Scotland: the best place in the world to bring up children?

A collection of essays about parenting in Scotland

Editing notes

We would like to thank all contributors to this collection.

We accepted articles on the basis that they would be edited to ensure consistency within the publication.

We have tried to ensure that any major changes have been agreed by the contributor.

We have used the term 'parent' to mean anyone in the position of caring for a child in a parenting role.

Contents

Introduction

Clare Simpson: project manager, Parenting across Scotland

Policy panacea to cure all society's ills or the cause of them? Parents and how they parent have been under scrutiny in recent years. Parents get a negative press; overwhelmingly, that standards in parenting are declining. Is this the case? Or, in fact, is the job of parenting getting harder in an increasingly complex world? Whichever is right, both suggest that parents could do with more help.

The Scottish Government is committed to introducing a national parenting strategy and making Scotland the best place in the world to bring up children. If the government stated its intention to intervene in the economics of the country, to improve the nation's health, to prevent crime or to educate its young, people would regard these as natural functions of government. And yet, the very mention of a national parenting strategy, is likely to bring with it knee-jerk accusations of 'nanny state'. But supporting families is exactly about all those functions that we generally accept as being the job of government – rebuilding our failing economy, improving our health, preventing crime and educating children. We need to recognise the value of good parenting more and provide more support to parents before they fail rather than picking up the pieces afterwards. It is critical to the future of our country that we do so; beyond this, it is the right thing to do – Scotland's families deserve no less.

In order to encourage people to discuss, debate and contribute to the national parenting strategy, Parenting across Scotland, invited a wide variety of organisations and individuals to submit an article about any aspect of parenting. When we asked people for contributions, we did not know what to expect. What we got was impressive: passionate essays from people who really care about parenting and who want to see Scotland change how it supports families. They highlight the hot topics and also the many challenges to designing a more coherent approach to supporting families.

Although the subject matter in this collection is wide, it does not cover the full picture. Some gaps reflect the lack of services or inclusion in current policy thinking and research; for example, there are few articles about parenting teenagers (though a third of all calls to ParentLine are from parents of teenagers) and none at all about parenting in black and minority ethnic families. These are important topics for the parenting strategy.

Neither does the collection consider parenting in its wider context - it would have doubled or trebled in size. Parenting isn't a discrete activity isolated from the environment - where we live, how work is configured, the childcare available, and whether we can get on a bus with a buggy - the list goes on - all make a difference.

We did not specify topics for contributors and the submissions cover a wide variety of

subjects including personal accounts of the pleasures and problems of parenting; the findings from research; and practical examples of supporting parents drawn from Scotland and abroad. All make a vital contribution to developing a national strategy. And together they provide a vision for the future.

Although we have presented each article as standalone, they are interconnected, and sometimes the same information is repeated by different contributors. Although we have grouped the articles into the six themes below, this is more to do with ease of reading than to demarcate articles. Many of them fit all the themes, simply because parenting cuts across so many aspects.

Theme 1: Parenting

Being a parent is not about a set of rules to follow to produce a happy, well-adjusted young person. If it were, in some ways, it would be a lot easier. In others, it would be far less interesting. Whoever the parent is (and I include the state as corporate parent), families are essentially about relationships and how people relate both within their families and from them to the wider world. At its best, parenting is about love, kindness and caring. For many parents, particularly those in difficult circumstances, this is not easy to achieve and they may need extra help. This section looks at what it means to be a parent; being a father; how differing family backgrounds affect people; and how different countries help families.

Theme 2: Towards a national parenting strategy

With the Scottish Government considering a national parenting strategy, contributors discuss what needs to happen to make Scotland the best place in the world to bring up children. Children usually come with families, which is why 'getting it right for every child' generally means getting it right for every family. The critical place of supporting parents in children's early years; the state's role as corporate parent; and the importance of communication are all considered in the light of the proposed parenting strategy and better support for families.

Theme 3: Parenting - early years to teenage years

The early years have received considerable attention as a critical time in child development and a vital intervention point for improving children's lives. Investing in the early years pays considerable dividends later on. While the early years can be difficult for parents, the teenage years throw up their own problems and many parents struggle to manage. Writers in this section look at the importance of these times in a child's life; the research findings; and effective approaches to parenting and family support.

Theme 4: Parenting under pressure

Not all families have equal chances. In particular, children in families struggling with substance misuse, those affected by domestic abuse, and parents with mental health difficulties fare worse than others. More children are affected by a parent's imprisonment than by divorce. Evidence shows that parents on a low income are not worse parents, but they do struggle against greater odds, and with changes to welfare benefits, the pressures on low-income families are set to increase. As well as vital universal services in the early years, families with specific difficulties may need tailored or intensive help. The articles in this section consider the issues for, and ways of helping, families under pressure.

Theme 5: Supporting families through transition

Over the past few decades, there have been fundamental changes to the family. Societal changes, such as the role of women, acceptance of difference in sexual orientation, and policy changes, such as to divorce and employment, mean that families are probably more heterogeneous than ever before. This makes it difficult to design policies responsive to families which are increasingly different, disjointed and yet intimately and complexly connected to other families. In this section, contributors cover the changing shape of the family (for example, lone parents and adoptive parents) and consider what happens when families separate.

Theme 6: Some practice examples

There is much good practice already in Scotland which indicates how families can be supported. This section highlights examples from around Scotland including educational projects, psychology, parenting programmes, helpline practice and work with young offender fathers. Children's educational outcomes vary widely and are closely linked to their backgrounds. Parental involvement in their children's education can make a considerable difference. In this section, contributors consider how this might be achieved and describe various interventions designed to help with children's behavioural problems.

Looking ahead

A parenting strategy has to consider parenting as an activity which takes place within and among families, but must also deal with the wider context within which families operate. It must create a society which is considerate of families and creates conditions in which families can thrive, rather than constantly struggle.

We hope that this collection contributes to the debate on Scotland's national parenting strategy; what it means to be a parent in Scotland today; and how we best support families.

We also hope it goes some way towards answering the question: 'Scotland: the best place in the world to bring up children?'

Parenting

'Strong, loving families are essential to ensure that all Scotland's children get the best start in life.'

Parenting across Scotland/Ipsos MORI, 2010

Parenting: a life-course approach

Clare Simpson: project manager, Parenting across Scotland

Clare Simpson opens this essay collection by making the case for a national parenting strategy which creates the conditions for parents, and their children, to succeed.

The Scottish Government wants to make 'Scotland the best place in the world to bring up children' (The Scottish Government 2011). So, right now, just how close are we to that target?

A poll of the Scottish public carried out by TNS-BMRB for Parenting across Scotland found that 50% of the Scottish public either strongly agreed or slightly agreed that Scotland is the best place in the world to bring up children'[1] (TNS-BMRB 2012). However, in 2007, the Organisation for Economic Cooperation and Development (OECD) placed the UK near the bottom of the league table for children's wellbeing (OECD 2007) (16th out of 24 countries); further analysis by Barnardo's placed Scotland even further behind (23 out of 24) (Barnardo's 2007). The bad news is that there is a long way to go. The good news is that there is considerable room for improvement and much we can do to improve children's lives and opportunities.

What does a national parenting strategy need to do?

A national strategy needs to:

1. Value the importance of parenting and the important work parents do
2. Ensure that parents get the help they need when they need it, through the principle of 'progressive universalism'
3. Invest in the early years, and in particular, reinvigorate the crucial profession of health visiting
4. Improve work-life balance and encourage shared parenting, by making workplaces more family-friendly and standing alongside a new childcare strategy
5. Support parents to build their own communities of support through family centres and investing in communities

The importance of parenting

All too often, parents feel under attack by the media and judgement from other people. While the OECD tables and headline reporting paint a bleak picture of parenting in Scotland, they do not tell the whole story. The vast majority of parents love and want to do the best for their children, and very many parents in Scotland are already doing so.

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[1]25% disagreed; 20% neither agreed nor disagreed; 5% did not know.

With the right help and support, many more will be able to do so. Constant negative publicity about parenting, while many of the statistics are based on solid evidence, is debilitating for parents and undermines their best efforts for their children. Building a culture where we value parents and the important work they do, needs to be grounded in positivity and celebration so that parents feel supported and valued rather than constantly under attack. A national parenting strategy that trusts parents and believes in their ability to succeed is far more likely to engage parents, and to create the conditions for parents to succeed.

Help for parents when they need it

All parents need support at times, and some families need more than others. Some families may need extra help on a continuing basis, while, for others, circumstances such as separation, bereavement or child health, may create additional need at times.

When resources are scarce it is tempting to say that concentrating on the families with additional needs will save money. However, it is a fallacious argument. We need universal services – health in the very early years, followed by education – which support families and prevent problems turning into crises; make asking for help a routine behaviour for all families; and monitor children's wellbeing and health so that problems can be picked up early and specialist help offered. There should not be a tension between universal and targeted services – we need both, based on the principle of progressive universalism that identifies need and responds as early as possible, and provides additional help to those who need it (Marmot et al. 2010).

Families are not created equal. Many face extra pressure, for example, because of mental health, domestic abuse or substance abuse problems. With punitive welfare reforms imminent, helping parents on low incomes is especially critical. While evidence (Mountney 2012) shows that parents surviving on low incomes are not poorer parents, they do struggle against greater odds. No amount of parenting classes or other family support can make up for lack of money. Naomi Eisenstadt, first director of the SureStart programme in England, said of the focus on parenting programmes, 'I would rather put the food on the table. In the absence of any talk about paying the bills, this focus is disrespectful because it assumes that these are the problems poor people have, and does not recognise that the main problem poor people have is not having enough money' (Guardian 22/11/11). Policy makers need to tackle problems arising from structural inequalities.

Investing in early years

There is substantial evidence that investing in the early years yields rich economic savings in years to come. The Scottish Parliament's finance committee and the Scottish Government's own economic modelling have shown the value of investing in early intervention in the early years. The early years are considered to be a significant time for brain development. But beyond the cold justification of economics and neuroscience, surely it is simply wrong that, by the age of three, large numbers of children in Scotland are already at a disadvantage to their peers?

Making sure that families have help around them in the early years is crucial. Health provides universal contact, initially, through GPs and midwifery services and then through health visiting. Polls by Ipsos MORI for Parenting across Scotland (Ipsos MORI for PAS 2008 and 2010) show that families in Scotland greatly trust health visitors and

GPs. But with health visitor numbers falling (the average age of health visitors in Scotland is rising and fewer new recruits are being trained), the profession is in crisis. Unless action is taken soon, it will cease to exist. To be serious about improving the early years, pivotal professions need investment and reinvigoration. However, supporting the early years is not just about providing support in the early years. In particular, we need to look at how we support adult couple relationships; how we educate children; and how we support parents of teenagers. We need to educate children, the parents of the future, about relationships and emphasise empathy and kindness: the health and wellbeing strand of the Curriculum for Excellence offers an excellent opportunity to do this.

From day one, children see how their parents relate to them and to each other, so this needs to be as positive as possible. The chances of couples splitting up are significantly increased in the first few years after a child's birth. Whether it is about enabling couples to stay together or about making the process of separation and parenting apart as free of conflict as possible, evidence (Walker et al. 2010) shows that support for the adult relationship improves outcomes for families.

Negotiating the path to adult independence is frequently rocky for parents and teenagers. Even the best experience in the early years, does not guarantee a smooth transition to adulthood. Evidence from neuroscience (Society for Neuroscience 2007) shows that the teenage brain develops almost as dramatically as in the early years. However, although over a third of all calls to ParentLine are from parents of teenagers, there are very few services for them.

Enabling parents to work and have home lives

Parenting does not take place in a vacuum. The external environment has considerable influence and, in particular, family life is often a juggling act between home and work. Increasingly, both parents need to work to ensure an adequate income. The stresses of combining work and home life, coupled with soaring childcare costs (Daycare Trust 2012), are barriers to good parenting. While employment and parental leave are reserved to Westminster, much could be done in Scotland to make work a more family-friendly experience. A national parenting strategy needs to work with employers to encourage more flexible working and family-friendly policies, and must accompany a new childcare strategy that enables parents to work and to escape poverty.

Communities of support for parents

A national parenting strategy isn't the bludgeon of a 'nanny state': it is a tool to help parents to be the best they can be. Every family is unique, and parents are generally the people who know what's best for their own children. While health and education provide the all-important universal services, research consistently shows that parents rely most on informal networks. These communities need to be supported to flourish. Opportunities for parents to meet; support for local parent groups; and training from community organisers to build parental capacity are all important for building communities of support for parents.

Making Scotland the best place for children

There is a long way to go to make Scotland the best place in the world to bring up children. If the Scottish Government is serious about its intention, it needs to put its money where its mouth is and invest in families. It needs to work across government

departments and ministerial briefs to ensure that it creates an environment in which families can thrive. Scotland's families deserve no less.

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What chance Scotland?

Alan Sinclair

Alan Sinclair asks what makes a good parent and how the state can help improve equality of opportunity and support families out of inter-generational failure.

What makes a parent a good parent? I put this question to a focus group of children. A clear answer came back: all parents are good. To come clean, the focus group was conducted in my kitchen at 8.15 over porridge and Cheerios with my two children.

'All parents are good' or, to be more precise, all parents love their children, is the message that comes from front-line social workers and my own experience of parents who are really struggling. While all parents may love their children, for many parents, the daily practice is ropey.

How can we help parents to be better parents? This question is the elephant on the table of political and social debate. For decades, there has been much talk and many initiatives to improve low educational performance and reduce violence and alcohol and drug abuse. These are all inter-generational failure by another name. So, what it takes to make good parents or at least less bad parents, needs to be addressed in political debate, in how we run our institutions, and how we run our own lives.

People or the state

If waving a magic wand would change deep cultural attitudes to children and introduce a better environment for parenting, I would wave it furiously. Good and bad approaches to parenting are contagious and run across societies. A colleague in her 40s who was born in Holland and spent the first half of her life there before moving to Scotland told me, 'In Scotland you tolerate children. In Holland we love them.'

Debating and pleading helps but what will shift culture, is changing the values and processes inherent in our health, education and criminal justice services. This is not an argument for the state becoming the parent. We know, for example, from the Soviet Union's approach to families and from our own approach to children taken into care, that the state is a rank awful parent.

Where the state and its institutions should come in is not, except in extreme cases, to shoulder parents out but to support parents as they struggle through pregnancy and try to bring up their babies. All parents with babies are hungry for help, and some need more help than others. An example from a near neighbour, Holland, shows how, in a very practical and human way, the state can support parents.

Most babies in Holland are born at home. After birth, every day for a week, a helper comes in to look after the other children, make food, do the washing and advise on breast feeding or whatever.

A neighbourhood 'Consultatiebureau', the mother and baby well-being clinic, gets to know the mother and provides support up to school age. A nurse makes two home visits shortly after birth. The parent(s) and the baby visit the clinic on weeks four and eight, then months 3,4,6,7,9,11,14,18 and then at age two, three and 3.9 years.

Clinics are staffed by doctors who attend to social and emotional development, motor skills, language and general health. Nurses provide consistent support, get to know the parent(s) and help with aspects such as baby care, parenting, feeding, toileting and sleeping. Walk-in surgeries and a telephone helpline provide back up. Close behind, is a reserve of speech therapists, psychologists, home-makers and social workers.

Several features are worth contrasting with Scotland. In Holland, support starts early and is available to all babies and parents. In Scotland, most parents see the health visitor for the last time at eight weeks, and have to fend for themselves thereafter. In Scotland, health of a baby is a technical issue. In Holland, they look at the whole child: their development, language, emotional life and how the parents are coping. In Scotland, we are stuck with a threadbare system and have been gradually diluting and undermining the role of the health visitor. Holland, over the past five years has invested in family centres to complement the work of the mother and baby wellbeing clinics so that extra support can be given to families with issues such as alcohol and drug abuse, depression and domestic abuse. Voluntary participation rates in Holland are high, and neither politicians nor people think that this system reeks of the Big Brother state.

Holland illustrates how a state, through its health (really a health and development) service, can work with parents to prevent problems from happening and growing arms and legs. Prevention and early intervention runs through the whole system.

What chance Scotland?

Politically in Scotland, parenting has been located in a blind spot. Problems have not been framed in the context of inter-generational failure. But, more people are now realising the benefits of good parenting to early years. Profound change most usually comes at a time of crisis. We are in an economic and financial crisis which is affecting every family in Scotland. Can new legislation on children's rights and legislation on children's services be a stepping stone and a new opportunity? Individuals and professionals are looking for a coherent picture of the society that we want to create; they want to be part of a forward march that rings true. Improving equality of opportunity by ending inter-generational failure through supporting babies and parents is a persuasive and practical message.

What is harder to explain to my children over breakfast is why some parents harm their children and we look the other way.

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Good parenting: instinct or information?

Marion Macleod: senior policy and parliamentary officer, Children in Scotland

Marion Macleod makes the case that investing in the workforce and changing our whole system so it works better for children and families should be at the heart of our parenting approach.

Parenting, and how to improve it, is the subject of current attention. Sadly, much of this interest has arisen from well-publicised 'failures' in parenting, resulting in the abuse and neglect of individual children as well as in systemic social problems, such as the riots and looting that spread across England last year. If we look beyond the sound bites and headlines, however, we can begin to understand the real problem. Many of the parents who 'failed' did not have the information and support that would have helped them give their children the right ingredients for an optimistic future. The difference is not usually between parents who are competent and concerned, and those who are feckless and malevolent, but between those who have known the right things to do to give their child a good start in life and those who have not.

So how do parents know the 'right things to do'? Most parents recall their own upbringing and replicate, adapt, or, in some cases, react against, it. Some seek out information, through 'how to' guides, television programmes, websites, and research. Many consult with family and friends or involve themselves in peer support groups. Few would 'instinctively' parent well without any of the foregoing. Parents who cannot or do not access these sources of knowledge are, therefore, less likely to be able to ensure best outcomes for their children.

The effects of change

Changes in Scottish society since the latter part of the 20th century have significantly affected family life. People are more mobile, thus less likely to be in regular and frequent contact with immediate and extended family. Fewer people have roots and sustained connections with the communities in which they live. Most mothers are in employment. The traditional supports and sources of information that helped many parents bring up their children have been eroded. At the same time, the demands and expectations on them have increased. What has also changed in recent years has been an increasing recognition of concepts such as inclusion, equality and opportunity, coupled with a general acceptance that they are both an appropriate locus of government policy and duty of public service providers. Helping parents to give their children the best start in life is now a commitment across the political spectrum. What is less evident is a clear understanding of, and commitment to, doing what is likely to achieve best results while using resources most effectively. This has led to a proliferation of projects, programmes

and approaches, many of which have been embraced without unambiguous evidence of sustained positive impact on child wellbeing.

Learning from abroad

A constructive alternative would be to consider what can be learned from countries which achieve better outcomes for their children, socially, educationally and emotionally. Children in Scotland recently led a large European research project, 'Working for Inclusion' (Children in Scotland 2011). It looked at early childhood care and education services across ten European countries, comparing how parents were supported and child wellbeing promoted. The findings unequivocally concluded that the countries where services were provided to all children and families, on a universal basis, achieved significantly better outcomes for their children than those which provided a 'patchwork' of services or took a highly targeted approach to intervention. The level and nature of staff qualifications and the associated pedagogical approach were also found to be important in engaging with parents and achieving the best for children. Integrated systems of early childhood education and care also attained better results than countries where they were managed and governed separately. The 'better results' are, furthermore, not marginal or insubstantial. They are both significant and impressive. Children do better in school, whole population health is better, there is lower incidence of crime, mental illness and drug and alcohol misuse and far less of a gap between the richest and the poorest in society. We would do well in Scotland to understand how workforce qualifications and experience, organisational structures and provision of services on a universal entitlement basis can help parents better and achieve more for children.

A valued workforce

If we start with the workforce, there are immediately obvious differences. In countries that do well, staff who work with parents and children are usually qualified to degree level. In several of the countries studied, a qualification in social pedagogy had the most common currency. Even where this was not the case, the content and underpinning values associated with social pedagogy informed practice. Thorough understanding of healthy child development, and how to encourage it; developing trusted and respectful relationships with parents; and reflecting systematically on personal practice were found to be key factors in bringing about good parenting and good outcomes for children. Scotland, in contrast, includes many of the lowest paid and least qualified members of its workforce among those who support parents and care for children; even our degree-level qualifications for work with children, such as teaching, do not include all the elements consistent with achieving good outcomes.

Of course, the regularity, consistency, continuity and frequency of contact inherent in universal provision means that relationships can be more readily formed and sustained. Thus, knowledgeable and skilled staff can build up a picture of family functioning, provide advice, information and support, deliver consistent high-quality early learning for the child, model 'good parenting' be alert to, and act on, any developmental concerns and, in a non-stigmatising and non-threatening way, guide and support parents in doing the best for their children. Children in Scotland's recent publication 'Young Children in Charge' looked at the internationally renowned approach to early learning and child care developed in San Miniato in Italy (Bloomer and Cohen 2008). Parents are integrally involved with staff in promoting their child's development, but also derive significant

peer support from other parents. An intrinsic objective of this pedagogical approach is to optimise the child's wellbeing, not just to address deficit.

Support in the round

Fragmentation and division of management and organisational structures would not, on the face of it, seem to be a critical factor in the extent of effectiveness of day-to-day work with children and families. 'Working for Inclusion' found otherwise. Separating aspects of a child's development and experience – play, learning, health, care – does not encourage an understanding of the 'whole child'. It also increases the number of services with which a family will have contact while simultaneously reducing the capacity of each one of them to gain a full understanding of the child and family and to form meaningful relationships with them. Separating what we do with children from what we do with parents is another unhelpful division. In the nations in Europe which do well, support for parents is seen as an integral part of the supportive infrastructure for families, not a discrete area of activity. In Finland, each child has an agreed development plan, jointly devised by parents and professionals (Lindberg 2011). Universal childcare services will certainly allow more parents to enter the workforce, thus reducing the stress in families associated with poverty and disadvantage. Organised in the right way, however, it can tick many more of our aspirational boxes.

How can we in Scotland learn from the experience of others? How can we embrace the kind of policies and embed the kind of services needed to have well-supported parents raising healthy, happy children? Raising the skill level and knowledge base of our workforce would be a useful start. Providing degree-level courses based on the content of the social pedagogue qualification, as well as offering specific professional development opportunities for those in the children's workforce holding other qualifications would also be a positive start. This would enhance the capacity of our existing services to form positive and constructive relationships with parents and to offer flexible and personalised support. Working towards universal entitlement to childcare and family support services, with ambitious goals and interim targets, would also be a critically important element. Ensuring clear lines of accountability for implementation is, of course, a prerequisite of effective progress.

Changing the system

At the very least we should stop seeing 'parenting', and work with parents generally, as entities discrete from what we provide for children. It should be regarded as an integral part of what every child needs in order for them to do well. Investing in the workforce so staff are equipped to deliver the most positive outcomes and changing our whole system so it works better for children and families should be at the heart of our parenting approach.

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Protect the human: don't stunt love

Maggie Mellon: independent social work consultant

> **Maggie Mellon asks why we have children and what makes a parent. Drawing on her own experience of motherhood, she suggests what the national parenting strategy should do**.

Just over 22 years ago, at nearly midnight on 21 December 1989, I had my first child by caesarean section in the Whittington Hospital in north London. I was 36 years old, had a full-time job, nearly a year's paid maternity leave to look forward to, a three-bedroom house with a garden and just as, if not more, important, a partner who was as happy as I was to become a parent.

In the next bed to me was an 18-year-old girl, who had also had her child by caesarean section. Let's call her Diane. I was old enough to be her mother. She seemed delighted with her baby but as overwhelmed as I was by the whole experience. Diane was seemingly without family or partner support, and was visited only by the hospital social worker. She was homeless, and needed somewhere to go on discharge on the same day as me - 24 December, Christmas Eve. She was discharged to a 'bed and breakfast' in Harrow, many miles away. I hoped at the time that that meant a friendly, motherly landlady who would help her with the baby. Experience told me that it would be a bare and frightening place shared with people with mental illness, drug and alcohol problems and criminal records, and that breakfast would be a packet of economy cornflakes and a carton of milk in a dingy dining room two floors down from her room.

In the following days, with all the support I could ask for, in a warm house filled with food, I struggled with the emotions and strains of having a tiny baby to care for, while recovering from a major operation. I have often thought about Diane and her baby, now a 22-year-old man like my son, and wondered how she managed. I hope she coped. If she did, in those circumstances, she should be very proud. If she didn't cope, who could blame her?

Why children?

And so to the present day, and my thoughts about the promised national parenting strategy. Why do we have children? What makes a parent? We may as well ask why we breathe, or eat, or laugh, or fall in love. We have children because we are human. None of us are in charge of our fate when we have children. Their births are as unpredictable as their characters. How we care for and bring up our children is a complicated mix of learned behaviour and experiences, and of our circumstances, abilities, and aspirations. Some of this is within our control and some not. Some of us have far more control of all sorts of resources and situations than others.

One aspiration, which almost every parent shares, is to do as little harm and as much good to our children as we possibly can. To love them well.

Some questions

Governments are also responsible for doing as little harm and as much good as they can. That is what they promise, and that is why we elect them and pay taxes to enable them to carry out their promises. And our government has promised a national parenting strategy. What's not to like about that? Here are some questions.

What is the strategy for? Is it to make better parents of us? To make better children of our children? Or is it to make better government of government? Is it to ensure that government does as much good and the least harm that it can? Or is it a mixture of all of these?

The Scottish Government website states:
'The National Parenting Strategy will aim to highlight the value and importance of parenting, recognising that parents are the biggest influence on the life chances of our children, the future generation of our society.'

This sounds good. Parents are valued. Parents are important. Influential. But ... wait a minute ... 'parents are the biggest influence on the life chances of our children...' Is that true? Are parents really the biggest influence on their children's life chances?

This claim seems to come from the same place as 'we are all responsible for our own health' or 'anyone can succeed if they have enough confidence and try hard'. But are parents the makers and masters of their own destinies and those of their children? Was Diane, my bed-neighbour in hospital? We know poverty and inequality blight life chances despite the best efforts of good parents.

And what's with that word 'our'? Whose children? I can appreciate the intention, but in reality, governments make bad parents. This transfer of children to public ownership, means that the parent becomes a means to an end. An incubator for future 'society'.

This transfer of ownership might be understood as leaving government with the rights and not the responsibilities - except as an arbiter and encourager of good parenting This seems to put things the wrong way round.

Yes, parents are an enormous influence on their children's characters and behaviour. Yes, not to be loved and nurtured by your parents, to be neglected, abused and abandoned are all terrible experiences that will have a lifelong impact. Yes, children need love and care, and they need to know that they are the loved well, not because they are good, confident, responsible, successful future citizens. Children need to know that they are loved just because they are in the world.

Parents are bringing up their children in damp and unfit housing, unable to afford the fuel to keep their children warm, or the food to keep them well fed. Parents are living in dirty and dangerous areas, where their children have no safe place to play outdoors. Some families have never had a holiday. These parents can provide love. But love is undermined by poverty and hardship, and seeing others race past you and your children to the better things in life.

Wealth and advantage

And for those of us who have the good things, who can pay for music, gym, books, computers, clothes and holidays – is it really our influence that is determining those precious life chances? Or our relative wealth that is securing an unfair advantage?

It is government's job to ensure that the life chances of children are as equal as they can be, that children are helped to reach their full potential, to be loved and to learn to love.

Some Dianes of today are still being discharged with their babies to unsuitable houses with barely enough money for fuel or food and the cold face of official indifference. Even a caring midwife or health visitor won't mitigate the damage done. We don't need governments to tell us why or how to love. A strategy, according to various dictionaries, is 'a detailed plan for success', 'the science and art of using all the forces of a nation to execute approved plans as effectively as possible during peace or war', 'a plan of action designed to achieve a long-term or overall aim'.

Don't stunt love

A good parenting strategy for government would be to commit every effort of every public service to protecting the human. Don't stunt love.

Scottish fathers: an absence in Scottish policies

Gary Clapton: lecturer, Edinburgh University

> **Gary Clapton comments that, in order to work for everyone involved, a national parenting strategy must include mothers and fathers (and both sets of kinship networks). Practitioners and policy-makers need to review how services are delivered and the manner in which they are depicted in order to include fathers.**

The benefits to children, mothers and families (and fathers) of involved fathering have been clearly established (Flouri 2005; Lamb 2010). And on the ground, the facts of Scottish fathers' greater involvement are also clear – men living in Scotland are the most 'hands-on' fathers in the UK. More than 65% of Scottish fathers change their baby's nappies once a day or more, a fifth more than the UK average of 43%, and they are also most likely to watch their babies being born (Dex and Joshi 2004).

However, whilst the case for encouraging greater welfare services involvement with fathers has been made many times over (Page et al. 2008) services have been slow to respond. Of a sample of 382 Scottish services for parents, only three services were adapted to suit the needs of fathers (Hutton et al. 2007).

