; they may ask questions about what is happening and why. Give them honest, clear responses so they learn about wellbeing and health.

If mothers need support while breastfeeding, you can contact the Breastfeeding Helpline or the local Australian Breastfeeding Association branch. If a mother is not sure if she is allowed to feed in public, you can assure her that the *Sex Discrimination Act 1984* (Cth) states that it is a legal right, as does all state and territory legislation.

Caring for milk

The following outlines how you can care for different types of milk.

Breastmilk

Some mothers may provide breastmilk for their baby by expressing milk throughout the day by hand or by using a mechanised or electric pump. This task can be extremely time-consuming and demanding, so you must take good care of this milk and waste as little as possible.

Breastmilk can be stored in the refrigerator for up to 48 hours or in a freezer for up to three months. Frozen breastmilk must be thawed quickly, but never put in boiling water or it may curdle. You should not microwave breastmilk. Instead, place the container under cold running water and gradually allow the water to get warmer until the milk becomes liquid. Test the temperature by dropping a little milk onto your wrist.

As you must throw away any milk that is left over and never refreeze or reheat leftover milk, ask mothers to supply breastmilk in multiple small quantities to prevent waste.

Formula or cow's milk

It is preferred that formula or cow's milk be heated in the same way as breastmilk; however, it will not be damaged in a microwave. Ensure you shake the bottle thoroughly to distribute heat evenly, as milk can turn to steam and collect at the top of the bottle and there is a danger that the baby could be scalded.

Bottle hygiene

Your hygiene routine should include sterilising and making up bottles, storing and preparing breastmilk or formula feeds, and bottle-feeding babies/toddlers. For most of these tasks you will follow parent or manufacturer instructions; however, hygiene is entirely your responsibility and cleanliness should be taken seriously.

Sterilising equipment will occur using one of the following methods:

- ▶ electric steam sterilising (takes a short period of time)
- ▶ microwave sterilising
- ▶ dishwasher sterilising
- ▶ boiling
- ▶ chemical sterilising.

The method you use will either be based on instructions that come with the steriliser or based on your service procedures. Following sterilisation, you must store the equipment in a clean, covered container in the fridge.

Watch this video about bottle sterilisation.

The following checklist can help you ensure you are aware of appropriate bottle-feeding practices.



Bottle hygiene checklist

Checklist for sterilising equipment:

- Gather and prepare the required equipment.
- Wash hands and all work areas before sterilising.
- Know how to mix the solution and which ratio to use, or how to operate the sterilising equipment.
- Wash or scrub bottles, teats and other items adequately.
- Place items in the steriliser as directed by the manufacturer.
- Wear gloves.
- Wash hands after sterilising.
- Know how long to sterilise equipment for.
- Know what to do with equipment following sterilisation.

Checklist for preparing bottles:

- Gather and prepare the required equipment.
- Wash hands.
- Wear gloves.
- Know how to read the chosen formula ratio.
- Know how to prepare boiled water.
- Identify the amount of water required per scoop.
- Ensure the scoop measurement is level.
- Shake the bottle well.

Checklist for bottle-feeding babies:

- Gather and prepare the required equipment.
- Wash hands.
- Know how to heat the formula or breastmilk.
- Have a strategy for testing milk temperature.
- Feed the baby individually.
- Know the amount of time after which the bottle must be discarded if not refrigerated.
- Know what to do with leftover formula or breastmilk that has been heated.
- Burp the baby.
- Hold the baby in a comforting way.
- Identify a suitable environment for feeding.
- Record details on a chart.
- Reduce dental damage by only providing bottles at mealtimes.
- Only provide milk or water in bottles.

Dental care

Babies' bottles have been identified as a common cause of tooth decay. For example, if a baby/toddler falls asleep with a bottle in their mouth, this is unsafe due to the high risk of choking, and because the contents of the bottle sit in the child's mouth, coating their teeth for long periods of time. This can cause tooth decay, which can occur even before a child's teeth erupt, as well as once they are visible.

Bottles should only contain fluids low in sugar, generally water, milk or formula.

To prevent babies and toddlers from developing dental decay, it is recommended that you:

- ▶ encourage breastfeeding
- ▶ remove a bottle from a child's mouth unless they are feeding
- ▶ only use a bottle for water, milk or formula
- ▶ introduce a cup as soon as possible
- ▶ clean the baby's or toddler's teeth after feeding using a face washer
- ▶ never dip a dummy in food or liquid, as the coating will sit on the teeth.

Introducing solid foods

Of all age groups, babies have the most complex nutritional needs due to their move from a milk-only intake at birth, to a variety of solid foods by the end of their first year. Introducing this diet requires an observation of the baby's intake and their developmental aspects, including their physical skills.

Solid foods are usually introduced to a baby at about six months of age. Starting babies on solids too late may lead to problems, including:

- ▶ poor growth due to low energy intake
- ▶ iron-deficiency anaemia
- ▶ feeding problems, particularly if not started before nine months
- ▶ an increased risk of allergy.

Babies can be introduced to solid food at about six months for the following reasons:

- ▶ They need more nutrients, especially iron-rich foods.
- ▶ Their physical skills have increased; for example:
 - the digestive system has matured
 - they are beginning to chew
 - they swallow more effectively
 - oral coordination is improving
 - teeth are erupting
 - they can put their fingers in their mouth
 - they have the ability to move their tongue up and down
 - they are able to sit upright and support their head independently
 - they can reach out to grab food or cutlery
 - they can open and close their mouth when food is offered.
- ▶ Their social skills have increased; for example:
 - they are starting to show interest in food
 - they watch and lean forwards when they see food.

If a baby is often hungry, this may be an indication that their body requires more nutrition than it is receiving, and can alert you to their readiness for solid foods.

Only introduce one solid food at a time. By doing this, you can see if there are any reactions or allergies to each food. It is recommended that you wait three days before introducing another new solid food, as this will help you identify any reaction. You must have permission from parents before introducing a new food to a baby.

After 12 months, most babies/toddlers are eating the same foods as older children and can share the family meal.

It is best to follow a baby's home routine by offering similar or the same foods at the same times. For example, some babies may refuse foods given at lunch if they usually eat these at dinner.



Babies require close observation as they try new foods and begin to learn to swallow and later to chew. These motor skills are constantly developing and the control babies have over their mouths and throats may vary, so your guidance is essential.

Providing suitable nutritious food and drink, and ensuring adequate hygiene and supervision are essential parts of your role as an educator.

Watch this video about considering allergies when introducing solid foods.



Food hygiene

Good hygiene when handling food assists in reducing cross-infection. Ensure that:

- ▶ you wash your hands before recommencing if you are interrupted while preparing food or spoon-feeding a baby
- ▶ the child's hands are washed and dried before eating
- ▶ babies/toddlers do not share food, plates or utensils
- ▶ a separate spoon is used for each baby/toddler you feed
- ▶ dishwashers are used if available
- ▶ sterilisers are used where appropriate.

If you are involved in handling, preparing or serving food, remember these basic food safety standards:

- ▶ Keep raw and cooked foods separate to prevent cross-contamination.
- ▶ Use separate utensils for raw and cooked food.
- ▶ Clean and sterilise equipment and utensils regularly.
- ▶ Keep food hot (over 60°C) or cold (under 4°C).
- ▶ Keep a thermometer in your fridge so you can check that the temperature is below 4°C.
- ▶ Heat meals that have come from home thoroughly (above 60°C) and then let them cool down.
- ▶ Throw out leftovers – tell parents what their baby/toddler left uneaten, but do not return the leftover food, as it may not be safe to reheat.
- ▶ Only heat food once.
- ▶ Only heat milk for bottles once.
- ▶ Check that food has cooled before giving it to the baby/toddler; remove a small piece of food with a spoon to another plate and test the temperature of the food with your hand, rather than blowing onto the child's food to cool it.
- ▶ Ensure the service has a hand basin, soap and disposable towels in the kitchen so educators who prepare food can easily wash their hands.
- ▶ Wear clean clothes when working in the kitchen.

Services where educators change nappies and prepare or serve food on the same day have over three times the number of incidents of diarrhoea as services where educators do not do both of these jobs. If possible, a staff member who prepares and serves food should not also change nappies on that day.

Example

A baby refuses food

Montana is 11 months old. At home she chews on a rusk and is fed mashed fruit for lunch. When she attends care, the educators follow the lunch menu and provide her with vegetables as they do the other children. Montana is used to a rusk and fruit for lunch, so she becomes annoyed and wriggly, and refuses to eat the vegetables. The educators are not sure why she won't eat, so they call her mum to find out what she usually eats.

