



SCOTTISH COLLABORATION FOR PUBLIC HEALTH RESEARCH AND POLICY (SCPHRP) BULLETIN

news update from SCPHRP
Summer 2012

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WWW.SCPHRP.AC.UK

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Comment by John Frank Director

Welcome to the third issue of our SCPHRP Bulletin! This issue focuses on parenting -- no doubt the hardest job anyone ever takes on in life, but surely one of the most rewarding. Most important from a public health point of view, we know that early life provides some of the best opportunities to improve LIFELONG health, and reduce health inequalities by social class, no matter what age they emerge. And improving parenting skills to optimise child development is one of the best strategies for tackling problems that set our life-course trajectories on the wrong course -- particularly emotional and other mental health problems, which often lead in turn to physical illnesses. So improving parenting is a very powerful way to work on the early life, and thus the whole life, of the next generation. SCPHRP is delighted to be involved in current Scottish developments in this area, as you will read here. Our guest-author's contributions provide a wide range of perspectives, from various organisations in the public and third sector, as well as academia. We hope you enjoy them!

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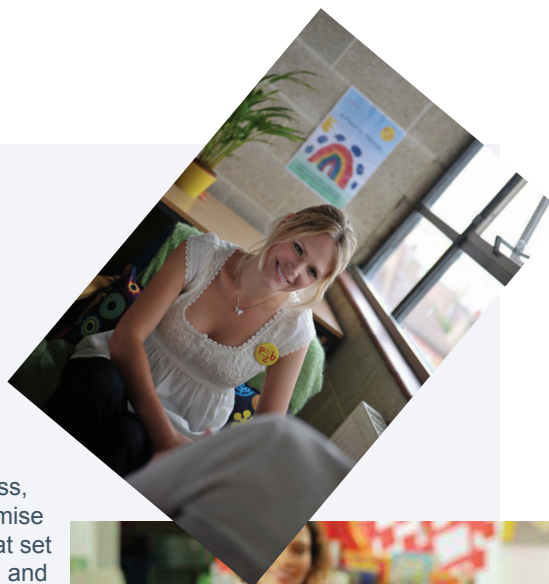
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SCPHRP NEWS AND UPDATES



Meet Jackie Nguyen, SCPHRP's new Intern. Working in the Adolescent and Young Adulthood Working Group, Jackie is looking at parenting interventions and youth engagement.

Currently an MSc Global Health & Anthropology student at the University of Edinburgh Jackie's thesis explores trends in long-acting reversible contraceptive use in American women. Besides women's health, Jackie's interests include the social determinants of health, health inequalities, and related policy responses.

From her hometown in Canada, Jackie graduated with combined Honours in Biology and English from Dalhousie University. Her research experience includes working at the Ontario Cancer Institute as a clinical technician and data analyst for biomedical research. Jackie has volunteered over the years with a number of different organisations, including volunteering abroad in Peru and coordinating a youth advisory group for a local sexual health clinic. It is these experiences that have driven her interest in social sciences and health policy.

Jackie fills her time outside of class working for her University's student union, keeping active, and practicing hobbies such as photography.

Her most recent trip this year was to Marrakesh where she rode her first camel (and named it Molly).

SCPHRP HAS MOVED

As of 1st August, we've moved administratively to the University of Edinburgh, situated in 20 West Richmond Street, Edinburgh, EH8 9XD.

Twitter as a professional social media tool. John McAteer describes some of the benefits of using Twitter in public health.

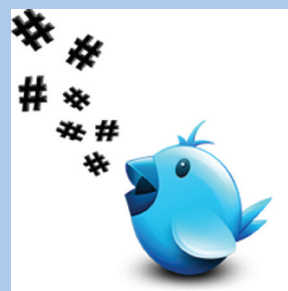
@SCPHRP provides real-time public health news, research and events via Twitter.

What is Twitter?

Twitter is a social networking website, used to send and receive short character messages called 'tweets'. Tweets can include links to academic journals, news articles, etc.

What are the benefits?

Twitter is a great way of keeping your finger on the pulse in terms of research, policy and practice. Twitter keeps you abreast of the latest developments in your field. Most journals have a Twitter feed, so you can keep track of the latest research as and when it is published. Twitter is also a great way to disseminate your own work, meaning that more people get to hear about your research.



Twitter is a great way to build contacts. By following and interacting with others who have similar interests, you can develop a collaborative network. **We were delighted to have Gozde Ozakinci, lecturer in health psychology from St Andrews, at our working group meeting in May** – a contact that was initially made through Twitter (@Gozde786).

How can I join?

