

Manifesto for the Scottish Government, Members of the Scottish Parliament and those responsible for the formulation of healthcare policy



Action for Sick Children Scotland (ASCS) calls upon the Scottish Government, elected Members of the Scottish Parliament, and those responsible for the formulation of healthcare policy, to ensure that the healthcare rights of all children and young people are upheld in line with the European Association for Children in Hospital (EACH) Charter, which is underpinned by the United Nations Convention on the Rights of the Child (UNCRC). ASCS calls upon them to ensure that:

1. There is equity of access to education for all children and young people absent from school due to ill health by ensuring effective implementation and monitoring of the new Education Guidance.

EACH Charter Article 7, UNCRC Articles 28 and 29

2. The planned Guidance on medication and medical treatment in school is completed and issued as soon as possible and that the affected children and young people receive, as of right, the medication and medical treatment in school that they require to maintain their health and to enable them to benefit from their education.

EACH Charter Article 7, UNCRC Articles 23, 28 and 29

3. The mental health of children and young people receives the same priority as their physical health.

EACH Charter Article 8 and 10, UNCRC Articles 23 and 24

4. Young people moving into adult health services receive age appropriate care by suitably trained staff in an age appropriate environment.

EACH Charter Articles 8 and 9, UNCRC Articles 28 and 29

5. All NHS Boards appoint an Executive Lead responsible for ensuring that the rights of children and young people are embedded in all their services.

EACH Charter Articles 1-10, UNCRC Articles 3, 5, 9, 12, 16-19, 23-25, 28 -31

6. Each GP practice has one or more GPs with specific postgraduate training in child health and this information is clear for families attending the practice.

EACH Charter Articles 8, UNCRC Articles 23 and 24

7. Children in hospital should be provided with nutritious wholesome food, appropriate for those with special dietary needs, attractively presented in an age appropriate manner.

EACH Charter Article 7, UNCRC Articles 23 and 24

8. Policies are introduced that enable children, including those with additional support needs, to exercise their right to play in all healthcare settings.

EACH Articles 1, 4, 7, UNCRC Articles 23, 24 and 31

9. Methods of recording information on the dental profile of children with additional support needs are devised.

EACH Article 5, UNCRC Articles 23 and 24.

10. Steps are taken to reduce the number of tooth extractions carried out under general anaesthesia for all children and to report on the proportion of tooth extractions carried out for children with additional support needs.

EACH Articles 1 and 5, UNCRC Articles 23 and 24.

Notes on ASCS Manifesto

1. Guidance on the Education of Children Unable to Attend School Due to Ill Health: Scottish Government (2015) <http://www.gov.scot/Publications/2015/06/684>

2. Guidance on the Administration of Medicines: Scottish Government (2006) <http://www.gov.scot/Publications/2001/09/10006/File-1>

3. ASCS has serious concerns about a number of issues in relation to the mental healthcare of children and young people, not least the admission of children to adult psychiatric wards. Mental Health service provision has worsened in recent years and our concerns include: access to mental health services (3 out of 4 children and young people with mental health problems are not receiving any treatment), the poor priority of mental health compared to physical health, waiting times, staffing resources, placements far from home or in police cells.

These are matters of UK wide concern as the Equality for Mental Health Petition makes clear with its 10 point Charter which covers all our concerns. <http://www.equality4mentalhealth.uk/>

For more information on campaigning work in Scotland visit: The Scottish Children Services Coalition <http://www.thescsc.org.uk/urgent-action-called-for-as-more-than-half-of-health-board-figures-fail-to-meet-child-mental-health-targets/>

4. Think Transition: Developing the Essential Link between Paediatric and Adult Care: Royal College of Physicians of Edinburgh (RCPE) (2008) <http://www.cen.scot.nhs.uk/files/16o-think-transition-edinburgh.pdf> Principles of Good Transitions 2, Scottish Transitions Forum (2014) <http://scottishtransitions.org.uk/wp-content/uploads/principlesofgoodtransition-arc-scotland.pdf>

5. Part 1 of the Children and Young People (Scotland) Act 2014 places a duty on public authorities, including Health Boards, to report on what they are doing to encourage and support children's rights under the UNCRC. ASCS believes that the appointment of an Executive Lead would support Boards to take forward children's rights.

6. In their document 'Learning Together for Child Health', the Royal College of General Practitioners (RCGP) and the Royal College of Paediatrics and Child Health (RCPCH) state that GPs should undertake regular continuous professional development in paediatrics in conjunction with local paediatric teams. Further, the recent Out of Hours Review by Sir Lewis Ritchie recommends that a fourth year in general practice be utilised to extend GP trainees' experience in child health.

7. ASCS's surveys of parent/carer experience of the provision of food in hospital for their children, and its surveys of Health Board nutritional policy in practice revealed substantial deficiencies. The current review of the guidance on Food in Hospital (Scotland) provides an opportunity to address the issues as recommended by ASCS: <http://www.ascscotland.org.uk/default.asp?page=46>

8. National Play Strategy (2013) states: "Improving outcomes for children's quality of life through play is one of the 10 elements of transformational change set out in the Early Years Framework. It recognises that play is central to how children learn, both in terms of cognitive skills and softer skills around relating to other people and that it is a right and a fundamental part of children's quality of life." (Article 31 UNCRC)

9. Extensive data (Scottish Government National Dental Inspection Programme (NDIP)) is collected annually around children's dental health. However ASCS has discovered a gap in this information. Data gathered makes it impossible to determine the dental profile of children with additional support needs.

10. Of all children who are admitted for day case surgery under general anaesthesia, 38% (2012-13 statistics) are for tooth extraction. This remains by far the most common reason for a child to receive general anaesthesia. However, what we cannot determine from the national data is the proportion of children with additional support needs who currently receive general anaesthesia for tooth extraction.

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