

Scottish Child

February/March 1993

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HEARINGS -**
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**Summerlee Heritage Trust Gallery, Coatbridge
16 April - 30 May 1993**

Scottish Child



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Scottish Child is a non-profit making co-operative involved in publishing, training and event organisation that promotes an understanding of the importance of children and childhood in society

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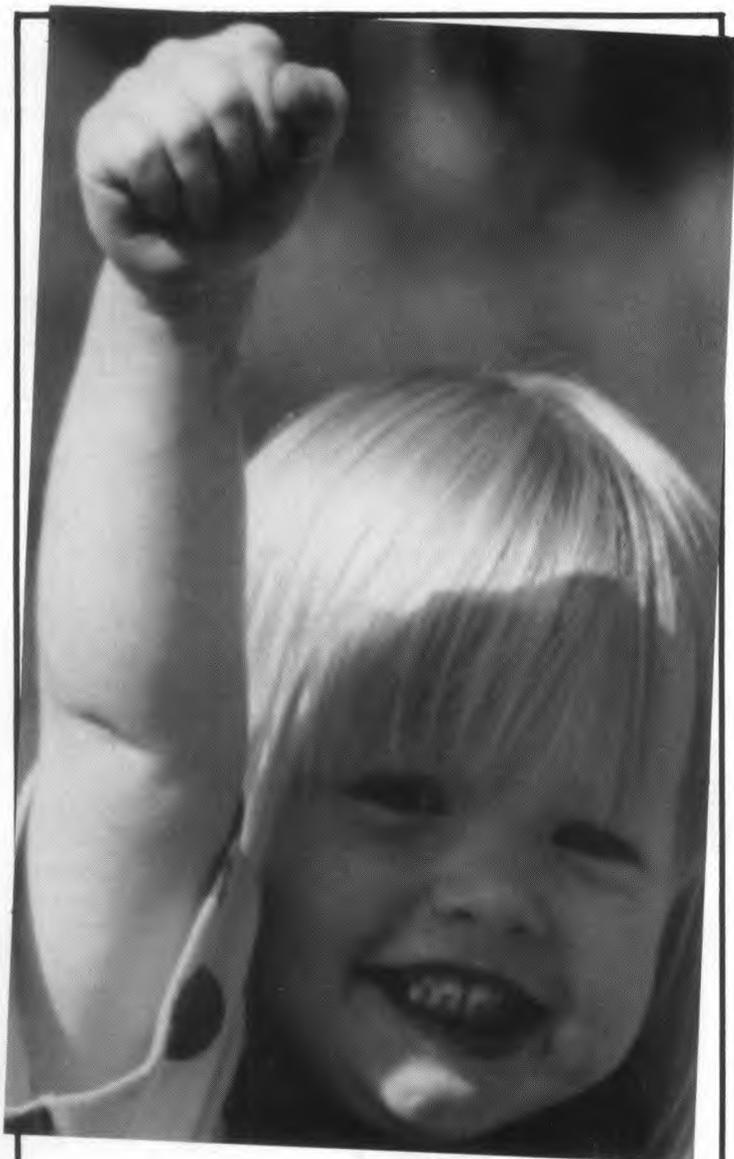
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Which side are you *really* on?

Why do so many people who work in 'people' services back off when it comes to making a real stand about cuts, corruption and loss of jobs? In his book "The Culture of Contentment" Kenneth Galbraith says people who are even just a few rungs up the economic ladder don't rock the boat because it's not in their interests to cause any significant upset to the status quo. In essence he argues that the social institutions - education, social work, housing, health and so on - are mainly run by a college or university educated middle-class. This group, vastly swollen since the beginning of this century, makes up what he calls 'the contented majority'. Whether individuals within it realise it or not, they are tied up in a mutually beneficial alliance with the government. In return for their own material security, (including a commitment by the government to keep taxation low), they're expected to manage public demand on the limited resources they are given control of by the government.

A gross over-simplification? Possibly, but the parent who's tried in vain to get an education authority to pay for special educational help for her child, the young person needing housing benefit, the social security official who uses all his skill to prove you're not eligible for a payment - they all suggest there's more than a grain of truth in Galbraith's thesis. The enjoyment of comfort and wellbeing can reduce your sense of identity with those in need - they become 'the other'.

But is that the whole answer? Is that really the reason why many people doing this kind of work are unenthusiastic about organised political action against cuts or for better services? When the question is put directly to professionals, some say the law (a bad law, they may agree), forbids them from political campaigning. Others say that they don't do it, because shouting about the unfair distribution of the national wealth is 'counter-productive' (it alienates the powers-that-be). The wisdom of the reformer-from-within is that it's better to use guerrilla tactics, subterfuge and diplomacy *inside* the system than blow up the bridges and wheel out the infantry in open warfare.

Even if you dismiss the sophistry of these arguments, there's still something not entirely convincing about Galbraith's theory that contentment is the cement that welds the system together. In Scotland it often seems as though the root of many people's unwillingness to identify with the plight of others is less contentment than guilt, resentment, fear, a keen sense of the precariousness of life which stems, ironically enough, from the very material security on which they stake so much.

How do you manage the conflict of sending your child to a fee-paying school when you teach at a state school? What's it like doling out limited resources to meet a never-ending stream of demand? What about job security? How much energy do you have to sympathise with others' unemployment if your own future is in doubt?

And if that isn't enough bad feeling to be going on with, there's always the bigger picture. Think of the way we are encouraged, as consumers of the news, to see ourselves as living in a world of constant crisis: the airstrike on Iraq, biblical images of a shivering bunch of deportees from Israel, oil pollution in Shetland, slaughter in Bosnia, starving children ...

Small wonder you may say, if you decide to keep your head

down, deal with the bit you're responsible for and let the rest take care of itself. The problem is however, that such an attitude opens the door, circumstances being right, to a more serious habit of turning a blind eye to what you know in your heart of hearts is not acceptable even within the constraints of the present system. In December, SCOTTISH CHILD drew attention to the Fife Social Work Inquiry and we do so again in this issue. We suggest that Sheriff Kearney took more than two years to complete it partly because some professionals lacked the guts to speak out about the effects of the policies of Fife Social Work Department on children's safety and welfare. All the depressing signs are now that nothing much has changed, in spite of the huge outlay of money and time. Who loses here? Everyone of course, but children most of all.

It sounds from all the above as though the responsibility for the world's ills is to be laid squarely at the door of the professional classes and that can't be right. The Sun would hardly have the readership it does if 'looking after number one' wasn't pretty widespread throughout society.

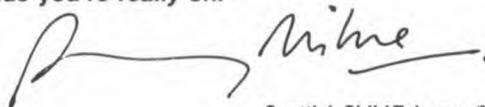
Nonetheless, given the spread of *our* readership, SCOTTISH CHILD does have to decide how to tread a line between acknowledging the valuable, hard work that thousands of people working in 'people' services carry out, while at the same time insisting that more is needed if we want things to get better. Beneath the details of any one article or issue, SCOTTISH CHILD sends out a constant reminder. It is that the power held by teachers, community workers, doctors, housing officials, social workers carries with it a burden of responsibility which goes beyond just keeping your bit intact, funded, operational.

It's a risky line to take - to be the regular bearer of bad or uncomfortable news. But we go on hammering away at it because we believe that within this massive, influential workforce there are enough people with the capabilities and energy to rise to the challenge, even if they need a prod to do it.

If we are wrong about that - and Galbraith is right - then it's hard to see the justification for publishing this magazine. There are plenty of magazines which inform professionals, help them do their jobs better within the existing system. There are few enough of course which publish the kind of interview with young people talking about sex that this issue contains and not many which give the subject of HIV and AIDS the range and depth of coverage in plain language we give you here.

But being interesting, topical, controversial on its own is not enough. As Palestinian, Rifat Kassis, commented when we interviewed him, "a magazine like SCOTTISH CHILD is important but how it's used by those who read it is what's really crucial."

We undertake therefore, to do our bit, financial difficulties notwithstanding, by publishing this magazine for you to buy and read. What you do with it thereafter is your responsibility. You can just 'consume' it, like any other weekend magazine, or you can use it to inform your own action and debate. We know what we'd prefer. But in the end it's up to you to decide which side you're *really* on.



Recharging the Batteries

TRAINING

As anyone who has taken part in the **Scottish Child** workshops on **Responding to Child Sexual Abuse**, **The Punishment of Children** or **Living and Working with Teenagers** will know, there can be as many interpretations of the aims of a training day as there are people attending. Staff Training is a catch-all concept which covers everything from one person being expected to absorb enormous amounts of material at a single sitting and then train an entire organisation, to an enjoyable 'day off' away from the office.

Keeping up with new legislation and practices is undeniably important and there are many excellent opportunities for organisations to do just that through seminars and conferences. However in the rush to acquire new information is it all too easy to overlook the fact that people working together may simply need to re-energise themselves?

Howie Armstrong a trainer with **ITRC** based in the West of Scotland takes up this point: "Any group working together properly shouldn't reach the stage of being so burnt out that they need to re-charge their batteries as such. Nonetheless every team needs to take time to revise their programme and monitor their workload. Then there are the difficult choices which have to be made when deciding where to allocate what are often already over-stretched budgets and staff time. Many organisations simply schedule a regular review meeting or they may have an 'away day' where they all have some

time-out together."

Of course, if there are tensions within a group everybody may not feel able to participate in this type of work without support and this is where a consultant has a role to play - making sure everybody has an opportunity to be heard and that the entire group takes responsibility for the process.

Howie Armstrong continues, "It can also be helpful for an individual to spend time away from the group now and again. A good example of this is a course we did called **Who am I?** which allowed participants a chance to assess where they were in work terms at present and to attempt define their key objectives for themselves for between one and five years to come. Sadly, employers don't often see these courses as relevant in the way they would a course in, for example, child protection."

A useful half-way house between the two is known as **Experiential Learning**. Put simply, this means that the work takes its starting point from where the participants are themselves. This method is ideal for combining specific areas of knowledge or practice with time to examine how individuals in the group are personally affected. In the context of **Scottish Child's** workshops it might involve tackling a subject such as child punishment initially in pairs or very small groups. Alternatively, each individual in the group may be asked to share an appropriate example of something from their own experience with the whole group.

Sally Wassell a Trainer Consultant with the **British Agencies for Adoption and Fostering** describes her own use of this approach: "As

a working method it is far more demanding on the energies of the workshop leaders and participants than the more conference-based training which essentially involves listening to a speaker and taking notes as required. The advantage is that people can introduce specific examples of the kinds of problems they are actually encountering. This can quickly refine training, for instance concerning a particular child's experience of bereavement or loss and the different issues for the child's foster carers and social workers. It is impossible for even the most experienced professional to work in such an area without needing to bring their own feelings on board to some degree."

David Brazier is a trainer with the **Eigenwelt** (Eigenwelt means 'personal world') group who are based in Newcastle but organise a number of short courses in Scotland and an ongoing training programme. "Skill-based training, theory and personal growth are all combined to some degree in every course that we offer. A fair number of people who come along to us are funded by their employers. What is clear, however, is that if we run a course primarily focussed on skills and methods it is easier for people to get work to fund them than if it's more obviously based on personal development."

But does the strand of personal development really need to be included? David Brazier believes that it is vital - "Unresolved material can often be our motivation, conscious or unconscious, for choosing a particular type of work in the first place. What we are trying to say, broadly speaking, is that in a human

relations job there are often obstacles we discover within ourselves. Spending time with colleagues or clients may also bring up issues for us." He continues "Responding to others and attending to their needs is not always recognised for the demanding, creative process that it is. In order to be free to accomplish that process it helps not to be tied down by too many hang-ups from your own history. In **Eigenwelt** work we would deliberately evoke participants' own experiences as a way of approaching the subjects."

The organisations mentioned above are only a few of those currently offering this approach to training at present and **Scottish Child** will be featuring some others in future issues.

What is clear from even a brief discussion is that when drawing up a package for the new year it may well be beneficial to consider incorporating at least some degree of personal development within the traditional information-gathering formula.

For further information:
ITRC Ltd, Midscot Training Services, Shawhead Coatbridge, ML5 4RZ Tel: 0236 422399

British Agencies for Adoption and Fostering, 40 Shandwick Place, Edinburgh EH2 4RT. Tel: (031) 225 9285

Eigenwelt Interskill, Quannon House, 53 Grosvenor Place, Jesmond, Newcastle-upon-Tyne NE2 2RD. Tel: (091) 281 5592

For details of **Scottish Child's** own workshops see page 22 of this issue or phone (031) 220 6502.

Alison Bell



Tim Curtis



Words and Actions

FIFE INQUIRY

The Inquiry into Child Care Policies and Practices in Fife was announced on March 1st 1989. On October 27th 1992, Scottish Secretary of State, Ian Lang presented Sheriff Kearney's Report of that Inquiry to Parliament - minutes after he had presented Lord Clyde's Report on Orkney. Its main finding came as no surprise to panel members nor to the large number of other interested parties in Fife. We'd been grappling with a difficult situation for many years. Sheriff Kearney's principal advice in his Report was as follows:

"The central impetus in implementation of policy which we found to exist was the tendency to over-simplify the approach of the social worker to the intricate and difficult discipline of child care and to impose this simplified approach in a rigid and dogmatic manner which, thus imposed, alienated others involved in child care such as, on the one hand the Children's Panel and the Reporter, parts of the Hearing System and on the other hand, other professionals directly involved in child care It also gravely inhibited the discretion of the professional social worker who worked directly with the child and was in touch with the child's needs.

It follows that our principal recommendation must be that this tendency be reversed and we so recommend."

In the course of giving evidence to the Inquiry, Mr Allan Bowman, the Director of Social Work, drew Sheriff Kearney's attention to the motto of Essex County Council, Mr Bowman's previous employers: 'Actions Speak Louder than Words'. Sheriff Kearney has stated

that he agrees with this statement and judges accordingly.

It is the case however, that whatever importance Allan Bowman attaches to actions he has also in the past used words to make his feelings known: to express his bewilderment at the notion that there could be any fault within his department; to suggest that panel members were unhappy with his policies because they resulted in too few children being locked up; to suggest that disaffected social workers, or indeed anyone else who expressed criticism of Fife's policies and practices, were doing so out of disgruntlement or spite.

Two days after the Inquiry Report was published, the children's panel issued a press release and held a press conference at which they expressed their hopes for the future - a future that they assumed included the implementation of the three recommendations addressed specifically to Fife region by Sheriff Kearney. One of these recommendations was that the regional council give "urgent consideration to the best way of giving Fife Children's Panel, through its Chair for the time being, a voice in the deliberations of its Social Work Committee, or sub-committee thereof, when matters bearing upon child care policy, including the allocation of resources, are under discussion."

This was welcomed, although it did appear to cause the regional council some problems, since the regional councillors had apparently never understood the nature of any of the difficulties which have been so clearly described by Sheriff Kearney in his Report. The practice of including the children's panel in policy discussions of this sort is already current in a number of

regions in Scotland and it is worth noting that Sheriff Kearney enlarges his recommendation in the longer term to cover the rest of Scotland.

