

D-F



**National oral health surveys have revealed high levels of dental decay in Scotland's children. At five years of age, over 56% of all Scottish children show signs of dental disease. Emphasizing the importance of good dental health and healthy eating habits can be a positive step in addressing poor levels of dental health in children and young people. The promotion of good oral health generally involves three key messages: healthy eating, good tooth brushing skills, and regular dental attendance.**

## **What can I do?**

### **Healthy eating**

- Restrict sugar to meal times and avoid it between meals if possible. Sugars are seen as the main dietary cause of tooth decay because they are used by the bacteria in plaque as fuel, producing acid as a waste product. The more often sugar is consumed, the more the teeth are being attacked by the acid and the more likely a child is to develop decay.
- Get into the habit of checking food and drink labels for added sugar, for example 'dextrose', 'fructose', 'maltose' and 'lactose'. Milk and water are the only safe drinks for children's teeth.
- Remind young people that sugar-free chewing gum helps to generate saliva in the mouth, which is one of the best defences against plaque.
- Avoid providing sugary fizzy drinks and squashes containing sugar outside mealtimes if possible. Diluting juices are not recommended but if they are given, a good tip is to provide a drinking straw. It's worth noting that all juices, including fresh fruit juice, can cause damage to teeth if taken outside meal times.
- Ensure easy access to fresh cool drinking water.
- Sweet snacks are best given at mealtimes, rather than in between. This allows saliva enough time to help wash away the acids and protect the teeth. Snacks such as fruit, plain popcorn or savoury sandwiches are a healthy alternative.

### **Good tooth brushing**

- Start brushing as soon as the first tooth appears in the mouth.
- For babies and children under two years use a small-headed toothbrush with soft bristles with a smear of fluoride toothpaste. From two years of age use a small pea-sized amount of toothpaste. Children will need help with brushing (until seven or eight years of age)

## Dental/Oral Health

- Encourage tooth brushing twice a day – in the morning and last thing at night.
- Help and support the child to clean more thoroughly, but dental staff will be happy to advise on good brushing and cleaning techniques. It is worth noting that bleeding gums when teeth are being brushed can be a sign of gum disease. If this is the case, discuss with dental staff.
- Toothbrushes should be replaced when they show signs of wear and tear – usually every two to three months.

### Dental appointment

- Enquire whether or not the child or young person is registered with a dentist and when they last visited for a routine check-up. Discuss any oral health issues with the child or young person.
- If they haven't attended a routine appointment within the last six months, encourage them to do so or arrange an appointment on their behalf. Children should be seen by a dentist every six months, or more frequently if advised by the dentist.
- If the child is complaining of any oral health problems, arrange an early appointment.
- Where you have a concern that a child or young person may have crooked teeth, discuss the issue with the child's dentist who can advise on referral to a specialist if required.
- Dental services for children are free, either from a family dentist or the community dental service. The local health board will have lists of family dentists who are accepting NHS patients.

### Visiting the dentist

- Visiting the dentist should be a positive experience for children and young people. However, this is unlikely to be the case if they are only taken when in pain and require treatment.
- If they are nervous about treatment, dentists are trained to make patients feel at ease and there are many things the dentist can do to help an anxious child or young person feel comfortable.
- Ensure that whoever accompanies the child to the dentist knows about the child's medical history e.g. heart problems, allergies, medications etc. The GP's name and address will also be required.

- The person accompanying the child can be provided with appropriate education, advice and oral health care programme related to the needs of the child. Dental staff can advise on all aspects of dental health such as sugars, toothbrushing, fluoride, fluoride supplements, and fissure sealants (to protect molar teeth).



### Points to ponder/training ideas

- How do children and young people in your care feel about their teeth, their smiles, looking good and feeling confident?
- How do they feel about visiting the dentist?
- Are they aware of the risks of eating sugary foods on their dental health?
- Are they aware of the risks of smoking on their dental health?
- How can the particular needs of children and young people with special needs be met by the dentist or if necessary by the community dental service?

### Links to other topics in this pack

See: *Eating Disorders; Healthy Eating.*



### Useful contacts

#### Childsmile

Childsmile is a programme to improve the dental health of children in Scotland. The site contains information about the Childsmile programmes, how children can benefit from participating and how you can help children and young people grow healthy teeth. Funded by the Scottish Government, it is available on [www.child-smile.org](http://www.child-smile.org)

**The British Dental Health Foundation** on [www.dentalhealth.org.uk](http://www.dentalhealth.org.uk) has a useful dental and oral health information for parents and carers.

To find details of dentists who may treat NHS patients, discuss this with local health care staff such as looked after children nurses or GPs. Also call the relevant local NHS board. Contact details are available at: <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/dentistry/dentists>



### Useful leaflets/resources

#### *SHINE – The Young Person's Guide to Healthy Teeth and Gums*

Designed to appeal to teenagers, this six-page flyer emphasises the importance of good dental and oral health care and illustrates how easy it is to maintain.

#### *Give Teeth a Chance*

This flyer clearly explains the basics of good dental and oral health and how to help children establish good habits.

#### *Teeth Need Gums*

This flyer explains the importance of maintaining healthy gums for healthy teeth. Includes information about gum disease and how to prevent it.

All three leaflets are available from NHS Health Scotland at [www.healthscotland.com](http://www.healthscotland.com) Tel: 0131 536 5500

There is now a new resource called *Me and My Mouth* for P4–7 children. It is an interactive website with six modules, a quiz, two games, teachers' notes, learning outcomes and a dictionary. The website is [www.meandmymouth.co.uk](http://www.meandmymouth.co.uk) (the password is 'smile').

#### *Preparing your child for Dental Treatment* factsheet

Available from Action for Sick Children Scotland  
[www.ascscotland.org.uk](http://www.ascscotland.org.uk)

**Depression is an overwhelming feeling of hopelessness, sadness and lack of self-worth. Most people, including children and young people, will feel sad occasionally. This can be a regular reaction to stressful or upsetting experiences. However, for a small number of young people, feelings of being low or depressed can persist. These can give way to a mood of deep despair and hopelessness where nothing in life seems worthwhile, with the person losing interest in their usual activities. These feelings can also be accompanied by physical effects such as sleeplessness, loss of energy, or physical aches and pains.**

Depression can affect children and young people of any age, often to varying degrees, ranging from mild forms of depression in which the child or young person will struggle on but everything seems to require extra effort, through to being overwhelmed by feelings of hopelessness and despair in which suicidal thoughts can develop.

## **Why do children and young people get depressed?**

Many children and young people enter care as a result of previous traumatic experiences which can impact negatively upon their overall mental health and wellbeing. Sometimes there isn't one obvious reason and depression might be triggered by a combination of events and experiences. These may include:

- moving away from home
- entering care
- becoming part of a new family
- continuing family trauma in the parental home
- lack of practical support and access to trusted advice
- losing a loved one through bereavement or family break-up
- worrying about past events such as emotional, physical or sexual abuse
- feeling unloved, unwanted and insecure
- worrying about things such as their appearance, exams, relationships, sexuality, or changing school
- being bullied
- a genetic link.

