



Action for Sick Children Scotland

Newsletter

Autumn 2015

Action for Sick Children Scotland

Is the only charity in Scotland dedicated to informing, promoting and campaigning on behalf of the needs of ALL sick children within our healthcare system. Our work includes:

Working with the Scottish Government, NHS and voluntary sector to ensure that health services are planned for sick children and young people in child centred environments with appropriate ratios of trained staff

Informing children, parents and carers of their rights and responsibilities; empowering them to participate in decisions about treatment and care

Raising awareness, representing **children's needs and concerns** within government, healthcare committees and other non-governmental organisations

Promoting high quality of health care services at home and in hospital, while working to obtain equality of services and access across Scotland

Special Smiles Project Receives National and International Awards

Our Special Smiles Project was one of four chosen from entries from around the world to present at the International **Association of Paediatric Dentistry's 25th Congress held in Glasgow in July.** Our presentation focused on the work carried out in 2014 in NHS Lanarkshire and we were delighted to be **runner up for the IAPD's 'Bright Smiles Bright Futures' Award.** **The month previously the Project was awarded the Patron's Prize at the National Oral Health Promotion Group Conference held in Manchester.** ASCS is grateful to Dr Albert Yeung, Consultant in Dental Public Health at NHS Lanarkshire, who suggested that we apply for these awards.



Co-ordinator Catherine Nelson and Dr Albert Yeung at IAPD conference

ASCS Self Management Programme in Lothian



The Lothian Self-Management programme team, Simita Kumar and Dani Cochrane, are pleased to announce that the first cohort of workshops are now under way! Workshops are designed for children and young people aged 8-17 living with long-term conditions.

Sessions aim to increase an **individual's self-confidence** and self-esteem and they look at how to manage stress and emotions by learning from one another by sharing experiences and coping mechanisms. The programme also provides a unique opportunity to meet other children and young people and make new friends! To find out more about the Programme, which is funded by Trusts including The Sick Kids Friends Foundation, email simita.kumar@nhs.net or call 07483 973320.



Simita (left) and Dani

A Two Year Old Goes to Hospital Film Still Relevant Today



From Left, Anne Marie Smith, Help for Kids, Dr Zeedyk, Gwen Garner, Deborah Brown

ASCS was delighted to take part in a film night in Dundee hosted by Dr Suzanne Zeedyk from Connected Baby and the local charity Help for Kids. Connected Baby facilitates a series of film nights throughout the country and the film shown in April was the classic 1953 film *A Two Year Old Goes To Hospital*, by Psychoanalyst James Robertson. The film showed that the most distressing part of hospitalisation for children **was not pain or illness but 'separation from mother'.** **James Robertson's research and subsequent work after**

Continued on page 4

Promoting the Healthcare Rights and Needs of Children and Young People

Innovative Practice = Better Outcomes



Lynsai Stewart, Specialist Paediatric Radiographer (left) and Healthcare Support Worker Caroline Murdoch (right)

The Magnetic Resonance Imaging (MRI) department at the Royal Hospital for Children in Glasgow provides dedicated paediatric diagnostic imaging within the NHS Glasgow & Clyde Health Board and throughout Scotland.

Patients aged 1 to 5 years and older children with learning/behavioural issues, who are unable to lie still for the length of time

required for the MRI scan, will produce poor quality MRI images unless a general anaesthetic (GA) has been administered.

Like all invasive procedures, GAs carry a small risk to the patient and have a significant impact on NHS resources. Patients requiring an MRI under GA need a pre-assessment visit, an admission to the Day Surgery Unit and the equivalent personnel of an anaesthetic theatre team throughout the procedure. The additional time required for GA induction and patient recovery also impacts on the use of the scanner.

In view of this, an innovative idea – the ‘bed-time baby’ technique - was developed within the department to scan patients during their normal bedtime sleep pattern. This innovative MRI service was set up by Mary Pirie. Patients fall in the 1 to 2½ year age group and are referred by a clinician for imaging of the brain or spine under GA. By planning the scan to match the babies natural sleep pattern, we remove the need for a scan under GA. With the aid of melatonin, a natural hormone which encourages sleep, this method of scanning allows us to obtain successful imaging.