However, the optimism expressed by children's panel members at that time was swiftly dashed. Allan Bowman appeared on television to say that he was having "some difficulty accepting the findings of the Inquiry." That this would happen and that it would happen so publicly had been foreseen by Sheriff Kearney - he had after all, received evidence from Allan Bowman over twenty days and had heard a great deal more about him throughout the course of the Inquiry.

It can have come as no surprise to him to hear about Bowman's 'difficulty'. In his Report, the Sheriff states "We do not however, believe that the implementation of these recommendations will remove the deficiencies which we have detected in the implementation of the Region's Social Work policy by its Director of Social Work *until and unless* the Region and the Director are prepared to accept that the deficiencies which we have described exist."

With Bowman's statement on television only two days after the publication of the Report panel members knew they had a problem. A meeting, cordial enough on the surface, between the chairman of the children's panel with Mr Bowman and his deputy produced no solution. Allan Bowman's 'difficulty' remained.

The regional council was alerted to the panel's grave concern about the way forward by meetings with the chief executive and with the leader of the administration.

The regional council had eight

weeks in which to formulate its response and its future plans. The panel's view was sought on the draft response the regional council intended to submit to the secretary of state. The panel view was that unless there was an open and public acceptance by the regional council and its director of social work that there was a rigid and over-simplified approach to child care within the region, the massive outlay of time and money - not to mention the pressure on all concerned - which the Inquiry had involved would have counted for little. In the final version of the regional response, this view was ignored. Suddenly it felt like March 1989 all over again.

And that is where it seems to stand. Although the regional council made formal proposals to the panel for future liaison and consultation a month before the Inquiry reported and these proposals were acceptable to the panel, it is difficult to see how these can be fruitful: unless Allan Bowman genuinely and publicly accepts the main findings of the Inquiry, which are backed up by seven hundred and twenty pages of Sheriff Kearney's lucidly argued exposition of the evidence he heard as the Inquiry chairman, and his considerable understanding of the children's hearing system and its place in Scotland's child care system.

After nearly four years, is it too much for us to hope that Allan Bowman will solve his 'difficulty' and let us know that he has managed to do this? If he cannot genuinely and honestly accept the findings of the Fife Inquiry, then the future for the children of Fife looks bleak indeed.

Deirdre Eadie

Sharing the Sweet Things of Life

TRAVELLERS

The gentleman propping up the bar at the Glenmoriston Arms Hotel perked up from his pint when I asked for directions to the travellers' site: "Just follow the smell and you'll find them easily enough." I was 20 miles from Inverness, and it felt like Alabama - except instead of 'niggers' being the object of the bar room bigotry it was the 'new age travellers' down the road.

At the moment there are about 20 adults and 12 children living on the unofficial travellers' site at Glenmoriston - a lay-by three miles outside the village. Most of the people living here now have been around for about three months, but travellers have stayed here on and off for years. Pete and Sally, and their two children Laura and Fay, are originally from Grantham - Anya and Bob lived for a while near Penicuik before coming north. Anya explained that the reaction I got at the hotel was not one that all the locals shared.

"The people at the Post Office bend over backwards to be nice," she tells me, "they know everyone's names. And we had loads of people bringing us blankets and clothes when it started getting really cold. People bring bags of toys for the children, everything."

Pete remembers why he and his family decided to live on the road. "We lived in a Coronation Street house looking over Grantham Railway Station where we saw all these people get on and off their commuter trains looking thoroughly miserable. We weren't much better - the only neighbours we knew were the ones on either

side of us. Now I've got a view of a mountain instead of a station. I still work, but I'm not working for someone else - my work is fetching wood, fetching water, making sure that everyone is warm and has clean clothes to put on each day."

"It's a much more honest way of life," says Sally, "working for what you need, your light and your heat. It's a more genuine way of life." "People share things more," adds Pete, "and that works for the kids as well - they share their toys and everything. There's not much finer a sight than watching one of the kids sharing their sweets out."

Six of the children from the site go to the nearby Dalchreichart Primary School - the schoolbus stops to pick them up every day. "We always make sure the kids are extra clean for school," says Sally, "so they can't get picked on for it. Their hair is brushed and tidy and their clothes are clean - you take extra care, more than you probably would in a house, because you don't want them to get taunted. That would be awful for them."

Laura, who's eight, enjoys the travelling life. "I've been to a lot of different schools and I like the small ones best. The one I go to at the moment has 24 children at it, which is quite a lot. I like living in a caravan and moving to different places. It's better than sitting in a silly old backyard."

The mixed reaction travellers get is something Laura is well aware of. "I get on with some of the other children," she tells me, "but some of them are snobby and think they're better than us. Like once I was wearing this jumper and this girl started laughing at me just because it used to belong to a boy. I don't know why."

So why is there this hostility, bitterness even, towards people who choose to live in caravans in the country instead of staying in houses in overcrowded cities? Anya thinks it's got a lot to do with mistrust of people who are different and who you don't understand.

"You fear what you don't know, and that fear gets whipped up. People often judge you just by looking at you - the bad people make the news, and that's what they concentrate on. But there's bad people in all walks of life. All this 'new age traveller' thing - it's just a media invention. We used to always get called hippies then suddenly we all became new age travellers. It's all nonsense."

"It's only this year you've started hearing about new age travellers," adds Rob. "The General Election was over, there was nothing else to make up the headlines, so the press start frightening everyone with stories about 'convoys' of new age travellers going around England. There were no convoys. You had some vehicles going in the same direction and the papers decided to start all this panic about convoys."

The use by the Police in Scotland of the Criminal Trespass Law - which allows them to tell travellers to move on or be arrested - has been the source of much controversy, and has been compared with the way the law was used during the Clearances. One recent incident in Sutherland - not that untypical - involved the Police, instructed by a senior officer, telling a group of travellers that they would have to move off the land they were on or else everyone over the age of 16 would be arrested - and the children would be taken into care. The land, it

seemed, was to be sold - so the people had to go. More than a few parallels with the past there.

One Cabinet Minister recently referred to travellers like Pete and Sally, Laura and Fay, and Rob and Anya as 'Medieval brigands' - just the sort of imagery used by many a ruler in the past to scapegoat some group or other in order to consolidate their rule in difficult times. "People seem to forget," says Pete, "that it wasn't just the Jews who got sent to concentration camps. It was the Gypsies as well."

"The government tries to make a big distinction between 'bonefide' travellers, Gypsies, and other travellers, and make out that we're all scroungers" says Anya. "But it's a racist distinction. We're not scroungers, there's a lot more people in houses signing on - and getting Housing Benefit - than there are people travelling. There are at the very least three million people unemployed in Britain, so even if we smartened ourselves up and dressed how people thought we ought to dress there aren't any jobs anyway."

"If they stop our dole money I'm not going to move into a house, says Pete, "I'll just start rustling sheep, doing what I need to do to get by. They can make their threats but it just makes me more resilient. I'll just become stronger and better at what I do." Laura agrees. "If they do stop our dole we can go winkle-picking or scrap collecting."

"Basically we're just happy people," says Pete. "It's quite simple. Scotland's a big country - there's got to be somewhere you can stick an 18 foot trailer and a truck."

Colin Chalmers



Colin Chalmers

CHILDREN'S HEARINGS

As the child care world settles down to 1993 it does so knowing the government will soon issue a White Paper based on the proposals of the many child care reports which appeared in 1992. How will the Children's Hearing System fare in the Scottish Office plans for "sweeping child care law reforms", as one recent newspaper headline ran?

It is difficult not to feel anxious about the future of at least one of the central principles of the Hearing System in spite of Lord Fraser's declaration of support for the system at the time of the publication of the Orkney Report. At issue is whether children's hearings should continue to have the responsibility of making decisions about children who are removed from home on a Place of Safety warrant - the order which caused such controversy in the case of the Orkney children.

Lord Clyde says in his Report that "one basic principle of the existing system should be recognised and preserved, that is that disputes on the factual merits of the case should be reserved for the Sheriff... the hearing's essential function should be related to the disposal of the child." But he also says elsewhere that "consideration should be given to the review and revisal of the work of children's hearings in the whole area of child protection." This view follows closely that of the directors of social work in their report. They appear to be suggesting that social work expertise about care and protection is now so good, that there is really no role for lay people as decision-makers in child protection cases.

This suggests that social work has lost sight of the role of the panel member - the *informed* voice of the public - as one of the essential checks on the power of large bureaucracies like social work. As things stand at present, the sheriff is the final arbiter on matters of proof: whether there is a *legal* right to intervene in a child's life. The children's hearing considers whether the intervention planned appears *appropriate* in the context of the child's general welfare and development (this is what is sometimes referred to as the 'separation of powers' in the Hearing System).

Lord Clyde has suggested that Place of Safety orders and interim warrants should be made the sole responsibility of the sheriff. It has also been suggested that this

A Question of Authority



expansion of the sheriff's role is a 'minimal' one and does not undermine either the hearing's or the sheriff's role.

According to the Clyde recommendation, the decision to sign a Place of Safety warrant is to be based on the risk of *significant* harm to the child and the need to remove him to ensure his safety. Panel members who do hearings in the regions where reporter's departments arrange a Place of Safety hearing for a child the 'next lawful day' after his removal from the family home, have always been clear that risk of significant harm is the issue in the hearing. They know the Place of Safety warrant is an emergency, temporary, order which can be used to protect the child until the facts of the matter can be gathered together and the case can go for legal proof.

A change of law which would make sheriffs responsible for deciding what should happen to a child held on a Place of Safety warrant raises a number of serious problems. Supposing that either the child's parents or their solicitor apply for an extension because they have not had time to prepare their case, will the sheriff be expected to decide what to do pending the presentation of factual evidence? Even assuming there is no delay and the sheriff is immediately presented with some proof of risk to the child, won't he still have to assess how great the risk is and whether it is likely to continue over the next few weeks? In that case sheriffs will be making up their minds in much the same way as panel members do at present. Except that a sheriff's *legal* training may incline him more to uphold the letter of the law than its spirit - raising the spectre of 'paper justice', as it's been called.

Lord Clyde wants sheriffs to make decisions about both placement and access in Place of Safety hearings. These are not powers of adjudication as we have understood them until now in the hearing system. They are powers of disposal, nothing more, nothing less.

The central principle of the division of powers within the hearing system looks set to be put at risk because the panel members' role is undervalued on one front, by social work, and misunderstood on the other, by legal experts who apparently have difficulty understanding that where and with whom a child lives and what kind of contact he has with his parents is a decision about 'disposal' and not a matter of adjudication.

The changes suggested by Lord Clyde disregard the fact that the fated order in Orkney was in fact signed by a sheriff. Lord Clyde's only response to that aspect of the Orkney Place of Safety orders was a proposal that in future sheriffs will oversee the *entire* Place of Safety process.

Sheriff Kelbie's action in the Orkney case requires some comment too. When he appealed against his judgement it was stated on his behalf that "he threw his law books out of the window and made the decision with his heart". Rhetoric apart, he appears to have made a decision *not* to hear evidence on the basis of what he saw as a flaw in the execution of the procedural rules. It would be hard to find a clearer example of 'paper justice'.

The consequences of the proposed changes may go beyond child protection. What will happen to offenders held on interim orders? Will they also go to the sheriff? If so where does this leave a system which aims to keep young people out of court? And if it is decided that emergency orders relating to young offenders should still be dealt with by hearings, is this not further erosion of the whole basis of a system which recognises the unhelpfulness of attempting to separate child offenders from child victims?

What is claimed as a 'minimal' change eats at the very heart of the children's hearing system. It does so because the children's hearing system has become to some extent a victim of its own philosophy. It avoids the trappings of power and status found in more formal court-

based child care systems. It seeks consensus; it encourages people to speak freely and does not censure them when they do so. Because of that the public and professionals have become confused about its authority.

There is confusion about the authority of the panel at all levels of social work departments. It is fairly routine for panel chairmen to get letters from social work managers complaining about hearing decisions and not uncommon to meet postgraduate social work students who, despite months out in the field, are still not clear that there is a *duty* on their department to implement the decision of a hearing.

When did a social work manager last write to a sheriff to complain about his decision I wonder?

Panel members are not afraid of their authority. What they do not have however, is any means of ensuring that their plans and decisions are carried through. If things that they *order* do not happen, the system as a whole has no procedure for dealing with that failure.

Instead of moving towards an increased use of the courts, a more satisfactory option might be to underline the authority of the hearing, by retaining interim orders in the system and giving panel members the same powers at these hearings as at all other kinds of hearings to decide on access and placement; by giving them power to control the behaviour of the press within hearings; by requiring, as does a probation order issued by the courts, that the name of the responsible supervising person figures on a hearing order. This could possibly be linked to some recognised procedure to be followed if there was a 'failure to comply'.

These are not minor technical questions. The system stands, as it has done more than once before, at a crossroads. In the past, after heated debate and fierce lobbying, it has generally taken the road which accorded best with the philosophy of the Kilbrandon Report. Have we the necessary energy and vision, to make sure it does so again this time?

Jean Raeburn

This is an edited extract from a talk by Jean Raeburn at the Children's Panel National School in November last year. The full text can be obtained from: Children's Panel Training, Centre for Continuing Education, 11 Buccleuch Place, Edinburgh.

IN BRIEF

With less than two months to go before the training and development project at **Lothian Play Forum** is closed, confusion still reigns as to how much of its work will continue.

When the closure was announced, Lothian Regional Council's education committee claimed the project's unique service to children's workers would be maintained. The office-bearers at Lothian Play Forum themselves insisted this would be the case, however the picture emerging now is far from encouraging.

The new Co-ordinator, a key part of the so-called 'expansion' of the Play Forum has not been appointed yet - indeed there is not even a job description. Neither have any training courses been arranged beyond the last few being run by the outgoing project workers.

Betty Kennedy, an office-bearer at the Play Forum, told us "There are no courses down in black and white yet. People will have to wait and see until the 1st of April."

Many of the groups who were previously well-served by the project are in doubt as to what is on offer for them now, since it is likely that Lothian Play Forum will only be allowed to do training for playscheme workers.

Although this was denied at the public meeting last September, Betty Kennedy was also unable to answer this fear: "It will be determined by the amount of money we get - our budget depends on how much the region has available", she admitted. But hang on a minute, wasn't the money all meant to have been allocated already? Didn't the Play Forum executive agree to their training and development project's closure, on the grounds that they were getting other money they had been fighting for? Apparently not: "It is still subject to money being available, we will have to wait and see".

The community education body ACT which was also supposed to be filling the gap has little more to

offer. They aim to appoint a training officer who from 1st April will look at the training needs of part-time staff and volunteers. Useful? Well not when you consider that the previous project had already done that and has been fulfilling those needs for seven years!

It is all more than a little unsatisfactory, and what isn't in doubt is that while the Play Forum is caught up in the restructuring process, the services it used to provide so well are in danger of complete collapse.

