The Early Years
...the participation of children and young people in health matters

The significant challenges facing Scotland’s decision makers on improving the health and well-being of children and young people are well documented – poverty, homelessness and addictions...to name a few! Perhaps not so well documented is the involvement of children and young people themselves in addressing these health matters. In this winter issue of CHEX-POINT, we highlight activity at a national and local level aimed at involving children and young people in addressing the major risks, accessing health services and securing opportunities for positive growth and development.

On the national scene...Health Scotland’s Young Peoples Programme highlights the challenges in supporting and empowering young people to make informed choices about their health, together with ‘Walk the Talk’, a long-standing national programme whose aim is to build the capacity of health practitioners in working with young people to address the barriers which hinder them from accessing health services.

On the local scene...two approaches from West Lothian seek to work alongside children and young people on health matters. The Chill Out Zone in Bathgate and the Broxburn Family Centre in Kirkhill, Broxburn adopt unique approaches to supporting young people in determining and influencing the services of their own organisation.

Stop Press... Healthy Communities: Meeting the Shared Challenge

Across the country...‘Young Scotland in Mind’ conveys the benefits of sharing practice and ideas on young people’s mental health and well-being through a formal Network on policy and practice.

The Scottish Government is introducing new policies on health improvement for children and young people and Shona Robison MSP Minister for Public Health sets the scene by citing the Health Inequalities Task Force and initiatives on early years’ intervention.

CHEX-POINT Editorial Board.
Tackling health inequalities in Children and Young People

With the numbers of children living in poverty and low income (25%) in Scotland highlighted by CPAG and Save the Children earlier this year, CHEX asked Shona Robison MSP, Minister for Public Health, to comment on the Scottish Government’s priorities on ‘tackling health inequalities in children and young people’. The Minister’s response is detailed in full below.

Tackling health inequalities, particularly in children and young people, is a priority for the Scottish Government. We recognise that we need to start with children when they are very young if we are to make improvements in health for the next generation of Scots. We have set up the Health Inequalities Task Force, which I am chairing, which includes representatives from across Government, the NHS and the public sector. In the weeks and months to come, we will be looking at ways to tackle the major inequalities facing people across Scotland.

Early interventions are the key and that is why the Scottish Government is focusing on this across portfolios, taking forward a range of work to improve children’s health.

It is vitally important that we encourage healthy lifestyle habits from a young age. We have already announced a £5m free school meals pilot from P1–P3. This will encourage children to get used to healthier foods from an early age, meaning they do not develop the taste for fatty, sugary and salty foods.

And we have banned the sale of fizzy drinks and chocolate from schools, and restricted the number of times chips are on the menu in canteens, to ensure a consistent message about healthy eating is given out to children.

Also, Counterweight, a primary-care led obesity management programme has had an extremely positive impact, which is why we are now encouraging health boards and GPs to extend this programme to cover children.

We are reintroducing a schools based dental service, starting in the most deprived areas, to pick up earlier those children suffering from tooth decay so we can prevent the poor oral health which has for too long dogged Scotland’s population. We are also committed to improving access to NHS dentistry so that more children can have regular check-ups.

Earlier this year, the age at which cigarettes can legally be bought was raised from 16 to 18. This will save an estimated 350 lives a year and will send out a clear message that tobacco is an extremely dangerous substance. This way, it is hoped that young people will be discouraged from taking up smoking in the first place.

We are committed to introducing the HPV vaccine to 12 and 13 year olds to screen them for the gene which can lead to cervical cancer. This groundbreaking development also has the potential to save hundreds of lives.

We will continue to do everything within our power to improve the lives of children living in poverty, but we feel our ability to make an impact is constrained by the fact that power over many of the levers affecting child poverty, particularly tax and benefits, is still reserved to Westminster.

For this reason, we will continue to press for the devolution of all of these powers to the Scottish Parliament to allow us to fully tackle the many and complex causes of child poverty.

Through our early intervention approach, we believe that we can make a real difference to the health of all Scotland’s population in years to come.

Shona Robison MSP, Minister for Public Health
At the “Centre”
Children and young people

The Broxburn Family Centre’s approach

Community Education Worker Vicky Allen details the various approaches used by the Broxburn Family Centre.