Ambivalence to fathers

Why has it proved so difficult, not so much to get fathers 'in' as to stop ignoring them? One answer might be the ambivalence towards fathers that exists well below the surface. Contrast the news of increasing involvement of fathers in childcare with Peter Mullen's brutalising and brutalised father in his film, Neds (2010) and the kind of men described by Andrew O'Hagan:

'Those Scottish fathers. Not for nothing their wives cried, not for nothing their kids. Cities of night above those five o'clock shadows. Men gone way too sick for the talking. And how they lived in the dark for us now. Or lived in our faces, long denied.' (O'Hagan 1999)

Negative notions real, and drawn from stereotypes, co-exist with evidence of increased nurturing and greater assumption of childcare responsibilities by fathers. In recent research undertaken by myself and two colleagues, we talked with men undergoing retraining as residential childcare workers and found much evidence of empathic and caring qualities in men who came from the same communities as Mullen's and O'Hagan's fathers: 'I had been talking to him, and I had built up a wee bit of a rapport, so I just went up to him and I put my arm round him. And he was kind of stamping his feet but he went to his bed without any problem' (Smith et al. 2011). Ambivalences or dualism about Scottish fathers may go some way to explaining why services and practitioners have

been slow (reluctant?) to change and the reasons for a dearth of government policy on fathers and fatherhood.

Absence of fathers

A more evident explanation of a failure to develop a national parenting strategy that includes fathers is less to do with debating the Scottish psyche and more to do with how fathers are featured in current policy documents. In fact, an absence of fathers is at issue. Fathers are rendered invisible in key government policies on parenting. Despite statements such as 'we need to pay attention to the role of fathers as well as mothers' (The Scottish Government 2009: 16), time after time, photos of parents exclude men.

For example, look at:

- Curriculum for Excellence factfile - parents as partners, Learning and Teaching Scotland, October, 2010
  www.ltscotland.org.uk/Images/ParentsAsPartnersFactfile_tcm4-631966.pdf
- National Guidance for Child Protection in Scotland, Scottish Government, 2010
  www.scotland.gov.uk/Resource/Doc/334290/0109279.pdf
- The Early Years Framework, 2009
  www.scotland.gov.uk/Resource/Doc/257007/ 0076309.pdf
- The vital importance of getting it right for every child and young person: leaflet explaining GIRFEC framework for children and young people, 2011
  www.scotland.gov.uk/Resource/Doc/337339/0110683.pdf

None of these major government policy publications contain images of men or fathers; only women and children. A close look at one area of the Scottish Government's website similarly portrays fathers' absence in parenting and a strong exclusive focus on women and mothers as sole carers. In a section entitled 'government directorate descriptions', the Children and Families Directorate description is:

'Purpose
To work across government and with delivery partners to support systems and behavioural change to improve outcomes for children, young people and pregnant women. To develop the capacity and leadership needed to improve outcomes for users of social services

Key responsibilities
To provide high quality support for Ministers and the processes of government, including supporting delivery of all of the Strategic Priorities and National Outcomes and corporate and collaborative working across government;
To work across Government and with delivery partners to prioritise action which supports early years and early intervention principles and promotes the rights of and takes into account the views of children and young people;
To provide national-level support to and investment in the capability, skills and leadership of delivery agencies working with children, young people and pregnant women;
To secure effective implementation of key policy priorities for children, young people and families; and
To promote organisational structures and processes which are streamlined, effective and personalised and which improve experiences and outcomes for children, young people, pregnant women and users of social services.'

(Children and Families Directorate 2011)

Children, young people and who? Pregnant women? Never mind that no fathers are mentioned, pregnant women's needs are important but what about mothers in the responsibilities of the Children and Families Directorate?

In the very few places where fathers are specifically discussed it seems that the only context is that of domestic abuse. Not unexpectedly, in such policy documents as the *National Domestic Abuse Delivery Plan for Children and Young People* (2008) examples of positive father involvement are not present.

Implications for the national parenting strategy

I have written elsewhere about how social work practices work to exclude fathers (Clapton 2009). It may be that, for this to begin to change, a better policy message must come from government. The national parenting strategy discussion presents an excellent opportunity to make this happen.

In order to work for everyone involved, a national parenting strategy must include mothers and fathers (and both sets of kinship networks). Practitioners and policy-makers need to review how services are delivered and the manner in which they are depicted so as to include fathers. It can be done. The children and family centres that have been successful in getting in fathers who had hitherto dropped off the child and left, were those which, firstly believed in the importance of working with fathers, then went about developing various tailored services and ensured that the centre had a greater father-friendly image. Scottish Government policy to include fathers could start here.

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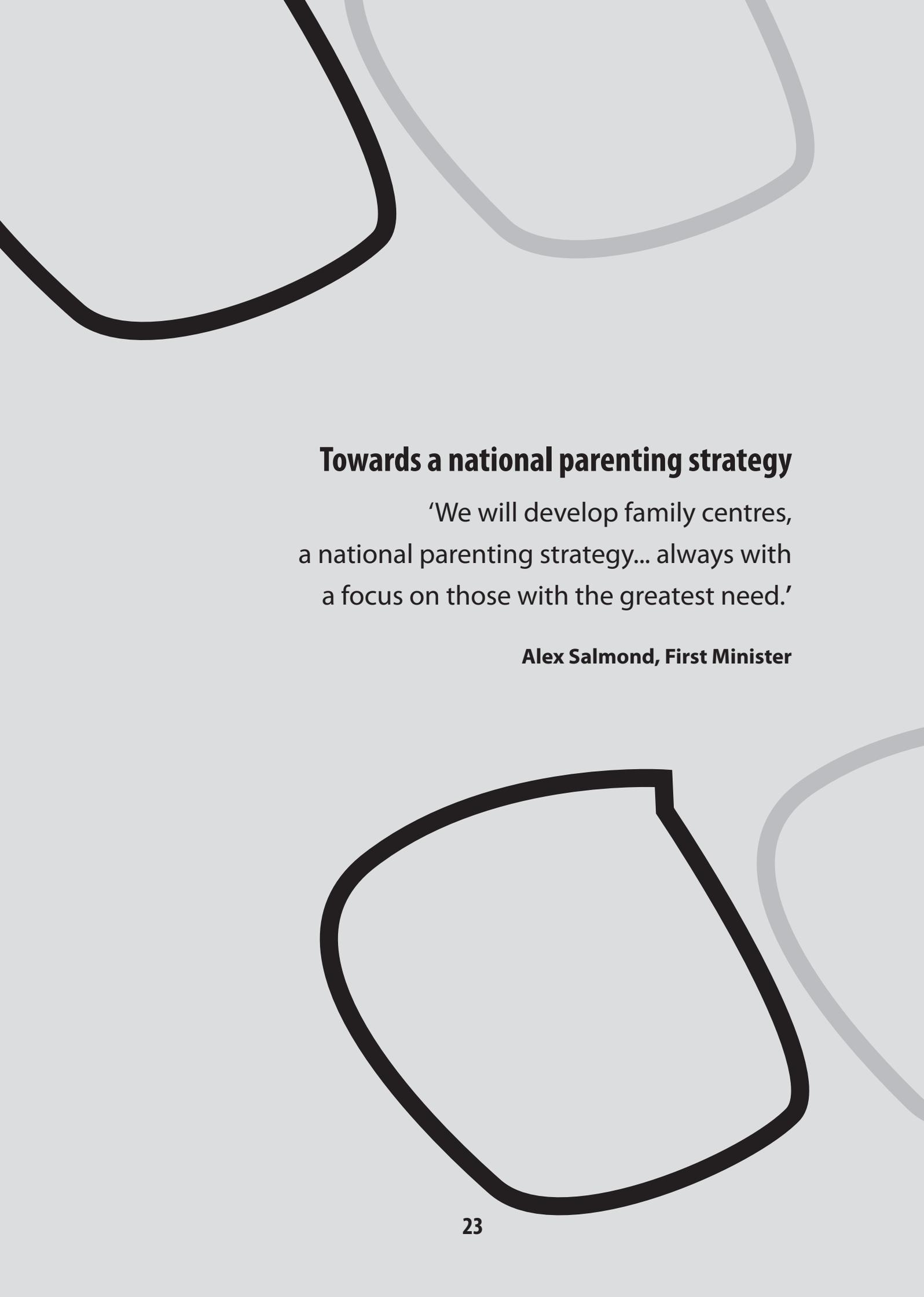
Towards a national parenting strategy

'We will develop family centres,
a national parenting strategy… always with
a focus on those with the greatest need.'

Alex Salmond, First Minister

Getting it right for every parent

SallyAnn Kelly: acting director, Barnardo's Scotland

SallyAnn Kelly considers what the national parenting strategy should contain and do.

There can be no doubt about the Scottish Government's commitment to children and young people. It has made them a priority through strategies such as the Early Years Framework and the 'Getting it right for every child' approach (GIRFEC). It has also promised new legislation on children's rights and children's services.

Its manifesto promise of a national parenting strategy is further evidence of commitment. This has been earmarked as an early priority for the new government and, since the election, there has already been considerable discussion and debate about the direction it should take and where it should fit in with legislation and other policy and strategies.

Who the strategy is for

From the early discussions, the strategy promises to offer support to all parents, whether they need a little or a lot of help, and regardless of the age of their children.

On the face of it, the idea of a strategy which aims to mainstream parental support from the state is a brave one. Parents and families are instinctively private about their home lives and the idea of the state getting involved in raising their children is one they are far from comfortable with. The ongoing debate on smacking children is a case in point.

This is one of the biggest hurdles the strategy will face. It must be meaningful enough in order to achieve its objectives, but not so intrusive that most parents and families will reject it.

The Scottish Government can start to tackle this through public debate about how we view children and families and how we raise our children. Such debate would allow the idea of mainstreaming parental support to be openly explored. The debate should be supported with a high-profile government-backed public awareness campaign on positive parenting aimed at all parents.If such a public campaign was launched ahead of the publication of the national parenting strategy it would certainly help to ease its arrival.

As well as a risk that the strategy is too intrusive, there is an equal risk that the strategy will simply be another document amongst the many others about children and young people. The Scottish Government must give it the attention it deserves.

What should such a strategy contain?

The strategy should be simple, linked to actions and have significant resources put behind it as well as the power to act and scrutinise.

If it is to be effective, it cannot ignore the previous work in favour of its own 'new' ideas, but must recognise and incorporate what has already been developed. It must bring together the existing frameworks, policies and strategies. It also needs to build on current parenting work such as the national Play Talk Read campaign.

The strategy must bring together all the different agencies involved supporting children and families and implementing policy. Far too often, agencies and services across health, local government and national government are disjointed and operating in isolation when they should be complementary and working together.

The strategy must recognise, and be an integral part of, the promised new legislation on children and young people including the Children's Rights Bill this year and proposed Children's Services Bill. This should include legislating for GIRFEC to help ensure that it is being properly implemented across Scotland and not just in patches as at present.

The strategy should link in with other promised initiatives such as the Early Years Fund and the proposed children and family centres. Acting as a hub, family centres would be in a good position to promote and develop a multi-disciplinary approach to supporting families. This support would need to be mainstream and non-judgemental and run through the family centres. Family centres must not be allowed to be stigmatised into being places just for 'vulnerable' and 'at risk' families. They should incorporate universal and targeted support so the benefits of peer learning and community development can be realised.

Its principles

The strategy should be based on three principles: prepare, advise and support. It must focus on all aspects of parenting from pre-conception, pre-birth, birth, early years, school years, age 16 to 18, and transition to adulthood.

Under the theme of 'preparation', the strategy must work before people start families, beginning as early as possible in schools with family planning education. Pre-natal education and the role of GP surgeries and family planning services all need to be considered as part of the strategy.

Ensuring the right advice is available at the right time to parents and families will be an important element of the strategy. Parents and families also need to know how and where to go to get advice. In a poll conducted for Parenting across Scotland (PAS) in 2010, almost three quarters (72%) of the 1,000 parents surveyed said they did not know where to go for advice and support in bringing up their children. This figure rose to 82% for parents in the most deprived areas of the country.

Finally, the strategy should make clear when and how support should be given to parents. It needs to address all the issues which can interfere with parenting, whether the challenges parents themselves face or particular issues about children's health and development. There should be different levels of support for parents including information, group/peer work, mentoring and crisis intervention.

All parents need advice and support

The strategy should encourage the idea that it is completely natural and expected that all parents need advice and support and that getting advice before and during parenthood is seen as the norm and not just for vulnerable parents or parents at risk.

The strategy also needs to encompass all those in a parenting role, especially the corporate parent. Looked after children and young people experience poorer outcomes in education, health, safety, employment, poverty and housing than other children. These poor outcomes follow them right through care and beyond. In many ways, the parent needing the most support is the corporate parent.

There should also be a specific focus on fathers to ensure their role is valued, understood and that they get clear messages about the essential contribution they make as well as their responsibilities. Often fathers can experience a lack of support. They do not get the same level of peer support as mothers, do not access information and can feel isolated.

Power and authority

The strategy needs to be supported with relevant, accurate and up-to-date data. At present there is not enough data about some of our most vulnerable children, particularly looked after children. This makes it increasingly difficult to recognise and understand issues, as well as target resources.

The strategy must also be backed up with power and authority, and close ministerial and cabinet scrutiny in order to ensure that it meets its goals. There should be regular reporting to Parliament and reports and statistics to review progress and adjust priorities.

The national parenting strategy offers a unique opportunity to articulate a vision for growing up in Scotland. We should grab it with both hands.

21st century health visitors for 21st century parents

Wendy Mitchell: RN, HV, PgD (Dist), BSc
Phil Wilson: GP and senior lecturer in infant mental health, University of Glasgow

Wendy Mitchell and Phil Wilson argue that the scope of health visitors is vast and varied and that it is vital to value and invest in their work to ensure the workforce remains motivated, competent and credible.

Health visiting has grown and developed in line with changes in society generally, and has responded to the new challenges and health needs emerging. Health visiting policy in Scotland, nevertheless, had a turbulent entry to the 21st century; the Scottish Government has acknowledged widely-held concerns about the direction of health policy over recent years and has prioritised the early years (The Scottish Government 2007; The Scottish Government 2008) with recognition of the important role of health visiting.

Universal acceptance

Health visitors are proud of their reputation; they are unusually successful in gaining acceptance by families across society (Robotham and Frost 2005) even among under-served groups such as homeless people, travellers and women with mental health needs. Not only are health visitors widely accepted, their interventions are valued highly by families (Ipsos MORI for PAS 2008; Netmums 2008). Health visitors are also recognised by other professionals, agencies and third sector organisations as central to the support network for pre-school children and their families (Robotham and Frost 2005).

Morale in health visiting has declined following several policy changes. This is a vital workforce and it must be involved in influencing services for children and families. This would re-energise this workforce and achieve an elusive goal: agreement about the role and function of health visiting. 21st century health visiting should build on and improve already successful core functions, including health promotion, prevention, early identification of problems, early intervention, and helping families navigate services. These functions should be the cornerstone of a service offering 'proportionate universalism' – every family feels that support is available but those with most need receive more (Marmot et al. 2010).

Taking the lead

Health visitors should take the lead in providing a pre-school child health programme, responsive to children and their families, incorporating a public health approach. When children and families' needs are increased, health visiting teams must have sufficient resources to meet these or ensure that services are available elsewhere, for example, in the third sector or through health service referrals. Health needs vary, and it may be

that support is required for short periods particularly around transitional points such as the birth of a baby, weaning and early toddlerhood (Cowley et al. 2007).

The Acheson Report (Acheson 1998) showed that the population health 'bell-curve' can be moved in a positive direction by investing in children and families, and that health visiting is integral to this. Therefore, the focus of health visitors should be based on the above core functions, as this is where their nursing and public health skills and knowledge can have the greatest impact. For instance, supporting a new mother to breastfeed, followed by weaning and dietary advice can prevent both childhood obesity and poor oral health; further health benefits may continue into adult life and contribute to preventing coronary heart disease or diabetes. Similarly, offering support when there are threats to early parent-child attachment can provide long-term benefits to mental and physical health (Olds et al. 1998).

Intervening effectively

Parents affect many aspects of a child's life immeasurably, continuing into adulthood. The acceptability to families of health visiting and a professional understanding of the parental role have resulted in a unique ability to assess, support and improve parenting capacity. One of the most significant changes in adulthood is becoming a parent. Increasing expectations, changes in work-life balance and changing family configurations make it difficult to offer families easy and equitable access to support. Whilst it is vital that public services are efficient, effective and evidence-based, sometimes very low levels of informal support can prevent a crisis, and a skilled health visitor should know when and how to intervene in this way.

Proportionality of this kind is the key to an efficient service. While 'manualised' interventions such as the Family Nurse Partnership undoubtedly offer a superb service to families who need it, their focus on young, first-time mothers means that they are only available to a lucky few. In addition, the Family Nurse Partnership does not support proportionate universalism: it is 'all or nothing' and lacks flexibility when needs are not immediately obvious, or for older mothers. With a flexible, professionally-led health visiting service, families with less pressing needs could benefit from lower intensity support which might avoid the necessity for later crisis intervention. Furthermore, by investing in health visiting, costs might be better contained and more equitably provided.

Another economic argument for trusting professional judgement relates to minimising bureaucracy: many health visitors spend considerable time completing paperwork which brings little benefit to families who require minimal support. If we are prepared to invest in training professionals, we should be willing to accept a professional judgement that things are going OK for a family without demanding pages of paperwork to support that judgement.

Supporting new parents

Supporting new parents is complex and varied; health visitors have an important function in calibrating expectations and improving understanding or norms. The health visitor should be able to search for health needs following assessment of parenting, bio-psychosocial, economic and environmental factors (Appleton and Cowley 2003). From this, health visitors can work with the whole family pro-actively promoting health and preventing ill health. Much could be done to improve the professional capacity of health

visitors. The shift to a public health focus (Scottish Executive Health Department 2001), largely welcome, led to a shift away from a focus on individual needs. There is a strong case for a renewed commitment to developing health visitors' knowledge of family functioning, child development and infant mental health. Many health visitors strongly support this view (Wilson et al. 2008) and we believe that developing such expertise would also increase professional confidence and respect for the profession among colleagues in health and social services.

Strengthening child health

Health visitors are essential for strengthening child health provision in primary care. Health visitors are often the first contact for parents, and, with their greater knowledge of community facilities and services, are best placed to signpost families towards services. The can find extra support for families because they know what is available. They also simplify access to support because of their ability to work across organisational boundaries. We consider that health visitors and general practitioners have complementary roles in providing support for families. Both health visitors and GPs are well placed to identify vulnerability (Wilson and Mullin 2009) but the 'intelligence' may come through different mechanisms. For example, GPs are more likely to identify issues through their relationships with extended family members or adult-oriented services such as addictions or A&E departments, while health visitors are more likely to make direct observations in the home or hear information about a child's behaviour in a nursery. It is, therefore, essential to foster close working relationships between GPs and health visitors – the only professions in routine contact with every pre-school child. As with trust in professional judgement, face-to-face close working relationships promote efficiency – intelligence can be exchanged quickly without formal referral. Furthermore, low-level concerns can be shared and acted upon without the fear of alienating families; the campaign launched by Netmums (2008) highlights the huge value families place on the support they receive from health visitors.

The scope of health visitor activity is vast and varied. It is vital to value this work and invest in it to ensure this workforce remains motivated, competent and credible.

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Supporting corporate parents

Jim Wallace: acting head of Children's Services, Barnardo's Scotland

Jim Wallace asks what the corporate parent can do better and how a national parenting strategy can successfully intervene, where other strategies and frameworks have not over the first 13 years of devolution.

The Scottish Government's proposed national parenting strategy promises to offer support to all of Scotland's parents. It is an ambitious concept which could achieve a transformational change in how we support families. However, there is one parent above all others needing considerable support if it is to improve the outcomes for its children, the corporate parent.

Background

The Scottish Government and local authorities currently act as corporate parents to close to 16,000 looked after children and young people. There are different ways that a child can be in 'care': in residential units, in temporary or long-term foster care or cared for 'at home'. This last includes children who are subject to a supervision requirement made by a children's hearing panel. Many may not be living with their birth parents. There are also looked after children in kinship care living with other family members, such as grandparents.

Nearly all come from chaotic lifestyles with complex family issues, such as domestic abuse, parental alcohol and substance misuse, physical or sexual abuse, loss, trauma, separation or family break up.

Statistics show that looked after children and young people experience poorer outcomes in almost every area of life that we measure, from education, health, safety, to employment, poverty and housing. These poor outcomes follow them through care and beyond.

They have also deteriorated over the years, and have not improved since the re-establishment of the Scottish Parliament 13 years ago. That is not to say that successive administrations have not tried. The many reports and strategy documents produced have not delivered. To be blunt, Scotland, as a corporate parent, is failing.

Education and beyond

The educational attainment level of looked after children, based on a points system, on average, is five and half times lower when compared to all school children. Those children looked after at home perform the worst of all categories of looked after children (The Scottish Government 2011).

90% of looked after children leave school aged 16 or under, compared to 37% of all other school leavers, however, this is rarely into a positive destination and last year's figures showed that, six months after leaving school, only 44% of looked after children were in employment, education or training compared to 85% of all school leavers. Only 1% of looked after children progress to higher education compared to 36% of all school leavers (The Scottish Government 2011).

Substantial numbers end up in a different kind of institution. The 2011 Scottish Prison Population survey found that over one quarter (28%) of the prison population had been in care, and one fifth (20%) had been in care at age 16 (Carnie and Broderick 2011). An Edinburgh study[2] found that three quarters of children who are in residential care by their 16th birthday have a criminal conviction by age 22.

If not in prison, then many young people who have left care find themselves homeless. The Who Cares Trust estimates that 30% of homeless people in the UK have been in the care system.

Health and wellbeing

The majority of looked after children and young people suffer poorer health and are more likely to engage in risky behaviour, often as part of the cause, or as a direct consequence of them becoming, looked after. Many of their health problems remain once they leave care, and often go undiagnosed and untreated.

A report on looked after children in Scottish local authorities found that 50% of looked after children have a mental health problem, up to five times more than other children (Scott and Hill 2006). Children generally wait a long time for child and adolescent mental health services. Looked after children are less likely to access any of these services, in spite of a local authority requirement to assess their health and treat them within four weeks of entering the care system.

Care leavers aged 16-24 are over twice as likely to smoke regularly, compared to all 16-24 year olds (Taulbut and Gordon 2009). There is a higher level of drug use among young people who have been looked after compared with other teenagers. Around a third first tried drugs while in care, but just over two-thirds had taken drugs before coming into care (Scott and Hill 2006).

Young women who have been in care are more likely to become teenage parents than other young people, and their chances of becoming pregnant increase when they leave care. Half of all prostitutes have been in care.

Research at the University of Bedfordshire indicated that looked after children are more likely to be victims of child sexual exploitation (Jago et al. 2011).

It is, therefore, unsurprising that looked after children face such poor outcomes, particularly in their education, which affects their ability to move into further education, training and, ultimately, employment.

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[2] Edinburgh study of youth transitions and crime, a research project following 4,300 young people since 1998 www.law.ed.ac.uk/cls/esytc/

Social and economic costs

This problem also has a wider impact. The social and economic costs of allowing 16 and 17-year-olds to become the unemployed adults of the future are high. For every young person not in education, employment or training there is an average cost of £56,000 to public authorities over their lifetime (Coles et al. 2010). The annual cost of a keeping a young person in a secure unit is £239,000. The average prisoner costs the state an annual £35,000 (Audit Scotland 2010).

If every child deserves the best possible start and the same opportunities to enjoy a full and enriching life then there is a moral requirement on the state to act. With national and local government increasingly looking to make significant savings to their budgets, there is also an economic case to intervene.

Improving children's lives

So what can the corporate parent do better and how can a national parenting strategy successfully intervene, where other strategies and frameworks have not over the first 13 years of devolution. Ideally, intervention must be as early as possible to ensure a child never enters care in the first place and a national parenting strategy must prioritise this. There needs to be systems to identify families at risk and structures to support them.

When a child moves into the care system and there is little hope of them returning to the family home, then the government needs to ensure that there is a system to move that child into a stable, permanent home environment as quickly as possible.

There is substantial evidence that suggests that such stability can improve the outcomes of looked after children. Scottish Government statistics show that, in education, looked after children in stable foster homes, outperform all other looked after children and their attendance at school is better than all school pupils. This compares to those looked after children who had multiple placements throughout the school year, who scored considerably lower than all school pupils, and on average the more placements they had the lower their attainment.

Statistics also show that over half of all children looked after away from home have experienced two or more placements. 30% had three or more and 6% had six. A study by the Scottish Children's Reporter Administration of 100 looked after children found that most took more than two years to achieve permanence through adoption or Parental Responsibilities Orders. The shortest was 12.5 months and the longest ten years and ten months. Delays in decision-making and obtaining a permanent home can undermine a child's long-term life chances.

Many local authorities are doing a good job, with committed staff, but are constrained by resources. There are concerns that professionals are losing sight of the needs of the child as a result of the demands of the process.

Support into adulthood

There is also an important question for the national parenting strategy: to what extent and for how long should the corporate parent remain responsible for the young people in their care?

Today's parents often support children well beyond the transition into adulthood, through further and higher education, early employment, accommodation, financial support and more. Many looked after children and young people do not have any support beyond 16 and, not surprisingly, 90% leave school at 16. Those who do stay on are usually in stable foster home environments.

If the state is the parent, should it not be acting in a similar way to other parents? If not, then looked after children and young people, when they leave care, are at a significant disadvantage compared to other young people. The strategy must consider how the corporate parent should support care leavers into and during adulthood.

Meeting the challenge

The strategy must also link in with the policies, strategies and frameworks already in existence, such as the Early Years Framework, GIRFEC, the Alcohol Strategy, Opportunities for All and the Mental Health Strategy. In turn, these should target looked after children to ensure that their complex and often interlinking needs are met.

Ultimately, the corporate parent has one of the hardest parenting roles, but we must get it right; otherwise we are failing some of the most vulnerable children and putting the majority of them on a path to nowhere. The national parenting strategy can provide a vision and direction to ensure that looked after children can enjoy the childhood, prospects and achievement that all children should have.

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Other resources

Edinburgh study of youth transitions and crime. http://www.law.ed.ac.uk/cls/esytc/

The Who Cares? Trust http://www.thewhocarestrust.org.uk/

Childcare: supporting parents and children

Sarah Burton: policy development manager, Children in Scotland

Sarah Burton puts the case for a universal system of high quality, affordable, accessible childcare, to enable parents and practitioners to fulfil their potential, and make more likely for children to get the best start in life.

High levels of stress can have negative impacts on parenting (Katz et al. 2007; The Scottish Government 2010). The stress of poverty is one influence. Having to juggle school, childcare and paid employment is another. If you add to this the pressure of being a lone parent, or of caring for a child with a disability, then stress and anxiety can increase.

It is not wise policy to make the practicalities of parenting a daily obstacle course. Removing the obstacles of insufficient, poor quality, unaffordable or inaccessible childcare should be a top priority for Scotland's national and local governments.

Childcare has many functions all of which contribute to children's and adults' wellbeing in different ways.

First, there is the fact that affordable childcare enables parents to enter the labour market. This increases family income and helps to combat poverty, but only when the cost of childcare allows employment to increase net income.

Second, childcare providers and parents can be mutual sources of support. Professionals offering high-quality care treat parents as partners, learning from them and, in turn, offering opportunities for parents to learn more about their child from a new perspective, sometimes linking parents to sources of community support.

Third, and equally important, childcare is beneficial for children. Childcare, be it early childhood education and care, or out-of-school care, offers opportunities for play, learning, and social interaction. Much of parenting is circular and cyclical – repeating habits learned from one's own parents. Children enter this cycle, which is fine if the habits are healthy and useful ones, but not if they are life-compromising. Being part of a universal childcare system enables all parents and children to encounter different ways of being – and to develop different habits – as well as finding reassurance that their experiences are not unique, nor their problems unsolvable.

Reducing poverty

Young children account for nearly one half of all children and young people in poverty. Many children have endured poverty all their young lives. The 2010 Growing Up in

Scotland (GUS) report found that one quarter of three and four-year-olds and one fifth of five and six-year-olds were living in 'persistently poor' families over the four-year study period. There was little change in child poverty rates in Scotland between 2004/05 and 2008/09 (Katz et al. 2007; The Scottish Government 2010).

Having a baby and providing care during the early years has a big impact on the income of families, and on women in particular. Maternity and parental leave provisions still do not adequately compensate for the loss of income during the child's first year. While leave entitlement is potentially long (up to a year), the period of relatively well-paid maternity leave is short (six weeks at 90% of pay). Paternity leave, and support for fatherhood more generally, remains even worse, despite the reality that increasing numbers of fathers are keen to become active, positive parents.

In the months after birth, the income of many families is affected by the difficulty in accessing and affording childcare services. An annual survey on the costs of raising a child has charted a 43% increase in costs between 2003 and 2010 (Liverpool Victoria 2010). In Scotland, between 2008 and 2009, the cost of a day nursery place for children age two and under rose by 12% (Daycare Trust 2009). Childcare (for all ages) is the biggest single cost incurred by families. And as a 2012 report confirms, childcare costs for parents in Scotland are still among the highest in the UK (Children in Scotland/Daycare Trust 2012).

Making high quality childcare universally available (a publicly-subsidised entitlement like schools or the NHS) is the key policy change required across Scotland. All parents should pay a contribution, according to their income but putting a cap on the cost to parents would have a dramatic impact on family income, which in turn can help lift children out of poverty and decrease parental stress.

A universal entitlement

Research shows that the impact of children's early months and years upon their lifelong health and wellbeing is huge. Sustained investment in young children could have a transformative effect on the nation's health and wellbeing. It is a perfect example of the kind of preventative spending that governments have declared a priority.