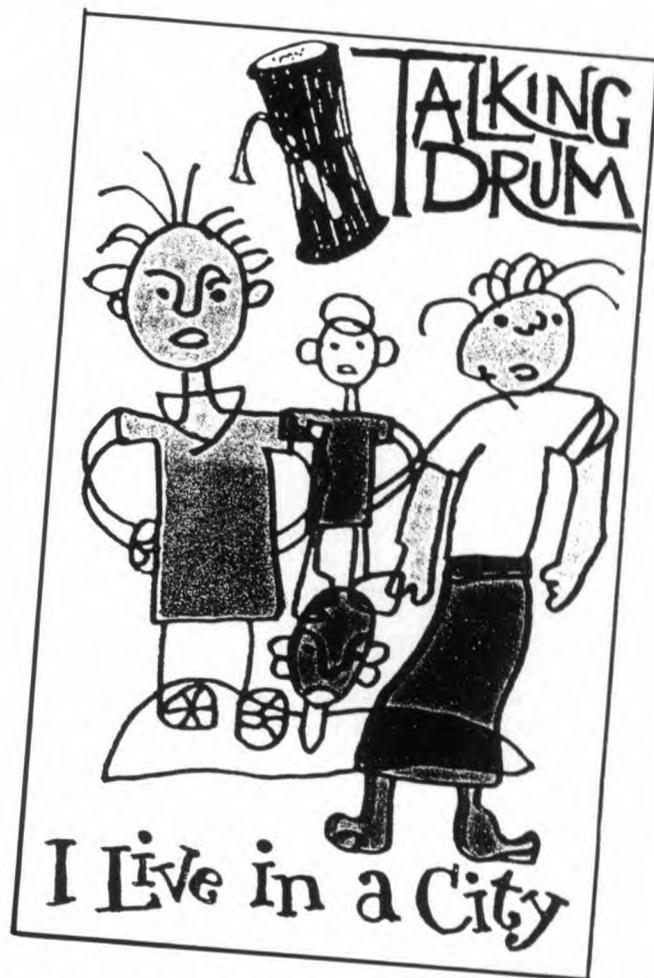
Available shortly from Book Trust Scotland: "Off the Shelf", their new directory of **Scottish Books for Children**. Updating a previous guide to Scottish authors, it will provide a comprehensive guide to the authors and now also to all their books. Most of the books covered are suitable for primary school children, but there are books listed for older readers as well.

The guide will include details of those authors prepared to come into schools to speak about their work and some ideas as to how best to make use of authors in this way. Advance orders can be placed now with Book Trust Scotland, the Scottish Book Centre, 137 Dundee Street, Edinburgh, EH11 1BG.

Who Cares? Scotland is expanding beyond its Strathclyde base, with a regional worker for Lothian and the Borders already at work, and with the appointment of a development officer for Fife and Central regions imminent.

Graeme Heavey, the Lothian and Borders officer who is based at Shrubhill House, Headquarters of Lothian's Social Work department, will work directly with young people who have experience of social care, helping to establish local groups and then liaising between these groups and the regional councils.

Kathy Jamieson of Who Cares? told **Scottish Child**: "Graeme will



Songs and rhymes from around the world are brought together on a new cassette from Glasgow's **Talking Drum**, a one-woman show based in Pollokshields.

Rachel Smillie, a mother of four, has been putting on shows as **TALKING DRUM** for some time now in nurseries, infant departments, libraries and community centres. They blend modern and traditional material and go down well with children of all ages.

Her new tape is called "I Live in a City", and includes song and rhymes from India, North America, South America, Spain, Iraq and the West Indies as well as, of course, Scotland. This is the first time any of the material which she performs has been recorded.

If you are not a fan of drums don't let the name mislead you: Rachel also plays bouzouki, banjo, tin whistle, uilleann pipes and mandolin on the tape. There is a backing group of children from Glendale Primary School where she developed a lot of the material.

I LIVE IN A CITY costs £4.00, plus 50p post and packing, and can be ordered from Rachel Smillie, 112 Kenmure Street, Glasgow G41 2NS.

not just be working with young people who have experience of homes, but also with those in residential schools, and those who have experienced foster care. We are trying to expand and make ourselves available to all young people in care away from their families."

The role of the Fife and Central officer, once appointed, will be very similar, and there should soon be workers in Tayside and Dumfries and Galloway. Graeme Heavey can be contacted on 031-553-8323.

Come the New Year and not many of us are thinking of last year's

parties. Still, it's worth recording that **Scottish Child** did have a very nice one - a pre-Christmas **Rhyme and Rave** - at the Clutha Vaults in Glasgow in mid-December.

Some old friends, and some new ones, read their poems and John Higgins played excellent guitar and Willie Black played and sang. We'd like to thank Brendan and Maureen McLaughlin, owners of the Clutha Vaults, who are Friends as well as pals to **Scottish Child** - and Margaret Murray who organised the evening's entertainment.

We've said it before and we'll say it again - if you've not been to one of our Rhyme and Raves, keep an eye open for the next one and come along. We're sure you'll

enjoy the poetry, the music, the pints and the crack.

Over the past year, **Scottish Child's** had plenty to say, most of it unfavourable, about the press coverage and treatment of **child sexual abuse**. So, we're pleased to report that there's a new research project underway at the University of Glasgow which is aiming to look at this very issue.

Funded by the Economic and Social Research Council over the next two and a half years, the project will be run by Jenny Kitlinger and Paula Kidmore. They'll be looking at what the media tell us about child sexual abuse and what the public understand about it as a social problem from what they see in the newspapers and on television.

The project will look particularly at what they call the 'routine' coverage of child sexual abuse as compared with the media hysteria which surrounds controversial cases like Orkney and Cleveland.

Paula Skidmore and Jenny Kitlinger can be contacted at the Glasgow University Media Group's address at 61 Southpark Avenue, Glasgow G12 8LF.

The problem with a lot of good projects is that they have plenty to offer but not enough people know about them. **Scottish Child** has come across one such as **Balnagask** in Aberdeen.

The district council set up a community arts project which has been running for more than a year, aiming to bring a wide variety of activities to young people in the area. Based at Torry Youth Project, it is run by Elspeth Winram who gets out to schools, and community projects.

A whole range of activities have been offered to under-12's: workshops in circus skills and the penny whistle, and art, music and drama classes and for older kids there have been opportunities to experiment with photography and video.

Elspeth's is an outreach post, and she doesn't have a permanent office, so all the work is done in the projects and schools that she visits. Conditions are not always ideal - the keyword is adaptability! However over the last year numerous groups have benefitted, and she helped local classes to stage a drama project on bullying which toured the area, an ambitious production aiming to change attitudes.

So is the project popular? "Oh, definitely", says Elspeth "Once you get in contact with the young people it is". The problem is letting people know what is available. The answer, if you live near Balnagask, or Powis where a similar project has been set up, is to get in touch with Elspeth at Torry Youth Project (0224-878927). And, if you know of another scheme that more people should be told about, tell **Scottish Child**, and we will try to spread the word.

And finally the news that it's a

fresh start - or is it business as usual? - for **Allan Bowman**, Fife's discredited director of social work. The Association of Children's Reporters is welcoming him back into the fold. Well actually, not just welcoming him back, giving him their seal of approval. He is to be one of the main speakers at their annual conference in Peebles in late March, sharing this honour with, among others, no less prestigious contributors than Lord Fraser of Carmylie and Dr Eric Clive.

You have to ask yourself if, in their desire to 'let bygones be bygones', the conference organisers haven't taken leave of their senses. Either that or maybe they've not had the time to look at the findings of Sheriff Kearney's Report (see this issue and **Scottish Child December/January**). That seems to be the most charitable explanation for what otherwise looks like a snub to the Sheriff and his conclusions or a distinct lack of judgement about how best to take things forward after the Inquiry.





LET'S TALK AB

For many adults discussing sex with young people is a real problem. Here a group of 16 to 18 year olds give a picture of what finding out about sex can be like nowadays. **Alison Bell** was asking the questions for Scottish Child.

Alison: You are all taking part in the peer group pilot scheme set up by the Edinburgh Brook Advisory Service. This involves you talking together and sometimes going out to talk to other groups of young people about sexual relationships. Why do you feel this is important?

Yvonne: A lot of sex education in school happens too late, it's aimed at fifth and sixth years. By the time you get to that age you already know the basics of everything. Even then what you get told is very textbook...it doesn't cover feelings or anything that goes with having sexual intercourse or building up to that.

Jackie: They always teach it too late because they have this fear that if you teach it early everyone is going to go out and start having sex. That's total rubbish! People start having sex because their bodies have got to that stage, not because of some outside influence.

Patrick: We had quite a lot of sex education, it actually started in second or third year. We had one session when a teacher brought in a lot of condoms and caps...I can't remember much

else about it though. It seemed incredibly clinical.

Scott: The only proper sex education I got at school was through the peer group project. What we had up to that point was really useless—we learned about chickens and flowers in biology. After that we had a video on childbirth. Then they opened a discussion up and you were supposed ask "things you're not sure about" but they were more embarrassed than the kids.

Anna: We got one school period when we talked about it. Our class was split into boys and girls and we had a female guidance tutor with the girls and a male guidance tutor with the boys. We were all about fifteen and she said to us "You are actually allowed to have sex when you're sixteen *but of course none of you will until you are at least twenty*" half the class were doing it already. They definitely never gave any emotional advice, they never mentioned the emotional side of it at all.

Yvonne: It's very like: "Here is the penis and

here is the vagina, so off you go." Nothing about how you feel about it before or how you feel afterwards, and *very* basic contraception because "You won't be needing it because you're not sixteen and you're not married."

Alison: So the underlying assumption of sex education in schools is that you won't actually be doing it for a long time to come?

James: Which is a lie. It's untrue.

Kate: At the peer group when we are learning to do sessions we are told that its sensible to assume that if it's a group of sixteen year olds half of them are sexually active.

Yvonne: I don't think it is important whether they are sexually active or not, what is far more important is to make sure that they are safe and maybe to ask why they feel they want to have sex at an early age. If they still want to go ahead you have to respect that and let them do it.

Patrick: They'll do it anyway.

Yvonne: Exactly.

Jackie: Even with education, knowledge of contraception and people taking sensible approaches, parents and teachers are still often against it. They don't like the idea of young people having sex.

Yvonne: We were quite lucky in the end, we



ABOUT SEX!

were the first school to have the Peer Education Project in. We had a lecture programme for fifth and sixth years. We also had a parents' evening where groups found out about the HIV/AIDS work we were doing. We got a really positive response. We told them "We're not promoting sex but it is going on so we are just trying to give advice". They were great about it and very open-minded. What came over though, is that a lot of people are still living with the idea that "It won't be happening to my daughter or son - they don't do that sort of thing, they are not a drug user, they are not gay, so how can it affect them?" There could be a lot more information available for parents to help them handle these questions. This could be through the school or the TV and even the Brook or the Family Planning Clinics.

Alison: So what is the attitude of most parents?

Jackie: It's totally uncomfortable. Your parents had you and they feel uncomfortable with the idea of their little girl having sex. It's a difficult situation. I think most kids can understand their own parents feeling uncomfortable about them having sex, but I think their parents should also be willing to understand their kids wanting to have sex. The adults need to be educated as well.

Yvonne: My sister came to a peer group session once - She was about ten at the time. My mum and dad didn't have any problem with her

coming along and that night she asked lots of questions. The next day she went to school and told her friends - "I know three ways to catch HIV, this is one, this is one and this....and you *certainly* can't get it doing such and such." I met the head of her primary school in the street about a week later and she said "Ehm...You are quite open about what you tell your little sister aren't you? Well whatever you tell your sister, just remember it goes all around the school". I think she felt happy enough that my sister knew about it but she was saying to me "be careful - because not everybody's family is so open minded".

Anna: My friend had a funny little book - one of those which explains things using cartoon characters. Once I read the book I went home and asked my mum what it was all about. After that I couldn't wait to tell everybody what I'd found out. I told my brother who was about three and I told all of my wee friends. I can remember some of their parents not being very pleased. They called up my family and said "How could your daughter tell my daughter that?"

James: I found a book like that lying on my bed when I came home one day. It wasn't very good timing as I had a friend with me. We just sat and laughed at it. So my mum took it away and gave it back to me later. I'd have been about six or seven.

Kate: My mum did try to talk to me when I had my first period, I was really embarrassed. Unfortunately she has taken it since then that I am just not interested in talking to her, but it was just because up till that time it had been a really taboo subject in the house.

Anna: A lot of people say that it's bad to have parents who are too embarrassed to talk to you about sex, but I'd be embarrassed to talk to my parents about sex. It wouldn't be a bad atmosphere but there *are* some things you don't want to talk to your mum about, let alone your dad.

Yvonne: My mum says - "You can tell me anything you want, but don't admit to your father that you are sexually active. It's a really difficult subject between a father and a daughter, especially if you are close.

Scott: I'd talk to my mum and dad about sex in different ways. If I'm speaking to my old boy it's more along the lines of - "Oh aye did you bed her?" and things like that about being a typical 'lad', so to speak. With my mum it's a bit more civilised, a bit nicer. She'd discuss it with a bit more feeling than my father - his attitude is wham bam thank you very much!

Yvonne: It goes back to that old thing, the girl's a slag but the guy is wonderful if he does the same thing. I don't understand it. What difference does it make if you have fifteen partners as long as you use condoms? It doesn't make you a bad person.

Alison: What are the peer group sessions like by comparison?

Yvonne: From the beginning of the project we were told - "What you will learn here should be good for you and if you can pass it on in a peer group capacity that's good too."

Jackie: Talking informally means you can be hip or clueless and say "What's that?" and no-one's giving you any hassle and everyone's not being shy to each other. It's a more secure environment really.

Scott: The first time we went out to a group we expected about seven young people at a youth club. When we turned up there were twenty one waiting. We each took a group of seven. The youngest group were just coming up to puberty, so Wendy (the Peer Group organiser) talked to them about periods and things like that. I had the thirteen to fourteen year olds. Yvonne took the fifteen to sixteen year olds. It was pretty nerve-wracking but we handled it quite well. In the end we went back there to do four sessions and they enjoyed it a lot. I myself was fifteen and Yvonne was sixteen at the time.

Alison: Some of those kids you talked to were pretty young. How young do you think the youngest group is who would benefit from a session like that?



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For more information, free copies of the Convention, and the Unit's questionnaire, contact: Alison Cleland, Scottish Co-ordinator, The Children's Rights Development Unit, Lion Chambers, 170 Hope Street, Glasgow, G2 2TU, or telephone us on 041-353-0206.

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'I think it is really frightening that we had to have a killer disease to get sex education into schools.'

Scott: I'd say about eight.

Yvonne: Primary school age - that doesn't mean you'll walk in and talk about AIDS or HIV at the first thing. You have to play it by ear for every group you have. For young children you start with basic hygiene. At that age there is a lot of chatter in the playground about "what is this?" and "What does that mean?"

