FOSTERING RELATIONS

MENTAL WELLBEING REPORT

ROLE OF THE ESC

INTRODUCTION

STRESS IS A FACT OF LIFE IN 21ST CENTURY SCOTLAND AS ELSEWHERE, AND IT IS NO DIFFERENT FOR THE YOUNG PEOPLE WE LOOK AFTER. IN THIS YEAR'S REPORT, I PLAN TO EXAMINE HOW OUR YOUNG PEOPLE ARE FARING IN THIS INCREASINGLY KEY AREA, COMPARE THIS TO THE WIDER BODY OF YOUNG PEOPLE, AND SEE WHAT CAN BE DONE TO SUPPORT THEM TOWARDS BETTER METAL WELLBEING.

MENTAL HEALTH INFORMATION AND RESEARCH FINDINGS

In 2012 Dr Jane Parkinson, Public Health Adviser, NHS Health Scotland, was appointed to work with key stakeholders to develop a set of national indicators for children and young people's mental wellbeing, mental health problems and related contextual factors and incorporate them into the ScotPHO Online Profiles Tool. Her report attempts to define the terms "mental health" and "mental wellbeing":

> *Recent research suggests that mental health consists of two dimensions: mental health problems (mental illness, psychiatric morbidity e.g. depression and anxiety), and mental wellbeing (positive mental health) which includes, for example, life satisfaction, positive relationships with others and purpose in life.*

SHE FURTHER DEFINES MENTAL WELLBEING:

> Mental wellbeing encompasses creativity, self-acceptance, personal growth and development, purpose in life, competence, autonomy, good relationships with others and self-realisation. It is more than the absence of mental health problems and has two distinct components covering experience and functioning.
>
> - subjective experience of happiness and life satisfaction
> - psychological functioning covering concepts such as confidence, energy, and clear thinking.

(Establishing a core set of national, sustainable mental health indicators for children and young people in Scotland: Final Report 2012 - Dr Jane Parkinson)

Improving people's mental health is a national priority in Scotland, as it is throughout the UK and indeed Europe. On an international level, the **United Nations Convention on the Rights of the Child** calls on member countries to regularly publish data on children's wellbeing, and these indicators potentially contribute to this. Therefore mental health and wellbeing will remain a focus in the development of future policy in Scotland. The all-pervading nature of this effort is presented graphically in the report, HEALTH SCOTLAND: Establishing a core set of mental health indicators for Children and Young People in Scotland

It has been important to the progress of the indicators work to highlight the crosscutting nature of mental health and the relevance, importance and contribution of the indicator set to policy areas and agendas other than health improvement

(Figure 1)

