December 2017 - January 2018 Issue 183

# Children in Scotland, magazine



Is this
the year
we end
period
poverty in
Scotland?

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Children in Scotland is the largest multi-disciplinary network in Scotland dedicated to improving children's lives.

Our members span policy, practice and research in all areas relating to children, young people and families.

Each contributes uniquely valuable knowledge, skills, experience, passion and dedication.

Together we can make a difference to children's lives.

Find out more: childreninsotland.org.uk/join



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### Welcome...



Jennifer Drummond @jen\_drum #CiSMagazine

#### ...to the winer issue of Children in Scotland Magazine!

This past year it's been encouraging to see the fight for equality creep up the political and public agenda. Thanks to those who work tirelessly to uphold the rights of

our youngest citizens, Scots law will soon offer equal protection from assault for children and young people, and the minimum age of criminal responsibility should soon be raised in line with UN guidance. There are also new national targets set to address poverty and inequality.

These are milestones we should be proud of but we aren't finished.

As Scotland's Chief Medical Officer. Dr Catherine Calderwood, tells me in our interview, we haven't quite got it right in terms of prenatal care (page 8), while our lead article looks at the increasing problem of period poverty. Inroads are being made but, in 2017,

girls are essentially being penalised because of biology (page 18). There are also some worrying trends to address as we move forward into the new year. When we are trying to ensure our young people are capable, confident individuals, secure in who they are, it is concerning to hear about the rise of the imageconscious pre-teen (Comment, page 28).

This issue looks to highlight some of these topics; areas in which we are making progress, but there is still work to be done. It should provide some food for thought over the festive season, and a marker for where we need to return to in the new year.

We have an opportunity in the year ahead. Let's make 2018 the year we make a real difference. Let's teach our girls and boys what equality - of genders, of age, of opportunity – really means and encourage them to fight for it. And let's ensure that we, and others who are in a position of power, really listen.

Нарру holidays, and happy reading!



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Catch up on all the latest news from the sector (page 5), find out about our fantastic forthcoming event on inclusion for LGBT young people (page 4) and get to know our staff on the Tea Break (page 38).

Go to page 13 for information on how to subscribe to the magazine.



In partnership with



### An equal future?

Scotland's next steps for including LGBT children and young people

Thursday 1 February, 2018 Edinburgh

With a shared belief that all children and young people deserve to grow, learn and develop in inclusive and supportive environments, free from intolerance and discrimination, Children in Scotland, in partnership with LGBT Youth Scotland, is pleased to host this conference focused on inclusion and equality for LGBT children and young people.

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Gender
identity in
early years
and primary
years

LGBT and mental health

Addressing homophobic, biphobic and transphobic bullying

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Prices		
Members	from £89	
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Join us in support of the Year of Young People 2018, and help kick off LGBT History Month 2018 in Scotland!

Key stories from across the sector

# Child safety 'depends on you', says Rochdale whistleblower

Sara Rowbotham, who alerted authorities to widespread child sexual exploitation (CSE) in Rochdale, has urged the children's sector workforce in Scotland to examine whistleblowing policies and free speech in the workplace in order to ensure children are well protected.

During a keynote presentation at Children in Scotland's annual conference in November, Ms Rowbotham (right) recounted her experience as Rochdale's crisis intervention team coordinator, where she worked from 2003-2014 trying to prevent the sexual exploitation of young people.

Asking delegates a series of questions about child protection, policies, leadership and work culture, Ms Rowbotham said: "Are you in a union? If not, why not? Does your union or organisation support whistleblowers? Would you change that word 'whistleblowers' to 'freedom to speak'?"

"Freedom to speak is absolutely vital because it makes health and safety in organisations much better and much safer - so ultimately the children will be much better protected," she said.

Ms Rowbotham, who described herself as 'recovering' from her experiences working with young victims of abuse, urged all those responsible for children's safety to look after themselves before they look after a child.

In a powerful and wide-ranging presentation, she also focused on the need to be more gender neutral in the language we use about young people and young people's sexual activity.

"Promiscuity is a value judgment and we tend to only ever use it about girls and gay men," she said.

Ms Rowbotham's call came a few weeks before Officers from the National Child Abuse Investigation Unit began investigating



allegations that children are being sexually exploited in the Govanhill area of Glasgow.

Last month Scotland's justice secretary assured MSPs that allegations that children were being exploited in the area would be fully investigated.

Our annual conference, If Not You Then Who, was held at Murrayfield Stadium in Edinburgh on 7 and 8 November.

Other keynote speakers at the event included Scotland's Chief Medical Officer Dr Catherine Calderwood, Graham Andre, who featured in the BBC series *No More Boys and Girls*, campaigner Amal Azzudin, and Daily Mile founder Elaine Wylie.

- > Read our interview with Dr Catherine Calderwood Page 8
- > Changing Our World, our young people's advisory group, discusses the conference Page 33
- > Watch highlights from the conference in our short film, available at childreninscotland. org.uk

The Children and Young People's Commissiioner for Scotland has said he may consider legal action if the rollout of the UK Government's controversial Universal Credit scheme leaves children Universal without essentials such as a warm home and

> The Chancellor's Autumn Budget, published in November, announced measures to combat concerns around the scheme including a £1.5bn investment in delivery. It also confirmed removal of the initial sevenday waiting period for processing claims.

> However, the measure, which brings six existing payments into one, faces continued criticism over waiting times for claimants to receive payment and the subsequent rise in debt and associated issues such as rent arrears and eviction.

In December, SNP Minister Mike Russell said the Scottish Government would be "very sympathetic" to the Commissioner's threat to challenge Universal Credit if it results in more children in poverty.

> Chris Ross, Children in Scotland's Assistant Policy Officer, blogs about the Budget childreninscotland.org.uk

#### **New Council for Gender Equality**

The Scottish Government has announced the establishment of a new advisory group on what action is needed to tackle gender inequality.

The Advisory Group on Women and Girls will be chaired by Louise Macdonald OBE, Chief Executive of Young Scot, with members from the third sector, government and business - including three women under 20.

The Council, which has an initial term of three years, has a remit to bring attention to the inequality experienced by women and girls in Scotland today, champion policies that make a meaningful difference, and challenge when progress is slow.

Responsible for setting its own agenda, it will be supported by a secretariat provided by the Scottish Government.

Evidence and insight will be gathered and discussions recorded from all over Scotland with recommendations for action being shared with the First Minister and her cabinet, as well as the general public.

The first meeting of the group took place on 6 December.

> The Improving Gender Balance Scotland project aims to address some of the gender stereotyping experienced by girls in education.

Find out more: page 34

### Children with ASN suffering impact of cuts

The Scottish Government has been challenged on its latest round of budget cuts, with a Labour MSP arguing that cuts have left children with additional support needs (ASN) unsupported in mainstream schools.

Speaking in a Scottish Parliament debate in November, Jackie Baillie MSP, who represents the west coast town of Dumbarton, said one in seven ASN teaching posts has been cut since 2010 despite an increase in the number of children requiring additional support.

Whilst welcoming the publication of new guidance, Ms Baillie, who is the convenor of the Scottish Parliament's Cross-Party Group on learning disability, has urged the government to deal with the root cause of the problem and invest in schools.

"All the evidence shows a lack of resources and funding for schools is having a negative impact on the education of children with ASN," she said. "The teachers do a great job, but they need resources and support."

This lack of support appears to be being felt acutely within the sectors, with calls to Enquire, the Scottish national advice service for additional support for learning, experiencing a recent increase in calls, recording 425 enquiries in the last three months.

When asked about the increase, a Scottish Government spokesperson highlighted investment of £88million in schools in the last year, and £120 million of Pupil Equity support in the 2017-18 financial year. The spokesperson also drew attention to an increase in the number of support

staff employed in schools since 2015, and centrally employed staff assisting with support for learning.

> Sheilla Riddell discusses children's rights and the ASN landscape on our comment and opinion pages.

Agenda, page 25

> Enquire's independent, trained advisors are available to give impartial and confidential advice on issues relating to the provision of additional support, or realising you or your child's rights. Visit enquire.org.uk, or call the helpline: 0345 123 2303



Majority of LGBTI people in Scotland 'experience hate crime'

A new report has revealed that LGBTI people in Scotland are still targets of hate crime.

The Scottish LGBTI hate crime report 2017, published by the Equality Network in October, identified that more than 60% of lesbian and gay male respondents had been targets of hate crime, as had 53% of bisexual respondents. Almost all (90%) had experienced hate crime two or more times.

The report makes a series of recommendations on encouraging a better response to hate crime. These include LGBTI specific training for frontline police officers and for Procurator Fiscal employees, continued engagement and awareness raising campaigns, and changes to the law on what is classed as a hate crime.

- > Download the full report at equality-network.org
- > Find out more about Children in Scotland and LGBT Youth Scotland's February conference, An Equal Future? Scotland's next steps for including LGBT children and young people page 4

#### Overheard...



Splash resistant Autumn in Helsinki,

as reported by a study visit delegate: all-weather suits efficiently distributed to children as young as four, enabling hours of outdoor learning and confidencebuilding play with peers. Autumn in West Lothian: police traffic cones strategically placed around puddles in primary school playgrounds to prevent death by splashing. Anyone worried that the Finnish model may be taking hold here can probably relax.

#### Hidden talents

After our revelation last issue that Bruce Adamson was an extra in the Lord of the Rings film trilogy, we've been inundated with stories about the secret screen lives of other children's sector luminaries. Apparently Save the Children's new Head of Scotland Mark Ballard can be seen piloting an x-wing fighter in Star Wars Episode III: Revenge of the Sith, and former Children's Commissioner Tam Baillie was the voice of 90s 'claymation' favourite Pingu the penguin. Keep 'em coming!

Getting personal

We salute the chair of a conference in Edinburgh who took commitment to strengthening the sector to a whole new level by encouraging delegates to "enjoy having intercourse with each other". Most still opted for a cup of coffee and a biscuit.

Shouts or whispers from the children's sector? Email: overheard@

### Concern over poverty-related attainment gap measurement

 $^ullet$  hildren in Scotland has responded to the Scottish Government consultation on the measurement framework of the National Improvement Framework, voicing support for the aims, but warning of concerns to do with assessment.

In our response to the Scottish Government's consultation on attainment measurements and milestones, submitted in November, we argued that the means suggested to measure the gap need to be wider than currently proposed, recognising the role diverse factors, including poverty, play in attainment.

We noted support for the inclusion of measures across a number of ages, including early years, in recognition that the attainment gap is often present before school age but expressed concern about the lack of clarity over the method of testing proposed and their appropriateness for such a young age group.

We were particular concerned about the lack of activity regarding input from children and young people themselves, hearing first-hand the barriers young people can face.

Amy Woodhouse, Children in Scotland's Head of Policy, Participation and Projects said: "Children and young people need to be given far more opportunity to feed into the National Improvement Framework. Children and young people have the right to have their views heard under the UNCRC. The Framework will have a significant impact on children and young people and would be richer for the  $\,$ inclusion and incorporation of their views."

We reiterated our support for using sampling data but opposition to high stakes rigorous testing and league tables.

We also called for the government to ensure appropriate and increased resources to implement the National Improvement Frameworks, particularly given the ambition of the targets laid out in the consultation, and noted concerns over whether this is achievable in the timeframe outlined.

> Read the full response on our website childreninscotland.org.uk



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- > Secure care research
- p14

**80**q

- > Campaign to end period poverty
- p18



### Up close and universal

Scotland's Chief Medical Officer Dr Catherine Calderwood is a passionate advocate for all-inclusive health services, but also support that meets individual needs. She talks to *Jennifer Drummond* about intervening early, mental health, and the dangers of 'over-medication'

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Since taking up the role of Scotland's Chief Medical Officer (CMO) in mid-2015, Dr Catherine Calderwood hasn't had it easy. Scotland's health record regularly receives a 'could do better' assessment, and annual statistical reports of targets and waiting lists often make the headlines for all the wrong reasons. Budgetary challenges continue to plague every sector and in October, Audit Scotland warned progress in the health sector was particularly slow.

