

Fit for Life – Hearings and Children’s Health.

Dunblane Hydro 3rd – 5th November 2006

The logo for the Scottish Association of Children's Panels (SACP) is located in the bottom left corner. It consists of the letters 'SACP' in a white, sans-serif font, with a stylized white swoosh or line passing through the 'A' and 'C'. The logo is set against a dark blue square background.

SACP

The logo for the Scottish Association of Children's Panels (SACP) is located in the bottom right corner. It features the text 'Scottish Association of Children's Panels' in a white, serif font. To the right of the text is a graphic of three stylized human figures in white, holding hands and appearing to be in motion, set against a dark blue background.

Scottish Association
of Children's Panels

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Fit for Life – Hearings and Children’s Health.

The following is a report for the SACP of the 2006 National School held at the Dunblane Hydro on the 3rd – 5th November. The report has been compiled by Barry McGugan and George Reoch.

Friday 3rd November (Evening)

After an initial welcome from the Chair of the school, Stella Perrott (Scottish Executive Education Department) the speaker for the evening was Linda de Caestecker, Consultant on Public Health for NHS Glasgow and Clyde. Her talk was entitled:-

The Health of Scotland’s Children

Currently there are 900,000 children (pre-16) comprising 17% of the population. However, this is predicted to fall to 15% of the population by 2024. Life expectancy is improving therefore the pensioner population is expected to increase but people living in the most disadvantaged areas are not benefiting as much. Glasgow, for example, has an average life expectancy of 76 in the most affluent areas but this drops to below 70 in the more deprived areas.

Linda then proceeded to point out that inequalities in health start at birth. Determining factors include

- smoking during pregnancy
- poor foetal nutrition
- premature births

She then went on to state that good health for children is important morally, politically and economically.

- Healthy lifestyles in childhood set the pattern for adult life.
- Poor nutrition and unhealthy lifestyles can cause mental and physical damage to children which is not always reversible.
- Poor health lowers educational achievement, impairs self esteem and future wellbeing.
- Young children cannot advocate for themselves.

However, there are encouraging trends. Infant mortality has decreased from 1 in 5 in 1855 to 1 in 40 by 1972. This improvement is due to factors including

- improved housing
- improved nutrition
- high immunisation rates (95%) with MMR vaccinations recovering.
- less incidence of smoking during pregnancy.

Vaccinations against certain forms of meningitis and cervical cancer promise further improvements.

Scientific studies have shown the advantages of breast feeding which confers immunisation from certain illnesses as well as helping avoid obesity in later life. However, trends in breastfeeding are also subject to socio-economic effects with the incidence of breastfeeding in infants in the first 6 months of life being less than 10% in the more deprived areas (women here tend to avoid breastfeeding because of poor body image).

Oral Health

There have also been marked improvements in oral health.

- 50% of P1 children have no signs of decay which is a trend that is on course to meet a target of 60% by 2010.
- supervised brushing at nursery. (Once again however, there is a sharp social gradient with oral health improvements most marked in the more affluent areas)
- early registration with a dentist. This coupled with a healthy diet has proven to be as effective as fluoridation.

Accidents or unintentional injuries

This is the leading cause of death amongst children 0 – 14 in the UK. Death rate doubles for the most deprived children due to factors such as being knocked down on the way to school as they are more likely to be walking and poor supervision at home. Happily though, the death rates from road accidents have fallen in recent years due to improved safety factors such as speed cameras, speed bumps and seat belts.

Linda then went on to cite the main problems affecting children's health over and above socio-economic inequalities.

Obesity – 1 in 4 women are obese. This figure is only slightly lower for men. For children in P1 obesity rates are currently 8% rising to 20% by P7.

Drugs and alcohol - 40% of 15 year old boys and 46% of 15 year old girls report drinking alcohol in the last week. Smoking continues to be a problem.

Mental Health – The prevalence of childhood mental health disorders is gradually increasing. For Looked After and Accommodated Children (LAAC) it was reported that 45% have some form of mental health disorder including incidences of self harm. Residential care placement is one of the biggest areas of concern.

Linda then concluded her talk by emphasising the importance of early intervention. She gave the startling fact that patterns of criminality can be set in children as young as 2 or 3!

So what works?

- Universal parenting programmes
- Intensive support for vulnerable families
- Ante – natal support

- School programmes dealing with health issues
- *listening* to children and young people

Saturday 4th November

The first speaker on Saturday was Boyd McAdam from the Scottish Executive to talk about the impending review of the Children's Hearings system. The main points of Boyd's talk are given below.

Presentation: Boyd McAdam, The Child's Plan.

