

# A Day in My Life: **Baby**

Things to think about when assessing the appropriateness of the daily routine of a baby.



These questions provide prompts for practitioners when engaging in a series of conversations with a parent/carer or another practitioner working with the baby to explore and understand the baby's lived experience. The questions can be selected as appropriate and adapted to suit the communication needs of the parent/carer. It is not intended that that all sections are answered in a single conversation. Information provided will need to be triangulated with the direct observations of practitioners and information from a range of sources.

Questions	Responses	Notes (including observations)
<b>Waking</b> 1. Do I wake early or later in the morning? 2. Am I attended to when I wake up or do I have to wait for attention? 3. Who gets me up and ready in the morning? 4. What do they do to help me?		
<b>Feeding</b> 1. How do I like to be fed? 2. Am I easy to feed or can it be difficult sometimes? 3. Do I have my milk at the same time every day? 4. Who gives me my milk and how often do I have it? 5. Do they hold me whilst I am feeding or am I propped in a cot or bouncer? 6. Are my bottles clean and sterilised and who does this? 7. Am I 'burped' during and at the end of feeding? 8. Do I have reflux or a tendency to be sickly? 9. If I was choking do my carers know what to do? 10. Am I settled and contented after a feed?		

*(Adapted from tools developed by Hampshire Safeguarding Children Partnership (HSCP) and the Isle of Wight Safeguarding Children Partnership (IOWSCP))*

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<b>Feeding (continued)</b> 11. Are there plans to wean me onto food? 12. Do I have eye contact with my carer whilst feeding? 13. If I breast feed, have I had repeated episodes of thrush and has medical advice been sought?		
<b>Dressing</b> 1. Who changes my nappy and helps me to get dressed? Is this the same every day? 2. Are my clothes clean and appropriate for the weather? 3. Am I handled correctly when I am changed?		
<b>Getting to school (if there are school aged children in the house)</b> 1. Do I join in on the school-run or does someone else look after me at this time? 2. If I do go to school, how do I get there? 3. Do I stay in the car to wait if my siblings are being dropped off at the classroom? 4. If I stay at home, who looks after me?		
<b>During the Day</b> 1. What do I like to do during the day? 2. Who do I spend the most time with and where do they take me? 3. Do I go to baby and toddler groups to make friends or do I go wherever my carer needs to go? 4. Does my carer help me to learn by playing with toys and books with me? 5. Do I sleep in the day and is that at regular times each day? 6. Do I like to sleep at home in my cot, or out in my buggy or car seat?		

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<b>During the Day (continued)</b> 7. Do I like to watch a lot of television? 8. Do I like to sit a lot in car seats or in pushchairs during the day? 9. Am I encouraged to explore my environment? If so, can I do it safely?		
<b>Socialising (communication)</b> 1. Do I have regular eye contact and communication time with my parent/carer? 2. Does my parent/carer find it easy to understand my needs from my cues, e.g. tired, hungry, in pain, overstimulated? 3. Does my parent/carer encourage my sounds and babbling development? 4. Does my parent/carer respond to my noises or mirror my sounds? 5. Do I respond to their facial expressions when they are trying to talk to me/calm me/play with me?		
<b>After school (if there is a school age child in the house)</b> 1. Do I go to the school to meet my sibling or do I stay at home? Who looks after me? 2. What happens to me when my sibling(s) are home – do they play with me nicely? 3. Is our carer around to make sure the play is appropriate? 4. Do I join in mealtimes as appropriate to my needs?		

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<b>Evenings</b> <ol style="list-style-type: none"> <li>1. Do I have a regular night time routine?</li> <li>2. Do I feed well in the evening?</li> <li>3. Do I have a bath and if so how often?</li> <li>4. Who baths me and do I bath with any of my siblings?</li> <li>5. Do I watch TV with any of my family in the evenings? If so, is what I watch okay for my age?</li> </ol>		
<b>Bedtime</b> <ol style="list-style-type: none"> <li>1. Do I go to bed at the same time every night?</li> <li>2. Am I put to bed or do I fall asleep whenever I am tired enough?</li> <li>3. If I am placed in my cot, do I settle well by myself?</li> <li>4. Where do I sleep?</li> <li>5. Do I go to sleep with toys?</li> <li>6. Am I read a bedtime book?</li> <li>7. How do I like to sleep?</li> <li>8. Does my carer use a monitor?</li> <li>9. Who is normally in the house at night time?</li> </ol>		
<b>Overnight</b> <ol style="list-style-type: none"> <li>1. Do I sleep well at night or do I tend to wake?</li> <li>2. How often do I wake?</li> <li>3. What happens when I wake up?</li> <li>4. Does my carer respond or am I left to cry/self soothe?</li> <li>5. Do I have feeds during the night?</li> <li>6. Do I often need a nappy change during the night?</li> </ol>		

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<b>Medical/Health/Disability</b> <ol style="list-style-type: none"> <li>1. Am I given my medication/treatment as required?</li> <li>2. Are medical instructions followed?</li> <li>3. If I have an alternative feeding method (e.g. tube fed) is this appropriately followed? Has this been agreed with all my carers and relevant professionals?</li> <li>4. Is all my equipment maintained and operating effectively?</li> <li>5. Are my measurements being recorded (e.g. height, weight and saturation levels) as required by my health professionals?</li> <li>6. Am I or my parent/carer sleep deprived as a result of my condition?</li> <li>7. Does my parent/carer communicate with me in ways which enable me to understand what they are saying? (e.g. for children with sensory impairment or communication needs)</li> <li>8. Does my parent/carer interact with me in ways which help me to develop? (e.g. for children with sensory impairment or communication needs)</li> </ol>		
<b>Hospital Inpatients</b> <ol style="list-style-type: none"> <li>1. Am I being visited regularly by my family?</li> <li>2. Am I given appropriate attention by my parent/carer when they are at the hospital with me?</li> </ol>		
<b>Pets</b> <ol style="list-style-type: none"> <li>1. Do we have pets in the house? Am I protected from any pets? Am I left alone unsupervised with any pets?</li> <li>2. Where do the pets sleep in the house?</li> </ol>		

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