Alison: A lot of people would say that's very young....

Yvonne: On the other hand if you are hearing about it anyway you may as well hear the truth. We can also cover important things such as sexual abuse as well. I think it's vital for their safety to talk frankly to younger children about these things.

Alison: What questions come up most often in peer groups?

Yvonne: One of commonest questions is what does a 'blow job' mean. I once gave a demonstration of this to twenty-eight girls! It's important that we are able to answer that because that is what they want to know. There are so many names for different things that quite often people actually *do* know but they don't know the name you're using.

Patrick: These are the things you definitely *won't* get taught in school!

Alison: Condoms are another touchy subject. Do you think they should be giving them out to people who are under 16?

Anna: I'm convinced condoms should be more widely available - the bottom line is that in some cases you could save a life. By giving somebody a condom it doesn't mean they have to go and use it if they don't want to, whereas if they don't have a condom, they might go ahead without one.

Jackie: Especially if they are under sixteen and they have gone to a family planning clinic. If they have gone through all the hassle of going they are *definitely* going to be sexually active and they are going to need them, so for adults not to give condoms to them is practically encouraging them to use nothing.

Kate: I agree totally, even if they do get condoms when they are younger just to familiarise themselves with them, not necessarily for what they were intended, but just to play with them or whatever it will just make it easier for them for when they will need them.

Alison: So what if you gave them out one day at school and later you found twenty of them filled with water or floating around in the playground. Would you still say it's worthwhile?

Yvonne: Oh very worthwhile.

Scott: It shows that children are taking an interest in them. We take them along to groups and we take other types of contraceptives just to show

them what they look like. This gives them a picture of what they are actually discussing. At present we have to count the condoms or rip them so they can't be taken away. We are not allowed to give condoms out in youth clubs.

Alison: Do you think that's a good idea?

Yvonne: I think we should at least be able to leave some with the youth club workers so they are available. I recognise that it is at least a start that we are now allowed in to tell them where they can get them.

Kate: I sat in on a session on contraception with a group aged twelve to sixteen. It was interesting seeing their reactions to contraceptives - looking and at first not wanting to touch them because they were associated with things they are not supposed to be doing. But most of them were so interested that they started to play with the caps and whatever and that gave the confidence to the others in the group to start touching them. It's good for them to see someone close to their own age not worried to look at contraceptives and touch them. In a typical sex education class with a teacher, everyone is feeling really uncomfortable.

Yvonne: I don't think condoms can ever be widely enough available. I personally think people should be going out on the streets handing them out. People were going about Glasgow Airport at one point giving them to teenagers going on holiday. That was a good idea. They also get given out at concerts and clubs.

Jackie: It's a good idea because it's in those situations where one-night-stands or whatever might occur.

James: A lot of people are still unwilling to admit that young people are actually having sex though. They seem to think that ignoring the problem is going to make it go away. But it's going to make things worse actually.

Alison: This brings us back to the idea of sex education 'promoting' sex.....

Kate: In the mid-eighties, I think there was a lot more pressure on people aged 14 to 16 to have sex. Now the more mature attitude is to wait because of the risks involved and more people do wait and don't have sex.

Anna: There are still plenty of people having sex at a young age, but I agree it's not so trendy. I have a whole circle of friends and some people are virgins and some aren't and nobody is really bothered either way. Especially since HIV came on the scene there is a lot less pressure. On the other hand I also think that people are growing up younger and younger.

Patrick: ...and there *is* still more pressure on young guys than there is on girls to have sex and keep up an image.

Yvonne: Nonetheless, a lot of young people use contraception now and it's not a problem to use

a condom or to say "no".

Jackie: If you don't have much sex education you are going to try to find out because you are curious, but if everyone knows about it you can be a virgin if you want. But plenty of people will still go out and get really drunk and won't think about things. I don't think HIV makes a lot of difference to them, because people still say "so what?" and do things that are potentially damaging to themselves.

Yvonne: My parents feel I have been educated so well through the peer group that I'd never be so stupid as not to use condoms.

Scott: But that's not the reality. We are just the same as everybody else. We could quite easily go out, get steaming and make the same mistakes.

Yvonne: But you *are* more aware of what's going on - you have more information. These things don't go out of the window even when you've had a few drinks.

Patrick: Outside school you get masses of information about HIV and AIDS. There are so many leaflets and it's on television all the time. Still, a lot of people don't think that AIDS will affect them. They think "I won't catch it, this is nothing to do with me". Like when I go into a car I wear a seatbelt but I don't think I'm going to die in a car crash. If you are going to have sex with someone at school you probably know them, most people at school who are having sex know each other so the condom is mainly to stop pregnancy.

Anna: I think a lot of girls are quite clued up on pregnancy from information in magazines. I'm not a big fan of magazines but I've found them useful for that sort of thing. That is where I got a lot of material, not through school. I personally was never aware of the HIV risk, however till I started the with peer group.

Yvonne: I sometimes start with a group by saying "What we are talking about tonight is serious: Sex is life or death - pregnancy, HIV or whatever". HIV is a big concern with young people at the moment. I think it is really frightening that we had to have a killer disease to get sex education into schools.

Alison: What would you say to schools who wouldn't allow a peer education group in to talk to their pupils just now?

Yvonne: I'd say open your minds and face reality. You can't call yourselves an Education Department if you aren't educating people in what they really need to know about. ■

Scottish Child would like to thank Wendy Russell of the Peer Education Project of the Brook Advisory Centre in Edinburgh, for invaluable help with this discussion. Now into its third year the project still only receives 6hrs funding a week- its work is mostly carried out on a voluntary basis.



Kate George

PREPARING TO PART

Stephen Naysmith takes a look at the development of Family Mediation in Scotland and asks where do children fit in?

Until not so long ago, Family Mediation went under the name of Family Conciliation. The agencies found though, that so many people were confused about what conciliation really is that a change of name was necessary. Family Mediation is definitely not about *reconciliation* - patching things up or making a fresh start. What it is about is making sure that parents give a higher priority to the needs of their children in the break-up of their own relationship than has tended to be the case in the past. Parents

generally speak highly of what they find mediation offered them. As one grateful parent puts it,

"Mediation helped us both to look at our son and to try to decide what was best for him, instead of always seeing how we could hurt one another."

Thousands of children in Scotland are caught up in divorce proceedings every year. By the beginning of the 1990's a staggering ten thousand children a year could expect to see

their parents separate. Research has shown that as many as two-thirds of these children will have lost all touch with the absent parent after five years. One third will lose touch immediately.

Courts have been the usual recourse for those trying to sort out what happens at the end of their marriage. But their adversarial structure, pitching one adult against the other, leaves little space for considering the needs of the child in a calm and rational way or for allowing the voice of the child to be heard clearly in its own

"in spite of the proven value of the service to its users, the government has so far failed to give it the financial backing it needs to put it on a secure footing"

right. The courts are also very slow and loss of contact and other problems have often arisen long before a separation is settled there.

It was as a response to the acknowledged failings of the court system that family mediation services were set up, first in England, then in Scotland, beginning with Lothian in 1986. Family mediation services are now working in a number of areas of Scotland to ensure that when a separation takes place, the needs of the children are given a central place in the parents' arrangements. It's significant however, that in spite of the proven value of the service to its users, the government has so far failed to give it the financial backing it needs to put it on a secure footing. Some Family Mediation offices are therefore dependent on volunteer workers and expansion of this much-needed resource is still only a distant hope.

Why is it so important to bring children more into the centre of separation arrangements? It is widely believed that children benefit in most cases from keeping up contact with both their parents. But any contact needs to be satisfactory from the child's point of view. No-one benefits from being a pawn in a conflict being played out by their parents, or from a court order which enforces access against the wishes of the custodial parent.

The services provide a trained mediator to help parents come together to discuss arrangements for their children's future. The idea is that parents are in the best position to decide what should happen and every effort should be made to enable them to do that. The child's needs are put first at all times, and where issues such as money and personal grievances are raised by parents they are dealt with primarily insofar as they affect the child.

Mediators try to help the parents listen to their children and look at the way the split is affecting them. Mediators say they find that when emotions are high people are often unaware of the impact on others around them, when in fact it is all too easy to inflict pain and anxiety on children.

As Joan Collinson and Kate Gardner say, in **Family Conciliation within the UK** (Ed. Thelma Fisher): "The trauma of marital breakdown is at times so overwhelming for the partners involved, that to continue to do the best for their children during this time is extraordinarily difficult.

"...Telling their children about changes which they usually know that their children have not chosen, is one of the hardest tasks facing a parent. Doing this without prejudicing the other parent, is even harder."

Kids suffer through witnessing arguments, carrying messages between parents who are no longer communicating, or having to listen to one parent (or both) bad-mouthing the other to them constantly.

The Family Mediation Services work on the basis that it is not so much the fact that parents split up, but how they do it, that is damaging. For example, they have found that in a lot of

cases, where contact is lost it has happened not because of a lack of concern, but precisely the opposite.

If access is the only time ex-partners meet it can easily become a focus for conflict and anger and therefore be an ordeal rather than an enjoyable occasion for the child. As a result the father, say, may stop coming for access, seeing that it distresses the child. The child may start to say that he or she doesn't want the access for the same reason.

Referrals come from courts and solicitors and people come themselves, having heard about mediation. The latter are the most successful cases - usually the earlier people start mediation the more likely they are to reach agreements and the more likely those agreements are to succeed. All in all the service appears to provide a huge improvement in terms of listening to the needs of children at a time when they could so easily be ignored.

Nevertheless, there are disagreements within the service about how best to ensure that those needs really are heard. Are children actually present at mediation sessions? Well, no. The policy of Family Mediation Scotland is that the parents are seen first and the children brought into sessions only if the parents both want them there and if the children are 'old enough'.

There are local variations, and it also depends on the individual mediator as Ted Cleland, the co-ordinator at Lothian's Family Mediation Service points out: "There are two mediators here who see kids much more than the others. Official policy is that children will be seen if both parents wish it, and the mediator considers that it will contribute to the best outcome."

Three of the services have a counsellor, or access to one, who works with children and Lothian runs groups for children who are caught up in their parents' divorce or separation. These are very successful and popular with those who attend them. However the question which has to be asked is: How is the child's view incorporated into the adults' session if the child is not present?

The answer is that most of the time if it is incorporated it is done indirectly. If a child finds that they have something to say about their situation they have to tell a parent so that the parent can raise that view at mediation. The services that use child counsellors or children's groups tend to keep them independent of the mediation process.

Concerns have been raised over the damage it can do to relationships if a child is given too much say in what happens. Susan Matheson, director of Family Mediation Scotland, says previous experience has shown that if a child is asked what he or she would like in terms of custody and access, they can suffer from guilt and the feeling that they have 'chosen' one parent, and rejected the other: "Children need to be very clear they are not deciding who to live with, not choosing one parent and rejecting the other. We need to protect them from feeling that responsibility."

The response to this is an orthodoxy within the mediation services which says that mediators and parents should talk about children, not talk with them. The child's voice is heard only through the parents, and it is exclusively the parents' business to make the decisions about the break-up.

However as Collinson and Gardner point out, parents do not necessarily know the child's views: "Research findings... suggest that the views of parents as to what the children feel and think often differ substantially from what the children themselves say."

The problem Collinson and Gardner identify is that "Children are desperate not to upset or hurt a parent. They walk a fine line; they wish to express their views and wishes but often have not found a safe arena in which to do so."

The dilemma of how to ensure the child's view is heard is not a new one. The courts, for all their obvious disadvantages do make some space for a child to be heard, albeit in a setting which is possibly the least conducive to the discussion of such matters.

Nevertheless some of the arguments put forward by mediators against bringing children into groups are frankly pretty feeble. Children's views are said to be often unreliable, and can change from month to month. Well this could be said of most people, and is no reason not to take what is said this month seriously. Mediators say they feel unsure about dealing with children, and do not feel as able to talk to them as they are to adults. It's hard to see, however, how the skills needed to talk to children and include them in at least some of the adults discussion are so different from the skills mediators use with their adult clients.

Of course mediators are right to worry about the pain children have to endure when their parents split, and there are issues about the way some parents use children negatively while claiming to listen: Mediators, for example, might not want to bring a child into a session where the mother is saying "Ask Jimmy, he'll tell you, he doesn't want to see his dad" and the father is saying "ask the boy, he'll say - he likes his visits with me".

However there seems to be a confusion between children being given a chance to voice their feelings and being given the responsibility for making important decisions. To deny them the former for fear of the latter is an unsatisfactory solution.

Children will have feelings of pain whether or not they are heard at mediation sessions. They often feel responsible for decisions even when they're not asked about them and many feel they're actually responsible for the break-up.

In attempting to protect them from such pain there is a danger that the problems are still being swept under the carpet. The only way to deal with emotions that are hard to voice is to talk them through, and until children are present to do that themselves surely we are only half-way to giving them a fair hearing? ■

SUFFER LITTLE CHILDREN

Rifat Kassis, Director of the YMCA's Rehabilitation Outreach Programme in East Jerusalem talked to Scottish Child about his work with teenagers injured in the Intifada.



Rifat Kassis heads a team of more than eighty psychologists, social workers and vocational counsellors who work with young victims of the Intifada throughout the Israeli-occupied West Bank. Their work is done against a background of military and administrative harassment which ranges from the daily irritations of road blocks, curfews and work passes, to the ever-present and real threat of detention without charges and internment in the camps of the desert. Kassis speaks calmly and firmly about these difficulties, as he does about the numbers of children injured and traumatised and the grotesque disparity in the funding of Arab medical services compared to those available to the Israelis.

"Israel does not officially recognise its status as an occupying power under the terms of the Geneva Convention. But even so it has to provide medical and other services to the occupied territories. The government spends about 21 dollars per year on medical services to every Palestinian and on each Israeli citizen 550 dollars. We have taken steps to make up the shortfall - Christian and Muslim organisations are important providers as are the popular initiatives which are linked to the political effort - but in spite of all our efforts there is still a big gap between what we have and what we need."

"There is a further problem in that the authorities try to forbid us from giving the injured children help. They see our programme, the YMCA Rehabilitation Programme, as recycling warriors. Nevertheless, since we first started three years ago we have worked with about eleven hundred young people aged between fifteen and twenty-two, giving them psychological and vocational support."

Palestine is a young nation: a staggering one in two of the population is under fifteen years of age. Since the Intifada alone something like 140,000 Palestinians have been injured and of that number more than half are under 16 years of age. That means more than 70,000 teenagers have been injured in the past four years. Kassis is well aware of the implications of that for the future wellbeing of his country and for the thousands of individual children who get no help. "These figures say to me that there is too much individual suffering and in the longer term too much harm to our country's future. Not only is what we do only reaching a fraction of those we need to reach but many thousands of those we cannot help are under fifteen. At present they have to be considered in our programme as 'additional' to our main work.