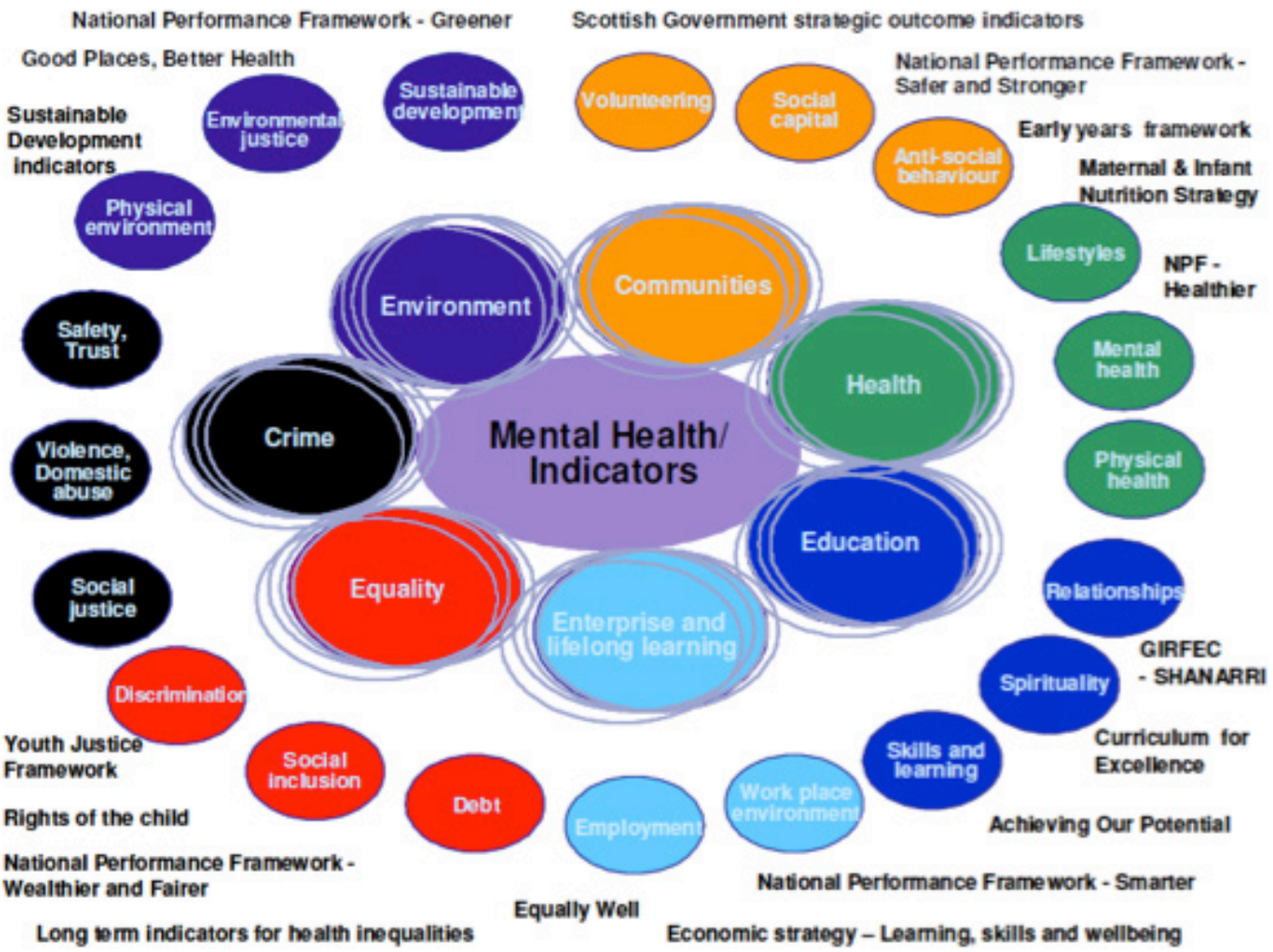


Figure 1: Illustration of the cross-cutting nature of mental health and the indicator set

Therefore the indicators cover both the state of mental health (mental wellbeing and mental health problems) and its context (including individual, family, learning environment, community and structural factors). The indicators provide for the first time a means of assessing and monitoring the mental health of Scotland´s children and young people over time and enabled the development of the first national mental health profile for children and young people (aged from pre-birth to 17 years) resulting in a greater understanding of the current and changing picture of mental health within this population and the factors that influence it. The resulting report,

Scotland's mental health: Children and young people 2013

Provides the first systematic assessment of mental health and its contextual factors for children and young people in Scotland. It analysed 73 indicators from the previously established national children and young people mental health indicator set.

Dr Parkinson's research made use of the NHS General Health Questionnaire-12, Warwick-Edinburgh Mental Well-being Scale (WEMWBS) and Goodman's Strengths and Difficulties Questionnaire (SDQ).

The research was designed to be relevant to the general

population of children and young people to ensure that the indicator set would be appropriate to all and not focus on issues specific only to particular vulnerable groups. This wide focus has become a major area of contention within many groups advocating on behalf of vulnerable children, as reported next.

While the researchers concluded that there was evidence to say that young people's health was improving generally, there were some very worrying factors emerging:

- "Being happy" was only reported by ½ of P7, less than ½ of S2 and only 1/3 of S4 (in 2010)
- ¼ of S2 and S4 pupils suffer emotional and behavioural, or "conduct disorder" problems
- Girls were found to be less happy, less satisfied with life, with poorer mental wellbeing
- Boys had poorer pro-social behaviour
- Age was a factor with the majority of wellbeing measures deteriorating with age
- Young people from areas of multiple deprivation showed great inequalities overall
- There were some improvements seen in general health except for sexual health and obesity
- Experience of being bullied was increasing again after a recent drop
- Taking part in bullying was also found to be increasing again

The report concludes, there is "no health without good mental health" and that there is a recognised need to know how to support and improve our own and others' mental health and wellbeing.

