

G-I





Gender stereotypes can sometimes have a negative impact on a young person's sexual health and wellbeing. Traditional gender expectations can often place a significant influence on young women to behave passively in order to sustain a sexual relationship. The same influences can often apply to young men, encouraged to adopt a dominant role within their sexual relationships. This can have a negative effect on sexual health and relationships. Gender stereotypes can also create a cultural environment where those who don't fit into the traditional 'type' are more likely to be bullied, teased or harassed.

As well as a biological sex which is decided at birth, people also have a gender identity which is more psychological. It is about how a person feels inside and how they identify with male or female behaviours. However, it can be difficult for some people who feel they do not fit into the stereotypical picture. Young people facing uncertainty regarding gender issues will require support and help from trusted staff and appropriate health professionals.

Transgender, transsexual, transvestite

Transgender is a word used to describe people who don't feel their gender identity matches their biological sex, identified when they were born. It is seen as an umbrella term used to describe someone who does not conform to society's view of being male or female.

Transsexual is a word used to identify people who want to undergo, or have undergone, gender reassignment. This refers to feelings of being 'trapped' in the wrong body. This can lead to the person wishing to undergo a series of operations that will surgically change their physical gender from male to female, or from female to male. Transgender or transsexual people are sometimes confused with being transvestite.

Transvestite is a word used to describe a male or a female who enjoys dressing in the clothing of the opposite gender. It is often assumed that a man who is transvestite must be gay but this is not usually the case. In general, transvestites do not want to change their gender. They enjoy being free to cross over stereotypical gender boundaries regarding what people should wear and how they should behave.

What should a young person do if they want to change their gender?

If a young person is uncomfortable with their gender and is considering changing it, they should seek professional help. Although treatment cannot start until a person is over 16 years and gender reassignment cannot take place until over 18 years, support and advice is available for those under 16 years.

If a young person wants to begin the process of changing their physical gender, it is advisable that they discuss this with their GP and seek counselling. This will help ensure they have explored all the issues and are aware of the course of action (if any) to take. The doctor will refer the young person to a gender specialist or to a psychiatrist who will assess their situation.

If the psychiatrist decides that this is the best course of action, then the young person can be assigned for treatment. Treatment will vary depending on the age of the young person and what they and the gender specialist feels is best.

Before any hormonal treatment or surgery, a young person will be required to live as a woman (if they are changing from being male) or as a man (if they are changing from being female) for a period of time. This is called a 'real life experience' and is for a period of at least 12 months.

During this time the young person may need to visit a speech therapist or access support to help with other practical and psychological aspects involved with living in a new gender role. When the young person is over 18 years, they can change their name with a Statutory Declaration (or by Deed Poll) and they can begin to change their name on legal documents (see *Useful leaflets/resources*). Hormonal treatment and surgery will have permanent effects and although available on the NHS, there may be long waiting lists.

What can I do?

If you are caring for a young person who has issues about their gender identity, you can support them by being there for them to talk through relevant issues. Providing non-judgemental support can make all the difference to how the young person feels about what they are experiencing.

For those people who want to change their gender, one of the biggest difficulties they face can be the negative reaction of other people, especially from people who care for them, such as friends and family. If you find it difficult to understand why someone would want to change his or her gender, it can be useful to find out more information and discuss issues with relevant support staff.

Young transgender people will require emotional support to help them come to terms with how they feel about themselves and to help them decide what to do and how best to tell their family or friends. They may also require support to deal with bullying or harassment.

You can also provide transgender young people with information about other support services that are available. LGBT Youth Scotland (formerly Stonewall Youth) has a transgender support group for young people and Parents' Enquiry Scotland can help to support those who care for transgender young people (see *Useful contacts*).



Points to ponder/training ideas

- It can be useful to discuss gender issues with young people.
 - What does it mean to be a woman or a man? What are the benefits and disadvantages of being female or male?
 - What are the advantages and disadvantages of gender stereotyping?
 - List the differences in the ways that young women and young men are treated. How do these differences affect their lives?
 - What support could you offer someone who wants to change his or her physical gender?

Links to other topics in this pack

See: *Promoting Positive Relationships; Resilience; Sexuality.*



Useful contacts

BM Mermaids

Mermaids provides support for children and young people with any kind of gender identity issue. They also provide information and support for parents and carers.

Helpline: 07020 935066

Website: www.mermaids.freeuk.com

The Gender Trust

The Gender Trust is a UK charity that helps with gender issues.

Helpline: 0845 231 0505

Website: www.gendertrust.org.uk



Useful contacts

LGBT Youth Scotland (formerly Stonewall Youth)

LGBT Youth Scotland provide information and support for lesbian, gay, bisexual and transgender young people.

Lesbian Line Tel: 0131 622 2266

Website: www.lgbtyouth.org.uk

Confidential Youth Line: 0845 113 0005

Parents Enquiry Scotland

Parents Enquiry Scotland provide information, support and advice for parents and carers of gay, lesbian, bisexual and transgender young people.

Lothian Tel: 0131 556 6047

Strathclyde Tel: 0141 427 3897

Website: www.parentsenquiryscotland.org

FTM Network is an informal and ad hoc self-help group, open to all female to male transgender and transsexual people, or those exploring this aspect of their gender. The information reflects English law. Although Scots law is slightly different, the information provided is still relevant for those who want to change their name.

Website: www.ftm.org.uk

The Gender Identity Research and Education Society (GIRES) website informs about issues surrounding gender identity and transsexualism. It is also a resource for gender dysphoric people and their families. It offers workshops and training in the Glasgow area.

Website: www.gires.org.uk



Useful leaflets/resources

Addressing LGBT Issues with Young People. Available from LGBT Youth Scotland (see *Useful contacts*).