But it's not all bad news. The past few years have seen significant Scottish Government investment in the sector, and a series of strategies have been put in place aimed at improving physical and mental health and access to treatment.

"Early experiences

Dr Calderwood knows that to make any real impact on the health of the nation, we need to start at the beginning.

She is complimentary about the government's approach, articulating warm support for Getting It Right for Every Child but making the case for it to be extended into the prenatal term. As an obstetrician she is acutely aware of the importance of investing in health not just throughout life in terms of keeping people healthy and promoting healthy behaviour, but also pre-birth – something she believes we haven't got right yet.

"I think we haven't quite had a focus on the importance of the health of our pregnant women and importantly the babies that they will be having," she says, highlighting the abundance of research demonstrating the importance of investing in parents' health, as well as the health of the unborn child.

"We haven't got a cultural attitude about the importance of children as much as we should have and we don't see the health benefits in investing in the pregnant woman, that that is an investment for that child's health. That message hasn't got there at all."

Still in direct contact with expectant parents and families (she runs regular clinics at Edinburgh's Royal Infirmary), Dr Calderwood is in the unique position of being able to influence policy and report directly from the front line. From this

vantage point she can advocate for the fact that these first few years provide the foundation for the child's life ahead; their progress, their opportunities.

"From the point of children's health, that early start and those real influences can really make an impact on a child's future and future health," she says. Research consistently demonstrates the effect experience, environments and relationships can have in terms of both psychological and social development, as well as physical development.

Even within the womb, Dr Calderwood explains, a baby's genetic make-up will adapt according to stress in their pre-birth environment. A baby whose mother is obese, for example, will be five times more likely to have a heart attack in adulthood than a child whose mother has been of normal weight.

But research into brain plasticity tells us that it is not impossible to reverse the impact of damaging experiences and environments, as Dr Calderwood explains.

"From developmental brain studies, we know those babies and particularly very early years children have the most potential for changing [the long term outcomes of] the environment they've been brought up in and the genetics they've been given. You can mould and really change outcomes with good care, good stimulus and good education when they are one, two, three, four or five years old."

But the ability to undo harm starts to decline around the age of six, she says. So intervening at these early stages is key in combating what she calls 'toxic stress' and adverse childhood experiences (ACEs) such as poverty, abuse and neglect.

Dr Calderwood is passionate about working to negate the long-term impacts of ACEs and is involved in the new Scottish hub, chaired by Linda de Caestecker of NHS Greater Glasgow and Clyde. The hub, launched last year, will provide a national network to recognise progress and champion work in this area.

"Our current focus on ACEs is about strengthening

existing good practice as well as doing more to prevent and further mitigate them, building on the important learning from experiences of people," she says. The approach complements a range of recent initiatives across Scotland, including the Best Start Grant, Healthy Start vouchers, and the Scottish Attainment Challenge.

While supportive of Scotland's cross-cutting policy approach to healthcare, Dr Calderwood also observes the "big irony" that health is directly and indirectly impacted by many factors which fall out with her realm of influence.

There is a consensus that a large part of health is socially determined, as evidenced in the poorest health outcomes for those from the most deprived areas. However, the universalist approach of new initiatives such as the baby box, are, in Dr Calderwood's opinion, making a contribution to addressing this.

Scotland's baby box, based on Finland's model, provides expectant parents with a box of goods to help in the first days, weeks and months of a child's life. Pregnant mothers sign up through their midwife, and the box is delivered at around 36 weeks into the pregnancy. It is not means-tested and is available to all.

This year's roll-out of the baby box has been met with a mixed response. Many parents and practitioners have been supportive, but critics suggest it represents the misdirection of state funds. Dr Calderwood disagrees.

"I get to speak to the women who receive them and they are thrilled, their families are thrilled," she says. "The contents are really good quality and we've really made an effort to make it useful and practical. As to the universality of it, people can of course decide they don't want it. They register, and you elect to have it."

Piloted in Orkney and Clackmannanshire, approximately 15% of those in the testing group opted not to receive the box. This choice – the flexibility to choose to accept the box or not – is part of its strength, Dr Calderwood believes. Adopting an income-based eligibility criteria would therefore go against the fundamental intention of the programme.

"The beauty of it is that we are not stigmatising anyone. Imagine if it was means-tested and then all the family come round and there is a box there. What a thing that from the first day of a child's life there was something that was labeling."

Those who object to the scheme have no credible alternative, she says. "How do the critics think we should hand them out? Would we ask people their income? Would we ask how many babies they've had before? How do we check eligibility, what would we use? If the critics really think about how else we could have done it, they would see just how damaging a good idea can be."

One of the drivers for introducing the Scottish baby box is the impact the scheme could have on infant mortality rates. It is hoped they will help bring down instances of cot death, currently recorded as 30 per year. With each box containing a mattress, the intention is that they will bolster the public health message that babies require a safe place to sleep and raise awareness of the fact that studies have linked cot death to the use of second-hand mattresses.

"We don't see the health benefits in investing in the pregnant woman—
it is an investment for that child's health"



Recounting feedback from the pilot project, Dr Calderwood tentatively suggests that progress has been made in strengthening understanding of the need for safe sleeping environments.

"A lot of families, no matter what their income, would reuse a mattress. With the box we are giving a brand new mattress, and a lot of the messaging that comes with the box really highlights that safe place to sleep.

"Again, a lot of people have criticised it and asked 'what if they already have a cot?' Well, we found when it was piloted people were using it at a grandparent's house, or somewhere else the baby was going to stay, so in fact, the baby probably wasn't sleeping in a safe place in another home. I would like to know what the non-universal people say to that. So everybody shouldn't be offered a safe place to sleep, only poor people?" she asks.

This universalist approach is about keeping people healthy from the beginning, not just treating them when their health is failing. On average, 80% of a person's NHS spend happens in the last two years of their life.

But changes in attitude to universalism will only come about with the development of a healthcare system that is flexible enough to meet the wildly varied needs of its people, and with input from the general public. This can be particularly problematic with regards to children and young people, who

are difficult to engage in the health and social care agenda.

"It's about access," says Dr Calderwood, acknowledging that one size doesn't always fit all. "We have to remember that most of the time children and young people are very healthy and they don't need to access services, that's a good thing of course. If they do need to access services then they have particular needs that we don't necessarily always recognise."

Perhaps that's changing. "We've got a lot better—we now realise that you need to have something different for a five-year-old than a 15-year-old, which seems obvious as a parent, but I'm not sure the health service has always looked at that."

Adopting a more personalised approach to medicine is clearly something Dr Calderwood feels passionate about. Next year will see the publication of her third annual Realistic Medicine report. Born out of feedback from practicing colleagues, it is intended to empower health professionals to treat their patients as they would like to be treated and allow people to be at the centre of decision-making about their healthcare needs.

"When I first became CMO I was hearing from doctors around the country who didn't like the way they were practicing medicine. They felt they were often doing things to people that they didn't think

was right. Overworked and stressed, they didn't have the opportunity to discuss with people what their priorities were," she says.

At the same time, Dr Calderwood came across research suggesting that when doctors or health professionals themselves became ill, they would often choose much less aggressive treatment than they were offering their patients. This was the tipping point; going back to the basics of healthcare and treating people, not patients, was the answer.

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"Realistic medicine is about seeing people. It's about exploring what is important for people to get from their healthcare and their treatment." It's important to remember that this isn't always about a 'medical fix'.

Dr Calderwood is quick to point out that the approach isn't necessarily something new. Many healthcare professionals operate in this way already as standard. However, it is about empowering professionals to open up a dialogue and talk about all the options available – even if in some cases that means no treatment.

The response has been "overwhelmingly amazing". Discussion of realistic medicine has spread to every continent. Her office stopped monitoring social media reach when Twitter recorded 50 million impressions, and continued to climb. The CMO has truly gone viral.

That's not to say the job is done, though. 'Overmedication', she fears, is an issue in modern society – particularly in our treatment of mental health. With increases in problems around stress, anxiety and body image for young women particularly, and reports of poor mental health as a nation, the issue is slowly creeping up the political agenda. However, we are at risk of not quite understanding what it is that we are dealing with, Dr Calderwood feels.

To get a better understanding of how we approach and treat the issues, we need to understand the distinction between mental health and mental wellbeing, she says.

"Mental wellbeing and mental health services are very different. Keeping people well and recognising that their mental wellbeing is not as good as it should be is very different from people with significant diagnosable mental illness, and I think we are in danger of thinking that those are the same thing."

That's not to suggest that Dr Calderwood doesn't support continued work towards ensuring mental health has parity with physical health. She is supportive of all the work that has been done to de-stigmatise discussion of mental health issues and points out that Scotland is the first country in Europe to have a child and adolescent waiting

time target. She applauds the recognition that investment in mental health is important in terms of long-term health and wellbeing. But she warns that the service is in danger of being over-used, to the detriment of those with the most acute needs.

"I think we are in danger of doing too much

medicine when in fact that's not the right approach at all. This very loose use of language has got all of society talking about people being stressed and needing mental health services. Of course stress can be part of significant mental illness, but we are in danger of making a whole lot of diagnoses around something that doesn't need medical treatment."

"We need to find the right routes for people. I'm not saying that people don't need help, but we need to be careful and clear about what we are talking about."

Dr Calderwood makes clear she's not suggesting mental health isn't an absolute priority. Instead, we should ensure those who need the services the most have access to them and are at the front of the queue. Given the current criticism of waiting times, particularly for child and adolescent mental health services, it's a particularly relevant point.

Placing people at the heart of their healthcare provision – the personalisation agenda – is Dr Calderwood's core message. She is supportive of a number of measures in place in Scotland, and the move towards a 'health in all policies' approach.

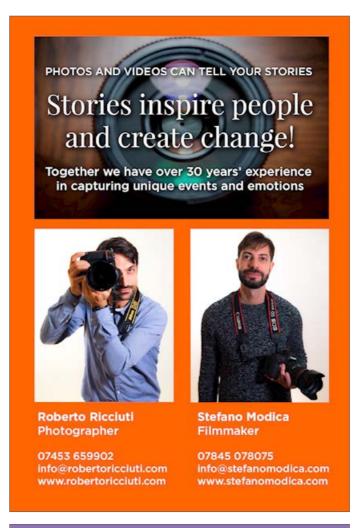
But we need to start at the beginning. In order to make a real difference to the health of the nation we need to keep our expectant mothers healthy, have an understanding of what constitutes good quality, appropriate support and treatment, and invest in prevention.

Who better to get the message across that prevention is better than cure and drive forward that agenda, than the most senior health professional in Scotland?

> Interview conducted by Jennifer Drummond at Children in Scotland's annual conference, held at Murrayfield Stadium in November.

For more on our annual conference, see news, page 5

- > With thanks to Dr Catherine Calderwood and the Office of the Chief Medical Officer for Scotland
- > Photography © Stefano Modica stefanomodica.com
- > Dr Linda De Caestecker discusses the importance of facts and evidence in prenatal health Comment, Page 30





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### Protection or punishment?

A recent research project vividly captures the disconnect between the policy intentions behind secure care and what young people who go through it actually experience. Alison Gough reflects on the key messages that have emerged — and the implications for change

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Secure care in Scotland is the most containing and intense form of alternative care available. When children are secured, they lose their liberty and have many other freedoms restricted.

A very small number of children and young people, less than 1% of all who are looked after in alternative care settings, are secured each year and the number of children secured by local authorities has been on an overall downward trend for several years. Yet the impact is significant for children and their families, with considerable resource implications.