Joining Twitter is a simple process that takes only a few moments. Visit www.twitter.com to get started.

Note: We have noticed that the mere mention of Twitter sometimes generates eye-rolls in the uninitiated. This behaviour subsides after a few days of Twitter use, and is replaced by the desire to convert others and write articles about it.

HILARY THIRD

Team Leader of Parenting and Family Support, at the Scottish Government



“To make a practical difference to parents the strategy must have the views of parents at its heart”

National Parenting Strategy

As many of us will know from personal experience, being a parent is both the most rewarding and the most challenging role we will ever take on. We all want to give our children the best start in life, so that they can develop into healthy, happy, confident, and successful individuals, ready and equipped for the challenges of adult life. And we know that as parents and carers, we are the greatest influence on our children's lives.

Through its work to develop a national Parenting Strategy for Scotland, the Scottish Government is determined to make sure that parents get the support they need, when they need it, so that they can do their very best for their children. As the Minister for Children and Young People says:

“We want parents to feel empowered; to feel valued, supported and confident in their ability to care for their children.”

Being a parent is an amazing experience, but it can be the most challenging role we face in life, and the one for which we are least prepared. The national parenting strategy will encourage agencies to work together to help build the capacity, confidence and skills of parents to be and do their very best for their children. It's not only for mums and dads, but grandparents and the wider family, as well as foster and adoptive parents, and the

corporate parent. In other words, anyone involved in bringing up children.

To make a practical difference to parents the strategy must have the views of parents at its heart. We have worked with a wide range of partners to ask parents what they need in order to do their difficult job well – over 1,500 parents and carers participated, from every part of Scotland. We asked what would help them – for example as disabled parents, as teenage parents, and as kinship carers, or as parents/carers affected by imprisonment, substance misuse, alcohol and domestic abuse. We also asked them what the best things about being a parent are, because the parenting strategy will celebrate parenting.

The first part of the strategy (to be published October 2012) will provide a positive and compelling argument for the importance of supporting parents, not only for the wellbeing of their children, but for the future of our country. It will include a range of commitments – things we are going to do to respond to the feedback from parents. It will also set the stage for the work that will follow. This is likely to fall into three workstreams, focusing on parenting in the early years; parenting of older children through to adulthood; and preparing our children and young people to be the parents of the future.

Supporting parents really is the key to a better future for us all. A future in which children and young people are valued, and in which their parents are properly supported and appreciated.

Q & A with Hilary

How did you get involved in leading the national parenting strategy?

I moved to the Parenting and Family Support Team within children and families division in May 2011, having spent six years leading on disability and LGBT issues in the equality unit. I applied for the post because having started my career as an outreach worker with homeless families living in B&B, I feel passionately about supporting families, particularly those living in difficult circumstances.

What do you find most challenging about the development of the national parenting strategy?

It's huge! Parenting relates to pretty much everything we want for our own families and communities, and what the Scottish Government wants to achieve for Scotland as a whole. So very exciting, but challenging too because of the scale of it!

What do you think is the essence of good parenting?

We don't want to judge parents so the parenting strategy won't talk about 'good' or 'bad' parenting. Parents across Scotland in all kinds of circumstances and situations provide loving and nurturing homes, and do a lot of the good stuff, but my guess is that most of us would like to do more because we all want the best for our children. It's not always easy though with the pressures of day to day life. If you pushed me for an answer here I'd have to give a personal rather than an official one, and say it's probably based on spending quality time together - listening and talking to each other.

What do you do when you're not working?

Parenting. There's not much time for anything else, as any working parent will know!

PARENTS PERSPECTIVE

We asked parents bringing up children in a range of circumstances, What are the challenges and joys of being a parent for you?'. Here's what they had to say, in their own words:

“

"I'll start from the challenges and difficult moments for me. At the beginning of a lot of things were difficult, breastfeeding and getting up during the night, being all the time with the baby but when I hugged my daughter, everything was easy.

The biggest challenge for me was moving from Poland to England when my daughter Laura was 4/5 months old. I came to a country where everything was new to me, unknown, I felt like a child. But very quickly I started learn English and going to playgroup where I met parents with a similar situation and the staff were very friendly.

My family life was not going well, very quickly I separated with my husband because of alcohol and domestic violence. We were together for only 7 months. My partner had never risen to the role of parent, cared only about his own needs. It was most difficult for me to be single parent in new country but I have friends who help me.

Now Laura is 2 years and 4 months. Most joy for me to observe how well my child is developing, every day knows more and more, is independent. I repeat her often- You are smart, you are good you are important".
Katarzyna

"Parenting?

Hi my name is Parent and I'm an alcoholic.

