

Children's vulnerability : Understanding and addressing health inequalities-

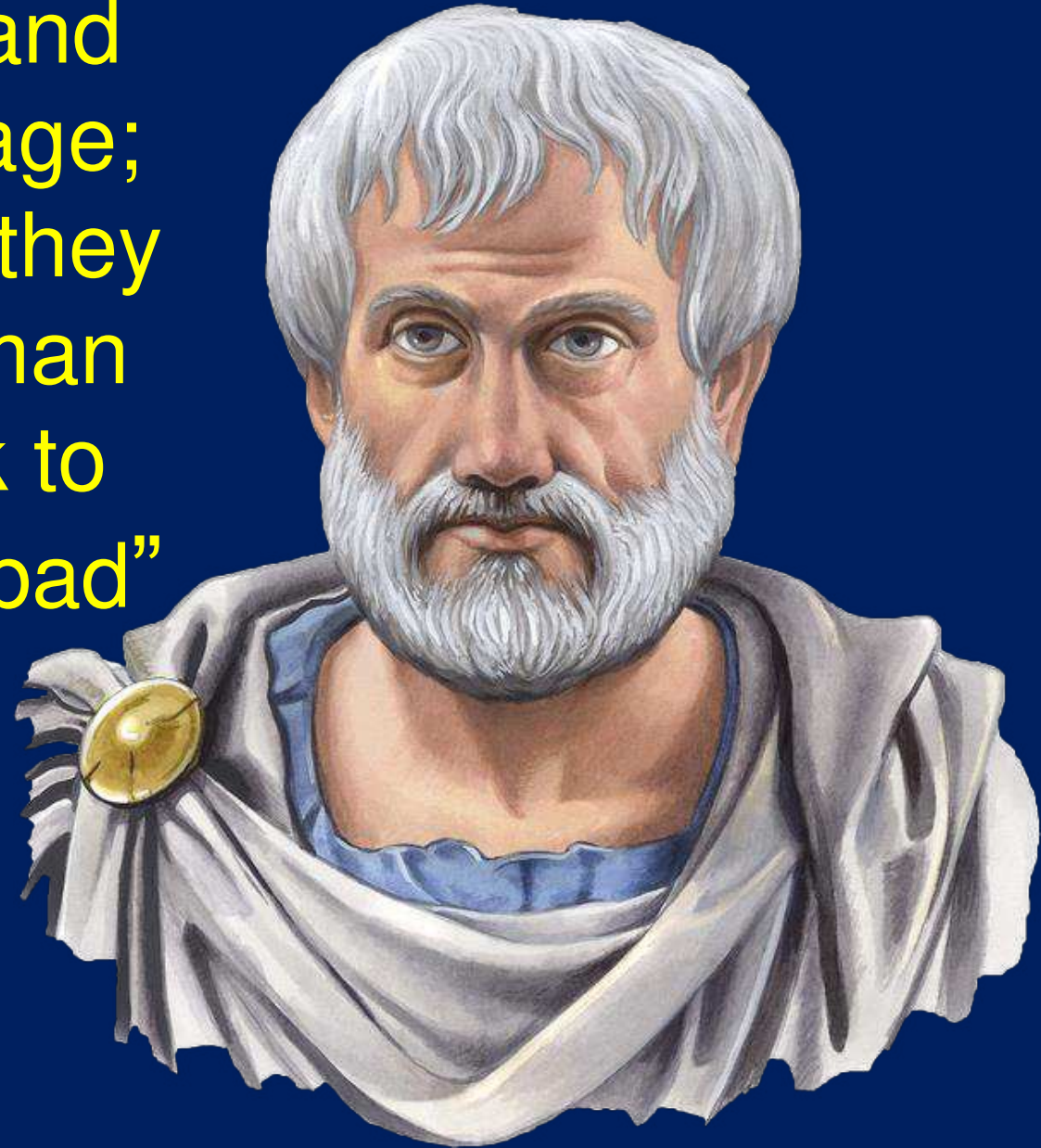
“from case to programme”

Prof Mitch Blair

Consultant Paediatrician and Specialist in Child Public
Health

“Our youth loves luxury, has bad manners, disregards authority and has no respect whatsoever for age; our today's children are tyrants; they do not get up when an elderly man enters the room- they talk back to their parents- they are just very bad”

SOCRATES 470-399 B.C.



Tertiary - Special School for Emotional and Behavioural difficulties

- “bad, mad and sad”



Jack's story



- Asthma- poorly controlled
- Enuresis- untreated
- Aggressive, inattentive
- Specific Learning difficulties
- Glue ear and hearing loss
- Multiple placements

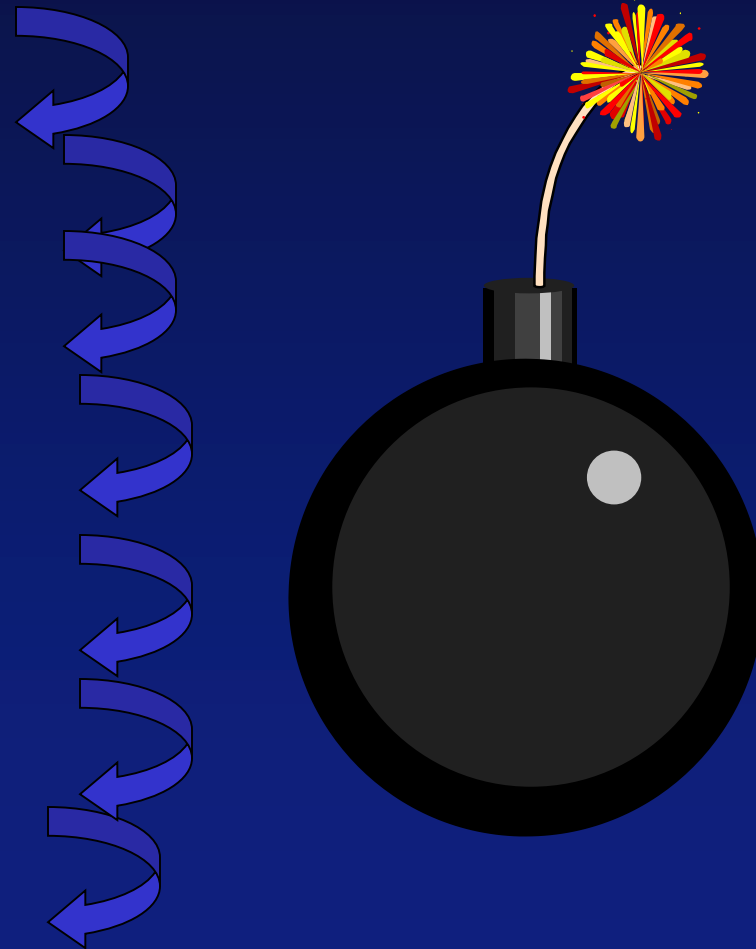
Consequences (conduct)

- Labelled as 'naughty child'
- Low self esteem--->anger
- Social exclusion
- Poor attendance at school
- Academic failure
- Truancy and petty crime
- Poor job prospects
- Unstable relationships
- Poor Parenting skills