Practice task 5

1. Check a service's policies and procedures to find out what they say about bottle hygiene. Write down any additional points that you think should be included.

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2. Where in a service could a mother breastfeed their baby? Do you think this is suitable? Why or why not?

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3. Provide a list of **five** foods that may be suitable for a baby to eat at 11 months.

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3B Providing positive mealtime environments

Babies and toddlers learn to eat by watching other people, so you can model healthy eating habits and attitudes with your actions. The food you offer and the habits developed at mealtimes can influence the food habits developed by the baby/toddler. You can provide a positive mealtime environment by ensuring it is happy, relaxed and fun.



Babies and toddlers love to explore new foods by seeing, touching, smelling and tasting them. Encouraging babies to self-feed from about seven months is a terrific way to promote exploration, discovery and confidence. Although babies are messy when they first begin to self-feed, this improves with practice and encouragement. The benefits of this include the baby learning a new self-help skill, when they are full and which foods they like best.

You may care for babies/toddlers who:

- ▶ eat with their hands
- ▶ are fed by an adult
- ▶ eat a simple meal at lunchtime
- ▶ eat a large cooked meal at lunchtime
- ▶ have food allergies, dislikes, intolerances, preferences and cultural requirements
- ▶ have commenced eating solid foods very early
- ▶ have not commenced eating solid foods even though they are older
- ▶ have additives in their bottles; for example, cereal, cordial, lemonade or flavoured milk.



Mealtime routines

The routines of the day are determined by the needs of the individual baby or toddler. This means you must be extremely flexible and organised, and that no two days are the same. There will usually be more than one routine occurring at the same time; for example, some babies/toddlers may sleep while others eat, or one baby may be playing while another is sleeping and another is eating lunch.

Sometimes it can be difficult to provide individual routines and attention for each child, but this is a vital aspect of your role. To do this, you should:

- ▶ have enough resources prepared
- ▶ plan in advance
- ▶ avoid babies being over-hungry by knowing their routines and preparing for feeds; for example, if you know two babies are to be fed around 11 am, you may prepare for one to be fed individually at 10.50 am so you are free for the other at 11.10 am
- ▶ request another educator at times when you need an extra pair of hands.

Interacting at mealtimes

Mealtimes are an excellent opportunity to interact with the baby/toddler.

Interactions used during feeding times need to be calm to eliminate the chance of choking, but they are an excellent time for using language and social interaction; for example:

- ▶ smiling
- ▶ holding hands or fingers during bottle feeding
- ▶ using simple language; for example, names of foods or words for different textures
- ▶ singing rhymes
- ▶ describing actions and feelings
- ▶ providing a spare spoon for the baby to use.



When you feed a baby by bottle, try to make this a warm and individual experience, just as if the baby were being breastfed. This is a special time for the baby and for developing a bond of attachment.

Practice task 6

Investigate the eating habits of a three-month-old baby, a six-month-old baby, and a 10-month-old baby by interviewing their carers or parents.

1. What food and drink is each child provided in a day?

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2. How do the carers or parents make mealtimes positive for the baby?

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Summary

- ▶ Mothers should be encouraged to breastfeed their baby/toddler while attending your service.
- ▶ Breastfeeding may be encouraged by providing spaces and support for mothers in your service, or by demonstrating that you value the breastmilk that is provided.
- ▶ Safety and hygiene must be observed when bottle-feeding and providing food.
- ▶ Heat bottles and food carefully to ensure babies and toddlers are not scalded.
- ▶ Provide positive mealtime environments.
- ▶ Organise mealtimes around the individual child's routine.

Learning checkpoint 3

Promoting quality mealtime environments

Part A

The following is an example of an infant milk formula label. Use the label to answer the questions that follow.

Example	Infant milk formula				
	Feeding guide				
	Approximate age	Weight of baby (kg)	Single feed preparation – no. of level scoops	Cooled boiled water (ml)	Feeds in 24 hours
	2 months	5	5	150	5
	5 months	7	6	180	5
	8 months	9	7	210	3

Preparing the feed:

- ▶ Wash your hands and sterilise all the equipment following the manufacturer's instructions.
- ▶ Boil water and leave to stand until the temperature reaches 50–60 °C (30–40 minutes). Measure the required amount of water into a sterilised bottle.
- ▶ Add the required amount of powder (1 scoop to 30 ml) to the water. Level the powder off with the back of a clean, dry knife. Do not press or heap the powder.
- ▶ Place the cap on the bottle and shake well. Remove the cap and place a sterilised teat on the bottle. If required, cool the prepared formula by holding the bottle under cold running water. Always test the temperature before feeding.
- ▶ Use feeds within one hour and always discard any leftover milk after feeding.
- ▶ Bottles of boiled water can be stored in the fridge for up to 24 hours. When needed, add the appropriate number of scoops and then heat the formula.

1. You are preparing formula for a five-month-old baby.
 - a. What amount of boiled water would you prepare and how many scoops of formula powder would you add?

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- b. If the parent told you their baby had been hungry after feeds lately and that they would like you to make up a bottle of 210 ml, would you do this? Why or why not?

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2. Food safety is vital when preparing food for children.

- a. How would you prepare the bottle for use?

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- b. How long after preparation can you use this formula before discarding it?

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- c. What are **two** things you can do to prevent tooth decay when providing bottles to babies or toddlers?

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Part B

Look at a service environment and respond to the following scenarios with:

- ▶ one thing you noticed about the environment
- ▶ one way the environment could improve in this area.

1. A baby or toddler mealtime environment

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2. How babies are fed individually if two babies are hungry at the same time

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3. An environment for mothers to breastfeed

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Topic 4

In this topic you will learn about:

4A Providing a safe environment

4B Communicating health information

Creating a healthy and safe environment

Your knowledge of baby and toddler development, and the individual abilities of each child allows you to assess the environment to determine how it should operate and be presented to ensure safety and security.

The following table maps this topic to the National Quality Standard and *Belonging, being & becoming: the Early Years Learning Framework for Australia*.

National Quality Standard	
	Quality Area 1: Educational program and practice
✓	Quality Area 2: Children's health and safety
✓	Quality Area 3: Physical environment
✓	Quality Area 4: Staffing arrangements
	Quality Area 5: Relationships with children
✓	Quality Area 6: Collaborative partnerships with families and communities
	Quality Area 7: Governance and leadership
Early Years Learning Framework	
Principles	
✓	Secure, respectful and reciprocal relationships
✓	Partnerships
✓	High expectations and equity
✓	Respect for diversity
	Ongoing learning and reflective practice
Practice	
✓	Holistic approaches
✓	Responsiveness to children
✓	Learning through play
	Intentional teaching
✓	Learning environments
	Cultural competence
	Continuity of learning and transitions
	Assessment for learning
Outcomes	
✓	Children have a strong sense of identity
	Children are connected to and contribute to their world
	Children have a strong sense of wellbeing
	Children are confident and involved learners
	Children are effective communicators

4A Providing a safe environment

When babies/toddlers are settled in their environment, they will feel emotionally and psychologically safe. This security allows them to explore and investigate. However, they have little understanding of consequences. Due to their lack of experience, they may unintentionally put themselves into dangerous situations.

The most common and preventable injuries that may occur to babies/toddlers include:

- ▶ falls (the most common cause of injury)
- ▶ grazes
- ▶ hits
- ▶ bites.



These injuries occur due to the developmental stage of the baby/toddler, their lack of understanding of the world and its dangers, and their need for independence.

Due to their age and stage of development, babies and toddlers are:

- ▶ curious
- ▶ spontaneous in their behaviour
- ▶ unable to follow limits and guidelines consistently
- ▶ prone to forgetting what the limits and guidelines are
- ▶ frequently testing limits and guidelines to see if they alter and what happens
- ▶ interested in adult-modelled behaviour
- ▶ seeking independence and making attempts at greater independence
- ▶ at different stages of mobility and stability.

Play equipment hygiene

Each baby and toddler will have different interests and skill levels, so the types of danger they may encounter will also vary. For example, it is common for a baby/toddler to put objects in their mouth, as this is part of how they explore the world. This is acceptable with a range of objects that are durable, washable and not small enough to cause a choking hazard. However, it is not acceptable to allow babies and toddlers to mouth items such as small rocks, sticks and dirt, which may contain harmful bacteria or pose a choking risk.



