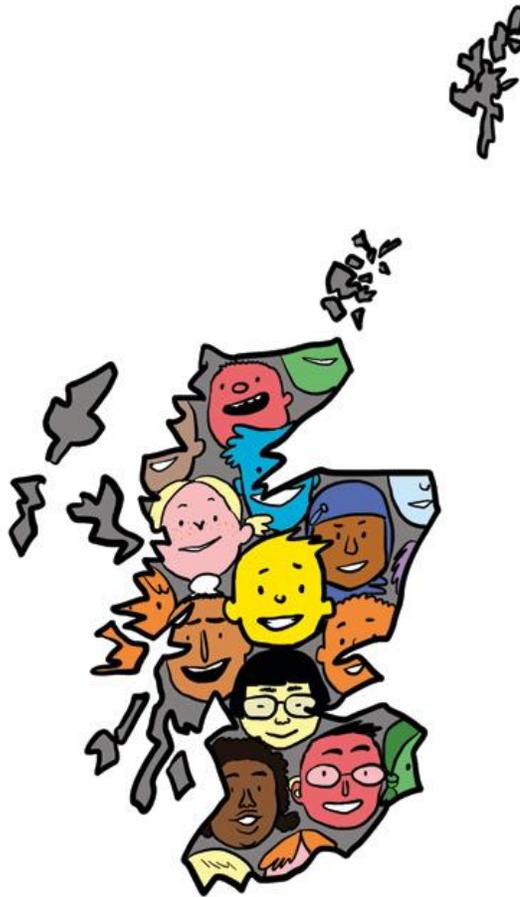


Can Scotland be brave?

Incorporating UNCRC Article 12 in Practice



August 2019

A rights-based approach

Authors: Margo Mackay and Rhona Matthews

Funded by: The Scottish Government

Foreword by Laura Lundy, Professor of International Children's Rights,
Queen's University

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Foreword by Laura Lundy

“I am delighted to see the publication of this important report which demonstrates how Talking Mats enables rights-based participation for children. As my own approach ('the Lundy model') suggests, we need to actively create safe spaces where children can form and express their views freely. Talking Mats has always seemed to me to epitomise rights-respecting practice in communicating with children and it is wonderful to know that this report will be made widely available to all. I commend it to all those who are seeking to ensure that children are enabled to understand the issues, form views and have those views taken seriously on the matters that are impacting on their lives”.

Laura Lundy, Professor of International Children’s Rights, School of Education,
Queen’s University, Belfast

Executive Summary

This project, funded by the Scottish Government, investigated how well practitioners, across three different services, understood and implemented the full obligations of Article 12 of the United Nations Convention on the Rights of the Child ('**UNCRC**')¹. Practitioners in education, health and a third sector organisation rated themselves using the Laura Lundy model of participation. They were then trained in a communication technique called Talking Mats®.

Under Article 12 of UNCRC, every child has the right to give their views in matters affecting them. That view should be listened to by those who can influence and bring about the change required to maximise wellbeing.

Talking Mats is a way of having a visual conversation which provides support for thinking and self-expression. Practitioners were asked to create a space to have a Talking Mat conversation and to document the outcome. Case examples were then collated and analysed. Everyone who participated in this project was willing to be a *listener* who would encourage the children and young people to reflect on their lives and think about what they could do together to bring about positive change.

Practitioners reflected on their own practice and compared the quality of the conversations that were held with and without Talking Mats. Fifty-six practitioners received training and 90 case examples were submitted. The case examples evidenced that (i) effective two-way communication is at the heart of holistic care; (ii) enabling children and young people to talk about their needs and concerns is the first step in providing services that effectively address these concerns and (iii) genuine CYP participation supports learning and enhances wellbeing.

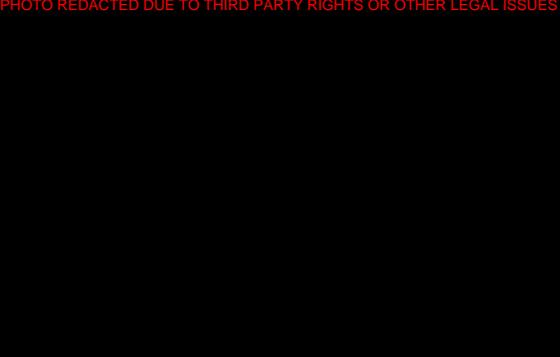
At the outset of this project primary principles were established with the practitioners that: being brave enough to open up conversations also requires a commitment to actually make changes; and making false promises is worse than not asking for the child's views at all.

¹ <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

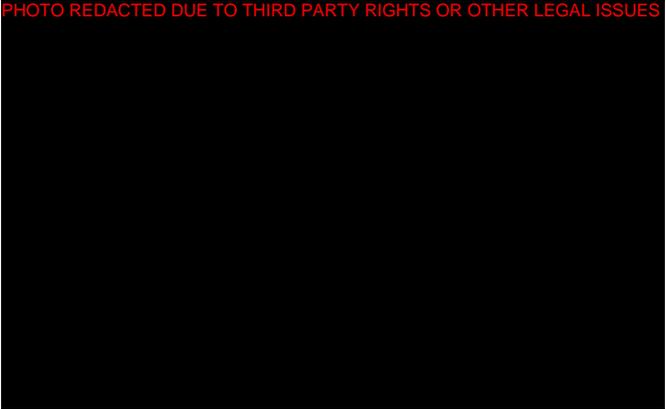
The Symbols used in this report are designed and © to Adam Murphy 2015 and assigned to Talking Mats Ltd. in perpetuity. They may not be reproduced without permission.

The key findings from each of the three services are as follows:

In the school setting, children themselves can be proactive in finding solutions to challenges in their lives. Children have unique insights into their own learning and the barriers that they face. Having a conversation with a teacher, looking at the issues together and then jointly agreeing an achievable challenge is a powerful process. The pupil feels listened to and supported to set learning goals; and the professional skills of the teacher can usefully refine that goal to be challenging but achievable. Completing a Talking Mat helps the teacher to understand the broader issues in the life of the child outwith the classroom and so deepens the relationship. The senior management in this project actively supported class teachers to be brave and open up conversations with their pupils by giving them protected time as well as supporting subsequent actions in school, with parents and in the community.

<p>A learning conversation in the school setting.</p> <p>J is extremely shy, often with low mood and anxiety. He is unable to express his feelings when asked.</p>	<p>PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES</p> 
<p>“Our relationship after doing the TM reached another stage; he wouldn’t talk to me directly before doing the mat, now he is joking with me and saying ‘hello’. TM acted as a stepping-stone towards building our relationship – I think he felt heard.” Class Teacher</p>	<p>During the Talking Mat he started to open up about lots of things including that he was not happy with his writing and said, “my brother said my writing is like chicken scratches.” On reviewing the mat, he said he wanted to improve his writing and together with his teacher they set a goal to work on this. His teacher had never seen him so motivated to improve.</p>

In the health setting, the practitioners reflected that conversations often focus around the parents, rather than seeking the views of the child or young person directly. In contrast, by taking the time to ask the children themselves, they uncovered a unique perspective that altered the focus of intervention. As adults we often make assumptions about the things that children and young people need help with and can be too quick to offer solutions. This may or may not be what is required from the child's perspective. Health practitioners are trained to use focussed and directive questioning in order to quickly establish a diagnosis. Using a technique which encourages a **non-directive** conversation, to establish what matters to the child or young person, is a very different way of working. Practitioners were surprised at how much useful information could be obtained through a Talking Mats conversation. Having a visual record of a child's view helped to add weight to the child's perspective during multi-agency meetings.

<p>A unique perspective in the health setting.</p> <p>The child has a powered wheelchair at school but currently does not qualify for an indoor/outdoor one for home.</p> <p>Objective: to understand reasons for child using/not using the power chair at school. Conflicting views from home and school. Mum wanting K to have access to it when he wants to. School saying that they are giving K every opportunity to use it.</p>	<p style="color: red; text-align: center;">PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES</p> 
<p>“The talking mat helped clarify K’s thoughts and views with regard to him accessing activities at school and in the community”</p> <p>Paediatric Occupational Therapist</p>	<p>K is choosing not to use his power chair at school as he is worried he will drive into others. He would like to take his dog for a walk and to go to the park with his brother and friends (too tiring to self-propel in wheelchair). If he feels he can’t keep up with peers at school in playground (when in manual chair) he chooses to stay inside at playtime. The child’s quotes about his electric chair were included in the report to wheelchair services to support an application for a new indoor/outdoor power chair that he can use at home and in the community.</p> <p>“Everyone at school thinks it’s cool and it’s like a “Lamborghini.”</p> <p>“I feel like I’m involved again, instead of being at the back.”</p>

In the third sector childcare setting, the relationships are different from the other two sites. There is a difference in the power balance between a teacher and a pupil, therapist and patient and child development worker. The depth of relationship that can be established over many years means that childcare staff are often very well informed about the issues in a child or young person’s life. They are used to having informal conversations and often act as advocates. However, reflecting on the learning from the project, there was an acknowledgement that, despite having a culture of listening and consultation, they still needed to **actively create** opportunities for dialogue. There was an assumption that children and young people (**CYP**) would seek out a youth worker to talk to if they were having problems. Whilst this was true some of the time, it doesn’t apply to every CYP. Scheduling “how’s it going” conversations allowed practitioners to pick up on the small things that could be sorted, before they escalated, and/or learn new insights. Early identification means that issues can be dealt with before they become entrenched. A major frustration for staff in this service is that they are often well informed but relatively powerless. They are not always invited to multiagency meetings, despite having a great deal to contribute towards promotion of the wellbeing of the CYP in question.