So much so that I shared every drop with my developing fetuses.

Even though I loved them, I had double standards and knew better.

I really struggled being a solo-Mum, trying to hide my addictions. We had the basics, sprinkled with violence and a shake of anger.

But my children were clean, fed and yes, LOVED. (Wherever they were....)

I am well now, clearing the wreckage of the past.

Watching my kids parent, PHEW, I owe them my life.

Parenting alone is not for the faint hearted.

Parenting courses helped somewhat, but mostly it was a 12step program and the medical professionals who got me through. My heart is now warm."

Donna

Being a parent is such a wonderful and rewarding experience, for me nothing else compares to it. It's a joy to watch this life I've created develop and grow everyday creating special memories along the way - from the first cuddle in the hospital labour suite to the more recent first day at school. Moments to treasure all captured on camera and video along the way. There is no word can describe the love a parent has for their child. You'd do anything to protect them. Which is why in this day and age I feel my son doesn't have the same freedom that I had as a child. I feel this is a real challenge and I'm guilty of creating boundaries within his childhood, however, for me I'm keeping my son safe. Financially my son wants for nothing but

being a working family with careers it is difficult, especially when we were paying out an extra cost of £600 per month for childcare over a period of 4 years. As most benefits are means tested we are not intitled to any help from the government. We are considering trying for another baby but it is very sad that in all the excitement of this we have to discuss being able to afford the financial obligations of childcare again. I feel bad that my son has missed out on having a little brother or sister before now as we just could not afford to have had 2 children in childcare at the same time. In saying that I'm sure he will make a great big brother when the time comes."
Michelle

Becoming a father has given me some of the greatest joys anyone could ever imagine. My son is nearly 11 years old and will soon be going to high school. Watching him transform from being a helpless baby who relied on me and his mother for everything into an individual with his own personality and opinions is amazing.

As I parent, I think one of my major concerns is that although I don't want my son to stay indoors all day in front of a games console, I also worry about him playing out doors away from my sight like I did when i was his age. I know I can't wrap him in cotton wool all his life. All I can do is hope that I have prepared him for all the dangers that are out

there. ie traffic, strangers etc. I think that the media in today's climate has made every parent that little more paranoid about their children's safety. I just hope that because of this, my son doesn't miss out on these experiences that I enjoyed so much growing up."

Gary

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For more stories go to <https://www.scphrp.ac.uk/node/287>

PARENTING: A LIFE COURSE APPROACH

by CLARE SIMPSON, Project Manager at Parenting Across Scotland

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 (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.

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).

For the full article please go to
<http://www.parentingacrossscotland.org/publications/essays-about-parenting.aspx>

PARENTING: A LIFE COURSE APPROACH

by CLARE SIMPSON

“From day one, children see how their parents relate to them and to each other”

Families are not created equal. Many face extra pressure, for example, because of mental health, domestic abuse or substance abuse problems. 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.

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

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.

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



For the full article please go to
<http://www.parentingacrossscotland.org/publications/essays-about-parenting.aspx>

FOCUS ON RESEARCH

Growing Up in Scotland – Parenting and child health

A new report (1) from Growing Up in Scotland (GUS) 'Overweight, obesity and activity' considers in detail the factors associated with overweight/ obesity, low physical activity and sedentary behaviour for children aged six. The report finds that, after controlling for standard factors, fewer rules for behaviour, low parental supervision generally, fewer mother-child activities and less warm mother-child relationships are associated with either overweight, low activity or high 'screen time'. A whole family approach to healthy living is recommended.

A further report from GUS '**Parenting and Children's Health**' (2) considers what aspects of day-to-day parenting are important for children's health and whether variations in parenting practices account for social inequalities in child health outcomes.

This analysis finds that health inequalities amongst young children in Scotland are partly explained by variations in parenting. The health benefits arising from better parenting are greatest for families experiencing the most difficult circumstances suggesting that policies and services to support parents may help to reduce health inequalities.



Growing Up in Scotland (GUS) is the longitudinal research study tracking the lives of thousands of children and their families from birth through to the teenage years. Data on a wide range of topics including parenting, child health and development has been collected since its launch in 2005. All findings can be accessed from the study website www.growingupinscotland.org.uk

GUS is funded by the Scottish Government and is carried out by ScotCen Social Research in collaboration with the Centre for Research on Families and Relationships at the University of Edinburgh and the MRC Social and Public Health Sciences Unit in Glasgow.

(1) <http://www.scotland.gov.uk/Publications/2012/05/5385>

(2) <http://www.scotland.gov.uk/Publications/2011/05/25092122/0>

Wasteland by Lisa Nicoll



Lisa Nicoll, Playright, director, producer and member of the Adolescence and Young Adulthood Working group, launched her new film 'Wasteland' in June 2012.