Similar research has been undertaken by others. In England, research conducted by The Mental Health Foundation said, "Family changes, moving homes, changing schools, or estrangement from a parent or siblings, alongside issues such as bullying, isolation, negative friendships and difficulties within peer relationships were all linked to poor mental health in children and young people and our report shows that these issues are also on the rise." They, also, found that girls and young women are faring worse than boys and quote statistics released by the NSPCC at the start of November 2016 which revealed that, "there has been a rise of 35% ChildLine counselling sessions about anxiety in the last year, with girls as young as eight being seven times more likely to contact ChildLine than boys." They also cite the recently published 2014 Adult Psychiatric Morbidity Survey which found that young women are three times as likely (26%) to experience a common mental health problem as young men (9%). Young women also have the highest rates of reported self-harm and suicidal thoughts, with more than 1 in 5 having thought about taking their own lives, and 1 in 4 reporting having self-harmed at some point in their lives. There were also concerns raised re mental health service provision citing evidence that more than a quarter of children referred to mental health services in England in 2015 - including some who had attempted suicide - received no help and from the English Children's Commissioner review report which found that 13% with life-threatening conditions were not allowed specialist support. She said the system was "playing Russian roulette" with their health.

Back in Scotland, this year the Scottish Youth Parliament researched and published, Our generation's epidemic: An analysis of young people's awareness and experience of mental health information, support and services. It quotes research findings from Aye Mind, a project run in partnership between Greater Glasgow and Clyde NHS, Snook, the Mental Health Foundation and Young Scot, with a wide range of local partners involved. They too found that, "mental health problems are actually more common than you think. Mental illness affects 1 in 4 of us in any year. The effects are as real as a broken leg or broken arm, even though there isn't a sling or plaster cast to show for it." According to a survey they conducted in schools: 14% of students aged 15-16 said they had self-harmed: three times more common in girls than boys. Another recent survey shows higher figures: 22% of those aged 15 had self-harmed. Again, rates were three times as high for girls (32% of girls compared to 11% of boys). The majority of those self-harming said they did so once a month or more. Half of all lifetime cases of psychiatric disorders start by age 14 and ¾ by age 24. Some estimates suggest the majority start before age 18. Surveys shows around 13% of boys and 10% of girls aged 11-15 have mental health problems.

The most common problems for boys are conduct problems. For girls they are emotional difficulties. They also found that:

- 1:5 young people don't know where to go for advice and support with MH problems
- 27% of young people do not feel supported to talk about mental health in their school, college, university, or workplace.
- 18% of young people who consider themselves to have experienced a mental health problem have not accessed mental health services.

Professor Martin Knapp from the LSE

Also in their report the Scottish Youth Parliament offer a link to Professor Martin Knapp from the LSE speaking about Youth Mental Health on You Tube (2 minutes). In the clip, he makes the economic as well as moral case for providing a proper service for young people. https://www.youtube.com/watch?v=xp3RApu9ljw

"10% of children have a mental health issue...75% of mental health issues in adults start in childhood...
One of the consequences of young people not being in contact with mental health services is...they have much worse outcomes in terms of education and training...more likely to be in contact with criminal justice agencies, reliant on welfare benefits..."

All these findings informing the Scottish Youth Parliament's belief that young people in Scotland are let down by a culture and system which fails to meet their mental health needs, consequently depriving them of their rights. Their report recommends that Education Scotland should develop a mental health standard for schools. Their report encourages uptake of Aye Mind's Toolkit to review "safe online resources" where they offer guidance on assessing the value of digital resources, "Aye Mind is working to identify resources to support mental wellbeing for young people. We have gathered a wide range of examples for you to explore. We do not endorse or recommend particular resources – being featured on our database does not imply proof of effectiveness. We encourage you to carefully explore resources before you use them. We have created material in our Toolkit that offers guidance on assessing the value of digital resources" and their website provides information and links to (currently) 58 sources of support including Respectme, Young Minds, Headspace, Mind Ed, Breathing Space and See Me, which campaigns to end mental health discrimination in Scotland.

A recent survey conducted by See Me found that while 78% of young people would tell an adult if they were physically ill, only 37% would tell if they were mentally ill. Their research contradicted a YouGov poll where most adults thought that they had the knowledge, skills and words to speak with young people about their mental health. This was not borne out by the young people they contacted and asked what they would do if they had negative thoughts. 21% said they would tell someone, 46% said they would stay by themselves, and 50% said they would cope by crying. They have just produced a mental health work pack for schools called, "It's OK" which aims to tackle the stigma that stops young people talking about their mental health.

Hopefully more adults will also take advantage of a free e-module within the NHS online support website, MindSET, offering an online introduction to mental health for anyone who registers.