<p>An opportunity to learn new information in an out of school care setting.</p> <p>R is struggling with her behaviour and becoming unsettled and frustrated more than usual.</p>	<p>PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES</p> 
<p>“The Talking Mat helped R to make connections herself, she linked her lack of sleep and her ability to manage her behaviour. She also indicated that she eats to improve her mood. We made up a diagram of her bedtime routine and discussed things she might try to help”</p> <p>Youth development worker</p>	<p>During the Talking Mat session, we discovered that R is struggling with her sleeping pattern, her mood, her eating and managing her behaviour. She has never mentioned anything about issues with sleep before. She is struggling to get to sleep at night and is lying awake in her bed until around 12:30am until she starts to drift off to sleep.</p>

This project has revealed barriers that need to be overcome in order to help practitioners understand and implement the full obligations of UNCRC Article 12. We came across **attitudinal barriers** – a reluctance to open up discussions for fear of what that might lead to. We uncovered **system barriers** – procedures that inhibit, rather than enhance, multi-agency working. Practitioners who know CYP best were sometimes excluded from team discussions and opportunities for onward referral. Most importantly we also encountered **cultural barriers** - belief systems that fail to give CYP opportunities for participation because adults retain control, ask directive questions and prescribe solutions. Although CYP are right holders, they are dependent on adults to give effect to those rights.

This study strongly supported the belief that, where practitioners are given training that focuses on a child-centred approach, and a suitable communication support tool, they are empowered to open up productive and insightful conversations with CYP. Feedback about decisions taken also needs to be made accessible to include younger children. This in turn enables CYP to take increased responsibility for decision making regarding their own future and wellbeing, as proposed by Article 12 of UNCRC. If the views of CYP are put at the centre of planning this can help overcome the inequity that often exists between services. This in turn helps recognise the unique contribution that each sector (Health, Education and Third sector) plays in providing the right support at the right time.

Introduction

In Scotland, the implementation of Getting It Right For Every Child (**GIRFEC**)² (The Scottish Government, 2010), and the move towards multi agency working, has increased the need for a child-centred approach in supporting CYP. For the past 9 years, GIRFEC has been the key driver of working practice for professionals who work with CYP.

The challenge for practitioners has been to implement a policy which not only listens to the views of CYP but also allows them to become actively involved in making life decisions. Some practitioners have embraced this concept and have substantially increased the participation of the CYP who use their service; whilst others have been supportive of the policy but have struggled to implement it in practice. Putting systems in place which actively seek the views of CYP can be challenging and time consuming. However, in Health, Education, Social Services and the Third Sector much emphasis has been placed on evidencing the child's voice. Whilst this has been a positive move in the right direction, it does not go far enough. We need to see evidence that CYP views are influencing real life change.

The other issue, which is often ignored, is the need for practitioners to adapt their communication style and practice to accommodate the needs of CYP who may have communication support needs. It is unacceptable practice to state, "child unable to give their views." Every child has the right to express a view and this requires that practitioners adopt a range of creative techniques to help them to elicit the views of a CYP with communication support needs. It is the responsibility of everyone working with CYP to build capacity for decision-making, starting from an early age.

This pilot project examines how three services are implementing CYP participation in practice: a Primary school, a Third Sector Childcare service and a paediatric Occupational Therapy service. These three different contexts were used to represent the Education, Third sector and Health sectors.

Using the Lundy checklist of participation³ as a baseline measure, each of the services were asked to review their practice and see how well it aligned with the principles of UNCRC Article 12.

We trained practitioners to use Talking Mats™, which is a creative approach to eliciting views, and then asked them to use it in practice. Practitioners sent us case reports evidencing how CYP views influenced their practice and we collated and analysed the responses. We asked them to reflect on how much the Lundy model helped their

² <https://www.gov.scot/policies/girfec/>

³ https://ec.europa.eu/info/sites/info/files/lundy_model_of_participation.pdf

understanding of Article 12 and if using Talking Mats improved the quality of their conversations.

This report provides an overview of practice which allows us to learn from each other and identifies key steps towards helping practitioners to understand their obligations in implementing UNCRC Article 12.

The Policy Background

The Scottish Government is committed to incorporating UNCRC into law as early as 2021.

“The ultimate goal of incorporating the UNCRC into domestic law is to improve outcomes for children and young people in Scotland. That goal will not be met simply by an increase in the amount of litigation relating to children’s rights. It will happen through our public bodies working with and listening to children and young people and finding innovative and engaging ways to respect their rights”.⁴

This will create a radically different landscape in Scotland whereby we move from policy recommendations and best practice to one of legally binding obligations. We are already adhering to many of the principles outlined in UNCRC. Article 12 provides the foundation for CYP participation. It deals with both the right of CYP to express their views on all matters concerning them and to have those views given due weight in accordance with their age and maturity. This right applies to all children, without exception.⁵

Scotland recognises the contribution that a child’s perspective can have in influencing change. The ‘Every child, every chance: tackling child poverty delivery plan 2018-2022’ concluded that:

“in the case of child poverty, the best person to ask is a child. What we think should make an impact on Scotland!” (Member of the Children’s Parliament, age 9)⁶

Article 12 is already well established in Scotland through the Children and Young People (Scotland) Act 2014 and other Scottish Government policies including:

- The children and young people’s mental health plan which upholds the rights of children to have a voice in decisions affecting their health ⁷
- The national improvement plan for education which puts CYP at the centre of policy development ⁸

⁴ <https://www.gov.scot/publications/childrens-rights-consultation-incorporating-uncrc-rights-child-domestic-law-scotland>

⁵ <https://www.qub.ac.uk/research-centres/CentreforChildrensRights/Resources/>

⁶ <https://www.gov.scot/publications/child-chance-tackling-child-poverty-delivery-plan-2018-22/pages/8/>

⁷ <https://www.gov.scot/publications/children-young-peoples-mental-health-taskforce-delivery-plan>

⁸ <https://www.gov.scot/publications/2019-national-improvement-framework-improvement-plan/>

- Curriculum for Excellence which promotes teaching that engages CYP and takes account of their views and experiences, particularly where decisions are to be made that may impact on life choices⁹

Education, Health and Social services are striving to improve CYP participation and put policy into practice., Allied Health Professionals (**AHPs**) for example, are providing leadership and creativity in achieving change.

In January 2016, a working group was established to develop a realistic and effective plan. This plan is called, 'Ready to Act', a transformational plan for Children and young people, their parents, carers and families who require support from allied health professionals'.¹⁰ This is the first CYP's services plan in Scotland to focus on the support provided by AHPs. It is underpinned by the Children and Young People (Scotland) Act 2014, the principles of **GIRFEC** and the United Nations Convention on the Rights of the Child (**UNCRC**).

The ambition of the plan is to: work collaboratively and in partnership with children and young people, parents, carers, families, stakeholders and communities to understand what is needed to improve well-being outcomes.¹¹

“The shared flexible ambitions of Ready to Act, with the child at the centre, have given space to co-create and innovate.” (Pauline Berne, AHP CYP Lead)

A vital aspect of achieving change is the principle of involving CYP themselves in decisions that affect their lives: the aim is to ensure that practitioners listen to the unique perspective that CYP bring to the issues in their lives and use this to inform and implement best practice. The benefits of listening to and involving CYP are well documented in the literature. Thomas (2009) states:

“Allowing a child to exercise some control over what is happening to him or her will in itself have psychological benefits for the child’s development”¹². Thomas also advocates the need to provide a supportive structure because “a child’s ability to engage with decision-making will increase with practice.”

The rights in UNCRC apply to all CYP of all ages from birth to 18 years and therefore the concept of the **evolving capacities of the child** must be respected. It is the duty of adults to create environments which cater to a child’s evolving ability to participate.

⁹ <https://education.gov.scot/Documents/health-and-wellbeing-pp.pdf>

¹⁰ <https://www.gov.scot/publications/ready-act-transformational-plan-children-young-people-parents-carers-families/pages/3/>

¹¹ <https://www.gov.scot/publications/ready-act-transformational-plan-children-young-people-parents-carers-families/pages/3/>

¹² THOMAS, N.C., S., 2009. Steps to Effective engagement with Children and Young People.

Adults should learn from the child's insights, protect their rights and gradually give them more responsibility for decision making:

“The aim of development is to promote and enhance not only the well-being, but also the capacities of children...the Convention can be seen as a tool for promoting children's development, competence and emerging personal autonomy”¹³

In recent years Scotland has become more aware of the influence of adverse childhood experiences (**ACEs**) on child development¹⁴. In order to interrupt the intergenerational cycle of poverty and deprivation we need to become better at listening to CYP, parents and communities, empowering them to give their views and working alongside them as they find creative solutions. The model in Figure 1 below illustrates the different levels of influence that adults have in planning actions or interventions.