## **Recognising the signs of depression in children and young people**

### **Things to look out for include:**

- becoming withdrawn
- feeling sad, crying more often
- feeling tired, bored, with little interest in going out
- being moody, irritable or snappy
- having lower energy levels
- lack of concentration and losing interest in hobbies, activities or school work
- feeling worthless, disliked or that people are talking behind their back
- developing negative views of themselves, their situation and their future
- appetite problems – with either a significant increase or decrease in weight
- not looking after themselves properly
- poor or irregular sleep patterns, bad dreams, or not wanting to get out of bed.

Depressed children quite often complain of physical problems e.g. headaches and stomach aches, which do not appear to have any obvious cause. If a young person has some or most of these signs with little improvement over a period of two to three weeks it may mean that they are depressed.

### **Young people who are very depressed can sometimes:**

- be preoccupied with thoughts of death or suicide
- attempt to harm or kill themselves (for example by cutting themselves or taking an overdose)
- behave recklessly by taking drugs, fighting, drinking too much alcohol, misusing solvents or getting into dangerous situations.

### **What can I do?**

- If you are concerned that a young person may be depressed, you can discuss this with local health care staff, such as looked after children's nurses or a GP. If the child or young person talks about suicide, then this should be taken seriously. If you believe the person is at risk of harming themselves, seek expert advice immediately. If depression is confirmed, work alongside others, e.g. team members, GP, nurse or mental health worker – who, if required, can facilitate access to appropriate help to support both you and the young person.

- Encourage the young person to talk about how they are feeling. Listen to their worries, their hopes, their fears and their problems in a non-judgemental way.
- Praise them for letting you know how they feel and for asking for help and support.
- Be prepared to challenge their negative ways of thinking and any negative views about themselves. And offer reassurance that they can and will get better.
- Avoid the trap of telling young people to 'snap out of it'.
- Be aware of alcohol or drug misuse as these can make things worse.
- If appropriate, offer information on how the young person might talk to someone anonymously e.g. Childline, Careline, Breathing Space or the Samaritans, and provide them with the relevant helpline numbers.



### Points to ponder/training ideas

- How might you involve the other important people in the young person's life, e.g. their family, teachers or friends?
- How might you encourage the child or young person to find ways to cope? What might work for them? Would approaches such as writing things down in a journal, listening to some music, drawing, painting, or taking up a preferred hobby help?
- Regular exercise can sometimes help lift their mood. How might you encourage this? What activities interest the young person?
- How might you encourage them to eat more healthily?
- How might you assess the risk factors relating to depression for a young person in your care. What can trigger their depression? What pro-active steps could be taken to avoid depression?

### Links to other topics in this pack

See: *Alcohol; Anxiety; Bullying; Drugs and Volatile Substance Use; Healthy Eating; Physical Activity; Self-esteem and Confidence.*



## Useful contacts

### Depression Alliance Scotland

They have a number of leaflets, booklets and tapes which are available to the general public as well as *A Single Step*, their newsletter, which is sent to members quarterly.

Tel: 0131 467 3050 (10 am–2 pm Mon, Tue, Thurs and Fri)

Helpline: 0845 123 2320

Website: [www.depressionalliance.org](http://www.depressionalliance.org)

### Royal College of Psychiatrists

They have a wide range of factsheets available.

Tel: 0131 220 2910

Website: [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

### The YoungMinds Parent Information Service

YoungMinds is a children's mental health charity, the parent information service provides free, confidential information and advice for any adult with concerns about the mental health of a child or young person.

Tel: 020 7336 8445

Parents information service: 0800 018 2138

(Mon and Fri 10 am–1 pm, Tues, Wed and Thurs 1 pm–4 pm)

Website: [www.youngminds.org.uk/pis](http://www.youngminds.org.uk/pis)



## Helplines

### ChildLine

A free national helpline for children and young people in danger or trouble. Provides a 24-hour counselling service for any child or young person with any problem on any subject.

Tel: 0800 11 11

Website: [www.childline.org.uk](http://www.childline.org.uk)

Childline also have a service specifically for children and young people living away from home, e.g. in foster care or a children's home, The Line.

Tel 0800 88 44 44

(Mon–Fri 3.30 pm–9.30 pm; Sat–Sun 2 pm–8 pm)



## Helplines

### Breathing Space Scotland

Free and confidential advice and signposting.  
Tel: 0800 83 85 87 (6 pm–2 am every night)  
Website: [www.breathingspacescotland.co.uk](http://www.breathingspacescotland.co.uk)

### Samaritans

Provides 24-hour, confidential emotional support to any person who is suicidal or despairing.  
Tel: 08457 90 90 90  
Website: [www.samaritans.co.uk](http://www.samaritans.co.uk)

### Sane

Offers information, crisis care and emotional support.  
Tel: 0845 767 8000  
Website: [www.sane.co.uk](http://www.sane.co.uk)



## Useful leaflets/resources

The following publications are available from NHS Health Scotland at [www.healthscotland.com](http://www.healthscotland.com) Tel: 0131 536 5500

*Talking About...* leaflet series (A5 full colour). This is a series of brief guides which focus on 13 sensitive issues. These include anxiety, stress, self-harm, bereavement and depression.

'*r u okay?*' leaflet series (10–12 pages in full colour). Aimed at 8–12 year olds. A supporting guide has also been produced to help carers answer questions prompted by the '*r u okay?*' series. Leaflets include: '*r u sad?*', '*r u worried?*', family breakups and when someone dies.

### *Headkit*

This guide to positive mental health for young people contains advice on how to improve confidence and a sense of wellbeing. It covers aspects such as tips for relaxing, information on relationships and body image.

### *Cool Heads*

An innovative booklet designed to help 12–16 year olds get to grips with issues such as confidence, relationships, bullying and exam stress as well as parental divorce or separation.



## Useful leaflets/resources

The following leaflets are available from YoungMinds (see *Useful contacts*):

*Children and Young People Get Depressed Too*

*Do You Ever Feel Depressed?* A YoungMinds booklet specifically aimed at young people themselves.

*Depression in Children and Young People* by Depression Alliance – a simple A4 fact sheet (see *Useful contacts*).

*Mental Health and Growing Up* – a series of 36 factsheets about emotional and physical disorders affecting children and young people available from Booksales at the Royal College of Psychiatrists on 020 7235 2351 ext. 146.

[www.depressioninteenagers.com](http://www.depressioninteenagers.com) – this is an interactive website about depression in teenagers, for teenagers.

