

# Third Way Parenting and the Creation of the “Named Person” in Scotland: The End of Family Privacy and Autonomy?

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## Abstract

This article has been developed through the experience of working with the various organizations and individuals who have been part of the No to Named Person campaign. The aim of the article is to understand the emergence of the Named Person in Scotland and to explain the significant distance between legislators and policy makers and those who have opposed the Named Person initiative. We propose that the key to understanding these divergent views is predicated upon profoundly different views of the family, the collapse of the ideal of family autonomy, and its replacement with what can be described as “third way parenting.” Here, the meaning of the “Named Person” as laid out in the Children and Young People (Scotland) Act 2014, and the opposing views that have been made against this act are explained. The “Named Person” provision in the legislation, it is argued, has developed with the rise of micro-managerial politics, the construction of the “at risk” child and the anxiety expressed about the early years of children, seen most clearly in the significance of early intervention policies. Within this context, parenting has become problematized and increasingly understood as a skills activity requiring training, support, and surveillance.

## Keywords

at risk, early intervention, GIRFEC, NO2NP, family

## Introduction

Central to the Children and Young People (Scotland) Act (Scottish Parliament, 2014a) is the provision for a Named Person. The Named Person is a state named professional “guardian” who will oversee the interests of every child in Scotland from birth. Initially, this professional will be a health visitor and the Named Person baton will be passed upward as the child grows, onto primary and then high school heads or guidance teachers. This Named Person has grown out of the *getting it right for every child* (GIRFEC) approach, and it is hoped will improve services, help keep children safe, and oversee the well-being of all children in Scotland.

Significant opposition against the Named Person has developed in Scotland, seen most clearly with the No to Named Person (NO2NP) campaign. Looking at those arguing for and against this new initiative, it was noticeable how far apart the two sides were, and indeed are. The anger at NO2NP public events is palpable, as indeed is the incomprehension about how the Scottish government could introduce something like this. At a number of these events, the Scottish National Party (SNP) government is even described as being fascist, as if it is driven by some ideology that has resulted in this Named Person being forced upon us.

This article has developed out of the author’s involvement with the NO2NP campaign. As a form of participant action research, it was initiated by existing research looking at the potential problems of early intervention. This examination of early intervention was itself developed out of prior research looking at the political nature of antisocial behavior legislation and the trend toward the regulation of public life. The author was involved in discussions at the Scottish Parliament before the act was passed examining the strengths and weaknesses of the Named Person initiative. Subsequently, discussions were held with a variety of groups and individuals who were opposed to the Named Person. Out of these discussions, the NO2NP campaign was formed and the author helped to organize and chair a conference on this subject and also chaired numerous “roadshows” across Scotland: These public events, the work with parents and parents’ groups, and

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subsequent analysis of Scottish social policy documents regarding this matter, form the basis of this article.

It is worth noting at this point the nature of the opposition to the Named Person compared with those who were promoting it, a difference that explains, in part, the gulf that existed between the two sides. The groups and individuals in the opposition camp were almost entirely made up of “old school” types: Christians and Conservatives with a moral defense of the family stood alongside socialists who opposed the demonization of the family and the abandonment of structural explanations and action by the state, with a variety of liberal and libertarian voices arguing for parental rights making up the triumvirate. This contrasted with the politicians, medical experts, and child care professionals who make up the bulk of those promoting both GIRFEC and the Named Person. These groups it is argued here represent, what we will call, the *new class*.

The objective of this article is to look at the Named Person and to try and explain what it is and why this state guardian has been created. The nature of the Named Person legislation and the arguments against it will be discussed below but more particularly there is an attempt here to understand the Named Person as a reflection of the changing nature of the relationship between the state and the family.

## The State We Are in

This article attempts to follow Nigel Parton’s concern about the changing nature of state policies toward children and families (Parton, 2006). Most particularly, it is concerned with what appears to be a significant shift in terms of state expectations about its active responsibility to create prescribed “outcomes” in children and to develop a framework of intervention around the broad category of “well-being.” Some of these trends can be understood with reference to Alvin Gouldner’s description of the new class—a flawed “universal” class who stand above the soiled world of politics or moral contestations and use “scientific” methods to develop a mechanism for regulating society at arm’s length (Gouldner, 1979).

Christopher Lasch’s work is also useful for assessing what he saw as a trend in social policy for professionals and experts to colonize the socialization process of children (Lasch, 1977). This, he argued had a long history through the 20th century, but was becoming more intense as society attempted to deal with what Habermas called a “legitimation crisis” (Habermas, 1976). For Lasch, the moral and political framework for state activities had increasingly become replaced by a process of law making. Law making in a sense became a replacement for politics and morals, something that Alan Findlayson argues became increasingly significant under New Labour, at a time when politicians found it difficult to change society through political and moral leadership by engaging the “energy of the people” (Findlayson, 2003).

Consequently, there has been a shift in politics and a development of micro-management policies and initiatives summed up perhaps most simply through the idea of “the politics of behaviour” (Blears, 2004; Field, 2003). In part, this has been influenced with the emergence of the “therapeutic state” (Nolan, 1998) and the elevated significance of the emotional life of individuals, an emotional life that Frank Furedi believes is predicated upon a diminished view of the human participant and a universalizing understanding of people (especially children) as being fundamentally vulnerable and consequently, in need of support (Furedi, 2004).

This sense of vulnerability is assisted by what Lasch (1979) described as a world of diminished expectations that he saw developing out of the 1970s, a world with a decreasing sense of human or social possibilities and as such a world that became preoccupied by the mere need to survive. This was a society, described by Furedi (1997), as one that was increasingly dominated by a culture of fear—a culture within which safety became the new absolute—a prism through which an increasing number of activities, interactions, and initiatives became subsumed and resulted in the growing (best) practice of risk management.

Whereas past approaches to life and society by the “old school” types were grounded in a belief in the potential to transform society, or transform individuals or, for conservatives, to uphold standards from the past. The new class, especially in its increasingly therapeutic guise, is uninterested in traditions or with notions of transformation and has come instead to be preoccupied with the need to micro-manage behavior. Their forensic approach to family life consequently becomes enamored with neuroscientific discussions about the *brain* as they abandon any attempt to understand the *mind*.<sup>1</sup>

## Managing the At-Risk Family

Critical concerns about social policies targeted at families over recent years have addressed a number of issues regarding the “colonization” of the family, the bureaucratization of children’s services and the emerging “risk management” approach to parenting. Nigel Parton (2006), in his book about *Safeguarding Children* (subtitled, *Early Intervention and Surveillance in a Late Modern Society*), has described “the emergence of the ‘preventive state’” (p. 6). This is a state that has come to be organized around the protection of the “at risk” child.<sup>2</sup>

This growing focus upon the “at risk” child has been assisted by the “rapidly-growing number of features of modern life,” such as food, sunshine, and technology, which are now deemed to be “risks” (Lee, Macvarish, & Bristow, 2010, p. 295). Child safety concerns are recognized to be widespread among the public itself and concerns about the rise of “cotton wool kids” has been aired (Waiton, 2001). More abstractly, questions have been raised about not only the proliferation of modern day “risks” but also more generally about the emergence of an exaggerated “risk consciousness” that influences parental

attitudes and professional practices (Furedi, 1997, 2001). One of the outcomes of the growth of perceived “risks,” the critics argue, is that the idea of the “child at risk” has expanded from a term used to relate to a very specific group of children to become a category that is more generally “applied to *all* children” (Lee et al., 2010, p. 295).