- Head lice are small crawling insects with short legs and claws, which they use to hold on to hair shafts.
- They are the size of a pin-head when they hatch, less than match-head size when fully grown, and are grey/brown in colour.
- They feed on blood from the scalp and lay eggs at the base of the hair shaft (eggs hatch in 7–10 days).
- Head lice cannot jump, fly, or swim – they are spread through direct head-to-head contact.
- The only way to prevent head lice in others is to detect and effectively treat people who are already infected.
- Regular hair brushing can aid early detection leading to treatment.
- Anyone with hair can catch head lice, meaning that the problem, while often more common in children, is not unique to them.
- Detection combing should be done by carers and staff caring for the child; routine head inspections should never be undertaken as a screening procedure within a school setting.

How to detect head lice

There may be no symptoms or there may be one or more of the following:

- head lice may cause itching of the scalp, but not always
- itching of the scalp can result in inflamed areas, which can then become infected
- spotting head lice on the scalp is difficult, unless the infestation is severe
- lice faeces (black specks) can sometimes be seen on the scalp or pillows of the person affected.

National Guidance on Managing Head Lice Infection recommends that weekly checks by 'wet combing' is the most effective method of detection.

Wet combing involves:

- washing the hair and applying conditioner, then combing through with a wide-tooth comb to remove tangles

Head Lice

- taking a section of hair at a time and combing with a fine-tooth detection comb – the teeth of the comb need to touch the skin of the scalp at the top of the head – and drawing it carefully towards the edge of the hair. The comb must be fine enough to catch the lice; if in doubt, a pharmacist should be able to recommend a comb for the purpose
- the comb is checked for lice after each section by looking carefully at the teeth of the comb in good light
- if head lice are present, you will find one or more lice on the teeth of the comb; run the comb under a tap to remove any lice before reapplying to the hair
- repeat the above from the top of the head to the ends of the hair in all directions, working around the head (which can take 15 minutes or more to do thoroughly)
- clean the comb under the tap – a nailbrush is helpful for doing this.

How to treat head lice

National guidelines recommend two treatment approaches. One option is the use of insecticide lotions and an alternative is removal by wet combing, sometimes called 'bug-busting'. Both methods require continued combing to removed any unhatched eggs.

Insecticides

- Only treat the child or young person who is actually infected.
- Do not treat everyone else 'just in case'.
- Treat all those infested at the same time, with one of the approved insecticide lotions recommended by the pharmacist, local nurse or GP.
- Advice from health professionals should be sought if the person infected is under one year of age, suffers from asthma or allergies, is pregnant or breastfeeding.
- Read the instructions that come with the insecticide treatment and, if in doubt, seek advice from health professionals.
- Exactly seven days later, repeat the same treatment using the same type of lotion.
- If live head lice are discovered after the second application, the advice of a health professional should be sought before any further lotion is applied.

Wet combing

- This is a non-chemical approach that involves mechanical removal of all lice from the hair after the hair has been washed and conditioned.
- With the conditioner still in, the hair is combed gradually using a fine-tooth comb, section by section, in order to remove the lice.
- Wet combing is time consuming and to be effective must be carried out every three days for up to three weeks to remove newly hatched lice.

Notes

- Some health visitors and nurses with additional training can prescribe a limited range of medications, which include head lice treatments.
- The use of electronic combs, repellent sprays or chemical agents not specifically licensed for the treatment of head lice are not recommended.
- One live louse left on the head could restart an infestation.
- Empty egg cases are called nits and may remain stuck to hair. If you see nits after removing lice, it does not necessarily mean there is still infestation.
- Families with recurring or continuing infection need to be supported by health professionals, particularly school nurses.



Points to ponder/training ideas

- You might consider who else, such as a social worker, would need to know that a young person has had an infestation of head lice.
- Nurseries and schools may issue updates reminding carers to check children's hair at least once per week.
- What information should you consider telling a young person in your care about head lice? This could include, discouraging them from sharing combs, brushes and hats, that anyone can become infected, and that head lice don't cause disease.
- How should information be made appropriate to their age and ability to understand? Information written for children or young people about head lice and wet combing could empower children and young people to contribute to the maintenance of their own health.
- It is always worth keeping in mind confidentiality and the sensitive nature of this issue for the young person.



Useful contacts

Contact the local health care staff, pharmacist, school/practice nurse, health visitor or GP.



Useful leaflets/resources

Head Lice

Head Lice: Information for Parents. Available from NHS Health Scotland at www.healthscotland.com Tel: 0131 536 5500. This leaflet complements the Scottish Government Health Department's national guidance available below.

National Guidance on Managing Head Lice Infection in Children
Scottish Government.

Website: <http://www.scotland.gov.uk/library5/health/ngmh.pdf>

Community Hygiene Concern.

Website: www.chc.org/bugbusting

Food is an important part in the lives of children and young people, who can often express strong views regarding foods they like to eat. However, current evidence suggests that children and young people in Scotland and elsewhere are eating too much saturated fat, salt and sugars and less fruit and vegetables. This is of particular concern because healthy eating is important for the growth and development of children and young people. Eating well can also help prevent diseases in childhood such as anaemia, dental decay and obesity. In the longer term, it can protect against diseases such as heart disease, stroke and certain types of cancers in later life.

Healthy eating does not mean denying children and young people the foods they enjoy. Healthy eating is about getting the balance right. It is about making sure children and young people get the recommended amounts of nutrients the body needs while eating less foods containing high levels of fat, salt and sugar.

What can I do?

The teenage years are often seen as a time when an individual might choose to explore their individual identity. This can manifest itself in a wide range of behaviours including choice of foods. Encourage children and young people to eat a varied and healthy diet and, when possible, try to involve them in the planning, purchase and preparation of nutritionally balanced meals so that they can build a better understanding and appreciation of healthy eating.

Food – social and other aspects

- As a carer, you have a great opportunity to be a positive role model to looked after children and young people, to demonstrate a commitment to the principles of healthy eating and to develop their food skills and knowledge.
- Planning, preparing and eating meals and snacks can provide a useful opportunity for communication. You can make the most of such opportunities by asking children and young people about healthy eating and encourage them to voice their thoughts and feelings about food-related issues.
- Ensure that the choices offered are healthy choices.
- Encourage a warm, friendly atmosphere at mealtimes where children and young people get involved, and have the time to talk to each other and their carers.