When choosing toys and equipment for a baby, assume they will put the item in their mouth. This means that the surface of toys and equipment needs to be durable and easily cleaned; soft toys should be machine-washable.

Other bodily waste, like vomit, must be removed from contaminated toys or clothing. These toys and equipment should be disinfected before they are reused to avoid contamination and the spread of infection.

Supervision

Service policies, procedures, regulations and standards should all be followed to reduce the incidence of injury. Should injury occur, staff may face legal implications. Service guidelines provide clear expectations for each educator and stipulate your responsibilities in relation to:

- ▶ supervision
- ▶ hazards and risks
- ▶ hygiene and infection control.

It is important to let babies and toddlers take calculated risks so they can develop, but this must be balanced with their safety. This balance will change depending on how closely a baby/toddler needs to be supervised and their:

- ▶ age
- ▶ level of independence
- ▶ previous risk-taking history
- ▶ activity
- ▶ ability.

By ensuring there are adequate educators available to care for and supervise babies, you assist in ensuring their safety.

Check the regulations for the correct staff-to-child ratios, and meet these at all times. Currently, the Education and Care Services National Regulations state that for children aged from birth to 24 months (babies/toddlers), there must be one educator for every four children, and these educators must be working directly with the children at the service (Regulations 122 and 123).

You can access the regulations at any regulated service or at: <http://aspirelr.link/acecqa-national-regulations>

Direct and indirect contact

It is imperative that at least one educator remains in direct contact with the group at all times. This may require careful positioning of equipment both inside and outside.

Supervision using physical contact occurs when changing a nappy or bathing a baby. For example, when changing a nappy, place your hand on the baby's stomach while you bend down or reach for a clean nappy. This allows you to feel when the baby is wriggling or attempting to sit up and you can hold them in place so they do not fall.

When using indirect contact you need to be aware of other noises in the room to ensure that a baby/toddler in distress can be heard. Listening is most effective when combined with regular visual scans.

There are often viewing windows in bathrooms and sleeping rooms, but they do not allow you to have the full picture of the situation, as you cannot hear what is going on. Viewing windows may be supported with an audio monitor.

Direct contact

Direct contact means being able to see all the babies/toddlers you are responsible for and immediately interact with them if necessary. It can also refer to physical contact.

Indirect contact

Indirect contact occurs when you are able to hear the babies/toddlers or see them through a glass viewing window. It means you can monitor them, but it should not be used as the primary method of supervision for any length of time.

Providing safe environments

The activities that babies/toddlers regularly take part in may pose a high risk of harm. Activities such as rolling, sitting, crawling and walking are safe enough on their own, but can become dangerous depending on the space in which they are done.

Ensure the environment where the activity is performed is safe by limiting the potential risks described in the following table.

Risk	Safety actions
Babies are at risk of falling from a bed, sofa or change table.	<ul style="list-style-type: none"> ▶ Ensure you collect all the equipment and materials required for nappy changing or bathing prior to collecting the baby. ▶ Always take the baby with you if you need to move away from the table, bench or bed. ▶ A useful rule is to always have one hand on the baby.
Unrestrained babies can easily slide out of strollers and highchairs and be injured from a fall, or catch their neck as they slide, possibly even strangling themselves.	<ul style="list-style-type: none"> ▶ Use suitable, age-appropriate restraints.
Babies can injure themselves on poorly designed furniture; for example, catching their leg in the bars of a cot.	<ul style="list-style-type: none"> ▶ Check standards and guidelines. ▶ Any nursery equipment should be well designed so that injuries do not occur.

As babies begin to eat solid food, choking becomes another high risk. Food must be prepared to meet the abilities of the baby or toddler. Meal and snack times must be carefully supervised.

As a baby grows and is able to crawl and move, the danger of accidents increases because crawlers can:

- ▶ get into small spaces
- ▶ pick up small objects and put them into their mouths with the risk of swallowing, inhaling or choking
- ▶ fall into a wading pool, water trough or unfenced swimming pool
- ▶ fall down stairs
- ▶ pull heavy objects from shelves and tables onto themselves as they start to stand and walk around furniture.

A useful way to avoid dangers is to complete a physical check of the room or yard for hazards that may be potentially dangerous to the babies/toddlers. A hazard check will be different depending on the age and stage of the babies/toddlers using the space.

Hazard checklists

In some services there are checklists for identifying hazards. While it is likely to be a specific person's job to do the hazard check, each educator should be aware of the hazards to look out for and report them when necessary.

Checklist for an indoor playroom:

- The room is free from small objects, which are choking hazards.
- The pathways are free from clutter.
- Toys are not scattered, as these are a tripping hazard.
- All accessible electrical plugs are covered.
- Chemical and cleaning products are stored safely and eliminated if possible to reflect sustainable practices.
- There are gates on stairs.

Checklist for an outdoor area:

- The yard is free from needles, sharp implements and other unsavoury materials (especially around the fence line).
- There is adequate softfall around falling hazards.
- Any water features or water troughs are emptied when not being supervised.
- Paths are swept and accessible.
- Animal droppings are removed.
- Fences and gates are closed using a locking mechanism.
- Out-of-bounds areas are clearly identified.

Practice task 7

1. Collect a safety checklist for a service. Are there any additional points for indoor or outdoor areas that you think need to be included?

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2. What activities are set up in a service that may pose a high risk for a baby who is at the following developmental stages:

a. Rolling over

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b. Crawling

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c. Walking

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3. Why are these activities high risk?

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4. How are these activities supervised to minimise the risk?

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5. What interaction and encouragement would occur during this supervision?

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4B Communicating health information

It is important to communicate regularly with parents about their child's health. You should provide families with any information about their daily habits, as well as any differences or potential illnesses you notice.

Food

Home-to-care information-sharing is another way to ensure children feel safe and secure in their environment and have their needs met. Communication about things such as how much a baby/toddler ate or drank, when they ate, what was on the menu and whether the baby/toddler enjoyed particular foods are all pieces of information that parents will use once they return home.



A confidential record about each child where you and the parents can record information is a suitable method for sharing information; this diary-type system is a popular option. A portfolio or take-home sheet is also useful.

Discussing the menu plan and other food activities that occur in your service allows you to share information with parents about healthy choices. Many parents will seek information from you about the types of foods they should provide and how they can encourage their child to eat healthy foods.

Immunisation records

Another aspect of communicating about health information is discussing immunisation details. All services must have specific policies in place regarding immunisations on their enrolment documentation.

In an effort to improve childhood immunisation rates, the Victorian Government amended the *Public Health and Wellbeing Act 2008*. The amendments came into effect on 1 January 2016 and mean that early childhood education and care services cannot confirm enrolment of a child unless the parent or carer has provided acceptable documentation that shows one of the following:

- ▶ the child is fully vaccinated for their age in accordance with the National Immunisation Program Schedule
- ▶ if behind with vaccinations; the child has commenced a catch-up schedule designed by a GP or immunisation nurse that meets national guidelines
- ▶ the child has a medical reason not to be vaccinated, as defined by national guidelines.

'Conscientious objection' to vaccination is not an exemption.

Laws in other states and territories differ as to whether or not they require all children to be vaccinated to attend early childhood education and care. Check your local guidelines at: <http://aspirelr.link/no-jab-no-play>

It is important for you to assist families to keep their child’s immunisation up to date and provide you with current records. There are a few strategies you can use to support parents in remembering to immunise their baby/toddler at the appropriate times.

Strategies to help families stay up to date with immunisations

- ▶ Diarise the dates that immunisations are due for each baby/toddler, and then ask parents about their status. If applicable, you can refer them to the ‘no jab, no play’ information available from the service.
- ▶ Add reminders about immunisation to invoices or other notices.
- ▶ Use noticeboards or newsletters to remind parents about the importance of immunisations.
- ▶ Use electronic media; for example, sending an SMS or email to parents, or putting it on the centre’s Facebook page.
- ▶ Provide an online form that parents can complete and submit when the child’s immunisation is updated.

You can find out more information about childhood immunisation at: <http://aspirelr.link/immunise-australia>

Practice task 8

1. Write down whether you would use verbal or written methods for the following communication:
 - a. Sharing daily mealtime information with the parents of babies/toddlers

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- b. Keeping up to date with a baby’s or toddler’s immunisation status

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2. Give an example of a method you could use to communicate with parents about children’s immunisation records.