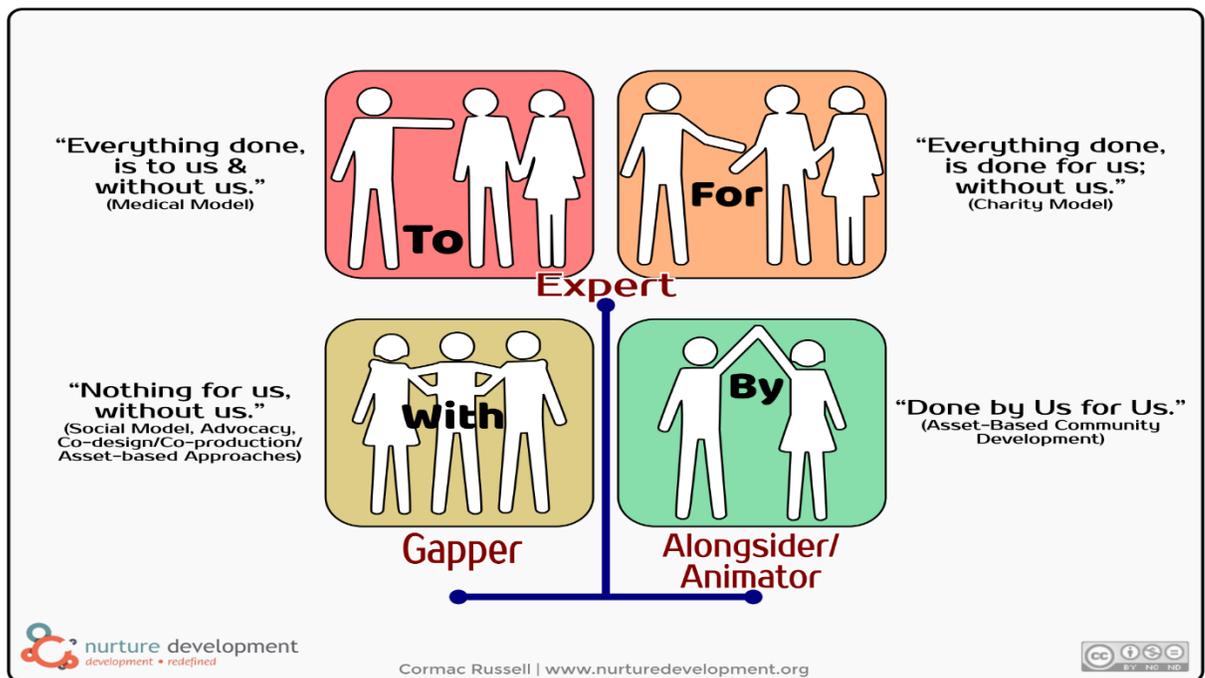


Figure 1 - Nuture Development framework¹⁵

¹³ <https://www.unicef-irc.org/publications/pdf/evolving-eng.pdf>

¹⁴ Reach

Tisdall, K. and Davis, J., 'Making a difference? Bringing children and young people's views into policymaking', Children and Society, vol. 18, no. 2, 2004, pp. 131–142.

¹⁵ <https://www.nuturedevelopment.org/>

It is increasingly clear that if we want to support CYP to share power and responsibility for decision-making we must start building capacity early. This means helping CYP to see that their voices can have influence and that influence extends to making informed decisions about their care, education and health.

Scope & Aims of the Project

The scope of the project

Effective communication is at the heart of holistic care. One of the ambitions of achieving transformation in our services is to ensure that practitioners are actively creating opportunities or care pathways to listen, record and evidence the voices and stories of CYP. The first step towards providing support that addresses these concerns is to ensure their views are central to decision-making. A broad multi- agency approach is needed to help services look beyond the immediate picture and see how situations link with wider issues relevant to health and well-being.

This pilot study looks at current practice across three environments: health, education and third sector. In investigating the broader context of services offered to CYP, we wanted to share some of their unique strengths, as well as to highlight some of the barriers that currently exist in achieving good collaborative practice. We also wanted to include the voices of CYP of all ages, so we included places that had access to preschool, primary and secondary children.

Aims of the project

- To help practitioners understand the full obligations of UNCRC Article 12 in their current practice.
- To help practitioners feel confident in having conversations which reflect CYP's emerging decision making.
- To establish whether CYP are happy to give their views using a TM format and whether they are confident that their views will have influence in accordance with their rights.

We concentrated on enhancing the **participation** of CYP by training practitioners in best practice interview techniques and giving them a tool to structure conversations, because:

1. Child participation is a key driver of policy in Scotland and there is a gap in knowledge regarding the extent and reach of UNCRC and its implications for practice.
2. Multi agency working is essential to good quality support for CYP.
3. There is a need for non-specialist tools that can be assimilated into standard practice across services without having to rely unnecessarily on specialist intervention

A Creative Approach – Talking Mats© and the Lundy Model

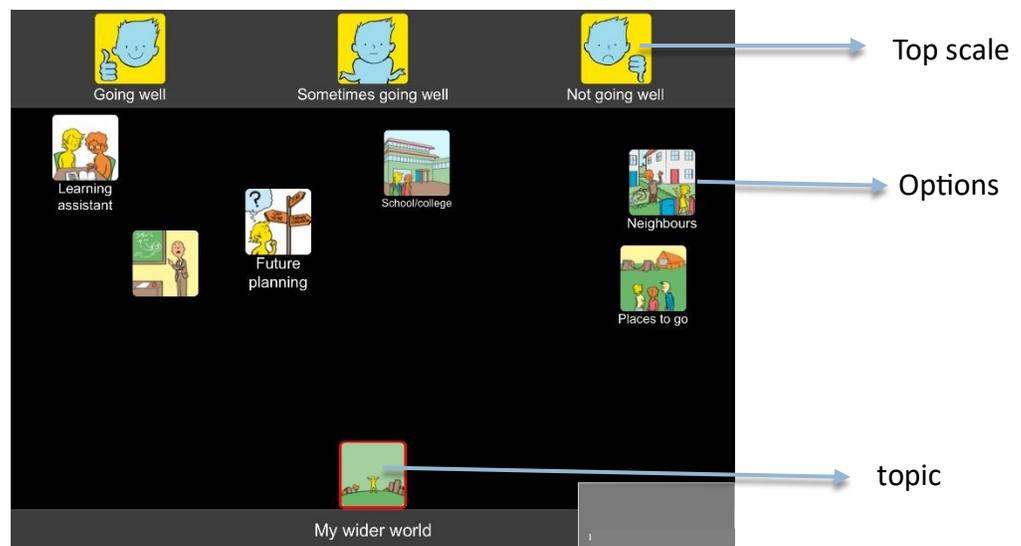
Some CYP find it hard to engage with standard conversations. In order to be inclusive, we used Talking Mats. Talking Mats is as a way of changing conversations because it opens up topics, helping staff to have a fresh understanding of the CYP's life.

Why use Talking Mats?

Talking Mats is an evidence based interactive picture communication tool. The 'mat' provides a space for the conversation – a place to put thoughts down.

There are three sets of picture communication symbols – **topics** (whatever you want to talk about), **options** (relating specifically to the topic), and **a visual scale** (to allow participants to indicate their feelings about each option).

Once the topic is identified, the participant (the 'thinker') is given the options one at a time and asked to think about what they feel about each one. They can then point or place the symbol under the appropriate visual scale symbol to indicate what they feel. The practitioner's role in the Talking Mat is to be a 'listener'. Training the listener is key to ensuring that proven principles are adhered to, such as using open questions, being non-judgemental and reviewing the mat.



Why does Talking Mats work?

It improves the quality of information by:

- Giving control to the thinker

- Providing a structured framework for open questions
- Avoiding direct confrontation
- Giving people time
- Helping people to say “no”

It supports comprehension by:

- Focusing on the essential words and omitting non-essential language – reducing language demands
- Giving information in multiple channels – visual, auditory and tactile. Literacy skills are not needed
- Helping people process concepts by breaking information down into small, manageable chunks, moving from concrete to more abstract ideas
- Reducing memory demands: the mat acts as the working memory
- Reducing distractibility
- Allowing time for processing information

The resource can be adapted to age and stage of development. The technique has been developed through clinical experience (Speech and Language Therapists working within the NHS) and a programme of robust research at Stirling University over a 15-year period.¹⁶ The technique is used by practitioners in Scotland, the rest of the UK and worldwide.

The Lundy Model of Participation

In order to help CYP make informed choices and decisions there is a developmental progression, from learning how to voice an opinion to sharing the responsibility for making a decision.

In 2001, Harry Shier’s model of participation was influential in helping practitioners to understand this progression. He outlined five increasing levels of engagement, depending on the weight given by adults when taking views into account. These are:

1. Children are listened to.
2. Children are supported in expressing their views.
3. Children’s views are taken into account.
4. Children are involved in the decision-making processes.
5. Children share power and responsibility for decision-making.

¹⁶ <https://www.talkingmats.com/projects/research/>

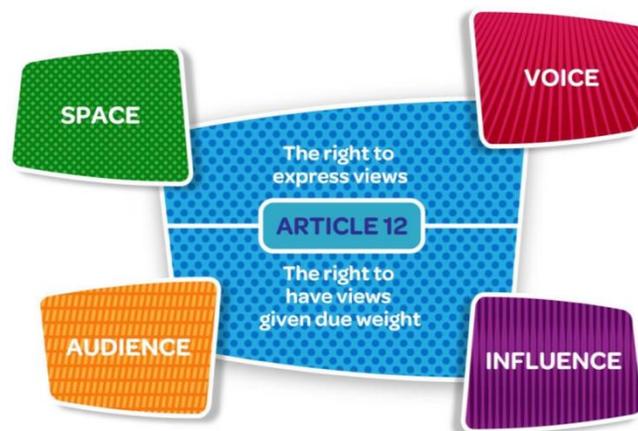
In 2007, Laura Lundy expanded on this idea by publishing an influential paper entitled “Voice is not enough”¹⁷ and developed the Lundy model of participation¹⁸ to help practitioners to understand the full obligations of Article 12. In order to do this, she also included the other relevant Articles in the convention: 2,3,5, 13 and 19:

“the meaning of individual provisions of the UNCRC can only be understood when they are read and interpreted in conjunction with the other rights”¹⁵

She identified four distinct, but interrelated elements of Article 12 as illustrated in Figure 2 below:

- Space: Children must be given the opportunity to express a view
- Voice: Children must be facilitated to express their views
- Audience: The view must be listened to
- Influence: The view must be acted upon, as appropriate

Figure 2 – Lundy’s model of child participation



This model provides a way of conceptualising Article 12 of the UNCRC

It is not enough for us to merely capture the views of children: we must also inform them as to how their views have been considered and provide clear feedback on how their participation will influence outcomes. They should also be given the opportunity to participate in follow-up processes and/or activities.

¹⁷ <https://onlinelibrary.wiley.com/doi/abs/10.1080/01411920701657033>

¹⁸ https://ec.europa.eu/info/sites/info/files/lundy_model_of_participation.pdf

The Lundy model and checklist were selected for use in the project because it provides a clear structure for practitioners and allows them to demonstrate change in their practice.