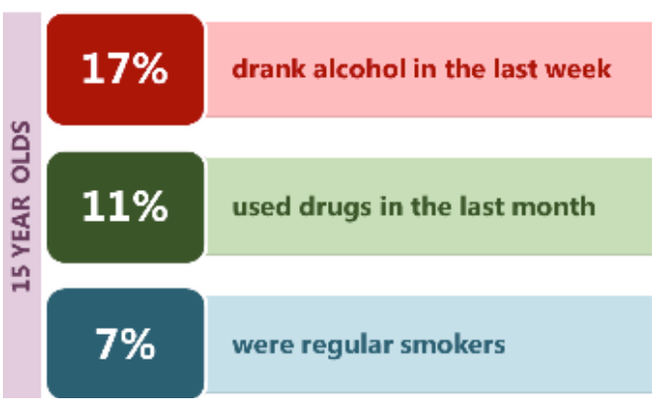
ALL OF THESE ORGANISATIONS AND GROUPS STRESS THE NEED FOR EARLY INTERVENTION TO COMBAT MENTAL HEALTH ISSUES.

SALSUS

Another area of research recently updated as part of this national overall look at the wellbeing of young people is the 2015 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS).

It outlines the prevalence of smoking, drinking and drug use among S2 and S4 pupils in 2015 and the trends over time. It also looks at the risk factors and protective factors associated with substance use, sources of substances, attitudes towards substance use, and views on the support and advice provided by schools. However, as was the case in the PHO mental health and wellbeing research, there was no factoring in of the prevalence of issues for vulnerable groups. As they acknowledge gaining only a 53% response rate, it begs the question as to how many of those vulnerable young people, who are perhaps less likely to comply, or even be present, were omitted from the research findings. Fieldwork was undertaken between September 2015 and January 2016

All of the school-related variables in the survey were associated with all forms of substance use, i.e. drinking, smoking, taking drugs. Overall, the more engaged a pupil is with school (e.g. if they like it or if they haven't been excluded etc.) the less likely they are to use substances.



RISK FACTORS: SCHOOL VARIABLES

All of the school-related variables in the survey were associated with all forms of substance use. Overall, the more engaged a pupil is with school (e.g. if they like it or if they haven't been excluded etc.) the less likely they are to use substances.

The relationship between feeling pressure from schoolwork and substance use was more complex. Among 13 year olds, the more pressure they felt due to schoolwork, the more likely they were to use substances. However, among 15 year olds, those who never felt pressured by schoolwork were the most likely to use substances.

RISK FACTORS: HEALTH AND WELLBEING VARIABLES

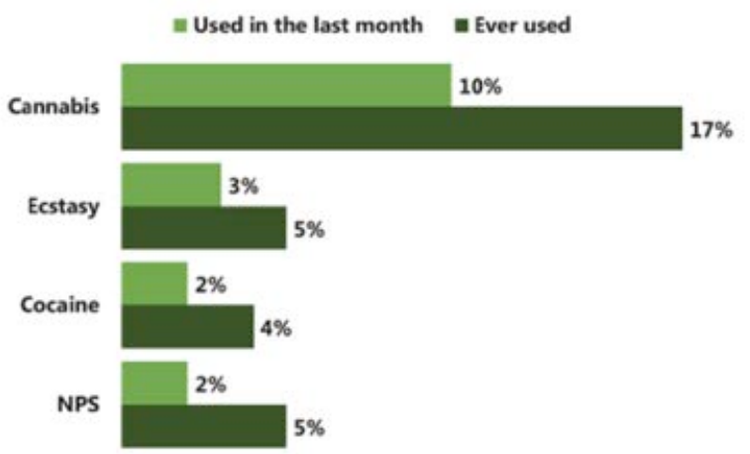
Pupils were more likely to smoke regularly, have drunk in the last week or used drugs in the last month if...

- They had poor mental wellbeing *
- They had caring responsibilities
- They had older or mixed age friends
- They had no close friends
- They spent a greater number of evenings in a week out with friends

* Based on the Goodman Strengths & Difficulties Questionnaire and the Warwick-Edinburgh Mental Wellbeing Scale

The more money a pupil had a week to spend, the more likely they were to have used substances. The relationship was particularly strong for alcohol. Those with £30 a week to spend were almost three times more likely to have drunk in the last week than those with less than £5.

Figure 9 Use of individual drugs ever and in the last month among 15 year olds (2015)



Living in a deprived area (as measured by SIMD2) was associated with higher levels of regular smoking and drug use in 15 year olds.

But area deprivation was not linked with drinking for either age group. Area deprivation was assessed using the Scottish Index of Multiple Deprivation (SIMD) based on postcodes of respondents and postcodes of the schools of participating pupils.