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Summary

- ▶ It is important to communicate with families about what a baby/toddler eats and drinks.
- ▶ The process of development involves activities that can be unsafe. You must ensure the environment is prepared for babies’ physical exploration and learning.
- ▶ Supervise babies and toddlers closely to reduce the risk of injury.
- ▶ Immunisation details must be kept up to date.

Learning checkpoint 4

Creating a healthy and safe environment

1. Describe the recording method that is used at a service to share information with parents about the daily food and drink details of a baby/toddler. Explain how it is used.

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2. Describe the recording method that is used at a service to gather up-to-date information about immunisation. Explain how it is used.

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3. Provide a photo or sketch that shows a play area set up for babies/toddlers.



- a. Explain how the area is set up to be safe for babies to roll, sit, crawl and walk.

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b. Explain how the area is supervised to reduce the risk of injury.

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c. Explain the encouragement that is provided to babies/toddlers when practising their skills.

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4. Use the following pictures to show that you understand how to create a safe environment for babies/toddlers, where they can use their hands, mouths and bodies to explore.

a. Provide the image numbers for items that are unsafe for babies/toddlers.

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b. Provide the image number for **three** items that are most appropriate for a baby.

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c. Provide the image number for **three** items that are most appropriate for a toddler.

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Topic 5

In this topic you will learn about:

5A Creating times for learning

5B Responding to cues

Developing relationships with babies and toddlers

From infancy and through childhood, children begin to develop a sense of self-awareness. It is a time in their lives where they are developing and learning how to express themselves. Communicating and using language allows babies and toddlers the opportunity to develop their own sense of identity. The physical environment provides messages to children and their parents, influencing their feelings of belonging.

The following table maps this topic to the National Quality Standard and *Belonging, being & becoming: the Early Years Learning Framework for Australia*.

National Quality Standard	
✓	Quality Area 1: Educational program and practice
✓	Quality Area 2: Children's health and safety
✓	Quality Area 3: Physical environment
	Quality Area 4: Staffing arrangements
✓	Quality Area 5: Relationships with children
✓	Quality Area 6: Collaborative partnerships with families and communities
	Quality Area 7: Governance and leadership
Early Years Learning Framework	
Principles	
✓	Secure, respectful and reciprocal relationships
	Partnerships
✓	High expectations and equity
✓	Respect for diversity
✓	Ongoing learning and reflective practice
Practice	
✓	Holistic approaches
✓	Responsiveness to children
✓	Learning through play
✓	Intentional teaching
✓	Learning environments
✓	Cultural competence
✓	Continuity of learning and transitions
	Assessment for learning
Outcomes	
✓	Children have a strong sense of identity
✓	Children are connected to and contribute to their world
✓	Children have a strong sense of wellbeing
✓	Children are confident and involved learners
✓	Children are effective communicators

5A Creating times for learning

If you understand the developmental milestones relevant to each baby or toddler, you can identify factors that contribute to your understanding of their individual routines, preferences, cues and planned or spontaneous play needs. Your communication with babies and toddlers is vital to many different areas of their development.



Brain development

A child’s cognitive ability is influenced by the environment they are provided with. Children’s brains are constantly developing new connections. Research has proven that the quality of the experiences and interactions babies are involved in are linked to brain development in many stages of their life.

Times when the brain is at its optimum learning potential are called ‘windows of opportunity’. At these times, scaffolding experiences are most valuable. This window of opportunity is almost constant for babies and toddlers. They are open to all the quality positive interactions and experiences you can provide.

Babies and toddlers quickly develop social skills for engaging with adults and learning about the world. The following table provides some expected development milestones at different ages.

Age	Development milestones
The first signs of social activity	<ul style="list-style-type: none"> ▶ Touching and holding your fingers during feeding ▶ Showing recognition of their primary caregivers ▶ Paying attention to what is happening around them
By four months	<ul style="list-style-type: none"> ▶ Reaching for familiar people ▶ Playing with toys
By six months	<ul style="list-style-type: none"> ▶ Exchanging interactions with a caregiver ▶ Able to smile and play peek-a-boo games
By nine months	<ul style="list-style-type: none"> ▶ Initiating activities ▶ Developing strategies for gaining attention ▶ Clinging to familiar people ▶ Cooperating in games
By 12 months	<ul style="list-style-type: none"> ▶ Looking to their caregivers to check self-need ▶ Wanting someone familiar when they are hungry or hurt ▶ Beginning to be independent

Language development

The first signs of formed language are through a baby's experimentation with different sounds. Babies may often begin by making 'raspberries' with their mouths and experimenting with different volumes and tones such as squeals and moans. These simple sounds then begin to form baby babble and eventually simple words.

Even at this very early age, you will notice that the baby communicates with you by watching your face and responding with smiles and noises. The social communication that takes place is in a conversation style, with you and the baby taking turns to interact.

Children's listening skills also begin to develop from birth. Babies from three or four weeks of age begin to demonstrate their listening skills by using simple gestures like turning their head towards the direction of different sounds. These simple signs of listening develop further as they are exposed to a variety of experiences that support and enrich this development.

A baby or toddler will interact with you throughout the day and practise their language skills spontaneously. To support this language practice and create warm relationships with babies/toddlers, you must value the time you spend interacting and talking with them and respond to them as individuals. This is a time when they are developing knowledge of themselves and also becoming aware of the impact they have on you and their environment.



The environment for communication development should include:

- ▶ having realistic expectations
- ▶ encouraging all babies/toddlers
- ▶ never forcing communication
- ▶ giving simple feedback and encouragement
- ▶ making sure your facial expression and body language match your words.

Actions you can include to support language learning are:

- ▶ repeating or imitating words, sounds and gestures
- ▶ singing
- ▶ reciting rhymes
- ▶ introducing finger games
- ▶ waiting for babies/toddlers to return your interactions
- ▶ modelling positive interaction appropriate to age groups and cultural differences
- ▶ using nonverbal communication such as smiling, clapping and waving
- ▶ using sounds and repeating noises
- ▶ moving down to their eye level and making eye contact
- ▶ allowing babies/toddlers to participate at their own skill level
- ▶ talking about the toys and activities used
- ▶ discussing the actions that are occurring; for example, while changing a nappy.

Using play for development

Physical, cognitive and language development can be noticed and occur through play. Babies and toddlers examine everything around them, and learn by using their senses. They explore and experiment to discover new information. New skills are mastered through practice and repetition. You can help extend the value of this exploratory behaviour by understanding the individual baby or toddler, and providing a variety of play experiences and safe materials.

The following table outlines some development milestones and play opportunities you can use to help children’s development.



Developmental area	Developmental information	Play opportunities
Physical development	<p>At birth a baby only has reflexes, movement and instincts aimed at meeting their basic needs. They gradually learn to gain control over their physical movements and use their senses to understand the world. Some physical milestones include:</p> <ul style="list-style-type: none"> ▶ Gross motor skills: <ul style="list-style-type: none"> – 3 months – rolls over – 4 months – lifts head up – 5 months – sits without support – 6 months – stands up while holding on – 9 months – walks with assistance – 12 months – walks unassisted. ▶ Fine motor skills: <ul style="list-style-type: none"> – 3 months – grasps objects and is able to follow movements with eyes – 6 months – grasps using palm and fingers – 9 months – grasps using fingers and thumb. 	<p>Planned and spontaneous activity should include:</p> <ul style="list-style-type: none"> ▶ floor time, including tummy time to strengthen neck muscles ▶ toys or games involving reaching, moving and stretching ▶ safe and sturdy furniture to hold and lean against ▶ sensory activities, including toys that make various noises, materials of different textures, toys of different shapes, time to look at faces and explore expressions.

Developmental area	Developmental information	Play opportunities
Cognitive development	<p>Babies gradually learn to adapt their reflexes to the environment and to think in deliberate ways.</p> <p>As memory and imagination start to develop, babies also develop object permanence. Object permanence is the process of learning that an object exists even if it can no longer be seen. This explains why babies are so fascinated with toys and games that use hiding and finding.</p> <p>A baby can't predict what is going to happen and so constantly experiments to learn through trial and error. Many of these experiments are repetitive so the baby can see if the same thing happens each time it occurs.</p>	<p>Object permanence play includes:</p> <ul style="list-style-type: none"> ▶ peek-a-boo ▶ pop-up games ▶ hiding and finding games. <p>Repetition play includes:</p> <ul style="list-style-type: none"> ▶ copying games ▶ dropping and picking up games ▶ repeated action games ▶ reactions following cues; for example, the baby says 'ah' and you make a surprised face.
Language development	<p>To ensure babies are exposed to language, provide a variety of language materials, including those that introduce vocabulary and those that encourage verbal responses. Babies also need to be given many opportunities to listen to language.</p>	<p>Language materials may include books, posters, charts, songs or puppets, and can include bilingual materials.</p> <p>Play that extends vocabulary includes rhymes, poems, stories, music and drama.</p> <p>Some examples of interactions are:</p> <ul style="list-style-type: none"> ▶ reading books ▶ playing a variety of sounds for the baby to hear ▶ face-to-face interaction ▶ using developmentally appropriate language to interact with the child.