And yet, childcare, particularly for children under three, is treated as an entirely private matter. There is little state support for it, unless children are officially deemed at risk of harm and childcare is viewed as necessary as a matter of child protection. Prevention and early intervention are seriously hampered when children or parents are neither known nor supported effectively outside their immediate family until children are enrolled in nursery in the term after their third birthday. GUS research notes that the families who would benefit most from a range of services from antenatal care to early childhood education and care are the ones least likely to access these (Mabelis and Marryat 2011).

The fact is that childcare and the early family support that can accompany it are available only to those perceived to have failed in their parenting (and that failure must rise above ever-higher thresholds), or because parents are in jobs that pay well enough to include childcare costs (as long as they work during office hours).

While there are many well-intentioned support programmes, including childcare,

targeted at particular groups of parents, it is well known internationally that such programmes may only reach between one third and a half of their intended target (OECD 2001; OECD 2006).

UNICEF's Report Card 8 shows that universal early childhood services have many of the same advantages as universally available education for older children. They bring together children from different backgrounds; command broad and sustainable public support; and, engender greater public concern for quality. UNICEF indicates that the way forward for early childhood programmes lies in 'universal services with flexible financing systems that can give priority to the disadvantaged by increasing per capita expenditure where need is greatest' (UNICEF 2008).

The European Commission's Communication on Early Childhood Education and Care (2011) is emphatic about the benefits of universal access: 'There is clear evidence that universal access to quality ECEC is more beneficial than interventions targeted exclusively at vulnerable groups.'

Governments, mainly, but not only, in Nordic countries, that take a preventative approach to public services – providing robust, universal welfare arrangements – are able to address the multiple factors that influence social exclusion. Early childhood education and care, and out of school care for primary and early secondary age children, are part of this universal welfare arrangement and, while considered essential to enabling parents to work, such support is also a universal entitlement for children and parents, regardless of parents' employment status.

Childcare and other forms of family support do not support only individuals. They can be an asset to the economy, communities and society, which is why universal entitlement should become the norm in Scotland.

Support for parenting

The best carers for young children in different settings realise that understanding the family as a whole is the starting point for providing good care for children.

For example, early years practitioners at Quarriers Family Resource Centre in Ruchazie in the east end of Glasgow are called family workers, reflecting the belief that supporting children's learning and wellbeing needs to be in the context of the child's family and community.

Staff understand that how they engage with children and their parents is the key to developing sensitive, thoughtful and reflective relationships. Knowledge and understanding of both children and their parents or carers help staff create an environment for learning and wellbeing, and provide support for parents to develop the close, loving, secure family relationships children need (Children in Scotland 2011).

This approach is core in similarly excellent early years services elsewhere in Europe. In San Miniato, Italy, where 45% of under-threes are in early years services (compared with 30% in the UK for fewer than 30 hours) (Children in Scotland 2010) the view is that 'helping young children to develop is a civic duty as well as a personal responsibility of the family'. Services are universal – they are not targeted at parents in work, or parents in difficulty but are open to everyone. Early years settings support a range of groups

with parents. Early years staff meet together with families to consider issues of parenting, or child development, or to make toys together, or to simply have an end-of-year party. There are opportunities for individual meetings with parents if they wish (Bloomer and Cohen 2008).

Other childcare models can offer similar, family-focused support. A childminder in Lanarkshire currently advises young Polish parents about their children's entitlement to pre-school provision, of which they had no idea. In the Highlands, a childminder is working with parents of a child diagnosed with autism; navigating the health system with them; and helping them develop different ways of communicating with their child. An after-school club in Glasgow runs peer-to-peer parenting courses led by parents in the community, parents who are familiar with the local challenges of family life.

Childcare models vary, but the best support for parents is usually found in settings that recognise that children are part of families and that their wellbeing is determined as much by that family as any part of the community.

Supporting parents to parent to the best of their ability should be about removing existing obstacles as much as about providing additional information and advice. Parents respond most positively to professionals who treat them with empathy and respect and acknowledge their expertise with their own child. High quality childcare that does just that, can build parental confidence and competence, as well as benefiting the wellbeing of children being cared for daily.

Children need parents who are not exhausted and stressed by dashing from different childcare services and schools, putting together a patchwork of provision for their individual children. All parents need to be able to access childcare and other parental support services that are well designed and well run.

Providing services that parents are part of; where they feel valued and respected; and where they are encouraged to contribute their views and learn from those working with their children, enables them to be the best parents they can be. Scotland needs a universal system of high quality, affordable, accessible childcare, to enable parents and practitioners to fulfil their potential, and make it far more likely that children will get the best start in life.

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Further reading

Children in Scotland early years briefing series and special reports. URL: www.childreninscotland.org.uk/earlyyears

Working for inclusion: the role of the early years workforce in addressing poverty and promoting social inclusion. URL: www.childreninscotland.org.uk/wfi

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Better communication: better parenting

Kim Hartley: Scotland officer, Royal College of Speech and Language Therapists

> **Kim Hartley outlines the importance of speech and language communication to good parenting and child development.**

Speech, language and communication (SLC) between parent and child is fundamental to all areas of a child's development and to their life-long relationship.

Parents' own SLC competence directly affects their ability to access and benefit from parenting support and other services and is a risk factor for social and economic disadvantage (Law et al. 2007). It also affects their ability to interact positively and establish good relationships with their child and support their child's SLC development (Prior et al. 2007; Snow and Powell 2004; Hart and Risley 1995; Snowling and Stackhouse 1996).

Professor Susan Deacon, in her 2011 report, noted: *'Poor literacy is far more likely to be blamed on our schools than recognised as the product of a lack of communication and emotional development in the home as a baby or toddler'* (Deacon 2011).

A child's SLC development and eventual adult SLC competence affect their social and emotional development; physical and mental health; access to education, employment, justice, services generally; and ability to positively contribute to society, including, in turn, being good parents to the following generation.

Compelling evidence

The evidence linking SLC competence with educational, economic and social disadvantage is compelling. A Scottish Government-commissioned review (Law et al. 2007) showed that people with communication support needs (or SLC challenges often identified as literacy difficulties) are more likely than the general population to:

- Experience negative communication within education, healthcare, criminal justice system and other public services
- Be misjudged in terms of cognitive and educational level
- Be unemployed or employed at an inappropriately low level
- Be victims of crime
- Be convicted of crime
- Have difficulty accessing information required in order to utilise services
- Live in socially deprived areas

On school entry, more than 50% of children from disadvantaged backgrounds have transient speech and language difficulties (Lock, Ginsborg and Peers 2002) compared to 7.4% average of the general child population (Tomblin et al. 1997).

Over 60% of people in youth justice estate have difficulties with speech, language or communication (Bryan et al. 2007) and a SLC screening exercise at Polmont Young Offenders Institution found that 70% of young men had significant communication problems (Hamilton 1999).

In mental health services, a study found that 62% of children in psychiatric populations had speech and language impairment. 28% had previously been identified with 34% previously undetected (Cohen et al. 1993). And for economic activity, a study of young unemployed men found that over 88% were described as presenting with some degree of difficulty with language (Elliott 2009). Another study of young people not in education, employment or training (NEET) showed that 100% of those who completed the speech and language therapy assessments presented with some degree of SLC need, of which 50% had severe difficulties, that is language levels more than two years below their chronological age. Only 21% had previously been referred for speech and language therapy (Lanz 2009).

In December 2011, the EU's Employment, Social Policy, Health and Consumer Affairs Council noted that communication difficulties put children unnecessarily at risk of poor educational, social and economic progress, and that prevention, early detection, follow-up and appropriate intervention could be very effective in avoiding or minimising the consequences of such problems. It has invited member states to strengthen efforts in raising public awareness of communication disorders in young people (Council of the European Union 2011).

Taking action

Parts of the UK have taken strategic action to optimise the SLC development of children and young people, both universal to support all parents and targeted support for vulnerable parents. Most notably, John Bercow MP (2008) led an independent review of services for children and young people with SLC needs in England on behalf of the then Department for Children, Schools and Families. The 'Bercow Review' set out 40 recommendations to improve services across five themes:

- Communication is crucial - a key life skill at the heart of every social interaction and vital to children's successful development
- Early identification and intervention is essential to maximise each child's chance of overcoming their communication need and succeeding
- A continuum of services designed around the family for children with communication support needs
- Joint working is critical to deliver services that provide effective support
- The current system is characterised by high variability and a lack of equity

The review led the UK Government to invest around £55 million over three years in *'Better Communication: An Action Plan to Improve Services for Children and Young People with Speech, Language and Communication Needs'.* Jean Gross (2011), 'communications champion' for England, recently published her final report on the impact of the action plan. She reports that, in two years, there has been:

- Increased awareness of the centrality of good communication skills to children's learning, wellbeing and life chances. Activity has... provided practical support to those front-line workers and to parents
- Some measurable improvements in the percentage of five-year-olds achieving age-appropriate levels in the 'Language for Thinking' early years foundation stage profile
- A reduction from 23% to 18% of parents who were concerned about their child's speech and language development reporting that they did not receive any help
- Some helpful policy developments at government level such as the joint work of the departments of education and health to establish communication and language as a prime area of children's learning
- Increasing recognition of communication skills as a priority in local strategic planning leading several local areas to develop a community-wide strategy to promote improved communication skills for all children. For example the 'Stoke Speaks Out' early years campaign which has reduced the percentage of three to four-year-olds with language delay from 64% in 2004 to 39% in 2010

Gross attributes the success of strategies like those in Stoke on Trent to changes to parenting behaviour as a result of providing parents with information about how they can support their child's language development. She records both a high need and a high demand for such information. In 2011, a survey of 3,000 parents commissioned by Gross found that 82% believed that more information on how children develop speech, language and communication would be helpful. The survey also exposed widespread lack of knowledge about children's speech and language development. For example, only a quarter of parents knew that, on average babies, say their first words between 12 and 18 months. A similar survey by the National Literacy Trust in 2011 found a fifth of parents-to-be believe it is only beneficial to communicate with their baby from the age of three months and one in 20 believes that communicating with their baby is only necessary when they are six months or older.

Gross concludes that 'much remains to be done to help parents become as aware of when children should be talking as when they should be walking'. She suggests several good practice success factors including:

- Approaches which build capacity in the children's workforce - sustained professional development that changes adults' interactions with children and helps them provide communication-supportive environments
- Approaches for children, young people and adults which build on their strengths rather than focusing on their weaknesses

The economic impact of investing in SLC development has been revealed by health economists in a report commissioned by the Royal College of Speech and Language Therapists (Marsh et al. 2010). It showed that every £1 invested in enhanced SLT for children with specific language impairment generates £6.40, derived from improved communication leading to improved educational achievement and, in turn, increased adult earnings. This adds up to an estimated annual net benefit of £58m in Scotland.

Unfortunately, unlike England (and Northern Ireland), Scotland does not have a SLC action plan. Children and young people's (CYP) policy, for example the Early Years Framework, makes little reference to communication skills and none to their crucial role in children's development. This and many other policies implicitly assume that all those

parenting and working with CYP, with and without communication support needs, know how to encourage language learning.

There is some local good practice. For example, the SLT-led Fairer Scotland and Health Improvement-funded 'Before Words'[3] project in Moray, developed in response to health visitor requests for parent information. It has developed accessible, illustrated parent information with captions at a reading age of nine covering ante-natal to word-joining stages. They emphasise the relationship between attachment and developing communication in children. The illustrations depict a range of family situations and focus on everyday tasks as opportunities to communicate. The project has two strands – universal distribution throughout Moray and targeted intervention with more vulnerable families. Experience shows that parents like the resources; identify with the illustrations; use them to reassure and inform; and work with the advice. Professionals find them easy to access and use; use the resources as a talking point or programme structure; and appreciate them as part of information in training.

However, although effective, such examples are isolated, short-term and unsustainable within current service budgets.

A few vulnerable parents will benefit from the Family Nurse Partnership which is founded on good person-centred communication between nurse and mother. However, getting communication right between service providers and parents more universally (and with a skilled, targeted approach for disadvantaged parents) could achieve at least some of the benefits of the Family Nurse Partnership with a much wider population of parents and children, at a fraction of the cost.

Given the evidence and experience in other parts of the UK, the Royal College of Speech and Language Therapists believes that Scotland needs a strategic approach to children and young people's speech, language and communication.

The national parenting strategy can be a foundation for a better Scotland by enabling parents, both with and without SLC needs, to receive parenting support and other services so that, in turn, they can optimise their children's SLC development.

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Parenting - early years to teenage years

'Spending money on supporting parents and carers to give their children the best start in life has economic benefits beyond reducing crime.'

John Carnochan, detective chief superintendent, co-director, Violence Reduction Unit

A generational change in early years provision?

Tam Baillie: Scotland's Commissioner for Children and Young People

Tam Baillie proposes the need for a national approach to achieve a generational change for Scotland's children. This would involve developing universal services such as health visiting to effectively identify children who need additional support; improving the approach to supporting parents; and deciding which parenting programmes should be available.

We need to radically re-think our approach to how we support parents. There is a growing body of compelling evidence about the link between parenting styles and the development of attachment, which has a significant impact on a child's social, emotional and cognitive development (The Scottish Government 2007). We need to popularise and normalise support for parents. There is broad agreement that we need to develop both universal and targeted approaches to supporting parents. However, we need to grapple with where to strike the balance, answering the question: what do we want our ideal early years provision to look like?

Midwifery and health visiting are our universal, non-stigmatising services to families. Additional support to parents is most often set up on the basis of targeting vulnerable families. This has taken place in a context where the provision of parental support services has been based on a variety of interventions – most often characterised by a patchwork of local projects targeting vulnerable families on the basis of concerns about their ability to parent. This will not achieve the reach, nor have the impact, a more comprehensive and strategic approach could achieve through a national approach to supporting parents.

So, I welcome the Scottish Government commitment to develop a national parenting strategy.

Support to parents and parenting programmes

It is worth distinguishing between supporting parents and parenting programmes. Supporting parents can address both family and individual concerns; may be informal and/or formal; and can be offered by a variety of people and professionals. Parenting programmes require people who are specially trained and supervised to ensure that there is high fidelity to the programme. Parents require both approaches, although it is parenting programmes I want to address.

There has been considerable discussion about the use of evidence-based parenting programmes. One of the key challenges in providing these is interpreting the evidence against specific desired outcomes for children – which programme do you use? No

single programme is likely to provide a perfect match against population needs; however, there is a growing body of evidence from which we can draw. Much of this has usefully been captured by two recent publications in Scotland – one by Angela Hallam (2008), produced as part of the Early Years Framework, and another by Rosemary Geddes (2008) and colleagues through the Scottish Collaboration for Public Health Research and Policy.

There are already encouraging developments underway. Family Nurse Partnership pilots are running in Edinburgh and Dundee, with more in the pipeline: Glasgow is developing the Triple P parenting programme city-wide and NHS Education for Scotland is developing 'Incredible Years' pilots, with ambitions for a national roll out. Rigorous evaluation of these developments will increase our understanding of what makes the difference in improving outcomes for children in a Scottish context.

There are a limited number of parenting programmes with a strong evidence base of improved outcomes for children. A lack of national direction means it is not clear how assertive local funders should be about whether and which parenting programmes they should implement. There is a need to agree nationally about using evidence-based programmes as this will help inform local funding decisions. A strategic approach would increase funds for specific programmes and decrease or cease funds in areas which do not have a strong evidence base.

We need to focus our energies and resources on increased availability of parenting programmes on a national scale.

The crucial role of health visitors

There is a pressing need to improve our universal services in order to identify the most vulnerable children. Otherwise, we will miss many opportunities where support to parents and infants could avert later problems. The position of health visitors and the implementation of Hall 4, which aimed for better targeting of health visiting, usefully illustrate this point. The impact of Hall 4 was to effectively time limit universal health visiting services to six to eight weeks, enabling more time to be devoted to children in families with assessed additional need. Families would be allocated as 'core', 'additional' or 'intensive' based on assessment.

However, changes as a result of its implementation raise significant issues. Evidence from the Starting Well project in Glasgow (Wright 2009) found that fewer than half of vulnerable families were identified by health visitors during the first four-month visiting period, even in the context of routinely-offered monthly home visits. Recent evidence presented to the Cabinet Secretary for Health by the NHS Greater Glasgow and Clyde general practitioners, as outlined by Dr Georgina L. Brown et al in February 2010 in a letter titled *The universal health visiting service General Practice attachment & child protection*, demonstrated that universal health visiting services were missing significant numbers of vulnerable children. For instance, health visitor contact at the 30-month contact revealed that almost half the children with delayed language development were not assessed as in additional need – yet this is an early indicator of later developmental problems.

More recent work in Glasgow has extended these findings, showing that most children with social and emotional difficulties are not receiving any routine universal health

visitor input (personal communication, Dr Anne Mullin, December 2011). This is an unacceptable level of 'missed children' in the 'core' category who will not receive routine health visitor support. This needs to be addressed. It is further evidence that a restriction on universal health visiting has led to a failure to identify many of our most vulnerable families, at least in part because it fails to account for changes in child and family circumstances over time.

Recognition of this led to a review of Hall 4. We now require the full and consistent implementation of A New Look at Hall 4 (The Scottish Government 2011) to regain lost ground in universal services.

Health visitors are crucial in protecting children, yet there are considerable workforce challenges. A recent report (Appleton 2011) highlighted the poor morale among health visitors as a result of an undervalued and decreasing workforce. The response to this crisis in England and Wales has been a large scale recruitment drive for health visitors. We need a similar response in Scotland.

The United Nations Convention on the Rights of the Child (UNCRC)

The UNCRC is the cornerstone of everything I do to fulfil my statutory duty to promote and safeguard the rights of children and young people. It places the same obligations to our children on us all. It defines children as those under 18, and there is no differentiation of children's rights by age or stage - if you are a child you have the same rights throughout your childhood.

Although the UNCRC makes no specific reference to early years, it does contain several articles directly relevant to the early years of a child's life. These include the articles relating to general principles: article 2, a child's right to non-discrimination; article 3, a child's right for their best interests to be the primary consideration; article 6, a child's right to life and maximum survival and development; and article 12, a child's right to have an opinion. In particular, articles 5 and 18 outline parental responsibilities and a child's right to receive guidance from their parents in line with their evolving capacities. The key point is that the state is obliged to ensure that appropriate support is provided to parents in order to protect the rights of the youngest children. In 2005, the UN Committee published General Comment 7, 'Implementing child rights in early childhood'. This indicates that the UNCRC has had to evolve in line with our increasing knowledge and awareness of the impact of early years experiences on children. In this, the UN Committee specifically recommends that states ensure provision of early childhood development programmes which empower and educate parents. This describes the combined impact of universal health visiting services, backed up by the approaches taken in parenting programmes.

We have the chance to make a generational change by taking bold decisions on the basis of evidence. This has the potential to better realise children's rights, and by doing so, improve the long-term outcomes for children in Scotland.

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Why invest in the pre-school years?

Phil Wilson: GP and senior lecturer in infant mental health at the University of Glasgow

Phil Wilson argues that pre-school influences shape children's social, physical and emotional development and that evidence shows that wise investment to improve outcomes for pre-school children can pay a rich social dividend.[4]

Children's experiences in early years lay down the foundation for the rest of their lives. Pre-school influences shape children's social, physical and emotional development long after they start school.

Costing pre-school benefits

Spending on pre-school years gives the highest rate of return on investment in human capital (Heckman and Masterov 2005). But, despite this, most is spent on universities and least on pre-school service provision (Alakeson 2005). Our pattern of educational expenditure thus seems to be designed to produce the minimum return. General public expenditure on the under-threes is minimal when compared with expenditure on any other age group, with specific expenditure being largely restricted to health visiting and some preferential benefits payable to unemployed mothers. This pattern of low expenditure on this period of life is perhaps most exaggerated in mental health provision. In most parts of the UK, mental health professionals rarely see children under three, and services tend to be provided by general practitioners, health visitors and paediatricians. Although some health visitors are now being trained in infant mental health, few doctors caring for young children have had such training.

Getting a good start

Many long-term studies, particularly birth cohorts, (Thompson et al. 2010; Jaffee et al. 2002; Jones et al. 2002; Murray et al. 2010) have identified preschool factors associated with poor mental health and violence later in life. These may be:

- Genetic (e.g. vulnerability to autism, Attention Deficit/Hyperactivity Disorder (ADHD) or anti-social personality disorder) (Caspi 2002)
- Antenatal (e.g. maternal stress hormones, smoking and alcohol consumption)
- Located in the family/upbringing (e.g. postnatal depression, harsh or inconsistent parenting, parental discord)

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[4] A version of this article first appeared in Thinking Ahead: why we need to improve children's mental health and wellbeing, a Faculty of Public Health publication 2011. Thank you to the Faculty of Public Health for permission to reproduce this article.

- Located in the wider environment (e.g. relative poverty, neighbourhood problems)

These factors may interact in different ways. Sometimes the risks may simply add up, sometimes they may amplify each other, and sometimes they may apparently reduce each other's individual effects. For example, some of the adverse effects of antenatal smoking are accounted for by the fact that mothers who smoke when pregnant are more likely to have postnatal depression (Maughan 2004).

There are factors which increase the resilience of children's brains to adversity. Positive parent-infant interaction protects against childhood psychological problems (Bradshaw and Tipping 2010). Higher intelligence, particularly in verbal abilities, is also protective (Emerson, Einfeld and Stancliffe 2010).

Child neglect

UK policy has tended to prioritise child abuse over child neglect, partly because of its greater visibility and media impact, and partly because of the relative ease of definition and simplicity of planning care pathways (Wilson and Mullin 2010). Neglect is, however, a much greater social problem and probably causes more long-term psychological difficulties. For example, Kotch et al. (2008), based on a robust study from the US, concluded that …child neglect in the first two years of life may be a more important precursor of childhood aggression than later neglect or physical abuse at any age. While the impact of neglect is likely to become apparent when children enter school, there is a compelling case for earlier identification. Making this case has proved difficult (partly because of the difficulty of research in this area) (Wilson et al. 2009) but there is a considerable indirect evidence supporting the view that we should be assertive in seeking cases of neglect in order to support families and reverse its long-term effects. The fact that only a tiny fraction of children living with problem drug or alcohol use in the family are subject to even basic child protection procedures, shows that we are failing to protect the most vulnerable children.

The value of early interventions

Early support to vulnerable families by nurses is highly effective, and cost effective. For example, David Olds' landmark trials of the Nurse-Family Partnership[5] offered to vulnerable mothers in the US have demonstrated that about 30 hours of input between mid-pregnancy and the age of two, at an approximate cost of £3,500 (Olds et al. 1993), can halve criminal behaviour, substance use, smoking, running away and high-risk sexual behaviour by age 15 (Olds et al. 1998). Each of these behaviours has been shown in various studies to be associated with future morbidity, both physical and mental. Other work has confirmed the strong association of such behaviours with mental health problems. Nurses are much more effective than paraprofessionals (Olds et al. 2002), and continuity of care has been found to be crucial. Olds' work is unusual in that study participants were followed up meticulously for many years, and there are no other examples of such rigorous assessments of nursing interventions. There are, however, excellent evaluations of early nursery-based interventions, most notably the Carolina Abecedarian project (Campbell et al. 2002), which produced dramatic long-term benefits in academic achievement and problem substance use. The Scottish Collaboration for

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[5] In the USA, this programme is called the Nurse-Family Partnership. In the UK, it is generally referred to as the Family Nurse Partnership.

Public Health Research and Policy has recently published an excellent summary of the impact of early interventions (Geddes, Haw and Frank 2010).

It has not proved possible to achieve results as good as Olds' when interventions have been offered to teenagers to reduce unhealthy behaviours such as smoking, drug use and high-risk sexual behaviour. Other compelling evidence suggests that violence and antisocial behaviour is best tackled in the pre-school years (Wilson et al. 2009). It seems that we 'learn' how to be violent very early (Tremblay 2008) and it is also easier to undo behaviour patterns at a young age.

There are many examples of problems where intervening early is better than intervening late, but language delay is a particularly clear example. There are 'critical periods' (Bailey et al. 2001) in language development, and if we miss the window of opportunity, a child's language will be permanently impaired. Also, early language delay is a very powerful marker of psychological vulnerability. In a large Swedish study (Miniscalco et al. 2006), children aged 30 months, who could not make two-word utterances and who had fewer than 50 words, had a 70% probability of having a psychiatric diagnosis, most commonly autism spectrum problems or ADHD, at age seven.

Language delay is a potential sign of neglect – most young looked-after children have such problems, and language problems are extremely common in children excluded from school (Ripley and Yuill 2005). So language delay is a very important early warning sign, and does not just go away. We must identify and assess these children quickly and carefully, and offer intervention (usually more than speech and language therapy) if we are to avoid major future problems.

Patterns of vulnerability

Our research group at the University of Glasgow recently conducted a pilot project in which families were offered two new universal contacts with their health visitor when children reached 13 months and 30 months.

The project used structured assessment tools because this is the best way to ensure social equity; otherwise there is a high risk that interventions would be offered to those who least need them as detailed in the 'inverse care law' (Hart 1971). The work was designed to assess need (including unmet need) for parenting support in the community and offer appropriate levels of service to families. We assessed parental wellbeing and the parent-child relationship (Wilson et al. 2010) at 13 months; language delay through a two-question screen (Miniscalco et al. 2006), behaviour problems and parental stress at 30 months; and family background and demographic factors at both ages.

We identified a great deal of previously unsuspected need. For example, 8% of parents who had been assigned to the lowest risk category by health visitors had strong evidence of depression. At 30 months, 10% of children were found to have some degree of suspected language delay: 47% of these children had been assessed as being at low risk at the start of the visit.

Further work has been conducted with the Scottish Government and Glasgow City Council to develop the assessment of children's emotional and behavioural wellbeing at school entry using the 'strengths and difficulties questionnaire' (Goodman 1997;

Goodman 2001; Youth in Mind n.d.). This data has allowed us to describe the emotional and behavioural wellbeing of children entering school in Glasgow. We now have maps of the distribution of emotional problems, hyperactivity/ inattention problems, conduct problems, and peer relationship problems across Glasgow The prevalence of conduct and hyperactivity problems is roughly 50% higher in the most deprived parts of the city compared to the most affluent, but some of the most deprived areas appear to have excellent childhood mental health. The data will allow us to identify local and individual factors predictive of problems likely to interfere with children's school attainment and will provide a baseline for future comparisons.

How should we respond in the UK?

It is important to view the great achievements of David Olds' Nurse-Family Partnership in context. In the US, there is no universal health visiting service and, consequently, no mechanism for identifying actual need in individual families in the community. Offering the Nurse-Family Partnership intervention to all families is clearly impractical, expensive and unjustified. It has to be a targeted, rather than universal, provision. Directing attention to families on the basis of predicted vulnerability (using, for example, lone parent status, teenage pregnancy, and economic adversity) without further assessment is inefficient at best: it gives resources to families who do not need them, and misses many children with substantial need who do not fall into the 'right' demographic group. Our recent evidence from Glasgow confirms this view. We have the potential for an efficient and flexible use of resources through an 'active filtering' approach in which professionals and families together determine level of need with reference to standardised assessment tools (Wilson et al. 2008a). Resources can thus be directed to those most in need. In other words, we need an intelligent system for 'case-finding', an assessment of the level of child/family need and appropriate resource allocation, often called progressive universalism.

The professionals routinely in contact with all children under the age of three years are: midwives (usually until the child is 10-28 days old); general practitioners (GPs); and health visitors. Each has the advantage of universal access and, consequently, contact with them is not associated with stigma. These professionals lack routine training in infant mental health, and profess a desire to learn more (Scottish Needs Assessment Programme 2003). In recent years, several policy developments have tended to reduce GP and health visitor involvement with the preventative care of children to the extent that many children do not see either, except on an opportunistic basis (for example, during illness) after the age of four months. One argument for universally offered, regular, child health surveillance contact with both sets of professionals is that there is strong evidence that vulnerability is not a static characteristic, but can become apparent at any time in a child's early years (Wright et al. 2009). There have been some welcome recent developments both in England, where a commitment to increase health visitor numbers has been announced (Department of Health 2010), and in Scotland, with a new mandate for universal contact with children, focused on language and behaviour.

Finally, once vulnerability is established, there must be clear care pathways available to families, with almost immediate accessibility. There is no excuse for a wait-and-see policy in early childhood social and emotional development.

Conclusions

There is a large body of evidence that wise investment to improve outcomes for pre-school children can pay a rich social dividend. The evidence available (Geddes, Haw and Frank 2010), supports the intuitive view that we get the biggest payback from investing more in supporting those children with the biggest needs. However, as Marmot makes clear, it is also important that these targeted services should be underpinned by universal services, the need for which is less intuitive. The scale and intensity of services needs to be proportionate to the level of need.

Assessing need, however, requires targeted investment in the universal services for children under three – health visiting and general practice.

There needs to be a commitment to training and professional supervision, to universal health surveillance programmes involving direct contact with children, and to functioning information systems. In the interests of social equity, there is a strong case for universal assessments using validated tools to assess need at several stages in the pre-school years. This would bring benefits beyond facilitating an equitable approach to support. It could allow efficient information sharing between primary care professionals, currently beset with problems (Wilson and Mullin 2010; Wilson et al. 2008b), and help policymakers and managers evaluate how well early years' services are performing.

Professional training for health visitors should have a strong focus on infant and child mental health and early brain development (Wilson et al. 2008b; Wilson et al. 2008c). Universal adoption of the Solihull Approach to infant mental health (Blackwell 2004) would promote effective communication among professionals about the mental wellbeing of pre-school children.