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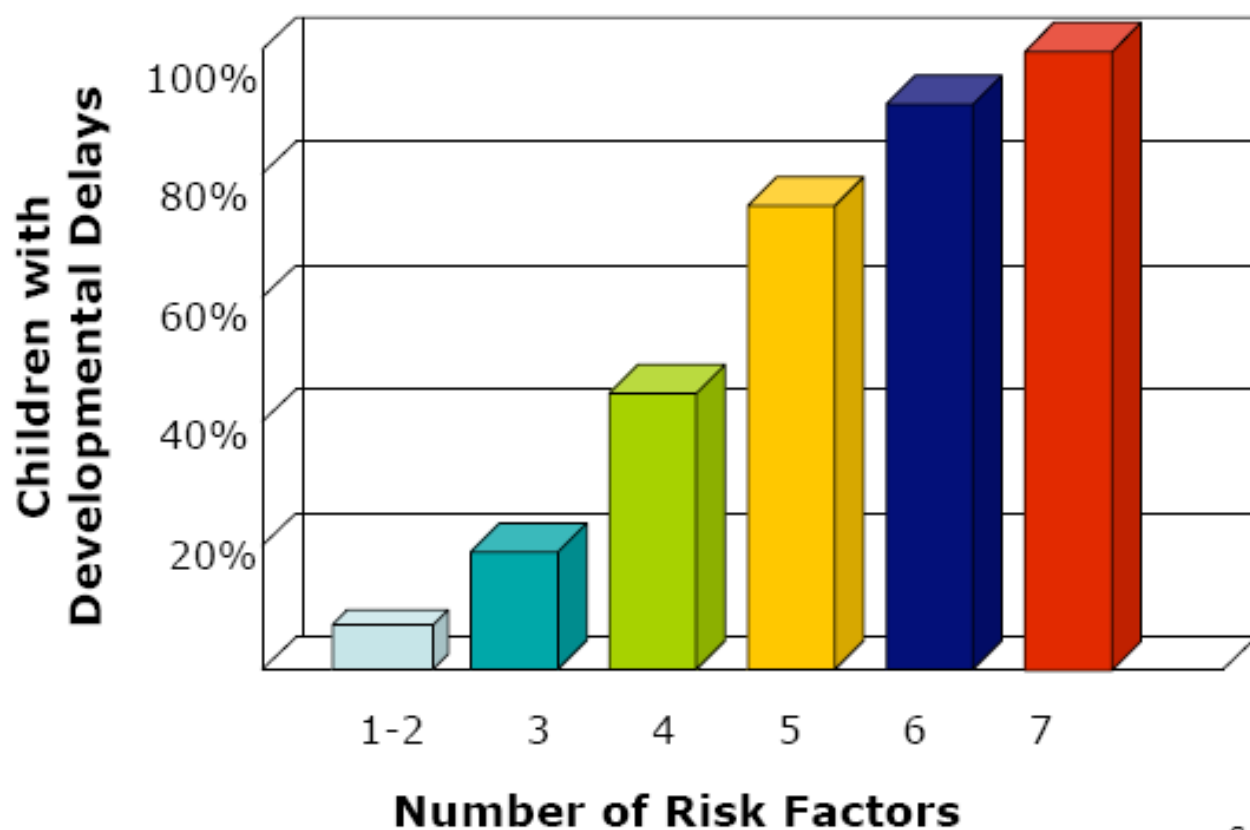
EBD school case note review (Heussler and Blair unpub 1997)

Average no. of addresses	5.4
Average no. of schools	5.6
Average no. of GPs	3.8
Hearing concerns	47%
Speech and language concerns	41%
Learning difficulty	29%
Failure to attend health professional appointments > 4 times	100%
Maternal depression/mental health	53%
Average no. of addresses	5.4
Average no. of schools	5.6

EBD school case note review (Heussler and Blair unpub 1997)

Poor growth in the first 12 months	65%
Family not intact at 12 months	65%
Domestic violence recorded	47%
Change of carer in first two years	29%
Ave ED attendances preschool	3.7
Head injuries before five years	29%
SIDS in sibling	11%
Nocturnal enuresis current/last 2 years	65%
Known Police involvement	53%

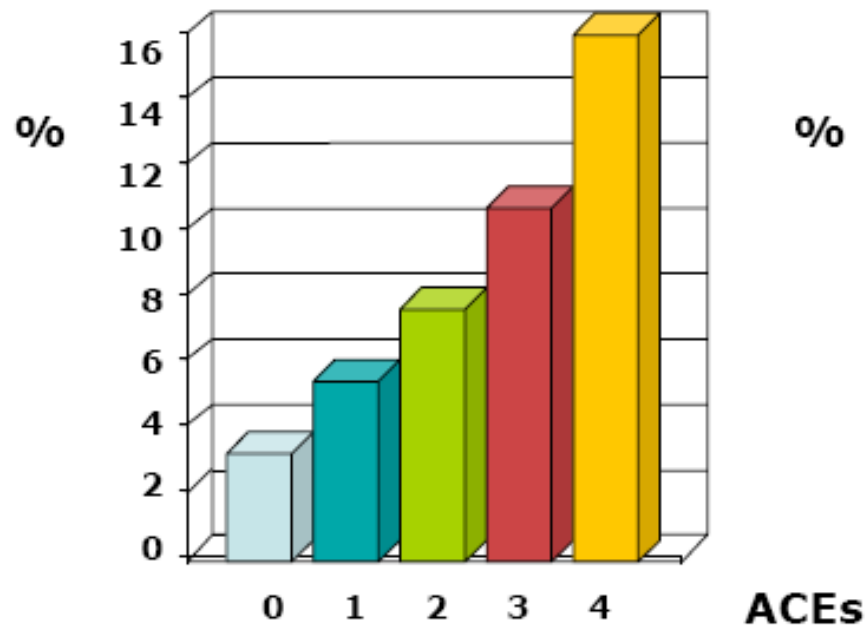
Significant Adversity Impairs Development in the First Three Years



Source: Barth et al. (2008)

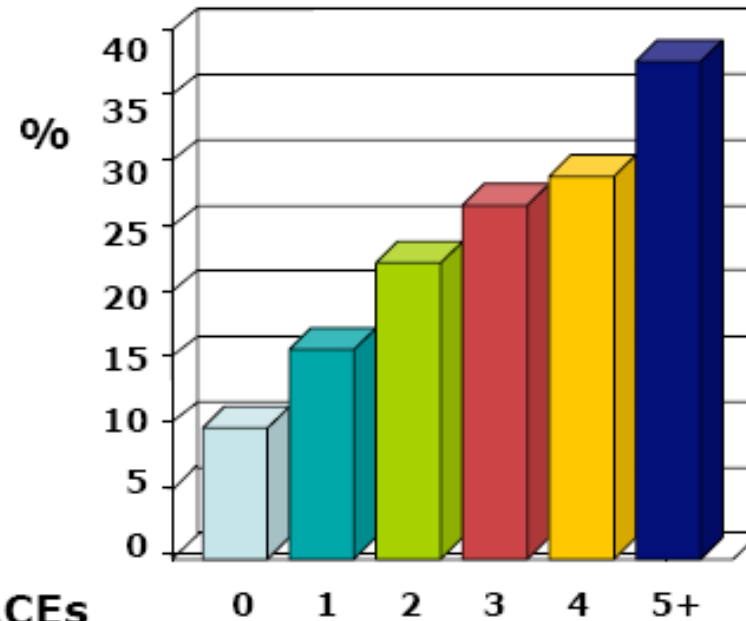
Risk Factors for Adult Substance Abuse are Embedded in Adverse Childhood Experiences