Routines

Routines are useful to make sure tasks are done on time, and that the environment is predictable and supportive. Routines help you structure the day and allow everyone to feel ready for what is coming next.

Physical care routines must be flexible and created around the baby's or toddler's needs. They should:

- ▶ reflect the family's culture and preferences
- ▶ meet the child's individual hygiene needs
- ▶ make the most of any one-to-one interaction that may occur

- ▶ be valuable physical contact times
- ▶ allow the baby or toddler to learn about their own needs
- ▶ be enjoyable.

Babies and toddlers need to move through physical care routines at their own pace or in small groups of others with similar needs. This enables their personal routines to be implemented in a way that provides choice and flexible timing. It also makes the day more spontaneous and enjoyable.

You should make the most of spontaneous one-to-one times in the routine as an opportunity to interact. Consider the examples in the following table.

Routine	Possible activities
Changing nappies	<ul style="list-style-type: none"> ▶ Doing this slowly and making this a one-to-one time ▶ Singing ▶ Touching and talking about body parts such as toes and fingers ▶ Looking at a mobile or poster ▶ Talking about what you are doing ▶ Repeating baby/toddler sounds
Feeding the child	<ul style="list-style-type: none"> ▶ Doing this slowly and making this a one-to-one time ▶ Talking about the food or drink ▶ Talking quietly about the physical experience, for example, hot, cold, tastes and textures
Settling the child to sleep and welcoming them after sleep	<ul style="list-style-type: none"> ▶ Doing this slowly and making this a one-to-one time ▶ Doing calming and relaxing activities ▶ Stroking ▶ Patting ▶ Talking or whispering ▶ Singing

During these routines you must treat the baby or toddler with respect and demonstrate that they are important by:

- ▶ returning the interactions they initiate with you
- ▶ greeting and farewelling every child
- ▶ using children’s names often
- ▶ respecting a child’s name by using it correctly
- ▶ never giving children nicknames unless these are provided by parents as the name the child is known by
- ▶ being affectionate, but avoiding terms like ‘darling’ or ‘sweetie’.

Respect can also be shown by using an approach that assists you to gain the baby’s or toddler’s trust. Whether you need to wipe a nose, change a nappy, move the child to another area or put them in a high chair, always approach them, move to their level and tell them what you are going to do. Just because the child is not able to communicate with words does not mean they are unable to understand or that they shouldn’t be prepared for a change.

As you get to know each baby or toddler, you become familiar with the activities they enjoy. Babies or toddlers who dislike routine times will benefit from your preparation, as you can incorporate activities they enjoy into the routine.

When you take time to complete routines and make the most of one-to-one time with each child, you provide a relaxed, physical time and lots of contact appropriate to the baby's or toddler's preferences; for example by:

- ▶ cuddling them
- ▶ sitting them on your knee
- ▶ rubbing their back
- ▶ holding hands.

Element 1.1.3 of the National Quality Standard (NQS) expects that 'All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning'. This includes the way you engage children in learning through play and use routine times to apply the teaching that you wish to convey.

Guidelines

A number of guidelines and standards affect the way you interact with children and provide routines. Some information about child development and early childhood education and care standards is outlined in the following table.

Guideline	Statement	Link
Brain development	<p>Finding 2: Brain development is contingent on a complex interplay between genes and the environment.</p> <p>Finding 3: Experience wires the brain. Repetition strengthens the wiring.</p>	http://aspirelr.link/brain-development-article
Education and Care Services National Regulations	<p>Regulation 73 – Educational program:</p> <p>(2) An educational program is to contribute to the following outcomes for each child –</p> <ol style="list-style-type: none"> a. the child will have a strong sense of identity b. the child will be connected with and contribute to his or her world c. the child will have a strong sense of wellbeing d. the child will be a confident and involved learner e. the child will be an effective communicator. 	http://aspirelr.link/acecqa-national-regulations
National Quality Standard (NQS)	<p>Element 1.1.3: All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.</p>	http://aspirelr.link/national-quality-standard

Guideline	Statement	Link
EYLF	Principle 3 – High expectations and equity: Children progress well when they, their parents and educators hold high expectations for their achievement in learning.	http://aspirelr.link/eylf
United Nations Convention on the Rights of the Child	Article 31: Every child has the right to relax, play and join in a wide range of cultural and artistic activities.	http://aspirelr.link/unicef-child-rights

Practice task 9

1. Interact with or observe babies or toddlers for at least one hour.
 - a. What age are the babies/toddlers?

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 - b. Create a log by ticking off the things that you noticed the baby or toddler do during this time. List any other important things that happened.
 - Used nonverbal communication.
 - Used verbal communication.
 - Responded to your communication with them.
 - Participated in a routine.
 - Participated in an activity.
 - Initiated interaction.
 - Enjoyed some physical contact with you.
 - Repeated a sound.
 - Repeated an action.
 - Displayed signs of stress, distress or pain.
 -
 -
 -
 - c. Think about the things that happened during the interactions and describe one way that you could enrich the environment and stimulate the baby's/toddler's brain development.

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2. Write down how you would interact in the following situations:

a. Responding to a baby or toddler if they practised language with you

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b. Talking a baby or toddler through a routine

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3. State whether the following activities are more appropriate for babies or toddlers.

a. Tummy time on a mat

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b. Peek-a-boo

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c. Reading a storybook

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d. Rolling a ball

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e. Blowing bubbles

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f. Pulling faces

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g. Collecting leaves

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h. Dancing

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i. Chasing games

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4. Describe a routine that you could observe. Include:

- ▶ what the routine time is
- ▶ what makes the routine enjoyable
- ▶ what discussions or sounds you could use
- ▶ what interactions would occur
- ▶ what physical contact could happen
- ▶ what items could be explored.

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5B Responding to cues

The way you respond to a baby's cues and needs influences their ability to form trusting relationships for the rest of their life. A baby develops trust when you respond to their cues quickly and appropriately; they learn mistrust when you misunderstand their cues or fail to respond appropriately.



Your role as an educator is to provide high-quality care to babies to ensure they are happy, healthy and have all their needs met. This means you are achieving your EYLF goals of belonging, being and becoming. You can find a copy of the EYLF at your service or at: <http://aspirelr.link/eylf>

Babies experience a whole range of feelings and needs. It is sometimes difficult to interpret and understand these needs as they are unable to communicate their feelings with words. Instead, babies use their own communication methods that include a range of nonverbal signals and sounds called cues.

A nonverbal cue is a behaviour or action that informs you of what the baby wants or needs. For example, a cue such as crying may mean different things depending on the type of cry and the physical actions that accompany it.

Watch this video to learn more about babies' cues.

The following table lists some common cues that babies display and their usual meanings.



Cue	Usual meaning
Gurgling	Content
Laughing	Happy
Pointing	Needing or wanting something
Fidgeting	Restless, bored
Grizzling	Unhappy, uncomfortable
Smiling	Happy, content
Sobbing	Distressed, hurt
Crying	Hungry, uncomfortable, hurt, lonely
Singing	Happy, content
Yawning	Tired
Wriggling	Uncomfortable, frustrated

Cue	Usual meaning
Screaming	Angry, in pain, hungry, fearful
Turning head away	Distaste
Throwing themselves on the floor	Angry
Throwing items across the room	Angry
Screwing up face	Distaste, angry
Staring hard at someone or something	Unsure, anxious

Although there are similarities in the ways that babies use nonverbal cues and sounds, each child develops their own specific way of communicating. As you work with individual children, you will learn each of their individual cues.

To gain an insight into each child’s cues, ask the child’s parents, as they will help you gain an understanding of their child’s specific cues. Parents can also guide you in regard to the individual rituals and routines that link these particular cues.