Funded by North Lanarkshire Drug and Alcohol Partnership and The Coatbridge Health Improvement Team, Wasteland is based on research carried out with teenagers in Coatbridge.

The film set one year after the death of 16 year old Amy Clark shows how a group of teenagers have coped with her death and come together to commemorate the anniversary. Lisa gained stories about what it is like to live in the area as a teenager then brought them all together and wrote the short drama script Wasteland.

Lisa works with a range of organisations, including NHS, community groups, local authorities and the Scottish Government.

The film is freely available to view at <http://vimeo.com/45295741>

FOCUS ON RESEARCH

Antenatal parenting support for women vulnerable in pregnancy: an exploratory randomised controlled trial of Mellow Bumps - Phil Wilson

Mellow Bumps is a relatively inexpensive, group-based intervention held one day a week over a six week period. The aim of the programme is to reduce parental stress and engage parents at the earliest stage to understand the emotional needs of their babies. Maternal anxiety and antenatal exposure to high levels of stress have long term adverse effects on a child's physical and psychological health. Conventional antenatal classes have a weak evidence base, have not been shown to offer any psychological benefit to prospective mothers and are poorly attended by women / couples facing social adversity.

We have just started recruitment to an exploratory randomised controlled trial of Mellow Bumps among 48 prospective mothers at high psychosocial risk.

The three trial arms are:

- Mellow Bumps designed to improve both maternal anxiety and postnatal sensitivity to the baby,
- Chill Out in Pregnancy designed to reduce anxiety alone and
- Care as usual.

Baseline, post-intervention and postnatal follow up measures will include assessments of maternal anxiety, depression, irritability and hypothalamo-pituitary-adrenal axis function (using salivary cortisol). Maternal sensitivity will also be assessed at postnatal follow up with video recordings of parent-infant interaction. Neonatal stress responses will be assessed through salivary cortisol response to heel-prick, and consent will be sought for collection of long term cognitive and neuropsychiatric outcomes in the child using routine data sources.

This is the first attempt, to our knowledge, to assess the efficacy of an exclusively antenatal intervention with vulnerable mothers seeking to improve both maternal mental wellbeing and sensitivity.

NIHR has agreed to fund a definitive trial – the Trial of Healthy Relationship Initiatives for the Very Early-years (THRIVE) study, based on our methodology.

A Review of Interventions with Parents to Promote the Sexual Health of their Children - Daniel Wight and Deirdre Fullerton



This systematic review assembles the current evidence on whether programmes involving parents can improve the sexual health of adolescents. We identified 44 programmes with 'adequately robust evaluations', (experimental, quasi-experimental or before-and-after studies). In nearly all studies, the parenting component focused on improving parent-child communication about sex.

In general, where measured, parent-child interaction and adolescents' knowledge and attitudes improved, but sexual behaviour outcomes only

improved in about half the studies.

The small number of rigorous evaluations limited identification of what characterises those programmes with best evidence of effectiveness. However, we found three interventions in which the parenting component comprised at least one quarter of the overall programme, which were evaluated through RCTs, and which were found to modify some aspect of adolescents' sexual behaviour. All involved parents for at least 14 hours, were community-based, highly targeted and encouraged delayed sex.

Few programmes addressed behavioural control, parent-child connectedness or parental modelling, which observational research suggests might be the most promising aspects of parent-child relationships on which to focus.



TAKE 5 minutes

To update your knowledge on what parental factors influence adolescent outcomes - *John McAteer provides an overview*

SCPHRP conducted a broad brush review of reviews to identify parental factors influencing adolescent outcomes as part of the initial stages of a realist review. We identified 11 reviews, looking at the impact of parenting upon a range of outcomes including substance use, physical activity, healthy eating, delinquency, relational aggression (e.g. bullying), sexual risk behaviour, alcohol use, intentional injury (e.g. self-harm), conduct problems, and academic achievement.