Self-Report: Alcoholism



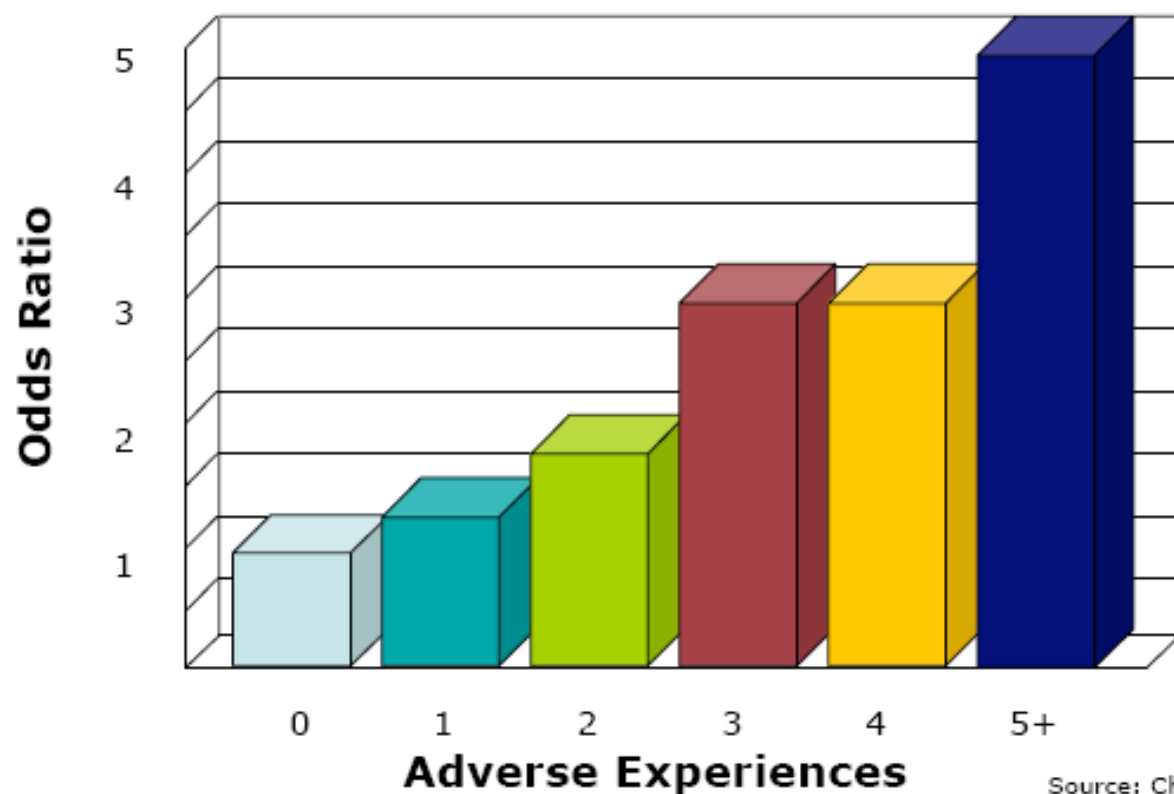
Source: Dube et al, 2002

Self-Report: Illicit Drugs



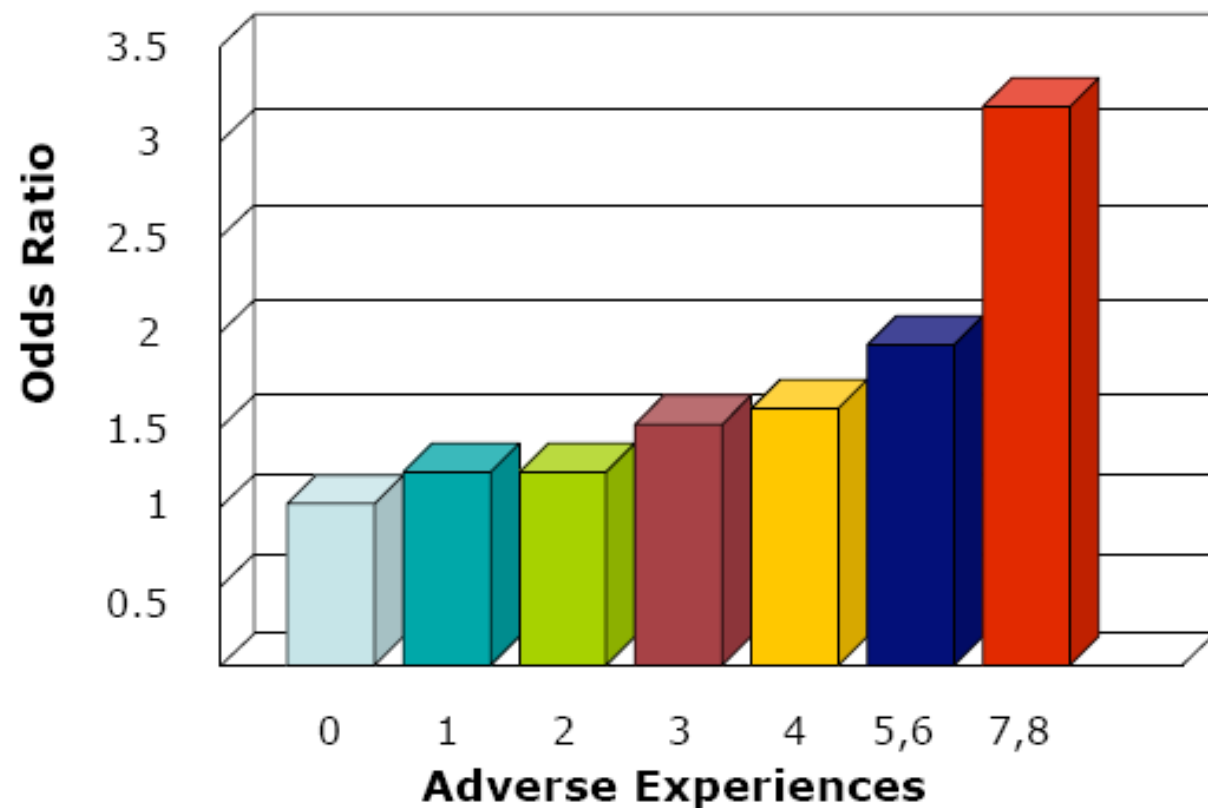
Source: Dube et al, 2005

Risk Factors for Adult Depression are Embedded in Adverse Childhood Experiences



Source: Chapman et al, 2004

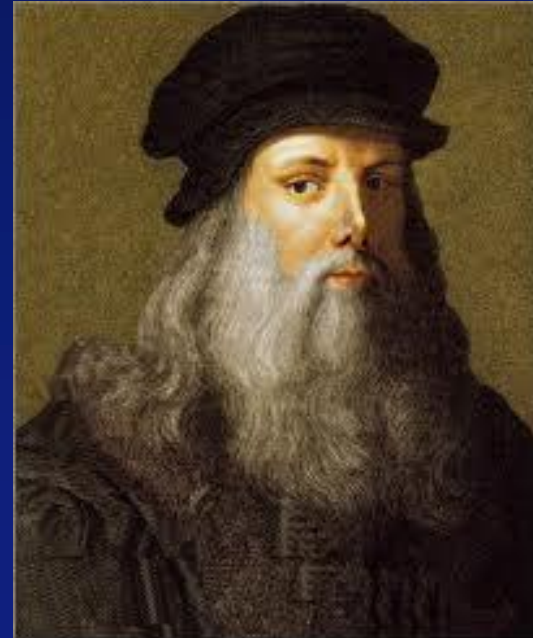
Risk Factors for Adult Heart Disease are Embedded in Adverse Childhood Experiences



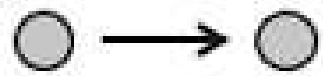
Source: Dong et al, 2004

- “Know well what a man is, what life is and what constitution and health are. Know these well and you will know their opposites. When this is the case you will know well how to devise a remedy”

Leonardo da Vinci (1452-1519)