# Developmental Coordination Disorder (DCD)



Children with developmental coordination disorder experience difficulties with motor coordination compared to other children of the same age. They can encounter difficulties in mastering motor coordination tasks such as balance, walking, jumping, catching a ball and fine coordination tasks such as tying shoelaces. This can greatly reduce success at school, home and play. The term DCD is now replacing 'clumsy child syndrome' and 'motor-learning difficulties'.

## Common difficulties

- physical education skills/sports, e.g. climbing
- fine movement skills, e.g. handwriting, drawing, using scissors
- self-care skills, e.g. putting on clothes correctly, fastening buttons/zips and tying laces, using a knife and fork
- coordination, e.g. riding a bike, jumping and hopping
- organisation, planning and sequencing.
- confidence, self-esteem and social skills
- concentration.

Some of these difficulties may be experienced by any child; only when several occur together should DCD be considered.

## Common feelings and thoughts

Parents and carers may feel, for example, isolation, uncertainty, anger and concern about what to do next. They may wonder:

- What is wrong with this child?
- Is he or she just lazy?
- How can I help?
- Where can I get information?

Children may feel unhappy, frustrated and angry, embarrassed, left out or 'picked on' and stressed.

## Developmental Coordination Disorder (DCD)

### What can I do?

Discuss any concerns with local health care staff, school nurse or nursery doctor, or the child's GP.

Following a medical referral, if a diagnosis of DCD is confirmed, a paediatric (children's) occupational therapist may be able to offer specialised assessment and advice. Occupational therapists can't identify how the child's difficulties affect his or her performance at home and at school and whether intervention is required.

However, paediatric occupational therapists specialise in working with children and have knowledge and experience of how children develop and acquire skills. They aim to maximise a child's potential through use of everyday activities and play.



### Points to ponder/training ideas

- Do you need to address concerns with other children/adults (e.g. at home, in the centre or at school) if the child is being bullied or 'picked on'?
- Might it be useful to talk to school staff to find out if additional PE/Physical Activity sessions may help with skills development?

### Links to other topics in this pack

See: *Bullying; Self-esteem and Confidence.*



### Useful contacts

The Highland Developmental Co-ordination Disorder Group is a recognised Scottish charity. It seeks to promote the awareness and understanding of Developmental Coordination Disorder and support affected individuals and families. The website contains useful information on DCD.

Contact: [www.hdcd.org.uk](http://www.hdcd.org.uk)

Or telephone their helpline on: 01463 709 907



### Useful leaflets/resources

Information in this section follows closely that printed in *Developmental Coordination Disorder (including Dyspraxia)*, a leaflet produced by The Scottish Paediatric Occupational Therapists DCD Focus Group. Copies should be available from your local health care staff or paediatric occupational therapist.

**Diabetes is a common health condition in which the amount of glucose (sugar) in the blood is too high because the body cannot use it properly.**

**There are currently around 170,000 people with diabetes in Scotland, with numbers increasing every year. Diabetes is a progressive chronic condition which has potentially serious consequences for health. However, good diabetes care can reduce the risk of developing complications.**

### **There are two types of diabetes:**

**Type 1** diabetes develops when the body is unable to produce insulin. It is the least common of the two types and accounts for between 5 and 15% of all people with diabetes. Type 1 diabetes is managed by:

- a balanced diet
- regular injections of insulin (usually 2–4 times daily).

**Type 2** diabetes develops when the body can produce some insulin, but not enough, or when the insulin produced does not work properly (known as ‘insulin resistance’).

Those at risk of developing type 2 diabetes include minority ethnic groups, people aged over 40 years, those who are overweight or obese, have a sedentary lifestyle or have a family history of diabetes. Recently, more children are being diagnosed with the condition, some as young as seven years of age. Type 2 diabetes is the most common of the two main types and accounts for between 85 and 95% of all those with diabetes.

### **Signs and symptoms**

Signs and symptoms of diabetes include: increased thirst, frequent trips to the toilet, extreme fatigue, weight loss and blurred vision.

### **Exposing the myths**

Eating sugar does not cause diabetes. Diabetes is caused by a combination of genetic and environmental factors. However, eating a diet high in fat and sugar can lead to obesity, and being overweight increases the risk of developing Type 2 diabetes.

Type 2 diabetes is not ‘mild’ or ‘borderline’ diabetes. All diabetes is equally serious, and if not properly controlled can lead to serious complications.

## Diabetes

People with diabetes can eat sweets and chocolates, if eaten as part of a healthy diet. Although these foods tend to be higher in fat, sugar and calories so for this reason should be limited.

People with diabetes don't have to eat special diabetic foods as these raise blood glucose levels in the same way as other foods. Healthy eating for children and young people with diabetes is the same as that recommended for everyone – low in fat, salt and sugar, with meals including starchy foods like bread and pasta and plenty of fruit and vegetables.

### **What can I do?**

The main aim of management and treatment of both types of diabetes is to achieve blood glucose, blood pressure and cholesterol levels as near to normal as possible. This, together with a healthy lifestyle, will help to improve wellbeing and protect against long-term damage to the eyes, kidneys, nerves and major arteries.

### **In the short term**

When a child or young person with type 1 diabetes arrives at your home or care home, discuss the issues with them and check they have everything they need, e.g.

- supply of insulin
- injection kit
- blood glucose testing equipment
- dextrose sweets
- diabetes handbook (if they have one).

If you are worried and want more information on diabetes, you can contact your local Primary healthcare team, or speak to the looked after children's nurse if you have one in your area. They will be able to give you general information and talk over any concerns you have about how you and the young person can better manage their diabetes, e.g. insulin injections, advice on food, and how to recognise and deal with hypoglycaemic (low blood sugar) attacks.

Good control of diabetes is important because, in the short term, it reduces the chances of very low or very high blood sugar levels, both of which can lead to coma. In the longer term good diabetes care can reduce the risk of serious health complications.

### In the longer term

- Contact the young person's diabetic care team where you should be able to speak to a diabetes nurse specialist and a dietician for further information.
- Encourage the young person to follow carefully the specialist advice they have been given on their diet and physical activity. Bear in mind that physical activity does reduce blood sugar levels – seek medical advice if in any doubt.
- Each young person with diabetes should have their own Diabetes Handbook, which contains useful information.
- Ensure that the young person attends their regular check-ups.
- Encourage the young person to see their diabetes as a condition to be managed, not an illness they will recover from.
- If a child or young person has been carefully trying to manage their diabetes, but hasn't been able to keep their blood sugar levels stable, insulin-pump therapy could also be considered, whereby a small mechanical device is worn outside the body, often on a belt or in a pocket, that pumps insulin into the body through a small, thin tube or a very thin needle.
- Be careful not to focus too much on the condition. Children with diabetes don't like to be singled out or have attention drawn to their condition.