“Parenting practices refers to specific behaviours that can be adopted by parents as part of day to day parenting”

Parenting styles

are ‘configurations’ of parental attitudes and behaviours that ‘create a context or a climate for the parent’s behaviour’ (Hoeve et al, 2009). These vary according to level of parental support and control. Support refers to parental attitudes and behaviours that make the child feel comfortable and approved, whilst control refers to those that involve placing demands and controlling the child. Initially three parenting styles were proposed: authoritative [high support, high control], authoritarian [low support, high control] and indulgent [high support, low control]. A fourth parenting style,

neglectful [low support, low control], was later added. Our review identified the authoritative parenting style as a protective factor for drug use, obesity, alcohol use, smoking, and academic performance. This parenting style was protective for relational aggression, but only for certain groups, specifically older cohorts, males only, and black and white adolescents only, and protective for sexual risk behaviour, but only for adolescents aged 15-16. The authoritarian, permissive, and neglectful parenting styles were identified as risk factors for drug use, alcohol use, risky sexual behaviour and smoking. Parenting

styles characterised by negative aspects of control (guilt induction, etc), and of support (neglect, hostility, and rejection, etc) were found to be associated with delinquency and relational aggression.

Whilst the parenting styles model is a useful way to conceptualise parenting, the specific configurations of behaviours they refer to is unclear. For example, high ‘support’ refers to parenting behaviours that make the child feel comfortable and approved, but it is unclear which specific behaviours this refers to.

Parenting practices refers to specific behaviours that can be adopted by parents as part of day to day parenting. Table 1 on the opposite page shows practices that are protective factors for a range of outcomes.

It should be noted that some practices are more clearly defined than others.



Parental monitoring - In their review of parenting practices in relation to conduct problems, Racz & McMahon (2011) define parental monitoring as ‘a set of correlated parenting behaviours involving attention to and tracking of the child’s whereabouts, activities and adaptations’ (p378). Racz & McMahon define ‘good’ parental monitoring as:

- Actively structuring the child’s environment and
- Actively tracking the child’s whereabouts

Parental monitoring was identified as a protective factor for drug use, delinquency, sexual risk behaviour, alcohol use, smoking, and academic performance. Racz & McMahon noted that there was a decline in monitoring as the child enters adolescence, that girls are monitored more than boys, mothers are more knowledgeable about their children’s whereabouts, friends, etc, than fathers, and that there is more monitoring in higher SES and intact families.

Family meals were identified as a protective factor for obesity and alcohol use. It could be hypothesised that family meals provide a forum to foster parent-child connectedness, which has previously been defined as ‘closeness, caring, and satisfaction with parental relationship, feeling understood, loved, wanted, and paid attention to’. Practices related to parent-child connectedness were found to be protective factors for factor for drug use, obesity, relational aggression, sexual risk behaviour, alcohol use, and smoking. Berge et al (2009) identified that family meals had a protective effect across gender, and ethnicity, but that there was variation in their effects across studies.

Author & review type	Outcomes	Protective factors
Becona et al (2011)	Drug use	Open communication Flexible rules Monitoring Guiding Supporting Prohibiting
Berge et al (2009)	Obesity	Provides structure Provides expectations Provides emotional availability/support Frequent family meals
Edwardson & Gorely (2010)	Physical activity	Parental modelling of physical activity Accessibility of transport
Hoeve et al (2009)	Delinquency	Parental monitoring Parental knowledge Child disclosure to parent
Kawabata et al (2011)	Relational aggression	Positive reinforcement Help and guidance Positive affect Warmth Positive interaction Conflict resolution Acceptance Encouragement Autonomy granting Open communication Intimacy
Markham et al (2010)	Sexual risk behaviour	Family connectedness Open communication Parental monitoring Parental knowledge Parental supervision Specific rules
Miller et al (2001)	Sexual risk behaviour	Parental supervision Parental regulation of child's activities Parents values
Newman et al (2009)	Drug use, alcohol use, smoking, sexual risk behaviour	Open communication Parental supervision
Racz & McMahon (2011)	Conduct problems	Parental monitoring
Ryan et al (2010)	Alcohol use	Parental disapproval of adolescents drinking Parental monitoring (knowledge) Provide child with help Encourage child Doing activities together Open communication
Spera (2005)	Academic performance	Parent initiated involvement practices Parental assistance with homework Parental monitoring Parental monitoring (knowledge)

*For full referenced broad brush review document,
please contact John at john.mcateer@scphrp.ac.uk*

PARENTING INITIATIVES

Building parents' confidence in community settings

What helps parents to become confident in their ability to bring up happy, healthy children? A growing body of evidence from Scotland and elsewhere is confirming assumptions that having supportive family and friends and a happy childhood yourself are usually the foundations for positive parenting behaviours. But the contact that parents have with services in the professional or voluntary sector can exert an important influence on childrearing abilities and the outcomes for children. A parent support framework is being developed in the Highlands and to broaden my understanding I undertook a travelling fellowship funded by the Winston Churchill Memorial Trust to enable me to visit services in the Netherlands and Italy in 2011. Four weeks spent observing methods of working with parents and children provided

inspiration and I identified three key areas to pursue if we are to improve the way we offer help to families: Childcare services and schools can offer rich opportunities for building parental skills and confidence when they are seen as avenues for community development. This requires staff with specific responsibility for developing and delivering parenting support.