Project Methodology

This section outlines:

- Who participated in the pilot project
- A brief description of the training and resources used
- The approaches which were used to capture the data

Participants

We decided to include settings where a children's rights agenda was already being actively implemented, in order to achieve a better understanding of how to promote change more widely and learn from experiences.

Each of the pilot sites were visited before starting the project to discuss project parameters and expectations.

- **Indigo childcare** is a Glasgow based social enterprise.¹⁹ They support families with children from birth up to the age of 16yrs by providing affordable childcare services – creche, early years, out of school care and youth services. They aim to provide a platform for improved life chances for young people.
- **Langlees Primary school** in Falkirk was chosen as it was involved in the Rights Respecting Schools Awards scheme and has an explicit focus on pupil wellbeing.²⁰
- **Children and Young People's Occupational Therapists** - Fife Health & Social Care Partnership²¹
Occupational Therapists provide advice, reassurance, support, assessment and intervention to help CYP (new-born to school leaving age) to develop their skills in everyday activities to improve their health and well-being.

Training

Enhanced Talking Mats training was provided in each location. This was delivered in two sessions with a six-week gap.

¹⁹ <http://www.indigogrp.com/>

²⁰ <https://www.langlees.falkirk.sch.uk/>

²¹ <https://www.fifehealthandsocialcare.org/>

The training covered:

- The different elements in the Lundy model of participation and how that relates to the TM process
- best practice interview techniques
- principles of being a Talking Mats listener
- background to the tool
- who can and who can't use it effectively
- emerging capacity for decision making
- how to create individual topics using Talking Mats.

Resources



The Talking Mats CYP's resource, either in card or digital format, was given to each participant.

This resource was developed to give a holistic picture of how a child or young person feels about their lives at home, at school and in their communities.²² It is based on age and stage of development and takes into account the emerging capacities of the child. The stages of language development are made explicit by coding the options as either abstract or concrete. For example, writing and sleeping are concrete concepts whereas energy and feeling safe are more abstract.

This resource was developed using the GIRFEC Wellbeing indicators²³ and the developmental code sets from the WHO ICF (World Health Organisation International Classification Framework for Functioning, Disability and Health, Children and Youth Version).²⁴ The ICF-CY has produced a number of Developmental Code sets (Ellingsen et al. 2011) to alert practitioners to the pertinent issues at each stage of development.

Each pack comes with a set of images covering the following three topics:

- My world – asks about school, neighbourhood and support from services
- About me – asks about family and friends and activities
- What I do – asks about learning, health, communication and independence

²² <http://www.talkingmats.com/get-children-young-people-talking-mats-resource/>

²³ https://www.staf.scot/girfec-a-guide-to-getting-it-right-for-every-child?gclid=Cj0KCQjw753rBRCVARIsANe3o46UcA1H6KwnfQzhRoiSxmTmlp1XmUZh27ilATZSbV5zSB0qL-xpKPAaAsggEALw_wcB

²⁴ ELLINGSEN, K. and SIMEONSSON, R., 2011. WHO ICF-CY Developmental Code Sets. pp. June 21st, 2012.

Process

1. A pre and post project survey monkey was sent to all people who attended training. (Appendix 1)
2. The practitioners agreed to submit case examples of mats they carried out. They were asked to reflect on the reason for doing the Talking Mat and the outcome (Appendix 2)
3. The young people who were the “Thinkers” (i.e. they did the mat) were asked for their views about it. (Appendix 3)
4. A focus group was conducted with children and young people to gain their views on Talking Mats as a way of achieving the 4 principles of participation -Space, Voice, Audience and Influence. (Appendix 4)

Results

In total, **56 CYP practitioners completed TM training:**

- 16 staff from Indigo group -early years setting, out of school care (primary age) and Indie youth group (secondary age)
- 20 staff at Langlees Primary (preschool to primary teachers and learning support staff)
- 20 Occupational Therapists from NHS Fife – (including assistants and those with responsibility for Looked after Children)

A total of 90 case examples were received.

The age of the CYP ranged from 2 years to 16 years.

Pre-training Baseline Measure

This section contains the pre-evaluation data from all three services.

Lundy’s checklist and the pre-training questionnaire provided a baseline measure for measuring the impact of Talking Mat training and an evaluation of Child-Rights Based Decision Making within each service. (Appendix 1) The checklist and questionnaire were completed prior to receiving Talking Mats training. The results were used to help each service to identify areas that required improvement.

Third sector childcare service

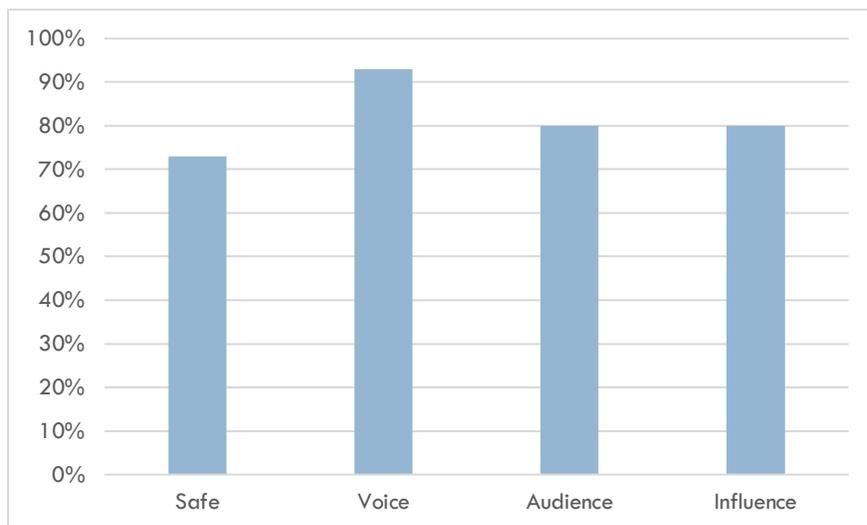


Figure 3 – Childcare service rating on Lundy model

Staff representing early years, primary and secondary provisions working in 5 different locations completed the questionnaire. Figure 3 above shows practitioners self-rating to each element of the Lundy Model.

The majority of practitioners indicated that there is a safe space where CYP can express themselves freely. They work to build relationships with CYP who are shy, or have difficulty expressing themselves. However, access issues and a lack of space were highlighted as barriers faced by staff in some locations. In addition, practitioners highlighted that improvements were needed to **actively seek** CYP views.

Child participation has been a key focus within the service and the principle of capturing and recording a CYP's voice is well established. Practitioners indicated that CYP were aware they do not have to give their views if they don't want to. Feedback is often, but not always, given, explaining the reasons for decisions taken to those who give their views. This was identified as an area to improve. There are processes in place where CYP views are shared with relevant others, including through social media and providing feedback to parents. Discussions are recorded and considered by those with the power to affect change; however, this was identified as problematic when involving outside agencies.

Practitioners also demonstrated that CYP could express their views in a variety of creative ways. For example, visual aid boards, and allowing feedback to be provided by peer representative groups. However, they were not always confident that CYP knew to whom their views were being communicated.

Overall, the pre-evaluation suggests that although the childcare service rated itself as adhering well to the obligations of Article 12: **having a suitable safe space; being proactive in seeking views; giving accessible feedback explaining the reason for a decision and working with outside agencies** were all identified as areas for improvement.

Primary School:

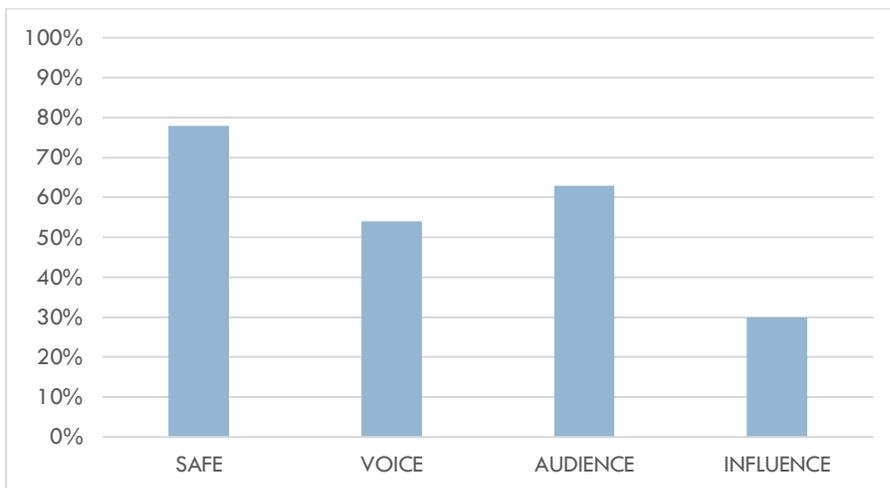


Figure 4 School rating on Lundy model

Figure 4 above shows the proportion of school staff that identified adherence to each element of the Lundy model.

Most practitioners felt that, although there was safe space available in school, they were not always able to access it when required. As a rights respecting school, the views of CYP were actively sought, through: the use of pupil councils; anonymous votes; values promotion group; pupil leadership roles; GIRFEC pupil view sheet and others. A variety of techniques are used to help shy children express themselves, including daily emotion check-ins and circle time.

The 'Voice' element was mostly adhered to by the school, with over 50% of staff stating that CYP are aware that they do not have to give their views and indicating that CYP are provided with enough information to make an informed decision. Visuals were identified as the most common method used.

In terms of the audience and influence elements, all staff said that there were processes in place for sharing CYP views, including Team Around the Child (**TAC**) meetings, pupil leadership groups, and sharing CYP views with parents through meetings, consultations, parent nights and report cards. Pupil leadership groups are used to encourage CYP views to contribute to change, and ensure pupils are listened to and taken seriously. The majority of staff members also indicated that CYP know to whom

their views are being communicated. However, 6/11 staff members identified potential difficulties of sharing views with someone with power to make decisions, and two staff identified difficulties they had communicating with other agencies, such as social work and educational psychologists. TAC meetings were identified as a useful way to share information with other agencies however, 8/11 staff expressed a lack of confidence that CYP views were considered by those with the power to effect change. Most of the staff were unsure about the procedures in place to ensure CYP views are taken seriously, and also indicated that CYP were not usually provided with reasons for decisions taken.

