

Consultation response



***Better Health, Better Care* - Scottish Government November 2007**

Children in Scotland held a members' consultation event in September 2007 to discuss the proposals contained in *Better Health, Better Care*. Representatives attended our event from a range of voluntary and statutory organisations throughout Scotland. The discussion at this event, and subsequent communications with our members, informs this consultation response.

Key points

1. The final version of *Better Health, Better Care* should explicitly endorse a children's rights approach to the relevant sections of the health sector. References to 'patient' and 'patient's rights' should explicitly include children and young people. Likewise, the reference to 'carer' should explicitly include young carers. The implications for service provision need to be thoroughly thought out and reflected in the final version.
2. Children in Scotland recommends a *universal* approach to early years services, with additional support for those families whenever they need it. We are particularly concerned that the implementation of Hall 4 is identifying children for core services significantly too soon – and thereby, overlooks (or is slow to meet) the needs of children with less obvious or later-emerging health difficulties. The Scottish Government's commitment to *early intervention* can best be realised through a universal system of *early identification* that extends far beyond the first weeks/months of life.
3. We welcome the overall priority given in *Better Health, Better Care* to early years services. The health and well-being needs of mother and baby should begin at the pre-natal stage and continue throughout pregnancy, into the perinatal period and beyond. We recommend that this section of the final document should explicitly address two key concerns: a) promoting infant mental health; and, b) preventing foetal alcohol spectrum disorder.
4. We are concerned that the unique health issues and needs of young people, particularly in relation to mental health and sexual health are not featured in *Better Health, Better Care*.
5. Children in Scotland endorses the focus on positive support for mothers/fathers/carers. We recommend that the final version explicitly acknowledges and addresses kinship carers. *Better Health, Better Care* also should recognise and build upon the opportunity that the NHS has to encourage the active involvement of fathers (biological or *de facto*) in children's health through implementing the new Gender Equality Duty¹. The specific health

¹ *Making the Gender Equality Duty real for children, young people and fathers*. Edinburgh: Children in Scotland, 2007

and wellbeing needs as young mothers/fathers/carers (and their children) should be directly addressed in the final document.

6. We welcome the supportive aims of the document to help women stop smoking and drinking alcohol during pregnancy. In the Scottish context, we believe that the focus on drug misusing parents should be extended to include alcohol-misusing parents.
7. We recommend that the Scottish Government actively encourage a joined-up policy approach among health, education and children's services, as well as joined-up working between and within health, education, children's services and the voluntary sector. Explicit links should be made in the final version of *Better Health, Better Care* with such major policy initiatives such as Getting It Right for Every Child (GIRFEC) and the Additional Support for Learning (Scotland) Act 2004.
8. We recommend that the final version of *Better Health, Better Care* more fully address and accord higher priority to the needs of children and young people with disabilities (and/or other additional support needs), particularly those living in rural and remote areas.
9. *Better Health, Better Care* should recognise, and more adequately address, the needs of children and young people during times of *transition*; for example, during transitions between health services, from child to adult services and from home care to schooling.

Background information and additional explanations

Children in Scotland welcomes the attention given in *Better Health, Better Care* to early intervention, ending health inequalities and positive parenting support. To most effectively impact Scotland's health, **the Scottish Government must ensure that health promotion and health care services for children and young people are at least as good as those provided to adults.**

Investing now in the health of children and young people not only benefits them in the short-term, but also predictably results in major reductions to Scotland's long-term health costs. Children in Scotland thinks that the nation will be best served by universal services (especially in the early *years*), with targeted additional support, as and when needed. Early intervention is fundamental and must include a much greater emphasis on *prevention and health promotion*.

Children and young people as patients

The SNP manifesto document and the Scottish Government respect the validity of the UN Convention on the Rights of the Child. The *Better Health, Better Care* consultation, however, does not explicitly endorse a child-centred, children's rights approach for the relevant portions of the health sector. The final version should do so. This includes the right to be heard and heeded, the right to privacy and confidentiality, as well as the right to safety, health and education.