Healthy Eating

- Involve children and young people in making decisions about healthy eating and consider developing a food agreement or policy. The policy could include aspects such as: everyone has the opportunity to comment and contribute to the weekly/monthly menu, people's food choices will be respected, and everyone sits together at meals times.
- Value and respect cultural and religious beliefs and traditions so that all people feel accepted and are accepting of themselves.
- Encourage young people preparing to leave care to develop their planning skills around weekly menus, budgeting, and food shopping.
- Encourage young people to learn how to prepare and cook food safely for themselves.
- The dominance of the fast food culture among young people should not be underestimated. Care should be taken not to endorse unhealthy eating by using fast food outlets as 'treats'. When eating outside, children and young people should be exposed to a wider variety of foods than just fast foods.
- Children and young people with disabilities may have specific issues regarding food, and staff should be sensitive to these needs. Issues should not be seen as a barrier to enjoyment and participation in meals and food choices.

It is important to find out from each individual person what they do and don't eat, and to be informed about any special diet required for specific medical conditions or any religious or cultural requirements.

It is worth remembering that children and young people who have recently entered care can sometimes find it difficult to eat with everyone at first and this should be respected. Consider ways that might allow them to join in gradually, such as having smaller tables in one room rather than one large one.

Eating/drinking

- Encourage children and young people to eat breakfast to help their bodies function properly – breakfast is very important as it provides energy to kick-start the day. Most breakfast foods are also good sources of fibre, particularly if you choose wholegrain varieties, as well as being excellent sources of vitamins and minerals. Children and young people who skip breakfast may be tempted to eat high fat, high sugar foods later in the morning.
- It is important that carers have breakfast themselves to set a positive example. Also, ensure that children and young people get up early enough to have breakfast every day.

- It is recommended that packed lunches provide at least a third of daily nutrient intakes and should contain the following: a starchy food (e.g. bread, chapatti, pasta, wrap); a source of protein (meat, poultry, fish or alternative such as cheese or eggs); and two portions of fruit and vegetables.
- Children and young people may want to snack between meals, especially if they are active or going through a growth spurt. Snacks should be varied and children and young people should be encouraged to choose nutritious snack foods rather than sweets, crisps, biscuits and fizzy drinks. Ideas for healthy snacks include sandwiches made with any type of bread, raw vegetables that can be served with healthy dips, any fresh fruit, non-sugary breakfast cereals, oatcakes or plain popcorn.
- Providing healthy suppers can encourage young people who stay out late to return home earlier. This can reduce the risk of them buying unhealthy takeaway food late at night, which may be saturated in fat.
- Encourage children and young people to eat at least five portions of fruit and vegetables every day – fruit and vegetables are sources of many nutrients including vitamins, minerals and fibre, and eating them regularly reduces the risk of certain diseases in adult life.
- If children and young people say they do not like fruit or vegetables, think of different ways of presenting them: pure fruit juice (not too much – only one portion a day); home-made tomato soup; dried fruit snacks; raw carrot sticks; a smoothie (a drink made of liquidised fruit, fruit juices and/or vegetables and/or yoghurt); stir-fried vegetables; cherry tomatoes; milkshakes; banana with custard or ice cream.
- Drinking lots of fluids (six to eight glasses/mugs or equivalent each day) is important for health. Encourage them to choose tap water and low-fat milk as their main drinks.
- Having a drink of unsweetened fresh fruit juice, which contains vitamin C, at mealtimes helps promote iron absorption. However, the consumption of fruit juices or smoothies should be restricted to mealtimes as these drinks contain high amounts of sugars, which can damage teeth.
- Give children and young people the opportunity to try a variety of foods at home (rather than just fast foods outlets which some may favour) e.g. Chinese, Italian and Asian foods.
- The Food Hygiene (Scotland) Regulations 2006 and EC Regulation 852/2004 govern food hygiene in Scotland and require food handlers to be trained in food hygiene matters commensurate with their work. For further information on training requirements, contact your local environmental health service. Training, however, does not need to be a formal course – it could be in-house.

Nutrition record

Carers can keep a nutrition record as part of the young person's health record, or encourage the young person to keep it themselves. This record can accompany a child or young person if he or she moves to another care situation, with information on, for example:

- food preferences – likes and dislikes
- dietary or food-related concerns
- eating patterns
- special dietary needs, allergies, food intolerances, eating problems/disorders
- cultural or religious requirements.

Food intolerance

Food intolerance is defined as an unpleasant reaction to a specific food or ingredient; a food allergy is a form of food intolerance. Foods that can cause severe reactions include peanuts, shellfish, eggs, wheat and other cereals. If you are caring for a child or young person with a medically diagnosed food allergy, appropriate medical advice should be followed closely and any identified foods or ingredients avoided. Medical advice should always be sought before excluding a large number of foods. Ensure that the allergy is highlighted in the child or young person's care plan.

Body weight and image

As a carer:

- convey your positive attitudes to healthy lifestyles
- deal with the issues of underweight and overweight sensitively – for many people, relationships between food, eating and body weight are complex and some children and young people may eat more or less in response to emotional issues in their lives
- be alert to people who may tease others or be teased about their appearance or weight
- be a good role model – be aware of the language you use about your own or other people's body shapes and food choices
- promote good health and physical fitness – carers need to be aware that being underweight or overweight can affect both health and quality of life. In extreme cases, children and young people may develop eating disorders which require professional intervention (see related section on *Eating Disorders*).