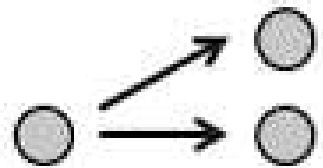
Causality



simple



chain



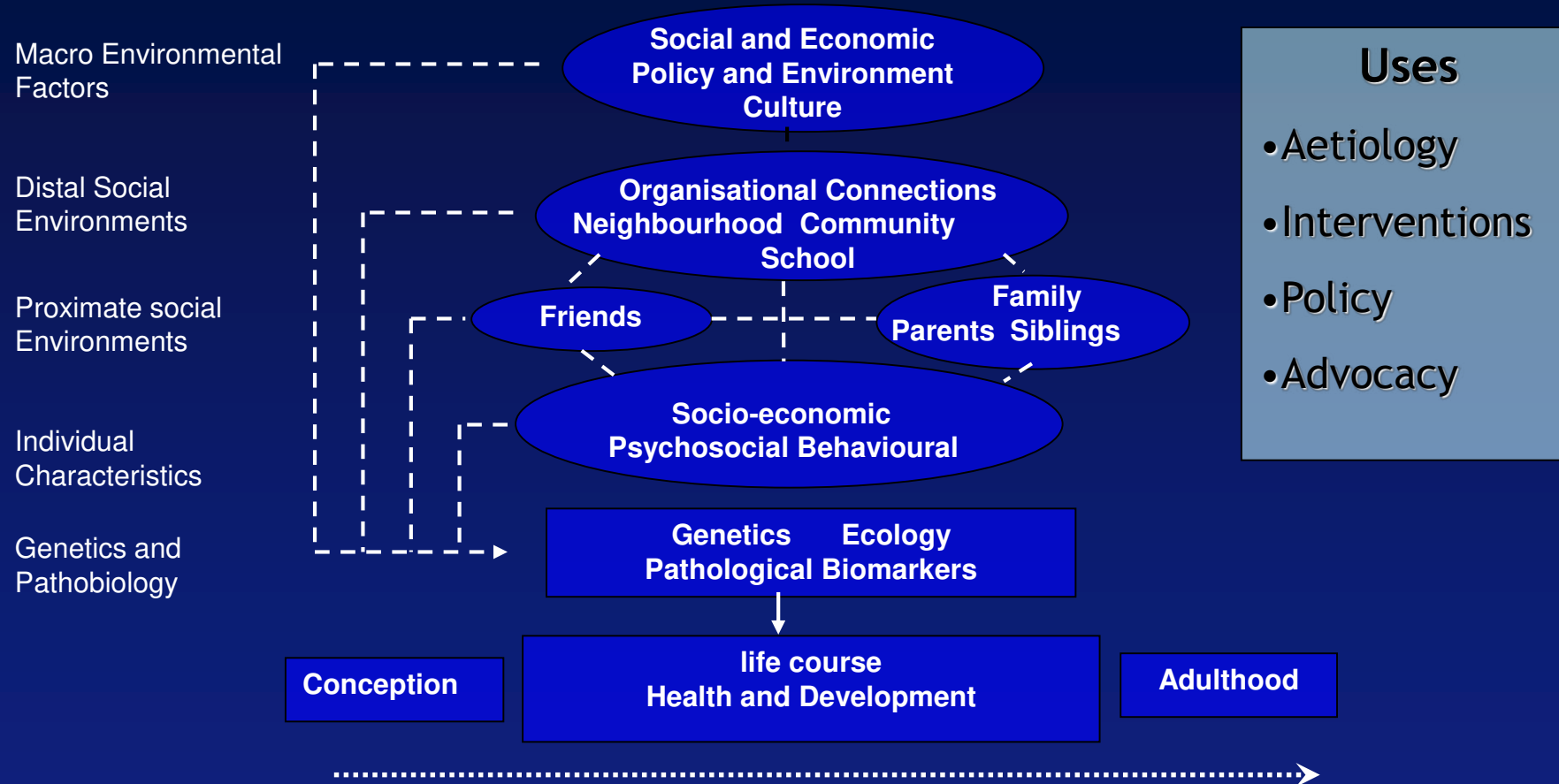
common
cause



common
effect

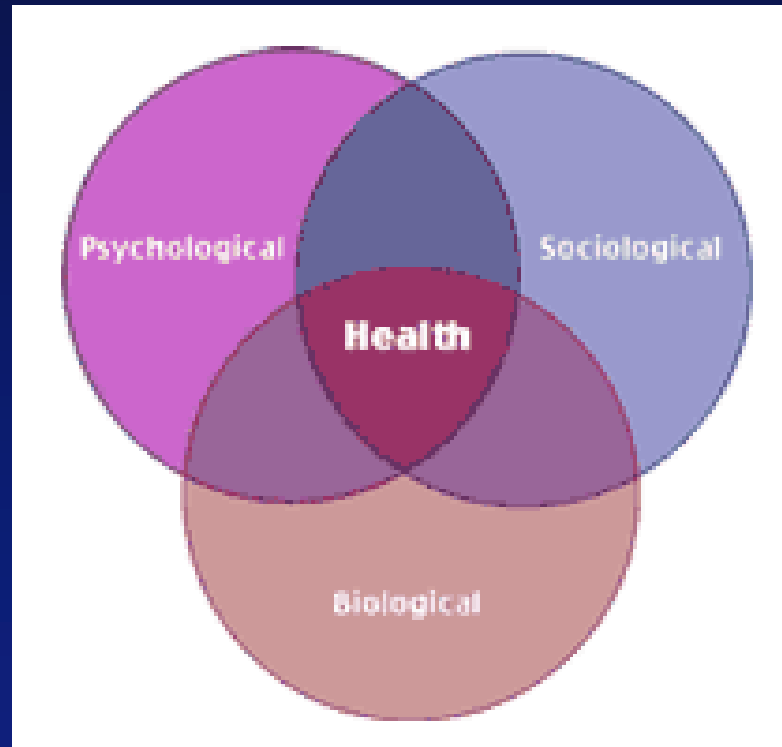


Ecological model of health and development across the life course

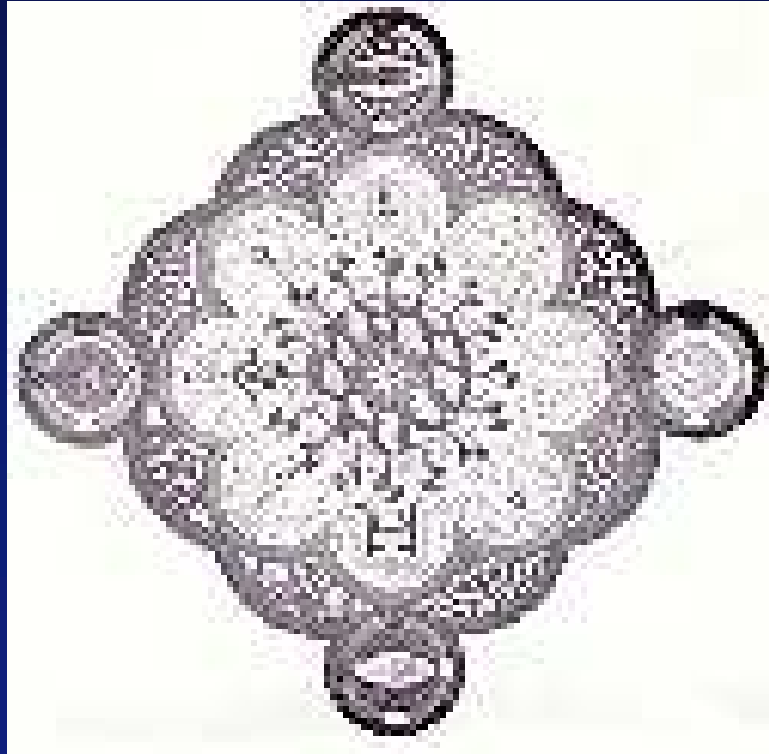


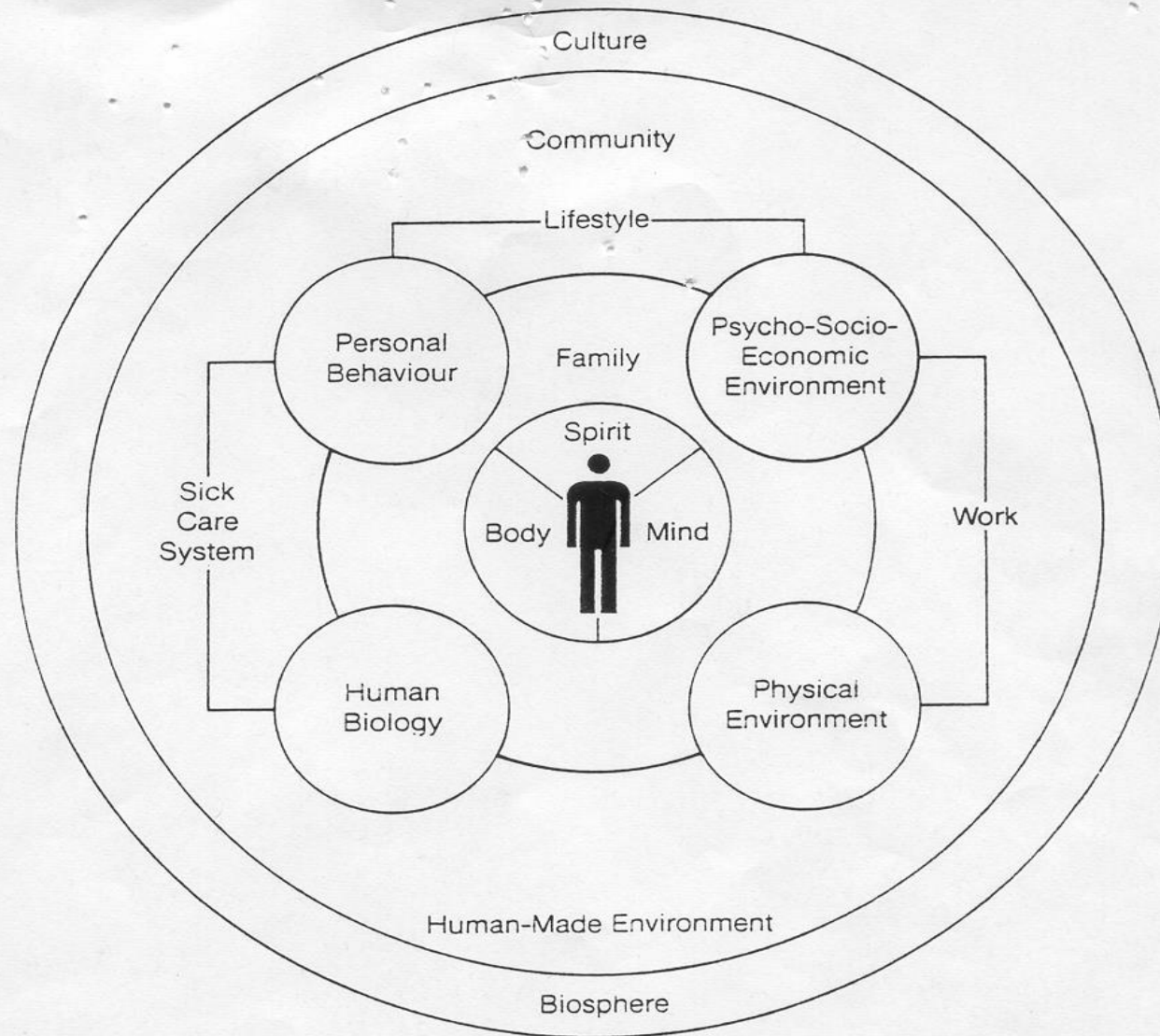
Lynch, J. 2000. *Australasian Epidemiologist*; 7: 7-15

Holistic biopsychosocial assessment framework



Moving to a useful clinical tool in practice for a holistic biopsychosocial assessment ...The “Bioecogram”



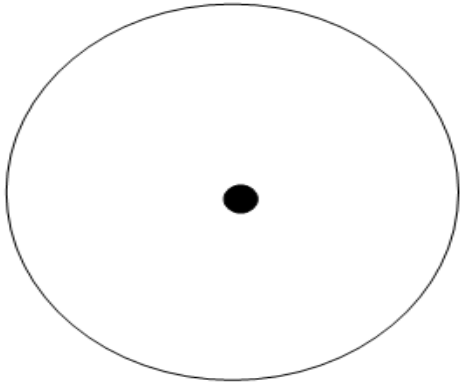


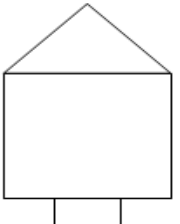


THE MANDALA OF HEALTH

Fig. 1: A model of the human ecosystem

*Hancock T. Family and Community
Health 1985, 8, 3, 1-10*

Bioecogram© (family) (Tamhne and Blair 2005)

<p>BIOLOGY</p>		<p>©BIOECOGRAM FAM v3 (Tamhne and Blair, 2005)</p>		<p>PARENTAL OCCUPATION</p>	
		<p>Name of child: (sticky label)</p> <p>Completed on date: --/--/-- by</p>			
<p>Professionals</p> 	<p>FAMILY GENOGRAM</p> 		<p>Social Network</p> 	<p>Typical day</p>	
<p>LIFESTYLE PARENT/CHILD</p>	<p>Issues/problems</p>	<p>Action agreed</p>	<p>PHYSICAL ENVIRONMENT</p> 		

The Bioecogram ©

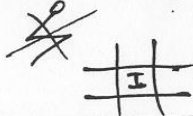
- Integrates biological, psychological and social information
- Involves the child, family and doctor
- Help develop a mutual understanding and an agreed way forward
- Aids monitoring of progress

Example of completed bioecogram ©

PERSONAL BEHAVIOUR

Mother depressed, isolated

3(20) Y(9)



Name of child John Spencer

Date: 14/09/01

Dr. [Signature]
(BLACK)