Overall, the pre-evaluation results from the primary school indicate that practitioners are partially adhering to elements of the Model. Things to improve are: **providing a safe space where children can express themselves freely; letting children know they don't need to be involved in influencing the outcome of a decision if they don't want to; multiagency working; putting procedures in place to ensure views are taken seriously and providing feedback explaining the reasons for a decision.**

Occupational Therapy Service

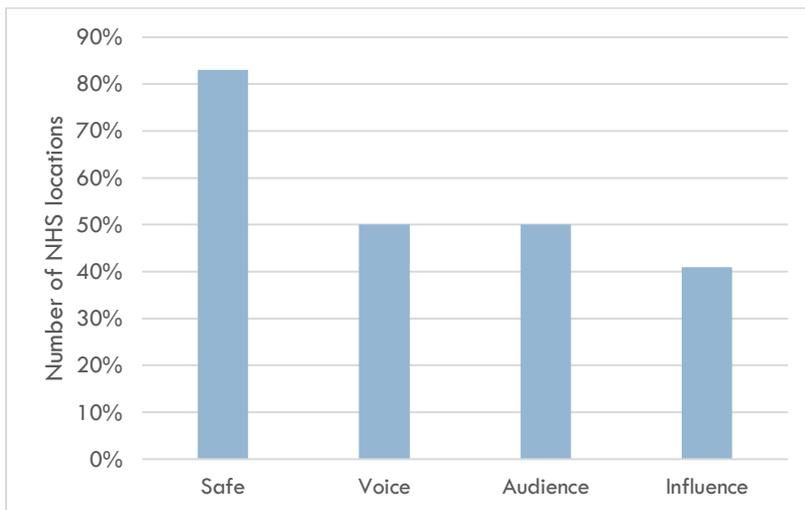


Figure 5 - OT rating on Lundy Model

Figure 5 above shows the proportion of OT practitioners that identified adherence to each element of the Lundy model.

Providing a safe space was the element most adhered to by the OTs. However, while all staff indicated that CYP views are sought at assessment, the majority also indicated the problem of reverting back to parents, particularly in situations where children had

communication difficulties. Staff highlighted ways in which they make CYP feel more comfortable by building relationships, making the clinic a safe space, using familiar visuals, and adapting wording of questions. However, it was also mentioned that the provision of a safe space for children to express themselves can be dependent on parents, and whether the child **feels** safe.

All practitioners mentioned that children are unaware that they do not have to take part in a decision if they don't want to. It was highlighted that the presence of parents reinforces this feeling that children must take part. All mentioned the difficulty in sharing views with someone who has the power to make decisions, emphasising the time it can take to get in touch with external agents. All indicated that CYP views are not always considered as highly as they should be, and the majority highlighted that there are no systems in place to ensure CYP views are taken seriously.

The use of visual supports and adapting verbal information was identified as being used to assist CYP decision making. However, some staff indicated that engaging and listening to CYP choices could be improved upon, and concerns were also expressed that CYP may not fully understand the decisions they are making. Overall, there was a reliance on parents for making decisions and parental consent was often sought by practitioners when sharing CYP views instead of asking the child or young person directly. Some practitioners use verbal communication to inform CYP who their views will be shared with, but this tends to be only communicated to older children.

Lastly in relation to the 'Influence' element, consideration of CYP views depends on the child and the situation. Tools such as the Canadian Occupational Performance Measure COPM²⁵ ensures that both CYP and parent views are recorded and can be communicated to others. The majority of practitioners mentioned that feedback is provided to CYP at the end of sessions. However, it was also mentioned that reports are only fed back to parents and the child is not always included in discussions regarding discharge.

Overall, the pre-evaluation results from the OT service indicate that practitioners are partially adhering to elements of the Model. Things to improve are: **being more proactive in seeking the views of CYP; letting children know they don't need to be involved in influencing the outcome of a decision if they don't want to; multiagency working; putting procedures in place to ensure views are taken seriously and providing feedback explaining the reasons for a decision.**

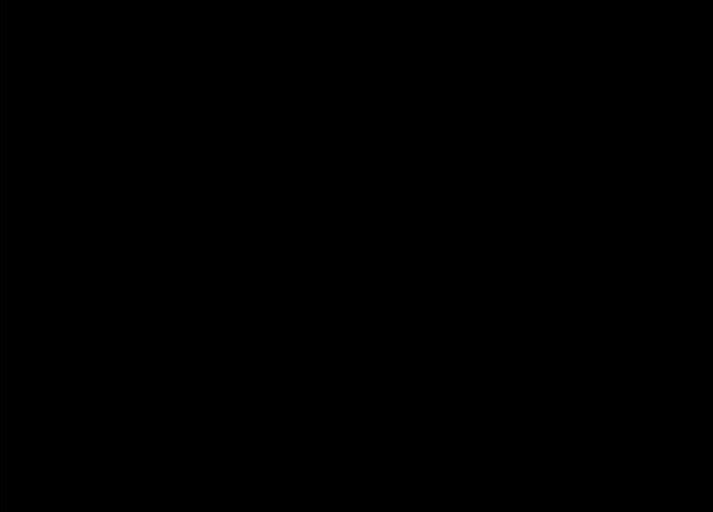
²⁵ <http://www.thecopm.ca/>

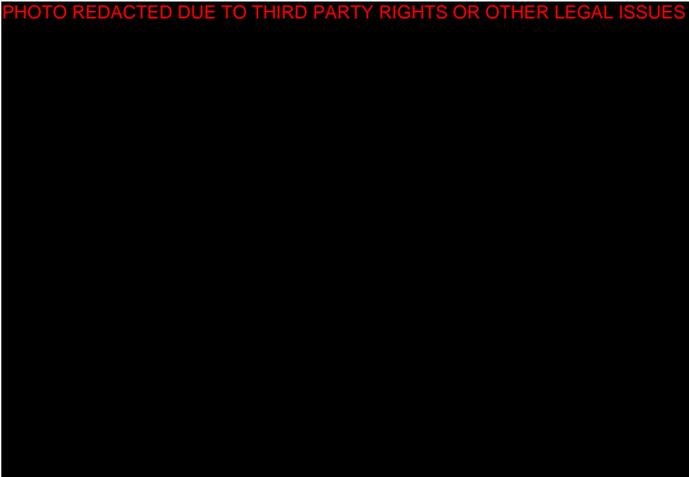
The Lundy model helps to break down what is required to fulfil the obligations of Article 12 and UNCRC.

We will now consider how Talking Mats can be used with the Lundy model to give practitioners a practical way of improving, and evidencing, their adherence to the requirements of Article 12.

Key Insights from using Talking Mats

In this section we have included four anonymised examples to allow individual stories to be heard. This helps to provide some insight into, and perspectives of the lived experienced of a selection of children and young people. The person who is facilitating the mat is referred to as the **listener** and the person completing the mat is the **thinker**.

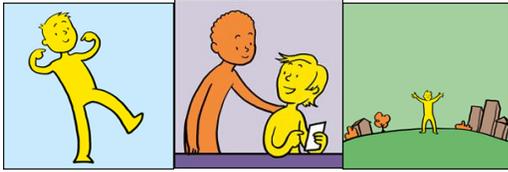
<p>Teacher -a supportive conversation</p> <p>B can be withdrawn and disengages with teachers and peers. She loves her pets and playing the guitar. She loves to care for her sibling and try new things such as swimming. She is unsure about coping with her day and has to stay calm around her sibling who has ADHD and autism. She struggles to make decisions. She is unsure of visiting friends as it is a long car journey but likes it because she can speak to her mum. She does not like asking others for help (although class teacher is okay) and finds waking up difficult as she doesn't get to sleep until late.</p>	<p>PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES</p> 
<p>B said "It's fun because you get to pick where you put the cards"</p> <p>Listener said "the set is broad enough for the thinker to direct the conversation to what they thought was relevant or wanted to share"</p>	<p>B really opened up using the TM and her class teacher fed back to her how much she had enjoyed getting to know more about her. B is going to bring in her guitar to school and play a song to her teacher.</p> <p>"This was the perfect platform for her voice and the things that mattered to her. It has helped establish a bond between us. It would have been a very useful tool at the beginning of the term in order to establish that connection early on. It often takes a while to make that breakthrough with pupils who put up a barrier so this would help build trust earlier."</p>

<p>Occupational therapist - A supportive conversation</p> <p>The thinker is a 15-year-old young carer who supports his mum. The listener had been advised by the young carer school champion that he struggled to open up about his caring role.</p>	<p>PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES</p> 
<p>The thinker commented “It was nice to be able to talk about me without being interrupted”</p>	<p>The listener found out that he has a lot of responsibility at home, the majority of which he feels is going well. He was most concerned about maintaining relationships (had just split with his girlfriend) and coping when things change, especially in relation to his mum’s health. He also discussed not being able to do as many activities as he used to. We agreed to have a further conversation to discuss support with change and more access to sport with his young carer champion. He did not wish to have help with his relationships just now.</p>

<p>An episode of care discharge conversation - health</p> <p>The thinker has an acute and potentially deteriorating condition. He is a reluctant talker.</p>	<p>PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES</p>
	<p>The thinker is most concerned that he is not able to participate in groups, clubs and play outside with his friends. Aspects of daily living skills and participation in schoolwork, his friends and family all made him feel good. On reviewing the mat, thinker and listener agreed that there were no ongoing goals needed at this time. Mum felt reassured that her son felt that lots of things were going well and all agreed to discharge.</p>

<p>Child development officer - A transition conversation</p> <p>Thinker is 11 and transitioning to High School after the summer. Seems quite immature for her age and quiet.</p>	<p>PHOTO REDACTED DUE TO THIRD PARTY RIGHTS OR OTHER LEGAL ISSUES</p>
<p>She commented “I think it is a good way for people to understand how you feel”</p>	<p>Thinker did not say much when she completed the mat but was reflective throughout the process. This helped to open up issues that were later addressed, including travelling independently and sleeping.</p>

Summary of Issues Raised and Actions



The resource uses the 3 topics About Me, What I do and Support and My Wider World

There was a noticeable difference in the kind of issues that were raised by CYP in different services.