Child neglect needs to be identified early and addressed wherever possible, and certainly before the child begins to display serious problems which are difficult to contain. Behavioural symptoms in pre-school children should be taken as seriously as they are in adolescents and adults. Persistent aggression and indiscriminate friendliness, for example, should provoke professional concern and detailed investigation.

Once identified, there is a need to provide care pathways for problems such as child neglect and language delay. We are currently providing inadequate services to children with these difficulties.

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Growing up in Scotland: what research tells us about parenting young children

Paul Bradshaw: research director, ScotCen Social Research
Lesley Kelly: GUS dissemination officer, Centre for Research on Families and Relationships

Paul Bradshaw and Lesley Kelly describe the Growing Up in Scotland study which is providing new, unique information about the lives of children and their families and the influences on and of different parenting approaches, attitudes and behaviours.

What constitutes 'good' parenting will always be a value judgement but the Growing Up in Scotland research study (GUS) is providing objective data invaluable for exploring parenting and child well-being in contemporary Scotland.

GUS is tracking the lives of thousands of children across Scotland from birth through to the teenage years and beyond. It has been collecting information about every aspect of children's lives since 2005. The children originally recruited to take part in the study are now nearly eight years old. A new group of babies has recently been recruited into the study to allow researchers to compare the experiences and circumstances of children born in Scotland recently with those born six years earlier.

The main aim of GUS is to find out how early experiences impact on later outcomes.

GUS finds that parenting varies significantly according to parent and family characteristics. It sheds light on the difficulties faced by parents in bringing up children in challenging circumstances; identifies the factors which promote 'resilience' and highlights the inequalities experienced by some children as they grow up. The study suggests ways to improve child outcomes by supporting parents and by tackling wider inequalities.

Exploring parenting

GUS collects a wide range of data on children and their families which can be used to explore parenting in Scotland. GUS can tell us *how* parents are parenting, *what* influences parenting and how parenting styles impact on children. The study collects a range of data which describes parenting - activities undertaken together; approaches to discipline, rules and routines; measures of attachment; use of services for parents and children; and availability and use of support from family and friends. GUS can also explore the factors which appear to influence variation in these aspects of parenting. For example, variation in parents' levels of education, income and physical and mental

health appear to have an effect. In considering the influence of parenting on children, GUS can be used to explore the relationships between parenting and child outcomes such as child health, cognitive ability and social, emotional and behavioural development. Because GUS is a 'longitudinal' study, following the same children over time, it can tell us how all these themes change over time and examine how changes in circumstances affect parenting or how changes in parenting affect child outcomes.

Some findings from the study

Home learning environment

Most parents of children under five are providing a good 'home learning environment' for their children, with opportunities for playing, talking and reading. At age 22 months, 79% of children were read to every day, 58% sang songs or were sung to every day while 28% had the opportunity to paint or draw every day (Bromley 2009). However, children from less advantaged households were doing these activities with their parents and carers less frequently. Children taking part in more activities scored higher on cognitive ability tests, even after other socio-demographic factors were taken into account. This suggests that encouraging parents to spend more time playing with their children can influence - though by no means eradicate - the effect of socio-demographic disadvantage on child outcomes.

Discipline techniques

One third of parents in Scotland had used smacking by the time their child was aged four (Bradshaw et al. 2008). However, only 13% of parents agreed that smacking was a useful technique. Parents were much more likely to rate 'time out' or the 'naughty step' and 'removing treats or privileges' as useful techniques for children of this age.

Attitudes

A quarter of parents with a child aged just under one said that they found it difficult to know who to ask for help or advice about being a parent. One third said that they found it difficult to ask for help, while 10% were wary of interference from professionals like doctors or social workers. More than half of parents agreed with the statement 'nobody can teach you how to be a good parent; you just have to learn for yourself'. This suggests some resistance to parent education programmes. Younger mothers were more likely than older mothers to say they did not like classes or groups. It is clear that the parents whom service providers and policy makers often most want to reach, i.e. those living in the most difficult circumstances, are those most reluctant to engage with services aimed at young children and their families (Mabelis and Marryat 2011).

Parenting and children's health

A 2011 report examined the relationships between 'family adversity' (difficult circumstances), parenting and child health during the first five years (Parkes and Wight 2011). Levels of 'parenting skills' were established by considering three aspects of parenting - connection (attachment and togetherness), negativity (conflict and harsh discipline) and control (supervision, routine and regularity). 'Family adversity' was measured using eight indicators of disadvantage such as low income and living in an area of high deprivation. There was a strong relationship between parenting behaviours and family adversity.

Parents in families experiencing higher adversity were less likely to have a warm relationship with their child, to share activities with their child and to exercise control over their child's behaviour. They were more likely to report high levels of conflict with their child.

Low overall parenting skills were associated with poorer health and health behaviours amongst children. In particular, high levels of parent-child conflict were associated with social, emotional and behavioural difficulties. Low parental supervision was associated with poor general health, limiting long-term illness and behavioural difficulties. Children experiencing a high level of mother-child activities and rules at home were more likely to exhibit healthy behaviours, such as better nutrition and more frequent physical activity, than those who took part in few activities or had few rules at home.

In general, children living in families experiencing high levels of adversity were less healthy and had less healthy behaviours. Further analysis of the data suggests that differences in parenting account for some, but not all, of the health inequalities linked to family adversity. Nevertheless, these findings suggest that supporting parenting is likely to have a positive effect on child health.

Resilience – against the odds?

Analysing the circumstances and experiences of children who manage to avoid the negative outcomes normally associated with disadvantage indicate that parenting factors contribute to 'resilience' to poorer health in childhood. The factors associated with avoiding early negative health outcomes amongst more disadvantaged children were: having an older mother (aged 25 or over at child's birth); having a mother with no long-term health problems; having parents with positive attitudes towards seeking support and advice; an enriching 'home learning environment'; living in a household with at least one adult in full-time work; and satisfaction with local services and neighbourhood (Bromley 2010).

Data on changes in child cognitive ability during the pre-school years suggests that various circumstances and experiences might be influenced to help improve cognitive abilities amongst children from more disadvantaged backgrounds before they go to primary school (Bradshaw 2011). Amongst children whose parents had lower levels of education, those who had been breastfed; who demonstrated better early communication and language ability; had developed a stronger infant-maternal attachment; and more regularly experienced parent-child activities, showed a greater improvement in their cognitive ability during the pre-school period than children from the same background who did not have these experiences.

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Ensuring safe and nurturing care

Matt Forde: head of services, NSPCC Scotland

Matt Forde argues that the child protection system is failing many children who desperately need help and looks at how the national parenting strategy can provide a radical rethink.

Declan Hainey, Brandon Muir, Caleb Ness. Looking at the appalling circumstances of each of these tiny children's short lives we want assurances that such a tragedy will never happen again. Consider that nearly one in five of all children across the UK aged 11-17 has been abused or maltreated at some point in their life (Radford et al. 2011) and a harsh truth becomes clear: despite the hard work and dedication of those working within it, our child protection system is failing many children who desperately need help.

Parenting is fundamentally about providing the safe, nurturing care a child needs to grow to their full potential. Surely then, the main ambition of the proposed national parenting strategy should be ensuring such care for every child in Scotland.

Addressing hidden damage

Death or physical injury from child abuse has the greatest power to shock. The hidden damage child abuse causes attracts less attention despite its long-lasting effects. Abused or neglected children are at increased risk of mental health problems such as conduct disorder (Meltzer et al. 2003). Delinquent adolescents have a nine-fold increase in all types of mortality (Coffey et al. 2003). By the time they reach adulthood, aggssive children commit more than 50% of violent offences. Early childhood adversity and associated disorders impose a massive financial burden on individuals, families and society (Scott et al. 2001).

By placing infant mental health at its heart, the national parenting strategy can address this.

Secure attachment to an adult caregiver, especially in the first year of life is one of the biggest protective factors against abuse (Shonkoff and Philips 2002). Abused children who receive safe nurturing care quickly enough, can make remarkable recoveries (Dozier et al. 2008). By giving parents the right support to provide the safe nurturing care their children need, the national parenting strategy can have a significant impact on levels of child abuse and mental ill-health.

The importance of early intervention, preventative spend and focusing on what prevents professionals from being able to properly help and protect children is already part of Scottish Government thinking. The challenge for the parenting strategy is translating

that policy into practice. The government has clearly stated that the strategy should encompass all parents. But, in our constrained economic circumstances, investment must be directed to getting the best results and the biggest impact. Universalist approaches must be supplemented by intervention for children most at risk. Without some targeting, action will come too late for too many children to ever recover from the damage of abuse.

Drink, drugs, mental health problems and domestic abuse are often the key indicators of potential parenting problems. That's not to say all parents with these problems are a risk to their children but there is significant evidence that children in these families are at a greater risk of abuse or neglect. The NSPCC estimates that 4,700 babies in Scotland live in families where their father or mother's partner reports hazardous levels of drinking; over 12,300 live in a family where one or either parent/caretaker is at a high risk of depression or serious anxiety; and over 1,300 babies' mothers report that their current partner has used force against them[6]. There are no clear figures for the number of babies being cared for by drug abusers in Scotland. Declan Hainey, Brandon Muir and Caleb Ness all lived with parents who were struggling with one or more of these issues. Yet, according to the 2008 Early Years Taskforce, infancy is rarely a primary focus for parenting support (The Scottish Government 2008).

Models of support

Some of the best child protection models from around the world, such as the New Orleans Intervention Model show that, with the right support at the right time, families in high-risk circumstances can often give their children the nurturing care they need.

In New Orleans, the Tulane Infant Team provides assessment and individual programmes of intervention for families of children under four in foster care. The team assesses the relationship between the child and their birth family and provides intensive support to the family for a set time. At the end of the programme, the team's work informs court decisions about whether a child will be safe and nurtured if they return to their parents. The New Orleans Intervention Model prevents the yo-yoing between foster care and home that is so disruptive and damaging to a young child's sense of stability and mental health.

The NSPCC, Glasgow City Council and NHS Greater Glasgow and Clyde are so impressed by the model's results that we are working together to trial a similar model in Glasgow. By investing in work with families when their child first enters care we want to see if we can increase their child's chance of having a happy and successful life while reducing the long-term burden on care and other support services.

The New Orleans model is one of a number of evidence-based early intervention programmes that the NSPCC believes could lead to a substantial reduction in levels of child abuse. Most of these focus on families where the risk of abuse is greatest, but others are targeted at all parents, because in some types of child abuse, for example non-accidental head injuries, there are no recognisable risk factors.

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[6] Statistics generated from analysis of the Millennium Cohort Study, Wave 1, and Scottish population figures for 2010.

Jane Barlow, professor of public health in the early years, believes it is practitioners in primary and secondary care - midwives, health visitors, community nurses, GPs - who are the critical workers for infants and toddlers at risk (Barlow 2011). Many early intervention models, such as our own Non-Accidental Head Injuries programme (NAHI) which aims to educate all new parents about the risk of shaking their baby, and how to cope with stress and tiredness, rely on the skills of already hard-pressed professionals, such as midwives, to be successful.

The results that the NAHI programme could potentially achieve are significant. The original programme, in Buffalo, USA, led to a 47% drop in non-accidental head injuries in babies (Dias et al. 2005). A holistic policy approach should recognise that, as recommended by the Munro Review in England, professionals should share responsibility for providing early help to children and their families (Munro 2011). As well as thinking about the skills of professionals who regularly come into contact with children, the national parenting strategy should consider the role of adult-facing services working with domestic abuse, mental ill-health and substance abuse. With training and access to social work expertise, these services can be critical in child protection, by supporting their clients not just as individuals, but as parents. This shared approach to child protection should be integral to the strategy, along with recognition of the investment in professionals and training such an approach requires.

This makes economic sense. Reducing child abuse and improving children's mental health will free up money spent on dealing with the damage caused by abuse. One project we are replicating in Scotland is saving £4 for every £1 spent.

For this approach to work however, we need to be upfront about whose responsibility it is to protect, even to parent our children. Children need everybody to look out for them. If professionals do not know that parents are struggling, then however skilled or early interventionist they are, they cannot help. If no one tells social services, the police, or another agency, the situation will continue. So, alongside early intervention, the parenting strategy needs to encourage us all to be there for those around us who struggle with a newborn baby or to pick up the phone to report anything serious.

Putting infant mental health at the heart of the strategy

Putting infant mental health at the heart of the national parenting strategy by supporting early interventions will take time, money and a radical rethink of who is responsible for child protection. The results will be transformational – for children, their families and for Scotland.

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Maternal mental health and parenting

Louise Marryat: research assistant, Institute of Health and Well-being, University of Glasgow

Louise Marryat discusses the impact of maternal mental health on parenting behaviour and hopes that introducing a universal health check in the early years will allow health professionals to identify more women who need extra help to allow them to become the best parents they can be.[7]

A woman is more likely to be admitted to a psychiatric hospital in the three-month period following childbirth than at any other time in her life (Kumar 1982). While only a very small number of women - approximately one or two per thousand - experience a severe postpartum psychosis (Kendall et al. 1981), evidence suggests that 10-17% of all deliveries, that is around 11,000 deliveries a year in Scotland, are followed by a depressive episode that would be regarded as indicative of clinical depression, although this may never come to the attention of health professionals (SeeMeScotland 2012; Cox et al. 1982; Kumar and Robson 1984). In addition, research from the Growing Up in Scotland (GUS) study birth cohort, which follows around 5,000 Scottish children from infancy, suggests that around 12-16% of women in Scotland suffer from depression, anxiety or stress at any one point during the first four years following the birth of a child, accounting for 33% of mothers overall. Furthermore, 17% of mothers experienced repeated spells of poor mental health (Marryat and Martin 2010).

The effects on children

Although distressing for the mother in itself, poor maternal mental health has also been found to have long-term effects on child development and future outcomes, which raises concerns among health professionals and policy-makers alike, particularly when such problems are often left unchecked. Exposure of children to maternal mental health problems has been linked to lower academic achievement, higher rates of early school drop-out and increased adolescent sexual activity (Bohon et al. 2007). In addition, there is evidence of an association between maternal mental health and social, emotional and behavioural outcomes. GUS found that children who had mothers with either brief or repeatedly poor mental health in the early years were more likely to be experiencing social, emotional or behavioural problems at age four. GUS also found evidence of a link between maternal mental health and cognitive outcomes at age three, though at this stage, results were not statistically significant (Marryat and Martin 2010).

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[7] This article is based on the report: Marryat, L. & Martin, C. *Maternal mental health and its impact on child behaviour and development.* 29-4-2010. Edinburgh, Scottish Government

There is also evidence to suggest that there may be different developmental outcomes for children exposed briefly to a mother with poor mental health compared with those exposed over a prolonged period. While brief exposure to a mother with poor mental health has been associated with adverse emotional and cognitive outcomes for the child (Murray et al. 1996 and Wachs et al. 2009), long-term exposure may also be associated with adverse behavioural outcomes (Lyons-Ruth et al. 1993 and Chang et al. 2007). However, maternal mental health problems rarely occur in isolation, and are often combined with multiple other factors, the effects of which can be difficult to untangle. GUS data found that mothers were more likely to suffer from poor mental health, and suffer over a longer period of time if they were a lone parent (27% having repeatedly poor mental health, in contrast to 11% of mothers in couple families), if they were a teenager at the time of birth, if they lived in a household with no-one in employment, and if they lived in a household with a lower equivalised[8] income. Many of these factors also share an association with problematic parenting and poor child outcomes. Although statistical techniques available now are able to distinguish independent effects of different factors to some extent, there is an increasing belief that it is the multiplicity of risks that cause the most detrimental effects on a child (Sameroff 1998).

Impact on parenting

The impact of poor maternal mental health is increasingly thought to be mediated through parenting (Beeber and Miles 2003). For very early parenting, there is consistent evidence that depressed mothers may be less responsive than mentally healthy mothers to their infants' efforts to engage with them and that this, in turn, affects the strength of infants' attachment to the mother (Murray et al. 1991). Poor attachment, in turn, has been shown to be related to impaired cognitive functioning at 18 months (Murray et al. 1996). Mental illness is associated with problematic parenting, that is parenting that is associated with poorer child outcomes, socially, emotionally or behaviourally. Poor parenting may manifest through a lack of confidence in one's parenting, and through either overly lax parenting at one end of the scale, or overly harsh parenting at the other end (Dix and Meunier 2009; Oyserman et al. 2005). Depression, in particular, is thought to relate to maternal withdrawal, that is low responsiveness towards the child and a lack of involvement. It is also linked to maternal intrusiveness, and flat, or negative, emotional responses towards the child, with little positive expression (Dix and Meunier 2009). Depressed mothers may provide less structure and guidance to their children, and set fewer rules (Goodman and Brumley 1990 quoted in Gelfand and Teti 1990). Finally, maternal depression may lead to increased use of ineffective discipline, which may be harsh, manipulative, inconsistent or indulgent (Dix and Meunier 2009).

Supporting women

So what can policy-makers, health and social work professionals do to help mothers experiencing poor mental health? At the moment, a large part of the problem is in identifying these women. In Scotland as a whole, there is no universal contact with a health professional after the six to eight week postpartum check. The majority of families will bring their child for immunisations, however there is some evidence that particularly vulnerable women may be less likely to attend routine appointments, such as those for immunisations, or to engage in help-seeking behaviours (Mabelis and Marryat 2011).

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[8] Equivalised income is a measure of household income which takes account of the differences in a household's size and composition, and so is made equivalent for all household sizes and compositions. It is used for calculating poverty and social exclusion indicators.

NHS Greater Glasgow and Clyde has recently re-introduced a universal contact with health visitors for children aged 30 months. While the primary aim of this check is to assess the child's development in social, emotional and behavioural development and language acquisition, by having a contact, often in the home with the mother, health visitors will at least have the opportunity to pick up on problems related to the mother's mental health and interactions with the child (Thompson and Wilson 2010). The 24-30 month short life working group is looking into the feasibility of re-introducing a developmental universal check for all children. However, it is not enough just to assess mothers' mental health, health professionals need the skills and knowledge to be able to discuss with women any problems which may arise, and care pathways need to be there to then help women. Currently, there are various trials of schemes which target both common mental health problems and parenting including Triple P, Mellow Parenting and the Family Nurse Partnership[9], and early results appear to be promising.

In conclusion, for a substantial minority of mothers, poor mental health is experienced well beyond the postpartum period and through the early years of their child's life. They often experience disadvantage, including living in poverty and lacking social support. There appears to be a link between maternal mental health problems and child outcomes, however, the fact that these children often experience multiple other risks can make the association difficult to isolate. Maternal mental health impacts on parenting behaviours, including overly lax or restrictive parenting, inconsistent parenting and using harsh punishment. While various programmes to help both with parenting and mental health problems are currently being piloted, identifying women with such problems remains a challenge. It is hoped that the possible introduction of a universal health check in the early years will allow health professionals to identify more women who need extra help to allow them to become the best parents they can be.

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[9] In the USA, this programme is called the Nurse-Family Partnership. In the UK, it is generally referred to as the Family Nurse Partnership.

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Preventing teenage homelessness: mediating between teenagers and their parents

Emma Dore: service development officer, Edinburgh Cyrenian Trust

Emma Dore describes the role of mediation and its effectiveness in preventing homelessness.

Arguments between parents and their teenage children are part of everyday life. For some, however, this is not just the usual tug-of-war for independence. It can mark the complete breakdown of a parent's relationship with their child. 6,000 young people become homeless each year in Scotland because the relationship with their parents has broken down. Angry words are exchanged, bags are hurriedly packed and doors slammed, possibly never to be opened again.

Anecdotal evidence from frontline workers demonstrates that conflict affects everyone in the family. Conflict between teenagers and their parents demonstrates patterns of behaviour that younger children can emulate, as well as being distressing to live with. For some younger children, seeing parents reject an older sibling, can make them anxious about the stability of their place in the home.

Mediation between young people and their families has been used in Scotland since 2001 to prevent homelessness caused by relationship breakdown. In 2011, Edinburgh Cyrenians conducted a detailed national mapping exercise of mediation services working with parents and their teenage children[10]. Over 75% of interviewees said that mediation is most effective when used as an early intervention, before crisis hits.

This article highlights some key issues from the research.

Families, accommodation and conflict

Over the past 50 years, there have been significant changes to families. In 'reconstituted' households new relationships and rules have to be negotiated and forged; tension and conflict are often experienced (Breugel and Smith 1999). Two-thirds of the 56 young people interviewed for the report *'Young homeless people and their families' c*ame from disrupted homes. They were likely to have left home because of conflict between themselves and their biological parent's partner (Smith, Gilford and O'Sullivan 1998).

Not only is the family changing, but teenage years look different too. Young people's transition to independence is less structured, more gradual, and takes longer than in

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[10] Full report: www.cyrenians.org.uk/what_we_do/amber/research.aspx

the past. Yet in some ways, younger teenagers are introduced to elements of adulthood at a younger age than previous generations, and puberty starts earlier than in the past (Nelson 2009). This means that adolescence is stretched at both ends, creating an artificially-long period of semi-independence. The dynamic of the transition from dependence to independence is a pervasive feature of conflict between parents and teenagers. Although this conflict is a necessary and healthy part of redefining boundaries during adolescence, the changes above may be putting increasing pressure on family relationships. In the current financial climate, with unemployment rising and welfare benefits being cut, the stress and burden on families are likely to continue to rise (Monfort 2009).

The socio-economic foundations of independent housing for young people started to fracture in the 1980s, and extended financial support from parents is increasingly required to facilitate independent moves (Furlong and Cartmel 1997). This trend has continued with drastic changes to the welfare system. Particularly significant to parents, is the rapid rise in non-dependant deductions. If a young person remains at home beyond the age of 18 with parents who receive housing benefit, the amount by which housing benefit is reduced will increase each year between 2011 and 2014. This is predicted to exacerbate tension and pressure between young people and their parents, and may result in more young people being asked to leave home.

The role of mediation in Scotland

Over the past decade, 43 projects have offered mediation between parents and teenage children. These have run in four contexts: voluntary homeless sector, family mediation, community mediation and local authority mediation, working in different ways and with varying success. Projects have generally been small, with part-time staff, with referrals coming from homeless teams, social work and from parents themselves.

Mediation helps people to resolve their conflicts and rebuild relationships. The agreements that people make through mediation are more sustainable than solutions found through other means. A mediated agreement, because it is voluntarily agreed, is more likely to be satisfactory to the participants than one imposed by professionals and, therefore, more likely to be adhered to (Emery 1994). Decisions are more likely to endure over time if the parties have assumed the responsibility of making them. Participants' control of the content of mediation also promotes quality decisions as they are the best people to define their real interests and issues (Boulle and Nesic 2001).

As services are small and scattered, there is no specific data about the national impact of such mediation. However, mediation in other contexts generally results in 70 to 80% of cases reaching a mutually-agreed successful resolution.

Mediation may result in a young person remaining at home, or returning home after a period away. Preventing the damaging effects of homelessness is of immeasurable benefit. People who have become homeless wish that they had resolved problems with their families at the start, and would advise other young people to stay at home if possible (Randall and Brown 1999).

Living at home may not be the best option. If a young person is going to move out, doing this in a safe and planned way, is far better than running away or being forced to leave hurriedly in acrimonious circumstances. Mediation can help a family to agree in

advance how they will retain links and support after the young person has moved out. Family can be vital in providing support even if its members are not bound by bricks and mortar (Monfort 2009).

Young people who leave home and become homeless often think that they have burnt their bridges. Many people who have been resettled following homelessness have told researchers that they wish to re-establish amicable relationships with parents (Lemos and Crane 2001). Mediation can help a family regain positive and meaningful contact; find and strengthen any threads of relationship that remain; and re-learn how they can communicate with each other.

Support for families in conflict

Many young people who are homeless, or are at risk of homelessness, have problems including substance misuse, mental health issues and criminal activity. It is not easy to disentangle the extent to which these are causes of, or are caused by, conflicts within the family. In most cases, both factors seem to be present (Randall and Brown 2001). As one mediation worker commented, 'These cases can be so messy: mediators alone can't deliver all that service users need.' Mediators have a defined role, including that of neutral facilitator. That neutrality may be compromised if they start to offer wider support.

There have been five models of mediators working closely with support for young people. Examples are mediators having a direct referral route to support workers or support integrated within the project. Support may involve motivational interviewing, solution-focused sessions and practical assistance. Support workers can also provide information and advice about the realities of homelessness, which can significantly influence how a family understands the consequences.

Similarly, in most cases, the parents of homeless young people have serious problems. In Randall and Brown's survey of young homeless people, 48% reported that parental problems such as alcohol, drugs or mental health issues had caused them to leave. Unless support is undertaken simultaneously with parents and young people, there is little if any improvement in family relationships or young people's behaviour (Randall and Brown 2001). Through engaging with both parties, mediation offers an important perspective, recognising that youth homelessness is not about an individual, but an individual in the context of a community: their family.

Currently, only one service in Scotland gives equal support to young people and their parents. Other services signpost parents to alternative organisations. One interviewee said, 'It is mostly parents who we signpost on, as parents don't feel so well supported. If the parents had received support earlier on, it may never have reached this stage. Parents are often crying out for help to support their child properly.' Given the impact on the whole family, some mediation teams extend their services to siblings and other family members.

Looking ahead

Mediation is a recognised aspect of homeless prevention. To date, the focus has been on young people over 16, but it is also effective with young people under 16 who have run away or are at some kind of risk.

There is considerable opportunity for partnership working between children's services and housing departments. Discussion between mediation and parenting services could help to support parents of young people at risk of homelessness, and make mediation more widely available to parents experiencing conflict within their families.

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Parenting teenagers: relationships and behaviour

Karen Mountney: About Families

> **Karen Mountney asks what research can tell us about parenting teenagers to help inform voluntary and public sector agencies service planning.[11]**

Although calls to helplines indicate that parents of teenagers often struggle and feel isolated, particularly with behaviour and relationship issues, there are fewer organisations, parenting programmes and policy initiatives for parents of teenagers than those of younger children. However, the evidence explored in the About Families report, Parenting Teenagers, together with the volume of parent calls to helplines, suggests that this highlights a lack of services rather than need.

Most research is based on traditional, heterosexual, two-parent families. Although there are issues about parenting teenagers which resonate for all types of families, more research into a more diverse range of families and parents might be useful.

Children and families affected by disability are rarely the subject of research specifically about family issues, or included in research about families. Research tends to focus on disability itself rather than the experience of family life and relationships. About Families hopes to enable parenting professionals to provide services appropriate for all families and to help those working with families affected by disability to better understand the impact of the family context.

The following are the key themes that emerge from the research.

Conflict

Conflict is not necessarily a bad thing and can play a useful role in teenagers' development. However, the type of conflict, who it is with and how often it happens, is important. Conflict with parents usually involves parents wishing to control teen behaviour and may not allow for teenagers to practise managing conflict. In contrast, conflict with friends usually involves some attempt to limit damage, to withdraw from conflict and to preserve the relationship. Conflict with friends can, therefore, help teenagers to learn about conflict management and to develop emotional responses.

If teenagers are involved in arguments between their parents, it does not mean that parents and teenagers are close. Teenagers are more likely to be drawn into arguments between their parents if conflict is continual and antagonistic. Also, if they feel

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[11] This article is a summarised version of a briefing produced by About Families. The briefing, and the full evidence report with references, can be downloaded at www.aboutfamilies.org.uk

threatened in some way by parents arguing they are more likely to involve themselves in an attempt to cope with their feelings.

Parents can contribute to reducing family conflict by managing their own behaviour and emotions.

Communication and relationships

Good parenting involves good communication and active listening. Teenagers who are communicated with and involved in family decisions are more competent in making decisions about their lives and less likely to engage in problem behaviour.

Although boys may appear less socially competent than girls, this does not mean that they do not value social skills; they approach them differently.

The personalities of both parents and teenagers contribute to the quality and warmth of their relationship. How much control the parent tries to impose is more related to a teenager's than a parent's personality.

Appropriate levels of parental control may be different for different families depending on the amount of emotional and developmental support the teenager receives from their parents. When families are highly supportive of their teenager, maintaining high levels of parental control may be developmentally inappropriate, and teenagers may respond to this by engaging in problematic behaviour. However, if there is less support, control can have a positive effect on a teenager's wellbeing.

Moving to independence

It is natural for parents to feel some anxiety as teenagers become more independent. However, problems can arise if this anxiety makes them act in a way which is intrusive or inhibits a teenager's exploration of new environments and relationships. Parents may manage better when they can see becoming independent as a healthy part of adolescent development.

Parents are more likely to feel rejected by separation and respond negatively if they are overly anxious; are less able to view themselves as separate and independent from their children; and/or are not comfortable in close relationships. Less anxious parents see disagreement as reflecting growth toward independence and this is less likely to result in conflict.

Parent satisfaction

How happy parents feel about their parenting is linked to how they view the development of their teenagers. Adolescence can be a positive time when parents can reassess children's capabilities as they mature. Parents who see increasing independence as an indication of competence are more likely to feel satisfied with their parenting. Parents of disabled teenagers report that seeing their teenager develop socially is a key factor in their parental satisfaction.

Parents, together or apart, find greatest satisfaction when they feel they are being supportive, view themselves as accepting, and affectionate towards their teenager, and see them acquiring qualities which they think reflect their successful parenting.

Parenting together

Mothers and fathers may contribute in different ways to parenting, but both parents are important.

Parents agreeing about how involved they are in parenting is more important than who does what or how much, even when they take traditional roles.

However, parents of disabled teenagers typically report that both partners are involved in all areas of their children's lives because they need to work as a team.