The consultation paper applies to all health services, but it is unclear whether the numerous references to 'patients' and 'patient rights' fully include children and young people. This ambiguity is counter-productive. Clarification is essential, especially in relation to participation in decision-making, informed consent processes, information sharing, waiting lists, and complaint procedures (in accordance with the maturity and capacity of the child). There also is a need to address several particular issues and concerns in relation to children and young people having disabilities, chronic

medical conditions or complex needs, i.e., the young patients most likely to have the most, and most prolonged, interactions with Scotland's health system.

References made within *Better Health, Better Care* about 'carers' also imply that the 'carer' is an adult. However, some children and young people find themselves in a caring role either for parents or siblings. This is often a hidden responsibility and can have implications for the health and well being of the young carer that are different than those that apply to most adult carers. This reality should be reflected in Scottish Government policies and strategies.

Finally, while we recognise the time constraints of consultation processes, we are disappointed that children and young people are not being systematically and meaningfully consulted about *Better Health, Better Care*. Consultation processes and structures will need to be changed if the new Scottish Government truly is committed to engaging with children and young people.

Best possible start

Children in Scotland applauds the inclusion of an entire section of *Better Health, Better Care* focussing on early years. Health promotion should begin at the *pre-conception* stage with a new, stronger emphasis on improving the overall pre-conception health and wellbeing of women of childbearing age, as well as increasing support for prevention measures (e.g., folic acid supplements). Acknowledging and preventing foetal alcohol spectrum disorder should become a cornerstone of the overall alcohol reduction strategy. Excellent education and care for women throughout their pregnancies remains vital, as do efforts to increase the prevalence and duration of breastfeeding - which remains unacceptably low in many communities in Scotland.

The importance of infant mental health, which is inextricably linked to the mental and emotional health of mothers/fathers/carers, should be recognised and explicitly addressed in *Better Health, Better Care*. Similarly, the new Scottish Government's laudable emphasis on 'early intervention' should be heightened and reinforced by directly connecting *Better Health, Better Care* with closely-related initiatives in children's services (e.g., Getting it Right for Every Child) and in education (e.g., Additional Support for Learning Act). The advantages of, and need to improve, the health sector's policy connections with the voluntary and private sectors during the early years merits greater attention. It is also important for health to link with and support education services such as nature kindergartens, which contribute to overall health promotion for children in the early years.

We have a significant concern about the perceived shift from universal to targeted health services/activities in the early years. For example, there is a growing perception that the implementation of Hall 4 is going too far toward targeting (even beyond the recommendation of the report on which it is based) and toward the elimination of universal health visits/checks/screening beyond 6-8 weeks after birth. This means that some children's developmental needs are missed entirely, for example, at the age of 2-3 years, when communication problems become evident. *Better Health, Better Care* should address not only the perception of getting the balance wrong between universal and targeted services, but also those aspects of the health system where this imbalance is a reality (not a misperception). Children in Scotland strongly recommends a re-emphasis by the new Scottish Government on universal health services during the early years, with appropriate targeting of supplemental attention and assistance to those children/families known to be at risk or needing extra help.

Young people's health issues

Undoubtedly, investing in the early years to ensure long-term changes in health is crucial. However, we are concerned that the unique health issues and needs of young people, particularly in relationship to mental health and sexual health, are not featured prominently enough in *Better Health, Better Care*.

We believe that the Scottish Government should provide a separate funding stream, and substantially increase funding, for mental health services directly aimed at children and young people. We believe that more work is required to deliver the age-appropriate services required by the Mental Health (Care and Treatment) (Scotland) Act 2002 and there is an opportunity to address this again in *Better Health, Better Care*.

In relation to sexual health, it is essential that health services are well joined-up with education. Many health services take place between the hours of 9 a.m. and 5 p.m., which makes it hard for young people to access these services without interfering with their school day. The NHS should take responsibility for correcting this problem. Health services should also support education to provide factually accurate sexual health and relationship information to children and young people, including information on their health rights, e.g., the right to visit their GP unaccompanied once they are 16. *Better Health, Better Care* should also give priority attention to the prevention of teen pregnancy and to the amelioration of its long-term consequences.