In third sector childcare services

29 Mats, 25 Actions on 3 Topics

20 Actions relating to friendships/bullying, strategies for school, parents and family, homework and behaviour or an action to follow up with another Talking Mat conversation.

4 Actions involving other agencies relating to home, travelling and sleep.

In school

34 Mats, 31 Actions on 3 Topics

21 Actions in school relating to the curriculum, transition, friendship, and behaviour. Not all the mats had direct actions. Some of the information given helped to give a broader context about the child's life.

6 out of school actions relating to sleep, eyes, routines and toileting.

In OT Outpatient clinic

27 Mats, 22 Actions on 3 Topics

9 Actions relating to specific interventions around handwriting and toileting; friendships/bullying, parents and family support

8 Actions involving other agencies relating to strategies for school and health services.

10 mats had no specific actions but all (apart from 2) commented on the mat supporting a therapeutic discussion.

Overall, practitioners fed back how challenging it was to wait for the child or young person to identify possible actions rather than practitioners' default position which tends to be to propose a course of action.

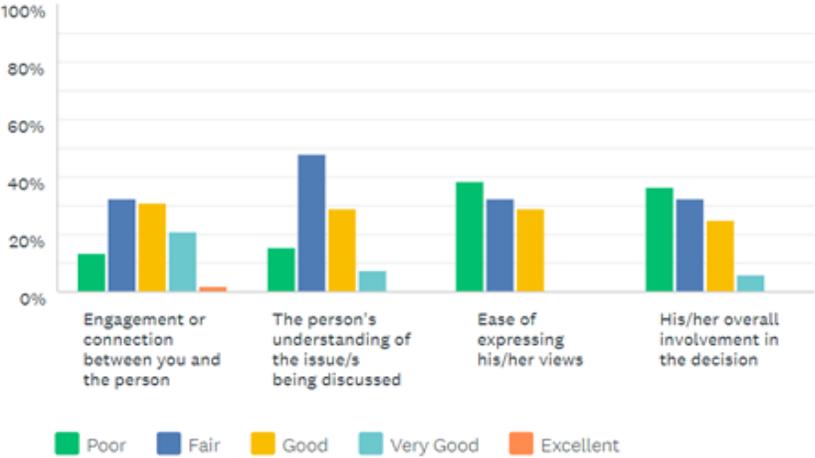
Feedback on use of Talking Mats

What did the Practitioners say about using Talking Mats?

We asked practitioners to tell us about how they felt about having conversations with children and young people both with and without a TM as illustrated in Figures 6a and 6b below. We asked them to think about a child they are currently working with and rate the following when seeking their views.

- 1. Person's engagement
- 2. Person's understanding
- 3. Person's ability to express their views
- 4. Person's involvement

Pre- and Post-training survey results: -



(above) Figure 6a - Having a conversation without a Talking Mat

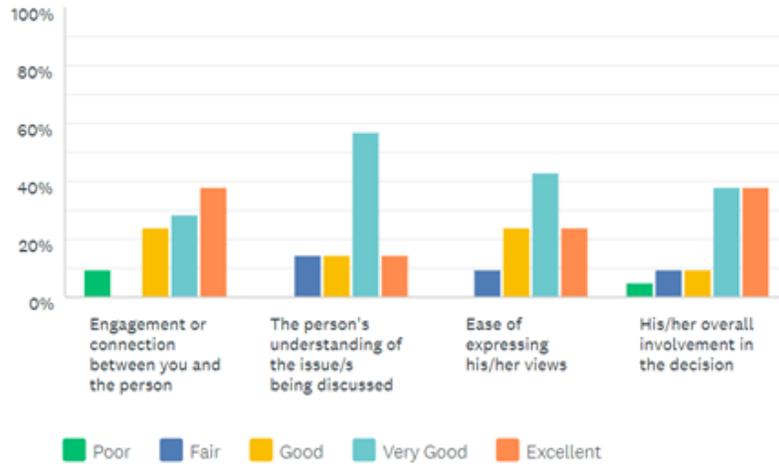


Figure 6b - Having a conversation using a Talking Mat

The graphs below (Figures 7a and 7b) demonstrate improvement in all 4 indicators showing that the quality of the conversation improved when using a Talking Mat.

(below) Figure 7a - confidence in capturing the views of CYP before training



(above) Figure 7b - After Training

Before training, only 23% of practitioners said they were confident or very confident that a CYP's view was reflected in the final decision. After training, 90% of practitioners were very confident or confident that their agreed actions genuinely reflected CYP views.

85% said that they think Talking Mats will be very valuable or extremely valuable in their future work.

What did the young people say about using Talking Mats?

Two methods for gathering the young peoples' views were used in the project:

1. After doing a mat the listener (adult facilitating) asked the young person how they felt about using a Talking Mat with 2 questions
 - a) What do I think about my Talking Mat?
 - b) What would I say to other people about doing a Talking Mat? (Appendix 5)
2. Young people were included in a focus group in the primary school context.
 - 11 P1-P3 (aged 5-8 years) feedback gained through talking informally and drawing
 - 16 P4-P7 (8-12 years) feedback gained through structured questions/discussion

Topic: **My World**



"It helped me think about things at home"

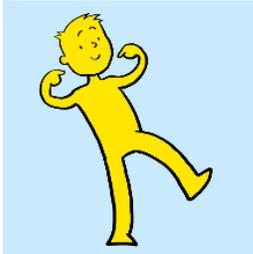
"I think it was pretty fun; It's about how you are feeling about stuff"

"Gives you a chance to talk to a youth worker"

18 young people gave feedback after using the topic set My World (age range 6-14 years).

17 of the 18 comments included the words **good** and **fun**. 'It's good. I would say it's funny and fun.' One young person said 'it was boring as I could just talk to you anyway, but interesting because it's different.'

Topic: **All about Me**



11 comments from young people were provided. 2/11 when asked what they thought about their mat said they didn't know. 9/11 included the word **good** in their comments, 'I think it's a good mat. Yeah it's good 'cos you get to talk about things'

"I think it's a good way for people to understand how you feel"

"It calms me down. It's very helpful".

"It was nice to talk about things"

Topic: **What I do**



8 comments were gathered for this specific topic. All were positive '(The mat) ...can help you through a difficult time'

"I think it went ok-it was fun and easy to describe my feelings because I don't like talking"

It was nice to be able to talk about me without being interrupted

"Other people should do Talking Mats. It helps"

Focus Groups

Focus groups were held in the primary school. These took place a few weeks after the CYP had done their Talking Mats in school and the time delay could have affected the reliability of their feedback. Four small groups of between 5 and 10 children were included. In total 27 children were consulted.

- Groups 1 and 2. 11 P1-P3 (aged 5-8 years). Feedback gained through talking informally and drawing.
- Groups 3 and 4. 16 P4-P7 (aged 8-12 years). Feedback gained through structured questions/discussion.

Groups 1 and 2



9 out of the 11 said they would do a Talking Mat again, 2 weren't sure.

"I felt happy when I done the Talking Mat. Because I got to have a little bit of time with my teacher."

"After I done my TM, I got to do a little job."

Groups 3 and 4

For the pupils aged 8-12 years a questionnaire was completed as a group activity (Appendix 6)

Outcomes:

- 9 of the 16 young people felt they could express everything they wanted to talk about. 2 comments: 'You wouldn't want people gossiping' and '[X] was scared to speak about everything'.
- 12 of the 16 weren't sure or were not confident that if they expressed a concern then something would change.
- 3 pupils reported they were not happy with where the Talking Mats conversation took place. The pupil below commented that she wasn't happy about the space: 'it was just outside the class'.

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What might be a safe space for the adult could be viewed very differently by the CYP. 10/11 staff members were confident that views would be heard by someone with power to make decisions (within school), whereas only 4/16 pupils felt happy or very happy that something would change.

Post evaluation

Each of the three sites were visited again to review how the Laura Lundy model had helped them to adapt their practice and discuss individual case stories. The next section reports on these findings.

During our feedback sessions and the post-training survey, practitioners were asked to comment on how useful they found the Laura Lundy model in their work. All of the respondents indicated that they found the model useful in helping them to understand what was required and commented.

“It is very useful to consider how to give children the platform to share their views. It then allows practitioners the chance to discuss these views with children and how their views can influence change in their own lives. It is evident this model allows for children to know their voice matters and will be used by the people who make decisions”
(Teacher)

“This has shown me a way to achieve the Article for young people”
(Health practitioner)

Finding a safe space

- Providing a safe space can be challenging for different reasons. In a busy school environment or in some of the childcare services finding a **physical space** with few distractions is difficult. This is easier to achieve in a clinic. The physical environment can act as a barrier to participation.
- Providing a **confidential space** dedicated to children’s views can be challenging. Health practitioners talked about having a parent present in the room. At times, their non-verbal communication was distracting and leading. Some parents directly contradicted CYP views whilst other parents respectfully gave their child space to respond and were surprised by what they found out as a result of giving a space for expression.

“Parents were so pleased with what he expressed that they didn’t know before.”
(Occupational Therapist)

- Providing a **thinking or reflective space** is helped by having a structure such as a Talking Mat.