### Points to ponder/training ideas

- What would you do if a young person with diabetes refused to eat regular meals?
  - Who needs to know that the young person has diabetes?
  - How does the young person feel about having diabetes? (It can be hard to adjust to a having a lifelong condition.)
  - Regular check-ups are very important – how do you ensure continuity?
  - How would you recognise the signs of a hypoglycaemic attack (a hypo)? What would you do in the early stages? In the later stages?
- Possible issues around drinking alcohol.

## Links to other topics in this pack

See: *Healthy Eating; Physical Activity/Leisure.*



### Useful contacts

#### Diabetes UK Scotland

Diabetes UK Scotland provides general advice and support for people with diabetes, their carers, families and friends. It also provides a range of leaflets and additional resources for members.

Diabetes UK Scotland  
249 Bath Street  
Glasgow  
G2 4AA  
Tel: 0141 248 6380  
Fax: 0141 248 2107  
Website: [www.diabetes.org.uk/scotland](http://www.diabetes.org.uk/scotland)



### Website

[www.bbc.co.uk/health/diabetes](http://www.bbc.co.uk/health/diabetes)



### Useful leaflets/resources

The following leaflets are produced by Diabetes UK  
Website [www.diabetes.org.uk/onlineshop](http://www.diabetes.org.uk/onlineshop)

1. *Children with diabetes at school - what all staff need to know* (free)
2. *When your child has diabetes - what care to expect* (free)
3. *Young starter pack* (£5)
4. *Type 1 diabetes in children, adolescents and young adults - How to become an expert on your own diabetes* (£19.99)
5. *Understanding diabetes* (free)

*Eating Well with Diabetes.* (free download)

*My Diabetes My Way* is the NHS Scotland interactive diabetes website to help support people who have diabetes and their family and friends. Here you can find leaflets, videos, educational tools and games containing information about diabetes.

Website [www.mydiabetesmyway.scot.nhs.uk](http://www.mydiabetesmyway.scot.nhs.uk)

**Domestic violence is a term used to describe the physical, sexual or emotional (including verbal and financial) abuse inflicted on a man or woman by their partner or ex-partner. In relationships where domestic violence is present, children witness about three-quarters of abusive incidents and approximately half of those children have themselves been hit or beaten.**

Domestic violence can take several forms: it may be physical abuse, but it may also be verbal or non-verbal abuse (psychological, mental, emotional or sexual abuse).

Domestic abuse is rarely a one-off event and often escalates in frequency and severity over time. However, even when the abuse does not happen regularly, other forms of abusive or controlling behaviour may be ongoing, so that the victim always feels off-balance or anxious.

Verbal or non-verbal abuse may include threatening or intimidating behaviour; destruction of the victim's personal property and possessions; violence to animals or objects (such as a wall or piece of furniture) as a way of instilling fear; yelling, screaming, name-calling, shaming, mocking or criticising the victim, either alone or in front of others; or telling the victim that they are worthless on their own.

## **Who are the victims of domestic violence?**

Domestic violence affects people of every class, age, race, disability and sexuality. The violence can begin at any stage of a relationship and may continue after the relationship has ended. Women are the main victims of domestic violence but it can also happen to men.

## **How does domestic violence affect children and young people?**

It can be a very traumatic experience for children to witness domestic violence. Younger children may become anxious, complain of tummyaches or start to wet their bed. Children may also have difficulty sleeping, have temper tantrums and behave as if they are a much younger age.

Older children often react differently. Boys can express their distress much more outwardly: they may become aggressive and disobedient. They may begin to use violence to try and solve problems. Older boys may play truant and start to use alcohol or drugs. Girls are more likely to keep their distress inside: they may withdraw from other people and become anxious or depressed. They may think badly of themselves and complain of vague physical symptoms. They are more likely to develop an eating disorder, or harm themselves by misusing drugs or cutting themselves.

## Domestic Violence

Children with these problems can sometimes perform poorly at school. They may also get symptoms of post-traumatic stress disorder, for example have nightmares and flashbacks, and be easily startled.

### Long-term effects

Children and young people who have witnessed violence are more likely to be either abusers or victims themselves, with boys learning to be violent to women and girls learning from their mothers that violence is an expected part of life. However, children don't always repeat the same pattern when they grow up. Many children don't like what they see, and try very hard not to make the same mistakes as their parents. Even so, children from violent families may grow up feeling anxious and depressed, and find it difficult to develop relationships.

Children or young people may be affected by domestic violence, by watching it happen to another family member, or being a victim themselves. As well as the obvious physical injuries that may be received, children and young people may also have a wide range of hidden problems that are caused directly or indirectly by the violence and abuse experienced. This can make them feel even more isolated and unsupported.

As they develop, children and young people who experience domestic violence in the household are more likely to:

- exhibit violent and aggressive behaviour
- attempt suicide
- misuse drugs
- commit crimes, especially sexual assault
- become abusers in their own relationships later in life.

Victims of domestic violence may choose to return to the abusing partner for any number of different and complex reasons. It can be difficult for affected children and young people to understand such decisions, leaving them feeling confused and frustrated.

### What can I do?

- Acknowledging that the child or young person has experienced domestic abuse, and knowing that it was wrong and not their fault is an important step. Positive self-esteem has been found to be protective for children and young people recovering from domestic violence.
- Children and young people should be helped to better understand that domestic violence is not acceptable behaviour and is never the fault of the victim.

- Stress that healthy relationships are based upon mutual respect, not fear or intimidation.
- Reassure the child that they are in a safe environment, and that they are protected.
- Let them talk to you – it is important that they don't feel alone or isolated.
- Allow them to vent their feelings or anger at what has happened to them and their family.



### Points to ponder/training ideas

- UNICEF has identified that violence against women is sometimes disguised as cultural or religious behaviour – consider how you would deal with some of these issues in a sensitive way, whilst maintaining that domestic violence is always wrong.
- Consider your own behaviour and attitudes about gender equality and always avoid, consciously or unconsciously, advocating stereotyped views concerning male dominance.

### Links to other topics in this pack

See: *Anxiety; Bullying; Child abuse; Resilience; Self-esteem and Confidence.*



### Useful contacts

#### Scottish Women's Aid

132 Rose Street  
Edinburgh  
EH2 3JD  
Tel: 0131 226 6606  
Fax: 0131 226 2996  
Website: [www.scottishwomansaid.org.uk](http://www.scottishwomansaid.org.uk)

#### Women's Aid

Advocates on behalf of abused women and children and provides services and support including refuge accommodation.

Tel: 0808 2000 247  
Website: [www.womensaid.org.uk](http://www.womensaid.org.uk)



### Useful contacts

#### Children 1st

Works closely with the NSPCC to offer protection and therapeutic services to children, young people and families.

Tel: 0131 446 2300

Website: [www.children1st.org.uk](http://www.children1st.org.uk)

#### Domestic Abuse Helpline

Tel: 0800 027 1234 (24 hours)

#### NSPCC Helpline

Tel: 0808 800 5000

#### The Hideout

The Hideout is the first national website to support children and young people living with domestic violence, or to those who may want to help a friend.

