

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 39

Ymateb gan: Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru
Response from: Fair Treatment for the Women of Wales

Fair Treatment for the Women of Wales (FTWW) is a constituted third sector girls' and women's health and equality organisation, providing support, advice, and advocacy to women across the country. The following is submitted on behalf of our members:

i) Promote and protect the health and wellbeing of children from pregnancy (for example through positive parenting, high immunisation rates and tackling smoking in pregnancy).

1) FTWW would like to draw attention to the importance of safe-guarding and enhancing the health and well-being of women (mothers) as an integral part of promoting and protecting the infant.

2) One key element of this is recognising that it is women who are most likely to be in poverty (as part-time / low-paid workers, in relationships where they are victims of economic violence, ie monies are kept from them by abusive partners, or recipients of benefits for long-term mental / physical illness).

3) It is therefore essential that health services work with other agencies (education, employment, third sector support) so that girls and women are empowered – and enabled – to make positive life choices which, in turn, impact the lives of their children.

4) It is also incumbent upon health services in Wales to ensure that they provide (and do not prohibit) access to those physical and mental interventions that are widely available elsewhere and which can enable women / mothers (and their

infants) to have superior outcomes. For example, the lack of maternal mental health services provision (both pre- and post-natal), including designated specialist beds for those women with psychosis to stay with their babies in their locality (for family support) is of huge concern to our members.

5) It is widely accepted that maternal mental health problems can have long-standing ramifications for children, constituting an 'adverse childhood experience' (ACE) which Public Health Wales is keen to avoid, recognising how more than 4 of these can result in a massively increased chance of ill-health and economic deprivation for that child as they grow up. Inevitably, this costs the Welsh economy significant sums. Therefore, early intervention, by ensuring mothers' mental health needs are met during and after pregnancy, is essential.

ii) Deliver improved child health outcomes across Wales (for example prevention of obesity and the promotion of health-enhancing behaviours for every child such as eating a well balanced diet, playing actively, and having an appropriate weight and height for their age and general health)

6) Welsh government needs to recognise that girls are less likely to engage with traditional forms of exercise / physical education provided by schools. To this end, it seems incumbent upon education providers to be innovative in terms of what they offer.

7) Once again, we would draw attention to the impact of poverty on healthy-eating and how, once again, it seems that it is women (mothers) who need support in this regard. Further to paragraph 1, women are more likely to be sole carers for children, and often struggle financially to provide more expensive 'healthy' foods.

8) Delivering improved child health outcomes also requires more of a focus on PSHE in schools. Too often the 'health' aspect is omitted from the curriculum – and this is because, increasingly, we are expecting too much of our teachers in terms of workload and expertise. It is not reasonable to expect a decent PSHE syllabus to be delivered in half an hour a week by teachers who are experts in

an academic subject, rather than various personal / health / social issues.

9) Nor is it reasonable to expect, just an example, young girls who may be entering puberty and need advice / support to approach a male maths teacher for help, just because he is their form tutor and therefore the person responsible for delivering PSHE.

10) Part of resolving this requires school nurses to be present, full-time, in every school, and education authorities need to be working with third sector organisations to deliver expert knowledge in an age-appropriate way.

iii) Tackle child health inequalities, with a specific focus on child poverty and disabled children.

11) FTWW would like to draw attention to the fact that disability isn't always visible. Many girls within our organisation suffer because they aren't 'well' (and often struggle to get a diagnosis for conditions for which the symptoms are very intimate in nature) and so struggle to attend school or lead an active life. However, they also don't 'fit in' with conventional perceptions of disability. As such, they experience considerable social isolation, their mental and physical health suffers, and their long-term prospects are negatively affected.

12) As a society we need to be much more cognisant of the effects of 'invisible' disability / chronic illness, and we also need to appreciate how girls in particular can suffer the consequences of social taboos and prejudices pertaining to their health. Gynaecological issues become a key focus for girls early on in life – but they still feel prohibited from talking about them publicly, a silence which can result in decades long delays in recognising and dealing with problems.