Children and young people can be placed in secure care through the Children's Hearings System (the CHS) or the Courts. At present close to 90% of young people in secure care are there through the CHS, rather than "Voices of because they have been remanded or sentenced by the Courts. children have

Regardless of their route, they are almost always children who are amongst the most vulnerable and who may have had multiple adverse experiences, including physical, emotional and sexual abuse, neglect, bullying, exploitation, loss and bereavement.

Secure care is defined as a resource for keeping safe and meeting the needs of these most vulnerable young people. Yet the voices of those who have experienced secure care capture the unresolved tensions and disconnect between policy intent, which has shifted exponentially in recent decades, and the continuing reality that many young people experience secure care as a punitive rather than a protective response to their needs.

One reason for this may be that the voices of children and young people in secure care have rarely been sought or heard when the policy direction that leads to the reshaping of services and interventions has been under review.

We find ourselves with a unique opportunity to change that. The Scottish Government has made a commitment to ensure that care experience drives transformational change in our approach to young people who are in and on the edges of secure care.

Engaging with young people directly

In 2015, The Scottish Government commissioned the Secure Care National Adviser role at the

Centre for Youth and Criminal Justice (CYCJ) to deliver an independent, analytical, strategic and practice-focused review of secure care in Scotland. This review was known as the Secure Care National Project. It involved a year-long intensive programme of stakeholder engagement and consultation, with young people's lived experience and professionals' practice and working experience the central focus.

Key messages and calls for action were presented to the Scottish Government in June 2016 and summarised in the report Secure Care in Scotland: Looking Ahead (November 2016).

Recommendations were directly informed by the evidence gathered during focused conversations with young people at Scotland's five secure care centres.

These conversations took place during the school day and young people were invited to attend on an opt-in basis. Two group conversations were held at each secure care centre. One explored transitions and the secure care experience. The other looked at mental and emotional health and direction that wellbeing. We took a 'you tell us, we listen' approach by asking a series of open questions to encourage discussion. Of all young people who were in secure care between October interventions 2015 and April 2016, 42% took part. There were also two similarly structured conversations with small groups of young adults who reflected back on their care journeys. In total, 60 care experienced young people and young adults contributed.

> At the close of each discussion, the facilitator checked with young people that their suggestions for change and action had been captured accurately. Following the conversations, all the recommendations were collated. This enabled young people's accounts to be presented to sector leads at a Secure Care in Scotland: Looking Ahead consultation event in early 2016. The discussion and outputs from that event in turn further enhanced evidence and understanding of stakeholders' perspectives, aspirations and anxieties gathered during the Secure Care National Project work. In this way, the Secure Care in Scotland: Looking Ahead report was directly informed and shaped by young people's current testimonies about secure care.



Supporting vulnerable young people

necessary. These are summarised below.

Young people in secure care are not a homogenous group. Among those who spoke to us, there is not a consensus position about whether young people who have committed serious offences and pose a risk of harm to others should be cared for alongside those who have been victims of such offences and harm.

their accounts with decision makers. The result,

Secure Care in Scotland: Young People's Voices, was

published in October 2017. Much of the report is

in their own words, highlighting the policy, practice

and attitudinal changes that young people said are

"Secure care is still seen as being for young people who are in trouble. I haven't done anything wrong but I was in with someone who had set fire to another person. But then I guess that young person might have had bad things happen to them. We're blaming young people instead of the adults who've hurt them and let them down."

There were also mixed views as to the benefits, if any, of secure care. Some believe that the current system is inherently unfair.

"It was depressing coming in. I don't think young people should be locked up."

Despite this, many stressed that coming into secure care had been the right thing for them. Some said the help and support they had experienced in secure care had been transformative - others that it had literally saved their lives.

genuinely changed my life and changed me for good in different ways, they really have."

Young adults wanted decision makers to hear that there should be more consistent, compassionate and psychologically containing continuity of care on offer, addressing all children's needs and helping them make sense of the hurts they have experienced. Secure care or close support should be considered at an earlier point to stabilise those who are at risk of significant harm and to prevent numerous placement breakdowns.

They said professionals are too often focused on the impact of behaviours and actions, and not enough on the underlying reasons or drivers for behaviours which are difficult for others to live with or pose risks of harm. This results in a lack of identification of early problems, which means that trauma and early abusive experiences are invisible and/or untreated.

As a consequence the focus moves towards the young person's 'challenging' or 'risk- taking behaviour'. The care and wider systems can cause further developmental harm through compounding early trauma, through multiple placements, school exclusions and lack of therapeutic treatment.

The sense that secure care is a form of punishment was pervasive. Adults in the caring professions "threatened" the use of secure care in a way which leaves young people believing that it is at best a punitive response to their behaviours and needs, and at worst a form of imprisonment. The majority articulated this sense of punishment even where they simultaneously described feeling safe and cared for within secure care.

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#### The impact of admission

The report found that young people should always be informed and prepared for a secure care placement. They should be given information about their rights, and about what to expect on arrival, before they are taken to a secure care centre. Each centre should make sure that they don't apply a 'one size fits all' approach to admission and risk assessment processes.

#### Settling in, day to day living and learning

Secure care centres should think carefully about the mix of ages and needs so that the group living environment and activity programme is appropriate for everyone. Buddying schemes and

"Adults in

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response

to their

peer support are helpful and more could be done to promote these. Every centre should have a wide range of programmes such as holistic therapies, cognitive behavioural therapy (CBT) and education and vocational qualifications to prepare young people for their future.

Workers and agencies should always think about the impact of language, as verbal and written reports too often emphasise the past and the negatives, rather than focusing on achievements, strengths and goals. More needs to be done to ensure that young people's opinions are always sought and taken into account when secure care centres are reviewing policies and general approaches to practice standards and day to day 'rules'. Every young person should have ready access to children's rights services and information.

#### Keeping in touch

There should be better information and consistent support for families, including practical help to visit young people whilst in secure care. Young people should not be placed in secure care (especially for long-term placements) outwith their home area unless absolutely necessary or unavoidable. They have a right to keep in touch and have contact with relatives and friends and should never be made to feel that this contact is dependent on behaviour.

#### Mental and emotional wellbeing

Much more needs to be done across universal services, from help and support available to parents of babies and young children, through to schools and GPs and health services, to ensure awareness and understanding of the impact of trauma and adverse childhood experiences on children's emotional wellbeing and their development.

Secure care should provide psychologically safe, containing and therapeutic care to help young people make sense of the trauma and hurts they have experienced. Every secure care centre should have a wide range of programmes such as holistic therapies, cognitive behavioural therapy, qualifications, and community-based

opportunities like college and work placements to prepare young people for the future.

#### Participation and decision making

Panel members should listen to young people's views and opinions and not pre-judge the situation. There should be more training on how to listen to young people and look beyond the reports to the young person in front of them. Young people should not have to attend frequent children's hearings, so there should be a review of timescales, orders and how young people are informed about their rights at children's hearings.

Young people in secure care should be contacted and visited by their social worker regularly. They

should not experience multiple social

Social workers and others in decision making roles should be open and honest with young people and involve them in all care planning processes. All report writers should ensure that they share children's hearings reports at the earliest stage. The young person should be contributing and consulted throughout.

The lived expertise of secure care experienced people can inform national and local policy and practice developments, and improve approaches to staff recruitment, training and understanding of secure care centre teams, social workers, panel members and other professionals.

#### Help and support with moving on

Throughcare plans should be taken at the young person's pace. It is very important that young people are fully prepared and psychologically ready to make the transition from secure care into an open setting and then on to appropriate independent living arrangements. Secure services should have integrated throughcare and aftercare supports, including return space so there is continuity of relationships.

The voices of young people remained absolutely central to our work in the Secure Care National Project, with all recommendations made about future direction and secure care based directly on what we were told by those who engaged with us.

Our recommendations are now being considered by the Scottish Government-led Strategic Board, established in response to our report.

Alison Gough is the Secure Care National Advisor with the Centre for Youth and Criminal Justice

> To discuss the work of the Secure Care National Project, contact Alison.gough@strath.ac.uk, or find out more at cycj.org.uk

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# When women and girls can't afford to have their period

Understanding of period poverty is slowly growing, but we need to ensure better access to sanitary products and the introduction of appropriate legislation, write *Emma Trotter* and *Alys Mumford* 



ver the course of their lives, women and girls will face different and greater health care needs than men. Women also risk having their healthcare needs unmet if they are not openly discussed. A prime example of this is menstruation.

The stigma around menstruation, and societal ignorance towards an event that occurs monthly – and in some cases more regularly or sporadically – for women and girls, can be traumatic for those who cannot afford to meet their basic menstrual needs.

Menstruation is painful, inconvenient and expensive. More than 20 per cent of women suffer from such severe menstrual cramps each month that it interferes with their daily activities. The pain can prevent girls from attending school, preclude young women from participating in university or college classes, and be a significant barrier to women making the commute to work, let alone finding the stamina to last a full day at the office. For the half of the population who experience menstruation, there are significant costs involved. It is estimated

that an average woman will use 12,000 tampons in a lifetime. At a cost of £2 to £3, plus five percent VAT, for a packet of 20, a woman will, over her lifetime, spend approximately £5,000 on tampons or other sanitary products. The ability to manage menstruation with dignity is a privilege reserved for those who can afford it.

'Period poverty' is a phrase that has been heard frequently in Scotland over the past year, and not before time. It refers to the phenomenon of women and girls being unable to afford sanitary products and therefore being pushed to the margins of society, unable to participate fully in public life. The term gained traction after anecdotal evidence of girls missing school while on their period, and increased requests for tampons and towels at foodbanks across the UK. In December 2016, The Guardian reported that women living in poverty and women "Access to who were homeless were forced to use sanitary newspapers and socks during their periods. products.

Menstrual inequality is not new, which let alone begs the question, why has it been a free hidden problem for so long? It may sound simplistic, but much of it boils down to products, the disproportionate over-representation is poor in of men in decision-making positions. In Scotland" Scotland, women make up only 35 per cent of Members of the Scottish Parliament and 29 per cent of local councillors. Frankly, if the majority of people making decisions about the distribution of public finances and the curriculum in schools are not experiencing a period every month, or do not feel comfortable speaking about women and girls' physiology, how can we expect inequality in access to sanitary products to be recognised, let alone prioritised? That this issue is now coming to the fore is testament to female politicians who have made it their mission to highlight the issue. It has resulted in bold and powerful scenes in decision-making chambers, including MP Stella Creasy, refusing to continue a debate in the House of Commons on the subject of the Tampon Tax unless a male politician could bring himself to say the word 'tampon'.

#### What do we know?

While inequality of access to sanitary products and its consequences are gaining political traction, a great deal remains unknown about the extent of period poverty in Scotland. From an early age, girls are taught that menstruation is a discreet subject, a topic that should be discussed in secret amongst other girls and women. Students dread the moment a (male) teacher asks them why they are taking their bag with them to the toilet. From puberty until menopause (and beyond) women brace themselves for 'time of the month?' comments.

But what we do know about period poverty makes it clear that action is needed. In April this year, Women for Independence launched a national campaign aimed at seeking views from girls and women on accessing sanitary products. Four days after launching, the group had 400 responses. Of those, eight per cent of women and girls reported they had issues with accessing sanitary products, and four per cent reported they were unable to access products at all. As Women for Independence collates the data, we hope to learn more about the reality of being

unable to afford sanitary products and the barriers this creates for women and girls in Scotland.

In general, access to sanitary products, let alone free products, is poor in Scotland. During this past summer, Engender hosted a roundtable with a small number of specialists and practitioners from the education, homelessness and women's sectors with the purpose of getting an overview of what information and evidence currently exists on the scale and nature of period poverty. The information shared was insightful, providing a first glimpse into the scale of the problem in Scotland. It was also a rare opportunity to hear how often society fails to consider and accommodate women and girls' menstruation. It was reported by those working with students that, at one newly built

college, only two tampon dispensers were installed in a ten-floor building, and that only one was located in student accommodation. Engender also heard that women in male-dominated subjects (for example engineering) could only access tampons by walking back to their halls of residence. While these realities are far from the ideal, the situation worsens for women who face multiple discrimination. Engender's current project examining disabled women's reproductive journeys has uncovered the common practice of failing to install tampon dispensers in accessible toilets, a sign of the complete disregard for the health and hygiene needs of disabled women.