Toddlers are able to provide some verbal feedback to help you identify their cues more readily.

Hunger cues

The feeling of hunger is the first cue a baby is able to express. Babies have small stomachs, but their bodies are growing quickly, so they require frequent feeding early on.

Babies are born with some features that ensure this occurs; for example, compared to older children, babies have stronger hunger pains and are lighter sleepers. These features mean that they are more likely to wake when they feel hungry, even if it is just one hour after the previous feed. The baby may even feel severe hunger contractions two to three hours after a feed.

Babies often stir when they feel these first faint hunger pains and may begin to whimper. At this point, most babies will put themselves back to sleep without any assistance, but some babies may need you to comfort them.

If you know that a baby has had a good feed within the last two hours, you can usually comfort them by:

- ▶ rocking the cot/pram they are in
- ▶ providing a comforter, such as a special toy, blanket or dummy
- ▶ picking them up and comforting by cuddling
- ▶ gently stroking them so they fall back asleep
- ▶ talking or singing to them in a gentle voice.

A quick, calm and reassuring response teaches the baby to trust you.

When responding to a baby's hunger cues:

- ▶ anticipate when a baby is likely to feel hungry – you can anticipate that the baby may experience strong hunger pains between half an hour and an hour before they are usually due for a feed
- ▶ ensure that a feed is ready and waiting for the baby – do not wait for the baby to experience strong hunger pains before you begin to prepare the feed
- ▶ ensure that the hungry cry is dealt with immediately – pick up the baby and feed them in a calm, reassuring manner
- ▶ stop what you are doing and no matter how busy, nervous or frightened you may be, try to relax and be calm during feeding time as a baby can sense your nonverbal cues as well.

Fear or distress cues

Young babies are often frightened by things in their immediate environment like strange noises, objects, unfamiliar people, pain, falling and sudden movements. As they become older, toddlers begin to replace these fears with other fears, such as fear of the dark or of 'monsters'.

To overcome these fears, babies/toddlers need educators who understand them and take these fears seriously. Strategies that can be used to reassure children who demonstrate fear or distress include:

- ▶ taking the cue seriously
- ▶ offering physical comfort, support and reassurance, including a security item such as a toy, blanket or dummy
- ▶ trying to prevent frightening situations from occurring
- ▶ preparing for new and unfamiliar events by explaining what to expect; even if they do not understand, they will learn to apply your words to the situation as they get older.

Anxiety cues

Anxiety is very common for babies and toddlers. Young children are not able to make sense of what they are seeing or experiencing when they are confronted with something new, meet new people or are put in a new situation. This can make them feel anxious or fearful. Stranger anxiety is particularly common for babies between eight and 12 months.

Children often express this anxiety or fear of strangers by:

- ▶ staring intently at the new person
- ▶ bursting into tears
- ▶ holding tightly to their caregiver.

Respond calmly and offer reassurance to children who express fear of strangers. They will watch how you respond to a situation and then reflect your responses in their own.

Example**Reacting to stranger anxiety**

One morning the plumber arrives at Sandy Bay Childcare Centre to unblock the sink in the baby room. The plumber is a big man with a loud voice and he is carrying a large bag of tools.

As the plumber comes into the room, Josh and Amy, aged 10 and 12 months, look up at the educator, Michael, and their faces begin to crumple. Michael has anticipated their nervousness and is already walking towards them. He smiles at them and says, 'It's okay, the plumber is going to fix the sink.' Michael picks up Josh, takes Amy's hand and walks them over to talk to the plumber.

Michael is cheerful and relaxed as he talks to the plumber. All the time Michael is talking to the plumber, Josh and Amy keep looking between Michael's face and the plumber's face.

After Michael has spoken to the plumber for a while, he takes Josh and Amy back to the meal area where he gives them their morning tea. Both children only nibble at their food.

All the time the plumber is in the room, they keep looking between Michael and the plumber. Although they do not really relax, Josh and Amy do not cry. When the plumber leaves, they both begin to eat their morning tea with a hearty appetite.

Michael recognised the two babies' cues. He responded in a calm and reassuring manner to assist the children in coping with the situation.

Using transition actions

If you are the person a baby is showing some fear or anxiety towards, do not overwhelm them with direct approaches. It is usually better to stand back from the baby and wait until they are ready to approach you. Try to be cheerful and friendly to the baby's educator or parent.

Playing with a toy that is interesting or exciting often encourages a baby/toddler to come over to you to see what is happening. Allow the baby/toddler to watch you and to join in the play at their own pace. This approach is called using a transition action.

Example**Using a transition action**

It is Cathy's first day working at the Sandy Bay Childcare Centre and she feels a bit anxious about how the babies may react to her presence. She learnt about stranger anxiety when she completed her Certificate III and hopes that she does not upset the babies.

After speaking with the other educator, Michael, Cathy decides to sit on the mat a short distance from where most of the babies are playing. She finds a pop-up toy and begins to play with it. As she plays with the toy she can sense some of the babies stopping their play and looking at her. After about 10 minutes of playing by herself, Georgia, aged 11 months, crawls over and sits next to Cathy, who doesn't stop playing with the pop-up toy, but turns and smiles at Georgia.

After a couple of minutes Cathy asks Georgia if she would like a turn. She shows Georgia how to push the balls down tightly before pressing the trigger to release them. As the balls spring into the air, both Georgia and Cathy laugh. Georgia turns to Cathy and says, 'More!' and Cathy repeats the game.

After another five minutes, two more children come and join in. Cathy begins to relax as she realises that with the right techniques, a baby's anxiety of meeting new people is not so difficult to overcome after all.

Anger and frustration cues

Once babies begin to understand that they can make some things happen, they may feel anger or frustration when they can't control things.

Babies can become frustrated when they are trying to do something, but don't achieve the result they want. Babies, just like adults, are more likely to learn if they are given support and guidance when they are becoming frustrated. A certain amount of frustration is positive as it encourages children to try to solve a problem or task they are finding difficult.

Babies may express anger or frustration when:

- ▶ a toy is taken away from them
- ▶ they are being held and want to get down
- ▶ they are stopped from doing something they want to do
- ▶ their educator leaves the room for a period of time
- ▶ they are separated from their attachment figures
- ▶ they are put down for a sleep, but would rather stay awake.

A baby or toddler may show anger and frustration by:

- ▶ screaming loudly
- ▶ arching their back
- ▶ grunting
- ▶ turning red in the face
- ▶ throwing their arms and legs around and crying, often without tears.

This behaviour may be labelled as a tantrum; however, anger and frustration should not be viewed as bad emotions. When responding to a baby's anger or frustration cues, accept them as a justified response to things that are out of their control.

When a baby is expressing anger or frustration, you may:

- ▶ act promptly to avoid frustration turning into anger
- ▶ acknowledge the baby's right to be angry
- ▶ prevent the cause of anger, if possible
- ▶ provide comfort while allowing the baby to cry
- ▶ ensure the baby does not hurt themselves.

When responding to a toddler's anger and frustration, be realistic about your expectations and remember that toddlers need to:

- ▶ assert their autonomy and independence
- ▶ gain power and control over their lives
- ▶ learn to regulate their emotions and calm down after strong emotions
- ▶ assert some control over their environment by saying 'no'
- ▶ have space, support and guidance
- ▶ make simple choices and decisions about what they want to do.

Toddlers are generally unable to understand another person's point of view and are unable to wait for long periods of time. They become frustrated with the limitations of their abilities. When toddlers express themselves in a tantrum, try some of the following techniques, but remember that each child will react differently to your strategies.

Ways to help a frustrated toddler:

- ▶ Try to avoid stress – tired and hungry toddlers are more likely to become emotional.
- ▶ Distract the toddler when you see the emotions starting – acting at the correct time can avoid extreme emotions.
- ▶ Stay calm – adding your emotions to the toddler's will only create a larger issue.
- ▶ Think about what the toddler wants or needs – when they are calm you may be able to support them to gain what they want in another way.
- ▶ Be consistent.
- ▶ Think laterally – sometimes you need to be creative to move the toddler from one overwhelming or emotional situation to a more calm and controlled state.
- ▶ Reward success – use hugs, thanks, and words of support and encouragement.

Tiredness cues

Babies and toddlers need much more sleep than older children and adults. Many babies and toddlers give straightforward cues when they are tired.

A baby may look sleepy, yawn or lie around waiting to fall asleep. Some babies express tiredness by rubbing their eyes or becoming grizzly and easily upset; others tend to search for a bottle, breast or dummy to suck on.