Staff need to be trained to work in a positive way with parents and allowed sufficient time for reflection, leading to sustained high quality practice. Environments and activities that make a reality of a respectful attitude towards parents need not necessarily be expensive: careful consideration and a willingness to try out new ways of working can be effective.

***A summary report is available at
www.wcmt.org.uk or email Julia Nelson,
Early Years Health Development Officer, Highland
Council at Julia.nelson@highland.gov.uk***



Parents have a thankless and challenging task. **Place2Be**, a charity that provides in school, therapeutic and emotional support to children aged 5-13 recognises that parents need support too. It offers short-term support for parents of children in Place2Be schools, working largely on their relationship with their child. It also offers 1:1 counselling for those parents struggling with their own.



Edgar Cahn, an American lawyer and social activist, posed the question to corporate businesses: "If your workforce were not toilet trained, just how productive would you be? And who does this training?" The answer is that parents do this training, without which there would be no workforce, no society, and no civilisation as we know it. And yet parenting is severely undervalued and under-resourced; parents are more likely to be blamed than supported in their difficulties.

At Place2Be we worked with a child whose parents were in the process of separating. She was very expressive in her distress at her father moving out of the family home. She used all the resources in the Place2Be room: sand, paint, dolls in doll's houses to express just how upset and angry she was. She also told us how strict and angry her mother had become with her.

We offered the mother a series of sessions during which, gradually, she started to report her rage and despair at being left by her husband. She was able to become more compassionate to her daughter, who told us that it was like getting her old mum back.

We could not put right the relationship they both had with their father/husband but we could provide a place for them both to come to terms with their new family set-up and - as importantly - support and understand each other in this. Without that intervention - who can say?

Jonathan Wood National Manager – Place2Be (Scotland)
For more information on Place2Be visit : www.theplace2be.org.uk
Or email Scotland@theplace2be.org.uk

PARENTING INITIATIVES

Implementing a population parenting programme in NHS Greater Glasgow and Clyde

A joint NHSGGC and Glasgow City Council Parenting Support Framework was developed in 2009 to reduce behavioural and emotional problems of children and improve the mental health and well-being of parents. A key element of the framework was the adoption of the **Triple P system (Positive Parenting Programme)**. This ambitious programme is now being implemented across Glasgow City, Renfrewshire and Inverclyde.

Triple P has a strong evidence base and has been designed as a population based public health approach. The range of delivery methods and programme variants have shown that large numbers of parents can be reached and that this can help destigmatise and normalise parenting support. It also enables more intensive Triple P to be used for those families most in need. Over 970 training places have been delivered to multidisciplinary staff including health visitors, early years' education staff and library staff.

Nearly 15,000 families in Greater Glasgow and Clyde have thus far participated in Triple P



The programme includes a universal and awareness raising component working with the media and regular communication with parents through schools. Many have attended Triple P seminars as part of school induction days. There has been excellent joint work with Glasgow Housing Association, with Barlinnie prison and the voluntary sector including family support and childcare organisations, mental health groups, women's aid and BME groups. Approximately 70% of parents participating are from our most disadvantaged communities.

The University of Glasgow is undertaking an independent evaluation of the parenting framework and Caledonian University has established a parenting research group undertaking trials of Triple P

For more information please contact Linda de Caestecker, Director of Public Health, NHS Greater Glasgow and Clyde

Parenting Across Scotland:

Opportunities for generational change in early years provision

by Tam Baillie, Scotland's Commissioner for Children and Young People

The need for a national approach in Scotland

We need to radically re-think our approach to how we support parents. There is a growing body of compelling evidence of the link between parenting styles and the development of attachment, which has a significant impact on a child's social, emotional and cognitive development. In my view, we need to popularise support for parents and to 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 the issue of 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 projects at a local level targeting vulnerable families on the basis of concerns around their ability to parent. In my view, this approach will not achieve the reach, nor have the impact a more comprehensive and strategic approach could achieve through a national approach to supporting parents.

I strongly believe we have an opportunity to make a generational change



Support to parents and parenting programmes

It is worth making a distinction between provision of support to parents and parenting programmes. Supporting parents can address both family and individual concerns; may be informal and/or formal; and can be delivered by a wide 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 will require both approaches, although it is the development of parenting programmes I want to address.

There has been a lot of discussion about the use of evidence-based parenting programmes. One of the key challenges in providing parenting programmes is interpreting the evidence against specific desired outcomes for children – which programme do you use or implement?