Website: [www.thehideout.org.uk](http://www.thehideout.org.uk)

#### National Domestic Violence Helpline

A 24-hour freephone number that provides access to emergency refuge accommodation, as well as an information service. It joins together the Women's Aid Federation helpline and the Refuge National Crisis Line in a single service.

Tel: 0808 2000 247

#### Refuge

Refuge is the UK's largest single provider of safe accommodation and support to women and children escaping domestic violence.

Tel: 0808 2000 247

Website: [www.refuge.org.uk](http://www.refuge.org.uk)



### Useful leaflets/resources

Factsheet 17: *Domestic Violence – Its Effects on Children: For Parents and Teachers*. Available from the Royal College of Psychiatrists

Website: [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)

**Most children and young people do not use drugs. However, the use of legal and illegal drugs is a significant issue in many young people's lives. Around 23% of all 15-year-olds in Scotland report using illegal drugs with cannabis used most frequently. Cannabis is also the drug most frequently used by those in care and its use is more prevalent compared to peers not in care. Few social issues impact so comprehensively on a young person's health and wellbeing as substance misuse. Consequences range from poor attainment at school, increased involvement in crime and negative health outcomes.**

The misuse of legal and illegal drugs can be both physically and emotionally harmful, and should not be ignored. Reducing the risks to physical and emotional health requires planned intervention such as health promotion, education, support, advice and information.

## **Types of drugs**

All drugs, whether legal or illegal, carry risks. Drugs can be grouped into roughly three main types, as outlined below.

**Stimulants** These make everything seem faster, including thoughts, speech and body movements. They include:

- 3,4-methylenedioxy-N-methylamphetamine (MDMA, also known as ecstasy pills or E)
- amphetamines (also known as speed, uppers, whizz, sulph or sulphate)
- cocaine and crack cocaine (also known as coke, snow or base)
- amyl and butyl nitrites (also known as poppers).

**Depressants** These slow everything down including thoughts, speech and body movements. They include:

- heroin (also known as smack, brown, junk, scag or H)
- tranquillizers (also known as jellies, norries, benzos or tranx)
- methadone
- volatile substances (such as solvent-based glues, cleaning agents, lighter fuel and aerosols including air fresheners, deodorants and hairsprays).

## Drugs and Volatile Substance Use

**Hallucinogens** These alter the way a person sees, hears and feels things, causing hallucinations and confusion. They include:

- lysergic acid diethylamide (LSD, also known as acid and trips)
- cannabis (also known as dope, smoke, weed, grass, hash, draw or shit)
- magic mushrooms (also known as mushies).

### **Possible warning signs**

It can be difficult to tell if a child or young person is involved with drugs. Changes in mood and behaviour, which are also part of growing up, could be warning signs but it's important not to jump to conclusions. Possible warning signs are listed below:

- a loss of interest in school, sport or other activities
- sudden changes in mood from happy and alert to moody and sullen
- unusual sleep patterns (sleeping more or having difficulty in sleeping at night)
- changing friends
- aggressive or irritable behaviour, which is out of character
- money going missing, or the young person suddenly selling their belongings
- scorched tinfoil, empty plastic bags smelling of glue, repeatedly folded small pieces of paper
- white powdery patches on towels (from aerosols), strong smell of deodorants on clothes and towels, using lots of aerosols.

### **What can I do?**

#### **General points**

Further your knowledge around drug-related issues, current laws, and drug and volatile substance use by children and young people (see *Useful leaflets/resources*).

- Think about why young people might use drugs, and consider what other factors may be influencing their decisions.
- Find out what's happening at school in terms of drugs and volatile substance education, and support this.
- If you are a residential care worker, and there is a clear drugs and alcohol policy where you work, ensure that children and young people know about it.

- Encourage children and young people to discuss their views openly and take them seriously.
- Take time to talk and listen – not only about drugs and volatile substances but also about them as a whole person – changes may have nothing to do with drug or volatile substance use but may signal unhappiness or other issues of concern.
- Help children and young people to recognise the risks involved in drug use.
- If you suspect a child or young person is using drugs or volatile substances, consider all safety aspects and find out what specific support is available.
- Ensure they know how to make decisions on healthy living and feel confident about assertively and confidently refusing offers of drugs.
- Make sure you and young people in your care know what to do if someone collapses after using alcohol or other drugs. If unconscious, put the person in the recovery position so that they won't choke if they vomit: turn the person onto their side, lift their chin forward to open the airway and adjust your hand under the cheek for support, checking that the person can't roll backwards or forwards. Then call for assistance. For full details and illustration go to [www.redcross.org.uk](http://www.redcross.org.uk).

### **Being a positive role model**

- Be aware of your own drug-related language and behaviour.
- If you smoke, avoid doing so in front of children or young people. You could make a concerted effort to quit smoking – details of how to access support and services are available in the smoking section of this resource.
- When informally discussing newsworthy topics such as drug use with young people, be firm and avoid condoning risk-taking behaviours.
- Discuss with children and young people the importance of using medicines, including painkillers, strictly according to the directions.
- Set clear rules and apply them firmly and consistently, giving consequences for breaking rules.

### **Dealing with someone who has a reaction to drugs or volatile substances**

If a young person has a reaction to drugs they have taken, or if you are in any doubt about the young person's health and safety, contact the emergency services. Tell them the symptoms and, if known, what drugs have been taken.

## Drugs and Volatile Substance Use

- If the young person appears tense or panicky (as can happen with hallucinogenic drugs): reassure them; keep them away from loud noises and bright lights; get them to breathe slowly and regularly; explain to them where they are, that you're with them and you're going to get help.
- If they are overheated and dehydrated (as can happen with drugs like amphetamine and ecstasy): move them to a cool place; sponge their face with cool water; give them water to drink and call for medical assistance.
- If they are drowsy but conscious (as can happen with depressants): try to keep them awake; only give sips of lukewarm water; and discourage them from going to lie down on their bed as they might fall into unconsciousness; do not leave them on their own and call for medical help.
- If they have inhaled volatile substances ('buzzing'): avoid giving them a fright; avoid shouting or arguing and keep things calm, to avoid the risk of heart attacks or further harm while they are still intoxicated.
- If they are unconscious, get someone to phone for an ambulance and check ABC (airway, breathing, circulation) and place in the recovery position – for full details, and illustration go to [www.redcross.org.uk](http://www.redcross.org.uk)



### Points to ponder/training ideas

- By the age of 11 or 12 years most children already know about drugs. Some of what they 'know' will be wrong.
- You can use the leaflets/resources mentioned opposite to have a discussion about drugs and related issues. You can also use newspaper/magazines articles or TV reports to raise the issue of drugs. For example:
  - attitudes/beliefs/feelings which young people might have in relation to drugs and volatile substances
  - how aware they are of the health risks and social repercussions of drug misuse
  - pressures they may feel in their lives, not just in relation to drugs.
- Safety issues – who needs to know if someone you care for has a drugs problem?
- What barriers might prevent you/the young person discussing drugs and related issues? To help them make positive health choices, good communication and understanding are very important.