Broxburn Family Centre is a voluntary organisation that has been working in the Kirkhill area of Broxburn, West Lothian since 1989. The family centre provides several services: informal adult classes and groups, normally made up of local parents; formal adult education through SVQ training in playwork for playworkers in West Lothian; a Wee Nursery, providing quality childcare for preschool children of family centre users; a healthy café; an out of school care service; and an extensive programme of children’s work based at our adventure playground, The Range. These services are well-used by local people and, over the years, we have formed strong links with families as they progress through the different services at different points in their lives.

Working with children and young people
We work with children from 0-12 years old, although there are a handful of S1s who also access our services. Older children also use our adventure playground, which has an open-access policy, and will often join in our summer programme of activities for younger children.

Working with families
Several years ago, we obtained a grant to buy several bikes and helmets. These have been fairly well used in a variety of ways and, over the last few years, have led to a small but successful programme of family bike rides during the summer holidays. This has given parents the chance to come out with their children and explore bike routes around central Scotland and the Borders in a supportive atmosphere.

A participative approach
We believe that it is important for children and young people to be able to be involved in decisions that affect them and to know their views are valued. So, in our clubs, children are actively involved in planning what they want to do each term and staff work with them to achieve those goals as much as possible.

Children are also involved in developing their own ground rules for behaviour and, just now at The Range, the clubs are working together to agree and design a poster which summarises the Range’s ‘golden rules’. In the out of school care service, children are regularly consulted about their views and preferences, whether it relates to that week’s snack or the end of term trip. An S1 child has now become a ‘junior leader’ in OOSC and is able to design and deliver activities she knows the other children want to do. Recent staffing changes led to children also being involved in the interviewing process for new staff.

A healthy approach
The family centre has a longstanding commitment to integrating health-promoting activities into its work. This is particularly evident in our work with children and young people. Over the last few years, snack menus in our clubs and out of school care service have been fairly radically revised to avoid sugary or fatty foods as much as possible. Fruit features heavily on menus and food activities, such as baking or food tastings, give children the opportunity to try new foods and learn important life skills.

Physical activity has become a particular focus recently, following reports about children not getting enough daily exercise. Our out of school care service obtained a grant to buy a range of sports equipment which will be integrated into a fun physical activity programme for the children in the coming months, building on the interests the children already have. Children can do ‘bleep tests’ to improve personal bests and equipment is being used in innovative ways – our mini trampolines have been integrated into all sorts of games! A mini basketball hoop is versatile enough to be used indoors and out by all ages of children – even the pre-schoolers have enjoyed testing their skills.

An educational approach
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...cont. pg 7...
"Youth Power"

health practitioners is in development and will include case studies of best practice approaches, checklist documents and ideas for making services as friendly, inviting and sensitive as possible.

The website will be launched at a national Walk the Talk conference in March next year. See www.healthscotland.com for further details. Young people will be invited to capture their thoughts and experiences of primary care services by being featured on a new DVD that will also be showcased at the conference. (N.B. For more details on Walk the Talk, please see the next article.)

These are just two examples of the work within the Young People’s Programme at Health Scotland. Other work includes the production of an A-Z guide for residential care workers and foster parents to help equip them to support young people.

Also, with the legal age for buying tobacco in Scotland rising to 18 in October, Health Scotland is feeding into the Scottish Executive’s five-year plan to prevent young people from smoking in the first place, as well as supporting those who do stop.

If you would like to discuss how your organisation can work in partnership with us, or to make a nomination for the Young Scot Awards, please contact Nuala Healy, Programme Manager for Young People at Health Scotland on 0131 536 8760 or at nuala.healy@health.scot.nhs.uk

In this article, Candice Dillen writes about the past, present and future of Walk the Talk, a national initiative funded by NHS Health Scotland and delivered in partnership with Fast Forward.

Walk the Talk initiative has been in existence since 1999 when the Scottish Executive set up twelve pilot projects throughout Scotland to identify inequalities in young people’s health and service provision. Since that time, Walk the Talk has delivered training across Scotland to practitioners, developed and disseminated resources and provided guidelines to projects aiming to develop relevant health services for young people.