In addition, the growing tendency to understand areas of life through the prism of risks has led to a form of risk management becoming a political objective with set targets and outcomes being established within children’s services. Once established, as Lynne Wrennall argues, the inability to reach these outcomes themselves becomes understood as a risk. She notes, for example, that when discussing the “Trojan Horse” of child protection, “The term ‘Child at risk’ used to mean, at risk of abuse or neglect, but it has now been redefined to mean, a child at risk of not meeting the government’s objectives for children” (Wrennall, 2010, p. 310). For Stephen Webb, the growing anxiety about child safety in society and within policy circles, has taken on an internal governmental dynamic, and risk management becomes increasingly proceduralized (Webb, 2006).

Through the prism of “risk,” objectives, ideas, and services targeted at children and families have increasingly developed around the need for “prevention.” For Nigel Parton (2006), the key change in children’s services in England and Wales is that prevention, rather than being a fringe activity has been, recast and “placed at the centre of public policy” (p. 6). This shift emerged with the wider trend toward a more managerial, “less political” approach to social policy—an evidence-based approach that “came to the fore in the UK with the advent of the New Labour government, who saw it as a pragmatic ‘third way’ approach that transcended ideologies of Left and Right” (Edwards, Gillies, & Horsley, 2016, p. 1) This idea that “every problem in society has an evidence-based solution” is arguably part of a “modernising, new managerialist approach to governance in which social values and moral issues are reduced to technical rationality” (Edwards et al., 2016, p. 1).

The rise of managerialism and bureaucratic mechanisms for relating to children and families has, in the last few decades, developed more specifically with the growing focus upon the management of risk or risks. This is arguably part of the wider “survivalist” instinct, discussed by Lasch, that has resulted in a society weighed down with concerns about preventing harm rather than doing (political or moral) good. As Parton notes, for example, increasing surveillance, potential restrictions on liberty and mass data collection are all part of a new “protectionist” approach that is predicated upon “intervening at a much earlier stage’ rather than a crisis management approach” (Parton, 2006, p. 6). Indeed, to manage risk and to prevent problems inevitably results in the desire for early intervention that itself necessitates intervention based on what would previously have been seen as lesser issues or problems: If we are going to “intervene early,” this means that we intervene before a major problem exists.

Avoiding risks and being risk conscious, Stephanie J. Knaak notes in her study of breastfeeding, is part and parcel of what “good mothering” has come to mean to both professionals and mothers alike. It is the purview of a medical-scientific discourse, she argues, in which authority is gained through the ability to “define and monitor ‘risk’ in parenting” (Knaak, 2010, p. 345).

Through the prism of risk and the inevitable trend toward early intervention within children’s services, an “explicit linking” has developed of the “minutiae of everyday parenting practices” with what is understood to be the “good of society as a whole”—something that necessitates further a need for more “government policy” (Edwards & Gillies, 2011, p. 141).

For Ellie Lee, the construction of the child “at risk” has resulted in parents being equally constructed as “risk managers.” She notes, “Attention has been drawn to the distinctiveness of a culture that routinely represents ‘parenting’ as the single most important cause of impaired life chances, outstripping any other factor” (Lee et al., 2010, p. 5). Once parents are established as risk managers their behavior becomes a potential focus for professional concern and management. As a result, “parenting” becomes something specific, something more related to issues associated solely with the prevention of harm and with a professional understanding of risk avoidance. Indeed parenting itself is reconceptualized as a, and possibly *the* most important, risk factor.

The implications of these developments for The Family, as an institution in its own right are significant, and we have seen, over the last decade, clear indications that when it comes to parenting, the hope and expectation is that families will open themselves up to the support (and surveillance) they are understood to need from professionals.

When the education secretary Alan Johnson launched *Every Parent Matters* (Department for Education and Skills, 2007), for example, the, “vital role of parents in improving their child’s life chances,” was emphasized, before Johnson explained that, however, “Traditionally, parenting has been a ‘no-go’ area for governments. But now more than ever government needs to be supportive of parents who are themselves increasingly seeking help” (“Fathers Told to ‘Dig In’ to Bond,” 2007). Most recently, addressing the problem of social mobility and the claim that “4 out of ten children are missing out on good parenting” (Social Mobility & Child Poverty Commission, 2014, p. 40), the social mobility tsar, “Alan Milburn said it should be ‘the norm’ for families to be given advice on issues such as reading to their children, imposing discipline and restricting TV viewing to tackle the scourge of ‘bad parenting’” (“Make Parenting Lessons the Norm,” 2014). Noticeably, a 2011 paper by the Social Mobility and Child Poverty Commission, promoting the need to normalize parenting classes, was titled, “Opening Doors, Breaking Barriers” (HM Government, 2011).

The anxiety about parenting, Macvarish argues, has been accelerated through the expanding category of “abuse” and “neglect.” She believes that “behaviour which would once have been regarded as within the range of family experiences, such as children becoming overweight or parents getting angry and using moderate chastisement,” is now categorized with reference to risk, abuse, or neglect categories (Macvarish, 2014, p. 88).

The problematization of parental practices has been assisted, Furedi believes, with the emergence of a therapeutic culture and the understanding that there is an emotional deficit in society that is more central to individual and social problems (Furedi, 2004). Emotional tensions have consequently been recast as issues of abuse leading to calls for a “Cinderella Law” to punish parents who are emotionally cruel to their children. Sylvia Hewlett and Cornel West believe that the modern anxiety surrounding emotional abuse of children developed first in the United States with the discovery (and construction) of the idea of “toxic parenting,” an idea promoted by psychologist John Bradshaw that led him to argue that 96% of families in the United States were dysfunctional (Hewlett & West, 1998, p. 138).

This focus on the emotional individual within British families can be understood, in part, in relation to the “third way” focus on the minutiae of everyday parenting that neglected structural (political) factors and defined social exclusion as a “purely cultural phenomenon, to be addressed by changing the norms of parenting in poor families” (Clarke, 2006, p. 718).