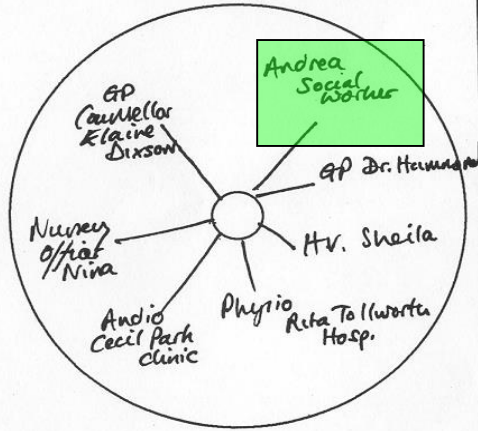
PSYCHOSOCIOECONOMIC/ ENVIRONMENT



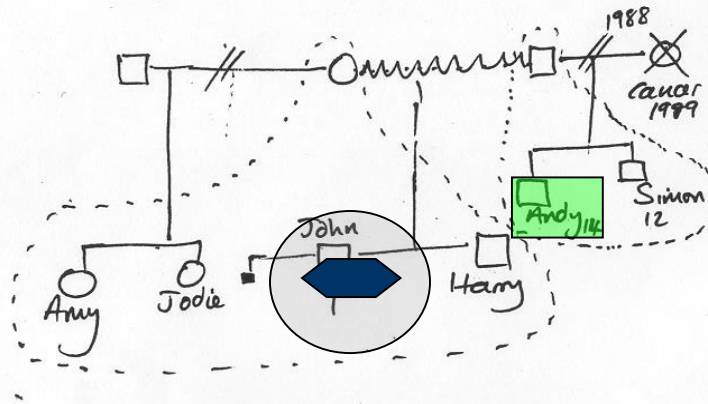
£15
worked in factory



Professionogram



FAMILY GENOGRAM

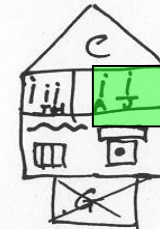


BIOLOGY

Asthma
Eczema

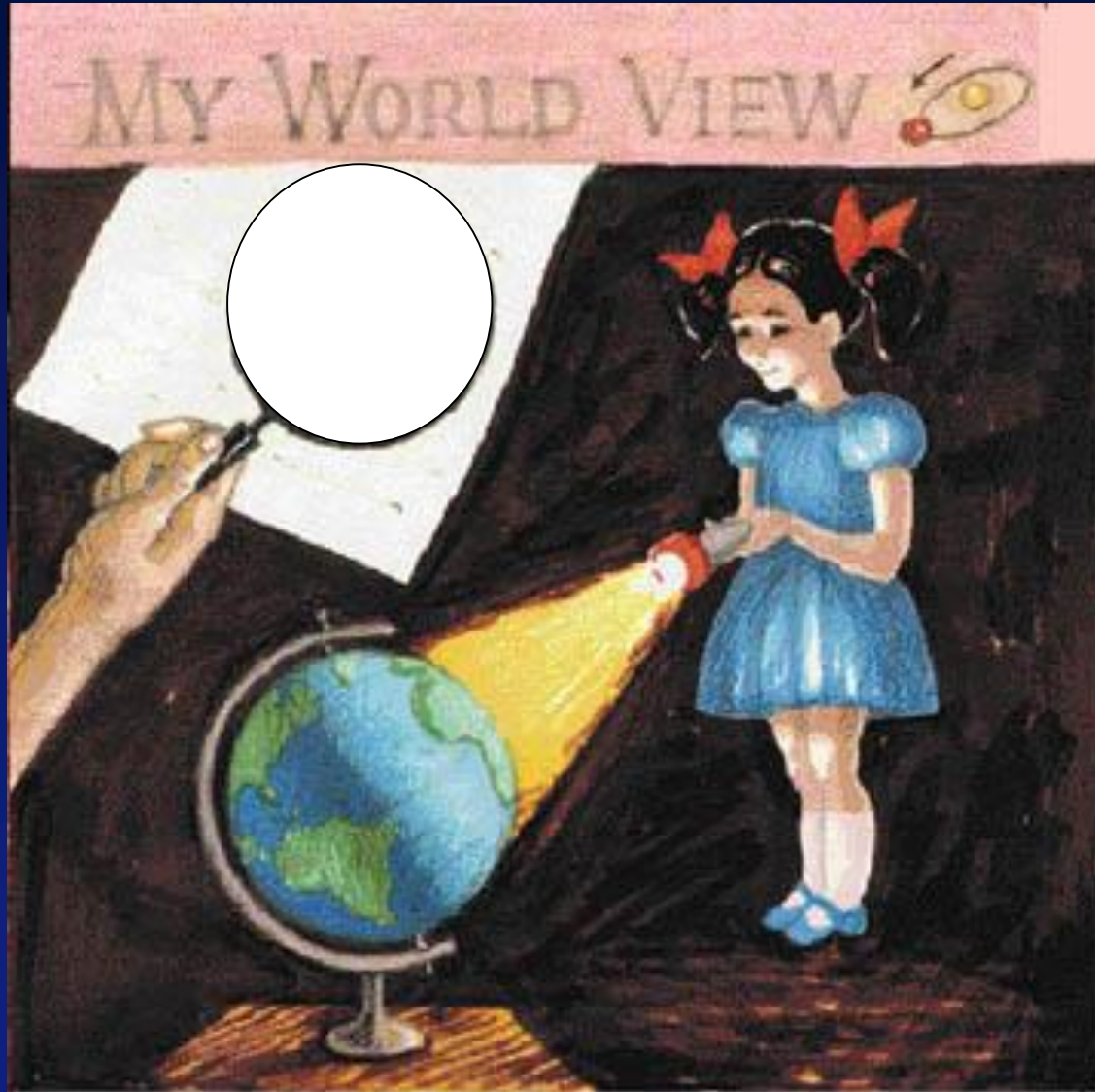
Poor growth, fatty eater
Aggressive behaviour

PHYSICAL ENVIRONMENT



Dankard nursery 3 mornings/week

...and from the child's perspective



Bioecogram (child)

Red: Things/ people making you
cross/sad/worried

Blue: Things/ people making you
happy/content

Green: Things/ people how you would
wish them to be

Bioecogram™

Young person - reality and solutions

Leisure

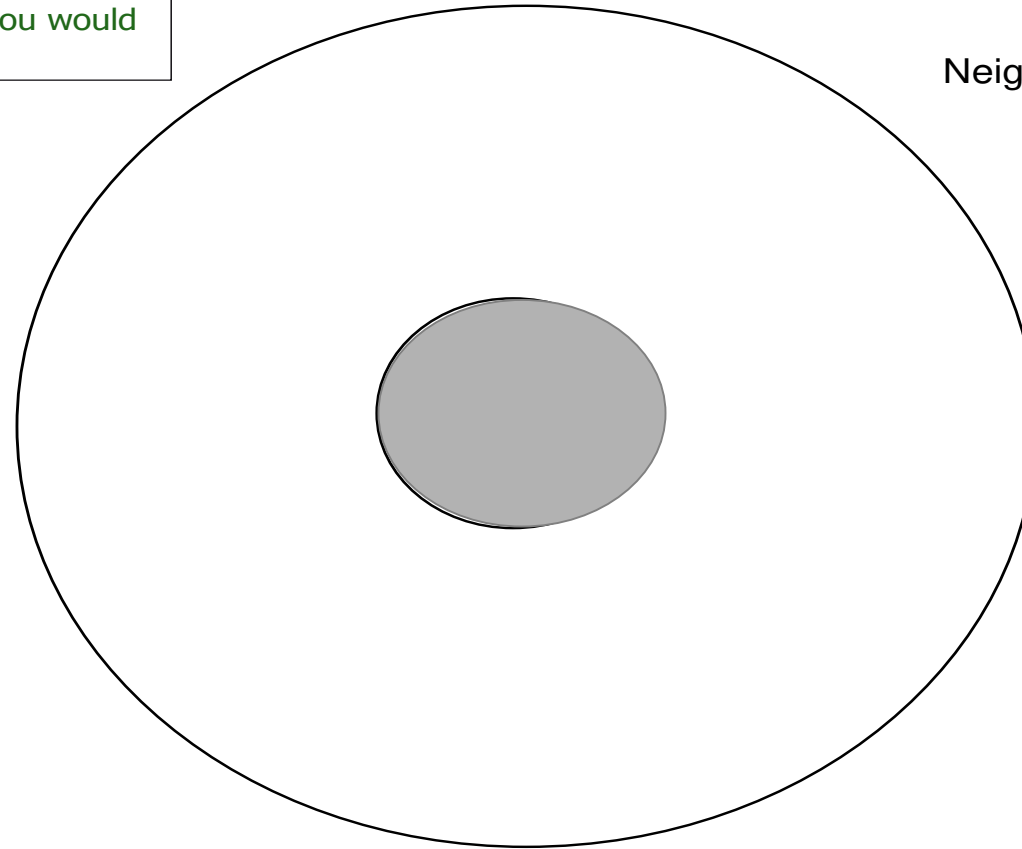
Neighbourhood/Leisure

Social Networks

School

Name.....

Date of Completion:



Divorce
between
mum and
dad.

Mr. Ravel at
school.

my friends

Olga (daddy's
girlfriend)