Patient preparation is the most important part of the study. This involves a member of the radiographic team contacting the parents by phone beforehand to discuss the scan procedure and to ensure :

- The timing of the scan matches baby’s ‘night-time’ sleep pattern
- That the need for parents to prevent the baby from sleeping on the day of the scan is reinforced
- That baby arrives in the department ready for bed in their pyjamas
- That the scan procedure is explained, the MRI checklist is **completed and baby’s bed-time** feed is administered in the scan room by the parents. The lighting is dimmed to encourage baby to sleep.

Imaging can now be performed when the baby has been in a settled sleep for more than 10 minutes. In this level of sleep, scanning can be performed until it is completed.

This alternative non-GA method has been used to scan 115 babies so far, with a success rate of over 80%. This technique has proven to be simple, safe and cost-effective. Suitable patients are scanned within a time frame of 2-3 weeks compared to the 12 week wait for a scan under GA. Families appreciate the reduction in risk by avoiding the use of a GA, the shorter waiting time and quality of care given.



Thanks to Catherine Coyle, Specialist Paediatric Radiographer MRI Dept, Radiology at the Royal Hospital for Children for writing this article.

Foster Carer Child Health DVD

Children and young people in care have health needs like their peers not in care, but some come into care with underlying health problems, due to earlier experiences, which have not been identified or addressed.

Are you a foster carer and do you have a question about your child’s health?

If so, this might be of interest. ASCS has produced a DVD with interviews with healthcare professionals and carers. The DVD highlights health issues for children and young people in care and answers some of the many questions foster carers have about child health. As one **foster carer says in the DVD, ‘Children in care don’t always have a voice of their own so you have to be that voice for them.’**

View the DVD at:

<http://www.ascscotland.org.uk/default.asp?page=91>

Call 0131 553 6553 for a free copy.



A Teacher's Experience of Special Smiles

Pauline McFall, a Teacher from Cunard Primary School in West Dunbartonshire, told us about how using interdisciplinary learning, she reinforced all the key messages of promoting good oral health for children in her class. Pauline explained the impact of the Special Smiles Project on their learning and views about the importance of making healthier choices in their snacking, taking care of their teeth and visiting the dentist.



Pupils enjoy learning about caring for their teeth

'Special Smiles has been a very enjoyable experience this year in Cunard Primary. Before it started I met with the Project Officer, Mary-Flora Ferris. She was very pleasant to work with and her enthusiasm encouraged me to receive the project more willingly into our already very busy curriculum. Mary-Flora delivered a clear, informative and detailed plan to me which I followed without any problems.

Beginning with a Special Smiles questionnaire played a vital role, as it immediately brought to my attention just how much this project was urgently needed for the majority of our pupils. My focus to begin with was on eating healthy fruit and vegetables. I linked this to our topic which was Spain and opened a Spanish fruit and vegetable market and cafe. The market was a wonderful, active and engaging way to practise our Spanish Greetings as well as learn the names of the fruit and vegetables for sale. Further interdisciplinary links were made as pupils employed mathematical skills by using multiplication tables to work out the cost, for example, 5 apples at 80c each. Totals were calculated in euros and cents (same value in coins as pounds and pence) and the change was given. Pupils enjoyed using their knowledge of Spanish numbers up to 10 to ask for the fruit and vegetables. Each time a pupil was a customer at the market they finished by going to the cafe to eat one of the pieces of fruit.

Children's reactions made me aware that for nearly all of them their experience of eating fruit and vegetables was very limited. I extended activities by basing a language lesson about adjectives on a further variety of fruit and veg. Pupils were to find an adjective to describe the look, touch, smell and taste (senses-science

outcomes) of each piece of fruit or veg. The pupils **were really very brave and tried things they wouldn't normally.** As well as recording the adjectives on a worksheet, pupils were asked when they tasted the food to choose an adjective from a choice of three to describe it. These ranged from very good to disgusting! (in Spanish). Pupils also learned about fractions, halves and quarters during this lesson. I further developed the healthy eating theme by focusing on a healthy Spanish diet. We discussed many dishes and in art class made a collage of seafood, bread, eggs, pasta, fruit and veg as our Healthy Mediterranean Diet.

Many resources in the Special Smiles dental playbox complemented these activities; all the food games, toy food etc. As healthy eating was being embedded, we began to discuss food and drink that is not good for teeth. We used many resources from the playbox to help discuss this. The children were visibly shocked at pictures showing how teeth can soon become decayed by eating sugar and not brushing and one or two said they were frightened by these. We used resources online and learned lots about baby and adult teeth.