Points to ponder/training ideas

- How can you involve young people in planning, budgeting and preparing food, where appropriate?
- How do young people feel about their body, the weight they are, what they look like, keeping fit, etc?
- Discuss what comfort foods are, the most common reasons for eating these and how they feel after eating these foods.
- Do children and young people in your care know the difference between diet and dieting? A well-balanced diet is eating sufficient quantities of nutrients to sustain a healthy, fit body and dieting is changing the pattern of food intake in order to lose weight.
- How can you, or the young person, know whether or not they are eating well? Could referring to the eatwell plate help? (See: www.eatwell.gov.uk/healthydiet/eatwellplate/).
- Do you know where to get advice if a child or young person requires a special diet or has special needs?
- How are children and young people involved in the management or treatment of food allergies?
- Are you aware of each young person's preferred food choices or ethnic and cultural requirements?
- Do vegetarians in your care have suitable alternative options?
- What other factors are important in healthy eating? These can be physical activity, good mental health, body image. How might you discuss these issues with young people in your care? Physical activity and exercise stimulate appetite as well as enhancing mental, physical and social wellbeing. It is worthwhile reading this text in association with the related *Physical Activity* topic, elsewhere in this pack.

Links to other topics

See: *Cultural and Spiritual Issues; Diabetes; Eating Disorders; Physical Activity; Resilience; Self-esteem and Confidence.*



Useful contacts

The British Nutrition Foundation

The British Nutrition Foundation has free leaflets on preparing healthy lunch boxes and breakfasts.

Tel: 020 7404 6504

Website: www.nutrition.org.uk

The Caroline Walker Trust

The Trust has training materials and a report from an expert working group on the subject of eating well for looked after children and young people, as well as other materials in relation to healthy eating.

Website: www.cwt.org.uk

Coeliac UK

The charity works for people with coeliac disease. The website has information for carers about supporting children and young people with coeliac disease who need to follow a gluten-free diet.

Tel: 01494 437278

Helpline: 0870 4448804

Website: www.coeliac.co.uk

Young Scot Infoline

This is a confidential service staffed by fully trained advisors. It provides impartial information on health issues and money for 16-26 year olds. It is supported and funded by the Scottish Government, NHS Health Scotland and the Financial Services Authority.

Tel: 0808 801 0338

It is free from landlines and most mobile networks.



Useful contacts

Food Standards Agency Scotland

The Food Standards Agency has a variety of publications including booklets, leaflets and posters. The agency also has two consumer websites which support consumers to make healthier choices.

Tel: 01224 285100

General website: www.food.gov.uk/scotland

The FSA Scotland website includes Eat well, be well which includes healthy eating advice for children and young people.

Healthy eating website: www.eatwell.gov.uk

Vegetarian Society

Tel: 0161 925 2000

Website: www.vegsoc.org



Website

Mind, Body and Soul is a website which aims to give young people aged 14–16, information on health in a fun and interesting way. Topics include: accidents, alcohol, drugs, healthy eating, physical health, mental health, sexual health and sun safety. It also has links for parents and teachers.

Website: www.mindbodysoul.gov.uk



Useful leaflets/resources

Eating Well for Looked-after Children and Young People: Nutritional and Practical Guidelines, produced by The Caroline Walker Trust (see *Useful contacts*).

Eating Well for Looked-after Children and Young People, training materials for people working with, and caring for, looked after children and young people, produced by The Caroline Walker Trust (see *Useful contacts*)

10 Tips for Food Safety. Available from the Food Standards Agency. Question and answer leaflet giving practical advice on food safety and hygiene in the kitchen.

Hearing loss is the total or partial inability to hear sound in one or both ears. It may be present at birth (congenital) or may be acquired at any age thereafter due to damage or infection. There are two principal kinds of deafness: sensorineural deafness and conductive deafness.

Sensorineural, or 'nerve' deafness results from damage to the neural receptors of the inner ear, the nerve pathways to the brain, or the area of the brain that receives sound information. Hearing difficulties of this type are usually permanent, requiring ongoing support in terms of hearing aids, specialist advice and attention to special educational needs throughout childhood and beyond.

Conductive hearing problems are those that disrupt the conduction of sound through the outer and middle ear. This affects hearing before the sound reaches the cochlea and the nerve receptors of the inner ear. Disturbances of the conductive mechanism are often temporary and curable.

A common conductive hearing problem is otitis media (an inflammation of the middle ear – the part of the ear that lies behind the eardrum). Sometimes this area gets filled with fluid or mucus, for example during a cold. This mucus can become infected with bacteria and this is called an ear infection. 'Glue ear' is a type of chronic otitis media.

Most health boards in Scotland now screen newborn babies under the Universal Newborn Screening Hearing (UNHS) programme. This replaces the infant distraction test (IDT), which was previously carried out at 7–8 months. The new UNHS test uses a quick and simple method to check the hearing of all newborn babies, allowing early detection of hearing loss. Some health board areas continue to carry out school hearing tests.

It is important to remember that hearing difficulties can develop at any age, even if the child has passed an earlier screening test. Early detection is important so that younger children are given appropriate treatment and support.

Things to look out for

A baby might not:

- react to unexpected loud noises
- turn his or her head towards you when you speak
- talk or babble back to you when you speak
- start to imitate sounds and recognise words by about 6–7 months.

An older child or young person might:

- say 'eh?' or 'what?' a lot
- tend to speak loudly
- not speak very clearly
- sit close to the television or have the sound turned up
- complain about not hearing well.

What can I do?

If you have any concerns at all then a hearing test can be arranged via the school, GP, health visitor, or looked after children's nurse.

Caring for a child or young person with hearing loss

There are many degrees of hearing loss – from a partial hearing loss to profound deafness. For some children, hearing aids provide the help needed. For others, alternate ways to communicate have to be developed. Each child is different and you will need to both learn and develop any existing communication strategies the child may already have, as well as develop new ones. For instance, some children may learn to lip-read, some may use sign language, and others may communicate by listening and speaking.

Every young person with a significant hearing loss, especially those with hearing aids, should have a specialist visiting teacher who can advise about all aspects of support to hearing-impaired children, including the maintenance of hearing aids.

Simple ideas to improve communication

Much depends on the individual child or young person so it is best to find out as much as you can about the person.

