

Cynulliad Cenedlaethol Cymru | National Assembly for Wales

Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee

Y 1,000 diwrnod cyntaf | First 1,000 Days

FTD 27

Ymateb gan: NSPCC Cymru

Response from: NSPCC Wales

## About the NSPCC

We're leading the fight against child abuse in the UK and Channel Islands. We help children who've been abused to rebuild their lives, we protect children at risk, and we find the best ways of preventing child abuse from ever happening. Learning about what works in the fight against abuse and neglect is central to what we do. We are committed to carrying out research and evaluation to make sure the approaches we're taking are the right ones and we share what we have learnt with partners.

Abuse ruins childhood, but it can be prevented. That's why we're here. That's what drives all our work, and that's why – as long as there's abuse – we will fight for every childhood.

1. All babies and young children need to be safe, nurtured and able to thrive. The early care they receive provides the essential foundations for all future physical, social and emotional development. While most parents do provide the love and care their babies need, sadly many others suffer abuse and neglect. An NSPCC study into the prevalence of child abuse found that 1 in 5 children in the UK have experienced severe maltreatment.<sup>1</sup> In Wales, the most recent child protection register figures<sup>2</sup> show that **children under 1 and children aged between 1 and 4 are more at risk of neglect, emotional abuse and physical abuse than older children**. This is likely to be only the tip of the iceberg we estimate that for every child on a child protection register,

another 8 children have suffered maltreatment but have not come to the attention of the authorities.<sup>3</sup>

1 Radford, L. et al. (2011) Child abuse and neglect in the UK today. London: NSPCC.

2 <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Service-Provision/childrenonchildprotectionregister-by-localauthority-categoryofabuse-agegroup>

3 Jutte, S et al., (2013) How safe are our children? The most comprehensive overview of child protection in the UK. London: NSPCC.

4 Public Health Wales (2015) Adverse Childhood Experiences Study

2. The emotional, neglect or physical harm of babies and young children is particularly shocking because they are totally dependent on others and also because of its prevalence in comparison to older children. Research carried out by the NSPCC library found that between 2013 and 2016, **53% of child practice reviews carried out in Wales involved children under the age of 2.** This is not an exhaustive list of serious case reviews, but is based on those that the NSPCC library could access.

3. NSPCC Cymru/Wales is of the view that the National Independent Safeguarding Board **should publish the conclusions of a regular, comprehensive analysis of child practice reviews in Wales, so that lessons can be learned and patterns of harm clearly identified and addressed.**

4. The UN Convention on the Rights of the Child (UNCRC), which is incorporated into law in Wales, enshrines our commitment to ensuring all vulnerable children are cared for and protected from harm. Babies and very young children can't defend their own rights, which is why we must all do more on their behalf.

**Prevention is possible**

5. NSPCC Cymru/Wales welcomes the current Welsh Government focus on prevention. Recent Adverse Childhood Experiences (ACEs)<sup>4</sup> research draws on growing evidence that experiences during childhood can affect health throughout the life course. Findings that adults in Wales who were physically or sexually abused as children or brought up in households where there was domestic violence, alcohol or drug abuse are more likely to adopt health-harming and anti-social behaviours in adult life underlines the **importance in effective early interventions**.

6. We believe that influencing factors on an individual's behaviour can be identified and therefore it is **possible to prevent abuse before it occurs**. Simple, singular explanations of child maltreatment fail to do justice to the complexity of real families' lives. However, research suggests that the primary caregiver-child relationship and the parent's capacity to provide love, care and nurture are of major importance. At the heart of any strategy for intervention should be **work to support the development of a secure attachment between baby and caregiver, strong family relationships and quality parenting**. Additional pressures on parents from factors such as mental illness and domestic abuse can adversely affect their capacity to be good parents. These factors need to be addressed alongside work to support attachment and parenting. In 4

#### **Key Recommendations:**

- We recommend that **antenatal education is strengthened** and that as a first step the Committee maps what antenatal education is available to parents in Wales outside the routine midwife checks and what the focus of such education is.
- As part of a focus on the first 1000 days, antenatal education should concentrate on the **transition to parenthood**, with a focus on the relationship between partners and the development of a positive parent-infant relationship.

addition, parents need the **behavioural skills and resources** to provide adequate care and professionals should provide non-stigmatising advice on parenting to help them develop those skills.

7. Despite the focus on the first 1000 days coming from a number of organisations, including the Chief Medical Officer for Wales, and research conclusions which point to it being a time where intervention is most effective, there has been limited reshaping of policy and services since the introduction of Flying Start. This inquiry presents a timely opportunity to look at what changes need to be made to ensure that children and families receive the right support during this critical time. Key to the delivery of appropriate support will be the **effectiveness of multi-agency working**, particularly between health staff and family support programmes such as Flying Start and Families First.

8. We realise that the subject matter of this inquiry is wide, and appreciate that the Committee will want to focus on a number of key issues. We would recommend that the Committee focusses on the following

**Antenatal education: the building blocks of secure attachment.**

9. Universal services, such as GPs, midwifery and health visiting play a crucial role in health care and promotion as well as in identifying and responding to additional needs and risks that families may face. Professor Brazelton's concept of "touchpoints" is helpful in thinking about key moments for preventive intervention during pregnancy and the first years of a baby's life.<sup>5</sup>

5 Brazelton, T.B. and Sparrow, J. (2003). *Touchpoint models of development*.

6 Schrader-McMillan, A. et al (2009) *Birth and beyond: a review of antenatal education*

10. Pregnancy presents a golden window of opportunity to help parents build a positive relationship with their children. Research shows that parents are particularly receptive to advice and support at that time.