With the declining significance of political ideologies, the trend was for *social* policy to be increasingly focused upon the individual and more particularly, upon the emotionally constituted individual. One of the outcomes in the United Kingdom was that there was a growing focus upon “the manipulation of the child’s immediate environment,” and with the hugely expensive development of the Sure Start programs in England, there was now a major government initiative that targeted a section of the population—the under-fours—“whose needs had previously been seen as almost entirely the private responsibility of their parents” (Clarke, 2006, p. 716).

In the United Kingdom, as we moved into the new millennium, Tony Blair explained that if he had an extra billion pounds to spend, he would spend it on the under-fives (Parton, 2006). As Featherstone notes, this emphasis on the under-fives was part of “New Labour’s desire to redraw the welfare state [through] an emphasis on investing in children” (Featherstone, 2009, p. 2). As we have seen, this refocusing upon children came with a growing sense of risk in society and with a professional belief in the need to manage these risks—risks that related to the minutiae of everyday life and increasingly included a therapeutic understanding of emotional dangers faced by children—dangers that needed to be prevented through early intervention.

## The Children and Young People (Scotland) Act 2014

The Named Person is about the safety and well-being of children and about creating a “joined up” service where there is one single person who can be approached by a parent regarding services. It is about better service delivery and part of this service is to ensure that the general well-being of the child is maintained and that the child is safe. This service will be assisted by better data sharing between professionals. The Named Person, being a professional who is in touch with the child on a daily basis (such as a teacher) will also play a more proactive role in watching out for the child’s well-being and will be trained to understand what “well-being” means helped by the SHANARRI indicators developed through GIRFEC. These well-being indicators relate to being Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included, and it will be a statutory responsibility for the Named Person to oversee the child’s well-being

It is explained in the Policy Memorandum to the Bill that

Children and young people from birth up to 18 (or beyond if they are still at school) have a Named Person and that relevant public bodies cooperate with the Named Person by sharing relevant information with the Named Person where there is a risk of the wellbeing of a child or young person being impaired. (Scottish Parliament, 2014b, p. 15)

The Named Person, will be constantly updated, and have access to data about all services or difficulties that a child has as they grow, where there are “concerns” about the “well-being” of a child. Indeed it will be a statutory “duty” for services (doctors, police, social work, welfare agencies, etc.) to pass on this information (Scottish Parliament, 2014b, p. 17). Subsequently, it is hoped that the Named Person will be “in a position to intervene early to prevent difficulties escalating” (p. 16).

This sharing of data, based on “concerns about well-being,” is a significant change from the much more specific and previously required benchmark for sharing data based on there being evidence of “significant risk of harm” to a child. The Policy Memorandum explained that the role of the Named Person is,

based on the idea that information on less critical concerns about a child’s wellbeing must be shared if a full picture of their wellbeing is to be put together and if action is to be taken to prevent these concerns developing into more serious issues. (p. 18)

The Named Person is embedded in the GIRFEC approach that was developed out of a review of the Children’s Hearing System in 2004. GIRFEC’s aim is to support children and families by streamlining provision and getting all agencies that have contact with children to work together to provide better services and also to safeguard children, with, in part, an understanding of the importance of early intervention as a remedy for preventing problems in the future (Scottish

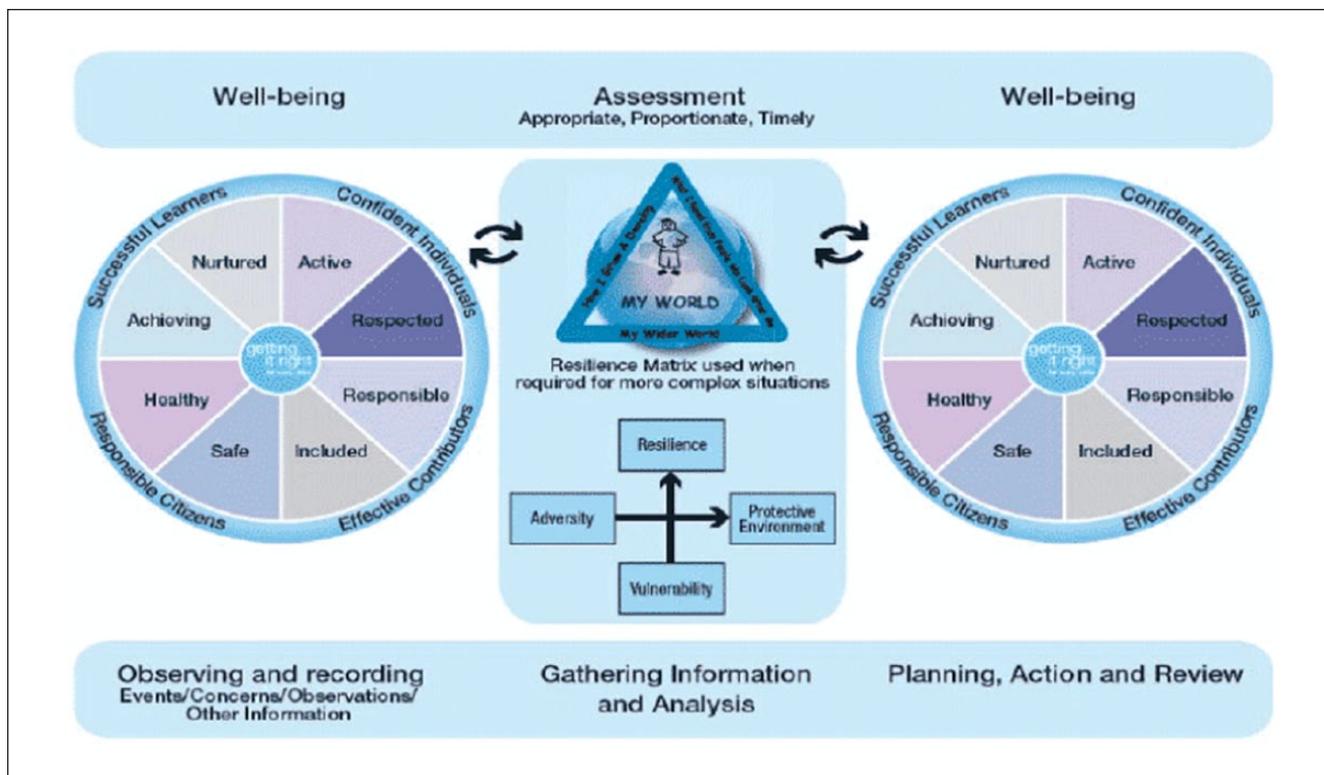


Figure 1. GIRFEC national practice model.<sup>9</sup>

Government, 2008). Consequently, it is believed that the needs of children in Scotland will be better met and a culture of shared responsibility will develop among staff in health and education as well as social work.

