

Essential reading for Scotland's children's sector

December 2017 - January 2018 Issue 183

# Children in Scotland magazine



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we end  
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# Welcome...



**Jennifer Drummond**  
@jen\_drum  
#CiSMagazine

## ...to the winter 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 image-conscious 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.

Happy holidays, and happy reading!

*Drummond*

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# 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'**

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.

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

**"Early experiences and influences can really make an impact on a child's future and future health"**



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”**

Bringing voices  
together



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.

"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. 'Over-medication', 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**

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**> Dr Linda De Caestecker discusses the importance of facts and evidence in prenatal health Comment, Page 30**

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# 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

**W**e 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 much earlier stage.

We regularly meet teachers and parents who are concerned about children showing signs of body anxiety when they are extremely young. Recently, while visiting a primary school 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 others.

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 six-pack?'

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. Self-acceptance 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 long-lasting. 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.

**"It's hard to protect our children from society's message that what you look like is the most important thing about you"**

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.

The earlier we start the better. It is never too early to help our children to develop emotional resilience to the pressures of our looks-obsessed culture. Our award-winning book, *'Body Image in the Primary School'*, was the first to provide an evidence-based curriculum promoting body confidence for primary aged children. In 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.

**"It is never too early to help our children to develop emotional resilience to the pressures of our looks-obsessed culture"**

In recent years some parents have voiced concerns about their pre-school children. Some despair that they are 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 self-esteem 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 better.

**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](http://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](http://childreninscotland.org.uk) or email [events@childreninscotland.org.uk](mailto:events@childreninscotland.org.uk)

*Illustration by Martha Pettinger, aged 9*



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

**I**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 ever-increasing 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.



Stock image ©NHS Health Scotland 2011



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

We decided to develop the concept of 'family hubs' after I was 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 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 skills. We aim to tailor this support 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.

**"Helping parents acknowledge and address their own feelings, particularly when their own experiences have been difficult, is absolutely key"**

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 another.

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](http://parentnetworkscotland.org.uk)

> Interview by Nicola Pay

## 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



# 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

Members of COW with our Participation and Engagement staff. Image © Stefano Modica



> **Changing our World is our children and young people advisory group. Made up of children and young people (currently aged 8-18) the advisory group will help ensure we actively listen to and where possible action their views.** More information can be found in the Our Work section of our website

**T**he 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 school.

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

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 Finlay 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](http://childreninscotland.org.uk)