11. Current provision of antenatal education in the UK is highly variable and there is limited high quality research addressing its effectiveness. A recent systematic review found that antenatal education tends to be heavily medicalised in its contents, so missing opportunities to address the psychological and social impacts of the transition to parenthood. Research has shown that antenatal education which focuses on the **transition to parenthood**, and on the development of a **positive relationship** both between partners and between parents and infant demonstrates positive results in terms of both parent and child outcomes.<sup>6</sup>

12. A focus on the first 1000 days needs to include more consistent, evidence-based antenatal education as a universal offer. There also needs to be more comprehensive and intensive support for vulnerable parents as part as Flying Start and Families First. 5

### **Key recommendations**

- We recommend that the Committee scrutinises how the implementation of Healthy Child Wales programme is being **resourced** and how the current workforce is **being supported and trained** to deliver the programme's aims.
- We recommend that the Committee scrutinises **how the Healthy Child Wales programme is linking with targeted family support initiatives.**

### **Health visiting: helping families meet their children's needs.**

13. Health visitors are a key component of primary prevention, with a role reaching from health care and promotion through to identifying and responding to additional needs and risks.

14. NSPCC Cymru/Wales welcomes the introduction of the Healthy Child Wales Programme and its particular focus on promoting bonding and attachment to support positive parent-child relationships resulting in secure emotional attachment for children. We also support the programme's focus on positive maternal and family emotional health and resilience.

15. We note that the number of health visiting contacts increases under the new programme, with a significant number of visits taking place within the home environment. We welcome this, and the **emphasis on building secure attachment and encouraging caring, confident and competent parenting** at the post-birth contact and the 6 months visit.

16. However, we are aware that health visitors in non-Flying Start areas already hold a high case load, and have concerns that without adequate resourcing, there is a risk that part of the programme could fall short of its aims. As health visiting is a universal service, there is also a need to ensure that health visitors link in with targeted support programmes such as Families First, especially as this is being realigned to focus on parenting support.

**Positive parenting: helping parents make the right choice.**

17. Over the past two decades, there has been extensive evidence drawing attention to adverse and long-lasting consequences associated with the use of physical punishment (Heilmann et al., 2015; Mulvaney and Mebret, 2007). This includes an increase in aggression and antisocial behaviour in children; mental health and emotional problems and a detrimental impact on the relationships between adults and their children.

18. NSPCC Cymru/Wales welcomes the support that Welsh Government has given to positive parenting techniques to date. We know that positive parenting is present throughout guidance, from Flying Start, to the 2014 Parenting Support Guidance.

19. NSPCC Cymru/Wales also welcomes the Welsh Government's campaign, Parenting Give it Time, which promotes positive parenting techniques through a variety of media. 6

**Key recommendation:**

- We recommend that the Committee investigates what support is available **throughout the whole of Wales** to promote positive parenting in order to identify any gaps in provision.

### **Key Recommendation**

We recommend that the Committee **scrutinises how the Together for Children and Young People Service Improvement Programme is meeting the recovery needs of children who have been abused and neglected.**

20. Positive parenting is being promoted through a number of channels in Wales. It would be useful to map out exactly what positive parenting support is available to parents in order to identify any gaps. Consistent, non-stigmatising advice on how to implement positive parenting techniques should be available to all parents across Wales.

21. We are also strongly supportive of the Welsh Government's intention to legislate to remove the defence of reasonable punishment in cases of assault against children. We feel that the removal of this defence forms the corner stone on which all positive parenting work in Wales can be built. Sending a strong message that physical punishment is not acceptable will help professionals working with families to promote positive, non-violent discipline.

### **Access to the right therapeutic support at the right time.**

22. Recovery from the effects of early maltreatment can be rapid and remarkable if safe nurturing is achieved early enough, which is why early identification and focused intervention are imperative. Receiving support can mean the difference between overcoming their trauma, or a life shaped by the horror of their experiences. In 2016, NSPCC Cymru/Wales conducted a survey with professionals about the level of support available to children and young people who have experienced abuse. We asked health, education and social care professionals whether the current provision of therapeutic services is meeting the needs of children for whom the effects of abuse or neglect are a primary concern. Although the Welsh response sample is

limited, **results indicate that the level of service provision is currently insufficient to meet need.**<sup>7</sup>

7 97% of professionals (135) said there are not enough CAMHS services. 98% of professionals (127) said there are not enough “other “therapeutic services such as counselling, CBT and attachment based therapies.

## **Conclusion**

23. While we welcome the Committee’s focus on the first 1000 days and the window of opportunity that this crucial period gives, we would like to **caution against focussing solely on the early years**. It is also imperative to address the needs of primary school children and adolescents. Interventions with those age-groups also have a positive impact on future life chances. For example, working with care leavers to address emotional and practical needs during their transition to independence will make them more resilient and less likely to require service provision in the future. 7

24. Finally, we would like to reiterate that the United Nations Convention on the Rights of the Child (UNCRC) applies to children aged 0–18, so it’s important to ensure that the rights of all children in Wales are realised.