- Try to reduce background noise, e.g. close windows if there is noisy traffic, turn off the TV or stereo.
- Make sure you have their attention before trying to communicate. You may have to wave or gently tap them on the shoulder to gain their attention.
- Face the child when you are speaking, they may need to see as well as hear what you say.
- Make sure there is adequate lighting when communicating.
- Use gesture and facial expressions to help communication.
- Explain to other children that if the child doesn't respond to them talking, it doesn't mean he or she is ignoring them.
- When there are a group of people, encourage everyone to speak one at a time.
- Look out for the child being left out of discussions and activities. Help the child and the other children and young people to take action to ensure this doesn't happen.
- Find out about attending a Deaf Awareness course.
- Attending a sign language course will be extremely important for communicating with a child or young person who uses sign language.



Points to ponder/training ideas

- If appropriate, how might you best go about learning sign language?
- Is this an opportunity you could extend to any other children and young people living with you? (See *Useful contacts* for more information on lessons.)
- Do you understand the difficulties faced by people who rely on hearing aids?
- Do you understand the maintenance issues for hearing aids (e.g. frequency of battery changes)?

Links to other topics in this pack

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



Useful contacts

Sense Scotland

Part of the UK National Deafblind and Rubella Association, and registered as a company with charitable purposes in its own right in Scotland. Advisory services are available throughout Scotland and can help with: information and advice; identifying services and resources; learning, communication and behaviour; and contacts with other families and professionals.

Tel: 0141 429 0294

Text: 0141 418 7170

Website: www.sensescotland.org.uk

Scottish Deaf Association (SDA)

The SDA is the largest deaf organisation in the UK that is run by deaf people. It has area deaf associations, and also runs youth groups for deaf people.

Textphone/& Tel: 0141 248 5554

Videophone IP: Glasgow.bda.bslphone.com, IP: 81.158.182.123

Website: www.signcommunity.org.uk

The National Deaf Children's Society (Scotland)

Provides impartial information, advice and advocacy support to parents with deaf children.

Tel: 0141 248 4457

Freephone Helpline: 0808 800 8880

Website: www.ndcs.org.uk

Scottish Association of Sign Language Interpreters

Tel: 0141 202 0791 (voice)

Tel: 0141 202 0790 (text)

Website: www.sasli.org.uk



Useful contacts

The Edinburgh and East of Scotland Deaf Society

The Society works with people who are deaf, deafened, deaf-blind and hard of hearing. The Society is managed by deaf and hearing people working in partnership to achieve greater access and equality for those who are deaf and hard of hearing.

The Society provides a wide range of services including: a Social Work Service; a Communication Support Unit; residential care; specialist equipment, such as flashing door bells, loop systems and text phones; a Community Development Service, which includes a volunteer befriending scheme, youth services, women's group and training in deaf awareness; social and leisure activities; sign language classes; hard of hearing club; and Church services.

Tel: 0131 556 3128 (voice), 0131 557 0419 (text)

Website: www.deafsociety.org



Useful leaflets/resources

All of the leaflets and fact sheets below are available from The National Deaf Children's Society (see *Useful contacts*).

Record of Needs (Scotland). A guide to the Scottish education system and the recording process for deaf children. Free to parents of school-age children in Scotland and professionals who work on their behalf.

Tips on How to Get your Child to Wear their Hearing Aids. A factsheet that has some general tips on how to encourage children to get used to wearing their hearing aids.

Communication with Deaf Children and Young People. Outlines different communication methods used by deaf people. Also has some basic tips to remember when communicating with deaf people.

Family Information Pack. A pack for parents of children with a new identification of deafness.

Deaf Children, Bullying and Mainstream Schools.

Hepatitis A, B and C

Hepatitis is a Latin word meaning inflammation of the liver. It can be caused by drinking too much alcohol or the side effects of some drugs and chemicals. However, the most common cause of hepatitis is an infection with any one of a number of different viruses that affect the liver. The viruses are different from each other in the way they cause liver damage, the effects they can have on a person's health, and how they pass or spread from person to person. In general, common symptoms can include fatigue, nausea, loss of appetite, aches and pains and other flu-like symptoms. The most serious of the viruses are hepatitis A, B and C.

Hepatitis A

- Hepatitis A is a liver disease caused by the hepatitis A virus and is passed from person to person by eating food or drinking water contaminated (infected) with the virus. Unlike other hepatitis viruses, the illness does not cause long-term liver damage.
- The illness can spread easily within families and where people live closely together, e.g. in care homes and residential schools.
- After the virus enters the body, there can be no symptoms for 2–6 weeks (the incubation period).
- Hepatitis A can be detected by a blood test.
- Some people, particularly young children, may have only a mild illness.
- They may not know they are infected, although they can pass the virus on to others, often through not washing their hands after using the toilet.
- There may be general symptoms – often mistakenly diagnosed as flu – such as tiredness, nausea, aches and pains, fever, loss of appetite, vomiting, abdominal pain and/or diarrhoea. These symptoms may last for a week or more.
- Jaundice can develop more than a week after general symptoms start. It is easily noticeable as the whites of the eyes turn yellow, and in more serious cases the skin shows a distinct yellow colour.
- As with most illnesses caused by viruses, there is no specific treatment.
- Although not a chronic (long-term) infection, it takes some time to recover from hepatitis A. Most people feel better within a few weeks, although they may feel tired and lack energy for many more months. Once a person has recovered, they will be immune from catching the virus again.

Hepatitis A, B and C

- If a child or young person in your care has contracted hepatitis A, ensure all household members wash their hands thoroughly with warm water and soap after using or cleaning the toilet, after attending to another person who has diarrhoea/vomiting, and before eating or preparing food.
- Ensure those affected have their own towel for drying their hands.
- Ensure young children are supervised when washing hands, or have their hands washed for them.
- Where possible, do not allow an infected person to prepare food.
- Clean toilet seats, flush handles and taps frequently with hot soapy water.
- Wear rubber gloves to clean the toilet and keep them for this use only.
- Where possible, keep the infected child or young person away from others until symptoms have stopped.