Cannabis was found to be the most widely used drug among 15 year olds with boys being more likely than girls to say they had used the drug

Pupils surveyed were more likely to think it OK to try drinking than smoking, taking drugs or getting drunk but there had been a notable increase since 2013 in the proportion of 15 year olds who think it is OK to try taking cannabis. Those who had taken drugs were much less likely to agree that taking cannabis is dangerous, and cannabis is the drug they are most likely to have taken.
When it came to drug education, receiving lessons on a substance only affected drug use with 15 year olds who received a lesson on drugs.
Also, six leisure activities were consistently associated with substance use when carried out at least once a week, across both age groups and genders

SCOTTISH GOVERNMENT POLICY

In response, the Scottish Government recently published their consultation paper, Mental Health in Scotland ~ A 10 year vision plan, to address mental health issues in Scotland over the next decade to which they invited people to respond.

MENTAL HEALTH IN SCOTLAND– A 10 YEAR VISION

This Scottish Government framework focuses on 8 priorities identified for the next Strategy:

1. Focus on prevention and early intervention for pregnant women and new mothers.
2. Focus on prevention and early intervention for infants, children and young people.
3. Introduce new models of supporting mental health in primary care.
4. Support people to manage their own mental health.
5. Improve access to mental health services and make them more efficient, effective and safe – which is also part of early intervention.
6. Improve the physical health of people with severe and enduring mental health problems to address premature mortality.
7. Focus on 'All of Me': Ensure parity between mental health and physical health.
8. Realise the human rights of people with mental health problems

Priority 2 and 5 were the focus of greatest response from child care bodies, as they relate more closely to supporting the mental health of children and young people. Priority 2 focuses on early intervention:

> 2. Focus on prevention and early intervention for infants, children and young people
> In 2016-17, develop a range of evidence-based programmes targeted to promote good mental health, support key vulnerable populations of infants, and children and young people. These programmes will be delivered by children's during 2017-20.
> Children's services focus in the promotion of good mental health based on prevention and early intervention. Children's services are equipped to quickly identify risk factors and implement action, using evidence-based programmes, to support children and families at risk of developing mental health problems
> Improvements in partnership working between specialist Child and Adolescent Mental Health Services (CAMHS) and other children's services so children, young people and families get the help they need quickly.
> Improved longer term life outcomes for vulnerable groups – for example, better mental health, increased attainment, and a reduced chance of involvement in the criminal justice system.

Priority 5 relates to the increasingly thorny issue of the availability and quality of CAMHS services for young people:

> 5. Improve access to mental health services and make them more efficient, effective and safe – which is also part of early intervention.
> By 2019-20 have delivered a programme of work on improving access to mental health services to increase capacity and address waiting times issues in CAMHS and psychological therapies.
> By 2017-18 have improved access to psychological therapies by rolling out computerised Cognitive Behavioural Therapy nationally.

This proposal was only published in September 2016 but some child care bodies have responded.

SCSC response to the Scottish Government's 'Mental Health in Scotland – a 10 year vision' consultation

"The Scottish Children's Services Commission (SCSC) believes that the mental health of children and young people should be made an even greater priority. While we welcome the focus on early intervention and prevention we believe that child and adolescent mental health services (CAMHS) require greater funding and resources to ensure they are able to meet demand and the 18-week waiting time target. It is essential that there is funding to promote greater awareness and understanding of mental health and wellbeing, ensuring young people know what mental health information, support and services are available in their local area, know where to go for advice, support and treatment."

Children in Scotland response

In their response, they listed as one of the 5 principles they thought should underpin the strategy: Point 4. Recognise that particular groups of children and young people will be at additional risk of developing mental health problems. The strategy should... demonstrate awareness of the fact that certain children and young people may require additional or tailored prevention or early intervention work. This includes looked after children, LGBTQI children and young people and children with additional support needs, such as autism or ADHD. We believe that addressing the needs of vulnerable populations should be threaded throughout the strategy in a more meaningful way than it is at present.

There was also strong agreement that a focus on prevention and early intervention for infants, children and young people was very important and concluded, "There was no clear rationale for why these actions in particular had been selected. In some cases it was felt that the actions were too vague to be meaningful."

CELCIS (Centre for Excellence for Looked-after Children in Scotland) response

Their main thrust of their extensive response was a perceived need for an additional priority area for LAC:

"We would recommend an additional priority area, focussed on establishing robust data on the mental health and wellbeing of looked after children and care leavers in Scotland, in order to inform the development of outcome measures, and the development of services at a local level."