The current Walk the Talk work programme focuses specifically upon NHS primary care and aims to support the primary care health service to become more youth friendly in order to improve health outcomes and reduce health inequalities amongst young people. Various studies have indicated a variety of barriers faced by young people in accessing mainstream health services including concerns about confidentiality, misunderstanding of their rights regarding consent and a sometimes intimidating environment with little tailored youth information. Walk the Talk has commissioned research with primary care staff to identify their support needs and is in the process of developing information and resources to support their work with young people and to highlight and share existing good practice.

A national primary care conference is being held in March 2008 in which young people will be involved. The event will provide a national platform to communicate young people’s health improvement issues and considerations for youth friendly service provision to the primary care sector through interactive workshops and plenary sessions. Practitioner resources developed will also be launched at the event.

The Walk the Talk approach to service provision promotes an ethos whereby young people are involved in the planning of their services. Consulting with young people to identify their needs and in order to become aware of the barriers they face is essential for health services to be inclusive and responsive.

For further information about Walk the Talk please contact:
Candice Dillen, Candice@fastforward.org.uk
Chilled Out in West Lothian

In this article, Chill Out Zone Service Manager Cath Kidd discusses how their approach to engagement allows young people the opportunity to impact directly on the services they provide.

The Chill Out Zone (COZ) is a Bathgate-based healthy living service for young people in West Lothian aged 12-20. We are funded by a partnership between West Lothian Council, Scottish charity CHILDREN 1ST and NHS Lothian. The staff team consists of a multi-disciplinary team of youth workers, nurses, a doctor, a youth café worker, a person-centred counsellor and a service manager.

We offer a wide range of different activities and services for young people: such as C-Card, group work, one-to-one support, counselling, and medical services, including pregnancy testing, contraception, support and advice. COZ has a counsellor for young people to help them deal with stress, family problems, bullying etc. We also engage young people in preparing and cooking for themselves, either through our drop-in services or in one-to-one cooking classes; empowering them with life-long cooking and budgeting skills.

COZ engages young people by discussing the issues that concern them, for example, drugs, STIs, healthy living, alcohol, smoking etc. We use activities, games, informal education and positive relationships to empower young people to make informed choices. We work on a drop-in basis, with no appointments necessary except for our counselling service.

COZ has a youth forum made up of 8-12 young people which meets fortnightly with two members of the COZ team. The forum was established to ensure that young people have a voice both within COZ and in the wider issues affecting them. The youth forum has already contributed to a number of consultations and has helped develop a very successful summer programme of events. The young people negotiated the summer programme with staff to include their choice of activities, the hours they wanted the centre to open, which activities they would volunteer for and how the programme should be promoted.

One young person visited a local high school prior to the summer and spoke to around 250 young people about the work of COZ. This was particularly powerful, as the audience responded to hearing about youth services from a young person who uses these services.

COZ has developed a number of partnership projects and opportunities which allow us to engage with some of the most difficult and challenging young people in our area. These can be within schools or youth groups or through word of mouth.

The impact of our work is evident from the feedback and comments of the young people, who say that they produce more work at COZ then they do at school, and that “COZ is a place where you can get help for everything”. The number of young people who access our services on a regular basis - 2000 visits since April - suggests that local young people are happy to engage in the service.

We are currently in the process of developing services within COZ to help target marginalised groups of young people, such as LGBT, those leaving care and teenage parents. We are also expanding our opening times at weekends in response to young people’s request. These developments have been possible as a result of a recent grant from the Big Lottery Fund.

If you require more information, or would like to volunteer at COZ, please contact us on coz@children1st.org.uk or on 01506 652436.
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Young Scotland In Mind

In this article, Sam Lynch, Forum Co-ordinator, explains the role and aims of Young Scotland in Mind (YSIM) which was launched earlier this year.

Young Scotland in Mind is a network of voluntary sector organisations which aims to foster a culture of working and learning together in order to promote the mental health and wellbeing of all children and young people in Scotland. The forum brings together voluntary sector organisations to communicate more effectively, build on collective strengths, and influence the development of policy and practice. Led by Barnardo’s and funded by the National Programme for Improving Mental Health, YSIM has been welcomed by voluntary sector workers, and there is great enthusiasm. All voluntary sector organisations play a crucial role in supporting the mental health and wellbeing of children and young people, and there is recognition that there is much to be gained in working together, to give children and young people the best possible start in life.

