

**Barnardo's Scotland
Better Health, Better Care
Discussion Document Response**

Introduction

Barnardo's Scotland works directly with more than 10,000 children, young people and their families in over 60 services across the country, operating in all health board areas. Our services cover issues related to education inclusion, offending, disability, parenting, and a diverse range of supports to child and young people. All of our services are affected by the quality of health care provision and many of our children, young people and families are vulnerable to poor health outcomes.

General Comments

- Barnardo's Scotland welcomes the clear emphasis on improving the health of disadvantaged communities and that the document stresses the importance of encouraging greater responsibility for our own health. It will be important however to ensure that health improvement messages are understood by vulnerable and disadvantaged individuals in order for them to make informed health and lifestyle choices.
- Barnardo's Scotland welcomes the acknowledgement that social aspects such as housing, regeneration, social & financial inclusion, homelessness and poverty are key determinants of health inequalities. This should also include actions to address environmental issues such as pollution and food processing methods which may be contributing to the increased incidence of allergies / asthma and other health problems.
- Barnardo's Scotland is well placed to contribute to the themes identified in the document, and with adequate funding could further develop health promotion work in this area. Our service staff are aware of the important contribution they can make to the health improvement agenda and are motivated to address this. However lack of time and capacity can mean that staff are often unable to prioritise this work to the extent they would like.
- The document does not make specific reference to children and young people and how they will be consulted on health care provision. Barnardo's Scotland proposes that this is addressed in any implementation and we would be happy to make further suggestions on how this could be achieved.
- Barnardo's Scotland welcomes the prominence given to early year's intervention, in particular, the emphasis placed on the period from conception to age 3, as we agree that investment at this time is crucially important to improving child's health throughout life. This is particularly relevant with regard to promoting resilience and emotional wellbeing.

- The document does not provide sufficient detail on health care provision for adolescents, particularly with regard to how transition from paediatric to adult services will be managed. In addition, the document would benefit from more clarity on what measures will be taken to address young peoples health issues including mental health and sexual health needs.

Specific Comments

1. Improving your experience of care

It is important to recognise the particular issues for those in remote and rural locations and to incorporate links with transport infrastructure into planning of health services. This is particularly relevant to services of a sensitive and personal nature such as sexual health services for young people.

It is important to recognise and promote the benefits of non medical interventions which can have positive impacts on health and wellbeing i.e. the recognised mental health benefits for children of physical exercise and play.

2. Best Value

The voluntary sector can make a huge contribution to the health improvement agenda for a modest investment. Barnardo's Scotland believe we are well placed to identify and offer flexible and innovative approaches to addressing health inequalities, and with additional capacity could further develop and extend our early intervention and preventative work. For example our innovative allotment project with young people excluded from school. This allowed young people the opportunity to learn about food production and nutrition, increase their confidence and self esteem and take part in outdoor physical activity.

3. Taking Responsibility

While encouraging individuals to take responsibility for their own health is welcomed, it is vital to ensure that health promotion messages are meaningful and understood by all sectors of society. Barnardo's Scotland can do much to reinforce NHS health improvement messages in our work with vulnerable children, young people and families. Much work across Barnardo's Scotland is already underway with services which address diet & lifestyle issues, sexual health, mental health & wellbeing, parenting issues, substance misuse and smoking cessation. For example, our work with parents and carers to help them talk about sex and relationship issues with children and young people, and smoking cessation support for young offenders.

4. Tackling health inequalities

Barnardo's work is primarily with vulnerable and disadvantaged communities i.e. those most likely to experience poor health outcomes. We believe we have an important advocacy role to play on behalf of vulnerable individuals & communities to ensure high quality service provision. There needs to be a long term commitment to tackling inequalities rather than short term tokenistic initiatives.

Barnardo's Scotland welcomes the acknowledgement of the vulnerable groups in the design and delivery of health services, however, we believe that greater detail is required in these proposals as they represent some of the greatest challenges to the future health of children and young people. We are particularly concerned with the issues of parental substance misuse which should include tobacco, alcohol and drugs. We would also like to see more detail on measures to address Scotland's high rates of teenage pregnancy.

There is a need to ensure that health improvement measures are also targeted at, and reach those for whom English is not their first language.

5. Anticipatory care and long term conditions

Barnardo's Scotland offer two areas not covered in the report – those of children with disabilities and children who are carers.

Barnardo's Scotland is acutely aware of the often marginalised position of children with disabilities and their carers. Specific areas which need to be addressed include supporting parents and carers of children and young people with learning disability to address their sexual health needs. We would be happy to provide further detail on this from the experiences of our 7 family support services for families affected by disabilities.

Children and young people as carers do not receive the attention and support they require. Barnardo's Scotland is aware of the lack of information about this group, where we do not have any reliable figures for the number of children caring for their parent/s, however we do know that they are a particularly vulnerable group often overlooked in health and social care provision.

6. The Best Possible Start

Barnardo's Scotland gives the strongest endorsement to the focus on early year's intervention and we particularly welcome the inclusion of conception to age 3 as a priority.

Parenting support needs to include supporting foster carers to address health needs of children and young people in their care. This is particularly pertinent when addressing sexual health and mental health & wellbeing.

Barnardo's work at Paisley Threads to support pre and post natal parents in partnership with maternity services is a model which could be emulated in other areas. We believe this demonstrates effective early year's intervention with a priority vulnerable group offering non-threatening and user friendly models of parenting support.

7. Continuous Improvement in Health care

The specialist skills within Barnardo's Scotland and other voluntary sector providers can be used contribute to training of NHS staff e.g. child protection / sexual abuse / health needs of looked after children / working with self harm / young people's participation.