The current rethinking of governmental health policies and priorities offers an excellent opportunity to close a long-standing gap in the Scottish health sector – namely, how to best prevent health problems (and unhealthy habits) and meet the distinctive health education and health service needs of young people who are neither children anymore, nor adults yet.

It also is an example of the over-riding principle advocated by Children in Scotland, i.e., that the Scottish Government must ensure that health promotion and health care services for children and young people are at least as good as those provided to adults. To cite just one example, the waiting time for mental health assessments and services for many young people across Scotland is unacceptably long. *Better Health, Better Care* should commit to solving this problem.

There is active, effective *voluntary sector* engagement with young people throughout Scotland. Improving the connections between public sector and voluntary sector work around health issues should be recognised and encouraged in the final version of this report.

Support for mothers/fathers/carers

We welcome the attention in this document given to positive parenting and family support beginning during the earliest stages of a child's life. Problem-solving skills are essential to modern parenting. Consequently, providing mothers/fathers/carers with the skills, information and resources they require to become effective and confident in meeting the needs of their children should be a Scottish Government priority. Positive parenting support should include help and advice on promoting positive approaches to discipline without using physical punishment. However, positive parenting support is necessary throughout the life of the child, and should adapt to the changing health situation and needs of their child during the whole range of developmental phases from infancy through adolescence. Parenting teenagers can be difficult and relatively little support exists.

Governmental support to mothers/fathers/carers should be both universal and targeted in order to meet the basic needs of all parents and the complex needs of some parents. Only when it becomes universal will the current stigma around 'parent education' and 'parent support' be eliminated.

What constitutes positive parenting and family support should be driven by patients, families and civil society, not established by government fiat.

The final version of *Better Health, Better Care* should also recognise the positive role that fathers can play in improving their children's health outcomes. For example, in relation to breastfeeding, it is just as important that health services help fathers to understand the health benefits of breastfeeding as it is for health professionals to assist mothers' understanding. This is in line with the new Gender Equality Duty.

Whilst we welcome the supportive aims of the document to help women stop smoking and drinking alcohol during pregnancy, we believe that the focus on drug misusing parents should be extended to include alcohol-misusing parents. Current estimates suggest that there are over 100,000 children affected by parental alcohol use and nearly 60,000 children affected by parental drug misuse.² The Scottish Government must ensure that health services addressing the needs of parents with drug and alcohol problems also fully take into account the child's needs.

Transitions

Children in Scotland recommends that *Better Health, Better Care* address the needs of children and young people during times of transition, for example during transition between child health services, from child to adult health services and from home care to school settings. The transition to adulthood itself is one the most challenging periods for young people and their parents, and the Scottish Government needs to give greater attention to ensuring that health services are adaptive to the needs of young people as they move to adult services. Health services should make these necessary transitions as seamless and stress-free as possible. This will mean ensuring that health workers used to adults are provided with extra training to work well with young people.

Disability and additional support needs

Children in Scotland recommends that *Better Health, Better Care* recognise the specific needs of children and young people with disabilities and other additional support needs. The Additional Support for Learning (Scotland) Act 2004 requires that local authorities provide children and young people with any extra help that they need to succeed in school. This often includes one or more healthcare services. *Better Health, Better Care* needs to address how health services across Scotland are – or should be -- meeting these needs. Links between health and education are essential to ensure that the health needs of these children are met.

Accessibility issues with regards to children and young people having disabilities and additional support needs is something that should be considered and dealt with directly in the final version of *Better Health, Better Care*. Accessing transport to health services often has been a major problem, especially for children and young people living in rural or remote areas, *particularly in terms of follow-up and long-term care*. However, this issue is not only about health services, but also about transportation arrangements that result in social/cultural inclusion for these young people.