The Forum was launched in April 2006 and has an elected Management Workgroup in place. Charlie McMillan, Director of Research, Influence and Change at Scottish Association of Mental Health based in Glasgow is Chair; and Pete Glen, Manager of The Corner youth project based in Dundee is Vice-Chair.

Our Inaugural AGM took place on 3rd October 2007 at The Scotsman Hotel in Edinburgh. The theme of the day was participation. The day was chaired by Charlie McMillan of SAMH and our guest speakers were Adam Ingram MSP, Minister for Children and Early Years and Mary Sparling, Lead Officer, HeadsUpScotland. It was an extremely successful event and all who attended were very encouraged by the Minister’s pledge to continue to progress the agenda for mental health and wellbeing and support the voluntary sector’s work around improving the mental health and wellbeing of all children and young people in Scotland.

Young Scotland in Mind offers a valuable and active forum for professionals and agencies across Scotland who are playing an important role in supporting children and young people’s mental health and wellbeing and helping to shape the policies which affect their lives.

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Healthy Communities: Meeting the Shared Challenge

Community-led Health Improvement - Capacity Building Programme

Janet Muir highlights the background to, and CHEX/SCDC’s involvement in, an exciting new capacity building programme arising from the recommendations of the Community-led: Supporting and Development Healthy Communities Task Group.

Community-led health improvement means an approach to health improvement in which:

- needs, priorities and the agenda for change are led by the community and agreed with others
- there is a community level focus, involving work with individuals as part of groups rather than only as patients or consumers
- there is a targeted and inclusive approach – engaging with the most disadvantaged and focused on tackling inequalities
- activity is underpinned by a social model of health, recognising that health is multi-dimensional and complex.
- there is an empowerment approach to change – involving people in the process of their own development and supporting and enhancing the ability of participants to exercise influence over their individual, group or community circumstances
- there is a partnership/collaborative approach to change – involving communities and agencies in developing new approaches to address community needs and issues, and building the capacity of service agencies to work in this way
- there is an aim to improve the health of community members by addressing the risk conditions that inhibit wellbeing, rather than focusing on individual behaviour change

Thus, community-led health improvement complements both clinical practice and other health improvement strategies. It is different from community-based service provision in which the community is seen as the context in which services are provided or negotiated, and in which targets and priorities tend to be set by government or the service provider. It is also distinct from the patient focus, public involvement programme e.g. PFPI perspective has a focus on the patient: a service that exists for the patient and designed to meet the needs and wishes of the individual receiving care and treatment, while community-led health improvement focuses on the community; involving work with individuals as part of groups rather than as patients or consumers.

The Community-led: Supporting and Development Healthy Communities Task Group report ‘Health Communities: A Shared Challenge’ put community-led health improvement firmly on the agenda. Over the last year, the Task Group’s key recommendations on sustainability of community health initiatives, building the evidence base, planning and partnership work and capacity building are being addressed by different national agencies and organisations. CHEX has been working jointly with the Scottish Community Development Centre and NHS Health Scotland to prepare the ground work for a Capacity Building Programme (CBP) aimed at supporting local decision makers, health practitioners and community and voluntary organisations to embed community-led health improvement at a local level. Although the CBP’s overall framework has been shaped, it is imperative that it builds on local work and, to that end, we are approaching a range of agencies and organisations over the next few months to inform and engage with the delivery of the CBP. In 12 areas across the country, CHEX is contacting Network members and other networks in the community and voluntary sector/s. SCDC is approaching strategic and operational staff in Community Planning Partnerships and Community Health Partnerships. The broad aim of the Programme is to:

- develop clarity and understanding between all partners on the broad purpose of community-led health improvement, and its implications at a local level.
- encourage and support communities to investigate and report on local needs and issues, thus helping to shape the health improvement agenda and its priorities
- improve partnership working between NHS, local authorities and community/voluntary sectors.

- enhance community influence through communities becoming better informed, more skilled in working for change; more motivated.
- improve solutions through decision makers and practitioners being better informed, more skilled in working for change; more motivated and strengthened.

If you would like to find out more about the Programme and, better still, get involved, contact Janet Muir on Janet@scdc.org.uk.