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Ymchwiliad i'r Adolygiad Blaenoriaethau ar gyfer y Pwyllgor Iechyd, Gofal
Cymdeithasol a Chwaraeon

Inquiry into the Priorities for the Health, Social Care and Sport Committee

Ymateb gan: NSPCC Cymru

Response from: NSPCC Wales



Response to

Inquiry on

Health, Social Care and Sport Committee Priorities

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MAE POB PLENTYNDOD WERTH BRWYDRO DROS EVERY CHILDHOOD IS WORTH FIGHTING FOR

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.

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.

We help children rebuild their lives, and we find ways to prevent abuse from ruining any more. 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.

NSPCC Cymru/Wales welcomes the opportunity to contribute to the Health, Social Care and Sport Committee Inquiry on its priorities for the next 12-18 months and its longer term work programme.

We're working to create safer childhoods for every child in Wales and strengthen the delivery of children's rights. We believe that this can be achieved by all partners working to prevent, protect and play a part as together, we can end child abuse.

We have reviewed the areas you are proposing for your longer term work programme and we are concerned that the unique needs of children and young people, and particularly vulnerable children and young people, seem not to feature. As children have no vote and little voice or control, we would strongly recommend you consider undertaking inquiries on issues relevant to children and young people and also ensure that when you are undertaking inquiries for 'people', that a strand of the inquiry focuses on the needs of children and how children's rights are fulfilled or infringed.

NSPCC Cymru/ Wales would like to suggest that the Committee focuses on the following priorities:

1. Monitoring the implementation of the Social Services and Wellbeing (Wales) Act 2014.

NSPCC Cymru/Wales welcomed the coming into force of the Social Services and Wellbeing (Wales) Act 2016 in April 2016. We particularly welcome the focus on **prevention and early intervention** to enhance the wellbeing of people who need care and support.

We believe that influencing factors on an individual's behaviour can be identified and therefore it is possible to **prevent abuse before it occurs**. Issues such as inadequate housing, poor mental health, poverty, domestic abuse, or substance misuse problems are all known risk factors for all forms of abuse and neglect and so we want more attention to be given to **support families facing adversities** and we believe problems should be addressed early. Stressors often occur together and have a cumulative effect- the more of them there are in a family, the greater the risk to the

child.¹ Recent Adverse Childhood Experiences (ACEs)² 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. This is likely to pay significant dividends that span learning, health and parenting of the next generation.

This is why we would strongly recommend that the Health, Social Care and Sport Committee **allocates some time in its work programme to monitor the implementation of the Social Services and Wellbeing (Wales) Act 2014**. Possible areas of scrutiny include:

- **Provision of prevention and early intervention services:** The Act requires local authorities to provide preventative services and we would be particularly interested to see the Committee scrutinise the process for planning and provision of preventative services. This will start with the population needs assessment by March 2017 and area plans for prevention and early intervention. As the focus in the Act was on people having a say and more control on the support they require, we would recommend the Committee scrutinises how effectively the needs of children who need care and support are met, and how their voices and views are listened to.
- **Eligibility:** we would be particularly interested to see the Committee scrutinise how the new eligibility criteria for care and support are addressing the issues of “postcode lottery” and access to services, especially for vulnerable children and young people.
- **New duty to report people at risk:** we would like to see the Committee scrutinise how the new duty is being implemented, particularly in relation to children, with a particular focus on the number or referrals, at what stage they occur, and local authorities’ response and whether any additional guidance is needed for relevant partners.

We are aware that these suggestions focus primarily on children and some of this scrutiny could be undertaken jointly with the Children, Young

¹ Jutte, S., Bentley, H., Miller, P. and Jetha, N. (2014). How Safe Are Our Children (2014)? Data Briefing, Available from: <http://www.nspcc.org.uk/globalassets/documents/research-reports/how-safe-children-2014-data-briefing.pdf>

² Public Health Wales (2015) Adverse Childhood Experiences Study

People and Education Committee. We plan to respond to their current inquiry into their priorities and suggest the same points.

We also noted the Minister's statement on monitoring the implementation of the Act last March and suggest that any monitoring undertaken by the Committee could complement that work.

2. A short inquiry into the availability of therapeutic services for children who have suffered abuse and neglect.

We note the Committee's remit in relation to mental health and wellbeing.

The impact of abuse includes mental health problems such as anxiety, depression, substance misuse, eating disorders, self-harm, anger and aggression, sexual symptoms and age inappropriate sexual behaviour.³ Receiving support can mean the difference between overcoming their trauma, or a life shaped by the horror of their experiences.