They highlighted their concerns in specific terms:

- This concerns 5,000+ LAC children
- 45% of LAC had diagnosable mental disorder in 2004 study (Mental Health of Young People Local Authority by Local Authorities in Scotland)
- 14% of those in foster care had tried to hurt, harm or kill themselves
- The presence of multiple mental health problems is highly prevalent in LAC
- Additional vulnerabilities and needs are evident where LAC parent has mental health problems
- There is a need to drastically improve on current CAMHS services
- We are unconvinced of the effectiveness of the proposed online CBT (cognitive behaviour therapy) roll-out as the major thrust of new provision

They conclude that there is a need for attachment/trauma informed services for these young people. They cite much of Dr Bruce Perry's research in this argument which emphasises the crucial nature of consistent, continuous therapeutic input for traumatised children.

SDQ INFO AND USE WITH LAC IN UK

As has been seen in the reports referred to, the Goodman's Strengths and Difficulties Questionnaire (SDQ) has played a major part in their evidence gathering of information about young people's mental wellbeing. It is particularly useful in that it can be used to assess children from age 4 to 17, and, ideally, works in 3 parts with the same assessment being carried out by carer, teacher and a self-assessment by the child. In England, all local authorities are required to have carers complete the basic SDQ for all LAC children which they use to inform their mental health provision. Therefore it is the tool I used to ask our carers to assess our children's mental wellbeing as the first stage in our response to the challenge of supporting them in this area.

What is the Strengths and Difficulties Questionnaire (SDQ)?

The SDQ is a short behavioural screening questionnaire. It has five sections that cover details of emotional difficulties; conduct problems; hyperactivity or inattention; friendships and peer groups; and also positive behaviour, plus an "impact supplement" to assist in the prediction of emotional health problems.

Action for Local Authorities

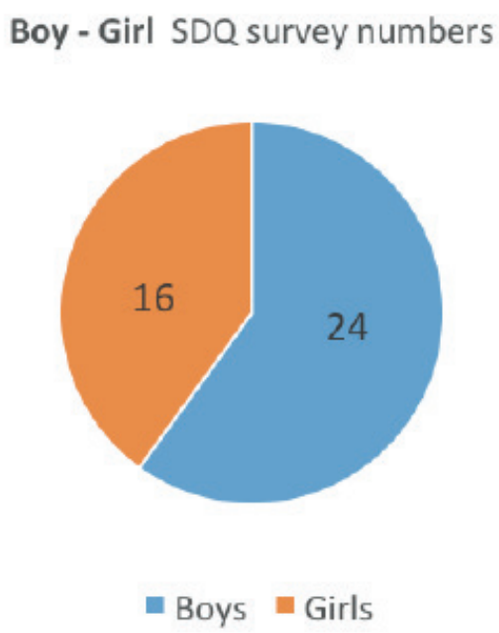
In England local authorities are required to ensure a short behavioural screening questionnaire (SDQ) is completed for each of their looked after children between the ages of 4 and 16 inclusive. The questionnaire should be completed by the main carer, preferably at the time of the child's statutory annual health assessment.

http://www.sdqinfo.org/ao.html

Analysis of FR children and young people SDQ results

Within our own agency we have been increasingly concerned about the mental wellbeing of our children and young people. We have seen increasing incidence of anxiety, self-harm, poor peer relationships, increased demand for (sometimes acute) mental health services, and difficulty in maintaining mainstream school placements without increasing levels of support within mainstream and drawing upon school support services out with mainstream. I therefore decided to ask our carers to complete SDQ questionnaires to see how they compared as a group to these national findings. 40 surveys were returned out of 43 sent out and while this is a very small number from which to draw definite conclusions, some evidence emerged which mirrored the general concern expressed in this overview of current research.

The ages of children surveyed ranged from 4 – 17, comprising of 24 boys and 16 girls, with 18 in the primary sector and 22 in the secondary sector.