Insufficient access to sanitary products and, therefore, the inability to effectively manage menstruation, can cause or exacerbate health and psycho-social issues, particularly among low-income women. At the roundtable hosted by Engender, women reported increased cases of infection due to using inappropriate products. Aside from the avoidable irritation and discomfort, there are also major health implications. Using inappropriate products, or not changing tampons as often as recommended, also carries with it the risk of potentially fatal Toxic Shock Syndrome.

Alongside the physical consequences of period poverty are the psychological impacts. Being forced to rely on charity donations for tampons can cause embarrassment and the possibility of inappropriate products being provided. Women who experience both heavy and light bleeding during a menstrual cycle may need two different types of tampons or sanitary pads, but are only provided with one through charities. It is a vicious cycle for women and girls who cannot afford to have their period.

The situation is particularly stark for women already facing extreme hardships, including refugee women and women who are homeless. Engender has learned that women run months' worth of the contraceptive pill together, against medical advice, in order to skip their monthly period. We have also heard from homelessness charities, who shared an account of a woman rough-sleeping who was unable to accept offers of tea in a café as remaining seated on the pavement prevented her clothes from getting blood-stained.

While period poverty has predominantly been raised as an issue for women and girls, it bears remembering that there are significant barriers

to trans men and people of non-binary gender accessing sanitary products without stigma. However, there is little research to date on their experiences of period poverty.

#### What's happening about this?

The good news is that some progress is being made.

In the summer of 2017, Scotland became the first country to provide free sanitary products to low-income women through a pilot scheme in Aberdeenshire. At national level, Labour MSP Monica Lennon has championed the need to eradicate period poverty from Scotland and, on International Women's Day, announced her intention to introduce a Members' Bill aimed at ensuring women and girls receive free sanitary products.

Most recently, the First Minister announced that the Scottish

Government plans to provide free sanitary products in schools. It is an encouraging development that has received positive

feedback. One young woman at college in the south of Scotland, which is one of the few places to already provide free tampons and pads, reported: "this has made a huge difference to my situation to be able to get free sanitary products and not to lose my dignity in the process." However, it is crucial that women and girls be given a choice of products to ensure their needs are properly met, to preserve their dignity, and to maintain their health.

#### What next?

While debates in Holyrood and commitments by the Scottish Government are a start, there is still much to be done to reduce the stigma of periods and to enable women to participate more fully in public life. There remain important questions about how we support homeless women, women living in poverty, and women

particularly need to hear the voices of young women, disabled women, and women for whom **English** is not their first language"

"We

#### "Girls shouldn't be penalised because of biology"

#### Why we support Monica Lennon MSP's proposed legislation

Monica Lennon MSP's Member's Bill would ensure free access to sanitary products, including in schools, colleges and universities. The consultation closed on 8 December and we anticipate it will receive widespread support.

Children in Scotland supports this for a number of reasons. Firstly, as Emma and Alys eloquently argue on these pages, women and girls are currently financial disadvantaged because of their biology. While costs associated with menstruation are ones many of us can cope with, evidence says that for women and girls living in poverty, this is a cost that's often difficult to meet. Consequently, many are forced to make healthcare decisions that leave them uncomfortable, ill-at-ease, self conscious and unable to fully participate in their lives.

We also acknowledge that stigma associated with menstruation still exists. It's not talked about enough. A completely normal part of life is hidden away.

For these reasons, we agree that the provision of universally free sanitary products is absolutely the right thing to do. Women and girls should not need to jump through hoops to access what they need, or make their requirements for tampons, pads and cups publicly visible. Sanitary products should be freely and easily available when and where they are needed. That must include schools, community settings and workplaces.

The Scottish Government has a responsibility to ensure this happens. The additional costs associated with this measure is completely justifiable for public health reasons. We also believe it is the responsibility of workplaces across in the public, private and third sectors to support these costs.

Through this Bill we have a great opportunity to resolve one key area of gender inequality. Let's make it a legal responsibility.

Amy Woodhouse, Head of Policy, Projects & Participation



facing violence, who may all have difficulty accessing these essential healthcare products.

More research is needed to gain a fuller picture of levels of access to menstruation products around the country, and the impact on women and girls. We particularly need to hear the voices of young women, disabled women, and women for whom English is not their first language; groups who have been underrepresented in the research completed so far. While the research by Women for Independence is a milestone, Engender has been encouraged by the number of college and university students - in Scotland and elsewhere in the UK - who have reached out to ask questions and to share information with us about their research interest on the subject.

While period poverty generally refers to the challenge of women being unable to afford sanitary products, it also relates to a wider issue of equality. There is a poverty of understanding on menstruation, which needs tackling, and stigma that still needs challenging. Education must play a part, not just by providing products to students, but through the way periods are discussed in public spaces. Are students of all genders taught about menstruation? Are there discussions about different forms of sanitary protection, from tampons to menstrual cups? Are staff taught to respect and believe young women citing periods as a reason not to partake in swimming lessons, or for needing painkillers in class? Are students challenged when mocking menstruating schoolmates? These are small steps, but they are vital to reducing the stigma of menstruation.

It must be recognised that period poverty, as with so many other aspects of reproductive health, is a gendered issue. As such, solutions must recognise the impact menstruation has on women's equality. Period poverty is a symptom of women's poverty. Women are bearing the brunt of social security, are less likely to be in high paid, full-time work, and are still more likely than men to provide unpaid care. While tackling period poverty will not solve women's poverty, to ignore it is to ignore women's lived experiences of inequality.

While we fight for an end to women's poverty and inequality more generally, ensuring that women are not punished for menstruating seems a fairly simple place to start.

**Emma Trottier is Policy and Parliamentary** Manager, and Alys Mumford is Communications and Engagement Manager with Engender

- > For more information on the work of Engender, visit engender.org.uk
- > A summary of Engender's summer roundtable discussing period poverty in Scotland can be found in the Publications area of their website
- > Lend your support to the national campaign to end child poverty, and find out more about Monica Lennon's consultation and proposed Bill at periodpovertyscotland.weebly.com



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#### **Parents – making the difference**

The National Parent Forum of Scotland (NPFS) works in partnership with national and local government and other organisations, involved in education and child wellbeing issues, to ensure that parents play a full and equal role in education. Our overall aim is to help every child to maximise their potential through their school life.

The NPFS continues to remind our partners of the parent voice and its importance in our education system today. Parents are crucial to the overall achievement of our children in so many different ways and the closing of any attainment gaps will be impossible without their involvement and engagement.

Our recent Review of the impact of the Scottish Schools (Parental Involvement) Act 2006 has further raised the importance of parental involvement in its various forms.

The 2006 Act recognised the diversity of parents, taking into account that some parents need support to help their child at home and others are able to give their time to help their school and the education of all children. This blended approach led to the current legislation and guidance.

Our Review was an opportunity to take stock, and to look at how the legislation fits with today's educational, political, economic and demographic landscape. We also looked to examples around the world, to ensure that Scotland remains at the forefront of best international practice.

John Swinney, Deputy First Minister (DFM) and Cabinet Secretary for Education and Skills, welcomed all the findings and recommendations of our Review. This was an important moment for the NPFS, as we appreciated the strength behind the DFM's response. It reinforces the growing need for parents to be part of their child's formal education and recognises that this involvement needs to be appropriate for all parent groups, with times and places that best suit them.

As Chair of the NPFS, I want Scotland's parents and Parent Councils to continue to get the support they need to help their children and their schools. Although parents have achieved a great deal and we have much to be proud of, we cannot rest on our laurels. There is more to be done and with your help the NPFS can keep this topic front and centre in all future discussions about education.

Yours in partnership. Joanna Murphy, Chair

You can read the Review of the impact of the Scottish Schools (Parental Involvement) Act 2006 and the DFM's response via the following links: http://bit.lv/review\_impact\_ScottishSchoolsAct and http://bit.ly/DFM-response



Comment, policy & analysis

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### Rising to the challenge



As children's rights make inroads on our policy agenda and attitudes change, Scots law must keep up the pace - but so must our sector. By Jackie Brock

arlier in 2017 I was delighted to co-present a talk at Stirling University with Associate Dean of Learning and Teaching John L'Anson discussing the challenges and threats to children's rights in today's world.

John gave an excellent summary of the legal context, highlighting the question of Scotland's adherence to the United Nations Convention on the Rights of the Child (UNCRC), on which we could definitely do better, and the potential impact of Brexit on young people and families. Representing the third sector, I provided some reflections on the challenges for the children's sector in advocating the fulfillment of children's rights through all

aspects of policy, practice and across civil society.

"Consulting young people? Big institutions are slowly catching on have been years"

Children in Scotland's mission is to reflect the UNCRC in everything we do. Communicating, respecting and defending children's rights is at the core of our activity. But this does not come to what many without challenges.

There is a deeply practicing for embedded attitude within Scottish society, and amongst many of our lawmakers in particular, that means children are not always afforded the respect and rights they are due.

To take one important example, it took us years of pressure and awareness raising to reach a point where legislation will change to ensure that children have equal protection from assault, as adults do. Other areas of child rights legislation are evolving at an equally glacial

In the last few years the Scottish Government and some local authorities have been moving towards systematically including children and young people in decision making, with much more focus on participation and engagement activity, something we at Children in Scotland champion. However, this is a relatively new approach, and these big institutions are slowly catching on to what many in the sector have been practicing for years.

Many of us encourage these examples of more open, inclusive communication with young people and progress from old fashioned views about children's profile and societal contribution. But when antiquated attitudes are entrenched in law, they can prove harder to shift, and produce tensions with our values and experiences.

For example, in March 2017, a Supreme Court Ruling was made in relation to an application for a permanence order under Section 80 of the Adoption and Children (Scotland) Act 2007.

It stated: "Society must be willing to tolerate very diverse standards of parenting, including the eccentric, the barely adequate and the inconsistent. It follows too that children will inevitably have both very different experiences of parenting and very unequal consequences flowing from it. It means that some children will experience disadvantage and harm while others flourish in atmospheres of loving security and emotional stability. These are the consequences of our fallible humanity and it is not the provenance of the state to spare children all the consequences of defective parenting."

At first sight, this ruling appears to undermine so many of our approaches to supporting children and their families. It certainly goes to the heart of assumptions that the children's sector must do all it can to promote equality and prevent "inconsistent" parenting, primarily by supporting families. Social Work Scotland is looking at the implications of this

AGENDA

case for its policy and practice but it is a reminder that the law and the interpretation of it does not always chime with our practice and expectations.

At the other end of the spectrum is the Scottish Government's Information Sharing Bill. Critics suggest this is an example of the state trying to intrude into family life, despite the intention being to better protect those children who may be at risk.

During my presentation at Stirling I also considered an amendment to the Additional Support for Learning (ASL) Legislation that extends the rights of children aged 12 and over with capacity.

In line with the amendment, children now need to pass a "capacity" test. The consultation on this amendment revealed significant issues, assumptions and some could even claim, prejudices,

"Young people should not be expected to exercise their rights by shoehorning them into an adult-led process"

about young people with additional support needs and their capability to make decisions.

We supported the extension of rights but we wanted to make sure that children and young people could not be expected to exercise these rights by shoehorning them into an adult-led, quasijudicial process. This was accepted by the Scottish Government and appropriate support will be put in place.

Fundamentally, across all areas, if children and young people are to exercise their rights, the structures and means for exercising these rights must be led by them and adapted in line with their needs.