Child maltreatment is more common, damaging and diverse than many of us are prepared to recognise. Over 2,900 children in Wales were identified as needing protection from abuse and over 5,600 children were looked after last year⁴. NSPCC has estimated that for every child on a child protection register there are another 8 who have suffered maltreatment but who do not come to the attention of statutory authorities⁵. We also know that some children are 'polyvictims' – the unfortunate targets of many different kinds of victimisation at the hands of a variety of offenders. 'For example, they experience physical and emotional abuse by caregivers, assaults and harassment by peers, sexual victimisations by acquaintances and strangers and are exposed to crime and violence in their communities and neighbourhoods'.⁶ 2014 also saw a sharp increase of 26% in the number of recorded sexual offences against children aged under 16⁷.

Unfortunately, evidence shows that it can be difficult for children who have experienced abuse and neglect to access support. In 2015, there was a 124% increase in ChildLine counselling sessions relating to mental health and wellbeing that mentioned problems accessing services across

³ Lanktree, C. B, Gilbert, A. M, Briere, J, Taylor, N, Chen, K, Maida, C. A and Saltzman, W. R (2008) Multi-informant assessment of maltreated children: convergent and discriminant validity of the TSCC and TSCYC. *Child Abuse Neglect* 32 (6) pp. 621-625

⁴ Welsh Government (2015): Children on Child Protection Register by local authority, category of abuse and age group and Children looked after by local authority, gender and age[Cardiff]: Stats Wales

⁵ Harker, L., Jutte S. et al (2013) How safe are our children? London: NSPCC

⁶ <http://www.unh.edu/ccrc/polyvictimization/>

⁷ Jutte, S. et al (2015) How safe are our children? London: NSPCC

the UK. This is supported by a survey we have conducted 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. 98% of professionals (127) said there are not enough "other" therapeutic services such as counselling, CBT and attachment based therapies.**

Although the Welsh response sample is small, results indicate that the level of service provision is **currently insufficient to meet need.**

Article 39 states of the UNCRC states that the Government 'shall take all appropriate measures to promote physical and psychological recovery....of a child victim of any form of neglect, exploitation or abuse' Children and young people tell us that they have to fight to receive any support following abuse and neglect. The evidence suggest that there is a need to determine exactly **what therapeutic service provision is currently available in Wales for children and young people who have suffered abuse and neglect, and we suggest that this could form the subject of a short inquiry by the Committee.** Such an inquiry would be very timely, in light of the current Together for Children and Young People Programme, and would complement the work which is being undertaken around support for vulnerable families. It would also allow the Committee to scrutinise how the additional funding announced by Welsh Government for talking therapies is being used.

3. NSPCC is a member of the Safeguarding Children in Sport Wales and we support the group's calls for short inquiries into:

3.1 How safe are children in unregulated activities (that sit outside Sport Wales funded recognised partners)? Unsuitable adults are able to exploit opportunities available in unregulated activities to gain access to children and so we recommend the Committee runs a short inquiry into the safety of Welsh children in unregulated activities. Sport Wales supports key sports bodies to achieve recognised safeguarding standards, but there are still unregulated bodies in the private and voluntary sports sector which we feel should be subject to regulation around safeguarding. This is an area where there are likely to be recommendations which will come out of Baroness Tanni Grey-Thompson's Duty of Care review for sport

<https://www.gov.uk/government/consultations/sport-duty-of-care-review-call-for-evidence>.

We believe the safeguarding risks are much higher in these environments as they do not come under any regulatory body or scrutiny that recognised National Governing Bodies of Sport or other Sport Wales funded partners do.

We also believe that safeguarding must be embedded within leadership structures and prioritised by all organisations responsible for provision. Accountability for safeguarding needs to be placed at the top of organisations through CEOs, senior management and boards and support advice and guidance prioritised to continuing this work.

3.2 Talented Athletes are the highest category risk group with regards to safeguarding from all the evidence shown, mainly due to their dependence status. Wales exceeded its medal targets in Rio Olympic Games and there is excellent work happening to ensure talented young people exceed their potential. However, some sports manage progression and deselection well and others don't; there is often a fine line between poor practise and safeguarding issues. We would recommend a short inquiry into the safeguarding of our talented athletes to hear the views of national bodies but also athletes themselves. We would recommend that there should be support and guidance available for young people when difficult decisions are made and for a period of time afterwards and that this support should be integrated with mental health services.

We would be pleased to discuss any of the areas we have outlined in our response in further detail if that would be of help to the Committee.