### Points to ponder/training ideas

- How might you deal with a conflict that might arise as a result of discussing drugs with the young person?
- What activities might young people do with their time (e.g. youth clubs, sport, drama)? What do they like to do? How might you encourage this interest?

### Links to other topics in this pack

See: *Alcohol; Depression; Healthy Eating; HIV/Aids; Personal Safety; Physical Activity/Leisure; Self-esteem and Confidence; Sexually Transmitted Infections; Smoking.*



### Useful contacts

#### Know the Score

Provides free information on drugs.  
Tel: 0800 587 5879  
Website: [www.knowthescore.info](http://www.knowthescore.info)

#### FRANK (24 hours)

A telephone helpline that gives information and advice on all aspects of drugs and solvents. They can provide information on local services.  
Tel: 0800 776600  
Website: [www.talktofrank.com](http://www.talktofrank.com)

#### Scottish Drugs Forum (SDF)

SDF provides information on drugs, drug agencies and support services (in local areas). It also produces VS Focus, a regular information update with news about volatile substance use.  
Tel: 0131 221 9300  
Website: [www.sdf.org.uk](http://www.sdf.org.uk)

#### Fast Forward Positive Lifestyles Ltd

A national voluntary organisation specialising in drugs, alcohol and tobacco education and prevention. They have three information leaflets aimed at the 11–14-year old age group covering alcohol, tobacco and cannabis, which can be ordered through the website.  
Tel: 0131 554 4300  
Website: [www.fastforward.org.uk](http://www.fastforward.org.uk)



### Website

**Mind, Body and Soul** is a website that aims to give young people aged 14–16, information on health (accidents, alcohol, drugs, healthy eating, physical health, mental health, sexual health and sun safety) in a fun and interesting way. It is linked to lots of other websites so that they can find out more about health topics they are interested in. It also has links for parents and teachers.  
[www.mindbodysoul.gov.uk](http://www.mindbodysoul.gov.uk)



### Useful leaflets/resources

*Drugs: What Every Parent Should Know*. This is a 24-page full-colour guide presenting facts about drugs and how they are used. Includes an A–Z of drugs, providing their street names, how they are taken, and their effects on young people.

*fags and hash – The Essential Guide to Cutting Down the Risks of Tobacco and Cannabis Use*. Published by NHS Health Scotland, ASH Scotland, the Scottish Drugs Forum, and West Lothian Drug and Alcohol Service.

The leaflets above are available from NHS Health Scotland at [www.healthscotland.com](http://www.healthscotland.com) Tel: 0131 536 5500

*Solvent Abuse (The Greatest Danger for your Child is in your Home)*, a leaflet produced by Re-Solv, a national charity dedicated to the prevention of solvent and volatile substance abuse.  
Tel: 01785 817885 Head office  
Website: [www.re-solv.org](http://www.re-solv.org)

A range of leaflets can be obtained, or borrowed from your local NHS Board's health promotion library. Ask the looked after children's nurse for your area if you have one, or look up the phone number in the local phone book.

# Early Sexualised Behaviour

**Children exhibit sexualised behaviour at an early age and subsequent sexual responses as they grow up. It is perfectly normal for very young children to explore and touch their bodies (including their genitals). This is an important part of development and if they are allowed to do this without shame they can learn to know about and feel comfortable with their bodies.**

From around the age of two, many children will start to ask questions about their bodies. This will lead onto questions about where babies come from and what the different parts of the body are for. It is important to answer these questions honestly, using simple language appropriate for the child's age.

It is a good idea to use the correct names for parts of the body. Many people feel uncomfortable about doing this with very young children but it gets easier with practice. Starting early makes it easier to continue to be open and honest about developing sexuality. This has long-term advantages. Children growing up who receive honest and open information about sex and relationships are more likely to put off having sex until they are ready. They are also more likely to practise safer sex in the future. It also means that everyone knows what is being talked about rather than having to 'second guess' what is meant by oblique names.

If a child has come from a family background that involved sexual abuse or violence, their knowledge and understanding of sex and relationships may be inaccurate or misleading. It is important carers and residential care staff make sure that young children in their care have accurate and appropriate information that enables them to form meaningful relationships, well before embarking on sexual relationships.

Children sometimes have a wish to explore each other's bodies. Boys are often very interested in girls' genitals and vice versa. Children often play 'mummies and daddies' and other similar games. They are exploring and learning and this is nothing to worry about.

This 'role play' might provide you with an opportunity to talk to children about their bodies and about sex. It is also important to talk to young children about what is (and isn't) appropriate. This helps them to keep themselves safe by telling if anything inappropriate happens.

It can sometimes be difficult to tell if something is inappropriate or not. You have to use your own judgement and experience. Try not to overreact if you see children behaving in a sexual way as this can make them anxious. At the same time it is important not to ignore any worrying behaviours. If you have any concerns you should always talk to your manager or resource team social worker.

## Early Sexualised Behaviour

Sometimes, there are times when children's early sexualised behaviour can give cause for concern and may be an indication that there is a need for some kind of intervention.

Inappropriate sexualised behaviour takes place when very young children show knowledge of sexual language or sexual activities that is beyond their years or that is harmful to them or others.

Any of the following behaviours would indicate that there is perhaps a problem:

- young children using explicit or very crude sexual language; this does not include children using the correct names for parts of the body
- children behaving in a sexually aggressive way towards adults or other children
- children trying to insert objects into their own or others' genitals or anus.

These things may indicate that the child has been abused in some way and it is important to speak to your manager or resource team social worker. You should also attend and regularly update relevant child protection training.

### Where can I find out more?

There are a lot of great books that can support parents and carers to talk to young children about sex and relationships. These are often available from libraries or can be bought from bookshops. One is recommended opposite in *Useful leaflets/resources*.



#### Points to ponder/training ideas

- It can be really useful to talk to other carers/residential care staff about their experiences of talking to young children about sex and relationships.
- How does our culture affect how we talk to the children in our care about sex and relationships?
- Many carers and care staff do not feel confident to talk to young children about these issues and it may be useful for you to talk to your manager or resource team social worker to see if some training can be arranged to support you.

### Links to other topics in this pack

See: *Gender and Stereotypes; Pressure to Have Sex; Promoting Positive Relationships; Rape and Sexual Abuse; Sexuality.*



### Useful contacts

fpa Scotland provides information and advice about sexual health in its widest sense. They have leaflets to send out to the public and information and specific resources for professional staff. They also provide training.