When looking at the legislative activity planned for 2018, we can be proud of plans to embed in law equal protection from assault and raise the age of criminal responsibility.

However, we must remember that new laws and policy developments are almost always about catching up with technological developments, societal attitudes or other behaviour that need to be modified in line with our approach to the UNCRC and children's rights.

It is an ongoing challenge, and one that leaves those working with and for children, young people and their families. with no shortage of work. It is what makes what we do so stimulating and necessary - and it's at the heart of our beliefs about equality and social justice.

Jackie Brock is Children in Scotland's **Chief Executive** 

### Paper vs practice



**Emphasis** on rights for children with additional support needs is a positive step, but only if they become a reality, writes Sheila Riddell

hanges to additional support needs legislation, due to commence in January 2018, shift emphasis away from the rights of parents and carers to focus much more strongly on the rights of children and young people. The question is whether these theoretical rights that exist on paper will be translated into practice.

Despite the emphasis on empowerment of children in the UN Convention on the Rights of the Child (UNCRC), and the UN Convention on the Rights of Persons with Disabilities (UNCRPD), parental rights in education have always tended to trump those of children and young people. This was primarily in the interest of promoting better, more effective 'partnership' between parents and education authorities. Whilst it is acknowledged that much remains to be done to ensure the rights of parents and carers are understood and respected, the rights agenda now seems to have shifted. Children and young people, quite rightly, are the main focus of all activity.

In Scotland, the Education (Scotland) Act 2016 has conferred independent rights on children above the age of 12 who are judged to have capacity and where the exercise of these rights would not be detrimental to their well-being. These rights are almost equivalent to those held by parents and young people and include the right to request an assessment of additional support needs and a statutory plan; receive advice and information; request a copy of a Coordinated Support Plan; and use dispute resolution services including the Tribunal.

South of the border in England, under the Children and Families Act 2014, independent rights are extended to those aged 16plus. These also afford young people the right, amongst others, to express views on assessment of their needs and on a draft education, health and care plan (these plans have replaced 'statements' of Special Educational Needs); to request a review of their needs; to access advice; and to appeal in their own right over a wide range of issues.

For the under-16s, while the new rights are more limited, their autonomy has received some recognition. English local authorities, for example, when carrying out Special Educational Needs functions, must now have regard not only to the child's views, wishes and feelings but also to the importance of

maximising his or her participation in decision-making and ensuring provision of the necessary support and information for this. The Act enables pilot schemes to be introduced for children to appeal or bring disability discrimination complaints under the Equality Act 2010.

"Often there

of changes

needed

to make

On the face of it, these measures represent a substantial extension of children's status as rights holders. Indeed, in certain areas Scottish children hold greater rights than their peers in England, and, at least on paper, Scotland appears to be the most progressive country in Europe with regard to children's rights legislation.

However, there is always theoretical a danger that rights exist rights a on paper but are not practical implemented in practice. Often, there are a number reality" of changes that are needed to make theoretical rights a practical reality and a whole host of questions still need to be answered.

Given that many parents, particularly those from disadvantaged backgrounds, struggle to use their rights, what are the chances of children's rights being realised in practice? Are the new rights (for example, to bring an independent case to the tribunal) going to be used, and what support will be necessary to enable this to happen? How are children's rights going to sit alongside those of their parents, and is there any chance that one set of rights might be played off against another? In Scotland, how will the tests of capacity and detriment to wellbeing be applied in practice? How will particularly vulnerable groups of children and young people be helped to understand and use their rights, for example, those who are care experienced, from disadvantaged backgrounds, or with significant learning disabilities?

It is also interesting to note that in Scotland many of the rights are linked to the Coordinated Support Plan (CSP) - but our research has shown that since 2010 there has been a yearon-year decline in the use of both CSPs and Independent Education Plans, the latter of which is offered to those children identified as having additional support needs but not qualifying for a CSP. Support plans are only issued to 0.3% of the school population.

So can we actually pinpoint any real and significant changes, or is the recognition of rights tied to an outdated, and increasingly unused,

Legislation in both England and Scotland has established important new rights for children and young people with additional support needs, without a doubt. But as yet, there is no real evidence that this has made a significant difference to the lives of children and young people with additional support needs, and their experience and engagement with

education, on either side of the border. I hope to change this.

are a number Joint research, conducted by myself and a research team at the University of Manchester, led by Neville Harris, aims to establish whether the reforms represent a paradigm shift in the recognition and realisation of these rights.

We will be analysing data in

the two jurisdictions including a survey of local authorities, key informant interviews and case studies of children and young people with additional support needs and their families to illustrate the possibilities and challenges of adopting

a rights-respecting approach.

Children and young people will of course be at the heart of our research, and will be included in qualitative aspects and dissemination activities. We are also interested in hearing from parents of children with ASN, since they are often the child's principal

advocate and have important insights about the best ways of helping children use their rights.

Our research will conclude in March 2019. We hope it will display positive findings with regards to the practical realisation of rights as well as shed some light on the way in which children and young people's rights sit alongside those of their parents and what measures schools and local authorities take to promote the rights of children and young people.

With increasing emphasis on the importance of recognising children and young people's rights, will Scotland live up to its reputation on paper of being one of the most progressive nations in Europe?

Professor Sheila Riddell is Direcotr of the Centre for Research in Education Inclusion and Diversity (CREID) at the **University of Edinburgh** 

- > To find out more about the project, which aims to establish whether education reforms truly represent a paradigm shift in the recognition and realisation of rights for children and young people with additional support needs, visit:
- ed.ac.uk/education/rke/ centres-groups/creid/projects/ autonomy-rights-sen-asn-children.
- >To find out more, or be involved, contact sheila.riddell@ed.ac.uk



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### Five is the magic number



@amywoodhoose

Topping up child benefit by £5 is a simple solution to a complex problem and would make a difference to families across Scotland, argues Amy Woodhouse

tage Three proceedings of the Child Poverty (Scotland) Bill commenced on Wednesday 8th November. As members of the End Child Poverty Group, Children in Scotland has warmly welcomed the introduction of this Bill, which we view as an important step towards eradicating child poverty in Scotland. We have been working hard as a group to inform and influence the Bill as it has progressed through parliament, and are confident that it is stronger now than it was when first introduced in February 2017.

One area where we have been successful is to get the inclusion, on the face of the revised Bill, of key measures that Scottish Ministers must consider when preparing delivery plans to meet child poverty targets.

These comprise: financial support for children and parents; automatic payments "Research

by the Child

an increase

Action

Group

benefit

30,000

could lift

children out

of benefits and support; information, advice Poverty and assistance to parents in relation to social security entitlements, indicates income maximisation, in child financial support and education. It also covers the availability more than and affordability of housing; the availability and affordability of of poverty." childcare; parental employment and skills development, assistance and support for physical and mental health and effective use of our new top-up powers.

We are keen to ensure that Scottish Ministers use all

powers at their disposal to address child poverty. This will be essential if the target of reducing child poverty to less than 10% of children in Scotland by 2030 is to be met. We were pleased therefore to see all of these measures included in the revised bill, in recognition that employment is an important factor, but not the only alleviator of poverty.

This is particularly true when there is robust evidence to support specific interventions.

For example, research by the excellent and highly respected Child Poverty Action Group in Scotland (CPAG) indicates that using powers to top-up reserved benefits, provided for in Part 3 of the Scotland Act 2016, could have a significant impact. In particular they highlight that an increase of £5 per week on child benefit could lift more than 30,000 children out of poverty.

When you consider that, according to the latest Scottish Government figures (as outlined in the report Poverty and Income Inequality in Scotland 2015/16) more than one in four (260,000) of Scotland's children are officially recognised as living in poverty, this is a significant step towards achieving national targets.

The case for this change convinced us to join the Give Me 5 campaign. The campaign calls on MSPs to ensure that the 2018/19 budget and Scottish Government spending plans include a top-up of child benefit by five pounds.

Introducing a single rate top-up to child benefit is the simplest and most effective way to boost family incomes. It is easy to

some other benefits. However, not everyone is in favour of universal benefits.

claim, has no stigma attached

has a very high take-up, unlike

to it, and as a consequence

Naomi Eisenstadt, a former Scottish Government poverty advisor, has gone on record questioning whether universal benefits, including child benefit and winter fuel payments, are the most effective **not penalise** use of limited resources. In an interview with The Times newspaper in September, she suggested that, if you give everybody the same, you will always

have unequal outcomes.

I can see how it could be perceived as a wasteful measure, giving money to some families who will not need it. However, at heart this is an incredibly pragmatic and practical solution to a thorny problem.

We know that poverty is not a constant state and families fall in and out of poverty all the time based on changing work circumstances, housing, age of children etc. Riding out changes to income-related benefits in these circumstances can be very challenging. But child benefit does not penalise change.

We're not the only organisation that's convinced of the rationale behind Give Me 5. CPAG has been a powerful driving force and we are thankful for their influence and commitment. The campaign has also been taken up by a wide variety of organisations from across the children's sector, alongside faith groups, trade unions and wider civic society. This demonstrates that the benefits of the increase are recognised by many who don't always tend to champion the same cause: it's not just the usual suspects from the children's sector who support it.

At a political level, the Scottish Labour and Green parties have both publically supported our call. The Greens lodged a Stage

3 amendment to

require that child "Families fall poverty delivery plans set out whether in and out of Scottish Ministers poverty all the intend to provide time based on a top-up to child changing work benefit. They were successful and the circumstances, amendment was housing passed. It does not and age of force the Scottish children. Child Government to implement this benefit does top-up, but does commit them to change" considering it. In our view, this is certainly a step forward.

> We need to continue to make the case for why a child benefit top-up is a good thing to introduce, and we would warmly encourage our readers, members and supporters to sign up to the campaign and get stuck in.

> As a comparatively wealthy country this is a vital area where we can, and must, make a

Amy Woodhouse is Children in Scotland's Head of Policy, **Projects and Participation** 

> Find out more about Children in Scotland's involvement in the Give Me Five campaign at childreninscotland.org.uk/ourwork/projects/

#### **Child Poverty Targets**

Legislation, passed unanimously by 115 voting MSPs on Wednesday 8 November, means that in the financial year starting in April 2030 the government has a statutory obligation to have achieved:

- less than 10% of children living in households in relative poverty (currently 22%)
- less than 5% of children living in households in absolute poverty (currently 21%)
- less than 5% of children living in households that combine low income and material deprivation (currently
- less than 5% of children living in households that are in persistent poverty

#### Policy, Projects and Participation round-up

During autumn we focused on ensuring young people are heard on Brexit, celebrated a big win for our food programme partners, and welcomed a new face to the team. By Elaine Kerridge

Showing common cause on Brexit

We've been busy working to highlight the voices of children and young people in Brexit, including meeting with Scottish Government Minister Mike Russell MSP, speaking at the EU Citizen's Rally in London on child rights, and attending a meeting in the Houses of Parliament to discuss the likely implications for children. We've been collaborating with partners, particularly Together and the Children and Young People's Commissioner for Scotland and hope to announce more in coming months. Look online at Together's recent report which found that one in 10 UK children could risk losing significant protections in relation to cross-border family law as a result of Brexit.

Download at togetherscotland.org.uk

Food, Families, Future partner scoops award Our Food, Families, Futures work is now officially award-winning, with Dalmarnock Primary School the recipients of a welldeserved Herald Society Partnership Award in October and a Scottish Public Services Award in November. The wins reflects the commitment of the whole Dalmarnock community and a fantastic summer programme which enabled children and families take part in fun activities and share food together.

#### **Scottish Government** Children's Champion

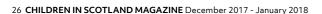
In October it was announced that Permanent Secretary Leslie Evans (right) will be the Scottish Government's Children's

Champion. She has agreed to meet with our Strategic Forum throughout 2018 to achieve a more cohesive approach across government to policymaking for children and young people.