Experiencing or witnessing violence and abuse

Violence and abuse affects the everyday lives of far too many young people in Scotland. Violence

² *Have We Got Our Priorities Right? Children living with parental substance use*. Aberlour 2006

perpetrated by and upon young people is especially evident in bullying. It can have serious mental, emotional and physical health repercussions for young people (victims and perpetrators alike) and is one of the top three concerns of children and young people in Scotland.³ This issue needs to be addressed by the Scottish Government and should be included in *Better Health, Better Care*.

We welcome the recognition in *Better Health, Better Care* of the effects of exposure to domestic violence on the health and wellbeing of children and young people. We support the work currently underway to address this issue by the National Domestic Abuse Delivery Group. Pregnancy is a significant risk factor in women's experiences of domestic abuse.⁴ As well as assisting children who are living in an environment of domestic abuse, we recommend that the safety of the unborn child of mothers living with domestic abuse is addressed and considered during maternity care.

Child safety and environmental health

Serious risks to children's health can be found in the broader physical environment through pollution, exposure to toxins and less-than-safe water, air and food supplies. Increasingly, there is evidence that illness, chronic medical conditions (particularly asthma) and other health problems in children and young people may be caused or exacerbated by exposure to certain environmental agents. There also may be connections between exposure to these toxins and the need later in childhood for additional support for learning (because of brain or nervous system damage). And yet, environmental health in relation to children and young people does not receive the attention and priority it merits in the initial version of *Better Health, Better Care*.

Similarly, thousands of children and young people suffer each year as a result of unintentional injuries within the home, on the road or in the community. We applaud the recent joint public sector/voluntary sector leadership in developing the *Child Safety Strategy: Preventing Unintentional Injuries to Children and Young People in Scotland*.⁵ Injury prevention also is an area that merits significantly increased resources and a notably higher governmental priority. Thus, it, too, should be explicitly addressed in *Better Health, Better Care*. Injury prevention and environmental health underscore the importance of strengthening the Scottish Government's active support for far more extensive *prevention* work than currently is underway.

Joint working within and among sectors

Better Health, Better Care would be strengthened by placing itself more explicitly in the broader context of Scottish Government policy and by offering a joined-up policy agenda that links the health sector directly to the education sector and the children's services sector. References to, and transparent connections with, such key policy initiatives as *Getting It Right For Every Child* and the Additional Support for Learning Act 2004 would be welcome.

Joined-up working not only across the public sector, but also between the public sector and the voluntary sector should be accorded greater priority in the final version of *Better Health, Better Care*. School nurses are ideally placed to facilitate joined-up working in this way, but they cannot be expected to be the sole connection or the whole solution.

³ 'Keeping Promises' National Consultation Summary of Results, Scotland's Commissioner for Children and Young People and Young Scot, 2005

⁴ *Why Mothers Die 2000–2002 - The Sixth Report of Confidential Enquiries into Maternal Deaths in the United Kingdom*, Confidential Enquiries into Maternal Deaths in the UK, 2000-2002

⁵ See: <http://www.rospe.com/news/scotland/childsafetystrategy/index.htm>

To comment upon this consultation response or for further information, please contact Sheona at 0131 222 2412 or at slawson@childreninscotland.org.uk.

Children in Scotland is Scotland's national agency for organisations and professionals working with and for children, young people and their families. It exists to identify and promote the interests of children and their families and to ensure that policies, services and other provisions are of the highest possible quality and are able to meet the needs of a diverse society. Children in Scotland represents over 450 members, including all major voluntary, statutory and private children's agencies, professional organisations, as well as many other smaller community groups and children's services. It is linked with similar agencies in other parts of the UK and the European Union.

The work of Children in Scotland encompasses extensive information, policy, research and practice development programmes. The agency works closely with MSPs, the Scottish Government, local authorities and practitioners. It is a partner of the Participation Partnership Group for children and young people's mental health. It services a number of groups such as: the Cross Party Parliamentary Group on Children and Young People; the National Children's Voluntary Forum; the National Early Years Forum, and the Rural Advisory Group. Children in Scotland also hosts Enquire; the national advice service for additional support for learning.