Daniel

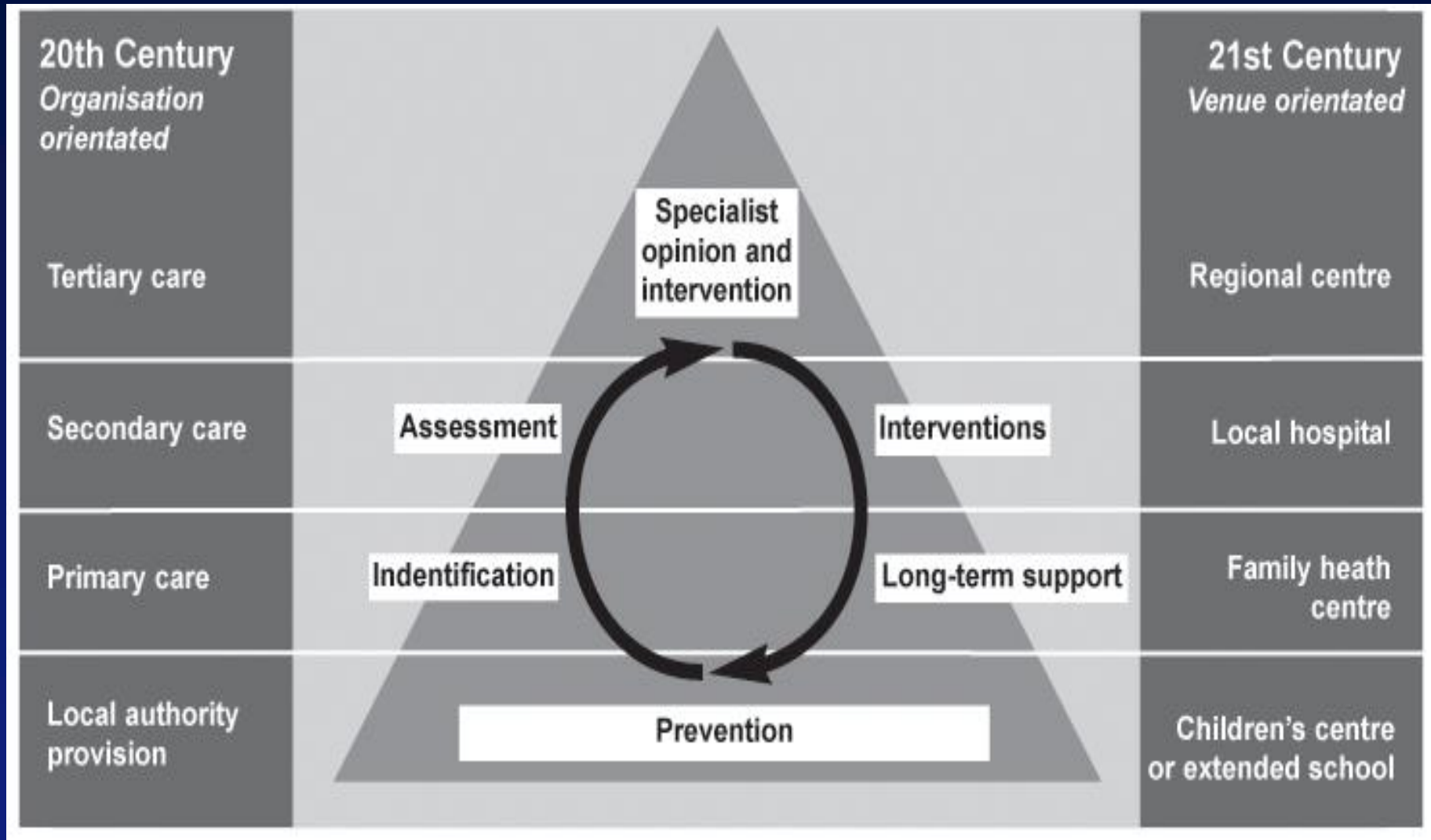
ARSH

at school.

my games

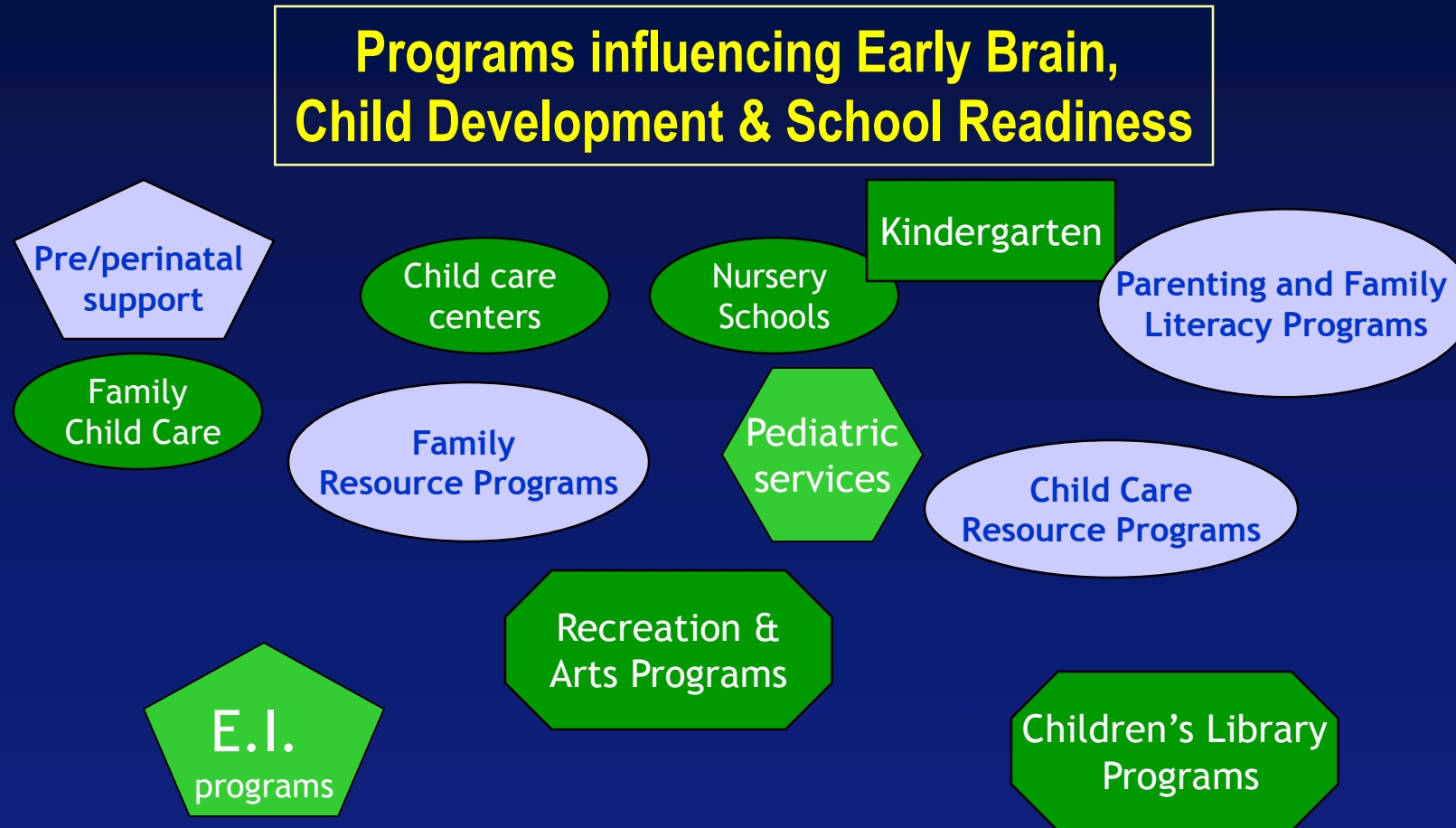
MY LOVELY

Shifting from organisation to setting oriented care...



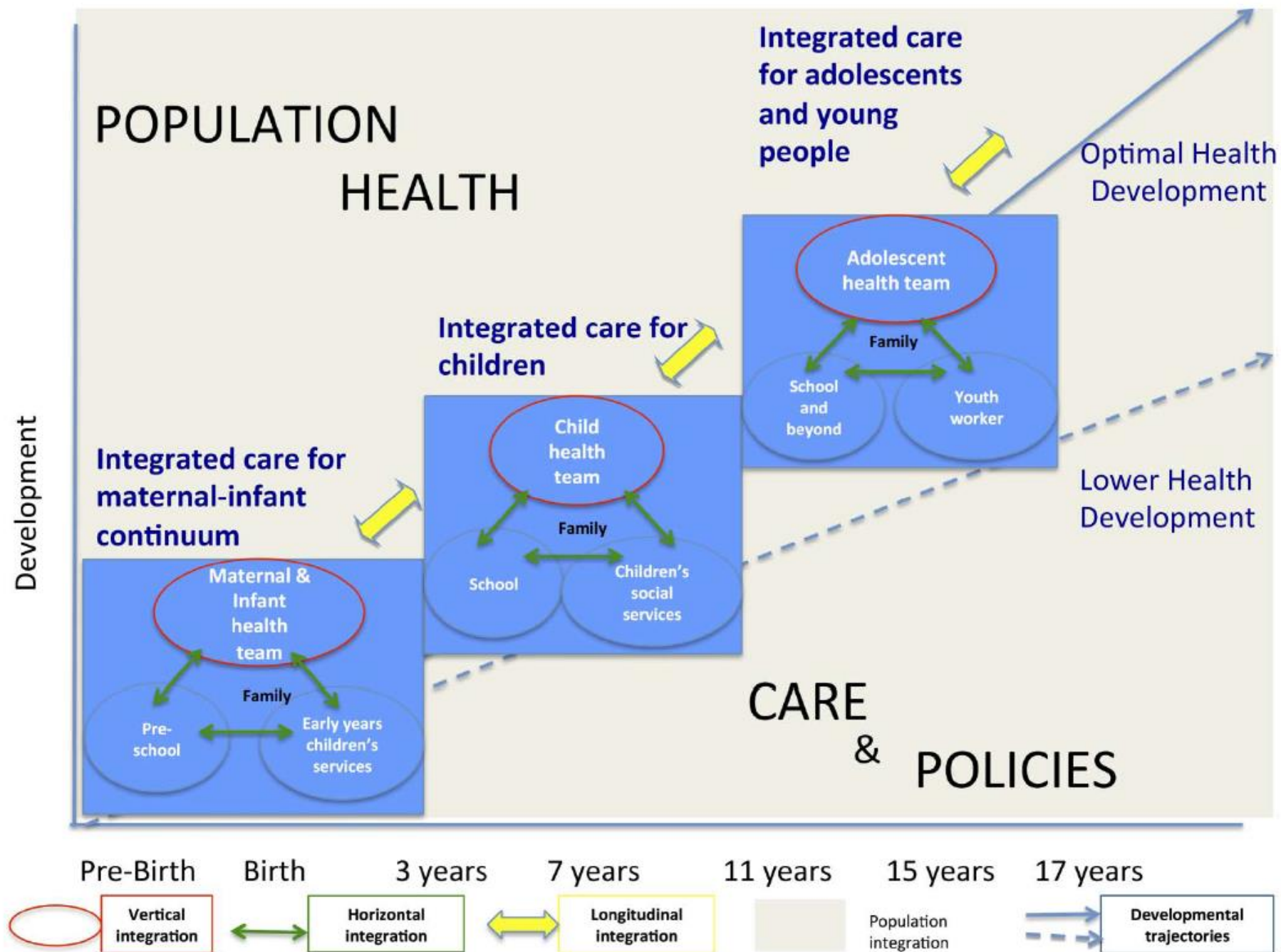
Modelling the Future - A consultation paper on the future of children's health services. September 2007:73.