When responding to tiredness cues, you should:

- ▶ respond quickly
- ▶ provide comfort by picking the baby up, talking gently to them and providing their comfort item
- ▶ follow the baby's individual routines and rituals; for example; some babies need to be rocked, patted or rubbed gently on their backs
- ▶ respond in a calm and relaxed way to settle the baby into a sleep, having everything ready beforehand
- ▶ adjust the environment to the baby's needs; this may involve changing the level of noise, light, temperature and ventilation.

Some babies have a bottle before a sleep, and some babies prefer to be placed in their cots and fall asleep on their own.

Example

Understanding individual rest needs

Asante is nearly 12 months old. He is an energetic child who crawls all the time. He has recently started to bite other children.

At rest time, Asante shows no signs of tiredness, although he is often restless and noisy. At first the educators think that he does not always need to rest or sleep, so instead they let him get up and play quietly. After a while, however, the educators realise that Asante only bites the other children in the afternoons when he has not had his sleep.

It seems that on these days he becomes overtired and can't tolerate the other children being near him, so he bites them.

When educators realise this, they spend more time helping Asante to fall asleep. As soon as they do this, the biting stops.

Pain cues

Babies have different thresholds for pain, just as children and adults do. Some babies react very severely to pain, whereas others will hardly react at all.

When a baby is experiencing pain, you may find that their cries are high-pitched and that they cry vigorously. If they continue to scream or cry strongly for some time after an incident, they should be referred to a medical practitioner for examination.

Some babies who are seriously hurt or experiencing great pain may go into shock and not cry at all. In this case you need to be quick to observe all signs of possible shock. Signs of shock to be aware of include:

- ▶ coldness
- ▶ blue hands and feet
- ▶ a grey mottled appearance
- ▶ moist and clammy skin.

When responding to a baby in pain, try to comfort them by holding or rocking them, as long as this does not worsen their pain. Try to determine why a baby is in pain so you can remove the cause, if possible.

Practice task 10

1. Think back to your own childhood and then answer the following questions.

a. Was there anything you were particularly afraid of?

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b. How did the adults around you respond to your fear?

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c. How did their response make you feel?

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d. Are you still fearful of the same thing?

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e. What can you learn from your own experience when working with babies and toddlers?

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2. Briefly explain how you would use toys to assist babies or toddlers who are tired and crying.

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3. List **three** cues that are typically shown by babies or toddlers who are:

a. Tired

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b. Hungry

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c. In pain

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4. Think about your own response to pain, then answer the questions that follow.

a. Do you feel pain acutely or do you hardly feel pain at all?

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b. Do you know of anyone who has a low pain threshold? Do others show empathy for this person or do they receive criticism?

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c. How does reflecting on your feelings assist you to support babies and toddlers?

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Summary

- ▶ Babies and toddlers prefer predictable routines that are flexible to their needs.
- ▶ Routines should be rich and enjoyable times when one-to-one interaction can occur.
- ▶ During routines, there are many opportunities to discuss objects and events with babies and toddlers.
- ▶ You can use comfort items or favourite toys to assist you to develop relationships with babies and toddlers.
- ▶ Your physical contact with babies and toddlers should be relaxed.
- ▶ The language of babies and toddlers is promoted with repetition of words, sounds and gestures.
- ▶ Babies and toddlers use individual cues to send you messages about what they want or need.
- ▶ Babies and toddlers will initiate interactions with you.
- ▶ Babies and toddlers need your support to explore their world.

Learning checkpoint 5

Developing relationships with babies and toddlers

Part A

Interact with one baby and one toddler to observe how they communicate with you and others. You may consult an educator or the baby's and toddler's parents for more information about the children.

1. Use a table similar to the following to provide the children's cues for hunger, tiredness and pain and how you would respond to these cues.

	Baby age:	Toddler age:
Hunger	Cues:	Cues:
	Response:	Response:
Tiredness	Cues:	Cues:
	Response:	Response:
Pain	Cues:	Cues:
	Response:	Response:

2. For each of the children, describe their favourite toy or comfort item.

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Part B

1. Observe or discuss with an educator a basic daily routine for a baby or toddler, such as nappy change, pick-up, drop-off or feeding.

a. What routine did you choose?

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b. Is this routine predictable for this child or does it change? Explain your response.

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c. How does the educator try to make the routine enjoyable for the child?

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d. What did the educator do during the routine? Document your observations in a table similar to the following.

Action	How the educator did this	How you would do this in the same situation
Explained what was happening to the child		
Repeated words or sounds		
Talked about objects		
Responded to interactions initiated by the child		

Action	How the educator did this	How you would do this in the same situation
Gave hugs or held the child in a comforting way		
Encouraged the child to learn a new skill		
Encouraged the child to explore the environment		
Provided opportunities for the child to develop self-awareness		

2. Explain how you apply the following guidelines and standards in your work practices.

a. Brain development

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b. Education and Care Services National Regulations

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c. NQS

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d. EYLF

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e. United Nations Convention on the Rights of the Child

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Topic 6

In this topic you will learn about:

6A Communicating information

6B Supporting home-to-care transitions

Developing relationships with families

Parents and other family members hope that you will respect their values and support them in achieving what they want for their baby or toddler. They will identify whether you respect their values by considering:

- ▶ how you interact with them
- ▶ the questions you ask
- ▶ how confident you are in leading the relationship
- ▶ how you relate to their child and others
- ▶ the policies and procedures of your service
- ▶ how you involve them in the care environment
- ▶ whether you interact spontaneously with their baby or toddler
- ▶ the types of planned activities you organise for their baby or toddler.

The following table maps this topic to the National Quality Standard and *Belonging, being and becoming: The early years learning framework for Australia*.

National Quality Standard	
	Quality Area 1: Educational program and practice
✓	Quality Area 2: Children's health and safety
	Quality Area 3: Physical environment
	Quality Area 4: Staffing arrangements
✓	Quality Area 5: Relationships with children
✓	Quality Area 6: Collaborative partnerships with families and communities
	Quality Area 7: Governance and leadership
Early Years Learning Framework	
Principles	
✓	Secure, respectful and reciprocal relationships
✓	Partnerships
	High expectations and equity
✓	Respect for diversity
✓	Ongoing learning and reflective practice
Practice	
✓	Holistic approaches
✓	Responsiveness to children
	Learning through play
	Intentional teaching
	Learning environments
✓	Cultural competence
✓	Continuity of learning and transitions
	Assessment for learning
Outcomes	
✓	Children have a strong sense of identity
	Children are connected to and contribute to their world
✓	Children have a strong sense of wellbeing
	Children are confident and involved learners
	Children are effective communicators

6A Communicating information

Most parents and family members expect you to lead their relationship with you. They will expect you to investigate their values and their baby's or toddler's individual needs. This is more than just being able to fill in an enrolment form; you need to work with them and support them in caring for their child.

A process for gathering information and advice is essential if you are to meet a baby's or toddler's needs and develop a nurturing relationship. Gathering information represents a large proportion of the communication you participate in with parents. You are in a partnership with parents, both supporting each other in the collection of information and advice.



To ensure this partnership is successful, you must implement skills that are common to all your professional relationships. This means you must:

- ▶ be non-judgmental
- ▶ be open to different perspectives
- ▶ apply empathy
- ▶ demonstrate active listening
- ▶ check understanding
- ▶ follow organisational standards, philosophies, policies and procedures.

Methods for collecting information

The methods for collecting information at your service about children's needs and routines may either be formal or informal. An informal method may be a conversation at drop-off and pick-up. Formal methods may include the following.

Enrolment forms

A standard form that collects the same information from each family

Enrolment interviews

An orientation process where families are shown around the service and introduced to the environment, and the family is asked questions about their needs, values and expectations

Referral agents

Shared information from other services used by the family, given with the family's consent

Meetings

Uninterrupted time when information can be exchanged, discussed and negotiated

The most common method for communicating day-to-day information is by using an individual chart. The chart you use should be set out with all the things you need to communicate, and spaces for comments and additions. It should be clear, so everyone can read it easily, but comprehensive enough to record the things that are required. If possible, the chart should be one the parent can take home to ensure they have access to the information and have time to take in all the details.

Watch this video to learn more about methods for collecting information from families.