'the rich world stays silent against what is happening in the poor parts of the world at its own peril'

"It quite often happens that when one of our workers goes to help a teenager they find themselves having to take on a younger brother in the same family because that younger brother is also showing signs of extreme stress and trauma. But beyond that it is really true to say that there is virtually no outside help for children under fifteen. They must rely on their families and possibly on the state-run mental health hospital. That's not so good because the techniques used are drugs to combat stress or perhaps electro-shock therapy.

"People are aware of the fact that these children miss out but there is a problem of priorities. For a father who has ten children, his priority is to find food for them and then to find clothing and then to get medical treatment and then and probably only then, to get mental health treatment for a child who has suffered or been terrorised. You know half of our population in the occupied territories is living in camps, sometimes ten or twenty people living in two rooms. There are no closed sewage systems and there are still some camps which do not have water supplied into the houses."

Camp dwellers rely for medical services on a few clinics run by organisations like the United Nations Relief but they are clearly not the answer. More is needed than the reactive response of organisations like Unicef, essential as their 'crisis-oriented' aid may be. But Kassis and his colleagues recognise that different strategies are needed if a nation wishes to build a new future and to oblige other countries to adapt to their legitimate demands for self-determination.

"In the occupied territories we can't lobby for change in the law because no-one will listen to us. We can't be heard. So we have to work directly, in practical ways, to meet the needs of our population. I am also Chairman of the Palestine section of Defence for Children International and in that role I do work in partnership with my Israeli counterpart and we have opened a legal aid office together which serves both children and adults. I know of children as young as seven years of age who are jailed in Palestine. There is no juvenile justice system as you would recognise it here in Britain.

"Sharing an office is helpful to us because we can communicate our difficulties to these Israelis and they can also give us cover. This is very important. Without it we would have great difficulty in operating. We work together with some tolerance for each others' standpoint. Ultimately it is the basic aims of our common struggle - for humanity and human rights, for

self determination for the poorest - which help us to transcend our national differences. But I must make it clear that we are not trying to work for coexistence under occupation, nor for reconciliation. As Palestinians we have to work for our right to self-government and independence.

"It has to be said that the working relationships we have in the legal aid centre are not at all mirrored in our relationships with other organisational representatives. I was in Grenada this summer at a conference on the UN Convention on the Rights of the Child and I was challenged by one Israeli representative who said that Palestine is violating the Geneva Convention because boys under fifteen are allowed to throw stones and confront soldiers! That's the nonsense of the situation."

There is no mistaking the sense of mission and national identity in Kassis. He describes this as a characteristic of the Palestinian youth as well. The children of the Intifada are politically sophisticated - but it goes further than that. Kassis quotes surveys done of the young population which show Palestinian young people with a very high sense of self esteem, in spite of the ordeals and oppression they experience. He has watched his own children, aged ten, seven and seven months cope with the anxieties of living under such pressures.

"I think on the whole it was easier for my daughter who is ten, because she was active during the conflict and she has adapted well. But it was very hard for my son when I was detained, as I was several times. It affected him very badly when he saw the soldiers entering our house and arresting me, the person who is supposed to be the support system of his life. It certainly left psychological scars on him and made him quite fearful and that fear has stayed with him."

Is it worse for boys than for girls because of what boys may feel is expected of them in the armed struggle? Kassis is not certain of the answer to this but of one thing he is sure and that is that a country which allows, as Israel does, such a widespread carrying of weapons by all ages of the population (one in four people has a gun), is storing up enormous difficulties for itself in the future.

"At root the Israeli-Palestinian conflict is a political one, based on economic questions and ownership of land. But of course there has been a great, and many would argue hugely successful effort to present this economic conflict as a war of religions. The Israelis still hold to this line and they have to in order to convince the Jewish

population of the world that their cause is just. They play heavily on international guilt about the treatment of the Jews and the Holocaust."

How possible is it for Palestinians to put the hideous irony of the situation to the Israelis themselves? Here is a nation which has been persecuted like no other this century, now systematically recreating a society with many of the same features of Nazi Germany. Where in the construction of modern Israel is the self-knowledge, the application to oneself of the vow 'it must never happen again'?

"It is said all the time by Palestinians but of course it means nothing. What is needed is for it to be said loudly and clearly from Europe and America. But the evidence is that Europe and America are unwilling to speak out because of accusations of anti-Semitism and the problems that might create for them in their domestic affairs. It is left to individuals, among whom are many Jews, to make these criticisms. Of course some do, from abroad, especially America but also from within the state of Israel itself. Nevertheless, the world is generally silent on the question. Governments do not speak out against this injustice and a country like Britain, which, because of the role it played, should feel great guilt for this disaster does not accept its responsibility."

However, Kassis doesn't think that what is happening in Palestine and the way countries like Britain shrug off their responsibility can be explained solely by the cynicism and disillusion of lost imperial grandeur.

"What we are faced with is not a British problem. It concerns the whole world. It is a problem of race, of racism and of the poor of the world. The 'rich' world stays silent against what is happening in the poor parts of the world at its own peril. Consider that now we have about twenty million refugees. In five years there will be one billion of them - one hundred million people - and they will come to Europe. These after all, are the countries which made the refugees' own countries uninhabitable for them. Those refugees will knock on the doors of the people who today sit at home in front of the television and watch the pictures of the starving in Somalia.

"I may say that I felt utterly humiliated last week when I read in a quality newspaper an advert which said 'pay 50p and you will rescue one human being.' This is the cost of a human being, the price of a child's life - in the Third World. Less than the price of one cup of coffee in a Scottish cafe." ■

In a world of their own

Four photographs of children at play in different parts of the world, by Scottish photo-journalist, **Gerry McCann**. Josie's shop is described in **Josie Smith and Eileen**, by Magdalen Nabb.

"Josie Smith was sitting on her doorstep in the sunshine playing shop. Josie's doll was playing shop too. Josie's mum had given her some peas and lentils to use for toffees, and a spoon to weigh them with and some paper bags from the drawer to put them in.

"Now then," said Josie Smith. "A quarter of toffees, was it? These are very nice, orange-flavoured. Twenty pence please."

Josie Smith gave her doll a bag of orange toffees and some bottle tops for change.

Eileen came out from next door with her squeaky doll's pram. "Are you playing?" Eileen said.

"You have to wait your turn," said Josie

Smith. "It's a shop."

"It doesn't look like a shop," Eileen said. "You haven't got scales. I've got scales. And those are not real toffees, either, they're peas and lentils."

"If you don't want to buy anything," Josie Smith said, "you can't come in."

"All right," Eileen said. "I'll buy some peas."

"They're not peas," Josie Smith said. "They're peppermints." And she spooned some peppermints into a paper bag for Eileen.

"We can pretend to eat them," Eileen said.

"We can if you want," said Josie Smith. "But we haven't to put them in our ears, my mum said."



Boys playing in Dheiseh, Near Bethlehem. © Gerry McCann



Girl at Carbooth School for Deaf and Blind Children. © Gerry McCann

Scottish Child Spring Workshops

For Your Own Good? - The Punishment of Children

Friday 5th March

Why are children punished and humiliated so frequently and so publicly? What are our own recollections of punishment when we ourselves were children and how do these memories affect us? What prevents us from intervening when we see children being punished?

What alternatives can we offer to punishment? The workshop will be of interest to all those who look after, teach or care for children as well to adults who wish to gain a fuller understanding of the importance of childhood experience on our adult life.

Living and Working with Teenagers

Both these workshops will be based on video and audio source material. They are aimed at youth and community workers, guidance teachers, residential workers, social workers, community health workers, parents and other interested adults. Wherever possible the same participants should attend both workshops.

Tuesday 30th March

Workshop One: "You Just Don't Understand!"

Why does society respond so negatively to young people and their activities? What do teenagers themselves have to say about their needs and problems? This workshop will explore ways of supporting teenagers and giving them the benefit of our experience in a way that doesn't undermine their need for independence and experiment.

Tuesday 20th April

Workshop Two: From Boys and Girls to Men and Women

What are the different pressures experienced by boys and girls as they grow up? How do young people receive information from society about issues such as gender, sexuality and Aids/HIV? This workshop will look at how adults respond to teenage sexuality and how we can deal with such issues better.

All workshops begin at 10.00am and continue until 3.30pm.

The workshops are held at the Scottish Child offices at 40 Shandwick Place, Edinburgh.

The workshop fee is £40 for "For Your Own Good" or £70 for both 'Living and Working with Teenagers' workshops which can only be booked together. The fee includes buffet lunch, tea and coffee. A limited number of concession places are available.

Enquiries and booking can be made to Scottish Child on 031-220 6502.

Please reserve me ___ place(s) at the 'For Your Own Good?' workshop on 5th March.

Name _____

Please reserve me ___ place(s) at the 'Living and Working with Teenagers' workshops on 30th March and 20th April.

Address _____

Phone _____

I enclose a cheque for £_____ made payable to Scottish Child.

Please return your booking form and cheque to Scottish Child, 40 Shandwick Place, Edinburgh EH2 4RT



Boy Racers in Yoker. © Gerry McCann



Girls playing in a temple, Lalitpur, Nepal. © Gerry McCann



STAYING ALIVE

As the AIDS epidemic enters its second decade **Hugo Whitaker** investigates how we're coping in Scotland with the conflicting information that surrounds us.

AIDS is just over ten years old. It's losing some of its novelty value. In the public at large there's the beginnings of an understanding that, as well as creating a health crisis of unprecedented proportions in certain poor countries of the world, in the rich countries, the AIDS pandemic is also raising questions which have never been honestly confronted before. In certain sections of the population it has already begun to revolutionise how sex, sexuality and sexual habits are talked about. And as the years have gone by and some HIV-positive individuals have stayed alive, in apparent good health, the question is being asked about how best to describe those who have the virus but show no signs of developing full-blown AIDS. With some HIV-positive people still living fifteen years after they were first diagnosed, immunologists and other health professionals now talk about 'HIV survival' for these long-term carriers.

In Britain, after widespread press, TV and health education campaigns, many people now have some notion of how the HIV virus is transmitted. They may even know that it's no longer a problem confined to so-called 'risk groups', like drug users who share needles, and gay men. They may be aware, in an abstract way at least, that the virus is spreading through the heterosexual population - that, in the words of the slogan, "AIDS concerns us all". And there is a widespread understanding that there is still no cure for AIDS itself and no long-term survivors of the disease. But it nevertheless seems to remain in the minds of many 'something out there' - in spite of the fact that in Scotland alone there were, at the last count in September 1992, 1,845 HIV-infected people and over 200 dead. How, after all the local and national awareness campaigns does this feeling

that it 'doesn't affect me' still maintain its hold?

The 1990s way of sensitising people to the threat of AIDS is quite different from the approach adopted by the government in the mid eighties. This reflects the shift in general understanding about the progress of the disease in individuals. For many people, whose lives have remained (as far as they are aware), still untouched by the effects of the virus, this is a catastrophe still waiting to happen. The TV adverts in the mid eighties which featured gravestones and the warning 'Don't die of ignorance', have given way to a more explicit linking of HIV with irresponsible *heterosexual* sexual behaviour.

The general message of Health Education Campaigns in Scotland is one of **protection and prevention**. The practical advice on protection is overwhelmingly about using barrier contraceptives, particularly condoms, which are given away free at concerts and clubs and feature in promotional cartoons and ads to an extent which was unthinkable ten years ago. Prevention, the other arm of the strategy, emphasises the responsible lover who thinks twice before he or she leaps into bed with an unknown partner for a spot of casual sex.

The Lothian 'Take Care' campaign, whose pink and white letters seem to be on every second bus in Edinburgh, is possibly the most high-profile of the promotions Health Boards are carrying out at present. Unlike health campaigns to cut smoking and drink-driving which basically say in no uncertain terms, 'Don't do it!', the recent HIV awareness ads have taken a more soft-focus approach to put across a threefold message, only the first two parts of which are directly to do with having safe sex. Messages one and two say 'sex is an important

part of most people's lives' and 'you have to be responsible about how you do it and with whom'. Underlying these is the hidden reassurance that 'we are maintaining a responsible balance between our duty to inform the public and our wish not to offend public sensitivities more than is necessary to achieve this objective'.

In a country that has a tabloid press which is perfectly happy to run lurid headlines about the 'gay plague' what cultural inhibitions lie behind these carefully worded health education slogans and the information-charged leaflets which lie around doctors' waiting rooms and health clinics? And what so far is known about the success of the campaigns in changing people's habits?

The Lothian campaign is currently in the process of evaluating the results of a survey of the public's response to its exhortation to 'take care'. Those involved in preparing the report which will appear later this spring, are at pains to point out that it is up to the public, whose views will form the major part of the survey, to determine whether it has been successful or not. What is known in general about such campaigns is that people's *rational* understanding of risk is not necessarily matched by their preparedness to act in a real social situation. For example, making condoms more easily available to women doesn't mean that they will find it any easier to persuade their male partners to use them and even if you've religiously memorised the instructions in your condom packet, it's not quite the same thing as putting it on after you've both had a few drinks.

In Dundee which has its own smaller, but not inconsiderable HIV problem, Tayside Health Education Centre has made considerable efforts to ask teenagers themselves what they think is needed. The results of a survey which asked

young people what a young person's health project should offer made it clear that **someone to talk to (in confidence)**, was the most frequent request - "somebody there when you need them; some place to go to to talk out your problems - why you're feeling that way; a friendly ear." This was closely followed by requests for availability of free condoms and practical advice about contraception and sex.

These may appear simple and sensible things for young people to seek from a health care project, just as it may appear reasonable for a region, like Lothian, (which with a reported 941 HIV-positive cases sits at the top of the HIV infection league in Scotland), to run a mass publicity campaign about the dangers of unprotected sex. Nevertheless, as sex health educators know only too well, venturing into this area of social life is a far from straightforward business. And that goes for whether you educate by leaflets or questionnaires, by group discussion or TV adverts. Who should be told what, by whom and when are questions which receive no easy answers in British society.

What the sex education campaigns are up against is a widespread and pervasive ambivalence towards talking about sex in general and differing sexual practices in particular. At present this is strengthened even more by a general conservatism about family and social policy within the Conservative government. There may have been some shift in attitudes since the departure of Mrs Thatcher who, it will be remembered, vetoed a Health Education Authority investigation into the sexual attitudes and lifestyles of 20,000 people across Britain - (subsequently carried out by the Wellcome Trust). Nevertheless, the official message from the government still seems to be that their values are symbolised by the hierarchical, nuclear family - the benchmark against which all other family units are measured.

It is now clear, however, that the long-term threat of AIDS in all countries is related directly to how people have sex. It is also clear and that, in spite of the government's backing for marital fidelity, having more than one sexual partner in life is commonplace for adults. Until now it has been left largely to the press to raise the question of the behaviour of older adults: cases about women being knowingly infected and women partners of bi-sexual men becoming infected have all had newspaper coverage in the past year. But, as educators well know, this kind of headline-grabbing coverage is not going to help the over thirty year-olds to see that advice about safe sex is as vital for them as for the experimenting teenager.