Service Organization for Early Brain and Child Development (Neal Halfon)



Service Organization for Early Child Development and Parenting (Neal Halfon)







UPPSALA
UNIVERSITET

Hälsofam

Implementation of a medical
home model for children and
adolescents in out-of-home care

Gabriel Otterman, MD, MPH

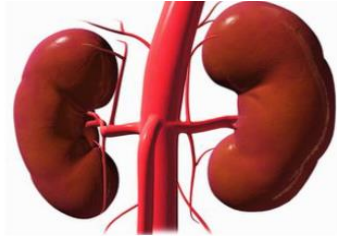
Steven Lucas, MD, PhD

Research Enhancing Adolescent and Child Health

Uppsala University Children's Hospital



AKADEMISKA
SJUKHUSET



ORGAN TRANSPLANTATION	SOCIAL TRANSPLANTATION
Complete investigation of medical condition	Variable completeness of investigation
Meticulous matching of donor and recipient	Emergency search for available foster home
Large team with many experts Few specialised centres of excellence	Assessment by junior workers in many municipalities
Careful follow-up to ensure graft and recipient are compatible	Sparse follow-up with inadequate services for children and families
Longitudinal perspective with ongoing research to improve practice	Failure to consider the long-term perspective

With thanks to Dr Kjellmer, Gothenburg, Sweden, 2014

Hälsofam – entry assessment

- Team approach
- Consent, medical records, other documentation obtained by case workers
- Physical exam and developmental assessment by paediatrician
- Psychological assessment by child psychologist
- Referrals
- Health report delivered to CPS

Hälsofam – follow up

- Average of 2 follow up visits first year
 - Follow the child regardless if the placement is in another region
 - Offer follow up with birth family if patient exits care or court does not approve CPS placement
- Tailored to the child's individual needs
- Handover when care form changes
- Coordination with CPS regarding the child's health plan and match with placement and (proposed) multi-agency quality assurance at the child level

Collective Impact (Kania and Kramer 2011)

- Collective Impact Initiatives are **long-term commitments by a group** of important actors
- from different sectors to a **common agenda** for solving a specific social problem.
- Their actions are supported by **a shared measurement system, mutually reinforcing activities, and ongoing communication,**
- and are staffed by an **independent backbone organization.**

Challenges

- Getting "buy in" from municipalities; lack of legislation that compels the system to ensure quality and continuity of health care
- Lack of legislation that in practice allows communication across agencies
- How can we collaborate to prevent need for out-of-home care?
- Getting recognition as specialty/sub-specialty area of practice
- Partner programmes are dwindling
- Unaccompanied asylum seeking refugee

“We are not tinkers who merely patch and mend what is broken... we must be watchmen, guardians of the life and the health of our generation, so that stronger and more able generations may come after”

Dr Elizabeth Blackwell (1821-1910), The First Woman Doctor

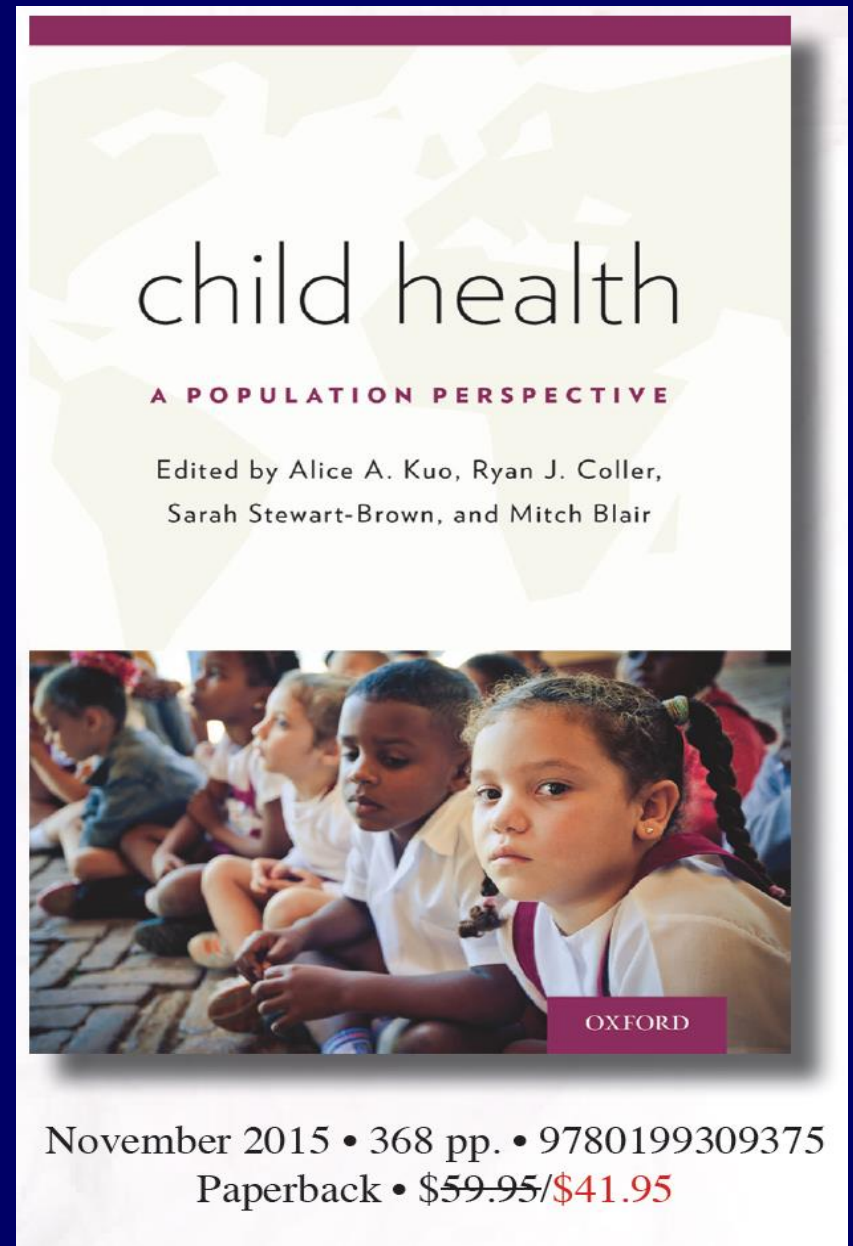


THANK YOU

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November 2015 • 368 pp. • 9780199309375

Paperback • \$59.95/\$41.95