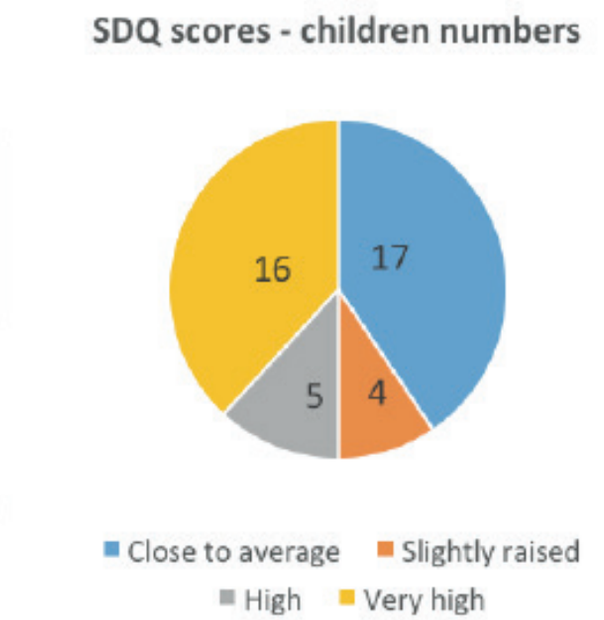


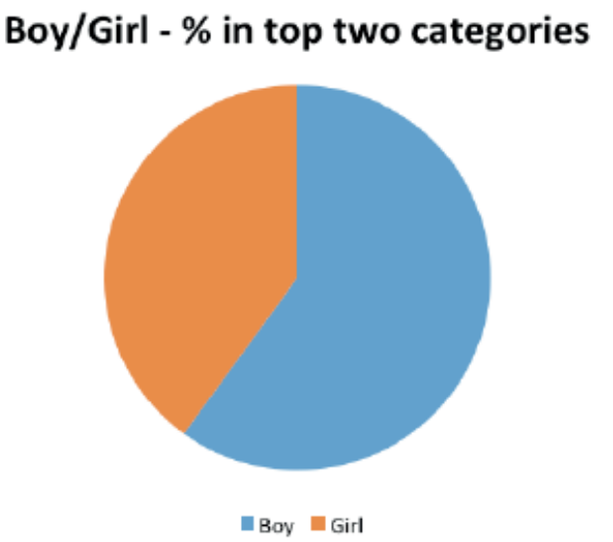
The SDQ survey is designed with a fourfold classification which was based on a large UK community sample dividing the young people sampled into four levels of difficulty ranging from close to average, through slightly raised, to high and very high categories; thereafter dividing the problem areas looked at into emotional, conduct, hyperactivity and peer issues. There is an additional prosocial area looking at strengths in relationships.

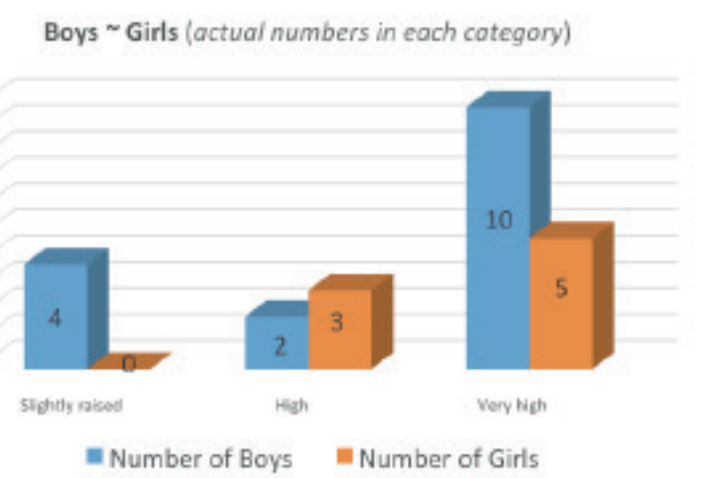
The country wide sampling had 80% appearing in the "close to average" scale (0 to 13 total difficulties score), 10% "slightly raised" (14 to 16 total difficulties score), 5% "high" (17 to 19 total difficulties score) and 5% "very high" (20 and above total difficulties score) for all scales except prosocial, which is 80% "close to average" (scoring 8 or above). In our survey the results were very different. (See appendix A).

Half of those surveyed (20/40) had scores placing them in the high, or very high, range of difficulties, increasing to 24/40 when taking all three categories of concern into account. There was also clear evidence of a strong weighting towards hyperactivity and peer problems being the area where most experienced difficulty.

The percentage of boy v. girl falling into the two most concerning categories was 3:2 with boys being more likely than girls to evidence serious difficulty.







CONCLUSION

It has been clear from past research conducted with our carers that they are concerned about the emotional wellbeing of their foster children. They have mentioned concerns about peer relationships, immaturity to face secondary education, lack of educational progress due to emotional and mental stress. In the attached presentation (appendix A), The role of the ESC, I have highlighted some of the issues they, and their fostered children, have faced and the support and resources we have provided to try and support them in their efforts to ensure our young people are supported to achieve as well as they can at school. Most recently, I have written an education guide for them to help them understand the implications of ASN legislation and CfE (appendix B). In line with other agencies supporting young people's mental health and wellbeing, we now need to go further. Penumbra, one of Scotland's largest mental health charities, provides a Wellbeing bag of resources for people who self-harm. Unfortunately, Penumbra's Fife Youth Project closed on 30 June 2016 when Fife Council withdrew their funding in the current round of budget cuts. This is particularly sad as the service had offered the services in schools which match the criteria set out in the Scottish Government's 10 year plan:

- Mental health awareness raising
- Lunch time drop-ins
- 1 to 1 support based on a solution focused coaching model
- Support for pupil peer mentors
- Issue based workshops and groups
- Work to support the safer use of social media
- Outreach support in the community for school pupils

The Project had accepted referrals for high school pupils with a mental health support need. Anyone could refer, including young people themselves.