Parent power, the other strand of government family policy, also looks a bit strained when the numbers of young teenagers having sex is known. Educational campaigns have therefore to find a way of packaging a 'safe sex' message which has credibility for young people, yet doesn't get adults alarmed that teenagers are being encouraged to have sex at too young an age.

Health education campaigns have on the whole tended to be aimed at the sexual habits of teenagers. Once again, Lothian Region has taken the lead in developing methods of teaching young people about the risks of contracting HIV. The dilemmas professionals face are well encapsulated in the following paragraph from their guidelines for staff working with young people in the field of HIV and AIDS.

"The Community Education Service

recognises that involvement in HIV/AIDS educational work with young people could cause concern to staff who may have to deal with adverse reactions from adults who are unhappy that teenagers have handled condoms and openly discussed sexual activities. The service also recognises, however, that it has a clear responsibility to provide information and education regarding prevention and protection to young people using the service, especially as research has suggested that 50% of young people are sexually active before age 16."

Health educators are having to make the decision that teenagers' need to know and the responsibility of the relevant professionals to give accurate information, transcends the need to respect adults' wishes to 'protect' a young person from knowing about sex and contraception.

It would be a great deal easier if adults arrived at a stage in life where they felt themselves to be at ease and relaxed with their own sexual life and their own sexuality. Unfortunately this is often not the case and it makes, as one health education official explained, the task of changing attitudes "one which we have to see as a long-term goal, rather than one which will happen fairly quickly."

In Britain, sex and sexuality is taken by many to be the dividing line separating the adult from the child. That notion is held onto in spite of the fact that most people will admit to having had an awareness of sex from a young age and possibly some kind of sexual experience, willingly or unwillingly. Because there is such a split between how people recollect themselves to have been as children and how they really were, as adults they have enormous difficulties in assessing what the next generation should or should not be told. In addition, because everyone goes on learning about their own sexuality throughout their lives, there no such thing as a

thought to carry, for most people, only the 'threat' of new life or the discomfort of minor infection now carries the threat of disease and death. How this aspect of the HIV era will be experienced by the increasing numbers who will face it, is as yet almost unknown.

The response of employers, insurers and building societies so far suggest a well-established British pattern once again emerging: that of stigmatising and marginalising the 'unfit'. Those who are HIV positive have often found themselves refused life insurance, lost their jobs and consequently their means of paying for their homes, irrespective of whether they appear ill or not. This is the savage contradiction in being HIV positive: to be treated as a no-go insurance risk and as unemployable while still remaining well. How we will cope with the problem of what Susan Sontag, in her book **AIDS And Its Metaphors**, calls 'the future ill' remains to be seen. So far the signs are not encouraging.

The attitudes of the political and economic establishment to the threat of HIV and AIDS seem to confirm that we are once again facing a denial of collective responsibility similar to that which is so marked in relation to child sexual abuse. If what lies at the root of people's reluctance to really accept that "AIDS concerns us all" is a wish to believe that, like sexual abuse, AIDS is really only the problem of a small, aberrant minority, the health educators have a task of Herculean proportions on their hands.

But perhaps there are some causes for muted optimism. Who could have imagined seeing condom demonstrations on the television before the 1980s? Perhaps the result of Lothian's survey will show that people do believe that everyone does have different sexual experiences and need to be able to talk about those in different settings and different ways over the whole of

Who could have imagined seeing condom demonstrations on the television before the 1980s?

'right age' at which to dispense good advice to others. Adults find themselves having to make judgements about what to tell young people when they are themselves possibly searching for a set of rules which make sense for them. Furthermore, since the HIV virus is such a recent discovery, adults often find that teenagers actually know more than they do about the virus, its transmission and risky behaviour.

If adults do decide to talk to young people they are giving a message straightaway, by what they choose to say, about what sex is. How much should they emphasise the importance of the relationship and how much should they give basic information about infection, age of consent and pregnancy? What about forms of sexual behaviour which the adult has no experience of or finds downright disgusting? What is to be said about rape, about sexual abuse, sexual discrimination? And how does the adult square the responsible advice he or she is handing out with their own private sexual behaviour - is that 'beyond reproach' and does it matter if it isn't?

As if all that wasn't quite enough to be going on with, there is the further complication that the HIV virus itself has introduced, namely that an act which, since the advent of penicillin, was

their lives. If even that much happens, then the benefits will be enormous, and not just for sex education but for a greater honesty about behaviour across the board.

At the same time campaigns which emphasise prevention do threaten to reinforce the idea of two divided groups of people: those who are and those who are not HIV positive. If safer sex is only understood to mean people without the virus avoiding any contact with those who are HIV positive then the emphasis will be on protecting yourself, as opposed to protecting others.

One of the obvious benefits of HIV and AIDS is that we are being forced to talk about sex. Whatever your moral standpoint, whatever the anxieties you may feel about the level of information being made available to children, the subject cannot be wholly avoided. Given that this is a new experience for vast number of people, one of the first questions that is likely to arise is "how can we go on enjoying what there is to enjoy about sex and survive the AIDS epidemic?" What is clear is that the answer will be rather more complicated than the current slogan doing the rounds in some cinemas: "Use a rubber".



Matters of Life and Death

In an interview at the City Hospital in Edinburgh, **Dr Jacqueline Mok** spoke to **Rosemary Milne** about her work with HIV-infected children.

Ward 17 of the City Hospital is a place where you may often hear the voices of small children. It's here that consultant paediatrician Dr Jacqueline Mok and her team of one health visitor, registrar and other nursing staff meet and treat a large proportion of the children of HIV-infected adults and children who are themselves HIV-infected from birth.

In 1985 when the clinic first began to deal with the children of HIV-infected mothers as well as the mothers themselves, almost nothing was known about paediatric AIDS or about the chances of an infected woman infecting her child. Since then both the knowledge about the progress of the disease in tiny children and the numbers of children coming to the clinic have

increased dramatically. By the end of 1992 Dr Mok had seen and followed the cases of about a hundred and twenty-five children born to mothers or fathers who are HIV-positive. The children who attend the clinic may be either HIV-infected or the children of HIV-positive parents.

It is impossible not to be impressed by the air

We owe it to the children to give them an explanation and yet parents and carers do not allow the medical and nursing staff to talk to their children about what is going on.

of warmth and competency which emanates from Dr Mok. How does she maintain her own equilibrium working in such a difficult area of medicine?

"I think one of the good aspects of what we've learnt in the years since 1985 is that it is not all gloom and doom. One of the things we've found is that the risk of HIV infection to children born of mothers in Edinburgh who are HIV-infected is very low - less than 10%."

Dr Mok is careful to use the term 'HIV-infected'. All children born to HIV-positive mothers start life HIV-positive, simply because of the transmission of the antibodies from the mother to the baby while it's been in the womb. Being HIV-positive at birth tells you nothing about the child's infection-status which is something that can be detected in the early months after the child's birth. Thankfully, the waiting-time has diminished with the improvement in diagnostic techniques. Mothers used to wait an agonising eighteen months before they knew what their child's status was. Now the clinic can usually tell them by about two months and, although the news is not always good, most parents prefer to know sooner rather than later.

One area of advance, at least in medical science, is the improvement in diagnostic techniques. Another source of encouragement is in some of the children who were diagnosed as HIV-infected way back in 1985. In 1982 when paediatric AIDS was first recognised it was thought that most of the children who had it would be dead by their first birthday.

"We now have children in Lothian reaching their ninth birthday and we hear of adolescents in London who have been HIV-infected from birth who are still doing well. The message from these children is quite clearly that all is not automatically lost if you have a diagnosis of HIV infection in a child.

"It used to be thought that children's illnesses and disease would be much more rapidly accelerating because of the immature immune system. However, we now know that there is one sub-class of children, perhaps only a quarter of all the HIV-infected children, who will become ill very quickly. The others will have a much slower progression of the disease. This actually mirrors what happens with adults too. Some adults progress very rapidly indeed from the time they are diagnosed as infected to the onset of AIDS - perhaps falling seriously ill within two years. Others, as we know may remain alive even fifteen years later."

As Dr Mok explains, so far it is not known what predetermines some people to do better than others. Diet, quality of life and general health care may have an important part to play. Equally researchers are beginning to ask whether there is a genetic component to this 'survival of the fittest'.

"What we know is that if a child comes to us with pneumocystis carinii pneumonia (PCP),

the earlier a child presents sick, the worse the outcome. On the other hand if a child has just generalised lymph node enlargement, the child may do quite well. These clinical pointers are really helpful to doctors now in identifying more vulnerable sub-groups of children within the total population of HIV-infected children.

"Another development in our general understanding of the virus is pinpointing more closely when children are infected. The virus can pass from mother to child during any time in pregnancy. It is suggested that if a child is infected early on, say in the first three months of the pregnancy, then you might expect that child to do worse than the child who is infected later on in the pregnancy. This is because of the extreme immaturity of the immune system of the foetus. Children can also sometimes become infected during delivery. By that time the child is already relatively mature in terms of its immune system and we think it may well be children who are infected at this late stage who survive healthily into the teenage years. The problem is that we don't so far have a means of detecting the time of infection in each individual child.

"The other point at which infection can occur in the infant is through breast-feeding, so in Britain HIV-infected mothers have to be counselled not to breast-feed. In terms of the problem of paediatric AIDS world-wide, it's perhaps worth mentioning that in Africa, where AIDS is very widespread, the World Health Organisation has looked at all the risks involved and has still advised HIV-infected mothers to breast-feed because of the dangers of their child dying from other illnesses and malnutrition. The situation is that in the developed world it's OK to say don't breast-feed where there is a safe alternative but that advice can't apply in poorer countries.

"Poverty is an issue with HIV as with other illnesses. We know for a fact that children in Africa or Romania who are infected do much worse. That is because they are malnourished. It is known that the immune system is heavily dependent on good nutrition for it to function properly. When you get iron, zinc and other deficiencies the immune system begins to function abnormally. At the same time, other illnesses such as gastro-enteritis, viral infections, bacterial infections which constantly hammer away at the immune system are also acting against the person infected with HIV. And the poorly nourished child is less equipped to fight the dual battle against the virus which is attacking the immune system and the specific infections which crop up, than the child who is well fed and cared for."

Not all the very sick children in Dr Mok's care choose to attend the clinic at the City Hospital. Some, because of the stigma attached to the disease, prefer to go to the Sick Children's Hospital. She visits them there and shares their care with their paediatrician. One of Dr Mok's

great concerns is how much say the children themselves have in this decision - and others relating to their illness.

"It's the children's parents who decide where the children are treated. The children are often not given much chance to voice what they feel or want - I feel very strongly about this. I can think of two deaths which occurred in seven year-olds who didn't even know they were terminally ill. Try as I did, I could not persuade the carers to talk about those children's illness and death.

"Another, even older child in my care, has parents who are absolutely adamant that the child must not be told either that the child has AIDS and or how poor the outlook is."

Adults may also apply this protective or evasive attitude, whichever way one chooses to describe it, to their own condition. "I know of several parents who are HIV-infected who cannot bring themselves to speak about it to their children. This is the hardest aspect of AIDS for those involved. In my experience the death or imminent death of a child from AIDS is a catastrophe which parents find extraordinarily difficult to face up to. It's true too for staff who are trained to work with infectious diseases. In an infectious diseases unit staff can become complacent about curing people. You don't expect to see children die. You can argue that in a cancer ward staff might be more ready to cope with children's deaths."

The fear of stigma and social isolation in those who have the virus seems to be a key reason for concealing that they are HIV positive. Dr Mok's work in the School Health Service has shown her just how difficult it can be for teachers to know what is happening to an HIV-infected child if the parents or carers have not managed to come to terms with their own feelings about the disease and its outcome. "I know, because I've seen it, that it makes it almost impossible for the child's classmates to prepare for their friend's eventual death and when it comes to acknowledge it in a way which might help them to come to terms with it. The trouble is my hands are tied if the carers will not allow the information to be shared.

"I think the principles of the Children Act are the ones we must follow - that children should be informed and kept involved in decisions affecting them. I know that the Act doesn't apply in Scotland but until its principles do, I think children here will be treated unfairly. I have children asking ... seven and eight year-olds are not daft you know, they can see themselves going downhill. We owe it to the children to give them an explanation and yet parents and carers do not allow the medical and nursing staff to talk to their children about what is going on. So while I, as the child's paediatrician may feel it is the right time to discuss death and dying with the child, if the parents, grandparents or others carers say no, I can't override their wishes."

Paediatric Aids Resource Centre

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Scientific Update on HIV Infection in Children 21 May 1993, Western General Hospital, Crewe Road, Edinburgh.

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For further information on either course, contact:

Alison Angus, P.A.R.C. Edinburgh,
25 Hatton Place, Edinburgh, EH9 1UB,
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Women and HIV/AIDS Network, 64a Broughton Street,
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With children the issues of confidentiality seem also to become tangled to a far worse degree than for an adult. Foster families in Lothian who take children through the Social Work Department are always told if a child they are looking after is HIV-infected. But they are expected to observe the normal rules about medical confidentiality. "There is no need for a family looking after an HIV-infected child to tell all the families of the children their foster child plays with. In the child to child situation there is no risk of infection. So I'm absolutely clear that there is no requirement to tell people the diagnosis for the sake of it."

On the other hand, as she points out, there may well be a need to let selected others know about the diagnosis in the interest of the child's health. The most straightforward examples of risk to the HIV-infected child are the common childhood ailments like measles or chicken pox which a child might pick up in school. But there could be other aspects to take into account which the lay person like a teacher might recognise less easily.

"If HIV gets into the brain the child's schoolwork can deteriorate. If a teacher doesn't know this is a possible cause of the drop in a child's concentration or standard of work, they may take entirely the wrong approach with the child.

"But in spite of recognising the importance of knowing in a case like that, I do worry about confidentiality. The term 'blanket consent' is used when it's assumed that when one member of a profession knows it's OK to pass that information round among colleagues. I visited a school recently where I discovered that about eight members of staff knew about the child's HIV-infection and I had to ask why? Why has it been felt necessary to tell so many staff?"

A new problem at the clinic is the rise in births of HIV-infected babies to women who have been infected through heterosexual sex rather than by needle-sharing. Since 1990 there has been a Scottish-wide survey on new-born

babies. Blood tests, which don't identify the baby, are carried out to discover if it is HIV-positive through the transference of antibodies from the mother to the baby. The data from the survey shows so far that city by city the numbers are creeping up - for Edinburgh in particular where a close check has been kept over a number of years on the numbers of HIV-positive women of child-bearing age. The conclusion is obvious: there's a new generation of women who are giving birth who don't even know they are infected.

"Do you understand what that means? It means that a family may only discover it's HIV-infected when a child falls ill with PCP. Previously the indication of HIV in a family was the mother or the father so we could watch for symptoms in the child. Now what we have to prepare for is a child coming to us, maybe devastatingly ill, possibly dying - that's the hardest time to tell the family they've got HIV infection. And this is a situation which is going to become more and more common in Scotland."