Hepatitis B

- Hepatitis B is a virus which infects and damages the liver.
- Although it is known as a 'blood-borne virus' hepatitis B can also be present in other body fluids such as saliva, semen and vaginal fluid.
- In the UK, most hepatitis B infections are acquired in adulthood through unprotected sex – whether vaginal, anal or oral sex – or sharing of blood contaminated equipment for injecting drugs.
- Hepatitis B is 100 times more infectious than HIV
- It is detected by a blood test.
- Most people show no symptoms when they first become infected. However, some will become ill, with symptoms such as stomach upset and jaundice, which makes the skin and the whites of the eyes turn yellow.
- Hepatitis B can be acute (recovery is after a few weeks or months) or become chronic (infection remains for longer than six months).
- There is no specific treatment that attacks the hepatitis B virus, but those with acute hepatitis may need to rest and should avoid drinking alcohol. For most people infected with hepatitis B, treatment will not be necessary.
- After a period of illness, many people will eventually recover and acquire lifelong protection against the virus.
- In some cases of chronic hepatitis new anti-viral medication is used and weekly injections of a drug called interferon are now rarely used.

- Some people find complementary medicine very effective for controlling symptoms, although it is important to check that these won't cause additional inflammation to the liver.
- It is important for people infected with hepatitis B to cover any cuts or scratches with a waterproof plaster, and not to share toothbrushes or razors.
- The hepatitis B virus may remain alive for a short time after blood dries, so it's a good idea to wear rubber gloves and use undiluted bleach to clean up any blood.
- All pregnant women in the UK are now tested for hepatitis B.
- Infected mothers can pass the virus on to their baby during delivery as the baby is exposed to the mother's blood in the birth canal. Although small amount of the virus have been detected in breast milk, breastfeeding is recommended once the child has been vaccinated
- If you care for a baby (or young child) who has hepatitis B, you must make sure you dispose of nappies (or other items soiled with urine or faeces) carefully. These should be put into a sealed plastic bag before disposal.
- If you share living space with someone who has hepatitis B, there is a risk that you could catch the virus. It is therefore advisable for staff or carers to discuss this with their GP, who can offer vaccination.
- Some people with hepatitis B can be co-infected with the very rare hepatitis D virus, in which case the liver may become damaged more quickly.

Hepatitis C

- Hepatitis C is a virus which infects and damages the liver.
- It is primarily transmitted through blood-to-blood contact.
- Although the hepatitis C virus is highly infectious, it is not as easily transmitted as hepatitis B. Transmission through sex is possible but the risk is very low as transmission is blood to blood rather than via other bodily fluids.
- It is recommended that women who have hepatitis C should ideally avoid penetrative sex during their period.
- Hepatitis C is often described as a 'silent disease' and a person can be infected for many years without knowing. Some people have no symptoms at all for many years, while others may feel extreme tiredness, have sweats, aches and pains, loss of appetite and/or problems with concentration. Symptoms may come and go.

Hepatitis A, B and C

- It is a particular problem because most people who are infected become chronic carriers of the virus, some of whom will go on to develop more serious liver problems, usually many years later.
- In the later stages of infection, when the liver is more seriously damaged, there may be symptoms such as jaundice, itchininess and a swollen abdomen.
- Only about 20% of people will get rid of hepatitis C without having any further difficulties.
- As the virus lives mainly in the blood, activities such as sharing equipment for injecting drug use such as needles and syringes will pose a high risk for catching the virus. Sharing straws or rolled bank notes to snort cocaine will pose a medium risk, while sharing razor blades and/or toothbrushes will pose a low risk, as will sex. General social contact such as touching, eating together or sharing a cup will pose very little/no risk.
- The hepatitis C virus may remain alive for up to two weeks in dried blood, so it's a good idea to wear rubber gloves and use undiluted bleach to clean up any blood.
- There are several different strains of the hepatitis C virus and some are more difficult to treat than others.
- There is currently no vaccine for hepatitis C.
- Hepatitis C is treated with two drugs – interferon alpha and ribavirin.
- Although treatment is often successful, it can cause side effects and some people can find the drugs are not suitable for them.
- Some people find complementary medicine effective for controlling symptoms, although it is important to check that these won't cause additional inflammation to the liver.
- Everyone who has chronic hepatitis C should be seen regularly by a specialist.

Testing and vaccination

A blood test is needed to find out if someone has hepatitis. If a child or young person has been at risk of infection from any of the above hepatitis viruses, it is in their best interests to have a test. If they test positive they can be referred to specialist clinical care, where their health can be monitored and treatment offered if appropriate.

The Age of Legal Capacity (Scotland) Act 1991 outlines that a person has the capacity to make decisions around consent from the age of 16 years. However, even under the age of 16 years, a young person can have the legal capacity to make a consent decision regarding health care, provided they understand the

possible consequences; this can be a matter of clinical judgement. The UK Department of Health publication *Immunisation Against Infectious Disease* (the Green Book) offers a comprehensive guide to all vaccines. Where a parent or carer accompanies a child or young person in response to an invitation for immunisation, this can be considered evidence for consent. Consent obtained is only an agreement for the child to be immunised; it does not mean that consent is in place for each future immunisation. Consent should still be sought for each separate immunisation.

Treatments enable many people to clear the virus from their bodies and this reduces the likelihood of further liver damage and prevents onward transmission. People who do not have infection (test negative) can be advised how to avoid infection and, for hepatitis B, be immunised to protect them from the virus.

A positive test can mean one of the following things:

- the person has an acute infection
- the person has a chronic infection (is a carrier, meaning that they are well but can infect others).

The British Association for Adoption and Fostering (BAAF) recommends that the following children should be tested:

- children whose mothers are infected
- children who have been exposed to the viruses
- children with recognised symptoms
- children from families at higher risk due to adverse life circumstances
- children who have arrived from an area of the world where there is a high prevalence, such as North America, Southern Europe, Egypt or Japan.