Despite the real differences between family policies in England and Scotland (Donoghue, 2011), in many respects GIRFEC replicates the Every Child Matters (ECM) approach developed in England in 2003. Both emphasize the importance of data sharing between agencies and the need to move from a crisis management approach to one based on the early years framework that prioritizes the issue of safeguarding children through early intervention (HMSO, 2003).

Sir Harry Burns, the Chief Medical Officer in Scotland until 2014, has been one of the most influential advocates of early intervention through his promotion of the problem of “health inequalities” (rather than simply inequalities). In the introduction to *Supporting Young People’s Health and Wellbeing: A Summary of Scottish Government Policy* (2013) he sums up the approach:

If we are to have the greatest chance of influencing the determinants of health and wellbeing, we should focus efforts on actions to improve the quality of care for children and families. We should start by making efforts to ensure a safe and healthy pregnancy, a nurturing childhood and support families to bring up their children in a safe, healthy, supportive and stimulating environment. Efforts to enrich early life represent our best hope of breaking the intergenerational cycle of disadvantage.<sup>3</sup>

### The Risk Management of Well-Being

A more detailed understanding of the GIRFEC framework that underpins the named person can be gained by looking at previous policy documents and publications explaining the nature of “good practice”—especially good practice in terms of the increasingly central idea of “well-being.”

The measurement and monitoring of well-being has been developed with the help of risk indicators, outcome signifiers, and various ways of managing information about children. The *National Risk Framework*, for example, is a GIRFEC document, used to explain how to understand and manage risks. It aims to “support and assist practitioners at all levels, in every agency, to be able to approach the task of risk identification, assessment, analysis and management with more confidence and competence.”<sup>4</sup> It is now also part and parcel of the framework around which the Named Person will operate. There are 221 “risk indicators” in this risk framework that are intended to help calculate a child’s well-being and a parents’ inadequacy in this regard.<sup>5</sup> These are assisted by the Wellbeing Wheel, the My World Triangle, and a Resilience Matrix. The GIRFEC assessment framework also includes an explanation of collecting information by using risk indicator forms; how to be a risk analyst to understand the child’s world and how to be a risk manager (see Figure 1).

Explaining the underlying early intervention ethos behind the framework, the report states that

Named Persons, Lead Professionals and others then need to *project the future probability or likelihood of harm* and to determine if this harm is significant in nature or not. Projection of probable risk of harm significantly also means *that there is a potential for error in terms of what we think may occur. This is no small task indeed* [emphasis added].<sup>6</sup>

There is a clear shift, in policy documents in Scotland, away from the use of the term welfare toward the idea of “well-being” as the basis of professional practice regarding children. Looking at the consultation document regarding the Children and Young People Bill, written in 2010, for example, it states that

We are shifting away from a view of a child’s and young person’s “welfare” that treats their health, education and safety in isolation towards a more rounded view of their “wellbeing,” where services are sensitive to all the factors that affect how well children and young people grow and develop.<sup>7</sup>

There is an attempt to standardize the idea of well-being and to develop forms of assessment by creating lists of factors that indicate well-being concerns. The Scottish government has created a form with 308 well-being indicators or signifiers (as they are called). Each SHANARRI category has its own list—relating to being Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included. Perhaps unsurprisingly, for such a long list, some of these signifiers are contradictory, many are subjective, and some are extremely personal. For example, although the child is meant to be safe, she is also to be encouraged to be curious and explore her environment; another signifier asks whether the child smiles and laughs a lot, another wants to know whether the child is unduly anxious about the physical changes taking place during puberty. A number of the signifiers are reasonable questions regarding what would historically have been understood as neglect or maltreatment. Many more, such as the three listed, could indicate something or nothing about a child. A significant number of these well-being signifiers also relate directly to issues of parenting—does the child have a good relationship with family, is she actively involved in her family, are they treated with respect and dignity at all times, is their privacy respected, do they receive regular praise and encouragement? Noticeably, many of the signifiers are concerned with the emotional well-being of the child and about how the child feels whereas others seem excessively prescriptive, asking, for example, whether the child is developing aptitudes in one or more cultural activities and one or more sporting activities.<sup>8</sup>

## Opposition and Analysis

The Children and Young People (Scotland) Act was not simply about the Named Person, it covered a large array of welfare-related provisions, the vast majority of which were

supported by Members of the Scottish Parliament (MSPs) within the Scottish Parliament. Some concerns were raised about the Named Person aspect of the bill, particularly by Conservative MSPs who eventually abstained. All other MSPs supported the bill on February 19, 2014. Opposition to the Named Person had also developed outside of party politics, among Christian groups, legal bodies, and a variety of individuals and organizations representing parents. The basis of this opposition is what we will now turn to.

Central to the varying forms of opposition to the Named Person was a concern about the family being undermined or ignored by the Scottish government both during the formation of the bill and in its content. Parental rights, family rights, and issues of a loss of privacy were core concerns. Below, we look at some of these key areas of concern and use them as a basis to look further at the framework upon which the Named Person has been established.

## Family Valued?

A variety of parent groups, legal bodies, and individuals opposed the Named Person initiative. A number of these groups joined the NO2NP campaign. One of these, the Scottish Parent Teacher Council’s (SPTC), as part of the consultation process, submitted a paper to the Education and Culture Committee of the Scottish Parliament. A concern they raised about the bill was that despite government suggestions that the Named Person was about helping parents, in their experience, few parents had actually been consulted about the new initiative. Rather, through the government’s detailed consultation with various children’s charities (who work in the main with “vulnerable children”) the almost pre-set consultation framework related to children who were understood to be “at risk.”<sup>10</sup>

Concerns about parents’ rights have also been raised with regard to mass school surveys that have been carried out across Scotland with both 9- to 13-year-olds and with older children. As part of the GIRFEC framework, school surveys attempting to analyze the wide array of possible issues regarding children’s well-being have been carried out in Scotland, resulting in complaints from some parents.<sup>11</sup> These surveys have been carried out on the basis of the “assumed consent” of parents (rather than actual active consent) and have included intimate questions about family life and the sex life of children as young as 9 years old. For example, a mother from Milnathort, told the Fife Herald, “My 12-year-old niece was quite upset when she was asked if she’d ever had anal sex. She told me she and her friends stopped doing the questionnaire then” (“Parents Shocked by New School Survey,” 2013). Other questions asked related to, “legal and illegal drug and alcohol use, domestic disturbances, parental approaches to discipline, weight problems, theft and weapon-carrying” (“A Question of Striking Right Balance in Surveys,” 2014).