The other great and growing problem that Dr Mok sees is the increasing numbers of children who are not infected but who live with parents who are.

"I know of about two hundred children in Lothian who have one or both parents who are HIV-positive. A very small fraction of these children are themselves infected. But the rest are what the World Health Organisation choose to call 'AIDS orphans' and what I refer to as HIV-affected children.

"The first problem with these children is how much do they know and what have they been told? They come to the clinic with the parent, see them in and out of hospital - if the child asks the question "are you going to make mummy better?" the answer has to be "only for the short term."

Other difficulties may come at school - we hear of cases of HIV-affected children being cruelly teased by other school children. Teachers

also get children of infected parents suddenly coming to them to say they can't manage at home. You see these children often mature beyond their years. The older ones take on the care of the small children in the family. And yet when they ask legitimate questions of their parents they're often told to shut up or mind their own business. I've been in homes where the parents openly talk about really difficult things with the children hanging around. If I ask the parent if it's all right to talk, quite a common response is "don't worry about them - they're not listening."

Many parents are obviously still a very long way from understanding the needs of their children but Dr Mok has seen a growth in the use of psychologists by families and, over the past year other signs that at least some parents are beginning to take a more child-centred attitude to the disease. Specialist support services are however not easy to come by and the Department of Child Psychiatry and Psychology in Edinburgh has enormous demands on its limited number of professionals.

"We always have to show there's a need before we can make a case for staff. Perhaps now with more families seeing the benefit of talking about illness, death and dying, we will be able to demonstrate the need for this crucial part of our work to have the same kind of cover as does the family work that our health visitor carries out."

At the root of these attitudes to AIDS and to children is the wish to deny the prospect, imminent or not of illness and early death. Everybody - staff, parents and children - is struggling with the idea that this is an infection which cannot be cured, that AIDS does mean death and that there is nothing that medical science can do to avert it, however much it can help to alleviate the worst of the symptoms.

"Perhaps one other good thing that has come out of AIDS is that the public at large is now aware that the doctor is not infallible. Because there is so little we can do I know that I am much more straightforward in talking to parents. I'm more open about the tests I do as well. There are still doctors who take blood from a child and don't tell parents or child what test they are taking it for. AIDS has made me much more aware of the patient's right to know what it is you're doing with their blood. I give the patients the option too of whether they want to embark on a certain form of treatment. Many doctors still can't accept that - it's a kind of protectiveness they hold to but of course that attitude can't be laid only at the door of the doctor. The British public has to take some responsibility for their relationship with doctors too.

"There's no doubt that AIDS has caused a radical rethink in a whole number of ways, not only in medicine. Out of it has come a feeling for me that what's needed now is more courage, more willingness to face things, to ask difficult questions.

"I would like parents to be more honest with their own children if the children are infected and to be stronger in facing their own eventual end with their children if they are infected and their children are not. If they can give that lead the gains for their children will be incalculable."



Antonia Reeve

TO BE A SOLDIER

Four Poems by **Jim Craig**

Drill Bit

Nail-studded leather
crashing on gravel,
be-ribboned voice carrying
in cold November air.
Arms rhythmically swinging,
brain cells dormant
as the body learns
to obey without question
the commands of Authority.

Complex, meaningless manoeuvres
from long-forgotten wars,
faultlessly executed
as if by a single entity.
Surging pride in united effort
which indicates the first surrender
of self, and the beginning
of learning,
to be a soldier.

Lock, Stock and Barrel

"This ma lads is known as the Bren,
a much better killer than the rifle or Sten.
At a thousand yards it'll stop ye dead
's got a group ye could cover wi' a pencil lead.
Ye'll learn to love this little gun,
for after all has been said an' done,
yer job is to stay alive, and kill
an' if ye master this weapon, ye surely will.

This is the rearsight, this is the butt,
ye adjust the trigger wi' this 'ere nut.
The selector's right here by the pistol grip
to allow full automatic fire straight from the hip.
But keep the weapon on single shot
till the bastards are close, then slaughter the lot.
There's thirty-two rounds in the magazine,
each one a life in this killing machine.

A quick-change barrel wi' a fixed foresight
will keep you firing in the hottest fight.
This is the breech-block, ejector and ram,
keep them well oiled and they'll never jam.
The bipod will keep ye right on yer aim,
learn all the parts, know them by name.
Practice yer shootin' and' sharpen yer skill
an' ye'll do all right when the time comes to kill."

Last Post

It's past the 'oor o' midnight, Ma
an' still Ah cannae sleep.
Ah'm a man full grown an' well Ah know
that grown men shouldnae weep.
But the things Ah've seen an' done this day
nae man should dae nor see.
An if this be the last thing that Ah write,
it'll no matter much tae me.

Ye knew the lads in my section, Ma
ye met them a' last year.
Ye'd see a lot less boys the night
if ye could jist be here.
We went up the hill taegither, Ma
me an' my whole platoon,
but there wis few o' us still staunin'
when we were forced back doon.

They sent us oot wi' the risin' sun
bare warm upon oor backs.
Weighed doon wi' guns an' haund-grenades
an' the ammunition packs.
Tae where the other boys were waitin' Ma,
dug in on tap o' the hill,
wi' weapons primed and sighted-in
just ready for the kill.

Big Tam the piper lost a leg
fae staunin' on a mine
an' a shot in the throat killed Ian
that used tae sing sae fine.
A machine-gun post got Jim and Rab,
they baith died at my feet.
That many boys were slaughtered, Ma
we'd nae choice but tae retreat.

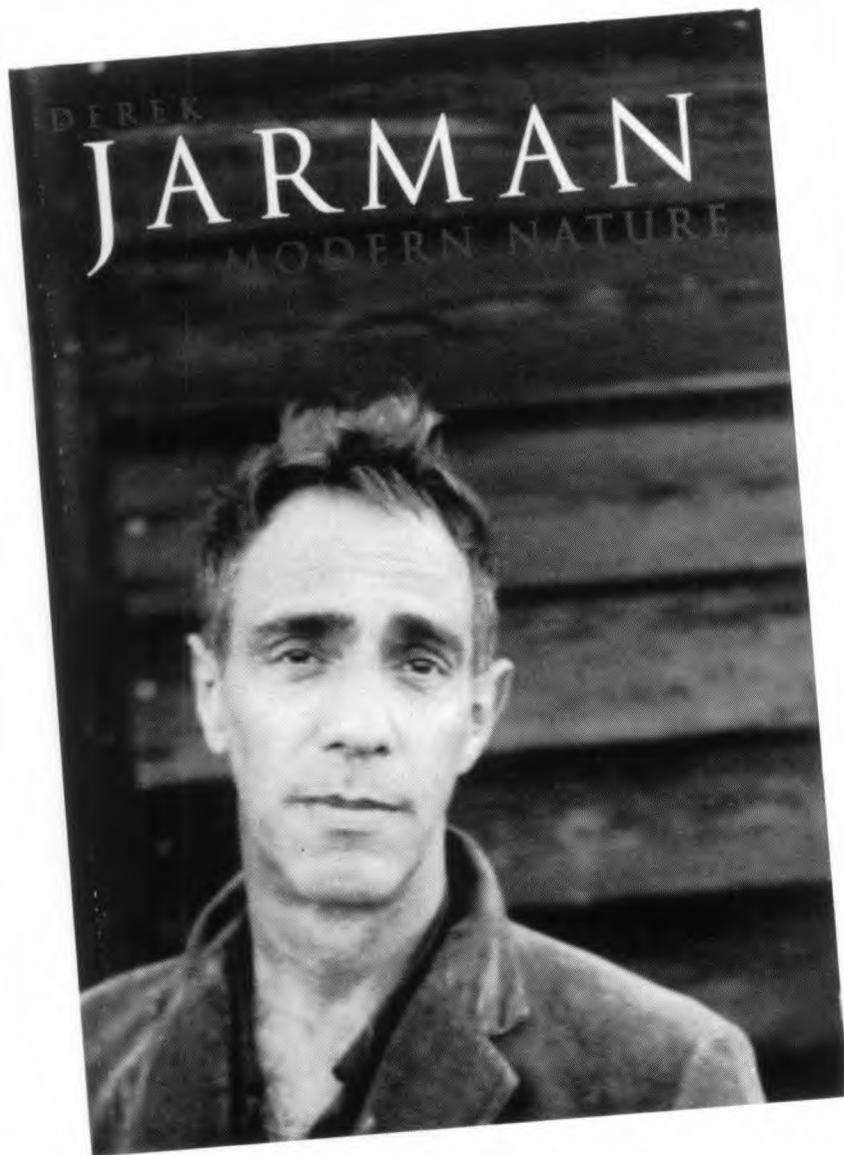
They've made me up a corporal noo
since Angus Bruce got killed
alang wi' baith oor sergeants
gaun up that bloody hill.
But Ah'll need tae finish this note, Ma
for the night has nearly gone,
an' they're sendin' oot just wan last post,
we attack again - at dawn.

Dressed to Kill

Knee, boot and belly,
breastbone and thigh
pressed close to the earth
as you slither by.
The green and brown clothing
designed to merge
with the grass and mud
of the roadside verge.
Past the sentry
with practised skill,
intent on living, determined to kill.

The Mills Thirty-Six
in a sweat-slick grip,
a Browning pistol
strapped to your hip.
The garroting wire
and fighting knife
silently ready to
sever a life.
And there ahead
is the crew and the gun,
stark silhouettes
in the rising sun.

Blood flows unsuspecting
in their veins,
the bright life-spark
still glows in their brains.
Till the pin is pulled
and the bomb is thrown
bursting to shred through
flesh and bone.
The flat crack echoing
across the hill
to signal the squad
of a good 'clean' kill



Seeing Beyond Art

MONOPOLIES OF LOSS

Adam Mars-Jones, Faber & Faber £5.99

MODERN NATURE

Derek Jarman
Vintage, £6.99

THE MAN WITH NIGHT SWEATS

Thom Gunn
Faber & Faber, £5.99

Anna-Louise Milne

The problem of how to create something of artistic worth out of the tragedy of AIDS must be faced by any artist who chooses to tackle the subject head-on. In the introduction to his recent

collection of short stories, *Monopolies of Loss*, Adam Mars-Jones insists that the question is not *whether* 'art' has a role in extending our understanding of the AIDS epidemic, but *what sort* of art is most appropriate? As a writer, he makes a case for the short story, suggesting that the fuller form of the novel might tend towards a fixed structure of first friend dying, first symptom occurring and so on, through to the bitter end. It is interesting to note that he doesn't question the use of fiction itself for the topic of AIDS but puts forward the idea that "fiction might create a psychological space in which the epidemic could be contemplated, with detachment rather than denial or apocalyptic fear". He goes on to explain that in order to achieve this detachment he intends to give AIDS its "appropriate status, neither ignored nor holding centre stage." What follows is a series of stories which all talk about AIDS in an oblique manner.

One of the devices he uses to achieve this 'appropriate status' is to refuse to use the term AIDS or HIV, preferring 'anti-body positive' or 'Slim', the African name for the virus. It is certainly true that society in general is far from willing to talk about AIDS but such an artificial method for making this point seems to defeat its

own purpose. It feels as if Adam Mars-Jones has one subject on his mind but, a bit like the society he criticises, he can't quite come clean about it.

Indeed this is the problem that pervades the whole book. We know we are reading stories that are about AIDS, but the attempt to achieve 'appropriateness' is so apparent that we cannot ignore it. In the story *Baby Clutch*, we find the plight of an AIDS sufferer's lover mirrored in his fear of driving. From the fairly predictable description of driving lessons we are supposed, I imagine, to view his fear of control of a potentially dangerous machine as a metaphor for his fear of life in an AIDS-stricken world. The story, then, involves a confused oscillation between hospital ward and Austin Metro, and we end with the particularly trite conclusion that life is like a dual-controlled car.

This might simply lead us to think that *Baby Clutch* is not one of Mars-Jones' best stories. But the problem seems to me to go deeper. If the intention is to 'dethrone' AIDS by giving it 'appropriate status' then it seems unwise to publish a collection of stories whose only link is that they all talk about AIDS. The suspicion arises that what we are supposed to find appealing in these stories is not the insight or impact they give us, but the brilliance with which Mars-Jones gets around such a difficult issue, the ingenuity with which he 'dethrones' AIDS. The artifice of these stories is blinding: information is blatantly withheld, metaphors are so heavy they crush us, and every possible reference is spelt out to us. The effect is to fail to engage the reader. The stories remain stories and no emotion is provoked. Rather than being aware of a strong authorial voice, the reader just senses that he or she is being manipulated by overwearing art.

Of course, one example should not lead us to conclude that fiction is doomed to failure in this respect. But it is interesting to contemplate why fiction might not be the best medium for dealing with the tragedy of AIDS. In his diary *Modern Nature*, Derek Jarman laments the lack of homosexual autobiography: "the fictionalisation of our experience, there is hardly any gay autobiography, just novels, but why novelise it when the best of it is in our lives?" Reading this diary did indeed make me think that the best of Derek Jarman is in his life. The diary covers 1989 and half of 1990 when Jarman started to become seriously ill. Through the shopping, gardening, editing of films, the reader develops a real sense of the person writing. We are drawn into Derek Jarman's life and consequently suffer his decline all the more.

A similar feeling is to be found reading the poetry of Thom Gunn. It is the personal dimension that makes these works so powerful. The voices of Gunn and Jarman share the same immediacy, although Jarman's relatively free style could not contrast more with the tight structuring of Gunn's poetry. The poem *Memory Unsettled*, fulfills the wish expressed in the poem: "Remember me". It stands as a personal

testimony to a friend and allows the reader to share in what that loss must be like. The love of life and the richness of this life that Jarman communicates to us, also reveals what is lost in AIDS, what we all lose.

It is the title of Mars-Jones' book that betrays what I perceive as the fundamental problem in his work. What does he mean by a 'monopoly' of loss? For Mars-Jones it's what the AIDS-wracked community of homosexual males' experience in losing lovers and friends from within their ranks. In making this claim for male homosexuals he also makes explicit his refusal to deal with "AIDS in Romania, AIDS in Edinburgh, AIDS as experienced by women, children, needle-sharers." No-one wants to deny that the homosexual experience is specific, both Jarman and Gunn make that all too clear but, if we are to be given some neutral 'psychological space' in which to view AIDS, it is wrong to colour that space so markedly.

Mars-Jones falls unhappily between giving a personal account and trying to describe the reality of AIDS in a detached manner. The result is that he makes claims for a particular acuteness to homosexual experience without allowing us directly into that experience. The idea of a monopoly becomes very troubling when he suggests that there is something inherently more difficult in dying of AIDS than of cancer. The reader is left feeling that Mars-Jones has an insight into why this would be the case but that he refuses to share it with his poor reader. It is this manner of speaking for a community without sharing its intimate voice that lies at the root of so much ill, and eventually leads to a ghetto-type mentality. I want to know what the specificity of the homosexual AIDS experience is, I don't simply want to be told that homosexuals are different.