No one 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, produced as part of the Early Years Framework and another by Rosemary Geddes and colleagues through the Scottish Collaboration for Public Health Research and Policy.

Indeed, there are already encouraging developments underway. Family Nurse Partnership pilots are running in Edinburgh and Dundee, with more in the pipeline: Glasgow is developing Triple P parenting programme on a city wide basis and NHS Education for Scotland are developing 'Incredible Years' pilots, with ambitions for a national roll out. Rigorous evaluation of these

developments will increase our understanding of what will make 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 in terms of whether and which parenting programmes should be implemented at a local level. In my opinion, there is a need to agree at a national level on the use of evidence-based programmes – this will help to better inform funding decisions at a local level. A strategic approach, informing national and local funding decisions, would increase funds in terms of specific parenting programmes and decrease or cease funds in areas which do not have a strong evidence base.

“I suggest that we need to focus our energies and resources on increased availability of parenting programmes on a national scale”

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

is the cornerstone of everything I do as I satisfy my statutory duty to promote and safeguard the rights of children and young people. I believe it places the same obligations to our children on us all. Children are defined by UNCRC as those under the age of 18 years, and there is no differentiation of children's rights in terms of age or stage of development – 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 a number of articles directly relevant to the early years of a child's life.

The key point is the obligation on the state 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 is an indication that the UNCRC has had to evolve in line with our increasing knowledge and awareness of the impact of early years experiences on the developing infant. In this, the UN Committee specifically recommended that States ensure provision of early childhood development programmes which empower and educate parents. For me, this describes the combined impact of universal health visiting services, backed up by the approaches taken in parenting programmes.

The crucial role of Health Visitors

In my view, there is a pressing need to improve on our universal services in order to identify the most vulnerable children. Otherwise we will miss a significant number of opportunities where support to parents and infants could avert later problems. The position of Health Visitors and the implementation of Hall 4, which was aimed at better targeting of health visiting, usefully illustrate this point. The impact of Hall 4 was to effectively time limit universal health visiting services to 6-8 weeks, enabling more time to be devoted to children in families with assessed additional need. Families would be allocated as 'core', 'additional' or 'intensive' dependent based on assessed need

However, changes as a result of Hall 4 implementation raise significant issues. Evidence from the Starting Well project in Glasgow found that less than half of vulnerable families were identified by Health Visitors during the first 4 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 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 – and we know this is an early indicator of developmental problems later in the child's life.

More recent work in Glasgow has extended these findings, showing that the majority of children with social and emotional difficulties are not receiving any routine universal Health Visitor input. This evidence represents an unacceptable level of 'missed children' in the 'core' category who will not be receiving routine health visit support and 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.

It was a recognition of this that led to a review of Hall 4. We now require the full and consistent implementation of A New Look at Hall 4 to regain lost ground in terms of universal services.

Health Visitors play a crucial role in the protection of our children, yet there are considerable workforce challenges to be addressed. A recent report 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 and I believe we need a similar response in Scotland.



Conclusion

There is an imperative to develop universal services such as health visiting so that we can be sure we are effectively identifying those infants who need additional support. We also need to improve our approach to supporting parents, and make crucial decisions about the nature of programmes available to parents. I strongly believe we have an opportunity to make a generational change by taking bold decisions on the basis of evidence and that this has the potential to better realise children's rights - and by doing so, improve the long term outcomes for our children in Scotland.

Working Groups update

EARLY LIFE WORKING GROUP



Rosemary Geddes
*Update on the
Early Development
Instrument (EDI) Pilot*

Phases 1 and 2 of the EDI pilot, which aimed to use an internationally validated tool to assess global development in Scottish children at school entry, are nearing completion. The phase 1 objective was to test and adapt the Canadian-designed EDI for the Scottish context. Phase 2's objective was to implement the EDI in one local authority to provide the community with information about their children's strengths and vulnerabilities. In both phases, the psychometric and discriminatory properties of the EDI were tested.

The phase 1 qualitative work demonstrated that the majority of teachers found the EDI to be easy to use, acceptable, feasible and appropriate to the Scottish context. Only minor adjustments in terminology had to be made to the Canadian version. During phase 2, conducted with 70 P1 teachers and 1180 P1 children, the mean scores in each of the five developmental domains were linked to socioeconomic status (SES) based on

Scottish Index of Multiple Deprivation datazones. Results for geographic areas were mapped using GIS mapping. The 'overall vulnerability' of the P1 children in the pilot area, defined as scoring at or below the 10th percentile on at least one developmental domain, was 27%. A clear SES gradient was observed across all five domains. 'Overall vulnerability' was higher in:

boys (34%) compared with girls (20%), and younger children (34%) compared with older children (20%). All five domains of the EDI exhibited good internal consistency. During the next phase local community groups will utilise EDI findings for local decision-making around early years' services and resources.