#### Name changes and new faces

Our departmental name has changed, as part of the Children in Scotland rebranding project. We are now called the Policy, Projects and Participation department, to better reflect the range of work we do. We also welcomed a new member to the team, Emma Rogan, who is our Senior Policy Officer (Participation & Engagement).

- > For more information on our policy, projects and participation work, visit childreninscotland.org.uk
- > To discuss how we can facilitate engagement with young people, contact ekerridge@childreninscotland.org.uk



### Image-anxious children? It's not a pretty picture



Young people need emotional resilience to view their bodies positively — and celebrate differences, write Nicky Hutchinson (top) and Chris Calland



@youngbodyimage

We all want our children to be happy and resilient. Confident in their own skin and positive about who they are. As young children, we would expect them to be looking outwards and exploring the world, celebrating all they can do and achieve.

But sadly, we are seeing a shift in how children view themselves. Body image has historically been the domain of the adolescent, but is now impacting on our children at a "It's hard to

much earlier stage. protect our children from We regularly meet teachers and society's parents who are message concerned about that what children showing you look like signs of body anxiety when they is the most are extremely important young. Recently, thing about while visiting a primary school you" we came across a little boy of four who was upset

because he didn't have a six pack, and a girl of eight who didn't want to show her legs because they were "too chubby". Concerned teachers tell us about very young children hiding food and discussing ways to lose weight.

Now, research is backing up what we are seeing in schools and hearing from parents.

Statistics published by PACEY, the Professional Association for Childcare and Early Years, in 2016 say 71 per cent of childcare professionals believe that children are becoming worried about their looks from an early age. Nearly a

quarter (24%) of childcare professionals reported seeing body confidence issues in children aged 3-5.

It's sad to see children as young as this displaying unhappiness with their bodies. Why are children feeling negative about their appearance at such a tender age?

Children soak up the messages

that surround them and early experiences are so important. Today they are growing up in an image-based culture. Let's look at what is around them - images on billboards, advertising and magazine covers that are photo-shopped.

Their own clothes have messages proclaiming they're 'Pretty as a picture' or 'Gorgeous' and superhero dressing up costumes have now been manufactured to include a padded six-pack.

Even if they don't have their own social media account they see it around them, everyone taking selfies, analysing how they look and comparing themselves to

Children today live in a world where we photograph everything. They themselves are the most photographed children ever and many already have an online footprint before they are even born! We love to share cute pictures of our little darlings and they learn very quickly to pose and pout for the camera. We show them how gorgeous they are and

they soon get used to telling us which pictures are acceptable to share and which aren't quite up to scratch.

And what message do they hear about food? They only have to tune in to our guilt around food and constant anxieties about obesity, food, dieting, to hear a lot of fat and body talk; I'm on the clean eating diet', 'She's put on a lot of weight', 'Have you seen his

It's hard to protect our children from society's message that what you look like is the most important thing about you. Children are hearing it loud and clear. The question is, why does body image matter?

The way a child thinks of themselves is vital to building positive mental health. Selfacceptance is a building block to self-esteem and having a healthy body image has a positive influence on our emotional, physical and social well-being.

We know that our children are beginning to feel extremely self-critical and anxious. Mental health concerns are becoming more commonplace in schools as children reach adolescence. As parents and educators it is our duty to support our young people to build up emotional resilience so that they are less influenced by the pressures around them. The positive effects of this early support are longlasting. Research tells us that a child's self-esteem at age eight is a significant factor in whether they go on to suffer from eating disorders in their teenage years.

Our role is to prepare our children for the world that they inhabit and we believe that safe, age-appropriate body image education needs to be included as a vital part of their curriculum.

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The earlier we start the better. It is never too early to help our children to develop emotional resilience our children to the pressures of our looks-obsessed culture. Our award-winning book, 'Body Image in the Primary School', resilience to was the first to provide an evidence-based curriculum promoting body confidence for primary aged children. In **obsessed** 2012, the UK government's own enquiry recommended that body image education should be introduced into primary schools, but this is not compulsory.

We work in schools to train staff, run workshops and lessons with children but we also encourage seminars for parents because, of course, parents themselves are children's biggest

influence and have a key role to play in building their children's body confidence.

In recent years some parents have voiced concerns about their pre-school children. Some despair that they are "It is never too already expressing critical views about their looks. Others tell us that their young children are confident individuals who don't give their looks a second thought and they desperately want them to stay that way.

> It's important that we, as parents, as educators, help our young people recognise their own qualities and skills, understand that they have a genetic inheritance and realise that it's important that we

all look different. We are aware that there is an obesity issue in the UK but we know that if we can raise selfesteem and encourage healthy positive attitudes to our bodies then children are far more likely to be a healthy weight and to have a strong self-image. In our view, the earlier we start, the

Nicky Hutchinson and Chris Calland are body image and behaviour consultants. and founders of Not Just Behaviour

- > To find out more about Not Just Behaviour, visit notjustbehaviour.co.uk or visit Not Just Behaviour on Facebook
- > Nicky and Chris have authored three books on subjects including body image and positive behaviours for young children. Minnie and Max are OK! Body Image in the Primary School and Intervening Early Promoting Positive Behaviour in Young Children are all available on Amazon.
- > Nicky and Chris will be leading our event, A self esteem approach to building body confidence in children age 4-13, in February. Find out more on our website childreninscotland.org.uk events@childreninscotland.org.uk

Illustration by Martha Pettinger, aged 9



#### Let's stop perpetuating myths on alcohol and pregnancy, write Dr Linda de Caestecker and Dr Jonathan Sher



"The media

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resident Kennedy once observed, "the great enemy of truth is very often not the lie - deliberate, contrived and dishonest but the myth: persistent, persuasive and unrealistic".

Fetal Alcohol Spectrum Disorder (FASD) remains the subject of misleading myths and half-truths across Scotland, resulting in continued ignorance, inaction and 'kidding ourselves on' about the potential adverse impacts of drinking while pregnant.

The most conservative epidemiological estimate is that at least 500 babies each year in Scotland have

had their lives and life chances compromised

before birth by fetal alcohol harm. There is no cure. And, no one 'outgrows' FASD. The extent of fetal

alcohol harm is shocking. Only a tiny fraction of children and young people (let alone of Scotland's adults) are properly identified or formally diagnosed as having FASD. Estimates are based upon

international evidence, largely from Canada and other OECD nations, because no robust studies have ever been undertaken in Scotland, or indeed the rest of the UK.

The situation reminds us of the gulf between the reality of autism and the number of accurate diagnoses, and effective responses, 20 years ago. Ignorance is not bliss in relation to either condition.

The first myth is that FASD is a rare condition that affects only an unlucky few. The latest rigorous international analyses tell a very different story. A pregnant woman who buys a UK Lotto ticket has a one in 13,983,816 chance of winning. By contrast, if she

drinks alcohol while pregnant, her chance of having a baby with FASD is one in 13.

The evidence is clear that FASD is the most common preventable cause of lifelong learning disabilities, behavioural problems and diverse developmental defects. Alcohol has been shown by decades of evidence to be a 'teratogen', an agent that can, but does not always, cause birth defects.

FASD's effects can range from heart abnormalities to facial dysmorphologies, but the common denominator across all people affected by fetal alcohol harm is significant brain damage, especially to 'executive functions' such as the ability to plan; to learn from experience; and, to control impulses, including inappropriate sexual and substance abuse impulses.

It can, and does, appear alongside other neurodevelopmental difficulties. These comorbidities matter because the treatment for one may conflict with dealing well with the other.

Those working with parentsto-be, and potential parents, have a world of challenges and opportunities ahead to meaningfully identify, manage and support children, young people and families affected by FASD.

Directors of Public Health give priority to preventing fetal alcohol harm from happening. All four UK Chief Medical Officers, led by Scotland's own CMO, Dr Catherine Calderwood, who is also an obstetrician, advise no alcohol during pregnancy; while trying to conceive; or if likely to become pregnant.

Too often, the media has 'muddied the waters' by pitting two extreme positions on alcohol during pregnancy

against each other. It is not true that an expectant mother drinking one glass of champagne at a wedding has just ruined her baby's life. Just as it is not true that having wine with dinner most nights throughout pregnancy doesn't really 'count' as drinking. Alcohol consumption during pregnancy is a real risk, but not a certainty either way.

The recently launched No Alcohol, No Alcohol Harm public health campaign across NHS Greater Glasgow and Clyde (NHSGGC) focuses on eliminating the risks through two guaranteed prevention strategies; if pregnant, don't drink; or, if continuing to drink, don't get pregnant. Both are safe bets to avoid FASD.

We believe that it both right and respectful to replace myths with facts, explain the reasons 'why', and encourage empowering, informed choices about reproductive lives and drinking. For example, most people do not know that alcohol passes through the placenta into the bloodstream of the fetus, remaining there because a fetus cannot metabolise alcohol.

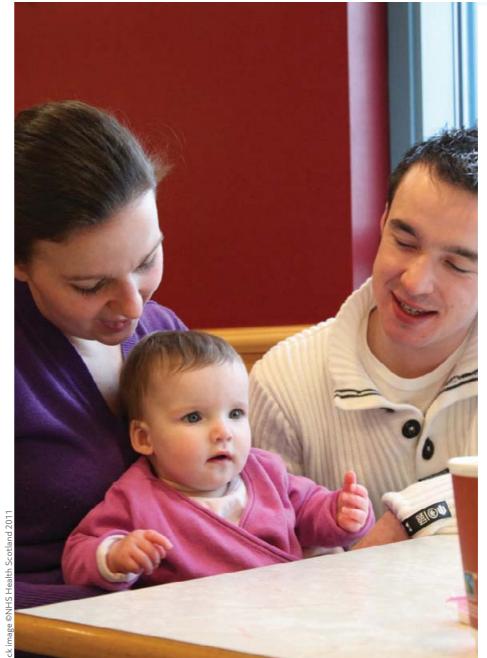
NHSGGC has both an obligation and a commitment to make genuinely helpful advice and assistance available before conception, or while pregnant, to overcome pressures resulting in unhealthy behaviours. We also aim to identify and support the thousands of Scottish children, young people and families who must contend every day with the consequences of a preventable condition that was not prevented.

Dr Linda de Caestecker is Director of Public **Health with NHS Greater** Glasgow and Clyde

Dr Jonathan Sher is an Edinburgh based independent consultant People, projects, perspectives

- > Members' Spotlight: Parents Network Scotland
- > Changing our world p33
- > Improving gender balance in Scotland
- > Making music with those with additional needs

### "Our aim is to leave a lasting legacy so that communities can grow"



nspired by the Parenting University Boston project in the USA, Parent Network Scotland is striving to create 'family hubs' in communities across the country. They will give parents the meaningful, personal and respectful support they need to improve children's lives and strengthen communities, explains Jackie Tolland

Across Scotland, there is an everincreasing recognition of parents and carers as the 'first educators' of young children. Now it is time to strengthen and 'normalise' the inclusion of mothers, fathers and carers as valued and equal partners with professionals and officials, and for day-to-day practice to catch up with policy.

Parent Network Scotland (PNS) has worked for many years to widen access and participation among diverse groups of parents who are often marginalised and not equitably included in decision making.

We create spaces where parents can physically be together, support each other and reduce the sense of isolation and disempowerment that compromises their and their children's wellbeing. We offer support that encourages and enables them to grow their skills, knowledge, confidence and, eventually, their positive influence on the children, institutions and agencies that matter to them.

> Children in Scotland, commissioned by NHS Education Scotland and led by Dr Sher, published the first NHS online course on fetal alcohol harm. Find out more at knowledge.scot.nhs. uk/home/learningand-cpd/learningspaces/fasd.aspx

> For further details on the No Alcohol, No Alcohol Harm public health campaign, visit nhsggc.org.uk

Our aim is to leave a lasting legacy so that individuals and their communities can continue to grow stronger after we leave.