Examining these surveys, Kenneth Roy of the *Scottish Review* noted that “assumed consent,” when consent is presumed if you do not opt out of a survey, is seen as an unacceptable practice for surveying children by both the European Data Protection Directive and the Economic and Social Research Council. Despite this, the Scottish government, Roy notes, has launched the new “ChildrenCount” survey, which he believes will lead to a “massive national database backing up the present administration’s intentions to have a ‘Named Person’ for every child in Scotland.”<sup>12</sup>

On the fundamental question of the Named Person undermining the family, the Faculty of Advocates argue that the bill, “dilutes the legal role of parents whether or not there is any difficulty in the way that parents are fulfilling their statutory responsibilities.” The SPTC likewise argued that the Named Person framework failed to recognize the significance of the relationship between the parent and child, or to recognize that there was something special about this relationship.

The Christian Institute which is central to the NO2NP campaign has unsuccessfully launched a legal challenge against the Named Person, with the basis of the challenge being focused on the lawfulness of the universal nature of the Named Person and the nature and extent of the powers of the Named Person. Specifically, it questions whether this initiative cuts across the rights and responsibilities of parents, which relates to Article 8 of the European Court of Human Rights (ECHR). More generally, a question is raised here about the principle of subsidiarity, which is one of the fundamental underlying principles of the ECHR: This principle (developed most fully after the Second World War and with reference to Fascism and Communism) challenges the state’s presumed place as the only body worthy of value and loyalty in society, thus situating the family as a “society in its own right” with functions that should not be interfered with. Interference in family life is protected against in law and supported only when there is a “pressing social need” to do so, related to exceptional cases of the “prevention of significant harm to the child.” Article 8 also ensures that parents have the “possibility and right of effective participation in any official decision making process concerning the care and protection of their child.”<sup>13</sup>

Maggie Mellon the vice chair of the British Association of Social Workers and a critic of the Named Person scheme believes that families are being ignored by the Scottish government. Examining the 84-page document that accompanied the act, she notes that there was only one mention of “family” in the entire document and that was in relation to a care placement for a looked after child. There is no mention of “families.”<sup>14</sup>

Over time, an increasing number of documents have been written to explain in more detail what the Named Person’s role will be in practice. Rather than quell concerns about the family being undermined however, the more detail that is given, the more concerns have been inflamed. Take, for example, *The*

*Easy Read Guide to Getting It Right for Every Child*.<sup>15</sup> This guide for parents attempts to give more easily accessible information about the Named Person and gives a list of suggestions or instructions regarding each of the SHANARRI indicators. The examples include the following:

Your child is kept away from dangerous things such as fire and traffic (Safe).

Your child eats healthy food, gets enough exercise, and is happy (Healthy).

Your child wants to work hard, feels confident, and gets praise (Achieving).

Your child knows they are loved and have daily routines (Nurtured).

Your child plays at home, and outdoors and does fun things with the family (Active).

Your child is treated as an individual, listened to, can keep things private, and gets a say in things such as how their room is decorated and what to watch on TV (Respected).

Your child knows about right and wrong and you trust your child to do the right thing (Responsible).

Your child can be part of a group such as Scouts, Brownies, or a football group if they want (Included).

At the end of each section it states, “People who work with your child will check your child is safe” (or Health, Achieving, Respected, and so on).

Another new initiative in schools is the Hopscotch Theatre group’s production of a story about Ms. GIRFEC and Mr. SHANARRI, which includes two songs—the SHANARRI song and the Rights song. Almost 30,000 primary school children are currently being taught these songs that (in theory) teach the children, through play, stories, and song, about GIRFEC, the Named Person, and about their rights.<sup>16</sup> As well as causing consternation about the state indoctrinating children by getting them to sing songs with lines that include things such as “We can measure pride and pleasure,” concerns have already been raised at roadshows about children coming home and telling their parents that they do not have to go to bed, or that they do not have to do French at school, because they have got rights.

Finally, it is worth noting that much of the criticism about the Named Person has been directed at the idea of teachers as Named Persons. However, a point often raised by those both in favor or opposed to the Named Person is that for most children at school it will be meaningless, in that teachers will not be interested in minor issues and will only get involved, as a Named Person, in more serious cases. To some extent this may be the practical reality, although it also goes against the very idea of the Named Person as someone who is overseeing the well-being of the whole child in all aspects of their life and development. But at least in terms of actual assessments, judgments, and interventions, there may be a reality to this point, especially as no additional resources are being made available to schools.

However, when it comes to health visitors as Named Persons, every single child will have a Named Person directly assessing them, and specifically assessing their well-being needs as discussed in the *Universal Health Visiting Pathway in Scotland Pre-Birth to Pre-School* document (Scottish Government, 2015).<sup>17</sup> Health visitors, including assessing the general health of a child, will now have a duty to visit a parent eight times in the first year of the child's life and ensure they support and safeguard the well-being of the child. Health plan indicators will also be used. These have been "redefined" to include an "emphasis on wider family health" (p. 5) There will be an expectation that the health visitor will take a proactive "health creating" approach that should begin with two pre-birth visits. On average, these initial visits, the visits in the first year and subsequent visits should take between 45 and 60 min and will include breastfeeding benefit awareness, the need to carry out a routine enquiry for gender-based violence (which relates specifically to violence against the woman and child and will be assisted by the *Domestic Abuse Risk Assessment Checklist* where abuse is disclosed), and routine enquiries about family finances/money worries. Core issues to be discussed pre-birth will also include preparing the mother and father for parenthood, promoting attuned, sensitive parenting, raising awareness about the value of talking, stroking, singing pre-birth and the benefits of brain development, and raise awareness about second hand smoke.

The *GIRFEC practice model* and the *National Risk Assessment* tool are highlighted throughout this report as the National assessment tools to be used, these tools, discussed above include various forms and data monitoring forms related to the 308 SHANARRI well-being signifiers and the 221 risk indicators. Essentially, the health visitor is no longer just a health visitor but a Named Person and a monitor of well-being, who, like the Named Person in general must, ensure that "any risk or potential risk to child or parent/carer health and wellbeing is identified /addressed early" (p. 10). The health visitor as Named Person, following in the trajectory already developed under GIRFEC, will be proactive in their surveillance of well-being within a family home.

Assessing, judging, and supporting far wider areas of a parent and child's life and relationship will be universally carried out now with the help of the broad well-being indicators and in part through the framework of assessing these relationships through the framework of risk and the potential need for early intervention. Unlike in education, where there are no additional resources for the Named Person, there is to be a significant increase in the funding for health visitors with a planned additional 500 new health visitor posts being created in Scotland.

## Privacy?

Major concerns were also raised about the sharing of data with and by the Named Person. Having more integrated services,

better partnerships, and collaboration is a key element of GIRFEC. Better data collection and the use of improving digital technology, it is hoped, will facilitate this process—a process that is central to the Named Person.