Fathers are less likely to seek parenting support and usually look to their partner for this. This is reflected in calls to ParentLine. Between 2007 and 2010, only 20% were from men. The only issue for which ParentLine receives more calls from men than women is contact with children following separation. It seems that male callers think they need a 'good reason' to call, often meaning they call when at crisis point.

Divorce and re-partnering

Following divorce, boys who are able to maintain some boundaries between their own feelings and those of their mother are less likely to be affected by their mother's negative comments about their father, even up to three years after the divorce.

A teenager's relationship with their father is not affected by their mother remarrying, whether or not they become close to their stepfather.

A relationship with a stepfather is more likely to be close if the teenager is already close to their mother. However, the relationship between a mother and teenager may become less close when the mother lives with another partner, but not necessarily if she marries him.

How much do parents know about their teenagers?

There are differences between mothers and fathers in how they find out about their children's lives. However, how much they know could be the result of what teenagers choose to tell them rather than what they try to find out.

Some parents of disabled teenagers rely on others, such as practitioners, to gain information because communication with their teenager can be limited by the disability.

Ensuring that a teenager feels comfortable about sharing information could be more effective in deterring them from problem behaviour than trying to control their activities. Such communication also means that the parent has more opportunity to offer advice.

Both teenagers and parents make judgements about what they think teenagers should tell their parents. These judgements are closely linked with areas in which they believe parents have authority. What teenagers actually tell their parents is closely linked to these beliefs. However, there can still be conflict about what information is shared and what is withheld, even when both parties say they want a close relationship.

Although some parents of disabled teenagers think that more detailed communication

is necessary because of the nature of the disability, generally the issues are thought to be the same, regardless of disability.

Generally, parents think their teenagers should tell them more than teenagers think they should, and overestimate how much they are told.

Parents and teenagers use mobile phones to negotiate movements and curfews. Parents intrude on teenagers' independent time and activities more by using mobiles, but teenagers generally think this is outweighed by the extra freedom which being able to negotiate brings.

Parents of disabled teenagers who could use mobile phones rely particularly heavily on mobiles if they think that their teenager is more vulnerable because of their disability.

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Parenting under pressure

'A positive framework for supporting parents needs to be created and concrete steps taken towards creating a more family-friendly society.'

**Katherine Rake, chief executive,
Family and Parenting Institute, 2011**

Incomes fit for parenting

John Dickie: head of Child Poverty Action Group (CPAG) in Scotland

> **Without an adequate income, the best efforts of parents are undermined. John Dickie makes the case for improving family income in order to give children a decent start in life.**

How poverty undermines parents

Our ability as parents to provide the best possible start for our children is inevitably affected by the resources, and in particular the incomes, we have at our disposal. Yet, we currently face a situation where the incomes of too many of Scotland's parents are inadequate to the task of bringing up children. One in four children (250,000) is growing up in a family whose income is officially recognised as being below the poverty line (National Statistics 2011), a poverty line that, in itself, is way below what the general public believes is needed for a minimum acceptable standard of living (Joseph Rowntree Foundation n.d.).

At the same time, political rhetoric, particularly in the UK, often seeks to blame parents' skills and behaviour for their children's poverty (Winnett 2011). UK child poverty strategy over-emphasises parenting skills, confuses the causes and consequences of poverty, and then seeks solutions to that poverty through demands for improved parenting (Department for Work and Pensions and Department for Education 2011).

Yet all the evidence (Mountney 2012) suggests that the vast majority of parents on low incomes go to extraordinary lengths to protect their children from the poverty they face, depriving themselves in order to ensure their children do not, for example, go without food or miss out on school trips. They show extraordinary resilience and possess strong coping skills (Katz et al. 2007).

But such efforts do not come without a price. Trying to bring up children on an inadequate income too often places real stress on parents, undermining their health and wellbeing, with damaging consequences for family life (Mountney 2012).

Any focus on parenting needs, therefore, to be addressed in tandem with measures to improve family income. It is vital that in Scotland, policy makers avoid the temptation of seeing parenting ability as the cause, and therefore potential solution, to the poverty so many of our children face.

Instead, our parenting strategy needs to include actions that will both support parents to protect their children from the most damaging effects of poverty and, at the same time, remove the barriers that prevent them securing the incomes they need to capitalise on the parenting skills and assets they already have.

The challenge ahead

The scale of the financial challenge facing parents is hard to underestimate. Faced with rising prices, a squeeze on wages and reduced employment opportunities, they are also being disproportionately hit by UK government tax and benefit policies. Already the Health in Pregnancy Grant, the baby element of tax credits and Sure Start Maternity Grant for second and subsequent children have disappeared. Child Benefit has been frozen, support with childcare costs cut and help with housing costs scaled back. Such cuts have not only reduced immediate income but, by reducing in-work support, have undermined parents' efforts to move back into work or increase their earnings.

Families with children were again the household type hardest hit by the most recent Chancellor's statement (autumn 2011) with the independent Institute of Fiscal Studies (IFS) concluding that: 'New tax and benefit measures are, on average, a takeaway from lower-income families with children, and giveaway to middle and top of income distribution households' (Joyce n.d.: slide 15).

UK government ministers point to the new Universal Credit as central to their policy to make work pay for parents and reduce child poverty. Yet analysis, again by the IFS (Brewer, Browne and Joyce 2011), suggests that whilst Universal Credit is likely to reduce the number of children in poverty, this reduction is 'more than offset' by the impact of wider changes to tax and benefits. The overall impact of these changes will be to increase the number of children living in poverty across the UK by 800,000 by 2020 – an increase clearly related to government policy not parenting ability.

So how can we support parenting in Scotland?

The scale of these mounting financial pressures on parents requires an urgent rethink of UK tax and welfare policy. But what can be done in Scotland to help parents secure the incomes they need to parent to their full ability?

Advice and information

Parents need advice and information to maximise the potential income available to them; enable them to make informed choices about entering education, training and employment; and to help make work pay. Yet nearly one in six families fails to claim tax credits worth around £240m in Scotland alone (HMRC 2011: table 9) and, despite being at particular risk of poverty, less than half of disabled children receive Disability Living Allowance (Preston and Robertson 2006). Receipt of disability benefits can decrease the risk of child poverty by 14% (Adams et al. 2011).

Ensuring more parents receive welfare rights advice would help maximise their resources. There are opportunities, for example to build on the Scottish Government funded Healthier Wealthier Children model being developed by NHS Greater Glasgow and Clyde and partners, to ensure income maximisation support is integrated into mainstream service delivery. Evaluation is already demonstrating the benefits of working together to boost the incomes of parents, and how that income helps parents overcome barriers that prevented them fulfilling their parenting potential (NHSGGC 2011).

Boosting devolved benefits

As well as ensuring parents get the financial supports to which they are entitled, new opportunities are opening up in Scotland to improve at least some elements of that

support. The UK Welfare Reform Bill devolves responsibility for replacing Council Tax Benefit, Community Care Grants and Crisis Loans and requires a rethink of how parents in Scotland access important benefits like free school meals, school clothing grants and fuel poverty programmes. If parenting support is to mean anything, it is vital that such new powers are used to protect and improve benefits, which reduce the strain on parents, and ensure they have the basic resources to support their children.

Childcare and early years
Parenting support also needs to focus on ensuring parents can access childcare and early years provision so that they can take up opportunities themselves at the same time as provide their children with quality early learning opportunities. For government in Scotland that must mean, for example, honouring the commitment to increase universal nursery provision for three and four-year-olds to 15 hours a week in every local authority area whilst maintaining the quality of that provision, as well as setting out a strategy for extending further the hours of universal provision on offer and widening the age range of children entitled to it. Furthermore, attention needs to be paid to addressing the low pay and skills issues that continue to undermine the quality of childcare and early years provision as well as assessing and acting on the evidence from across Europe (Children in Scotland 2010). This shows that countries, which have integrated childcare and early years education services with high levels of universal entitlement and a higher qualified and better paid workforce, also have the highest levels of child wellbeing.

Supporting parents with their children's education
Parents also need support to ensure their children can take full advantage of all Scotland's education system has to offer. Minimising the impact of charges for school trips and materials, providing school clothing grants that reflect the real cost of school clothing, taking steps to remove the means test for healthy school lunches and ensuring all parents feel able to engage with their children's education are all important in freeing up family budgets, removing barriers to full participation at school and reducing the attainment gap children from poorer backgrounds too often face.

Making work fit for parenting
More than half of children living in poverty live in families where an adult is already working (Palmer 2011), and many more families struggle to balance the demands of work with the responsibilities of parenting. Strategies to support parents must link with strategies to improve the quality of paid employment. Public and private sector employers need to tackle the low pay, insecurity, discrimination and family-unfriendly practice that too often make work an ineffective route out of poverty and undermine parenting responsibilities. Local and national government must build on the concept of a Scottish living wage and increase rates of pay at the bottom of the public sector pay scale whilst, at the same time, encourage, through for example, procurement policy and business support activity, private sector employers to pay wages on which people can actually raise families. Services that provide skills development support to parents need to be prioritised and the business benefits of flexible employment opportunities promoted.

Towards a national parenting strategy

Clearly parenting success does not solely depend on income. But without an adequate income, the efforts of parents are undermined; at best limiting what they are potentially capable of providing for their children, and at worst undermining their ability to protect

their children from ill-health, educational under-achievement and long-term disadvantage. A key challenge for our new national parenting strategy is to support parents to secure the incomes they need to build on the extraordinary efforts they already make to give their children a decent start in life.

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Other resources:

Healthier Wealthier Children. URL: http://www.nhsggc.org.uk/content/default.asp?page=s1646

Hardest hit: parents, disability and the age of austerity

Susie Fitton: senior policy adviser, Capability Scotland

Susie Fitton outlines the real cost of 'disability-related expenditure' with evidence that proposed cuts in the welfare benefits system will adversely affect families with a disabled child or adult.

For the very lucky, it starts off with the first tiny babygro, choosing the pram and decorating the spare room and it ends (supposedly) with the 21st birthday bash and a toast to the whopping great student debt piled up in the name of university education.

Most parents are only too familiar with the costs of raising children from babyhood to graduation. However, for families experiencing disability, the costs can be overwhelming, debilitating and often lead to poverty, deprivation and social exclusion.

What it costs

Experts say that it costs £220,857 to raise a child to 21 in Scotland (Evans 2012). The parents of the UK's 770,000 disabled children can expect these costs to treble (Contact a Family 2011). This is mainly because they face extra costs (or disability-related expenditure as it is sometimes referred to) in almost every aspect of their lives including transport, heating, food, holidays and childcare. When you consider that government figures show that 50% of families including a disabled child have an income of less than £15,000 (The Scottish Government 2010) you can see that the numbers really don't stack up.

Unfortunately, the situation for disabled parents is not much better. About 14% of the UK's 14.1 million parents are disabled, and 1.1 million households with dependent children have at least one disabled adult (Morris and Wates 2006). These families are also coping with the burden of disability-related expenditure. In many cases they are unable to work, and increasingly, have to find money to pay for their own support as local authorities try to deal with deficits by charging for care.

Yet, none of this is being recognised by the Westminster Government. Disability-related expenditure, although well researched (Smith et al. 2004; Thompson, Buckle and Lavery 1988; Capability Scotland 2011), is largely ignored by policy-makers and is, seemingly, completely omitted from the thinking behind the Westminster Government's welfare reform agenda.

Undoing the safety net

Capability Scotland is fearful that the economic safety net that keeps families and children out of poverty in Scotland is being undone. The proposals contained in the UK Government's Welfare Reform Bill will make it very difficult indeed to achieve a safe, secure, stress-free place for children to thrive.

'Imagine that you're sailing a raft, and they're taking the logs away from it, one by one, that's what this welfare reform feels like...sooner or later we'll sink. And then you realise there are children on board, it's a nightmare really.'

This quote from the parent of a disabled child highlights the fears of disabled parents and the families of disabled children. As the government presses on with the Bill, households are increasingly worried about the future and the effect that the proposals will have on their ability to pay for essentials such as heating, clothing and food.

Disproportionately targeting disabled people

Their fears are not unfounded as many of the Bill's proposals will disproportionately target families which have a disabled person. Disability Living Allowance (DLA) is the only non-means tested benefit available to families experiencing disability. Many households use it to help them meet disability-related expenditure such as higher heating bills, laundry costs or getting taxis when the bus is inaccessible for a wheelchair.

Under the government's proposals, DLA will be replaced by Personal Independence Payment (PIP). Due to PIP's more stringent eligibility criteria, the government expects 500,000 of the people who currently receive DLA to be unable to claim PIP, including 20,000 parents. With nothing to replace this lost income, households with a disabled family member face certain hardship.

Families will also lose out on additional 'premiums' or 'additions' which are currently paid to parents of disabled children. Under the proposals, disability additions will be cut in half for all but children with very specific needs, such as severe visual impairment or night-time care needs. This will result in families losing £1,400 per year. In fact, Family Action estimates that this cut will result in a loss of benefits of more than £22,000 of support over the childhood of a disabled child (Family Action 2011).

And all this comes at a time when increases in National Insurance rates, the rise in VAT, cuts to Working Tax Credit, the abolition of the baby rate of Child Tax Credit, a three-year freeze on Child Benefit rates and the use of the Consumer Price Index (CPI) have already forced down incomes for the poorest families.

Further proposals for 2012/2013 include additional lowering of the point at which the family element of the Child Tax Credit starts to be withdrawn; an increase in the number of hours couples with children will need to work to be eligible for the Working Tax Credit (from 16 to 24) and withdrawal of Child Benefit from families containing a higher rate tax payer.

This constant chipping away at the income of families has no doubt contributed to the Institute of Fiscal Studies' (IFS) gloomy forecast that between 2010/11 and 2015/16, 500,000 more children will fall into absolute poverty (Browne 2012), 325,000 of whom will be disabled children. Inclusion Scotland predict that families with a disabled child

in Scotland will lose over £3,000 each by 2015 due to cuts in disability premiums and the proposed cap on benefits (Inclusion Scotland 2011).

However, families experiencing disability will also be affected by the government's proposals in other, indirect ways. They are more likely to live in social housing and so may well be affected by proposals to reform the way housing benefit is paid. Capability is particularly concerned at proposals to target families considered as 'over-occupying' a social tenancy because they have a spare room used by a carer or to store equipment.

This may result in the unhappy irony of families experiencing disability, which have managed to secure suitable housing, being asked to 'downsize' and vacate their homes in the context of severe housing shortage. This, at a time when there is a chronic under-supply of one-bedroom properties in Scotland, with 22 out of 32 local authorities having insufficient supply to meet demand (Capability Scotland n.d.). This measure is poorly targeted, punitive and will do little to address the problem of overcrowding.

Conclusion

The Scottish Government has placed the individual wellbeing of children and young people at the heart of its policy agenda in Getting it Right for Every Child, recognising the important role of parents in providing 'good basic care, stimulation and emotional warmth, guidance and boundaries, safety and stability'. There has been an increasing focus on parenting, in recognition that supporting parents is crucial in achieving better outcomes for children and young people.

Capability believes that focusing on parents is the best way to help children and are delighted to be involved in creating the national parenting strategy. We want it to provide a guaranteed minimum entitlement to support to all families in Scotland, and extra help for families experiencing disability. We are pleased to see some local authorities developing their own parenting strategies to consolidate action and coordinate services to improve access to support for parents and families in need.

Our own research has highlighted the difficulties that disabled parents face in accessing services from local authorities so we are keen see improvements for families across Scotland. We are facing an inherent contradiction, however, between a Scottish Government committed to a parenting strategy and supporting parents to be the best that they can be, and a UK government 'austerity' agenda that makes this more and more difficult.

Everyone agrees that children need stable, happy families in order to grow and develop their full potential and that financial stability is key to this. However, when families experiencing disability are being singled out with cuts to benefits and services, are Scotland's disabled children being put at risk?

The welfare benefits system should be our strongest tool to ensure the wellbeing of families. If the UK Government insists on pushing through these reforms, it will be failing parents and effectively sentencing many disabled children to a life of poverty and social exclusion.

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Prison and parenting

Nancy Loucks: chief executive, Families Outside

Nancy Loucks argues that parents in prison are still parents and that there are clear benefits, in most cases, to maintaining prisoners' family ties, both for the person in prison and for the wider family

Each year, an estimated 16,500 children in Scotland experience a parent's imprisonment; this means that a parent's imprisonment affects more children each year than divorce (Families Outside 2009, extrapolated from Scottish Prison Service 2002).

In fact, this is probably an underestimate. The 2011 Prisoner Survey (SPS 2011) reported that 48% of prisoners are parents of children under the age of 18 (with about two-thirds of women reporting being parents; Loucks 1998; Corston 2007). Based on an average of 8,500 people in prison each day in Scotland and the number of children these prisoners reported having, a conservative estimate is that, every day, about 7,600 children in Scotland have a parent in prison. Considering that the number of people received into Scottish prisons in 2010/11 was 35,930 (The Scottish Government 2011), the overall figure of children experiencing a parent's imprisonment per year is likely to be much higher.[12]

Parenting from prison

Parents in prison can find it difficult to feel 'legitimate' in their role as parents. This can create problems on release, where the passage of time and inability to participate in a child's daily life means they have problems reconnecting with their children. For example, Grounds (2009) reported longer-term prisoners treating their children on release as though the children were the same age as they were at the time of the imprisonment. Parents who have been in prison may not be aware of their child's development and needs and may, consequently, feel that their connection with their children is deteriorating (Bouregba et al. 2006).

Low self-esteem is a common result. Contact with children may be difficult or unpleasant during custody, so the parent in prison may decide to reduce or stop contact. However, children cope better when they have the opportunity to visit their parent in prison (Zehr and Amstutz 2011). In contrast, little or no contact through visits or otherwise increases the emotional distance between a parent and child, thereby exacerbating difficulties in their relationship.

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[12] The equivalent figure of children per year would be 32,126. However, some prisoners will have entered prison more than once in the same year, so the number of children affected will be slightly lower.

Normally when people struggle with parenting, they can draw on a number of formal and informal sources. For example, a parent may consult with friends or family, speak with a teacher or health visitor, or perhaps look up information in books or on the internet. They can also work through issues with their children as they arise, experimenting with different methods of parenting and means of communication.

None of these options is possible from prison. Opportunities to communicate with usual social supports are highly limited, especially if distance, cost or difficulty travelling prevents visits to prison. Family members cannot telephone a prisoner, and telephone calls from prisoners are both costly and limited. Prisoners cannot use the internet and are unlikely to have contact with teaching or medical staff with expertise in child development. Imprisonment can undermine a parent's rights and responsibilities, and often this is because they do not know what these are. Access to this information supports the parental role on every level (Bouregba et al. 2006) but access to information from prison can be exceptionally challenging.

Imprisonment also calls into question one's ability to remain a parent, particularly for women in prison. When a father goes to prison, the mother cares for the children in 95% of cases. When a mother goes to prison, however, only 5% of children remain in the family home (Prison Reform Trust 2005, although estimates vary: cf Loucks 2011). The pressure of finding a carer for their children or ensuring that such a carer has been found adds to what is already an extremely stressful experience (Fournier 2000), compounded by the risk that they may not regain custody on release. Women are more likely than men to lose housing while in custody (e.g. Corston 2007) and are rehoused as 'single homeless', unable to regain custody of their children because they do not have suitable accommodation for them. Distance to women's prisons is further on average, so contact with children is even more challenging. The 'maternal distress' stemming from their more frequent role as primary carer can exacerbate what are already difficult issues for women (Arditti and Few 2008), and the consequent impact on children is more extreme.

Parents and carers outside

Parenting from prison creates a whole range of issues and obstacles – but parenting can be at least as difficult for the carers left outside. Comments such as 'He was the breadwinner – how will we manage?' are common, as are concerns from families worried about the cost and logistics of maintaining contact. Grandparents frequently end up caring for their grandchildren. They may have to give up work in order to care for children or may have to return to work from retirement to manage the extra cost (Bernstein 2005). While some manage to claim Kinship Care Allowance, the benefits system does not always equate the rights of grandparents to the rights of foster carers in these circumstances. One great-grandmother who had been caring for her eight- and 13-year old grandchildren since they were two days and five months old, respectively, said, 'To other caregivers I'd say, you need to really think about how far you can go and not crack' (Zehr and Amstutz 2011).

The repercussions can be significant even where partners have separated. One caller to the Families Outside Support & Information Helpline rang to ask about financial support, as her child support payments stopped when her ex-partner went to prison. She said she could no longer afford basics such as the bus fare to get her children to school; as she put it, 'He's doing the sentence, but I'm paying the price.'

The impact of a family member's imprisonment extends well beyond the prisoner's experience. Children and families often suffer through deterioration of their finances and welfare benefits, housing, physical and mental health, children's performance at school and social standing. Indeed, the stigma of imprisonment prevents these families from seeking the support they need to cope with these changes: Pugh and Lanskey (2011) found that 72% of families visiting prisons were not receiving support from any outside agency, despite the many issues they faced as a result of their family member's imprisonment.

Support for parents affected by imprisonment

Various initiatives can support imprisoned parents. Events such as 'family days' (more relaxed, extended visits that create quality time for families in prisons), and homework clubs such as the one at HMP Edinburgh, go a long way towards promoting a parent's role from within prison. A family learning project at HMP The Wolds in England brings families of children aged five and under together for active learning events in the prison – often the most time the fathers in prison said they have spent with their children (Prisons Video Trust 2009). Meanwhile, fathers in the Learning Together Project at HMP Parc in Wales follow the school curriculum along with their children, then help their children with their homework when they come into the prison[13]. One of the difficulties with such programmes thus far is that only a small number of prisoner parents can use them. For example, the homework club at HMP Edinburgh ran with only three families out of a population of 900 prisoners, nor do such initiatives exist in most prisons.

Further afield, Bouregba and colleagues (2006) give examples of craft workshops in which parents can create objects for their children (such as those run by Relais Enfant Parents Associations in France); support groups and individual counselling (such as those run by Bambinisenzasbarre in Italy); and 'study circles' for imprisoned parents in Sweden. In the United States, Girl Scouts of the USA runs an initiative called Girl Scouts Beyond Bars, which transplants scout meetings into women's prisons so that girls can take part in these with their mothers.

Another important element of support for parents in prison – and for those outside – is to recognise and support all parents in wider government initiatives. For example, the Scottish Schools (Parental Involvement) Act 2006 places a duty on educational authorities to give advice and information to any parent of a pupil in a state-run school when that parent 'reasonably requests it' on any matter relating to the child's education. Similarly, the Curriculum for Excellence emphasises the need to encourage parental involvement in their children's education. Parents in prison will need considerable support to do this; at present, such interaction with parents is down to the efforts of individual guidance teachers who take an interest, as no formal links or supports exist in prisons for links with children's education. Equally, the Education (Additional Support for Learning) (Scotland) Act 2004 could benefit children who struggle in school following a parent's imprisonment but thus far has not routinely been applied in this way.

Further, national campaigns such as Play, Talk, Read could be promoted in prisons and in prison visitors' centres. Parenting programmes such as Mellow Parenting and Group Triple P have run very successfully in prisons, showing measurable benefits to

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[13] This has the dual benefit of encouraging adult literacy in a non-stigmatising way while supporting children to stay engaged in school.

participants (e.g. Montgomery 2011). Parenting work specifically adapted for the prison context, such as Barnardo's Parenting Matters course in Northern Ireland (Collins, Healy and Dunn, n. d.) and, in Scotland, Aberlour's work with women in prison at HMP & YOI Cornton Vale (Burgess and Malloch 2008) and SmileChildcare's work at HMP Edinburgh (Loucks 2008; now delivered by Barnardo's) have all evaluated positively.

The forthcoming national parenting strategy could be pivotal in recognising that parents in prison are still parents, and in identifying how they and the carer(s) outside prison can be supported to fulfil this role.

Including parents in the agenda

Imprisonment is a family experience and has a particular impact on the role of the parents both in and out of prison. Parents in prison are still parents – but fulfilling that role through the physical and emotional distance is exceptionally challenging. Equally, families of prisoners do not always access the support or opportunities available, and the stigma of imprisonment often prevents them from seeking the help they need.

The research internationally shows clear benefits to maintaining prisoners' family ties, both for the person in prison and for the wider family in the majority of cases: the parenting role is worth supporting, unless individual circumstances suggest otherwise. In the difficult context of prison, this requires awareness, commitment and involvement from agencies including criminal justice, education and health, along with a wider government commitment specifically to include these parents in its agenda.

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Parenting in the context of domestic abuse

Heather Coady: children's policy worker, Scottish Women's Aid

Heather Coady argues that mothers experiencing domestic abuse provide the long-term support and protection to their children and that, for the benefit of children, we need to ensure that mothers are supported to parent to their fullest potential.

Parenting can be difficult and challenging at the best of times, but for those who live with or are trying to escape domestic abuse, there can be huge additional difficulties, many of which are inadvertently compounded by those who may be trying to help. The results are often devastating and extensive and can lead to children having to come to terms with difficult and traumatic experiences without the support of their mother, the very person who may have tried their utmost to protect and support them. Living with domestic abuse can affect a woman's ability to parent; and being a parent can severely limit her choices. Given this, mothers' needs as adult victims must be seen alongside their needs as the parents of (often traumatised) children (Jaffe and Crooks 2005).

Men can experience domestic abuse, as can couples in same-sex relationships. However, statistically, women experience it in greater numbers. They are more likely to be physically harmed, report far greater levels of fear and are more likely to report suffering from depression as a result (Hester 2009). Therefore, this article mainly focuses on domestic abuse and its impact on mothers as parents.

While mothers who are experiencing domestic abuse face significant challenges which can have far-reaching consequences, research shows that many such women parent as effectively as non-abused mothers; testament to their strength and resilience even in adverse circumstances (Radford and Hester 2006).

There has been a marked improvement in understanding and responding to domestic abuse; and wider recognition that it is about one person's attempt to control and dominate another using fear as a tactic rather than isolated acts of abuse. At the same time, there has been a considerable shift in attitudes and increased recognition of the important role fathers play in their children's lives. Therefore, we must consider perpetrators of domestic abuse separately from non-abusing fathers to avoid compounding the difficulties women and children are already experiencing.

Domestic abuse undermines, and can severely damage, the mother-child relationship. High levels of stress as a result of ongoing abuse can severely affect a woman's physical and mental health. She may be exhausted as a result of trying to manage from day to day in difficult circumstances. Higher levels of substance abuse and mental health problems occur among this group, usually as a consequence of the abuse.

Children are undoubtedly affected, requiring emotional support and reassurance which their mothers may feel too physically and emotionally depleted to provide. In addition, women's confidence in parenting skills and authority as parents may be severely undermined, either indirectly (because of the abuse witnessed) or as a tactic to break her down and control her.

Listening to what children themselves have to say about what they have witnessed can be quite chilling and hugely distressing for mothers who may believe they were successful in shielding their children from witnessing the abuse or being affected by it (Mullender et al. 2002). The guilt mothers may feel as a result can inhibit them from seeking help when their children do display signs of distress, because they fear their children will be removed by social services. This is a threat often made by abusers and one which can too often be realised (Humphreys and Stanley 2006).

There can be considerable pressure on women to leave and considerable censure if she chooses to stay. It is much more common to hear the question 'why doesn't she leave?' rather than 'what is stopping her from leaving?' A subtle difference, but one which overlooks the barriers she may be facing and her perceived failure to protect herself and her children. One of the main obstacles to leaving may well be fear. There is an abundance of evidence that shows that risk of serious assault and homicide increases significantly when an attempt to leave the relationship is made (Fleury et al. 2000; Humphreys and Thiara 2003; Kurtz 1996).

Another barrier to leaving (and for some mothers a reason for returning) is the expectation that they will keep themselves and their children safe while at the same time facilitate contact with the abusive parent. They may have been motivated to leave because of a grave concern about the safety and wellbeing of their children, or because the abuse is so severe that they are threatened with the removal of their children if they do not leave (Hester et al., 2007; Scottish Executive, 2002a; Scottish Executive, 2002b). It is quite common to have a protective order in place and yet still be ordered by the court to facilitate contact arrangements (Buchanan et al. 2001). With little or no risk assessment and management, these decisions can severely undermine what are often fragile attempts to rebuild a sense of safety and security.

This is often because of assumptions that the abuse will stop on separation and that contact with both parents is in the child's best interests despite a history of domestic abuse. However, contact arrangements can provide the perfect opportunity for ongoing control and abuse and, in extreme circumstances, children being killed (Saunders 2004). A research study conducted with perpetrators in the US found that they themselves commonly identified this as a way to continue to abuse and harass their former partners (Francis et al. 2002). This can have a devastating effect on children and severely hamper their recovery. Despite increasing evidence (Jaffe and Crooks 2005), the significance of domestic abuse is often downplayed in civil court proceedings determining contact and residence arrangements. There may even be a growing scepticism in courts that mothers citing domestic abuse are predominantly motivated by a wish to alienate fathers and to secure outcomes in their own favour rather than genuine concerns for safety.

However, women often do not raise the issue at all because they worry that they will not be believed, or that they will be seen as 'bad mothers' for staying as long as they have and putting their children at risk. Domestic abuse is also notoriously difficult to substantiate, and many victims choose not to seek help from the police except in the

most extreme circumstances for fear of reprisal. Consequently, being able to provide evidence of abuse-even when it has been extremely violent-can lead to a belief that any abuse is hugely exaggerated, particularly if there is no evidence of police involvement.