#### fpa Scotland

Unit 10, Firhill Business Centre  
76 Firhill Road  
Glasgow  
G20 7BA

Tel: 0141 948 1179

Helpline: 0845 122 8690 (Mon–Thur 9 am–5 pm, Fri 9 am–4.30 pm)

Website: [www.fpa.org.uk](http://www.fpa.org.uk)

#### Parentline

Offers help and advice to parents or anyone in a parenting role on all aspects of bringing up children.

Helpline: 0808 800 2222.



### Useful leaflets/resources

*Talking to Your Child... and Talking to Your Teenager... About Relationships and Sexual Health* are leaflets aimed at parents and carers. These contain useful scenarios that might help you in your response to the issues raised by young people. Available free from your local health promotion department or from NHS Health Scotland at [www.healthscotland.com](http://www.healthscotland.com)

*Talking to your Kids about Sex*, a video pack for parents and carers of children aged 8–14 years. Available from fpa Scotland (see *Useful contacts*). fpa also offer a complete mail order service for health professionals and the public. Contact fpa Scotland.



**Food can play an important part in the lives of children and young people and they can have strong views regarding favourite foods, how much to eat, and when they like to eat. It's also not unusual for young people to experiment with different eating habits, for example exploring vegetarianism or changing their diet to improve health.**

Some children and young people will eat almost anything while others are fussier and eat less. Younger children may refuse to eat certain foods and teenagers may go through food fads. These differences are to be expected, and are nothing to worry about.

Worries about weight, shape and eating are common, especially among teenage girls. A lot of young people, many of whom are not overweight in the first place, strive to be thinner for varying reasons. For some, worries about weight can become obsessive, leading to an eating disorder. Eating disorders are a group of conditions related to body image and abnormal eating behaviour. They can involve eating too much, eating too little, or using harmful ways to get rid of calories.

### **The most common eating disorders are:**

- anorexia nervosa
- bulimia nervosa
- compulsive eating or binge-eating disorder.

Eating disorders can have a damaging effect on both physical and emotional health. They tend to affect many more girls than boys, probably because of the pressures that society places on girls and women about their bodies and size, but it is important to remember that boys also develop problems in this area.

### **Possible causes or triggers**

Each individual child or young person is different and there is some controversy about what causes or triggers an eating disorder. Commonly cited reasons include:

- losing a parent or loved one through bereavement or family break-up
- worrying about things e.g. exams, how they look, the future, relationships
- being bullied
- changing school or entering/leaving care
- pressures to be slim exhorted by the mass media through TV and magazines
- traumatic events such as physical, sexual or domestic abuse

## Eating Disorders

- poor self-esteem
- stress
- continuing conflict within the original family home.

### **Different types of eating disorder**

#### **Anorexia nervosa**

Although most common in girls and women aged 15–24 years, children as young as 7 years can develop anorexia. Nearly always anorexia begins with dieting, but unlike typical dieting, which stops when the desired weight is reached, in anorexia the dieting and the loss of weight continue until the young person is well below the normal limits for age and height. (See *Healthy Eating* for more information on body weight and image.) In some cases extreme starvation and continued weight loss can lead to death.

#### **Warning signs to look out for include:**

- distorted thinking about food, body shape and weight, e.g. fear of normal body weight and/or feeling fat, even when obviously underweight
- eating tiny quantities of food, especially salads, fruit and vegetables
- ritualistic behaviour around food, e.g. cutting food up into very small, even-sized pieces
- insisting on cooking their own food
- hiding or throwing away food
- eating alone
- regularly missing meals
- pretending they have eaten when they have not
- excessive exercise
- using laxatives and/or making themselves sick in order to lose more weight
- wearing baggy clothes to hide weight loss
- periods stopping in girls
- growth of downy body hair
- dehydrated skin sometimes leading to itchiness.

#### **Bulimia nervosa**

Bulimia involves eating large amounts of food in out-of-control binges followed by self-purging, e.g. making themselves sick to get rid of the food, taking large amounts of laxatives, strict dieting, fasting or vigorous exercise.

### **Warning signs to look out for include:**

- regularly disappearing to the toilet after eating
- food disappearing in large amounts
- chocolate and confectionary wrappers hidden in strange places, e.g. underneath mattresses.

Sufferers may not look over- or underweight, which can make their eating problems difficult to detect. Regular vomiting can cause severe damage to the teeth as the acid dissolves the tooth enamel. Continuous bingeing and vomiting can eventually do serious harm to the body.

### **Compulsive eating**

People who eat compulsively eat much more food than their bodies need and often use food to comfort or distract themselves from difficult feelings. This happens over a long period of time and they may become very overweight, which can lead to serious medical and emotional problems.

### **What can I do?**

- Discuss issues with your team. Colleagues may notice behaviour changes.
- If you suspect that a young person may be developing an eating disorder, it is worth asking them whether they have any problems/worries.
- Try to avoid confrontations over food and mealtimes. Mealtimes need to be as relaxed as possible.
- Try to encourage them to share their concerns and worries as having an eating disorder can be a very isolating experience for a young person. Be prepared for the young person to deny that there is a problem.
- Seek advice from colleagues and local health care staff. They will be able to advise you about what help is available locally and, if appropriate, arrange to refer the young person on to a specialist.
- Familiarise yourself as much as possible with issues around eating disorders as this will help in your discussions with young people and health care staff. (see *Useful contacts* section.)
- If the young person is receiving treatment and has agreed a plan, then encourage them to stick to it and discreetly remind them if they forget.
- Encourage the young person to take up new/favourite interests, especially ones which involve other people. This can help shift their focus away from food, develop their wider interests and build their self-esteem.



### Points to ponder/training ideas

- How might you spot eating problems early on? (It is much easier to help someone with an eating disorder if the problem is identified quickly.)
- How do the staff and young people in your centre respond to weight problems and dieting?
- Generally, how might you encourage physical activity rather than dieting as a means of weight control for children and young people?
- Will it be beneficial to create an eating disorder policy and involve the young person in any decisions made as part of their support?
- Beating Eating Disorders provides training for professionals in education related to supporting young people affected by eating disorders (see *Useful contacts*). How can the school help in dealing with such issues?

### Links to other topics in this pack

See: *Bullying; Healthy Eating; Rape and Sexual Abuse; Self-esteem and Confidence.*



### Useful contacts

#### Beating Eating Disorders

This national charity offers help and information to people with anorexia and bulimia nervosa, their families and friends. They operate a UK-wide telephone helpline for people with eating disorders, their family, friends and professionals, along with a Youthline that offers information, help and support for young people aged 18 years and under. They also publish a range of leaflets, some aimed at young people.