Part of the Named Person initiative means that all professionals coming into contact with children will be taught about the SHANARRI well-being indicators. If they have concerns that *any* aspect of a child's well-being is, or is at risk of being, unmet, they have a duty to share this information with the Named Person. The Scottish government argues that information will not be shared without the child's or the parent's permission and argue that data protection laws are not being breached. The Law Society of Scotland however, raised questions about confidentiality, specifically wanting to know whether this sharing of information between professionals could undermine the trust that young people have when disclosing information to adults.<sup>18</sup>

Concerns about the Named Person have also been expressed by parents. This is something that may increase as parents experience the impact of this initiative.<sup>19</sup> Alison Preuss, the organizer of the home-schooling group Schoolhouse, has, for example, received a number of complaints from parents about "Named Persons . . . trawling and sharing children's and parents' health records."<sup>20</sup> Elsewhere concerns have been raised about who the Named Person is, their right to receive copies of children's confidential medical records, and the threatening letters parents have received warning them that their Named Person will be informed if they miss medical appointments.<sup>21</sup>

The practicalities of data sharing are still unclear and often only come to light through newspaper articles and letters sent to the press about experiences parents have had.<sup>22</sup>

Lesley Scott of Tymes Trust, a charity for young Myalgic Encephalomyelitis (ME) sufferers, who is part of the NO2NP campaign argues that there is a fundamental problem with the government's argument that data will only be shared if the parent and/or child agree to this—and that is the question of non-compliance. Are children, in particular, really in a position to say "No" to professionals who want to share information about them? From her experience of working with parents, non-compliance, or refusing to accept professional judgment, Lesley argues, "is the fastest way to get social workers investigating you as a problem parent." Lesley Scott's argument is backed up by Jane Colby the director of Tymes Trust. In a paper for *Argument and Critique*, Colby noted that many parents end up being investigated by social services because of suspicions about their child's illness especially when a parent is seen as non-compliant, there have been 141 such investigation across the United Kingdom concerning "abuse or neglect," not one has resulted in action by the authorities. She notes,

We assert that for 100% of these families to be innocent, something is gravely wrong with the methods through which children with ME are selected to be the subject of Child Protection investigations and with the conduct of these investigations.<sup>23</sup>

Looking at the “risk indicators” in the *National Framework of Risk in Scotland* document (the GIRFEC risk indicators that will be used by the Named Person)—being a non-compliant parent can be associated with at least four “risk” signifiers: parental resistance/limited engagement, refuses workers access to child, parents masking the reality of the situation, and no shared understanding of concerns.<sup>24</sup> Parents do not *have* to comply when a professional wants to share information about them or their child, but if they do not they could be labeled as non-compliant—a risk factor to their child’s well-being. As well as this, the Named Person or other professionals could share information without the child’s or parent’s consent if they believe that by asking for consent the child will be put at risk. This again is something that Lesley Scott believes is highly subjective, especially when the extremely broad category of “well-being concern” is the basis upon which a Named Person is meant to act.

Data sharing is important for health visitors in their role as Named Persons, and the confidentiality of client’s medical (and other) records is changing. The *Universal Health* report states that

After following the due process in the Act including seeking the views of the child and *normally* [emphasis added] the parent, sharing of information to promote, support or safeguard a child’s wellbeing with or by a Named Person’s service will be a duty even where there is a duty of confidentiality hence consent to share relevant and proportionate information in this context will not be required and if sought and refused could potentially damage the HV/parental relationship.<sup>25</sup>

The duty of confidentiality here appears to be trumped by the duty to share information. Indeed, one of the reasons you may share information without getting consent is if you think that telling your client that you wish to share this information could “potentially damage” your relationship with that client.<sup>26</sup>

Finally regarding concerns about data sharing and “trawling” for information: At Roadshows there has been a lot of skepticism from parents about professionals informing them when they share data. A number of parents who have demanded to see the information held about them and their child (via Subject Access Requests) have discovered a significant amount of data sharing that they were unaware of. Parents have also raised concerns about “data trawling” in schools. This relates to the numerous school surveys that have been carried out across Scotland where children have been asked detailed questions about their lives and their relationships, including the nature of their relationships with parents. Questions have also been raised about teachers themselves trawling for information and using Circle Time to quiz children about things they find embarrassing or worrying.

## Discussion: Third Way Parenting

Critics have noted the problematization and professionalization of parenting that is taking place across the United

Kingdom, and it is difficult to dispute the fact that the Named Person, as a universal service for all children in Scotland, is furthering this process—of both introducing professional people and practices into the realm of parenting, perhaps especially through the role of the health visitor—and through this, elevating more areas of life into problems, or risks. The very idea of early intervention is predicated upon intervening in a child’s life before problems get out of hand; and through the well-being indicators, this necessarily means that more minor issues will need to be taken seriously.

We mentioned Christopher Lasch’s idea of survivalism at the start of this article. This safety-based approach to life is one that Nigel Parton has discussed at length with regard to the safeguarding of children. With the Named Person’s focus on early intervention pre-birth and throughout a child’s life, this prevention-oriented approach takes the practice of “safeguarding” to a new level and pushes risk management to the heart of parenting and professional practices.

Many of the trends discussed by critics of parenting policies, early intervention, and risk management approaches to families, are evident in the Named Person. Indeed in many respects, the Named Person is the “high point” of this approach to families. Here, there is a high expectation that support will be needed by parents and provided by professionals, where needs and risks are interchangeable and perhaps most importantly, where the category of well-being replaces that of welfare, thus incorporating the anxiety about the (universal) “vulnerable child” with an ever increasing concern about the minutiae of everyday life.

In the consultation document discussing the Children and Young People Bill, it is noted that the duty of government is to prioritize the safety and well-being of children. Scotland’s services can lead the way if we work together, we are told. The key is to use the SHANARRI indicators, focus on the early years, and to have a commitment to early intervention. This was not simply an objective of those departments working with children however, rather, “These aspirations are the foundations not just for this Children and Young People Bill, *but for our approach to government* [emphasis added].”<sup>27</sup>

Central to this new form of government is the idea of governing well-being and of *supporting* people, especially children. This is a development that fully took hold under New Labour, as Featherstone (2009) noted, with the redrawing of the welfare state through an emphasis on children.<sup>28</sup> Welfare, as the consultation document to the new Children Act explained, was no longer an adequate or sensitive enough term. Rather, we need to think about well-being and to be aware of all the factors that affect how a child grows and develops.<sup>29</sup> And, we need to think about this through a professional perspective that engages with parents and the expert led understanding of “parenting.”