Some feedback on GIRFEC, but still being worked on.

Intention to have a comprehensive coordinated, integrated and consolidated 'plan' for every child throughout their younger years. One plan, not a series of reports and meetings. There will be a chronology of key events in the child's life. By Dec 2007, a plan will be in place for each child.

A lead professional will be assigned, responsible for each child, e.g. teacher, social worker, youth worker.

There will be an attempt to change attitudes towards children e.g. by the police.

It's worth remembering to ask ourselves; are compulsory measures necessary? This is a key role for the panel. Why are we enforcing compulsion (state intervention) often against someone's wishes – why intervene?

There were a lot of questions on this subject. So much so, they had to take a note of the questions to be answered at a later stage through the conference feedback.

The second presentation was from Margaret "Mags" McGuire a professional adviser with South East Area Health Department. Her talk was entitled

Pre – Natal Factors Affecting Children's Health and Development

"Mags" began her talk by confirming that "prevention is better than cure. We should concentrate on teaching our daughters that they are the mothers of the future". Mags pointed out that even before conception, it is important to look carefully at the material wellbeing of the individual. Are there problems such as obesity, anorexia or mental health problems which can impact on the wellbeing of the foetus and child leading to, for example, the mother suffering post natal depression?

For girls under 16 and women over 40, pregnancies are more prone to complications. Risks increase significantly depending on where the woman lives and their level of education. (If they do not understand the importance of health before pregnancy they will not understand it during pregnancy). The need for a good diet should be explained as well as the need for exercise. Where there is poor housing and poor family support there is a much higher incidence of low birth weight and premature babies. Babies which had no paternal involvement tended to be lighter than those with paternal development. Mothers without the support of the father tend to be younger, more socially deprived and more likely to smoke.

After conception, the foetus is fully formed in 8 weeks. At this stage many women do not know they are pregnant and continue detrimental behaviours which might influence embryonic development. The main detrimental factors to be taken into account are:-

(1) Domestic abuse.

- often continues during pregnancy
- can result in physical damage to mother and unborn baby
- the emotional trauma suffered by the mother can have a profound effect on the unborn baby
- studies have shown a connection between domestic abuse and child abuse.

(2) Smoking

- many women switch to low tar cigarettes thinking this is a healthier option. This is **NOT** the case. Low tar cigarettes have higher levels of carbon monoxide and this further reduces the amount of oxygen going to the foetus.
- affects brain development and increases the risk of hypoxia (restricted blood flow to the brain)
- leads to low birth weight
- leads to under-nourishment and other complications.

(3) Drugs

- most common problem with drug abuse is the withdrawal symptoms suffered by the newborn child.
- amphetamines and cocaine are associated with renal abnormality.
- opiate withdrawal in the newborn tends to be **more** prolonged with methadone.

(4) Alcohol

- this is the biggest problem by far.
- maximum amount of alcohol consumed should be 4 units per week (not all at once) although the advice is that total abstinence is the better option.
- complications can arise if the woman binge drinks or drinks a substantial quantity over the term of the pregnancy.
- can lead to foetal alcohol syndrome.

Mags concluded her talk by briefly describing the importance of good ante-natal care.

- the midwife as a good point of contact.
- the midwife is increasingly part of an interagency team
- good ante-natal care maximises the opportunity for normal pregnancy and birth.

The final presentation of the morning was from Dr Zoe Dunhill, Consultant Paediatrician, NHS Lothian.

Her talk was entitled:-

Growing Up – Physical health needs of younger children and what happens if they are not met.

Dr Dunhill began by outlining what children need:-

- love and stimulation
- warmth and care
- nutrition and hydration
- the opportunity to play and learn
- socialising environment

The absence of all of these results in stunted emotional growth, while the absence of even one can cause problems.

Ante-natal influences on the development of the child includes

- substance misuse
- poor nutrition during pregnancy
- genetic inheritance
- health of both the mother **and grandmother** has an effect on children
- maternal infection eg HIV, AIDS, Hep C

Dr Dunhill went on to emphasise the importance of the surveillance of growth and development of the infant. Factors to be monitored were:-

- language and communication
- locomotive function (both fine and gross)
- senses ie hearing and sight
- performance and integrative functioning.

How do we ensure the best life chances for children?

- developmental checks and support from health visitors
- more input for vulnerable families
- reduced checks for low risk families.
- early registration with a dentist (1st year)
- regular brushing and dental checks (by the age of 5 over 55% of Scottish children have dental disease).
- expanded programme of immunisations as well as a greater need to assist vulnerable families to have their children immunised.