If a child or young person tests negative for the hepatitis B virus, they will be offered an immunisation to protect them. If you are caring for a child or young person who has hepatitis B, you (and others who live in close contact with them) will be offered an immunisation.

Hepatitis A, B and C

BAAF also recommends immunisation for the following people:

- carers (and immediate family members) who have close contact with a child with chronic hepatitis B (i.e. a carrier)
- babies born to infected mothers (hepatitis B)
- residential care home staff
- those who adopt children from other countries with increased risks

Foster carers (and immediate family members) who accept emergency or short term placements should be offered immunisation against hepatitis B and be made aware of the risks of undiagnosed infection and how they can minimise the risks of transmission of all blood-borne virus infections. Permanent foster carers (and their families) who accept a child known to be at high risk of hepatitis B should also be offered immunisation.

A higher prevalence of chronic hepatitis B infection has been found among individuals with learning difficulties in residential accommodation than in the general population. Close, daily living contact and the possibility of behavioural problems may lead to residents being at increased risk of infection. Vaccination is therefore recommended. Similar considerations may apply to children and young people in day care, schools and centres for those with severe learning disability.

Outbreaks of hepatitis A have been associated with large residential institutions for those with learning difficulties. Transmission can occur more readily in such institutions and immunisation of staff and residents is appropriate. Similar considerations apply in other settings/homes where standards of personal hygiene among children may be poor or when children are not yet toilet trained.

These recommendations are due for review and there may be changes in the advice given to those who care for looked after children. To obtain up-to-date information you can contact Community Child Health (see *Useful contacts*).



Points to ponder/training ideas

If you do go to your GP to be tested for hepatitis B or C, your doctor will not reveal this information in connection with any life insurance policies and companies will not expect this information to be provided. Insurers may ask only whether someone has had a positive test result, or is receiving treatment for HIV/AIDS, or hepatitis B or C. Existing life insurance policies will not be affected in any way by taking these tests, even if the result is positive. Providing that the applicant did not withhold any material facts when the life policy was taken out, life insurers will meet all valid claims.

Links to other topics in this pack

See: *Drugs and Volatile Substance Use; Pressure to Have Sex; Sexually Transmitted Infections.*



Useful contacts

British Liver Trust

Free Helpline: 0800 652 7330

Website: www.britishlivertrust.org.uk

Caledonia Youth

Caledonia Youth provides free and confidential advice and information for young people in Scotland (including contraception, pregnancy testing, emergency contraception, infection advice, education and training).

Tel: 0131 229 3596

Website: www.caledoniayouth.org



Useful leaflets/resources

Hepatitis A

Hepatitis B

Hepatitis C

All available from the British Liver Trust (see *Useful contacts*).

Hepatitis C: What You Need To Know. Available at NHS Health Scotland at www.healthscotland.com Tel: 0131 536 5500

HIV

HIV (Human Immunodeficiency Virus) is a virus that slowly attacks and weakens the body's immune system. There is currently no vaccine or cure for HIV and once a person contracts the virus, he/she will remain infected for life and be able to transmit it to others. Once infection occurs, a person can become vulnerable to illnesses that a healthy immune system would usually be able to fight off. At this stage of infection, the person is often diagnosed as having AIDS (Acquired Immune Deficiency Syndrome). Progression from HIV to AIDS varies from person to person and can be affected by many factors, including at what stage they are diagnosed and treated. However, not everyone who has HIV will develop AIDS.

How can people become infected with HIV?

HIV is not passed on through everyday social contact with an infected person such as touching, kissing, coughing or sneezing.

HIV can only be passed on by the following body fluids:

- blood
- vaginal fluids
- semen – including men who have had a vasectomy
- breast milk.

Sexual transmission is the most common route of infection of HIV. This can be by having either unprotected (without a condom) vaginal, anal or oral sex with someone who is infected.

- Unprotected anal sex with an infected person carries the highest risk of HIV. Extra-strong condoms are available to help protect men and women who enjoy anal sex.
- Vaginal sex with an infected person carries more risk for women than for their male partners.

HIV and AIDS

- Oral sex carries less risk in terms of HIV transmission, but it is still better to use a condom. Flavoured condoms are available to help protect against HIV. However flavoured condoms are designed for oral sex only and are not suitable for vaginal sex.
- Injecting drugs using a needle, a syringe or other drug preparation equipment which has already been used by an infected person carries a very high risk of transmitting HIV. Injecting drug users can access free, clean needles to reduce the risk of transmitting HIV (see *Useful contacts*).
- An infected pregnant woman can pass on the virus to her child before or during birth, or through breastfeeding. HIV-positive mothers are advised not to breastfeed their babies. Pregnant women with HIV may be advised to deliver by caesarean section, so that their baby avoids contact with their blood during birth.

A person can't become infected by:

- sharing dishes or cutlery with someone who is infected
- eating food prepared by someone who is infected
- touching, hugging, kissing or massaging someone who is infected
- using the same toilet as someone who is infected.

Testing

If you think you or someone in your care has been at risk of HIV, the following options are available.

- Anyone can have a free blood test for HIV. Results are likely to take a week, although the genito-urinary medicine (GUM) clinic can offer same day results (see *Useful contacts*).
- At the GUM clinic, counselling will be offered before and after taking the test. Attendance at the clinic is completely confidential. (For information on other services see *Useful contacts*.)
- It can take up to three months for the HIV virus to show up in the body. As such, a joint decision would normally be taken regarding whether or not to test during this time.
- Testing is also available from your GP. Insurers may ask only whether someone has had a positive test result, or is receiving treatment for HIV/AIDS, or hepatitis B or C. Existing life insurance policies will not be affected in any way by taking these tests, even if the result is positive. Providing that the applicant did not withhold any material facts when the life policy was taken out, life insurers should meet all valid claims.

What can I do to support a young person who thinks they may have HIV/AIDS?