The shift to well-being is important and appears to pull together past welfare concerns with wider concerns about safety (or risk) and a more therapeutic approach to the parent and child. The term “well-being” itself has medical

connotations and is one that is often associated with mental and emotional “well-being.”<sup>30</sup> Well-being is consequently an incredibly broad and flexible category demonstrated not only by the long list of (308) well-being signifiers but also by the comment at the start of this list, which explained that this is what a child’s well-being “might” look like. The word *might* is used because there is no limit to the situations or behaviors that could be analyzed through the prism of well-being. Giving an idea of both the breadth of the category itself and its emotionally therapeutic dimensions, when discussing potential triggers that could be incorporated into the category of well-being in the future, Bob Fraser, a GIRFEC health advisor suggested that a lack of *hope, love, or spirituality*, provided by parents, could and perhaps should be the basis for action. This, he noted, would mean intervening with children who are “not just the usual suspects, not just for those that we identify as those in need” (Foster, 2015).

Critics of the couplet of early intervention and child protection, such as Featherstone, Morris, and White (2013), rightly point out that family support now comes with the language of intervention and prevention. They also argue that this reflects a neoliberal policy that focuses on the poor and blames them for their problems. We need to defend the moral legitimacy of support for families and to recognize that this is different from intervention, they argue. With the Named Person however, although in practice it may well be poorer parents who are affected the most, in principle this is a universal service for all parents and all children—“not just the usual suspects.” Also, it is not clear that this initiative can be categorized as “neoliberal,” certainly not in the sense of people being expected to be responsible in any classically liberal sense of the word. In many respects, the Named Person expects a form of dependence from parents rather than independence.

As we noted at the start of this article, there was a contrast between the “old school” nature of the opponents of the Named Person and the new class of politicians, medical experts, and child care professionals who supported it.<sup>31</sup> The former is more traditionally political, moral, and concerned about rights (as freedoms). The latter rarely uses moral or wider political arguments or (ideologies) to explain their case, but is rather more inclined to use a scientific and or therapeutic language and to operate more technically and managerially when developing support mechanism for parents and children. These defenders of the Named Person become irate when they are labeled as authoritarian and, like Bob Fraser above, see themselves as caring supporters of families and children, who they will often recognize, are living in difficult circumstances.

This apparent anomaly can in part be explained by the shift away from ideas of left and right or the move to a “third way”: a “new” (less overtly) political basis for developing state policies and practices. Seen most clearly under New Labour, and continuing to this day, this approach helped to transform the meaning of things, assisted in part by the shift

to a therapeutic mind-set and one built upon a survivalist outlook where safety and risk avoidance became more centrally important (Waiton, 2008). Now what it meant to be responsible changed, as did the notion of rights and the meaning of support.

“Rights and responsibilities” became a couplet in the late 1990s, the former being transformed from (as the name suggests) a right, to something that was given to you by the authorities if you behaved responsibly. Here too, the meaning of responsibility was transformed from something you were fully accountable for toward a prescribed form of behavior that was sanctioned by the state: You were responsible if you behaved correctly, for example, if you were quiet and did not upset your neighbors, and therefore, could be allowed your rights. Often associated with a discussion about crime and safety, the meaning of freedom was also transformed at this time, with, for example, freedom being associated with the idea of freedom from fear: To be free, in this context, increasingly meant being protected from those around you often by new laws and powers being developed by the state. In this respect, it was the authorities who gave you your rights and freedom rather than individuals exercising them themselves.

In the context of the Named Person, we find that your rights, as a parent are now more dependent upon your responsible parenting, which is being defined by the new class. Rather than challenging parental responsibility directly however, we find that what it means (or at least what the new class means) by responsible has changed. A responsible parent is now a safe parent, who must protect his or her child from harm—where what is harmful has itself expanded to include a new array of sins that are often related to health and emotional well-being. In addition, to be responsible, as the family policy documents above indicate, increasingly means being “aware” and accepting guidance about the minefield of parenting. Through the framework of well-being, a vast array of parental attitudes and behaviors can now be assessed and monitored, all within the parameter of being a responsible parent.

Indeed, within this new framework it is noticeable that old, structurally oriented ideas of inequality are now being reposed through the prism of “health inequalities,” a reposing that shifts the governmental gaze away from wider questions of deprivation onto questions of behavior, attitudes, and awareness, regarding forms of correct behavior in terms of both your child’s and your own physical and, perhaps more importantly, mental/emotional well-being. In this respect, a need for some economic transformation regarding the poor is metamorphosized into the need for behavioral change among those with health inequalities. The health visitor handbook advises them to move to an approach that relates to “wider family health.” Here, activities (and indeed rights and freedoms) in the private realm of the home are transformed into quasi-medical, public policy issues to be measured and cured by the new class.

As we noticed above, the more caring adoption of the category of well-being is predicated upon the idea that “well-fare” was not sensitive enough. At one level, this appears to be a more empathetic perspective; at another, it reflects the perception that we need to be more sensitive because people, both adults and children alike, need more sensitivity. They need more sensitivity because they themselves are sensitive—they are fragile and as such need to be protected from more aspects of life. At one level, this can be understood as less of a caring approach to people, than an infantilized one. A perspective based on the presumption that these “sensitive” people cannot possibly cope without support.

The space for the growing development of experts and professionals in family life has partly been provided by the diminished sense of parental capacity, something that has been assisted by the problematization and professionalization of parenting (Furedi, 2001). It has become increasingly accepted within family policy documents across the United Kingdom, for example, to presume that it should be the “norm,” as Alan Milburn argued, for families to be given advice. Indeed a key Scottish government argument, about why the Named Person is needed, is that parents need someone to help them access services. But, it is rare to find a parent who lacks the capacity to access the services her child needs. It is much more common to find parents who know exactly what they need but unfortunately find that the services are not available for them.

The new class presumption of parental incapacity transforms, in their minds, the very idea of rights and support and the infantilized idea of rights comes to mean the right to receive support from experts. Through this diminished view of parents, the very idea of support and intervention becomes one and the same thing. To cope alone, to be independent, to take full responsibility for your family is a mistake, a fantasy and as such, to refuse this support is problematic and must necessarily be treated with some suspicion: To be private, independent, and autonomous as a family is now a barrier to the rights (read support) that you and your child needs.

## Conclusion

In an interview with a mother, Anne Cannon, who opposes the Named Person makes the point that there is an assumption that the state has a right to know everything that goes on in the home. But this is not the case she argues. Children need to know when they come home it is their home and what happens here is private—“they have to know they’re safe.” For Anne Cannon, the safety and feeling of safety that her children experience is predicated upon the privacy provided by the family home—privacy she believes will be undermined by the Named Person.<sup>32</sup>

In the end, it is the profoundly differing view of the family that separates the NO2NP supporters from those who promote the Named Person.

In 2013, the minister for Children and Young People, Aileen Campbell, who is responsible for overseeing the Named Person initiative defended the new government legislation explaining that “we recognise that parents *also* have a role,” in raising their children (Borland, 2013, emphasis added). It seems unlikely that politicians from previous generations would have thought about parents or the family as something who “also” has a role in raising children.