Tel: 0870 700 3256

beat Helpline: 0845 634 1414

beat Youthline: 0845 634 7650

Website: [www.b-eat.co.uk](http://www.b-eat.co.uk)



### Useful leaflets/resources

*Talking About...Eating Disorders*. Available from NHS Health Scotland at [www.healthscotland.com](http://www.healthscotland.com) Tel: 0131 536 5500

The Royal College of Psychiatrists website contains a series of leaflets for parents, teachers and young people entitled *Mental Health and Growing Up*. They provide practical, up-to-date information about mental health problems that can affect children and young people. *Eating Disorders in Young People* discusses the causes of eating disorders and how to recognise them, as well as giving advice on how to cope with a child who has an eating disorder. Contact the Royal College of Psychiatrists. Tel: 020 7235 2351 ext 259 or download from the website: [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk)



**Epilepsy involves a disturbance in the brain's normal electrical activity. Although it can take many different forms, the term 'epilepsy' refers to recurrent seizures of which there are four main types (outlined below). Epilepsy most commonly starts in childhood or adolescence. However, it can develop in anyone regardless of age, sex, background or intellectual ability.**

Each child or young person's experience will be unique with the severity of symptoms and frequency of attacks varying enormously. Some may get a warning sign before a seizure, such as strange feeling or familiar smell, while for others the seizure will come on very suddenly with no warning.

Epilepsy occurs in around 1 in 100 pre-school children and in approximately 5 in 1000 older children and adults. Children will not be diagnosed as having epilepsy unless a tendency for repeated seizure is identified.

## **The four main types of seizure**

- **Absence seizures** (previously called 'petit mal'). These mainly affect children. The child may stop what they are doing, look blank for a few seconds and their eyelids may twitch or blink. The child may have dozens of seizures a day.
- **Tonic-clonic seizures** (previously called 'grand mal'). The child may cry out, stiffen up and fall to the floor then go into convulsions (when the body jerks and twitches). Sometimes the child will wet or soil him or herself during a seizure. The convulsions will usually last for one or two minutes.
- **Partial seizures.** The child may experience a range of unusual sensations such as tingling, twitching or numbness in a certain part of the body or a particular smell or taste, or they may have a feeling of panic, déjà vu or elation. The child may be confused and disorientated but remain conscious.
- **Complex partial seizures.** The child may be disorientated, become unaware of their surroundings and lose their sense of time. They might be motionless or behave in random ways, e.g. plucking at clothes, slurring or repeating words, wandering about aimlessly or even taking their clothes off. This type of seizure commonly lasts for less than three minutes.

## Management of epilepsy

Anticonvulsant medication is the mainstay of epilepsy management. Commonly used drugs include:

- sodium valproate (epilim)
- carbamazepine (tegretol)
- phenytoin (epanutin)
- clobazam
- lamotrigine.

Drugs do not cure epilepsy. However, they can reduce the frequency and duration of seizures. Most seizures will stop spontaneously within five minutes. The risk to safety increases when a seizure lasts longer than five minutes.

*Status epilepticus* is the name for a prolonged seizure. Emergency medication may be required to stop prolonged seizures.

Every child who is diagnosed with epilepsy should have a care plan detailing all aspects of their management.

Training for carers in epilepsy, first aid management of seizures and the administration of emergency medication is provided by Enlighten (see *Useful contacts*) and local paediatric services, and can be accessed via a social work department.

## Triggers

Different things can trigger a seizure for different children and young people. Some of the more common triggers include:

- lack of sleep, tiredness and stress
- illness
- not taking medication as directed
- lack of food
- having a period
- television flickering or flashing lights (photosensitivity), which affects up to 5% of people with epilepsy
- alcohol withdrawal and recreational drug use.

## What can I do?

### During and after an absence seizure, a partial seizure or a complex partial seizure

- Make sure the child is safe and not at risk of harming themselves.
- Do not try to stop the seizure.
- Give them time to recover.
- Stay calm and give them reassurance that they are okay.

### During a tonic-clonic seizure

- Be familiar with and follow the epilepsy care plan for the individual child.
- Note the time when the seizure started.
- Stay calm. Although it looks dramatic, the child isn't in pain from the seizure.
- Make sure the child is safe and not at risk of harming themselves.
- Cushion the head and loosen tight clothing.
- As soon as the fitting stops, turn the child on his/her side into the recovery position and check the airway is clear.
- As they 'come to', try to offer reassurance and acknowledge what has happened.
- If the seizure is prolonged (over five minutes) follow the steps noted in the person's care plan.
- If you are unsure or unable to implement the management plan, dial 999 for an ambulance.
- If the child has never had a seizure before, contact their GP.

### Actions to avoid

- Do not move the person unless they are at risk, e.g. near a fire or at the top of a flight of stairs.
- Do not try to sit the person up or restrict their movements.
- Do not force anything between their teeth.

### In the longer term

- Build up your confidence – find out as much as you can about epilepsy (see *Useful contacts*) and get to know the individual child's experience, e.g. their particular triggers, warning signs, and the type of seizures they experience.

# Epilepsy

- Get some advice on safety issues, e.g. children with epilepsy are normally advised to sit down in the shower or have a shallow bath and not to lock the bathroom door.
- Some epilepsy medication can interact with various contraception methods and the young person should be encouraged to discuss this with their epilepsy specialist nurse or GP.
- Don't solely focus on the epilepsy – encourage the child to focus on what they can do, not what they can't.
- Avoid being overprotective – try to support the child to develop their confidence so that they can better deal with different situations.



## Points to ponder/training ideas

- How might you ensure the child isn't isolated or excluded?
- Who needs to know about the child's epilepsy and how much do they need to know?
- Children with epilepsy are sometimes the target of teasing and bullying – is this an issue for this child?
- Are there specific training needs for staff? How might you become aware of such training?
- Safety issues, e.g. how do you ensure the child has privacy in the bathroom without locking the door?
- How might you explain epilepsy to other children and young people?
- Alcohol affects the absorption of related medication – is this an issue to be considered?

## Links to other topics in this pack

See: *Bullying; Resilience.*



## Useful contacts

### Epilepsy Action

Epilepsy Action is the largest member-led epilepsy organisation in Britain, acting as the voice for those with epilepsy, as well as their friends, families, carers, health professionals.

Tel: 0113 210 8800

Helpline: Tel. 0808-800-5050 (Mon–Thurs 9 am–4.30 pm, Fri 9 am–4 pm)

Website: [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

### Epilepsy Scotland

The Helpline is normally open weekdays. They also have a range of 14 factsheets, information packs, booklets and videos.

Epilepsy Scotland

48 Govan Road

Glasgow

G51 1JL

Tel: 0141 427 4911

Helpline: 0808 800 2200

Website: [www.epilepsyscotland.org.uk](http://www.epilepsyscotland.org.uk)



## Useful leaflets/resources

The following leaflets are available from Epilepsy Action (see *Useful contacts*):

*Epilepsy – A Parent’s Guide.*

*Epilepsy and Leisure.*

Information Pack – 52-page pack of 20 factsheets. Available from Enlighten (see *Useful Contacts*).

*Epilepsy and Children*, is available from the British Epilepsy Association.  
Tel: 0808 800 5050