Information to collect and share

These informal and formal methods usually collect information about the baby's or toddler's needs and preferences, including:

- ▶ cultural requirements
- ▶ expectations of the parents
- ▶ developmental abilities
- ▶ additional support needs
- ▶ play needs and interests
- ▶ preferred toys and activities
- ▶ preferred levels of social interaction
- ▶ food and drink preferences and needs
- ▶ sleeping and rest patterns
- ▶ health status.

In addition, you are responsible for sharing information with parents about their baby or toddler and their daily physical care routines.

Some things you may need to communicate with parents include:

- ▶ bottle feeds; for example, times and quantities
- ▶ solid food; for example, when it was eaten, what was eaten and how much was eaten
- ▶ nappy changes; for example, times, whether there were bowel or bladder movements, and sometimes a description of stools
- ▶ sleep or rest; for example, times, settling issues and length of sleep
- ▶ medication, if relevant
- ▶ emotions; for example, how the child has presented during the time and if they were upset, grumpy, playful or quiet.

Parents need to know this information because babies and toddlers have individual routines and preferences. It allows parents to carry on the child's care with knowledge of what has happened while they were not present.

This information is important for a baby or toddler as they are unable to communicate their own needs. The information you provide about the day assists the parent to ensure they meet the needs of their child as best as they possibly can.

Guidelines for communicating with families

Conducting meaningful communication with families helps you meet a number of guidelines, standards and regulations. Some of these are outlined in the following table.

Guideline	How it applies to communication	Link
National Quality Standard (NQS)	Element 6.1.2: 'The expertise, culture, values and beliefs of families are respected and families share in the decision-making about their child's learning and wellbeing.'	http://aspirelr.link/national-quality-standard
EYLF	Principle 2, 'Partnerships', talks about the relationships that educators should maintain with parents.	http://aspirelr.link/eylf
Education and Care Services National Regulations	<p>Regulation 76: 'Information about educational program to be given to parents: The approved provider of an education and care service must ensure that a parent of a child being educated and cared for by the service is provided with the following information on request:</p> <ol style="list-style-type: none"> a. information about the content and operation of the educational program so far as it relates to that child b. information about the child's participation in the program c. a copy of the documents kept under Regulation 74 in respect of the child'. 	http://aspirelr.link/acecqa-national-regulations
United Nations Convention on the Rights of the Child	Various articles refer to families' rights and responsibilities, including Article 5: 'Governments should respect the rights and responsibilities of families to guide their children so that, as they grow up, they learn to use their rights properly.'	http://aspirelr.link/unicef-child-rights

Example	Individual chart	
	Name: Bianca	
	Date: 7 February 2018	
	Sleep	10–11 am settled with dummy 1.45–2.45 pm settled with dummy
	Nappy change	11 am wet, 11.30 am soiled and firm, 1.30 pm wet, 2.45 pm wet
	Bottle	11.15 am full bottle taken 3.00 pm full bottle taken
	Food	12.30 pm cereal and formula (2 teaspoons)
	Play notes	Enjoyed watching the new fish mobile in the nappy change area. Laughed at ‘this little piggy’ rhyme and wiggled toes asking for repeated play.
Other	Last medication today.	

Practice task 11

1. What are some of the forms of communication that might occur when a baby or toddler arrives in an education and care environment?

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2. What information might be shared between the parent and the educator in this situation?

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3. Explain how the information shared in this context links to the NQS, EYLF or Education and Care Services National Regulations.

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4. Access the Education and Care Services National Regulations: <http://aspirelr.link/acecqa-national-regulations>

What does Regulation 74 require to be documented?

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5. Access the United Nations Convention of the Rights of the Child: <http://aspirelr.link/unicef-child-rights>

Identify one article that relates to parent–educator communication.

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6B Supporting home-to-care transitions

Babies and toddlers often move between home and care without stress. They are most likely to experience positive transitions if you have a good relationship with their parents. By communicating well with the baby's or toddler's parents, you gain information that can make this move as smooth as possible.

It also helps develop a strong relationship with the baby or toddler, as while the parent is showing trust in you, the child is also picking up on this feeling. Young babies are aware of their parents' feelings; children's understanding of their parents' feelings will become more obvious as the child develops skills in picking up on their parents' cues.



Attachment relationships

Part of the anxiety of arrivals and departures relates to the attachments children develop. Babies can form attachments with a number of people. This is usually the strongest with their primary caregiver, but any number of other attachments may follow.

A primary caregiver is the person who most often cares for the child, providing for their physical and emotional needs consistently and responsively. This person is usually a parent or guardian.

Other attachments are also important to a baby's social and emotional development, and it is expected that, as each child commences care, educators begin to develop an attachment relationship.

Attachment relationships in babies and toddlers may be demonstrated in a number of ways. Some of these are outlined in the following.

Social referencing

This is when a child watches the emotional response of an educator they are attached to and responds in a similar way. For example, if a spider or bug is crawling on the wall, the baby or toddler may copy the response of the educator. If the educator screams, the baby or toddler may scream; if the educator says, 'Hey look how many legs it has! How interesting!', the baby or toddler may show interest.

Anchoring

This is when a child moves off to explore, but doesn't move too far from the educator they are attached to. The baby or toddler ensures the educator is within close proximity, and may be confused and concerned if they move away unexpectedly.

Refuelling

This is when a child periodically returns to the educator they are attached to with a toy or activity, or just to make sure they are still there. The baby or toddler may also return to the educator when frightened, hurt or upset.

Observing these attachment behaviours allows you to determine how well you have developed relationships with the babies or toddlers, and guides you as to what a child who is attached to you requires. These attachment relationships also help you see why it is important for primary carers to respond to the emotional needs of a baby or toddler. Providing strong, genuine relationships helps children and families feel a sense of belonging.

Providing positive transitions

Strong relationships that lead to healthy transitions can only develop if your service puts basic child-focused practices into place. These include:

- ▶ having educators consistently caring for the same baby or toddler
- ▶ meeting or exceeding the ratio of children to adults so that needs can be supported promptly
- ▶ creating a sense of belonging for each child
- ▶ understanding the age and stage of the baby or toddler, and having realistic expectations
- ▶ highly prioritising relationships with children and families
- ▶ providing predictable yet flexible routines
- ▶ responding to the individual patterns and routines of the baby or toddler.



You can support positive transitions into care by:

- ▶ welcoming children and parents at arrival
- ▶ developing a rapport early in the arrival
- ▶ encouraging parents to stay until the baby or toddler is settled
- ▶ supporting the baby or toddler to take an interest in activities, or involving the baby or toddler in some activity
- ▶ being positive
- ▶ providing an attractive environment
- ▶ ensuring health and safety issues are managed.

It is common for babies and toddlers to be distressed by separation. Some things you can try to help them settle and feel safe include:

- ▶ physically comforting the baby or toddler with a cuddle, hug or a rub on the back, arm or shoulder
- ▶ rocking a baby
- ▶ providing comforters to relax the baby or toddler, usually a favourite toy or object
- ▶ talking to the baby or toddler
- ▶ listening to the baby or toddler
- ▶ redirecting or distracting the baby or toddler with another activity
- ▶ using a transition action.

Practice task 12

1. Watch a mobile baby or toddler in play with a familiar educator. If you can't observe a child, you could discuss this situation with an educator.

a. Describe any social referencing, anchoring or refuelling that occurred.

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b. If you did not notice attachment behaviours, explain why you think they could be absent.

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c. How could information about attachment processes assist you when a baby or toddler comes into your care?

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2. Describe how you would support a transition from home to care. Include how you would provide a different experience for a baby compared to a toddler.

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Summary

- ▶ The transition from home to care is made simpler if information relating to the baby's or toddler's needs is gathered from parents.
- ▶ Positive relationships with parents allow you to share information successfully and provide modelling for babies and toddlers that says 'this place is safe'.
- ▶ The information you gather from parents about their baby or toddler allows you to support the child's feeling of belonging.

Learning checkpoint 6

Developing relationships with families

Observe a baby’s or toddler’s transition from home to care on **three** separate occasions. Observe the same baby or toddler each time. Note the age of the child, and record what happens in a log similar to the following.

Child’s age:			
Observation	Day 1	Day 2	Day 3
1. What child-centred practices were in place prior to the child’s arrival?			
2. How was the child assisted to move into the care environment?			
3. What information was shared with the parent?			
4. How did the child show attachment to the educator?			
5. Was this transition successful? Why/why not? How could the transition be improved?			
6. Provide a summary of a key concept of attachment theory and how it relates to the child’s transition.			