- Going for an HIV test is extremely stressful and worrying. Non-judgemental support is important at this time and counselling should be made available as the young person may be emotionally upset before and after the test, even if it is negative.
- Appropriate support for someone with HIV or AIDS depends on the individual, how they feel and the mechanisms they use to cope. Some might not want everyone to fuss, some might just want a hug, while others can become angry and aggressive. If a young person chooses to discuss their situation, it is often worth asking them what type of support they would prefer.

Treatment

There is currently no cure for HIV infection, but treatment with antiretroviral drugs dramatically slows the progress of the disease. However, as with any drugs, there may be side effects and the drug regime is difficult to maintain. Provided it is diagnosed early and medication is taken properly, a person with HIV should have a relatively normal life expectancy.



Points to ponder/training ideas

- There is still a great deal of ignorance around HIV and AIDS. This leads to fear and discrimination. If someone tells you they have HIV, how would you react?
- If someone has HIV, do you think they should have to tell anyone? If so – why? Would they be treated any differently when it's known that they have HIV?
- For every one person in the UK who knows they have HIV, it is estimated that there are another three people who are infected but don't know.
- Who is responsible for sexual health and relationship information for looked after children?
- A person with AIDS may be more at risk from someone who doesn't have the condition than the other way round, as they are more prone to infection from viruses or bacteria.

Links to other topics in this pack

See: *Sexually Transmitted Infections*.



Useful contacts

Sexual Health Information Line

The helpline provides confidential advice and information on HIV and AIDS-related matters.

Tel: 0800 567 123

SOLAS

SOLAS provides HIV and AIDS support and information services.

Tel: 0131 661 0982

Website: www.waverleycare.org

HIV Scotland

Tel: 0131 558 3713

Website: www.hivscotland.com



Website

Free information leaflets on HIV/AIDS can be downloaded from www.avert.org/resource.htm

Immunisations

Immunisation is a way of protecting children and young people against serious disease. Newborn babies have some immunity to diseases passed on to them via antibodies from their mothers. If a vaccine is given when a baby still has antibodies to the disease, the antibodies can stop the vaccine working. This is why routine childhood immunisations do not start until a baby is two months old.

Once children have been immunised, their bodies can fight the diseases with which they came into contact. If a child is not immunised, they will be at risk from catching the disease and will rely on other people immunising their children to avoid becoming infected. Most doctors' surgeries and health centres run special immunisation clinics for babies and young children. Appointments for routine immunisations are normally set out to parents and carers automatically at the appropriate age.

The UK childhood immunisation programme provides a schedule for childhood immunisations, identifying when in a child's life these should be given. A summary is provided below:

When to immunise	What vaccine is given	How it is given
Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib)	One injection
	Pneumococcal (PCV)	One injection
Three months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib)	One injection
	MenC	One injection
Four months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Hib (DTaP/IPV/Hib)	One injection
	MenC	One injection
	PCV	One injection
12 months old	Hib/MenC	One injection
Around 13 months old	Measles, mumps and rubella (MMR)	One injection
	PCV	One injection
Three years four months to five years old	Diphtheria, tetanus, pertussis and polio (DTaP/IPV or dTaP/IPV)	One injection
	Measles, mumps and rubella (MMR)	One injection

13- to 18-year-olds:

- Diphtheria, tetanus and polio booster vaccine (Td/IPV)
- All girls are offered the human papilloma virus (HPV) vaccine in S2 to help protect them against cervical cancer. Girls who were aged 17 (or younger) on or before 1 September 2008 are also being offered the vaccine as part of a catch-up campaign. For further information, speak to your local health professional, or look at www.fightcervicalcancer.org.uk You can also call the helpline on 0800 22 44 88 between 8 am and 10 pm, seven days a week.

All vaccines for use in the routine childhood immunisation programme are supplied free of charge by your local NHS Board.

If a child has any of the following, let the health visitor, practice nurse or doctor know before immunisation:

- a high fever on the day of vaccination
- has had a bad reaction to the previous dose of the same immunisation
- is undergoing treatment for cancer or other serious conditions
- had a bleeding disorder
- has any illness that affects the immune system (e.g. HIV or AIDS)
- is taking medicine that affects the immune system (e.g. immunosuppressants or high-dose steroids).

Most children will not develop serious side effects after immunisation. Some children may experience swelling or redness at the site of injection, which should disappear on its own. Some children may feel irritable and unwell and develop a temperature (fever) – the GP practice nurse, doctor or health visitor may suggest giving a dose of paracetamol liquid. You should not give aspirin to children under 16 years old.

Call the doctor immediately if a child or young person has:

- a temperature of 39 degrees centigrade or above
- a fit.

To support children and young people to prepare for immunisations talk as honestly as you can, appropriate to the child's age, about what will happen to them and listen to their thoughts and feelings before and after the event.

Immunisation records

Immunisation records are kept centrally. If you do not know what, if any, immunisations a child in your care has had, contact your local health professional such as a looked after children nurse, or GP.



Points to ponder/training ideas

What would you do if a young person doesn't want to be immunised?

Links to other topics in this pack

See: *Hepatitis A, B and C; Measles, Rubella, Mumps and Chickenpox.*

Immunisation guidelines for hepatitis A, B and C are provided in *Hepatitis A, B, and C.*



Useful contacts

www.healthscotland.com/immunisation

The following can provide advice on immunisation:

- the local GP, practice nurse or health visitor
- looked after and accommodated children (LAAC) nurse.



Website

www.healthscotland.com/immunisation

The webpage for all resources for immunisation.



Useful leaflets/resources

The following are all available from NHS Health Scotland at www.healthscotland.com Tel: 0131 536 5500

A Guide to Childhood Immunisations for Babies up to 13 Months.

Pre-school Immunisations – A guide to Immunisations for 3-to 5-year-olds.

*Teenage Immunisations (Ages 13 to 18 years old):
Your Questions Answered.*

MMR: Your Questions Answered.