There have been some important legislative changes in Scotland which are a step forward in recognising the importance of safeguarding the safety and wellbeing of children alongside their non-abusing parent. However, without training and a continuing commitment to risk assessment and management which focuses on the perpetrator (rather than on mothers who may be still trying to recover from their experiences) these changes will not be enough to safeguard mothers and their children.

We also need to provide mothers and children with the opportunity to recover from their experiences; to be supported and given time to rebuild their lives. Aiding the recovery of children by rebuilding and strengthening the mother-child relationship is the aim of an innovative multi-agency approach currently being rolled out in Scotland after a successful three-year government-funded pilot. CEDAR[14] (Children Experiencing Domestic Abuse Recovery) is a 12-week groupwork programme based on a psycho-educational approach and adapted from a similar programme developed in Canada.

Parallel groups are run for children and their mothers, with the aim of strengthening the mother-child relationship through creative and experiential sessions, with mothers also supported to aid the recovery of their children. It is a strengths-based approach, rooted in empowerment. It depends on group facilitators from a wide range of disciplines to co-deliver the 12-week curriculum and whose knowledge and skill in dealing with domestic abuse is greatly enhanced as a result.

So, despite the gains in how domestic abuse is viewed and dealt with, a consistent approach which considers domestic abuse within the context of parenting, particularly in public and private law proceedings, is still required. It is misguided and dangerous to pressure mothers to leave the person abusing them, punish them if they do not manage this, and at the same time punish them for failing to facilitate contact arrangements once they manage to get away.

In the interest of all children who have experienced the trauma of domestic abuse, we need to ensure that mothers are supported to parent to their fullest potential in all circumstances. To do this, we need a response that is informed, that can accurately assess risk and its source, and that offers support and protection to both mother and child. When all the professionals have vanished from the scene, it is the mother who provides the long-term support and protection. So, it is imperative that they are empowered to help their children's recovery.

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Parental drug and alcohol problems

Dave Liddell: director, Scottish Drugs Forum

Dave Liddell describes how policy and practice need to combine to respond effectively to the 150,000 children affected by their parents' drug and alcohol use.

Scotland has an estimated 60,000 problem drug users and high rates of alcohol problems, putting it among the top countries in Europe for alcohol and drug problems per head of population. Drug problems expanded massively in Scotland in the early eighties and have become more entrenched since that time. We are now seeing problems in second and third generations of families with services finding it difficult to intervene.

The issue of parental drug and alcohol problems is undoubtedly one of the most challenging facing Scotland. The Scottish Government's drug strategy, The Road to Recovery, published in 2008, has an entire chapter devoted to the subject of 'getting it right for children in substance misusing families'. It highlights the need to do more at a local level to improve services for children, on prevention, early intervention and protection.

The Scottish Government, in its 2011 manifesto, stated its ambition for a parenting strategy:

'…the development of a national parenting strategy that encourages agencies to work together to support new parents and allows them to develop their parenting skills. Parents will have access to a guaranteed level of support across the country.'

Bringing these two policy areas to together is vitally important if we are to effectively address this huge problem.

The effects on parenting capacity and on children

There are an estimated 50,000 children of problem drug users and perhaps 100,000 children whose parents have alcohol problems, so there are potentially 150,000 children affected. Some parents with drug or alcohol problems may be isolated and lack support but still manage to ensure that their children are well nurtured.

Some people with drug problems can function well as parents but there are those who are failing badly, with their children being harmed significantly. This does not just depend on the abilities of individual parents but also on the support around them. Parenting abilities among drug users vary over time due to a range of factors. Personal

difficulties, such as family problems, health and drug/alcohol use along with wider issues, such as welfare benefits and housing have a massive impact on vulnerable parents, and therefore, on their parenting capacity.

Children may be affected in many ways. The Aberlour report of 2006 *Have we got our priorities right?* describes:

- Chaotic parental lifestyles, leading to neglect of their basic physical and emotional needs
- Poor or inconsistent parenting - lack of affection, nurturing, consistent boundaries or routines
- Unsafe home environments where children are left alone or unsupervised for long periods or left with unsuitable carers; are exposed to drugs, drug use and the effects of intoxicated behaviour, along with domestic abuse and criminal activity
- Children assuming caring roles for siblings and sometimes for their own parents
- Nursery or school attendance and attainment suffering
- Stigma which can lead to isolation from peer networks and susceptibility to bullying

The challenge for policymakers and practitioners, therefore, is immense.

The public discourse about this has been polarised, with the extreme view expressed by some politicians and academics that all parents with alcohol and, in particular, drug problems should have their children removed into care. This is clearly a completely impractical suggestion, given the scale of problems, the limited availability of foster carers, places within children's homes and prospective adoptive parents.

What parents want

There has been little work on finding out what type of support parents with drug or alcohol problems would like. Since parental activity is at the heart of the issue, it seems remiss, even unwise, to miss the opportunity of getting their perspective on the key issues underpinning their attitudes and behaviours. So what are they looking for?

From our own work, particularly speaking with our volunteers who are parents and have a history of problem drug use, the following themes and issues emerge:

- Parents with drug problems are often very frightened of social work, particularly as they have often directly witnessed people they know losing custody of their children
- Parents often say that support is only available at the point of crisis, accompanied by a serious threat of losing their children. Parents want help but remain fearful of revealing too much about their problems as this may be used against them as evidence of their unfitness to care for their children
- Parents would like support to be available as early as possible, particularly from voluntary sector organisations (often the statutory powers available to mainstream social workers create a barrier to honest dialogue between them and the drug-using parents they work with). Even so, for some parents there would still be concerns about the potential sharing of information and social work involvement
- Parents who have had children removed into care often say that 'it feels like a mountain to climb to get them back'

- Powerlessness is a key feature - many parents want to see an independent supporter/advocate/mentor to enable them to deal with the 'system' so they do not feel they are alone

Parents with extensive experience of social work often say that there is no clarity about what being a good or good enough parent is and that custody decisions are not sufficiently objective. Their perceptions are that, too often, the management of their case is based on whether 'a social worker likes me', with a feeling that 'parents who are worse than us still have their children' and that the 'goalposts are always changing'.

While these views are from a relatively small sample, they highlight the issues that practitioners face in responding to parental drug and alcohol drug problems. The themes also highlight the potential value of systematically collecting the views of parents to inform how best to provide services.

Adult and children's services working together

What also comes through from our work with parents, reflected in a recurring theme from services, is that child welfare services and adult addiction services do not work closely enough with each other. Often, there is also a lack of awareness and understanding between the adult addiction workers and the children and families workers about the impact of parental drug problems from each other's perspectives. This can get in the way of finding effective solutions.

Adult services can sometimes address the needs of the adult client only, with the perspective of the children either not recognised or ignored. This is likely to happen particularly when a service does not identify the additional needs of a parent with children - for example, when an adult service sets up an arrangement for dispensing methadone which requires a mother with small children to walk a considerable distance or a service that has a busy and chaotic waiting room and makes no specific provision for parents attending with children.

Although we have known for years about this shortfall in recognising of the dual 'personas' of parents with drug problems, most areas, despite some pockets of good practice, have not yet bridged this.

However, on a more positive note, we know that:

- Workers in adult addiction services want to change their practice towards parental clients and their children (SDF survey of services 2009)
- Children's services are keen to develop their knowledge and understanding of drug use/drug problems and how to work more effectively with parents
- There is understanding within adult addiction services and children's services about the need for improved joint working
- Several years ago, we made a suggestion to the Scottish Government about funding secondments of workers from children's charities into adult drug services, aiming to bridge the gap between the two sectors and ensure more effective early support and intervention.
- More recently, we developed a proposal for joint training and better networking of the two sectors. The gap is still evident and despite some excellent practice, good practice needs to become standard across the country if we are to make a meaningful impact

on the current generation of children living with parental drug and alcohol problems and on future generations.

The Scottish Government stated recently in the context of the proposed Children's Services Bill: 'Simply framing legislation that places a duty on planning partners to work together, where appropriate, to get it right for every child is unlikely to have much impact and may actually add more bureaucracy and barriers.' This is exactly right. The challenge is to encourage and work with frontline services to deliver improvements to joint working and effective practice.

Failing to do this and to intervene effectively will cost our society and individual families dear in both the short and long-term.

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Supporting families through transition

'The traditional single male breadwinner family is declining and the growth of single-parent families and other new kinds of family present many new challenges for government.'

Ipsos MORI, 2009

Going it alone

Satwat Rehman: director, One Parent Families Scotland

In November 2011, the EU highlighted the increased risk of poverty and social exclusion faced by single mothers, and called for action by member states. Satwat Rehman examines the issues facing lone parents and their families in Scotland.[15]

There is a world of difference between public perception and reality when it comes to lone parent families.

When the EU published its report into the situation of single mothers in November 2011, the reaction in Scotland was illuminating. Issues became personalised and fingers were pointed. The conclusion was clear: for many people, lone parents represent a problem.

Yet single parents are not a homogenous group. They represent a range of family, economic and social backgrounds: most did not choose lone parenthood but were left, through death, divorce, or other circumstances, holding the baby. For the vast majority, their children's welfare is paramount. Inaccurate stereotyping is one of the most insidious and damaging barriers lone parents face, while those who perpetuate the myths only intensify already low self-confidence and reinforce the sense that positive change is impossible.

The facts

Today, almost a quarter of families in Scotland have only one parent. Contrary to prevailing assumptions, less than 2% of lone parents are teenagers; more than half work more than 15 hours a week; and far from relying on benefits, lone parents enter employment at the same rate as other comparable groups.

However, they are twice as likely to veer between work and unemployment; a third of lone mothers are depressed; and lone parent families are more likely to face poor health. The biggest issue is poverty: over a third have a gross weekly income of £200 or less. The 2010 Growing Up in Scotland survey found over half of children aged two to three in lone parent families were persistently living in poverty.

Lone parents face significant barriers in the labour market. Many lack confidence, especially those who have experienced domestic abuse or an acrimonious divorce. Some feel socially isolated and may lack the practical and emotional support of family

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[15] A version of this article first appeared in Children in Scotland magazine in January 2012.

and friends after a relationship has ended. For lone mothers, educational attainment is often lower, as they may have interrupted their education or professional training because of the time and financial constraints of bringing up children alone.

Affordable childcare is a particular concern in Scotland, where, unlike England and Wales, there is no legal obligation to make childcare available to working parents. Out-of-school care is generally only available at primary school age and parents may rightly feel uncomfortable leaving someone under 16, for whom they are legally responsible, at home alone, especially during school holidays. Jobs may require an early start, a late finish, weekend working or variable working patterns, making it difficult, if not impossible, to find childcare. Many lone parents are confined to low-paid employment that matches school hours – which does little to lift children out of poverty.

The transition from benefits to work can also be precarious. Expenses such as lunches, travel and work clothes, the rapid withdrawal of Housing Benefit and the aggressive pursuit of outstanding debt once a parent leaves Income Support, mean not everyone is better off in employment, despite what the government may say.

Legislative changes can have a major impact. The Welfare Reform Bill going through Westminster is likely to have a negative effect on lone parent families throughout the UK, while freezing Child Benefit and other tax credits and the cut in childcare support through working tax credit changes, have reduced the spending power of low-income families just as rises in fuel and food costs have played havoc with family budgets.

The UK Government's commitment to force lone parents whose youngest child is over five into work will see parents jumping through rigorous Jobseeker's Allowance hoops, chasing too few jobs and competing with applicants who have better qualifications and more recent job experience.

Proposed charges for the government's statutory child support scheme will divert money intended for children into government coffers, while reducing Local Housing Allowance has cut the choice of decent housing for families. Of course, we have to make tough choices, but the poorest – among them lone parents – appear to be paying the highest price of all.

Making the difference

Yet with the right support, lone parents can offer a great deal. What makes the difference?

When One Parent Families Scotland (OPFS) www.opfs.org.uk consulted lone parents, the consensus was that prevention is much more effective than resolving problems later, and giving children 'the best start in life' is very important. Many thought specialist support into paid work was required, with varied recruitment methods and the value of volunteering recognised. They saw the key worker model as crucial, especially as part of a wider network linking services. They saw maintaining good mental health and managing stress as significant in promoting wellbeing, especially for those living on Income Support.

For many, moving into employment is not just about money, but also the practicalities of having the sole responsibility of managing home and work. Pushing lone parents into

low-paid jobs that do not fit with their caring responsibilities will result in them giving up work. The escalating cost of childcare and lack of good quality provision, including for children aged 11 and over, mean some are unable to enter employment, while a lack of flexible childcare in the home can prevent parents from working unsocial hours. Addressing these issues is the best route for helping lone parents into work when the time is right for them and their family.

Employers have a key role: offering flexible, family friendly employment can ensure a loyal and productive workforce. In practice, this may mean realistic time off work for parents to care for children, and job-sharing, flexible working hours or home working.

Comparing the poverty risk of children in lone parent families in other countries provides food for thought. Sweden has one of the highest numbers of children in lone parent families but the lowest child poverty rate across 27 EU countries, while the UK has the second highest number but one of the highest poverty levels.

One reason is the type of welfare state in operation, with the UK's 'adult worker' model – which assumes all capable adults should be in employment irrespective of their family circumstances – failing to meet real life needs.

The 'parent worker' model more familiar in Scandinavian countries underpins policies with the assumption that families are diverse and adults should be supported as parents and workers, through good quality childcare and family-friendly employment.

The key issue for anyone bringing up a child alone is their sole responsibility for the combined roles of breadwinner and carer. The pressures that this can put on lone parents as they juggle caring for children, maintaining child contact with the absent parent, seeking/retaining employment, managing finances and so on can affect their capacity to parent. On top of this, parental and family capacity are much harder to sustain with inadequate income.

A national parenting strategy should recognise this as a unique challenge facing lone parents, and ensure that services and support fit family needs so that we can live in a society that is responsive, sympathetic, embraces diversity and does not tolerate inequality. Only then will we really be making progress.

Tracey's story

OPFS worked with Tracey who, showing considerable determination, found work as a receptionist at a recycling company. She says:

'I had been claiming Incapacity Benefit for over five years. Life was looking rather bleak because I was stuck in a rut. My lack of work and my financial circumstances had become so bad that my son and I were both affected mentally as well as physically.

The whole time we struggled, I was very aware that certain people thought I was living within the benefit system through choice. As if living in such a fashion was easier! Nothing could have been further from the truth.

As I became 'job-ready' I was invited to the Hub. These are job clubs, which include childcare, and are specifically designed for lone parents. With help, support and advice, I created my CV and began to approach job hunting in a active way.

Life is good now. The changes in my life have had a profound effect on my son. He leaves for school with his head held high – a striking change from the young carer he used to be. His attendance has improved 100%; he has improved academically and socialises with ease. Our time together is of a higher quality ... I myself feel more relaxed.

I feel like Mum. I no longer sit and wait for the light at the end of the tunnel. I switch it on myself. I'm aware of what I want in life and fully intend to live it to the max.'

Not just surviving – thriving

Roseanne Cubitt: joint head of professional practice, Relationships Scotland

When parents live apart following divorce or separation, children are often caught in the middle. Rosanne Cubitt considers how to support effective co-parenting so that everyone can thrive.

Do you work with parents who are living apart and struggling to co-parent their children effectively? Do you see children caught in the middle of their parents' divorce or separation? Relationships Scotland (www.relationships-scotland.org.uk) has developed 'Parenting Apart' groups which are proving useful in supporting families following a split.

There was an identified need from parents, and a gap in services, for a more 'educative', or information providing, intervention. Parent education groups for separated parents have been available in the US for several years, and in 2008, Relationships Scotland invited Christina McGhee, a renowned divorce coach and parent educator, to Scotland to speak to professionals and politicians. Using this experience and that of programmes from other countries, we launched Parenting Apart groups.

About Parenting Apart groups

Parenting Apart groups are single session, three-hour workshops for parents to learn more about the separation process, particularly the emotional aspects. They provide information on children's reactions at different ages and stages, and focus on what parents can do to help their children. Research on what children think about separation, with key messages for parents, is powerfully presented through a film produced by young people, and participants discuss how to maintain a co-operative post-separation relationship with an ex-partner. Mothers and fathers attend the same workshops, although ex-partners generally choose to attend different groups.

Parents who attend the groups have been overwhelmingly enthusiastic about the insights gained, particularly from sharing experiences and perspectives with others going through the same process. A common response is reflected by one parent, who said the most helpful thing about the group was 'hearing other people's experiences … you think you are the only one going through this'.

They also say that they have gained a much better understanding of what their children are going through and that they will be able to respond better to their behaviour and emotions.

'I have learned to "listen" to my children more and to appreciate that there is confusion on my oldest daughter's part about what is happening between mum and dad.'

Support for separating parents

Parenting Apart groups work well alongside the other support parents need when they are separating. The insights gained help parents communicate and negotiate more effectively with each other, whether this is privately, through solicitors, or with the help of mediation. Parents are better able to put their children's needs first and to make arrangements that take into account the stress everyone is experiencing.

Working it out

Paul and Joanne were participating in family mediation sessions, trying to work out arrangements for their two children following an acrimonious split. They had very different ideas about how the boys' time should be spent between their two houses, and argued at length without making any progress. Their discussions had become stuck. They agreed to give mediation one more go before going back to court to get a sheriff to make the decision for them.

In between mediation sessions, Paul and Joanne attended separate Parenting Apart workshops. Joanne was not keen to go as she said she knew what was important for children, she was the main carer, and she did not need anyone else to tell her how to parent her children. Paul was ambivalent. He thought he would go along and maybe find out something that would support his argument for how much time the boys should spend with him. He was fairly sure the professionals would recognise the importance of fathers to boys, even if Joanne did not.

Both were surprised by the experience. They found themselves in small groups of about eight, with other divorcing or separated parents. They did not find it awkward and they were not asked to share anything they did not want to. The group facilitators discussed research findings about the process of separation, and the need to grieve the ending of the adult relationship.

Joanne realised that she had not thought about the children needing to grieve the loss of their family, and she could appreciate afterwards that some of their behaviour was the result of feeling angry or sad that their dad did not live with them anymore. Watching a film made by young people that gave the children's perspective when parents split up, also based on research, Paul realised that his boys were probably really struggling with trying to please both parents. He decided he should be more careful about not having a row with Joanne in front of them.

Joanne and Paul were both struck by meeting other parents going through a similar experience. Joanne joked to a friend afterwards, 'Paul isn't the only ex who is a pain to deal with'. Paul told a friend there had been another parent at the group who was also really protective about her children, and so 'perhaps Joanne wasn't being so unreasonable after all'.

They returned to mediation a couple of weeks later. The session went much more smoothly than previously. Paul and Joanne were both much better at understanding their boys' needs. They put aside some of their individual concerns to develop a plan that worked well for the children. They agreed how they would communicate in the future, and participated in a further mediation session to finalise the details.

Parenting after separation – the case for sharing

Ian Maxwell: national development manager, Families Need Fathers Scotland

Ian Maxwell describes the importance of shared parenting and suggests that the parenting strategy should emphasise this as the norm rather than the exception.

'I want to be a dad to her. Pick her up from her grandparents after school and give her tea in mine before taking her back to her mum's. I want to go to parent evenings, see my daughter as often as possible and play a positive role. How can I when my ex calls ALL of the shots, no access is defined, I have no parental responsibility and my contact is dwindled down to the point where my ex can tell all and sundry that I'm some deadbeat down the bookies all day who doesn't care?'

This posting on our forum is echoed daily in phone calls to Families Need Fathers (FNF) Scotland. We sometimes hear several such stories in a day, with over 1,000 fathers contacting us in the last 18 months. New partners, other family members and other organisations, such as Grandparents Apart, recount distressing stories about being cut off from grandchildren, nephews and nieces by unreasonable behaviour and hostility from the parent with care.

Given the complicated nature of family splitting and reforming it is difficult to know how widespread this problem is, though studies such as Growing Up in Scotland (GUS) indicate that around a fifth (21%) of children in the birth cohort and around a quarter (26%) in the child cohort had a non-resident natural parent.

Contact and fathers

Sweep 3 of GUS found that only about two-thirds of non-resident fathers have any contact with their children (Marryat, Reid and Wasoff 2009). We do not know how many of these 'missing' fathers have abandoned their children and what proportion were pushed out. The information from GUS tracked some interesting data amongst resident parents but the parent who has left the home is not included in any of their surveys.

The same study found that fewer than a third of mothers always asked for the non-resident father's views when making major decisions about the child (31% birth cohort, 26% child cohort). Greater contact was significantly associated with increased involvement in decision making and it is reasonable to assume the parent with care's indifference or hostility to sharing decision making is likely to reinforce the feeling of exclusion many fathers report.

When David Cameron made his Father's Day comments comparing absent fathers to

drunk drivers deserving stigmatisation there were angry responses from the many fathers who had tried to be responsible but whose efforts were thwarted by their ex-partner.

Court action

FNF always advises people to try to reach agreements without using lawyers or courts but, too often, they end up in the family courts. Father are no more, or less, likely than mothers to be saintly after separation but the non-resident parent often ends up feeling they have no choice. 'What else can I do if she won't talk?'

Every year in Scotland there are around 2,000 applications to court for contact (McGuckin et al. 2004) (2004 estimate). Far more contact disputes settle out of court through legal correspondence or minute of agreement. In some cases, agreement indicates some cordiality between the parents. In others, it is because the father agrees under duress or because he has run out of money. A quick tot up round the table at a recent FNF meeting revealed legal fees already incurred of £250,000. As one person observed, 'That's money my kids should have, not my solicitor's kids.'

Some mothers are also separated from their children. A recent Radio 4 documentary on the humiliation felt by a non-resident mother at the hopelessness of spending two hours every fortnight in a public place and her sense of bereavement when handing them back drew widespread sympathy from FNF fathers who know the pain only too well.

Even allowing for the very small number of situations in which violence or other issues make it undesirable for children to see a separated parent, this leaves many families in which contact is lost or reduced to an add-on to the children's lives because of continuing conflict between the adults about money, past behaviour, concern about a new partner or just spitefulness.

There are usually two sides to every story but the adversarial imperatives of going to court frequently heighten the conflict rather than resolve it, at the expense of the children. Judges acknowledge that to parties daily but fathers' legal advisers, if they have them, often feel their duty is to their client, come what may.

The effect on children

Various studies show that children who grow up apart from their fathers are disadvantaged, during childhood and later life. This includes the meta-analysis by Amato and Gilbreth (1999) which demonstrates that positive forms of father involvement (offering praise, expressing warmth, talking with children about their problems and providing supervision) are more important than frequency of contact.

Compared with previous generations, today's fathers are far more involved with their children. From attendance at birth, through to sharing in childcare, their expectations are very different from their grandfathers'. But once parents separate, the traditional template reasserts. Children mostly stay with their mother. Even fathers who attend FNF Scotland groups say that it never occurred to them to ask for more. If the split is acrimonious, the father often has to justify contact with his children against arguments about his unworthiness or the inconvenience to the mother, even if he was the main carer when they lived together.

Shared parenting

A presumption of 'shared parenting' could address most of the issues. This does not necessarily imply a stated proportion of parenting time being allocated to each parent with children shuttling between homes according to the timetable on the fridge. The 'standard ration' that children are offered - a fortnightly visit to their non-resident parent, plus some time around holidays – is not shared parenting. Parents with so little parenting time cannot, effectively, be involved in decision making about their children.

The FNF Scotland definition of shared parenting is based on the following objectives:

- Children should feel that they have two properly involved parents
- One parent should not be able to dominate the lives of the children to the detriment of the other or to control the other parent through the children
- Parents have broadly equal 'moral authority' in the eyes of the children and children have free access to both their parents over routine as well as major matters
- Children are able to share their lives with both parents 'in the round' - for example not being with one parent all 'routine time' and the other only for 'leisure'
- There is no part of children's lives - for example, school life or friends - that one parent is excluded from by virtue of the allocation of parenting time
- There is no part of a parent's life that the children are excluded from by virtue of the allocation of parenting time
- Children do not develop stereotyped ideas from their parents about the roles of women and men, for example that fathers are for money and treats, and that mothers are responsible for everything else

The Children (Scotland) Act 1995 would need to be amended for this presumption to have a sound legal footing, and to give force to the presently unenforced and unenforceable obligation of the parent with care to support a good relationship between the children and the non-resident parent.

We were heartened to see the recent government response to the Family Justice Review covering England and Wales (Ministry of Justice and Department of Education 2012), which states 'The Government fully supports the Review's view that the vast majority of children benefit from a continuing relationship with both parents, and that shared parenting should be encouraged where this is in the child's best interests and is safe' and goes on to suggest that legislation may have a role in supporting shared parenting.

Changing behaviour involves more than legislation. We already have a Parenting Agreement for Scotland (The Scottish Executive 2006) which provides a guide to shared parenting after separation although it appears to have dropped off the checklist for many solicitors arranging divorces. It ought to be at the top. The national parenting strategy could consider some form of shared parenting as a default position – not compulsory, but needing good reasons to reject it – to support parents before and after separation. The need to understand more about fathers has already been acknowledged but the proposed strategy provides an opportunity to redress the prevailing imbalance.

The challenge for the strategy is to help parents do the best they can for their children by making shared parenting the norm rather than the exception.

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Consistent parenting: supporting parents

Marion Laird: head of services, Scottish Marriage Care

Marion Laird discusses the findings from a recent youth consultation and their implications for working with parents to reduce conflict.

In 2010, Scottish Marriage Care consulted over 450 young people in the east end of Glasgow about their emotional health and wellbeing. This was a significant sample of 10-19-year-olds in the population. We found that one in three was struggling with emotional issues which were the direct result of poor relationships within their families. Most said they were stressed, frightened, sad and/or angry; many felt like this most or all of the time. Nearly half (48%) split their time living between more than one home; a quarter said drugs and alcohol were a problem for their parents; and a quarter worried about their parents' mental health.

These young people are the parents of the future.

The importance of stability

Along with food and shelter, children need love and trust, hope and autonomy. They need safe relationships which can foster friendships and commitment. They need loving support and self-confidence, the faith in themselves and their world, all of which build resilience (Grothberg 1995: 10).

Children with stable, caring families have better health and emotional wellbeing, which helps them reach their potential. There is compelling evidence on the importance of stable family relationships for the emotional, physical, socio-economic and educational well-being of children (Mansfield 2005; Strohschein 2005; Dunn 2008). However, there are multiple pressures on parents: from the natural life transitions which put additional stress on the parental relationship to other pressures from the environment, addiction, poverty and so on. The gap between a family coping with everyday challenges and becoming vulnerable is small, and families can become vulnerable at any stage of life.

Relationship difficulties can affect any parent. So there needs to be universal support for parents. This is because parents affected by relationship difficulties, especially those characterised by destructive conflict, show poorer parenting, poor quality parent-child relationships with consequent poor long-term emotional, social and educational outcomes for children (Harold et al. 2007).

This means that minimising conflict is crucial. For children, minimising the effect of parental conflict is the key outcome of couple interventions (Cowan and Cowan 1992).

The impact of parental conflict on children

Parental conflict can negatively affect children in different ways. It is a key factor in behavioural difficulties in children. Children may adjust to it by externalising problems through aggressive, hostile, anti-social, non-compliant behaviour, delinquency or vandalism. A significant proportion of children diagnosed with attention deficit disorder experience significant conflict in their family homes. It is associated with emotional problems in children such as depression, anxiety and withdrawal. Emotional problems can exist alongside behavioural problems or on their own (Harold et al. 2001).

It can affect children's attachment and social competence. Relationship difficulties can interfere with parents' ability to provide the warmth, security and care that children need. Parents who experience relationship difficulties may be less able to develop secure bonds with their children. As a consequence, children may also find it difficult to establish good relationships with others (Harold et al. 2001).

Children experiencing parental discord tend to perform worse in school. They are more likely to be disruptive and have poorer cognitive competence (Harold et al. 2001).

It also affects their health. Maternal stress arising from relationship problems during pregnancy is associated with behavioural and anxiety disorders, attention deficit disorder and hyperactivity in children (Bergman et al. 2007). Children's health behaviours (such as drinking and smoking) can be influenced by their experience of parental discord. Children tend to adopt behaviours that pose a threat to good health if they experience a neglectful rather than supportive family environment (Harold et al. 2001).

The need for consistent parenting

Harry Burns, the Chief Medical Officer, states in his Annual Report 2009, that a healthy start equips children for healthier lives, physically and mentally. He identifies consistent parenting as important; that nurturing children and developing their sense of control over their lives will give them the resources they need to look after themselves; and that chronic stress has a long-term impact. Given almost a third of young people in our consultation said that they are stressed, the national parenting strategy needs to establish relationship education for children and young people to help them work through the impact of chronic stress on their emotional wellbeing.

Loving homes and secure attachments

Relationship support needs to be available to all families so they can find support when they need it, rather than neglecting problems until they reach crisis. Together with this, taking an early intervention/preventative approach will help to:

• Reduce the amount of stress to which children are exposed in family life
• Increase the ability of children to cope resiliently with stressful families
• Reduce the emotional and behavioural problems among children

Supporting parents to improve their couple relationship and thus reduce the risk of relationship breakdown will have a direct bearing on improving what happens to children in adulthood. We need to recognise that relationship difficulties are part of everyday life and that it is OK to ask for help. Parents need accessible and appropriate relationship support to enable them to provide the best conditions for children.