We need to be aware that what seems like a safe space to adults might not feel that way to CYP. Although all three sites do have processes in place to actively seek the views of CYP, it is was recognized that this is often for a set purpose such as Pupil

Councils, peer reps or inclusion groups. Lots of children find it difficult to initiate a conversation with an adult to give their views or raise concerns. Although building strong relationships is a foundation in childcare services, practitioners also recognised that it is necessary to set aside time for 1-to-1 conversation. We know from other Talking Mat projects that when we take time to discover the small concerns this can prevent problems from escalating.

Some practitioners voiced concerns about opening some topics:

“I was a bit nervous about what one of the kids would say in terms of what could you say? What could this lead to?” (Teacher)

She was reassured that the school has a holistic approach to education and no topics are out of bounds. Indeed, there is real benefit in asking directly about issues. Reflecting on the needs of the pupils, the Deputy Head Teacher said that some lead chaotic lives and have low expectations:

“For some kids they see issues as a norm, and so they don’t see a need to raise awareness – only when staff notice that they realise they could change the issue.” (Deputy HT)

UNCRC states that it is up to adults to actively seek the views of children and young people.

Voice – capturing views in a meaningful way

“Giving the child the time and opportunity to be listened to allows the child to communicate his or her true feelings but also gives the listener a fuller picture of the needs, views and expectations of the child.” (OT)

Analysis of the Talking Mats stories found that most comments from practitioners related to gathering new information that was not previously known. Picking up on non-verbal communication was an important aspect of eliciting views.

Some practitioners found it difficult if CYP didn’t elaborate on their responses and give them additional verbal information. Using visuals allows CYP to express a view **without words** by placing an image on a mat. Some of the other themes that emerged were:

- Changing the pace of the interaction and giving time to review the Talking Mat helped CYP to form their views and encourage conversation. Having the options also helped to open up discussion.
- The challenge of staying neutral and accepting of positive and negative views was expressed:
“I found it hard not to talk too much, and ask lots of questions.” (Teacher)

“I had to work hard not to talk, I don’t like silence and feel silence is awkward”
(Youth Development Officer)

- Passing over control was another common theme. Many practitioners said this was the hardest part of the interview and yet recognised the importance of doing this.

“It is a good way for the child to have control over what they want to speak about.” (Youth Development Worker)

Children do not need to give their view if they don’t want to and should be asked what decisions they want to be involved in, rather than practitioners being in control of that decision.

- Differences in age and stage of development as to how easy it was to establish actions.

“I found it really hard with the wee ones regarding the next steps. I did not feel very confident myself picking out what the next action could be, especially if there is nothing significant that has come up.” (Child Development Officer)

Every interaction does not necessarily have a direct action but does help to establish a relationship and a culture of listening.

Audience – who is listening?

All of the sites have established processes for sharing CYP views but not all of them informed the children as to whom their views were going to be shared with. The most common setting for sharing views was at multidisciplinary team meetings. CYP are not always told who will be attending the meetings.

In all three sites there was some concern about eliciting views from CYP that may conflict with those of their parents.

One child was worried about the teacher sharing her mat with others. She said that she loved that someone listened to her but didn’t want some of the information shared more widely.

Another teacher commented, “I had the opposite, the child wanted the mat to be shared.”

In the school setting some children have low expectations of change and need to be actively encouraged to talk about their lives. The senior management staff in this project **actively supported** class teachers to be brave and open up conversations with their pupils by giving them protected time to do so. They also supported them in following up action points and actively encourage work with parents. This school is at the forefront of using the CYP’s view to find creative solutions within the local community.

Many practitioners felt that having the physical evidence to present to another agency helped to add weight to the CYP's view.

UNCRC states that the children have the right to have their views listened to.

Influence – so what?

“I think the main thing that stands out is the influence part. I feel children need to see that their voice is having an impact” (Health Practitioner)

It is easier for the CYP's view to have an influence if it is something that can be done in the **immediate** context. Issues around education are typically tackled at school, whereas health issues are generally viewed as easier to address in the clinic. Within each context there was a lack of confidence that, if a practitioner passed on an issue to other agencies, something would change. In school, the deputy head commented:

“From my point of view, it was more about sharing with social work and police, and their threshold for support is different to our threshold – the threshold has changed over time considerably.”

“Also passing information onto parents, I do not always have confidence that all parents have the capacity or would willingly listen and affect change – there is also not as much support for parents nowadays.”

In the third sector childcare service there was a strong feeling that a referral from their service was not given as much weighting as one coming through school. Even if information was passed on- it is variable whether it is acted on. They consider their ability to influence change outwith their organisation as weak unless they have an established relationship with someone who has influence: -

“We are not always invited round the table despite the fact that children can spend 20% more of their time with us than in school over the course of the year” (Youth Services Manager)

In school and in childcare services it is easier to make a direct referral to health and often there is a good relationship with the health practitioners: -

“We can directly refer to health and they will pick it up and follow up.” (Childcare Services Manager)

Health practitioners also find a variable response from schools: -

“Schools are not always able to implement (our recommendations) – CYP can slip under the radar.”

In all sites there was a commitment to working with, and supporting, parents. Building good relationships was a good way to support the CYP. Sometimes support can be random rather than continuous. One practitioner commented:

“Our parents’ perception is people come sweeping in when things are really bad and go when there is a little improvement.”

It is interesting to note that in all 3 sites very little was done to report back to the CYP how their view influenced a decision. A Talking Mats conversation helps to provide feedback because it provides a **visual record** of the conversation.

Discussion

This project has offered insight into how the voices of CYP are being used to influence decisions in three distinct sites. The pre and post evaluations for this project relied on the practitioners rating their own skills of involving CYP. Different thresholds may exist for the (self-evaluated) results so direct comparison between services is not necessarily reliable. After reading the 90 case examples we gained a renewed appreciation of the power of listening to the unique perspective of each CYP. When CYP are given the opportunity to voice their (often hidden) opinions of their lived experience and are allowed to come up with their own solutions, real change happens. Those practitioners who were willing to wait, before jumping in with solutions, saw first-hand how CYP could be empowered and motivated. Seeing how a child's perspective can change a course of action motivates practitioners to further embed opportunities for listening into their practice.

Some practitioners voiced their reservations about opening up conversations and actively seeking children's views, only to be surprised by the positive change this brought to their relationship. We were surprised by the number of children who commented that it was 'nice to be listened to', illustrating that finding a space where they are heard may be a rare occurrence for many CYP.

The issue of the power balance in conversations was one which the practitioners often reflected upon in feedback sessions. We noted a difference between the power balance of a conversation with a youth worker and CYP compared to a teacher and pupil or therapist and patient. The childcare services have made CYP participation a key policy area. They have been working to achieve more participation in the delivery of their service. They have already experienced the change that more involvement can bring and how satisfaction levels increase when CYP are given ownership. Handing over control was more challenging for some in health and education, perhaps reflecting a throwback to the traditional roles of an educator imparting knowledge to their students and the health practitioner's medical model of 'what is wrong and how can I fix it?'

Practitioners in all settings agreed that the project had helped them to give more weight to the views of CYP but were acutely aware of the need for a whole-systems approach to tackling issues. Concerns about the dynamics of dealing with conflicting views between parents and children or allowing the CYP too much say in a decision they didn't understand were voiced. We have numerous case examples where a positive outcome was achieved when children's views were taken seriously, such as the girl in school who identified getting to sleep and routine as a real issue. She lives at home with her dad and confided that her dad needed some support. Her teacher arranged regular follow-up meetings to support dad with establishing good routines. A traditional boundary was crossed, and the CYP felt supported.

There was an acknowledgement amongst practitioners that just listening to CYP is important. Practitioners are then made aware of the broader picture and this can significantly alter their perception of the CYP and the situation.

In each of the sites it was clear that, in order to implement Article 12, services need to be more proactive in creating opportunities to listen. Although the school and childcare settings both have an open-door policy, where they were ready to engage with a child if they initiated a discussion, the reality is that not all CYP feel able to do that:

“The ‘freely’ aspect is difficult when you are a teacher of 30 pupils – children freely approaching teachers doesn’t happen often”. (Teacher)

As a result, teachers have asked for more opportunities for 1-to-1 discussion within the school day.

The importance of using visual materials and how that altered the dynamic of the conversation was discussed. Often there is too much emphasis put on the spoken word and this can be difficult for many CYP. It is up to practitioners to keep information accessible and having a tool such as using a Talking Mat really helped to scaffold conversation.

Two of the sites chosen were in areas of high deprivation where multi-disciplinary working was challenging. At times the high level of need can overwhelm services, lack of time and resources leading to more silo working. A lack of confidence that outside agencies can help results in yet more silo working. Giving more weight to what the CYP thinks, and genuinely putting them at the centre of decision making, is required in order to bring about significant, positive change. CYP can often suggest creative solutions that adults cannot see.

Under UNCRC the same rights are given to all children whether they are 6 months or 16 years old. Although there has been considerable focus on Early Years policy, we should not neglect the needs of the 0-2 years population. This means actively supporting parents and families. We received a case example of a child aged 2 who was referred to the OT clinic. The therapist conducted a family Talking Mat where the mum, dad and other siblings all contributed and together they reflected on how well some things were going and what needed to be done next:

“It was such a positive experience for the whole family as they saw how well they were managing his care.” (OT)

Finally, and one of the issues that should be considered as we incorporate UNCRC into law is, ‘What kind of decisions can we expect children to make at each age and stage of

development?' Article 5 of the Convention is central to our understanding and development of rights:

“Recognising children as active agents in their own lives, entitled to be listened to, respected and granted increasing autonomy in the exercise of rights, while also being entitled to protection in accordance with their relative immaturity and youth.”²⁶

The overwhelming evidence from 90 case examples shows that CYP are incredibly reflective about their own lives. A stumbling block can be the adults who work with them and the judgements they make about a CYP's capacity to influence a decision. The CYP in this pilot were not confident that much would change as a result of sharing their views. If Scotland is to be brave in fully embracing the spirit of UNCRC then this must change.