However, on a more positive note, some of our fostered children currently benefit from the award-winning Primary School Support Service in Clackmannanshire which uses International Futures Forum Kitbag with children whom they support with emotional problems.

Fostering Relations also currently provides a Welcome Box for each of the children placed with us, it is now time to provide them with a Wellbeing Box of resources which can be used to calm anxieties, relieve stress and promote good mental health. We have identified some of the issues our children and young people are facing, the next stage is to identify, with their help, resources which they will find useful in combatting this scourge of our time.

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Fostering Relations ESC SDQ Analysis – CARERS – November 2016

Name	Age	M/F	Emotional	Conduct	Hyperact	Peer Prob	Pro social	TOTAL	External	Internal	Upset/dist	Home	Friend	School	Leisure
1	12	M	6	7	9	8	4	**30**	16	14	1	2	2	2	2
2	10	F	5	8	10	6	8	**29**	18	11	1	2	2	2	0
3	14	F	10	5	7	6	6	**28**	12	16	1	1	1	0	1
4	15	M	6	6	10	4	4	**26**	16	10	1	0	1	2	0
5	16	M	2	7	10	6	6	**25**	17	8	1	0	1	1	0
6	9	M	8	5	9	3	5	**25**	14	11	1	0	1	0	1
7	14	M	8	6	6	4	5	**24**	12	12	1	2	2	2	2
8	5	M	4	3	10	7	0	**24**	13	11	1	0	2	2	2
9	5	M	2	8	9	4	3	**23**	17	6	1	1	0	0	0
10	10	M	5	8	7	2	7	**22**	15	7	1	2	2	2	2
11	12	F	4	5	9	4	9	**22**	14	8	1	0	0	0	0
12	16	M	4	5	5	7	6	**21**	10	11	1	0	1	1	1
13	14	F	6	4	8	3	10	**21**	12	9	1	1	1	1	1
14	14	M	4	4	8	4	7	**20**	12	8	1	2	1	1	0
15	4	F	2	3	10	5	7	**20**	13	7	0	0	0	0	0
16	16	M	2	3	7	7	4	**19**	10	9	0	0	2	2	0
17	6	M	3	7	8	1	6	**19**	15	4	1	0	1	1	1
18	7	F	2	6	7	3	8	**18**	13	5	1	1	0	1	0
19	8	F	3	4	8	3	5	**18**	12	6	1	0	0	1	0
20	5	F	0	2	9	6	2	**17**	11	6	1	0	2	2	0
21	17	M	0	5	4	7	6	**16**	9	7	0	0	1	0	0
22	13	M	5	1	8	2	9	**16**	9	7	0	0	0	1	0
23	14	M	2	4	4	5	7	**15**	8	7	1	0	0	1	0
24	8	M	2	4	6	2	7	**14**	10	4	1	0	0	2	0

25	9	M	0	5	6	2	8	**13**	11	2	1	0	0	0	0
26	8	M	0	2	5	4	4	**11**	7	4	0	0	1	0	0
27	14	F	1	2	6	1	3	**10**	8	2	0	0	0	2	1
28	12	M	3	2	2	3	10	**10**	4	6	0	0	0	0	0
29	6	F	3	2	4	1	10	**10**	6	4	1	-	-	-	0
30	17	F	2	1	2	4	6	**9**	3	6	0	0	0	0	0
31	5	F	3	3	2	1	8	**9**	5	4	0	-	-	-	0
32	9	M	2	2	2	2	8	**8**	4	4	1	0	1	1	0
33	17	M	0	1	5	2	3	**8**	6	2	0	0	0	0	0
34	16	F	1	2	3	2	3	**8**	5	3	1	0	0	0	0
35	13	M	0	2	4	0	3	**6**	6	0	1	-	-		
36	14	F	0	4	1	1	2	**6**	5	1	0	1	0	0	0
37	7	M	0	1	3	1	9	**5**	4	1	0	0	0	1	0
38	7	F	1	0	4	0	9	**5**	4	1	0	0	0	0	0
39	14	F	1	0	2	0	3	**3**	2	1	0	0	0	0	0
40	13	M	0	0	2	0	10	**2**	2	0	0	0	0	0	0