Parenting through adoption

Written by an adoptive parent on behalf of Scottish Adoption

> **An adoptive parent describes the process of adopting a child and charts both the anxieties and the joys of different stages. The child's new grandparent also comments.**

Our journey to starting a family was definitely not straightforward and we certainly took the scenic route. But, our rather different route to a family, makes us appreciate everything and take nothing for granted. This is how it went.

Decision time

We called our local authority to enquire how we applied to be adoptive parents. They arranged to come and meet with us both in our home. The local authority social worker was very helpful and painted a more realistic picture than the one we imagined. In short, she advised us that there were several different routes and agencies involved and we should spend time investigating the options and consider which would be best for us.

This was sound advice as it moved our decision to adopt away from what we could do for another child towards what we could manage and deal with as a couple. It made us talk to each other about ages of children, their backgrounds and how we would talk about adoption with family and friends.

From the media, we thought we knew or had a fairly good idea about the process. We had read and heard about the changes in legislation and the much hoped for shortening of waiting times for children waiting for adoption and their prospective adopters. In hindsight, we did not have a clue until we discovered Scottish Adoption.

We had one initial meeting with a Scottish Adoption social worker and he was helpful. He asked us lots of questions, as we did him. This enabled an open and honest discussion about how serious we really were about adoption and if we had considered the whole picture. This was April 2009. Since then, Scottish Adoption has provided space, balance, support and listening and this has been absolutely critical to manage the different stages of the process.

Preparation time

We attended a preparation group through November and into December. We, and five other couples, spent quality, dedicated time exploring adoption, attachment, grief, loss, identity, ourselves and our relationships. I found it extremely testing. After the first session I felt like I had been hit by a train. This was when I fully realised that I was unable to have a family of my own. It took time, but through the preparation groups, we were

able to understand what adoption meant for our relationship and our future family. It also allowed us to start talking about it to our parents. They could not have been more supportive and I can say from first-hand experience that talking helps.

Application time

By the end of the preparation groups we were desperate to move to the next stage. This involved meeting our social worker who got to know us, our histories, strengths and vulnerabilities with a view to becoming parents. She completed a 'home study', a full and detailed report about us. We had been anxious about this part of the process but ended up feeling very positive about it, a feeling we had not initially considered. This was largely down to our Scottish Adoption social worker. We would not be a family without her and her supportive style and approach throughout the process. Thank you to her, from all the family.

We asked our family, closest friends and work colleagues whether they would consider writing a reference to support our application to adopt. The process took time, six months to be precise, and the regular interviews, conversations which covered more than just the weather, were all worth it. The final result was a report we half read. There are parts of this report that we do not get access to. Having been through this part of the process, we found reading our life story and reflections a positive experience.

The first approval panel we attended was the Scottish Adoption panel and this was unknown territory; we were petrified. The phone call we made to each of our families after we were accepted for adoption was one of the many emotional memories we have had so far!

We did not have to wait too long before our social worker phoned about a wee girl! A family was a potential reality at last. This was everything we had focused our efforts on since deciding to adopt.

Meeting time

The next stage to the adoption was getting to know the local authority social worker. This was so she could consider whether we would be appropriate parents for the child (our now daughter) for whom she was responsible. We then met the foster carer, saw a photo for the first time, met with her doctor and finally were formally matched by the local authority.

The process of waiting and going into adoption: from being approved, receiving the relevant forms, living with a report, the meetings with the social worker, the local authority legal representative, foster carers and medical professionals brings everything alive. It is so important that this part is well managed even though it takes time. It is difficult to understand how it feels when you are waiting for a child and then matched. There are so many questions about being matched and waiting for a child. Some can be answered and some cannot. We definitely began falling in love with our wee girl at this stage of the process.

Our new life begins

In January 2011 the sheriff ruled in favour of adoption. A huge day. A year later and we have just recently celebrated our first anniversary in McDonald's - our daughter's choice!

We had a long wait before it all became official and it was not until we had been to court and the adoption became official that we felt safe and secure as a family. The process has made us learn to deal with uncertainty. I think we are pretty resilient as a family but we are a family and that is all that matters. All the waiting, all the meetings, all the uncertainty, are now a memory. Our family has started and we have support from Scottish Adoption for whatever lies ahead.

I'm a father now and I could spend lots of time thinking about what is different between being a birth father or an adoptive father but right now what programme we are going to watch on CBeebies is far more important!

Do I look at my daughter when she is playing outside or at a party and worry if she is doing OK or knows the rules of the game? Of course I do, but is that not what any parent does - birth or adoptive? We consider ourselves the luckiest people in the world with such a beautiful girl in our lives.

People often congratulate us for what we are doing. That is the wrong way to look at it. The rewards far outweigh the decisions and process which can often take up too much focus in adoption. We thought we could not have a family - we were wrong.

Words from a grandparent

Nobody told us how our hearts would expand when our son and daughter-in-law were accepted as adoptive parents. The waiting seemed like years, but in fact, was seven months. As a family, we already loved her. We learned how best to support our son and family and watched our granddaughter blossom and thrive. The path of adoptive grandparents can, in the beginning, seem a long, dark, road but nobody can explain the glorious Eden you then enjoy.
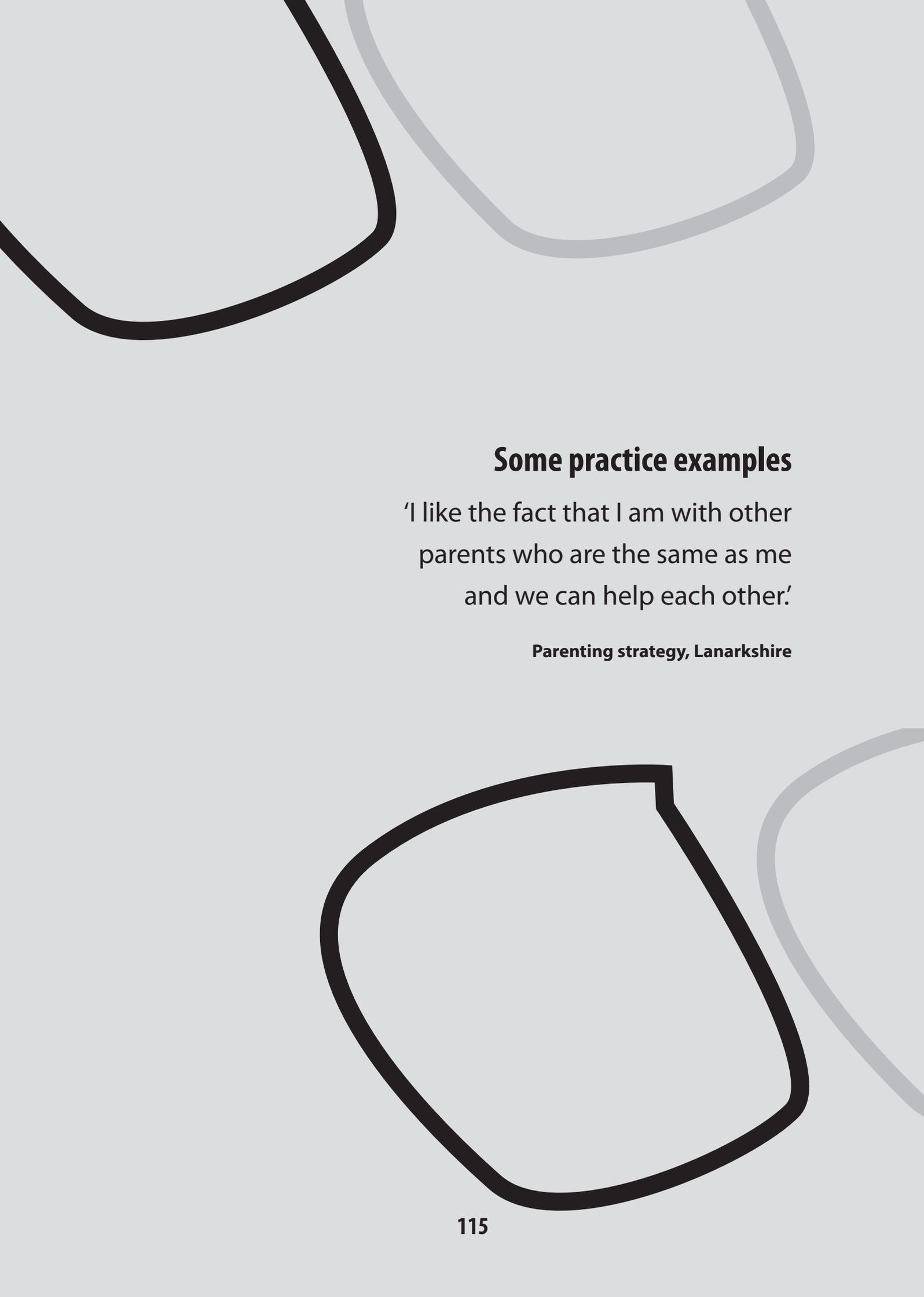
Some practice examples

'I like the fact that I am with other parents who are the same as me and we can help each other.'

Parenting strategy, Lanarkshire

Evidence-based parenting programmes

Brenda Renz: programme director, Psychology of Parenting, NHS Education for Scotland

> **Brenda Renz explores the role evidence-based parenting programmes could play in improving outcomes for children and families.**

Child development is influenced by many factors. However, a child's relationship with their main care-givers, particularly early in life, is one of the most powerful. We often refer to this influence generally as 'parenting'.

Parenting involves a complicated set of emotions, tasks and skills. For many parents, this is extremely rewarding, if demanding. Their ability to provide their children with the love, security and boundaries that they need to grow into resilient, happy children, should be celebrated, and measures to constantly strengthen this asset are important. Likewise, support, which is relevant and matched to needs, should always be available for families facing greater challenges.

Background

Evidence-based parenting programmes are important because they aim to ensure that support provided to families is based on sound theory, research and experience of what works best. To do this, they start with a clear outcomes focus and mainly draw on studies which track those aspects of a child's development which are most closely related to healthy outcomes. Early-onset behaviour problems are a prime example, and are the focus of several evidence-based parenting programmes, specifically those promoted by the Psychology of Parenting Project (PoPP) set up by NHS Education for Scotland, to make the best of these programmes available to young children and their families.

While it is natural for most young children to display challenging behaviour by being non-co-operative, highly emotional and behaviourally dysregulated[16], approximately 10% of young children have a significantly persistent pattern of elevated levels of aggression, non-compliance and emotional distress (Office of National Statistics 1999). This pattern of early-onset behaviour problems is strongly predictive of numerous long-term negative social outcomes, including school disruption, family stress and dysfunction, mental health problems, loss of employment productivity, social isolation, drug and alcohol problems, and crime and antisocial behaviour. Consequently, children experiencing these difficulties incur high economic, social, and personal costs. One study estimated that the financial cost of an individual diagnosed with a conduct disorder at

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[16] Term used in the mental health community to refer to a response that is poorly modulated and therefore, often impulsive.

age ten was ten times higher by the time they were 28, than for those without such difficulties (£70,019 vs. £7,423) (Scott et al. 2001a).

Evidence-based parenting programmes can redirect the particularly risk-laden developmental pathways of many children with early-onset behaviour problems. They produce short-terms gains by immediately improving the wellbeing of many children and their parents. They also contribute to intelligently allocating scarce resources by offering long-term positive outcomes and cost savings.

So what does the term 'evidence-based parenting programmes' mean? Technically, the term refers to structured interventions that have been scientifically proven to work. This definition indicates that we can expect programmes of this nature to be founded on robust theories such as those associated with processes of attachment, human ecology and cognitive social learning, and that we can be sure they have undergone rigorous, systematic and objective scientific procedures to test their impact. We can, therefore, be confident that any beneficial effects are linked to the intervention rather than to chance or to other extraneous factors.

Fortunately, although a highly technical area, it is not necessary to be a research expert as several high-quality summaries are available. An excellent example is the Commissioning Toolkit (www.commissioningtoolkit.org) developed by the former UK National Academy of Parenting Practitioners. This rates over 100 parenting programmes on the strength and quality of their evidence; the quality of training and supervision available; the focus of the content; and the quality of the eligibility criteria.

Such summaries generally respect a 'hierarchy of evidence' within which randomised controlled trials (RCTs) assume a position of priority. RCTs are often referred to as the 'gold standard' of research designs. In these, individuals are randomly assigned to one of at least two different conditions. Care is taken early to make sure that the two groups are similar on several measures such as age, social backgrounds and the types and frequency of problems in question. One group receives the intervention while the other does not. Next, the outcomes for each group are compared. Ideally, this comparison is made by observers who do not know which individuals received the intervention and which did not. The findings are analysed statistically to establish whether any differences between the two groups could be expected to occur by chance.

Long-term studies

The most effective evidence-based parenting programmes for children with early-onset disruptive behaviour problems are backed by 30 years' worth of quality research, involving multiple randomised control trials. Positive outcomes include meaningful reductions in problematic child behaviour, and also resilience-building improvements in children's emotional and social skills. They also produce improvements in parental depression and self-confidence. Consequently, these parenting programmes are capable of redirecting the developmental pathways of many children whose long-term outcomes are at risk. Indeed, the best are capable of moving two thirds of such children out of the clinical range after a 12-week parent group intervention.

Long-term studies are demonstrating the preventative impact of these programmes with gains being maintained for at least six years (Drugli et al. 2009). The results have been replicated in several countries, including England and Wales, with similar outcomes

achieved in real-world settings (Gardner et al. 2006; Hutchings et al. 2007; Scott et al. 2001b). This UK-based outcomes research is now complemented by cost-effectiveness analyses. One such concluded, '[this parenting programme] improves child behaviour (…) at a relatively low cost and was cost effective compared with the waiting list control. [It] involves modest costs and demonstrates strong clinical effect, suggesting it would represent good value for money for public spending (Edwards et al. 2007).

Two examples

Two parenting programmes rank particularly highly. These are 'Incredible Years' developed by Professor Carolyn Webster-Stratton in USA (Webster Stratton 1991) cited above, and Triple P (Sanders et al. 1999) developed by Professor Matt Sanders in Australia. Tests show they are beneficial in other parts of the UK, and internationally, and are particularly potent when run in early childhood and in group format.

Since many parents may find it difficult to attend weekly groups (which now last for up to 18 weeks), these programmes pay particular attention to the process of engagement with families. In line with best therapeutic principles, they emphasise the quality of relationships offered to parents. One way they achieve their results is through the use of manualised materials to ensure that group facilitators offer the same content to all parents. They also systematically use various structured adult-learning strategies such as collaborative problem-solving, video-modelling, role-play and skills rehearsal to foster parents' self-efficacy.

The importance of positive parenting is represented in Scottish Government strategies and policies including 'The Early Years Framework', 'Better Health Better Care' and 'Towards a Mentally Flourishing Scotland'. It also relates to the Healthcare Quality Strategy and 'Achieving our Potential' and is consistent with 'Getting it Right for Every Child'. Most authorities have strategies for their intentions in this area. With a few exceptions, there is little planning for systematically adopting evidence-based programmes or focus on targeting specific outcomes, particularly reducing early-onset conduct problems. By contrast, much of the support for parents has no empirical basis. The time has come for this to change. The Psychology of Parenting Project is, therefore, a welcome development. Its capacity-building implementation plan, which has already started to be adopted in two sites, offers a real opportunity to improve outcomes for children and families.

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FAST forward to a better start at school

Euan Lloyd: policy officer, Save the Children

Euan Lloyd describes the FAST programme and argues that the debilitating effects of living in poverty means that some parents may require extra help to engage in their child's education and provide the type of positive home learning environment children need to fulfil their potential.

Monique (8) has dyspraxia, a learning difficulty which means she struggles at school with problems with maths and writing, and overall concentration. Natalie is a busy working parent and worries that she doesn't spend enough time with Monique at home. She is concerned for Monique's future but finds it difficult to give her the support she needs to help Monique do better at school. They took part in the Families and Schools Together (FAST) programme at their primary school. FAST is a family support programme which helps parents to engage in their child's education and improve the home learning environment. The programme included one-to-one activities which have transformed Monique's behaviour and helped Natalie and Monique to bond. Natalie has even been inspired to take a university course in supporting children with special needs.

Parents, carers and family members are the most important influences on children's lives. Despite their best intentions, many parents, especially those from low-income communities, struggle to provide the home learning environment their child needs to prosper at school. However, very few parents get help. 85% of a child's success at school depends on what happens outside the school gates, so the support provided by parents at home is vital.

This is especially true for families struggling to cope on low incomes, whose children do significantly worse at school than their peers, perpetuating the cycle of poverty. Education is a way out of poverty, so breaking the link between deprivation and poor performance in school is crucial. Parents are vital for supporting their children's learning. But to do this, some parents need help.

Child poverty

One in four children in Scotland (250,000) lives in poverty (The Scottish Government 2011a). Growing up in poverty damages all parts of a child's life – from their physical and mental health to their potential to get a good education leading to a well-paid, stable career. Progress to end child poverty by 2020, a statutory duty on both the UK and Scottish Governments, has stalled. Following a sharp drop from 1998 to 2005, there has been no progress made since. The prospect of ending it has been seriously undermined by the economic crisis. Modelling by the Institute for Fiscal Studies (IFS) predicts that child poverty will rise so that all the progress made since the late 1990s will be wiped out over the next decade (Brewer, Browne and Joyce 2011).

While the statistics make for grim reading, there is nothing inevitable about child poverty. With a combination of political will and the right solutions, it is still possible to end it in the UK once and for all. Broadly speaking, action is required on two fronts: increasing the incomes of the poorest families and improving the life chances of deprived children. Raising the educational achievement of children growing up in poverty is vital to the second aim, and to the goal of ending the inter-generational cycle of poverty.

Educational achievement gap

Poor educational achievement is both a symptom and a cause of child poverty. Children who grow up in poverty do significantly worse at school than their better-off peers, and consequently, are less likely to find the well-paid, sustainable employment in adulthood required for them and their own families to escape poverty.

The evidence is unequivocal. Children who grow up in poverty fall behind at a very early age, before school starts, and more often than not, fail to catch up. According to the Growing Up in Scotland (GUS) study, children from socio-economically disadvantaged backgrounds have poorer vocabulary and problem solving ability at age three than children from better off backgrounds (Melhuish 2010).

Through the school system, the 'gap' which emerges in the earliest years is compounded and exacerbated. By the time pupils sit Standard Grades, there is an 85% difference in attainment between the poorest and best off (The Scottish Government 2010). Ultimately, the educational achievement gap manifests in the life chances of young people who have grown up in poverty. Almost one in five school leavers from deprived areas goes straight into unemployment, twice the average rate of one in ten and far higher than the one in 20 from the richest areas (The Scottish Government 2011b). The poorest pupils are half as likely to go to university than their peers, and a third as likely as the richest pupils (The Scottish Government 2011b).

The disparity in educational achievement between those who grow up in poverty and other children is deeply ingrained. Over the period of devolution, there has been little, if any, progress, leaving tens of thousands of children and young people unable to fulfil their potential.

Parenting and the home learning environment

The underlying reasons for children from deprived areas under-achieving at school are complex. There is no single solution. We can, however, identify the policy areas which will have the greatest impact. One is pre-school education and care, where high quality, extensive provision is proven to help the poorest pupils overcome the initial disadvantage they may face (Sylva et al. 2011). A second is within schools themselves, where increased funding targeted at the poorest pupils and spending on tried and tested support has been shown to increase achievement (Chowdry et al. 2010). A third is supporting parents to improve the home learning environment for their children. While action is required on all these, there is strong evidence that improving the home learning environment could bring the greatest benefits in improving the school performance of the poorest pupils.

There is no causal link between income levels and parenting ability. Living in poverty can, however, contribute to parental stress, depression and ability leading to disrupted

parenting which harms children's prospects (Tackling Poverty Board 2011). The case of Natalie and Monique is a prime example of how surviving on a low income can challenge parents. In particular, some low-income parents struggle to provide a positive home learning environment for their children. The Effective Pre-School, Primary and Secondary Education (EPPSE 3-16) research project concluded that the home learning environment in the early years is the largest factor in attainment at age ten, bigger even than the effect of pre-school and primary school (Sylva et al. 2010). An analysis of data from GUS found that the influence of a positive home learning environment was more important to a child's cognitive development than socio-demographic factors such as parental education, socio-economic status and income (Melhuish 2010). The Scottish Government's Early Years Framework itself states that the '…home learning environment in the early years is the largest factor in attainment and achievement' (The Scottish Government 2008).

Despite the evidence, Save the Children research has identified a lack of parental support programmes which focus on education and reach a large number of deprived families.

The national parenting strategy and the home learning environment

The national parenting strategy presents the Scottish Government with the opportunity to address this by providing all parents in deprived communities with access to evidence-based programmes in the early years (0-8). While the programmes would vary depending on the needs of local communities, there must be an entitlement to support. The support must be based on certain key principles.

- First, to ensure lasting impact, only programmes proven to be successful should be invested in. The government could develop an accredited list of evidence-based programmes

- Second, the entitlement to support should reach all families living in poverty. Existing programmes which focus intensively on a few children may be very effective, but only by reaching all of the one in four children living in poverty will we achieve the outcomes required to end child poverty

- Third, the support should take an 'assets-based' approach, building on the existing skills and capacity of parents to help their children achieve

- Finally, support must be available at key transitional stages. The evidence shows that the educational achievement gap 'spikes' at certain transition stages, such as moving from pre-school to primary, when children from low-income backgrounds can find it difficult to adapt (Furlong 2005)

It was a programme aimed at improving the home learning environment and based on these key principles which helped Natalie to support her daughter. The Scottish Government now has the opportunity to extend similar help to all families in low-income communities, and must grasp it.

FAST

An example of the type of support that should be available is the Families And Schools Together (FAST) programme, a radical scheme which brings together children, parents, school and the wider community to help parents build the skills and confidence they need to improve the home learning environment and support their child's education. It runs as an after-school, multi-family group programme over eight weeks and available

to all children in a school serving a deprived area. The programme has run successfully in over 2,000 schools across 11 countries. It is just one example of the type of programme, which could be aimed at all families living in poverty, to break the link between poverty and educational under-achievement.

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Parents: partners in education

Eileen Prior: executive director, Scottish Parent Teacher Council

Eileen Prior argues that 'at home good parenting' alone is not enough. Raising expectations for all of our young people is a complex challenge which requires us to look beyond the school gates and the front door.

Not so many years ago, the role of parents and carers was very straightforward when it came to education: it was parents' job to make sure their offspring arrived at school on time, in uniform (if required) and with homework done (if required). They could organise social events and fundraising to help the school, but parents were seen as having no active role in how schools were run or in the learning that took place in them.

Only in recent years have the role and impact of parents in the education of their children been reconsidered. In fact, parents and parenting have never been under greater scrutiny. We now know that reading, playing, talking and social interaction between parents and pre-school children are not simply desirable, but necessary for the long-term wellbeing and educational attainment of the child. We have a clear insight into the impact on educational attainment of low birth weight, parental expectations and mothers' attainment, poverty and health.

We also know that when parents are engaged with their children's education, young people tend to do better at school.

Parents as educators

The cumulative effect this new understanding has been to turn the spotlight firmly on parents as primary educators and to catapult parental involvement in schools onto the policy stage. As a result, and particularly since the advent of the Scottish Parliament, parenting and parent engagement now appear on policy documents as a way of addressing the issue of young people who are not achieving their potential, or in the extreme, are leaving school with no qualifications and no prospect of employment or training.

But, while we know quite a bit about the impact of health and socio-economic factors on educational attainment, it is perhaps surprising there has been little research in the UK into the impact of parental involvement. We are committed to the principle without knowing precisely how it makes a difference.

Parental involvement

Professor Charles Desforges (Desforges and Abouchaar 2003), is one of the most significant academics working in this area. His analysis of the research (for the most part

coming from the US) up to 2003 led him to conclude that there are two quite distinct types of parental involvement: spontaneous engagement because they are motivated to do so, and the interventions by professionals designed specifically to engage parents in their child's education or school.

The first category is well researched but the second is primarily anecdotal. Desforges demonstrates that spontaneous parental involvement generally occurs when parents are middle to upper class; the mother achieved success in higher or further education; there is no deprivation or ill health; both parents are together; the child is in their early years at school and showing high levels of attainment; the family is white and/or from a western cultural background.

Desforges uses the term 'at-home good parenting' as the factor which has a significant positive effect on children's achievement 'even after all other factors shaping attainment have been taken out of the equation. In the primary age range the impact caused by different levels of parental involvement is much bigger than differences associated with variation in the quality of schools. The scale of the impact is evident across all social classes and all ethnic groups.'

Of course, common sense tells us that 'at-home good parenting' is a reality for children from many different backgrounds, and that poor parenting – when defined in these terms - exists in both affluent and deprived homes. It is surely simplistic to suggest that the equation is good parenting equals good educational outcomes. If this were the case, then the work of teachers and schools would be for nought: something we also know to be untrue. High-quality teaching, which makes learning purposeful and relevant, makes probably the most significant impact on outcomes for young people, though the OECD report, Quality and Equity of Schooling in Scotland (2007), makes it clear that who you are continues to make too much difference to outcomes in our schools.

Positive aspirations

In fact, Mongon and Chapman (2012) argue that nearly all parents have positive general aspirations for their children (Cuthbert and Hatch 2008:3) and that 'it has been an act of faith for many school and children's service leaders to believe that a closer connection with families would lead to better outcomes for young people.' They continue: '"Spontaneous" parental involvement (in crude terms, a "good home") is associated with positive outcomes. In contrast, the evidence from "enhanced" parental involvement (in crude terms, programmes to involve parents) is at best inconclusive albeit showing high levels of appreciation from the adults involved' (Desforges and Abouchaar 2003). Desforges concludes that this does not mean that parental involvement cannot be promoted: on the contrary, he writes, 'if the best of what is known about parental engagement is applied then real progress is possible.'

Positive aspirations may be a common factor among most parents, but the realities of some families' lives mean that these may be in short supply. Raising expectations for all of our young people is a complex challenge which requires us to look beyond the school gates and the front door. This is in accordance with the perspective of the Scottish Parent Teacher Council (SPTC): parents almost universally are interested in their children and care about their education, but some are hindered from acting on that concern.

Parents as advocates

Parents are advocates for their own children. How that advocacy role is fulfilled can vary: confident and articulate parents generally adopt a problem solving approach but if the school, its structures and its learning are a mystery to parents, the approach may be quite different, ranging from disengagement to strategies that could be seen as unacceptable. SPTC argues that parents who are characterised as having no concern for their children's education – and who may be held responsible by some teachers for poor educational outcomes – are, in fact, guilty of neither.

For most young people, the need to have parent advocates lessens as they grow up and exert their independence from parents. Spontaneous parental involvement levels between primary and secondary schools show this quite clearly: secondary schools up and down the country find it difficult to engage parents. A combination of factors creates this situation, but probably most significant are the sometimes challenging curriculum (particularly if parents themselves have struggled at school) and the labyrinthine nature of large secondaries, where lines of communication for parents are often unclear and personal connections are limited.

In Scotland, the introduction of parent forums and parent councils can be seen as a deliberate strategy to engage all parents at a school: the act of faith identified by Mongon and Chapman. This also places on parents an expectation that they move beyond their traditional role as advocates for their own children, take on a role of involvement with their child's school and, potentially, the country's educational policy. This is an ambitious expectation, and when it is considered in the light of the challenges which many parents face, it is not difficult to see where the faultlines are.

With parental involvement now on the policy map, we have to ask if the reality is living up to expectations, delivering greater parental involvement with the educational structures and, perhaps, leading to greater parental engagement with the education of their children.

Genuine engagement

In SPTC's view, we have a patchwork of parental involvement: in many schools, genuine and strenuous efforts are made to engage parents in the life of the school and the learning of the young people. At individual school and perhaps local authority level, the interventions are often valued and judged to be successful. In others, there is little or no proactive engagement. The difference comes down to varying support from the departments and agencies involved in advancing parental involvement, individual school management and the vagaries of 32 local authorities each organising education services differently.

Genuine parental engagement is important in supporting young people and schools, and we must get better at developing, implementing and sharing good practice. However, that does not tell the whole story. High quality schools, inspirational teachers and clear communication about the purpose of learning are critical too: without these being in place, 'at home good parenting' alone will not deliver.

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Young fathers in prison: helping them parent

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Katie Buston and Daniel Wight consider how best to support the young men in Scotland's prisons who are also fathers.

It is generally accepted that around one in four young men in prison in the UK is an actual or expectant father (Macmillan 2005), though recent research suggests that in Polmont Young Offenders Institution (YOI) the figure is closer to one in three (Donnelly et al. 2010). Turnaround in YOIs is brisk, with many young fathers going in and out of prison.

Facing poor outcomes

Teenage fathers tend to have an accumulation of risk factors for poor outcomes for themselves and their children: poverty, lack of access to services, early risk behaviour including sexual activity and substance use, mental health problems, lack of social support, and low educational attainment (Bunting and McAuley 2004). They are likely to face financial hardship and unstable intimate relationships, making continued involvement with their child extremely challenging (Savio Beers and Hollo 2009; Bunting and McAuley 2004), and they are unlikely to know much about child development or effective parenting skills (Barlow et al. 2011). The problems associated with being a father at a young age are likely to be exacerbated by imprisonment (Kazura 2001). Offending young fathers are even more likely than their non-offending peers to have poor mental health, problems with literacy and numeracy, and to engage in risk behaviours. They are more likely to have been in care, experienced violence or sexual abuse at home, and/or experienced problematic parenting themselves. They are likely to have experienced a lack of trust in personal relationships and with social support agencies, and to have received little support from these sources (Shannon and Abrams 2007).