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We decided to develop the concept of 'family hubs' after I was "Helping inspired by my visit to the USA in 2015 as a Winston Churchill Travelling Research Fellow. One of the 12 parent engagement projects I visited was the Parenting their own University Boston. Launched in 2009 to help build the capacity of parents to be actively engaged in their children's education, sessions for parents, in school settings, focused on child development, what children are learning in school, advocacy, parent leadership and effective parenting difficult, is skills. We aim to tailor this support absolutely for parents in their own Scottish communities.

I observed this unique way of engaging parents and had ideas for how the model could be combined with Parent Network Scotland's three-step 'Parenting Matters' model of supporting parents to build their own capacity.

We are in the process of developing these 'family hubs' and applying for funding to operate them first in a set of community venues and primary schools in North Ayrshire, Glasgow, Inverclyde and East Ayrshire. In the first instance, the hubs will be supported by PNS staff whilst building the capacity of local parent volunteers. The hubs will be a safe space and will help shape the kind of support they want, when and how they want it.

The parents we work with are often isolated and have themselves experienced adverse childhood experiences (ACEs). Some face challenges of their own that often make them feel vulnerable, sometimes so much so that they require one-to-one support before they even feel able to participate in a peer group. Like everyone else, they must learn to resolve and move beyond their own ACEs before they can prevent such adversity from burdening another generation of young Scots.

#### Spotlight on: Parent Network Scotland

Parent Network Scotland has been a member of Children in Scotland since 2011. Staff have attended a range of Children in Scotland conferences and training covering topics including parents as partners, engaging fathers and male carers, supporting early years children who are distressed, and supporting primary children with Autistic Spectrum Disorder.

"We would like to continue with the connection we have with Children in Scotland and are thankful for their support in advertising our own training to members. This support is invaluable and we look forward to continue reaping the benefits of this partnership."

- Jackie Tolland, Parent Network Scotland

When ready, over a period of between eight and 12 weeks parents engage in group activities designed to help them grow in confidence

and competence - as individuals, as parents and as community contributors.

It's very common for parents to help one another deal with the challenges they are facing with their child's behaviour early on. We help them to reflect on what is going on underneath that behaviour. Carrying out exercises and asking questions like: When was the last time you were really angry? How were you feeling? When you were angry and frustrated, what did you need?

Such conversations often include a hug and a heartfelt appreciation for having someone to listen to. Helping parents acknowledge and address their own feelings, particularly when their own experiences of being

parented have been difficult, is absolutely key. It can have a transformative effect as they begin to empathise much more closely with their own child's feelings and see the value of taking the time to listen, read a story, or simply do the dishes together and chat.

Participants then have the opportunity to progress to the Parenting for All development award, which develops skills in group work, coaching, and relationship building.

The testimonies of those who have taken part in our programme show the impact it can have.

"It has helped me grow as a person, mentally and physically. I can communicate more positively and overall [have] a more positive life. I get along better with my child and don't feel as angry with her behaviour as I have tools to help me which I would never have known about" said one parent.

"For the first time in a long time I have friends who are genuine and because we were given a safe open space to communicate, we are close and can talk about anything and know we aren't judging each other. More importantly for me in my development is not fearing the future," said

Witnessing participants' confidence grow and seeing where this takes them is the reason I do what I do. I believe the Scottish Government, and a range of professionals are now realising the huge potential of building the capacity of parents who need meaningful, personal, respectful support to play their crucial roles as well as possible. That power can be harnessed to help children and also assist communities in becoming as strong as they can be.

Jackie Tolland is Chief Executive of Parent Network Scotland

> To find out more about the work of Parent Network Scotland, visit parentnetworkscotland.org.uk

> Interview by Nicola Pay

### A day in the life

Evie, aged eight, from Children in Scotland's young people's advisory group Changing Our World, describes her experience of attending our 2017 annual conference



The Children in Scotland Annual Conference 2017 was very exciting.

At the Changing our World stand we asked delegates to make children's rights-based pledges which we displayed on our wall. We also designed some posters, t-shirts, and did some origami.

We interviewed a primary teacher called Graham André who was at the conference to speak about how boys and girls are treated in a

Some of the other members of the Changing our World group, Nina, Ronin and Finlay, reflected on the conversation with Graham.

> Changing our

World is our children

and young people

and young people

Made up of children

(currently aged 8-18)

the advisory group

will help ensure we

and where possible

action their views.

More information

our website

can be found in the

Our Work section of

actively listen to

advisory group.

Finlay said, "It made me think about the boys who wore skirts to school because they weren't allowed to wear shorts." Nina knows that in "some places, like Denmark, it is becoming more popular to get children gender neutral clothing." At Ronin's school "the teachers went on a course. They can't say boys and girls now. They say 'Good morning everyone'. It's got to be equal."

We visited some of the other stalls and got a photo with another advisory group, Who Cares? Scotland. We got a picture with Haggeye and many other organisations as well. We did lots of awesome tweets with pictures in our sparkly tweet frame.

Some of us went to a Creative Journey workshop then we took the stage! Ronin and Finley spoke while the rest of the group stood behind, listening intently. We presented on the pledges made, and a bit more about our group.

Then we did an evaluation, tidied up, and it was time to go home!

#### Pledge to change our world

During the conference, Changing our World asked delegates to pledge how they will encourage, support and reflect the views and voices of children and young people in their work. Some of the pledges made include:

- I, Jackie Brock, pledge to get the views of children and young people and I will make a list of what they tell me and ask my board, Scottish Government and our members to help set actions.
- I, Bruce Adamson, pledge to get the views of children and young people by safeguarding and promoting their rights and involving them every day in all I do.
- I, Katie Rafferty (service director, respect me) pledge to get the views of children and young people to make sure that the voices of children and young people inform our anti-bullying work. We will reach out to YP in different settings and involve them in our planning.
- > With thanks to Evie, Finlay, Ronin, Nina, Marcus, Jake, Daniel, Remy, Martha and Mhairi who all attended the Children in Scotland annual conference on behalf of Changing our World.
- > In November we launched our principles and guidelines for the participation and engagement of young people (right). Visit our website to download your copy childreninscotland.org.uk

### A balancing act



A two-year project run in partnership with schools across Scotland aims to tackle conscious, and subconscious, gender stereotyping. Heather Earnshaw and Charlotte Govan tell us more

ender stereotypes are pervasive. Over the last two years of the Improving Gender Balance project we've seen just how influenced young people's perceptions of themselves, their interests and of others are by stereotypes reinforced in the wider world.

We don't tend to stop and think about how many images and messages we receive about how we 'ought' to act as a boy or as a girl. But those messages are powerful and have an enormous impact on the choices young people make. They influence what they read, toys they feel they can play with, clothes they think they can wear and ultimately the subjects and career paths they choose.

Of course there is nothing wrong with a young person making a choice along stereotypical lines. But there is a problem when those are the only options young people perceive for themselves, or perceive that society sees for them.

This is not just about young women narrowing their options. The perceptions about what is acceptable 'masculine' behaviour can have a negative impact on boys too.

The vast majority of adults working with young people emphatically want the best for the children in their care. That's not in doubt. But we all carry around our own biases whether we know it or not.

Do we respond to messy handwriting from a boy in the same way we would with a girl? Do we treat disruptive behaviour from girls and boys in the same way? Do we give out praise in the same way?

It is so easy to unconsciously slip into making stereotypical assumptions. As one S2 pupil put it to us: "Even though our parents say we can do anything we want, they tell you to 'think about it' if you make an unusual choice. They make you doubt yourself."

Research shows that teacher interactions tend to be unconsciously gendered. More questions are directed to boys and teacher responses to a

student struggling with a question vary according to the pupil's gender.

"Recognising
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When we monitor teacher interactions and highlight the gendering, teachers – like parents – are genuinely horrified. These are dedicated professionals, doing their very best to support every child in their classes. No one has ever talked to them about the potential impact of their unconscious biases.

The good news is there are a myriad of quick and simple ways to tackle hidden bias when working with young people and, as a result, the picture is changing.

Recognising there may be an issue, or even just being willing to check if there is, is the first and most important step to take. It is a daunting subject to tackle, but we can all play a part in making improvements.

Over the last two years we have seen overwhelming positivity and enthusiasm from the schools and nurseries we've worked with as they embed our activities into their everyday practice. One teacher told us recently that one of the most important things he has learned with us is "understanding how small changes can make the biggest impact".

We won't eradicate gender stereotyping overnight. But if we all become more aware of our own biases and embed tackling hidden bias into our work and practice we could soon live in a Scotland where girls and boys really do have equal opportunities.

Heather Earnshaw and Charlotte Govan are the Project Manager and Project Officer for Improving Gender Balance Scotland (IGBS), run by Skills Development Scotland

- > Find out more about the Improving Gender Balance Scotland project at skillsdevelopmentscotland.co.uk/what-we-do/ partners/improving-gender-balance/
- > Get your hands on the IGBS resources for tackling gender stereotyping at bit.ly/HubIGBResources
- > Confident in your own approach? Test yourself for unconscious bias at bit.ly/bias\_testUK
- > Join us at our improving gender balance event, in collaborating with Institute of Physics, Education Scotland and Skills Development Scotland, in January to discuss, debate, and practice real change. Find out more and book at childreninscotland.org.uk/embedding-a-whole-school-approach-to-gender-balance-in-stem/



### Case study: Pupils get green light on card company colour change

For the Improving Gender Balance Scotland competition, held in June, Dunrobin Primary School Primary 7 pupils Katie Wright and Craig Friend (pictured left) wrote to a major greetings card company asking them to produce less stereotypically gender-themed cards. They scooped the top prize in their category.

The pupils were unhappy with the lack of choice and prevalence of 'blue for boys, pink for girls' in stores.

They conducted an online survey at school which found that nearly 60% of girls preferred blue to pink and more than half would choose a Marvel comics character over Barbie. It also showed nearly 60% of boys who were asked liked dancing.

The pupils used the figures to urge the company to rethink its designs and make it easier to personalise cards in store, arguing that it would likely increase their profits.

Katie said: "We started this competition on my birthday as I was fed up of getting girly cards. I don't like flowery, pink cards and stuff like that. We were so happy that we won."

Their teacher Emma Clark said: "It's raised awareness throughout the school as well on gender equality. As their class teacher I'm just so proud of them and everything they've achieved for themselves and for the school as a whole."

### Glad to hear it

#### Emily Carr-Martin explains how a community music programme is empowering young people with complex needs through music-making

"Tuesdays

for a small

of autistic

became

number

ey to every project undertaken and run by Hear My Music (HMM) is the philosophy that individuals who can find it difficult to have their voices heard are placed at the core of the creative and communicative process. We work with organisations, schools, communities and individuals to ensure young people with complex needs and/or an autism spectrum disorder can be recognised as individuals and express their individuality through music.

Glad Spectrum Music is a project that is at the very heart of the work we do. As co-founder and director of HMM, I deliver the sessions along with a refuge freelance specialist practitioners. We work with small groups and individuals in the Glad Foundation after school two days a week. All participants have an Autism Spectrum Disorder.

found every The Glad Foundation was started day life to put into action the social and challenging" community purpose of its sister organisations, the Glad Cafe and Glad Rags Thrift. Its aim is to create opportunities for people of all ages and abilities to engage meaningfully and creatively with music and each other, regardless of their experience, ability or background. In 2013 I received a phone call asking me to meet with the director of the Glad Foundation and a parent to discuss starting a music group specifically for her son to attend. Following

this meeting, Glad Tuesdays was born.

Glad Tuesdays became a refuge for a small number of autistic children who, at times, found everyday life challenging to navigate. Every Tuesday of the school term we would meet for an hour after school for a structured, creative session of singing, rhythm games, composition and instrument exploration. Over time membership shifted

> but regular attendance by some of the same children gave the group its unique personality.