Like political and medical action, art can also have an informative role faced with a crisis such as AIDS. It can inform us of how people suffer and live and die. It can make us see in the midst of our everyday preoccupations what 'anti-body positive' means. Art can involve us in something which, we hope, will remain abstract for a lot of people. Commenting on the reactions to an exhibition he set up in the Third Eye Gallery in Glasgow, Jarman expresses his frustration at the criticism that his art was 'bad art': "Could they not see beyond art? Even if the installation is bad art it has provoked but not trapped the audience."

Faced with the tragedy of AIDS, something must be done, and art must do something too. It must go beyond what we can choose to like or to dislike, thereby taking people beyond themselves. It is the bravery expressed in an intimate account of suffering that can move us in this way. The courage required to expose personal despair and grief gives us a sense of the bravery involved in simply living. The best of the AIDS experience is in the lives of those who have lived or are living it, in the action of a man who climbed into another man's bed to hug him when he needed comfort.

MEMORY UNSETTLED

Your pain still hangs in air,
Sharp motes of it suspended;
The voice of your despair -
That also is not ended:

When near your death a friend
Asked you what he could do,
'Remember me,' you said.
We will remember you.

Once when you went to see
Another with a fever
In a like hospital bed,
With terrible hothouse cough
And terrible hothouse shiver
That soaked him and then dried him,
And you perceived that he
Had to be comforted,
You climbed in there beside him
And hugged him plain in view,
Though you were sick enough,
And had your own fears too.

Thom Gunn

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Facing the Monster

MAGIC CHILD

Kit Basom

Argyll Publishing £6.95

Kathy Williams

Kit Basom's **Magic Child** is the inspiring story of the author's healing journey from the horror of childhood sexual abuse to the wonder of being. It is a journey in which she learns to "face the monster until it gives her a gift", to confront the memories of her crippling abuse in order to heal the 'inner child' and free the adult woman from the past.

Much of the story takes place in the Rocky Mountains of America where Basom, at the age of thirty-five enters into therapy under the guidance and support of a Potowamatee woman. Both Basom's therapy and her narrative are enriched with Native American ceremony and ritual and it is in this spiritual context that she confronts a lifetime of unexplained accidents,

physical symptoms and unsatisfying relationships.

She begins to listen to what she has repressed and forgotten. She unearths terrible pain, the pain of not letting herself remember: "Kit noticed that she felt the worst just before she let herself remember. It was like holding back the memories took all her strength." She is frightened of having a nervous breakdown; her therapist reassures her it's only a 'nervous break-through'. She learns the "that the only way to the other side of the forest is through it."

Survivors of sexual abuse and therapists who deal with this type of experience will recognise and empathise with Basom's symptoms and difficulties; they might also recognise and empathise with the voice of the 'inner child', that part of the survivor which is so often locked away in the darkness of the past. Many sexual abuse survivors report how their attempts to talk about the abuse when they were children were rejected or denied by their parents or those they loved most. When Basom's three-year old 'inner child' speaks, you hear the absolute horror of that experience:

"Kit just told her daddy about a very bad

thing and he said it didn't happen. Everything started to get wobbly and thin. And the bottom of the cottage and the whole world and the whole universe split open and Kit fell through. First she tried to hang onto the chair and then her daddy's legs. But nothing was really strong anymore or really real, so her hand couldn't catch onto anything and she just fell into a big nothing."

Basom's story however, is not just about abuse and pain, bitterness or blame. It is about sharing the truth with her therapist, her family and her abuser. Through this process Basom is able to work through her feelings of denial, anger, sadness and guilt and discovers forgiveness and inner peace.

Magic Child affirms the belief that the key to wellbeing lies within the individual. No-one need remain a victim of his or her personal history. Basom's story is one of hope. By listening to the 'inner child' anyone can begin a journey of self-discovery and renewal. "I want to cut the wood, cook the soup and climb the mountain and dance and dance", she exclaims, "I want to live my life, not just do my time."

Among the contributors in this issue ..

Colin Chalmers is a former editor of *Scottish Child* and a regular contributor. **Jim Craig** - fae Govan and Castlemilk, wance wis a sojer but noo, thank God, isnae! **Deirdre Eadie** joined Fife children's panel in 1980 and was regional chairman from September 1989 until December 1992 when she resigned from the panel to take up a full-time career as a job-hunter. **Gerry McCann** is a freelance photo-journalist who has worked in Scotland and abroad. **Jacquie McGillen** works at the Advocacy Project in Glasgow. **Anna-Louise Milne** works in the Anglo-American Department of the University of Paris. **Jean Raeburn** is Children's Panel Training Organiser for Lothians, Borders and Western Isles. **Hugo Whitaker** is a health education worker and a member of *Scottish Child's* editorial group. **Kathy Williams** is a therapist at Wellspring, a centre for psychotherapy and counselling in Edinburgh.



Colin Chalmers

Sharing the Care in Castlemilk

Dear Editor,
I was interested to read the article "Just me and my Weans", December **Scottish Child**, in which Christine Kay described her experience of bringing up four children on her own in Castlemilk, Glasgow. I was particularly interested in her criticism and lack of confidence in the Social Work Department and her comments about the need for someone to call on at short notice or in an emergency to help look after her children.

As Coordinator of Castlemilk Family Care Project I feel the Project can offer the type of help which Christine identifies as being needed. The Project was set up to relieve stress on families and avoid family breakdown by providing a short break for children - anything from a few hours babysitting to a regular overnight arrangement. The children are looked after by local people and families who are assessed and approved as "Carers".

Although the Project is managed by the Social Work Department,

the service provided is open to anyone who lives in the Castlemilk area and self-referrals are actively encouraged. In addition the Project operates on a purely voluntary basis by using contracts to set up the respite care. We hope that by this means families do not feel 'forced' into using the Project. This should relieve some of the concerns expressed by the writer when she says "single parents are scared to go and ask for the help they need because they are scared of having their weans taken away."

We hope that the Family Care Project has gone some way to breaking down the barriers which exist. If any of your readers would like more information on what we provide, we would be pleased to hear from them.

Kevin Brown
Project Coordinator
Castlemilk Family Care Project,
Downcraig House,
1 Downcraig Terrace,
Glasgow G45
041-631 1053

Help In Coming To Terms With Child Abuse

Dear Editor,
I have always appreciated **Scottish Child**. The many articles I have read relating to child abuse have been extremely helpful to me. Your exposure of child abuse has been paramount in my personal fight to live with the past and face it and now to help others.

As a victim of child abuse I would like to know what drives a man to abuse. From my own experience I can see that power is a strong factor. My abuser was a very insecure adult. As a child he had been brought up by his grandmother, a very strong, powerful woman who was part of a

'cultish' religious group and forced her young charge to attend church four or five times a day, with no meals until he could recite a particular passage from his bible.

He obviously grew from boyhood into manhood with a deep-rooted hatred towards women. I believe he needed to have power

over me to gratify his fragile male ego.

Thank you, **Scottish Child**. Your articles about child abuse are a message of hope for people who have suffered it. So, please keep up the good work!

Name and address supplied

Playing Together - A New Community Project in Edinburgh

Dear Editor,
Scottish Child readers in Edinburgh may be interested to hear about an exciting play initiative for children with learning or physical disabilities. The Integrated Play Project has been established by Lothian Play Forum's Training and Development Project and Artlink. We shall be running three new after-school clubs in community bases around the city. Niddrie

Adventure Playground will cater for five to eight year-olds, Woods Youth Centre in Wester Hailes for eight to ten year-olds and the Triangle Arts Centre in Pilton for nine to twelve year-olds.

The aim of the clubs will be to allow children with disabilities to play alongside children with no identified special needs in a community base near their home.

We are keen to hear from parents

and carers of interested children living near the project bases and fitting the age bands we have established.

Anyone wanting to know more can get in touch with us on 031-337 8247.

Louise Young
Integrated Play Project,
c/o Artlink,
13a Spittal Street,
Edinburgh EH39DY

Scottish Child welcomes readers' letters. Please send them to The Editor, Scottish Child, 40 Shandwick Place, Edinburgh EH2 4RT or fax them to us on 031-226 3778. We sometimes cut letters for reasons of length.



Julia Morris

We Spend All Our Adult Lives Trying To Recreate Our Childhood Coburn & Naughton

One of the few bright spots in the post-festive season for me is the

HOME FOR CHRISTMAS

stories one hears, each one more outrageous than the last. Here's a selection.

Son stabs Dad with a gardening fork, a gift three hours earlier

Merry Christmas you Bastard!!

ARK!!

The alcoholic pillhead brother throws up over the turkey (Thinks no one notices)

Mum announces the divorce over Christmas dinner

I'm leaving your father

Daughter tells terminally ill father, she wishes he was dead

I wish you'd died years ago!! You old piece of crud!

but my favourite story is

I went home for Christmas because this year I thought it might be different

It'll be a year come May that I started working for the Advocacy Project in a small office borrowed from a Church in the South-East district of Glasgow. We provide a service for physically disabled people, people with learning difficulties and people with mental health problems. I'd say that in the district we're responsible for alone there are about twenty thousand potential clients. That's the scale of the need out there.

People often say to me "what is advocacy and what are you an advocate of?" The short answer is that we are not advocates of anything. We're trying to be independent advocates for people so that they can get a better deal out of agencies like social work and housing, or if they need support to have their views known.

Services for adults are really hard for people with disabilities to manage. For a start everything is means or need-tested and the formulae to discover if you're eligible for something are really incomprehensible. What we provide is a listening ear in the first place - to hear what people say they want to do or change in their lives. Once we've got some idea about that, we can help them to express their wants to others. Quite often people who come to us are involved with several different professionals - a social worker, an occupational therapist, day centre staff, family. Often all they need is someone to help them hold it all together.

When I took this job on it was quite a change for me. I'd always done 'people' work but it was mostly with children and I'd started out in administration in Strathclyde Social Work Department when I left school. I was one of those people who keep the office running smoothly, and type the letters and the minutes of meetings that other people run or attend. I didn't mind doing that - having the administrative skills I've got is invaluable - but I'd begun to feel I'd like the chance to develop more and have more involvement in actual work with people - what the social work world likes to call 'client contact'.

I suppose you could call me a



The Ordinary Advocate

**Jacquie McGillen describes her work for
The Advocacy Project in Glasgow.**

'new age' woman - a woman with a man who really shares the care of our two and three-quarter year-old son, Scott, and who gives me a lot of support with my job, whatever it is. John, my husband, has often tried to encourage me to go back to further education and to do a qualification, perhaps in social work. I know that he would give me both financial support and would also take care of Scott. However when my mother died, just under two years ago, I had to re-think whether I could afford to work at all - childminding fees being as they are and also trusting someone else with the care of Scott.

Luckily, the child-minding worked out all right because John had moved jobs himself to being a firefighter and so he was available six out of every eight days to look after Scott. He has now enrolled in two Mother and Toddler groups (sorry John, Parent and Toddler groups) - to give himself a rest and to let Scott mix with other children.

We like to say that John's other job is as a firefighter. I think that he manages all this very well and supports me doing a full-time job. One of the main compensations for all the hard work is the salary. It's for this reason I couldn't sacrifice the reasonable standard of living we have to go to college.

Also, I'm not sure I'd want to study every evening when I could be building train stations from Duplo, or making birthday cakes from Soft Stuff!

As a result of having no formal qualifications for the work I'm doing, I've had to do a good deal of training for this job and I've enjoyed the challenge of that. I have noticed a lot of professional snobbery though, as a result of making this switch from administration to direct work with people - and I've been on the receiving end of it. However I do have various skills, you could call them 'life skills', which help me and I get energy from working with people on their problems.

We get all sorts of requests for help. Recently for instance, we supported a man with learning difficulties who had to go to court because his dog bit a girl of eleven. We helped him understand the legal jargon and what would happen to him in court. He was very nervous and in fact was visibly shaking. The Fiscal produced five witnesses, who all had to point to him, and who all said the same thing - that his dog bit the girl.

Our client was in total agreement that his dog had bitten the girl, but his lawyer was arguing a point of law - and he was told to sit and say

nothing! The girl suffered a bruise - the dog did not break the skin. Her family lived in the same close as our client and would often call him names openly in the street.

Having put this child and two other child witnesses through the ordeal of court, being examined and cross-examined, having to give statements to the police and also having to speak to our client's lawyer, the judge admonished our client after having found him guilty. The judge said nothing else! It was left to us to explain in ordinary terms to our client that it was imperative that he didn't let his dog out without a lead and that he should be in control of it all the time.

I'd say one thing that I see as a strength in not having what are seen as standard professional qualifications is that I tend to take people as they come and treat them on their own terms without pigeon-holing them. You can't work for long in the Advocacy Project without realising that a lot of the people who come and seek us out are dissatisfied because they've become part of a system that's let them down. Quite often people are denied access to essential services because of the attitudes of the professionals who are actually paid to provide them.

It's sometimes particularly hard for the adult with a mental health problem - and in this age of 'care in the community' that's an increasing number. Without some help they can easily find their way into short-term accommodation, hostels or even the street. You can't rely on their family, if they have one, moving in to help, because people who are in and out of psychiatric hospitals often either lose touch with their families or tax the family's resources to the limit and beyond.

The fact is all our clients experience their problems in different ways - problems either as a result of their disability (physical or perceptual) or basically problems due to each of us being different and unique.

I must say I like the variety of the work I do, as well as the daily challenge of fitting it all together - home and office. ■

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IN THE NEXT ISSUE OF SCOTTISH CHILD APRIL/MAY 1993



Fitness Freaks or Couch Potatoes?

Is it just adults who worry about 'getting fit' or do children take it seriously too? And what's on telly in the age of the video and satellite TV? SCOTTISH CHILD investigates the leisure scene for the young.

"Water, water everywhere and not a drop to drink" - What's the Scottish response so far to the prospect of water privatisation?

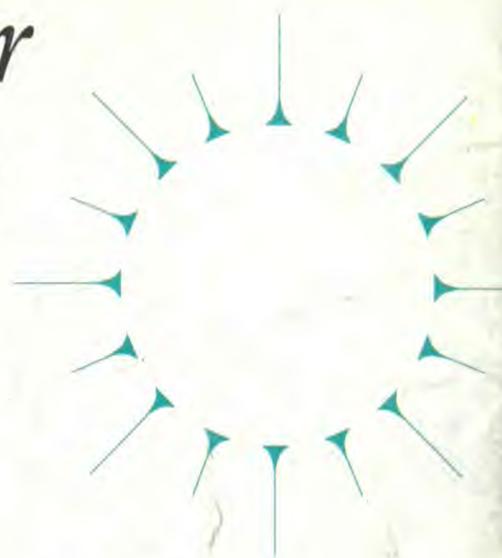
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