Wanting to be good fathers

However, our research (Buston 2010), and that of others (Shannon and Abrams 2007) suggests that most of these men start out wanting to be 'good fathers'. They are able to articulate what this involves: 'being there', being physically and emotionally close, doing things and going to places together, and providing financially. These are all aspects of parenthood which the men talked about and hoped to achieve. Their talk, at least, does not suggest resignation to being stereotypical feckless, good-for-nothing fathers. Some of these men will go on to be engaged fathers, perhaps with the help of their own mothers, the support of the child's mother, or maybe largely because of their own

resilience. But the majority are likely to lose touch with their children altogether, or dip in and out of their lives, never properly engaging as a father in a way that their children would want. This is certainly how many of the men we talked to described their own experience of being fathered. What was striking, and touching, was that most of them were very defensive of their fathers, accepting them for what they were, good or bad. However, they were, mostly, clear about how they wanted to play a different role with their own child (Lamay et al. 2010).

Parenting and change

In general, active and regular engagement between father and child, whatever the economic status of the father, results in a range of positive outcomes for the child (Sarkadi et al. 2007). Furthermore, a wealth of research shows that offenders are less likely to re-offend if they have another, non-criminal, identity that they value and want to develop. Fatherhood is sometimes the motivation to change an offending lifestyle (Meek 2011; Reeves 2006).

Working with young fathers in prison

There have been many parenting interventions in YOIs over the last 20 years in the UK. Provision has, however, been patchy, with programmes running until staff leave or money runs out. Programmes have not been evaluated rigorously so little is known about what is effective in improving parenting behaviour and, crucially, child outcomes. Evaluative work that has been done, however, suggests that parenting programmes are well liked by offenders and staff (Buston et al. 2011). Certainly, targeting the men when they are, quite literally, a captive audience makes sense. Interventions for young offenders should be developed further, drawing on the best evidence from evaluations of programmes with fathers in general, and particularly young fathers, as well as programmes with adult prisoners. The most promising programmes should then be carefully evaluated to establish their long-term impact on children, fathers and families.

We have suggested that interventions should be targeted at fathers and expectant fathers within the YOI (Buston et al. 2011). They need to encompass more than the teaching of basic childcare skills. They should, for example, include practical help in parenting while inside prison, developing skills for contact, communication and constructive engagement with the child and their main carer from the prison. For example, how should a young man convey his support to his girlfriend as she takes on the role of caring for their baby almost single-handedly? Post-release issues need to be tackled, particularly in finding employment. Being able to provide for their child was the aspect of successful fatherhood most frequently referred to by the men we, and others, talked to (Buston, 2010; Lamay et al. 2010). Risk-behaviours, such as violence and substance abuse, need to be acknowledged and addressed in the context of parenting, with work done to raise men's self-respect and self-esteem. Putting the men in touch with agencies which can help them after they have been released is also important for enabling them to parent in an engaged way. Such agencies already exist, but a national parenting strategy should ensure that their place and role are well defined in parenting, and that they are protected and funded sustainably.

Looking ahead to a strategy

Cost, time and scope constraints are pertinent, but these sorts of approaches, which consider issues and skills beyond those relating simply to parenting skills such as nappy

changing or preparing healthy meals, need to be taken. Such parenting interventions will never be the whole answer. There are too many inequalities in society, enduring across generations. However, they may be part of the answer, a relatively low-cost part at that, and they may contribute to ending the perpetuation of poor outcomes across generations. Such a combination of parenting work, which recognises the developmental, contextual and rehabilitative needs of such young fathers, combined with policies to address structural factors such as employment, housing, education and health, which can constrain positive parenting, is likely to reap rewards.

In order for children to be better supported, we need to support those who want to be engaged parents but who are in the least conducive positions to do this. We need to value them and their aspirations, not dismiss them, and help them to be the best parents they possibly can be, reducing some of the challenges and stresses they may face along the way. Parenting is hugely important but complicated and difficult - 'the most complex and important activity on the planet' (Popov 1997) - and particularly so for young fathers who have offended.

The national parenting strategy is an opportunity to help less-advantaged fathers to perform this vital role in a way that brings benefits to them and their children.

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Women in prison: reducing vulnerability

Liz McMahon: area manager, Aberlour Child Care Trust

Liz McMahon describes the work of a unique mother and baby project in Cornton Vale Women's Prison, which external evaluation suggests is having a considerable impact on women in prison and their children.

The Aberlour Mother and Baby Project (AMBP) started its work with Cornton Vale Women's Prison (CVWP) a year ago in response to the needs of women entering the prison pregnant or with a baby under one. The women and babies identified for this service are particularly vulnerable because of numerous health and social factors. This, coupled with pregnancy or having a baby in prison, is significantly likely to increase the vulnerability of both mother and baby.

With the above in mind, and in partnership with the prison governor, Scottish Prison Service (SPS) and the funders, the Robertson Trust, we identified strategic drivers, outcomes and activities to reduce vulnerability and underpin the project.

Some of the policies guiding this work include Getting it right for every child (GIRFEC); The Road to Recovery; The Early Years Framework; and The Offender Strategy. Also, the fact that Aberlour had an existing relationship with Cornton Vale provided an opportunity to build a model of best practice relevant to the whole prison service. There was also a strong evidence base underpinning the model which could lend itself to academic evaluation and encourage national and international interest.

We proposed bringing our expertise and knowledge to help SPS achieve the nine offender outcomes relevant to enhancing integrated services for prisoners. Specifically for this proposal, outcome six aims to provide prisoners with the opportunity to maintain or improve relationships with families, peers and the community.

Recent research shows that a significant motivating factor in reducing recidivism in female offenders, who are parents, is the experience of a nurturing, positive and mutually interesting relationship with their child (Simons et al. 2005). This promotes attunement, empathetic and sympathetic emotions and lays the foundations for human learning between the parent and child (Trevarthen et al.1999).

We embedded the key principles from the SPS mother and baby strategy in the proposal:

- An emphasis on the need for fair and equitable treatment for the children in SPS care whilst recognising the individual circumstances in each case
- Recognition that the best interests of the child will always be the primary

consideration at every level and stage of the decision-making process as well as when considering individual situations

- When making decisions about the best interests of the child, the long-term developmental needs of the child should be considered as well as the immediate situation
- To incorporate the principles and practice of child protection and welfare policy

The model

The service offers flexible programmes which take account of the need for consistent, responsive and nurturing care for babies and small children. The quality of the experience for every baby and child is at the centre of the work and aims to ensure the best possible interaction and engagement between the mother and baby. The work is based on cognitive behaviour and positive parenting programmes which are responsive to the parent and take into account loss, low self-esteem, substance use, transitions and boundaries. The interaction and engagement required is determined through initial screening and subsequent assessment and requires that both motivational and practical support is given.

Feedback from external evaluation

All of the women involved in the external evaluation said how valuable they had found the work on child development, as it helped them to understand their child's behaviour better. Some mentioned that they now understood that behaviour which they had previously thought was 'naughty' or deliberate defiance was actually part of a particular developmental stage, and thought they could now respond more appropriately to their children as a result. Being able to share their experiences of child behaviour, including those of the project worker and others involved in the project, helped them to understand that everyone can have problems being a parent. This helped them to feel more confident and more positive about their role as mothers.

Some women also said that, although they were already confident that they were parenting well, it had been valuable to learn that certain responses to poor behaviour could be considered as abuse or neglect. For example, they had learned that using negative or humiliating language, such as threatening to tell a child's friends that they were wetting the bed, could have a detrimental impact on their child. Understanding that these responses could be viewed disfavourably by others also helped, as it gave some of the women an insight into why they might be seen as poor parents. Knowing more about child behaviour and development could lead to them changing how they spoke to their child, but it might, in the future, also reduce the chance of a child being removed from their care.

One woman said that, before her involvement with the project worker, she thought that women in custody had no support with their children. She said that the best thing about the project was that women now had someone who could tell them about their rights as parents, help them understand the terminology used by statutory services and help them 'fight their corner'. Another said that social work staff responded differently to the project worker than they did to her, that they showed the project worker more respect and gave more weight to her opinions. Most of the women commented that the project worker always 'did what she said she was going to do', and they could rely on her to always carry out actions/find out information if she said she would do so.

They also valued the opportunity to develop a better understanding of how to communicate and play with young children, and how this can improve the bond between mother and child and promote their child's healthy brain development. They said that, on visits, interactions with their children had improved. 'Cherub' visits, where specific space is provided for family visits, were very important, as women thought that seeing their children in the visiting area, where no interaction is permitted, 'takes away your role as a parent'.

Women appreciated being able to maintain the bond with their children, particularly while preparing for release and becoming the child's primary carer again. One woman said that release can be a much more frightening prospect than coming to prison in the first place, so the knowledge they gain from participating in the project also helps them to feel more at ease about returning to the community.

The project worker has adapted to the needs of the women, for example, by developing sessions on healthy eating and the prospect of a course on handling teenage behaviour for women with older children. Women appreciate that their opinions and circumstances are taken into account, and feel valued as mothers.

The worker has also successfully engaged women who prison staff considered difficult to work with. This benefits the women themselves, but it also enables other services to be involved.

Looking ahead

The women in this project ranged from those convicted of relatively petty offences to very serious crimes. Many admitted to having had substance misuse issues. Given their backgrounds, some would argue that they have forfeited their right to be part of their children's lives. However, no matter how these women are viewed, their children have done nothing to forfeit their rights to family life and, providing any risk to the children is managed, they have a right to contact with their mother.

It is clear that the support offered by the project is having a considerable impact on both the women and their children, with strong indications that the changes made are genuine. Continuing the project will benefit not only the women and children involved, but also the majority of female offenders, their families and the wider community.

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A helpline for parents

Aileen Kenny: helpline supervisor, ParentLine Scotland, CHILDREN 1ST

Aileen Kenny explores how the helpline values and supports parents in order to create a better world for children.

A woman calls crying, and says she is 'at the end of her tether'; her daughter is 'out of control' and has no respect for anything. She has tried to talk to her daughter and texts her but the teenager turns her mobile phone off and doesn't want to know. ParentLine Scotland talks to the woman about communication and who has the control in their relationship. The woman acknowledges what we are saying and agrees that the daughter seems to have all the control. We listen to the woman's concerns and discuss how she can take back control. Communication is important and we talk about the importance of setting boundaries and consequences and the importance of including her daughter. We encourage her to think about which battles are important and to look at areas which can be negotiated with her daughter to try and find a way forward.

CHILDREN 1ST has over 125 years' experience of working with children and families. We support families under stress; protect children from harm and neglect; help them to recover from abuse; and promote children's rights and interests. Through our national helpline, ParentLine Scotland, we offer a free, confidential helpline and email service for anyone concerned about a child, including parents, grandparents, aunts, uncles, brothers, sisters, neighbours, friends and professionals. Since we launched in 1999, we have received over 114,000 calls and worked with approximately 40,000 callers. The helpline also operates the national support service for kinship carers.

ParentLine Scotland is able to give a vital perspective on the issues for Scotland's parents. Although we do not ask for personal details, we capture information about the issues callers phone about; what they have tried; and what support they would like. We also record other agencies which have been involved.

The importance of supporting parents

ParentLine Scotland makes a difference to parents, carers, children and young people and is committed to giving parenting the recognition and support it deserves by building the confidence and skills of parents. Anyone can phone regardless of who or where they are, and although we support vulnerable families, we are there for ordinary families with everyday problems. Supporting parents is the key to providing positive outcomes for children and young people.

Parents value the service highly, with 94% of respondents in an independent evaluation by The Helplines Association rating it very highly. Comments included: 'We would

recommend the service to others and definitely use it again' and 'ParentLine was there when I needed help, I had no one else to turn to and thought I was a bad parent. Thank you for giving me back my confidence.'

Calls to the helpline provide a unique insight into the concerns and needs of parents across Scotland. In 2008, ParentLine Scotland carried out a survey over three months: it asked 780 callers to take part, 461 agreed to do so (CHILDREN 1ST 2008). The survey indicated that the main concerns in 50 calls to ParentLine Scotland in March 2008 were family relationships and separation and divorce. Many of the difficulties within families stemmed from relationships between parents and teenagers.

Why parents call

So why phone a helpline? Those in a parenting role can often feel guilty, criticised and judged. ParentLine Scotland is a safe place for them to share their experiences and discuss what they are doing well and what could be improved.

People call the helpline for many reasons including difficult relationships with teenagers, separation and divorce, bullying, family relationships, kinship care concerns, finances, postnatal depression and many other issues. Some of the problems have not changed significantly over the 13 years since we launched but the complexity of family lives has. Approximately 35% of our callers identify themselves as single parents, however this figure is likely to be higher.

During the year 2010/2011, we spoke to 3,001 callers. 494 (17%) of them mentioned abuse of some form, with a further 305 (10%) raising concerns about a child's safety, for example a neighbour calling about a child left at home alone. Child protection concerns account for (27%) 799 of calls.

Most of the men who phone are fathers who are separated from their children, and who are desperately trying to retain contact with them and want to do the right thing. Although they may be legally entitled to see their children, visits may be denied or made difficult by ex-partners. Fathers often call the helpline in tears and say they feel like giving up. We explore how they can support themselves; encourage them to be persistent in trying to keep in touch with their children; and signpost them to other agencies.

What parents find difficult

43% of parents who took part in the 2008 survey *Why being a parent isn't easy* (CHILDREN 1ST 2008) said that relationships with children, and in particular dealing with challenging behaviour, were the most difficult thing about being a parent. Many parents revealed anxiety and worry about the safety and wellbeing of their children in today's society. They said things had changed significantly since they were children and, at times, they felt isolated with the lack of extended family and support to help.

They were also concerned about the increased presence of drugs in their children's lives: the prevalence of abuse and the impact of social networks on children. As one parent said, 'Pressure from the outside world on kids today is a huge worry... relationships, drink and drugs - it's difficult to know who they are talking to or what is happening.'

Parents commonly felt disempowered, and concerned that their children were entering a world with which parents were ill at ease. Many mentioned difficulty in communicating

135

with their children, particularly fathers. Money was also a major concern, particularly for single parents. Many mentioned feelings of isolation, low self-confidence, and pressure from the media, the government and other parents. Many also said they wanted to 'get it right' for children and young people in their care.

From our research it is clear that parents find external pressures, such as the pressure to be the perfect parent, and personal and family issues such as loneliness and isolation, a considerable challenge.

Looking ahead

Ideally, we would like to offer more intensive support to families who need it. We have accumulated considerable information on what parents in Scotland are saying about bringing up their families. We see the benefits of offering additional support through parenting classes in a non-stigmatising, non-judgmental way and making these acceptable to all. We would like to see drop-in centres providing sessions on general parenting and on specific topics, and one-to-one advice face-to-face and online.

We would also like a culture in which parents are not seen as the problem but can seek help to improve their parenting skills and achieve better outcomes for children and young people. A central portal, which is universally recognised by parents and carers, where they can find support and information and details of relevant agencies through a central telephone number/website, is a good place to start. This would avoid agencies duplicating services and wasting precious resources.

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Developmental reparenting: parenting traumatised children

Author: Christine Gordon, Scottish Attachment In Action member and independent social work consultant
Editor: Edwina Grant, chair of Scottish Attachment In Action and independent psychologist and therapist

Christine Gordon describes the model of developmental reparenting in supporting traumatised children.

Most babies see and experience the world through the eyes of their parent(s). If they mainly see love, wonderment, delight in them, and experience attunement to their needs, they feel the world is safe and adults are trustworthy. They experience themselves as being special and worthy of love. They grow up knowing that, if they need something, someone will help. When babies see disgust, anger, fear or nothing at all (neglect) they experience the world as fearful and dangerous, feel alone, unable to trust and needing to defend themselves; they experience themselves as being unworthy of love. In Scotland, there is a growing population of babies and children living with parents who have drug or alcohol problems and/or in an environment where they are exposed to domestic or other abuse, and neglect. Their experience of trauma and neglect may have begun in the womb. The chaotic environment that reflects these problems creates the traumatised babies who form the bulk of the children within our care system.

The term 'developmental trauma' was introduced by Bessel van der Kolk to explain how neglect, abuse and/or abandonment in babyhood affect the physical structure of a baby's brains during the first two years whilst their brains are doubling in size. More recent research into 'mirror neuron systems' highlights the impact early trauma has on our understanding of the intentionality behind other people's actions. For example, children who are born into a safe and secure environment recognise the benign intentions behind their parents' actions even when their parents say no to their demands, whereas children who have suffered early trauma develop brain and neurological patterns that reflect these experiences and interpret the intentionality of the actions of other people, particularly parents, through the prism of the fear that dominated their earliest experiences.

On the positive side, the 'hard wiring' that occurs as a result of early trauma is not necessarily permanent; the plasticity of the brain means that later experiences can affect children's neurological and psychological development. With safe, loving and consistent parenting, children's neural connections can be re-programmed; helping them learn that parents' and carers' actions can be loving and can meet their needs. Although this is not easy for either children or parents, and requires a long-term consistent approach

that incorporates all aspects of a child's life, 'developmental reparenting' provides a way to make positive change.

Developmental reparenting is a concept associated with parenting practices that developed within the adoption and fostering communities from attachment theory and research. It provides a way for parents or parenting figures, through support from a trained parent mentor, to understand the needs of traumatised children who have been through the care system. It aims to find ways to help children repair the trauma of the abuse and neglect which led to them being accommodated.

Developmental reparenting needs to consider all aspects of children's functioning, and how trauma affects children physically, emotionally and intellectually.

Main principles and concepts

Its main principles are:

- Children need to 'go back to go forward' to fill emotional gaps
- All aspects of children's functioning need considered
- Starts with understanding the child's history
- Recognises how this affects the child now - body, brain, behaviour and cognitive
- Recognises how early trauma impacts on children's understanding of the intentionality behind others actions
- Recognises the impact on parents
- Recognises the impact of parents' own history
- Allows parents to feel safe enough to explore their responses and make changes and to provide a safe environment for their children do the same

Developmental reparenting allows parents to move from being angry when their children struggle to tell the truth, take things that do not belong to them, shout, swear or are angry and rejecting for example, to wondering what their children are trying to 'tell' them by their behaviour. Recognising that fear underlies children's difficult behaviours helps parents interpret 'lying', for example, as a self-protective measure designed to ensure safety; 'stealing' as a way of reducing feelings of abandonment; aggression and anger as fear responses to feelings of rejection.

Recognising that abuse and often trauma occur in environments beset by chaos and unpredictability, parents need to work hard to create homes that are predictable and consistent, where children are aware of the rules and expectations and where they are helped to manage these; children need to learn there are consequences for behaviour to provide the impetus for change.

Developmental reparenting needs to consider how the brain develops from the bottom, brainstem level, through the emotional, limbic level to the thinking, cortical level. Often parents try to rationalise and reason with their children at the cortical level when their children's fears mean they are operating at the brainstem level. Developmental reparenting means recognising that rationalising with children who are operating from their brainstem or limbic levels is bound to be ineffective.

Using the term 'practising' highlights to parents and children that learning any new skill takes time and that everyone makes mistakes when they are practising anything new.

Developmental reparenting begins from accepting that loving parents are the best 'agents of change' to help traumatised children; that both parents and children are doing the best they can while providing the opportunity to 'do things differently'.

Its main concepts are:

- Practising
- Shared responsibility
- Going backwards to move forwards
- Recognising a child's 'language of trauma'
- Knowing when to intervene verbally, to work out what happened and what to do the next time
- Being clear about intentions before acting
- Helping children recognise what is going on for them
- Encouraging parents to look after themselves

Using mentors to support parents

Parent mentoring is a programme which aims to help parents begin and sustain the changes that are intrinsic to developmental reparenting. It is tailored for each family but common elements include:

- Understanding children's difficulties and behaviour
- A parenting plan that is relevant and flexible
- Encouragement to consider new ways of parenting
- Support to put plans and strategies into action
- Confidence to become effective therapeutic parents
- Reducing conflict and stress in families
- Putting parents in loving control within their families
- Giving children opportunities to trust that their parents are really there for them and can meet their needs
- Infrastructure that allows children to change and manage their lives in healthier ways
- Establishing a safe 'containing' environment for parents
- Helping parents to look at difficulties in implementing the programme, including personal issues

Parenting is a challenging task for anyone; parenting traumatised children is a greater challenge still. Developmental reparenting makes the challenge a little more manageable. It provides a way to create a safe and secure family environment where change is possible. It allows parents and children to move towards increased understanding in which fun and enjoyment can take the place of anger and fear. It is a mind-set change of benefit to every family, or indeed relationship, and is crucial when parenting traumatised children.

The community principle underlying the African proverb 'it takes a village to raise a child' is relevant for parenting traumatised children and any national parenting strategy. While parents, whether birth parents, adoptive parents or foster carers are the prime movers in their children's emotional health, they cannot help their children begin the repair process in isolation. Families are part of a community and it is the community that can

provide the safe base for parents and children to take the steps towards a new way of relating. This means that we all, and in particular professionals and educational bodies, need to recognise the special needs of traumatised children and support both children and their parents with empathy and understanding.

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Contributors

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Rosanne Cubitt is head of professional practice for mediation for the national office of Relationships Scotland. She oversees the professional development of family mediators working within the network. She leads on strategic developments, working with external bodies and the Scottish Government. She has led the development of Parenting Apart groups in Scotland. She is an experienced registered family mediator and Parenting Apart group facilitator and a member of the College of Mediators.

John Dickie is head of Child Poverty Action Group in Scotland. He is responsible for promoting and influencing policies and services that will contribute to eradicating child poverty in Scotland.

Emma Dore has worked with vulnerable children and their families for ten years. Currently she is development worker for Edinburgh Cyrenians' Amber Mediation Service. Amber provides keyworker support and professional mediation for families in conflict which is putting young people at risk of homelessness.

Susie Fitton is senior policy adviser at Capability Scotland. She works to exert effective influence to ensure that laws are passed and policies made which give disabled people equal human and civil rights and that attitudes are changed through campaigning, advice and information.

Matt Forde joined the NSPCC in 2010 as national head of service. His prior experience spans 30 years, starting in children's residential care and then management and strategic roles in community children and family services. He was lead for Glasgow for youth justice and latterly, was joint local authority/NHS head of service in a community health and care partnership in Glasgow. Matt's interests centre on evidence-based, population level and targeted interventions to improve outcomes for children.

Christine Gordon is a social worker who specialises in working with adoptive parents of children who suffered developmental trauma in their birth families. She is co-author of several publications about parenting traumatised children. She is a member of Scottish Attachment In Action, an interest and campaigning group committed to promoting better experiences of attachment in the Scottish population.

Edwina Grant is an independent chartered psychologist and dyadic developmental psychotherapist. She is also the chair of Scottish Attachment In Action, an organisation open to all - professionals, parents and carers - that is committed to promoting better experiences of attachment in the Scottish population and effecting positive changes in social policy, education and health.

Kim Hartley is a speech and language therapist and the Scotland officer for the Royal College of Speech and Language Therapists. Kim promotes the interests of children and young people with speech, language and communication needs for example, through direct involvement with policy relating to additional support for learning, early years, core skills, literacy, mental health and youth justice.

Lesley Kelly is the dissemination officer for the Growing Up in Scotland (GUS) study, based at the Centre for Research on Families and Relationships, the University of Edinburgh. Her role is to make sure that findings and data from the study are accessible to a wide range of audiences including policy makers and service planners, practitioners, academics and parents.

SallyAnn Kelly is acting director of Barnardo's Scotland. She has over 20 years' experience in social work settings. She has extensive experience of child protection issues and has worked in areas of children and families social work, substance misuse and criminal justice. She has worked in a number of different councils in Scotland and has gained a broad perspective about the different approaches to service delivery.

Aileen Kenny is a helpline supervisor with ParentLine Scotland. She has worked with ParentLine Scotland for seven years and her responsibilities include recruiting, training and supporting volunteers on the helpline. She previously worked as a nurse and midwife and volunteered as a befriender with teenagers. She is in the final year of a degree in counselling at Stirling University.

Marion Laird is head of services at SMC responsible for the delivery of relationship counselling services across Scotland, REACT Young People's Service, FOCCUS and the Relationship Helpline. Marion has a background in counselling services, locally and

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Marion Macleod is Children in Scotland's senior policy and parliamentary officer. After graduating with an MA in Modern History from Glasgow University, she did a variety of voluntary and paid jobs before training as a social worker at Edinburgh University. She started her career with Lothian Regional Council, eventually specialising in planning and development of children's services. Latterly, she led on integrating children's services in Edinburgh and managed the Changing Children's Services Fund. Over the years, she has participated in various national networks on children's services and assisted politicians at local and national levels.

Liz McMahon has worked in the community education and social care field for more than 27 years and has been a practitioner, service co-ordinator, service manager as well as her current role as an area manager for the Aberlour Child Care Trust. In that period she has managed and developed services for children, adults, and young people covering areas such as adult education, early years, disability, youth information, counselling and advice.

Ian Maxwell is the national development manager of Families Need Fathers Scotland, a charity which promotes shared parenting and seeks to ensure both parents remain involved in the lives of their children after separation. He established its first Scottish office in Edinburgh in 2010. Previously, he was deputy director of One Parent Families Scotland.

Louise Marryat is a research assistant and PhD student based at the University of Glasgow. She works on the Evaluation of the Parenting Support Framework in Glasgow, while her PhD focuses on trajectories of social and emotional development of children from disadvantaged backgrounds in Glasgow. Before this, Louise was a senior researcher at the National Centre for Social Research, where she conducted research into children and families, primarily working on Scotland's national birth cohort study, the 'Growing Up in Scotland' study.

Maggie Mellon was previously director of services for CHILDREN 1ST and head of public policy for Action for Children Scotland and has extensive experience in social work and

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Wendy Mitchell qualified as a registered nurse in 1995 and completed a PgD in Health Visiting/PHN in 2001. Currently, she is a senior community nurse manager within a community heath partnership and is responsible, both professionally and operationally, for health visiting, school nursing, district nursing and specialist nursing.

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Eileen Prior is the executive director of the Scottish Parent Teacher Council, a third sector organisation offering support and information on all aspects of education to parents and carers in Scotland. She has been a ministerial nominee on the General Teaching Council Scotland since 2005. Her previous career was in PR, both running her own business and as a director of the Scottish operation of Weber Shandwick. She has also been a volunteer board member with charities supporting children and families.

Satwat Rehman has worked in the voluntary and public sectors in Scotland and England since 1989 in equalities, education, economic development/regeneration and early years. She is currently director of One Parent Families Scotland. Before that, Satwat worked for the London Borough of Camden as deputy head of Integrated Early Years where she was responsible for the development of children's centre services including welfare rights and employability support and affordable childcare initiatives.

Brenda Renz has worked as a clinical psychologist for 30 years and has a long-standing interest in early intervention and parenting interventions. She currently holds two part-time positions, one with Lothian CAMHS and one within NHS Education for Scotland, where she co-leads the Psychology of Parenting Project (PoPP). Brenda is authorised to deliver training and supervision in the Incredible Years parenting programme and co-ordinates a national network of group leaders working with this approach. Since its adoption in Scotland, Brenda has also been involved nationally and within Lothian in developing the Family Nurse Partnership programme.

Scottish Adoption (adoptive parent): 'we became adoptive parents just over a year ago and cannot imagine life without our beautiful wee girl. We spend much of our time outdoors and in the last year our interests range from horse riding, cycling but mostly CBeebies - in the night garden!'

Clare Simpson has worked in the voluntary sector in Scotland for over 30 years in organisations including Shelter, the Scottish Refugee Council and Citizens Advice Scotland. She has been project manager at Parenting across Scotland since 2008.

Alan Sinclair aims to stop society failing so many children. He divides his time between changing public policy on early years and parenting, providing business advice, taking on short-term assignments and being a non-executive director. He is an associate of the

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Jim Wallace qualified as a social worker in 1982 and worked in a variety of social work posts before joining Barnardo's in 1994. In 2011, he was appointed acting head of children's services. His interests focus on looked after and accommodated children and mental health, and he is currently leading a group in Barnardo's Scotland examining how best to support vulnerable service users.

Phil Wilson is a GP and senior lecturer in infant mental health at the University of Glasgow. He contributed to the Scottish Needs Assessment Programme on Child and Adolescent Mental Health and the HeadsUpScotland Infant Mental Health report, and has published numerous academic papers on early childhood mental health. He is currently involved in evaluating the parenting support strategy for Glasgow and in research designed to improve early identification and treatment of psychological and psychiatric problems in infancy.

Daniel Wight leads the Children, Young People, Families and Health Programme in the MRC Social and Public Health Sciences Unit, Glasgow University. He has studied parental influence on adolescent sexual behaviour, and is currently interested in how to engage socially-marginalised parents to improve children's outcomes. Other work includes parenting interventions in East Africa.

Parenting across Scotland (PAS) pools the efforts of seven major charities which support children and families to ensure that children have the best possible start in life.

PAS www.parentingacrossscotland.org

Aberlour Childcare Trust www.aberlour.org.uk

Capability Scotland www.capability-scotland.org.uk

CHILDREN 1ST www.children1st.org.uk

One Parent Families Scotland www.opfs.org.uk

Relationships Scotland www.relationships-scotland.org.uk

SMC www.scottishmarriagecare.org

Scottish Adoption www.scottishadoption.org

‘Properly functioning families are the key to making Scotland healthier...’

Harry Burns, Chief Medical Officer for Scotland