Occasionally clashes would happen between group members. These were often easy to deal with but over time it became clear that for one individual, the inevitable unpredictability of a children who group setting was too much to handle. And so, Glad Spectrum Music was born, providing the opportunity for children to work individually if required. We received funding from Children in Need to run a pilot project and, based on demand, a further three years of funding was secured.

> There are so many reasons why an autistic child may not thrive in a group situation. The flexibility of after-school sessions gives me the opportunity to shuffle groups, allowing some children the chance to work individually for a period of time until they are ready to

participate in the group again. Sometimes

a long-term goal is to be able to attend a music session as part of a group, but each case is assessed individually to ensure it is best for the individual.

No two sessions are the same; some fall into a stereotype of beautiful predictability, some don't! Each session starts with a greeting song and ends with some relaxed listening and a goodbye song. The content of the session then very much depends on the child. We use an optional word or picture timetable, taking care to allow space for creative expression within a structure.

Some children come with the confidence to be creative and to musically express themselves. They just need space, encouragement and guidance to do so. Many children don't have this confidence when they first arrive and providing a space to develop this ability is something that is incredibly special to be part of. The first time a child spontaneously requests a particular instrument or piece of music. or recognises that they are being the driving force behind the musical material, is something that I feel especially privileged to be part of.

One parent, speaking about her son who attends our sessions, told me: "Struan has autism, and as a young boy it was hard to engage and reach into his world. Hear My Music has given him a place to explore his passion for music and the opportunity to learn in an environment that's individually tailored to him."

Another said: "Glad Tuesdays is something Ciaran looks forward to every week. It gives him a place where he can express himself through music and learn to socialise with his peers."

I have found that a high percentage of the children who attend are particularly musically gifted, with many having perfect pitch. Every week we as practitioners are kept on our toes, with ironic musical twists, swift key changes, interesting approaches to instruments and unique approaches to environmental sound. It is a joy to be able to work with, and discover the often hidden abilities of, the children.

The results and the positive impact has been recognised by all those involved. The Glad Foundation's Project Manager, Rory Haye, has also observed a notable difference in those who take part. "Over the last four years the partnership between Hear My Music and the Glad Foundation has helped provide opportunities for one-toone and group music-making for young people with ASD, and adults with additional support needs. Our participant-led approach means those taking part are in control of the music being played, and it has been amazing to see their joy and confidence performing their own songs and compositions, and collaborating with others."

Emily Carr-Martin is co-founder of Hear My Music

- > Set up in 2010, Hear My Music (HMM) runs projects all over Scotland. Find out more at hearmymusic.org.uk
- > Read about the work of the Glad Foundation at thegladcafe.co.uk/gladfoundation.html



#### **Venue Hire**

To book, contact Erin Butler on: 0131 313 8827 or venue@ childreninscotland.org.uk



Located in the heart of Scotland's capital just minutes away from Haymarket railway station, our centrally located office space is fully accessible making it an ideal venue for training, interviews and meetings.

Prices start from £15 per hour for a meeting room, to £25 per hour for our larger training room which holds up to 35 people.

"The training room was spacious and well-equipped, so it was ideal. Staff were friendly and attentive so I couldn't really have asked for more!" (Befriending Networks)

For more information visit our website



**CPD-accredited Training Courses available!** 

Has a child with Down's syndrome recently started at your school? Are there already children with Down's syndrome in your school who have transferred to your class?

Down's Syndrome Scotland is here to help all professionals across Scotland supporting a child or young person with Down's syndrome. We offer bespoke training on specific issues and individual consultation visits to nursery or school as well as courses on inclusion, positive behaviour support, teaching reading and numeracy.

> To discuss your training needs contact our team on 0131 442 8840





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#### Meet the staff

#2 : Catherine Garner Learning and Events Officer

#### Tell us a little bit about your job

I joined Children in Scotland's Learning and Events team in August 2016. I am responsible for developing a programme of events and learning opportunities, with a particular focus on Early Years, Raising Attainment, Child Protection and events for our members.

#### What is the most rewarding part of your role?

I would say reading the positive feedback from the training courses and events that we organise. To read from a teacher that they feel inspired by what they have learned, and are returning to their job motivated and with a desire to share learning with their colleagues means a lot. It really incentivises me to work hard and help deliver the best training we can.

### What has been your best professional achievement or experience, so far?

I played a central role in organising our recent networking event in September 2017, which launched Children in Scotland's new brand. The event was the culmination of a huge amount of work on the part of everyone in Children in Scotland – particularly the Communications and Events teams – so to see it all come together on the night was very rewarding.

#### If you could have a superpower, what would it be?

Most of my colleagues know that I love swimming, so maybe some gills and webbed feet would come in handy. Does that count as a superpower?

#### Tell us your favourite joke

Why did the coffee file a police report?
Because it was mugged.

> Want to get in touch? Contact Catherine via email:

cgarner@childreninscotland.org.uk or call 0131 313 8826

Email the Editor: jdrummond@childreninscotland.org.uk

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#### New members

We are always delighted to welcome new members. Some of those who have joined us recently include:

- Fast Forward Positive Lifestyle
- Kirklandneuk Primary School (Renfrew)
- Newmains Primary School (Wishaw)
- The Language Hub C.I.C
- East Dunbartonshire Association for Mental Health
- Calderglen High School (East Kilbride)

Find out more:

childreninscotland.org.uk/join

#### Participation: Wooly web

Try this great ice-breaker, used by our participation team for group work.

**Things you will need:** A large ball of wool - rainbow wool works best!

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Step 1: Have everyone sit or stand in a circle

Step 2: The person holding the wool starts by saying their name and something they like (e.g a hobby, interest or book)

**Step 3:** Holding the end of the string, throw the ball to someone else in the group.

Continue until everyone is holding a piece of string

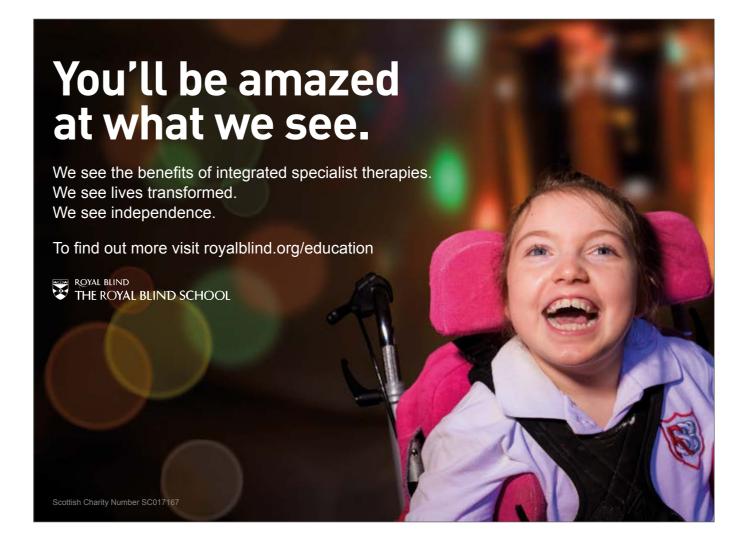


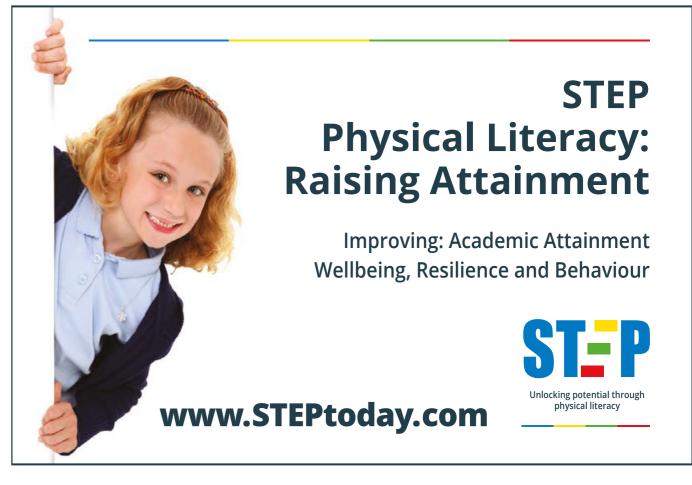
Use at the start of a session as an icebreaker, or at the end to highlight links and shared interests.

> Have you made a wooly web? Tweet us your results @cisweb #CiSMagazine

### Next issue: 7 Feb-March 2018

Our next edition will be published in February. If you have any items you'd like considered for inclusion, please get in touch with the editor by 20 December. Contact details top right.





### 15 years of making a positive and lasting difference to children and young people

#### 15 YEARS OF PARTNERSHIP

Since it was founded in 2002, Foster Care Associates (FCA) Scotland has been committed to developing and providing innovative and high-quality children's services. Alongside our customers we have been at the forefront of shaping one of the very best fostering services in the world, right here in Scotland.

On the 14th October 2017 FCA Scotland celebrated 15 years of operating in Scotland. Our mission statement is to provide 'quality care in family setting' and we are committed to continue to do so with demonstrable outcomes for children and young people.

We are excited about continuing to work in partnership with local authorities and other stakeholders to ensure that we all share in making a positive and lasting difference to children.

#### 15 YEARS OF AMBITION

Through our ground-breaking 'Team Parenting®' approach, FCA Scotland has always placed great importance on the achievements that children and young people make in terms of their education, their health and wellbeing and fulfilment of their potential.

Our most recent attendance statistics are up on previous years, showing FCA Scotland's children are still well above the national averages for both the looked after population and all school attendees. In school year 2016-17 our young people had an average attendance of 97.7% which is 4.6% above the national average for all school age children in Scotland, and 6.1%\* above the looked after population. \*Source: Scottish Government Stats (published June 2016).

FCA Scotland is also bridging the gap in attainment. We continue to fund 10 hours of one to one tuition for every pupil in S4, as well as those in S5 with aspirations to Further and Higher education. Last year our school leavers gained both National 4 and National 5 qualifications at a percentage significantly above those of the looked after population and closer to that of the general school population.

As our young people have transitioned into young adults we have supported 70 young people to move onto their own accommodation and are registering as an adult placement provider to support the Continuing Care agenda. 94% of our school leavers remained in a positive destination one year after the month they left school. This compares to 71% of looked after leavers and 91% of the general school population.

#### 15 YEARS OF QUALITY CARE

Over the past 15 years FCA Scotland has recruited, supervised and supported over 500 new foster carer households, significantly increasing the pool of foster carers in Scotland, and over this time we have supported the plans for nearly 1,500 children and young people.

The quality is evident in the placement stability our carers offer, with over 98% of the children and young people being looked after by FCA Scotland foster carers having been in their placement for over 2 years, and over 40% in permanent placements. In addition, the Care Inspectorate have consistently graded our services as 'Very Good' and 'Good'.

#### 15 YEARS OF INNOVATION

At FCA Scotland there has been commitment over the past 15 years to help meet the needs of Scotland's most vulnerable children and young people by reinvesting in the services we provide.

Part of this has been through a continuous evaluation of the services we offer, with innovation as the driving force to achieve our vision. In doing so we offer a range of fostering placements to support the needs of children and young people as they span the spectrum of need and this year we have launched our Forever Families service, recruiting carers for Permanence. Our innovations extend into the way in which we support young people in placement and ensure their voice is heard, alongside developing new and improved ways of supervising, scrutinising and supporting the practice of our foster carers and staff.

As we look forward to the next 15 years our services will diversify to support innovation for vulnerable children and their families across Scotland. We look forward to continuing to make a positive and lasting difference for children, families and communities across Scotland in partnership with customers, local government and sector partners.

#### For further information please contact:

Jo Derrick, Managing Director, FCA Scotland on:

T: 0141 646 1400

**E:** jo.derrick@thefca.co.uk

Why not be part of the team? For staff and foster carer recruitment go to our Facebook page www.facebook.com/fcascotland





fcascotland.co.uk