What has been lost within the new class is an understanding (or belief) in the central importance of individual moral autonomy, something that is central to the understanding of the family as an important private “institution” in its own right.

Historically, governments in the United Kingdom saw the autonomy of the family and the privacy it provided, as important. Furedi notes, “In the past, even radical thinkers who regarded family life as stultifying still believed that a private life was essential for the moral development of people” (Furedi, 2004, p. 70). Today, the tension between state intervention into the family and support given to it, and the potential for undermining the independence of parents is rarely present in policy discussions. At best, a nod is given to the notion of a private sphere, before the centrality of privacy and independence are gently pushed to one side: It is parents not governments who raise children, we are informed, but parents (all parents) need support. Replacing the agonizing attempt of previous centuries to maintain family independence (Ramaekers & Suissa, 2012), we get a plethora of government documents and initiatives promoting “support” as the new norm for parenting. Indeed, whereas for the 19th and (to an extent) the 20th century the ideal was to push the need for self-reliance and autonomy, and to argue that “to patrol the home was a sacrilege” (Cretney, 2003, pp. 628-695), today in comparison, the state is more inclined to see autonomy as a barrier to the third-party support necessary to maintain risk-free relationships in the family.

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## Notes

1. For the significance of neuroscience in social policy discussions, see Allen and Duncan Smith (2008). For a discussion about the uses and abuses of neuroscience, see Williams

- (2014), Wastell and White (2012); for a discussion about “neurobollocks,” for example, see Tallis (2013).
2. The term *child at risk* was first used (in book form) in the early 1950s, but it was only in the 1970s that the frequency of the use of the term accelerated and arguably, in the United Kingdom at least, it was not until the 1990s that the idea of the “child at risk” became central to family policies.
  3. See the report at <http://www.gov.scot/Resource/0041/00418332.pdf>
  4. See the online document at <http://www.gov.scot/resource/0040/00408604.pdf>
  5. See <http://www.scotland.gov.uk/Publications/2012/11/7143/9>
  6. See the online document at <http://www.gov.scot/resource/0040/00408604.pdf>
  7. See “A Scotland for Children: A Consultation on the Children and Young People Bill,” at <http://www.gov.scot/Publications/2012/07/7181/3>
  8. See the Scottish Government’s outcome signifiers of wellbeing, <http://www.gov.scot/Resource/0044/00444876.pdf>
  9. See <http://www.gov.scot/Topics/People/Young-People/gettingitright/national-practice-model>
  10. See the submission by the Scottish Parent Teacher Council (SPTC), [http://www.scottish.parliament.uk/S4\\_EducationandCultureCommittee/Inquiries/Scottish\\_Parent\\_Teacher\\_Council\\_.pdf](http://www.scottish.parliament.uk/S4_EducationandCultureCommittee/Inquiries/Scottish_Parent_Teacher_Council_.pdf)
  11. See Dee Thomas at <http://no2np.org/stories/>
  12. See <http://www.scottishreview.net/KennethRoy170.shtml>
  13. See page 9 of the legal challenge by QC Aiden O’Neill at file://vmwfil01/homedrives23\$/s513892/SUBMISSIONS%20TO/Aidan-ONeill-QC-Named-Person-legal-opinion.pdf
  14. See the act online at [http://www.legislation.gov.uk/asp/2014/8/pdfs/asp\\_20140008\\_en.pdf](http://www.legislation.gov.uk/asp/2014/8/pdfs/asp_20140008_en.pdf)
  15. See the guide at <http://no2np.org/wp-content/uploads/GIRFEC/leaflet.pdf>
  16. See the video of the songs on YouTube at <https://www.youtube.com/watch?v=uEoIEGHaas>
  17. See the Universal Health Visiting Pathway in Scotland Pre-Birth to Pre-School <http://www.gov.scot/Resource/0048/00487884.pdf>
  18. [http://www.scottish.parliament.uk/S4\\_EducationandCultureCommittee/Children%20and%20Young%20People%20\(Scotland\)%20Bill/LawSocietyofScotland.pdf](http://www.scottish.parliament.uk/S4_EducationandCultureCommittee/Children%20and%20Young%20People%20(Scotland)%20Bill/LawSocietyofScotland.pdf)
  19. See, for example, <http://nosnp.com/2015/03/26/447/>
  20. See the Schoolhouse article at <http://www.schoolhouse.org.uk/home-ed-in-the-news/girfec-data-mining-consent-and-the-named-person-who%E2%80%99s-misleading-whom>
  21. See the video coverage of James and Rhianwen McIntosh at <http://no2np.org/stories/>
  22. A letter in the *Scotsman* newspaper, for example, explained how a father who had given his child some adult cough medicine and then panicked about having done so was warned by a pediatric nurse at A&E that despite there being no problem with the child or with the amount of medicine he had given it, in future he must not do this because, “We would have to refer you for investigation under the Named Person law.” See <http://www.scotsman.com/news/parental-roles-1-3758495>
  23. This paper is available online at <http://www.tymestrust.org/pdfs/falseallegations.pdf>
  24. There are 221 risk indicators in the new National Framework of Risk in Scotland. See <http://www.scotland.gov.uk/Publications/2012/11/7143/9>
  25. See page 6 of the document at <http://www.gov.scot/Resource/0048/00487884.pdf>
  26. The final sentence of this quote from the Universal Health document is rather unclear but a community pediatrician confirmed that this was at least her understanding of its meaning.
  27. See page 7 of the consultation document at <http://www.gov.scot/Resource/0039/00396537.pdf>
  28. Rather than engaging the minds of adults, it became the brains of children that were key.
  29. See “A Scotland for Children: A Consultation on the Children and Young People Bill,” at <http://www.gov.scot/Publications/2012/07/7181/3>
  30. In the Oxford English Dictionary, “well-being” is defined with reference to “a patient’s well-being.” Other examples relate to physical and emotional well-being, health, and mental well-being. See <http://www.oxforddictionaries.com/definition/english/well-being>
  31. It has been noticeable, at government sponsored events to discuss the Named Person, or in the documents discussing the issue and press coverage about it that it is difficult to distinguish between political and professional voices. Other than a small number of Conservatives the Scottish Parliament, regardless of the political party, were supportive of this initiative—it was after all an initiative developed out of New Labour’s GIRFEC, first formulated in 2004. The consultation process itself has been dominated, as the SPTC noted, by discussions between politicians, civil servants, and various children’s charities and organizations that follow the GIRFEC approach—groups and individuals who appear to be singing from exactly the same hymn sheet. Even union organization such as the teacher’s Educational Institute of Scotland (EIS), strongly supports the well-being framework promoted through the Named Person, which should perhaps be no surprise considering the teaching professions general acceptance of a more therapeutic approach to education (Ecclestone & Hayes, 2009).
  32. See the interview at <http://no2np.org/story/anne-cannon/>

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