13) Further to that, the cultural tendency (even within the medical profession) to attribute girls' physical health problems to a psychological cause does girls (and women) a huge disservice, resulting in poorer health outcomes, reduced economic activity, and an increased chance of living in poverty in the future. It

seems that tackling / challenging gender-based taboos is at the core to improving the future for all of our future generations.

iv) Reduce child deaths and injury prevention, particularly in the most deprived parts of Wales where infant mortality is much higher than the least deprived.

N/A

v) Support effective child development and emotional and social well-being specifically interventions that are delivered outside the health service which can help to detect and address developmental delays.

14) FTWW believes it is vital that Welsh Government makes a real commitment to supporting small third sector organisations such as ours. We are on the ground, often run by people who have experienced the very issues in need of tackling, with considerable expertise in doing so effectively. We are able to see what needs doing, where, and how. Our very nature means we are able to be immediately responsive to need, and that we don't have the same level of bureaucracy which can hinder public service bodies. However, where we come unstuck is a lack of financial resources. This means, for example, that we are unable to replicate our services at scale. We would urge the public sector to consider how it could collaborate more effectively with the third sector, specifically those groups which are based within the communities they aim to help.

15) Welsh government also needs to appreciate that temporary contracts to deliver specific 'projects', as opposed to giving organisations long-term security and the ability to grow, evolve, and develop to suit their clients' needs means that projects often go undelivered (to the detriment of those requiring them) because recruitment is a huge problem.

16) Children in particular need consistency if they're to cope with developmental delay and become emotionally and socially resilient. Consistency is not possible where there is a culture of insecurity for those responsible for supporting those children (and their parents).

17) This also extends to primary care providers. The vast majority of our members report fragmented, poor, and delayed care as a result of those breakdowns in communication which come from never seeing the same GP twice.

vi) Focus on improving learning and speech and language development through the home learning environment and access to early years' provision (including childminders, preschools and day nurseries).

18) Support of lead carers (usually mothers) – and proper funding of third sector organisations offering emotional and practical assistance / services within the local community – should be an integral part of this.

vii) Reduce the adverse impact on the child of psychosocial issues such as poor parenting, disruptive family relationships, domestic violence, mental health issues and substance misuse through effective safeguarding.

19) Challenging gender stereotypes which often mean boys (men) don't consider caring, nurturing and parenting as part of their natural role needs to start being a fundamental part of our social agenda. Similarly, for girls, empowerment is vital so that they don't become victims of economic and domestic abuse and instead see themselves as equals in the world of education, employment / earnings, and status.

20) Positive role models are essential – at home and school – for both girls and boys. The work that the Children's Commissioner is doing on this (via the 'Agenda' programme) needs to be effectively rolled out across all schools.

21) FTWW feels that there is too much emphasis on getting the parent back to work as soon as the child is born. Choice is vital and needs to be supported. Stable, high quality stay-at-home parenting needs to be perceived as important and valuable, with the potential to create healthy / well-rounded, resilient children in just the same way as early years childcare, provided by external agencies, is currently.

22) Clearly, it is time for Welsh Government to start looking at long-term

strategy, and giving ideas time to embed, rather than fire-fighting, seeing things purely in terms of electoral cycles, and supporting only short-term, temporary projects.

23) This means investment is needed in those services / strategies which have the potential to provide long-term benefit for future generations such as mental health (with an increased focus on maternal mental health), tackling gender-based stereotypes, prejudice and taboos in schools and health services, and recognising that women tend to disproportionately suffer the consequences of poverty.

24) Welsh government should be looking to collaborate more effectively with the third sector, including community groups, and diverting some of its financial resources into those. Welsh government needs to appreciate that investment in infrastructure, to boost the economy and drive down poverty levels, does not necessarily mean building more roads but that it can involve investment in developing health, care, and community services instead. Ultimately, these can make Wales more sustainable, prosperous and fit to face the future.