Conclusions

This pilot project looked at how well practitioners in different settings understood the full obligations of Article 12 of UNCRC, as measured by the Laura Lundy model of participation. Many of the issues which emerged were consistent across education, health and childcare services. Creating a safe space is not just about the physical environment but also about practitioners being proactive in creating the opportunities to listen to CYP. Being brave enough to really listen to what CYP might say means that practitioners in turn must be brave in allowing CYP views to have real influence.

In Health, we reflected on how often our inquiry is directive and focussed, aimed at obtaining the information we need to make a diagnosis or plan an intervention. The challenge is to allow for more non-directive conversations which allow CYP to raise the issues relevant to them.

In Education, teachers observed the changing dynamic in a relationship when using Talking Mats, a concrete, visual tool. Pupils opened up to them and shared new information and insight into their lived experience. They gave pupils the opportunity to come up with their own solutions and witnessed how motivating that can be.

In Childcare Services we saw the difference that long-term key relationships make to CYP in developing trust. Although practitioners often knew the children well, they felt significantly more empowered when using a Talking Mat because they could present physical evidence to outside agencies which truly reflected CYP views.

In all three sites we saw how Talking Mats can help early intervention. If professionals can help CYP address some of the difficult issues in their lives before problems become entrenched and escalate then we will really start to see significant, positive change.

It is every practitioner's responsibility to be proficient in obtaining the views of CYP. It is their responsibility to adapt their communication style to match the needs of each CYP. In practice, the more opportunities for decision-making that CYP are given, the more they can develop the skills required. Going forward, we need leaders and management teams who will support their staff to develop practices that break out of their traditional moulds.

Full incorporation of UNCRC into Scottish law and practice offers an exciting opportunity to bring about real cultural change within CYP services. Adults will be required by law to implement processes that listen to CYP views, act on them and report back on how those views have influenced decision making. It will strengthen the existing GIRFEC framework and encourage genuine child centred practice.

Recommendations

- **Emerging decision makers** - If we want a nation of good decision makers, we need to facilitate a developmental progression across our services. Creating opportunities for CYP to engage in reflective thinking and be involved in setting goals or targets should become core practice. CYP should be asked what decisions they want to be involved in, rather than practitioners being in control of that decision. All services need to become accountable for demonstrating how they have used the voices of CYP in decision making.
- **Training and development of staff** - This pilot project demonstrated that staff in all 3 sites (who were already focused on including the young person's voice) still benefited from training. The Lundy framework made the requirements in Article 12 more concrete and Talking Mats provided a communication support which extended their listening skills and maximised the young people's ability to express how they felt. Training and adequate resources should be prioritised and properly funded as part of the implementation plan.
- **Inclusive language at all stages** - practitioners evidenced their use of language supports to get the young person's views initially but only gave verbal feedback to older children, or not at all. Use of visual supports, i.e. pictures, symbols and signing, should be used at all levels and in feedback to CYP. All services should be asked to evidence they can provide **accessible** feedback to CYP.
- **Wellbeing themes** - The case examples which were returned hold rich data about young peoples' perceptions of their lives according to GIRFEC wellbeing indicators. A further project focussing upon specific themes and trends relevant to CYP would give valuable insight into the lives of CYP living in Scotland in 2019/2020.
- **GIRFEC** - a genuine focus on the GIRFEC principles goes a long way to achieving the aim of Article 12 UNCRC. Training which combines both the GIRFEC framework and children's rights should be developed for practitioners. We would echo the finding of The Good Childhood report published by The Children's Society ²⁷ which stated further research into children's wellbeing is critical.
- **Good collaboration** - all organisations who know the CYP should be able to act and contribute to the CYPs plan. Currently there appears to be an unconscious bias that education and health services are given more credence than third sector organisations. This is an attitudinal barrier that needs to change in order to better support each CYP's wellbeing.

²⁷ <https://www.childrensociety.org.uk/what-we-do/resources-and-publications/the-good-childhood-report-2019>

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 - Frances Pate and Stephanie Grant from Indigo
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 - Jennifer Baillie and Sarah Negrette from NHS Fife Occupational Therapy service

Without their ability to lead by example, encourage staff and organise the follow up, this project would not have happened.

A huge thanks to all the children and young people who participated in the project and gave us their feedback. We will continue to promote your rights to be heard and encourage practitioners in Scotland to be brave in listening to, and acting upon, your views about your lives and your future.

Appendices

Appendix 1 - Laura Lundy questionnaire

	Yes	No	Examples	
Are children's views actively sought? If yes, please give an example of how this is done?				
Is there a safe space in which children can express themselves freely?				
Give an example of how you include children who are shy or have difficulty expressing themselves?				
	Yes	No	Examples	
Give examples of how you present information to children and young people to help them to understand information they need to make a decision.				
Do children know that they do not have to take part?				
Give some examples of the range of options available to help CYP express their views				

	Yes	No	Examples	
Is there a process for sharing children and young people's views with relevant others? If yes, please share an example				
Do children and young people know who their views are being communicated to?				
How easy is it to share views with someone who has the power to make decisions? Give an example.				
	Yes	No	Examples	
Are you confident that CYP views are considered by those with the power to effect change? If yes, give examples.				
Are there procedures in place that ensure that their views have been taken seriously? If yes, give examples				
Have the children and young people been provided with feedback explaining the reasons for decisions taken? If yes, give examples				

Appendix 2 - Pre-training survey

1. Background Information

Place of work

Role

2. What age range do you predominately work with?

Early years/ Primary/ Secondary/ All

3. Tell us what kind of difficulties you have noticed when communicating with children or young people?

4. When thinking about the child you are working with; how would you rate the following when seeking their views (without a Talking Mat):

Engagement or connection between you and the person					
The person's understanding of the issue/s being discussed					
Ease of expressing his/her views					
His/her overall involvement in the decision					

5. Please comment on any communication support/s that you used with the person.

6. How confident were you that the final decision or subsequent action reflected the person's view?

Very confident/ Confident/ Quite confident/ Not confident

Appendix 3 - Post-training survey

1. What age range do you predominately work with?

Early years/ Primary/ Secondary/ All

2. When thinking about your Talking Mats conversation, how would you rate the following when seeking their views:

	Very confident	Confident	Quite confident	Not confident
Engagement or connection between you and the person				
The person's understanding of the issue/s being discussed				
Ease of expressing his/her views				
His/her overall involvement in the decision				

3. How confident were you that the final decision or subsequent action reflected the person's view?

Very confident/ Confident/ Quite confident /Not confident

4. How valuable do you think Talking mats will be in your future work?

Extremely valuable/ Very valuable/ Somewhat valuable/ Not so valuable/ Not at all valuable

5. The Laura Lundy model encourages us to think about Children's Rights in the context of SPACE, VOICE, AUDIENCE and INFLUENCE. Do you feel you can create a safe space in which children can express themselves freely?

Yes/No

Please Comment:

6. Do children know that they do not have to express a view if they would rather not do so?

Yes/ No

Please comment

7. Outwith Child Protection procedures, do children and young people know who their views are being communicated to?

Yes/No

Please Comment:

8. How confident are you that CYP views are considered by those with the power to effect change?

	Very confident	Confident	Quite confident	Not confident
In school and by school staff				
Out of school by external agencies				
Out of school by parents				

9. How likely are you to prioritise accessible feedback to the child explaining the reasons for decisions taken?

Definitely would / Probably would/ Probably would not/ Definitely would not

10. Please comment on how useful the Laura Lundy model is in helping you to understand the full obligations of Article 12.

Appendix 4 - Practitioner report template

Story Template - Talking Mats

Context/Setting:

Child / young person initials:

Age of child:

Original /Digital

Date:

Topic:

Inset photo of Mat or attach the digital report

Description of thinker and reason for doing it:

Comments on the outcome of the conversation (e.g. what you found out and what action):

What did you tell the child would happen next?

Comments on the topic set you used. (what was helpful/what was not):

Appendix 5 - Children's report template

Context/Setting:

Child / young person initials:

Age of child

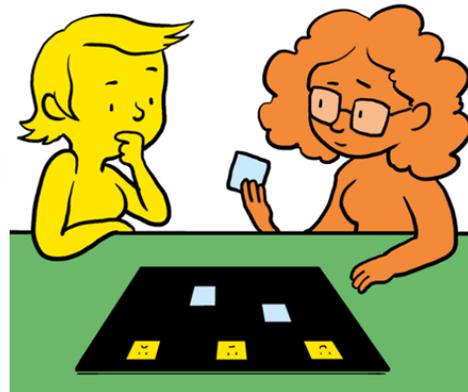
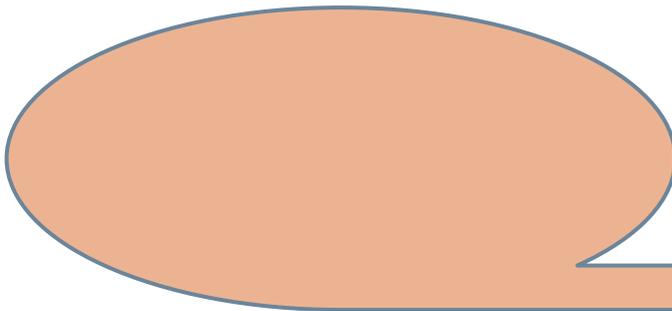
Original /Digital

Date:

What do I think about my mat?



What would I say to other people about doing a Talking Mat?



Appendix 6 - Young people's questionnaire



Very happy

Happy

So so

Not happy

	<p>How did you feel about the time given?</p>				
	<p>How did you feel about the space given?</p>				
	<p>How did you feel about being listened to?</p>				
	<p>How did you feel about saying everything you wanted to?</p>				
	<p>How satisfied did you feel that something would change?</p>				
	<p>How did you feel about using a Talking Mat?</p>				



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