EARLY DEVELOPMENT INSTRUMENT
a population-based measure for communities

ADOLESCENT & YOUNG ADULT WORKING GROUP



John McAteer from
*the Adolescent &
Young Adult working
group, reports on the
activities of the group
over the past few
months.*

Parenting and adolescence: informing the Scottish Government's National Parenting Strategy - John and Ruth Jepson together with colleagues at NHS Health Scotland, the Scottish Government and MRC Social and Public Health Sciences Unit are conducting a realist review looking at parental control and autonomy in adolescence. During adolescence, there is an increased desire for autonomy, balanced against a continued need for parental control, e.g. rules, and parental supervision, etc. This review aims to unpick what works, for whom and in what circumstances.

John attended the launch of the Thinking Differently: **Young People & Alcohol fund in Stirling**. This funding opportunity aims to support novel interventions led by community based organisations to reduce alcohol related harm in young people across Scotland. John has been liaising with community based organisations, and is currently assisting with project planning, design and the application process.

Alcohol Brief Interventions: Ruth, with NHS Health Scotland has set up a joint project offering ongoing evaluation support for those delivering ABIs in wider settings. There is a lack of evidence for the effectiveness of ABIs in non-health service settings. This project aims to support high quality evaluations in this area. A two-day evaluation workshop was held in Dunblane on May 28th-29th and attendees are now receiving ongoing one on one evaluation support. This project is primarily focusing upon ABIs delivered with young people. Future plans include development of a standardised data collection database, and development of an online ABI community.

Working group meeting The working group recently met in Edinburgh, as part of SCPHRP's wider working group meeting. The aim was to discuss and identify the future direction of the group. Watch this space..

Working Groups update

WORKING LIFE WORKING GROUP



John Mooney
Working Life Working group gave an update on school meal uptake and the fast food environment

One area of institutional catering which has improved in recent years is the standards for school meals. This is largely driven by the introduction of statutory guidance measures for school caterers in Scotland regarding the nutritional content of school meals. However, making improvements to school dining menus has no impact on the types of food pupils might purchase 'off-premises' during lunch time.

Building upon an on-going programme of work by the Glasgow Centre for Population Health (GCPH), SCPHRP and GCPH have jointly funded a pilot study looking at the fast food environments surrounding five Glasgow secondary schools. A nutritional analysis was undertaken which compared the

popular savoury items purchased by pupils at lunch time against the nutritional standards set for schools. Findings showed that over 80% of the samples tested did not comply with one or more of the nutrient standards (which include standards for fat, saturated fat and total energy content).

If the findings from this 'snapshot project' are genuinely reflective of what pupils are buying on a daily basis it is clear that, as well as suffering the short term consequences of sub-optimal nutrition, there are likely to be adverse health consequences in the medium to longer term.

The full final report will shortly be available and several key aspects of the results are in preparation for journal submission.

LATER LIFE WORKING GROUP



Helen Frost SCPHRP's
Later Life Working Group Fellow, presented research on exercise for older people at The World Congress on Active Ageing: Glasgow Conference Centre, 13-17 August 2012.

Held at the same time as the Olympics with an aim to make the most of the Nations enthusiasm for activity and exercise!

Helen also gave an update on "Extension Analysis, and Ramped-Up Trial Sample-Size Preparation, for the Nairn ACP Pilot's Effects on Institutionalization Outcomes" project.

A big name for a small project being led by Dr Josie Evans and Dr Iain Atherton from the University of Stirling. The Nairn anticipatory care pilot was a complex intervention delivered in primary care in a single General Practice in Nairn, with a population of 10,860 patients. Its aim was to reduce the unplanned hospitalisations of frail, older patients. The intervention centred upon drawing up an anticipatory care plan, alongside other measures, and it was delivered to patients who were identified as being most at risk of the outcome using a computer algorithm. A recent paper by the lead GP, Dr Adrian Baker, and published in the British Journal of General

Practice, describes how the intervention did indeed lead to reductions in unplanned hospital admissions.

Josie and Iain have now been tasked to investigate whether the intervention had an effect on another important outcome: institutionalisation. Josie and Iain expect to complete the project by the end of the year.

Baker A, Leak P, Ritchie LD, Lee AJ, Fielding S. Anticipatory care planning and integration: a primary care pilot study aimed at reducing unplanned hospitalisation. Br J Gen Pract 2012 e113-120.



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