'The impact of Special Smiles has been quite staggering and I am confident that we have almost certainly made a massive difference to our pupils' attitude to good dental care and the importance of visiting the dentist twice a year.' Pauline McFall, Cunard Primary

By the time pupils were introduced to stories from the box and DVDs about going to the dentist, they were all feeling much more positive about the experience. They sat beautifully throughout the DVDs about cleaning teeth and visiting the dentist and now enjoy cleaning their teeth every morning for two minutes after breakfast club. The tooth timer was used regularly and is extremely popular. The impact of Special Smiles has been quite staggering and I am confident that we have almost certainly made a massive difference to our **pupils' attitude to good dental care and the importance of visiting the dentist twice a year.**

I will continue to deliver this as an interdisciplinary topic in the new term. I am planning to use the dental surgery for an active language lesson on prepositions, to help the children learn where something is, for example, the dentist stood next to the chair. Further links will be made in writing and science. The resources are exceptional and with a little imagination can be linked across the curriculum to help add depth to learning about healthy teeth and gums.

Pupils had a great time with Mary Flora and Amy at the Smile Month Event. Many thanks to Mary Flora who **has been very effective in delivering the Project to us'.**



Continued from page 1 A Two Year Old Goes to Hospital the original broadcast of the film resulted in the founding of our organisation in 1961 under the name 'Mother Care for Children in Hospital.'

Fifty delegates attended including parents, carers, social workers, health visitors and education professionals. Gwen Garner, a member of our Executive Committee and a long-standing member of the organisation, set the scene by sharing the history of ASCS, the background to the film and its continued importance today. Tayside Area Officer Deborah Brown spoke about our campaigning work to ensure children and young people get the highest standard and quality of care when ill and about her work in Tayside. A discussion forum took place at the end of the evening and it was clear many delegates had been moved by what they had seen. One delegate said, 'The key insight I will take away tonight is the distress caused by separation is damaging to a child's development'.

ASCS is grateful to Dr Suzanne Zeedyk and Connected Baby for this opportunity and we look forward to working together in the future.

Guidance on the Education of children unable to attend school due to ill health now published

In June 2015, the Scottish Government published new Guidance which aims to ensure that every **child and young person's legal right to education is upheld**, even at times of illness.

In 2011 ASCS started campaigning for better and more equitable access to education for all children and young people – regardless of the kind of illness they had, where they lived or which school they attended. Along with other Stakeholders, we worked with the Scottish Government to revise the 2001 Guidance. We are delighted that this has now been published and it can be accessed on: <http://www.gov.scot/Publications/2015/06/6846>



We now plan to develop a factsheet in partnership with ENQUIRE so that pupils and parents can find out about the Guidance.

The following extract from page 9 of the Guidance is helpful **'Good practice would include the school routinely providing information for parents about the statutory duties relating to and arrangements for the provision of education of children and young people who are too ill to attend school within their school handbook (or similar, for independent schools and ELCC).'**

In due course ASCS will contact local authorities to ask what they are doing to make the Guidance accessible and how they are implementing it.

Working in Partnership: Mental Health Foundation (MHF)

Since November 2013 ASCS has worked on the Advisory Group of a Mental Health Foundation (MHF) Project to:

- Conduct primary research to explore the mental health issues experienced by young people living with long term conditions in Edinburgh and the Lothians.
- Support young people to come together with service providers to identify and implement innovative responses to addressing mental health needs.
- Share learning within Lothian and more widely across Scotland.

In early 2015 the Project facilitated two Innovation Labs, bringing together young people, parents/carers and others to identify challenges young people living with long term conditions may face, and developing creative ideas for addressing these problems. The solutions included ways of tackling social anxiety and gaining greater independence; tackling barriers to participation in social events and the arts to reduce isolation; and support for negotiating difficult conversations. Four ideas were funded and piloted in the summer. A final learning event took place on October 28, 2015 in Edinburgh. For more information, contact Hannah Biggs, MHF Research Officer Email hbiggs@mentalhealth.org.uk <http://www.mentalhealth.org.uk/our-work/research/young-people-long-term-conditions/>

ASCS is grateful to the Scottish Government which provides Third Sector Early Intervention Core and Project Funding.



Twitter @ASCScotland

Find us on FACEBOOK