There is an increased realisation of the need to divert resources from affluent families who know, in general, how to draw attention to problems, to families who are more needy.

At birth, babies have 3-4 times the energy requirements of adults, dropping to 2-3 times at age 1 year. In the first year of life a healthy baby will show a 300% increase in weight and a 50% increase in length.

Dr Dunhill concluded her talk by listing the most common childhood illnesses:-

- respiratory tract infection and asthma (often due to damp housing)
- ear infections
- constipation due to a poor diet eg lack of fruit and vegetables
- faltering growth (also known as failure to thrive).

Faltering growth normally becomes apparent in the first three years of life.

The next talk was given by Dr Sally Bonner, Consultant at the Child and Adolescent Psychiatry Centre for Child Health, Dundee. Her talk was entitled

The Emotional Wellbeing of Children and Young People

Dr Bonner began her talk by posing the following questions. Can you be emotionally healthy and still become mentally ill? Is the reverse true? The answer to both questions is a resounding yes. These are crucial questions to understand if appropriate recommendations are to be made for children and young people.

She then went on to give a definition of mental health as being

- the ability to develop psychologically, emotionally, intellectually and spiritually
- the ability to initiate, develop and sustain mutually satisfying personal relationships
- the ability to become aware of others and empathise with them
- the ability to use psychological stress as a development process.

Dr Bonner then gave some statistics regarding the prevalence of mental ill health.

- 1 in 4 people will suffer from mental illness at some time in their lives
- mental ill health is the second most common reason for teenage girls to consult their GP
- 4.5 – 9.9% of 10 year olds will have an emotional disorder
- 2.5% of children and 8% of adolescents will suffer from a major depressive disorder.
- 1.5% of the child population will have hyperkinetic disorders the most extreme form of which is Attention Deficit Hyperactivity Disorder (ADHD).
- Less than 5% of the national mental health budget is spent on children's services
- there are only 34 inpatient beds for adolescents in Scotland

Teenagers in the UK are more ill behaved, more prone to casual sex and have higher rates of offending than their European counterparts.

So how do we promote mental health?

The best way of doing this is by encouraging activities that enhance self esteem, sociability and autonomy. Supportive family relationships are crucial as is having general social support systems that encourage personal effort and coping.

Children and adolescents should be encouraged to talk to someone when they are experiencing difficulties and not to suffer in silence. For example, there are on-line resources to tackle bullying in schools. Problems should be tackled in a pro active way with early intervention being crucial.

Sunday 5th November

The morning started off with an excellent dramatisation by pupils from Madras College, St Andrews entitled **Safe**

They portrayed various situations young people find themselves in, e.g. loneliness, bullying, sex, drugs, depression, emotional well being. They highlighted how easy it could be for panel members to assume things are okay while under the surface there are serious issues and children are not safe.

The final presentation at the 2006 National School was from Peter Glen, Laura and Rachel all from the Corner Project, Dundee. This is a drop in centre for young people to discuss any issues affecting their sexual health and general wellbeing. The presentation was entitled

Life Style Choices – Health needs of adolescents.

The Corner Project has been in existence for 10 years. It provides a 1:1 informal, confidential service which is easy to access. It is a drop in centre where young people can discuss issues such as (sexual) relationships, self harm, suicidal thoughts, self esteem issues, bullying and anger management. It also provides an outreach service.

The question was posed “Who wants to be a teenager?”

- 25% of 16 year old girls and 16% of 16 year old boys smoke.
- 1 in 3 young people regretted having sex too soon
- 1 in 4 males aged 15 – 24 in custody have an expectant partner
- after drugs, bullying is the most important issue affecting young people
- 10% of 15 year old boys and 20% of 15 year old girls show signs of psychological distress.
- the media represent young people as thugs and tearaways and they receive an appalling press. However, the true picture, is very different as shown in an entertaining short film made by young people themselves entitled “Being Young in Scotland in 2005”

This showed that

- most teenagers lead active social lives
- hobbies include listening to music and watching TV
- 60% are into physical fitness
- one third of all 11-25 year olds have done voluntary work
- 85% of 17 – 25 year olds said that respecting others was the most important thing in making someone a good citizen
- young people were predominantly positive about their futures.

The message coming across from young people is that they will use services that are accessible, friendly, welcoming, confidential and that have a clear message. Involvement in the formation of the ethos, culture and policies of a project so that the young people have “ownership” is also crucial as well as having practical support by way of quality services, staff and resources.

Summary

The National School focussed strongly on the mental health of children and young people. It gave Panel Members an insight into factors influencing mental health and the issues facing these youngsters. It is important for panel members to bear this in mind when dealing with young people at a hearing.