

Ymateb gan: Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru
Response from: Association of Directors of Social Services Cymru (ADSS)

There are many and various influences on a child's health and development. The Committee's initial consultation will look broadly at the First 1,000 days, taking evidence on the effectiveness of Welsh Government policies and programmes that:

- Promote and protect the health and wellbeing of children from pregnancy (for example through positive parenting, high immunisation rates and tackling smoking in pregnancy).
- 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).
- Tackle child health inequalities, with a specific focus on child poverty and disabled children.
- Reduce child deaths and injury prevention, particularly in the most deprived parts of Wales where infant mortality is much higher than the least deprived.
- 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.
- 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).
- 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.

This consultation has been difficult to respond to given the breadth of the content and general call for evidence in key areas, without specific questions to assist.

Parenting support is often provided informally and outside the confines of trained family workers the quality seems variable. This is particularly evident in the guidance sought by new parents regarding biologically normal infant feeding behaviour or how to manage sleep disruption. Despite evidence bases clearly indicating responsive baby-led parenting improves a child's outcomes, controlled crying/cry it out approaches continue to be advocated, rather than as safety measures (if frustrated then walk away from your safely placed child).

Anecdotally there continues to be misunderstanding of the centiles plotted via the red book – with parents unclear that their child does not need to track the 50th centile and that the centile curves are not absolutes.

Disinvestment by Public Health Wales and Health Boards in breastfeeding support is perverse, given the impact that effective breastfeeding support is known to have on:

- Maternal mental health and wellbeing
 - Enabling women to achieve their breastfeeding goals
- And as such on:
- Childhood obesity levels
 - Attachment and development
 - Risk of sudden infant death etc.

The areas of work explored by this consultation would be directly impacted by improved breastfeeding support, leading to improved outcomes for children and families.

Families First funding has afforded the opportunity to develop many examples of good practice. This response specifically references examples in Conwy Council, but there are many other examples across Wales.

The Llanrwst Family Centre is located in a church hall opposite the town's primary school. The centre draws on resources which are available within the community and statutory services to deliver a bespoke programme based on

local need. The Centre staff co-ordinate resources to meet the needs of population cohorts, as well as around individuals as required. The provision, which is based on effective partnership working to achieve shared goals, addresses:

- The lack of antenatal class provision in the rural community
- Parental skills through the nurturing parenting programme
- Engagement with mothers to support their mental health through baby club, baby massage, 3 Ts (Talk, Toast, Tea)
- Supporting breastfeeding in the community by facilitating a group for the Health Visitor supported by a Peer Supporter
- Improved family relationships, reducing the potential for adverse childhood experiences through close working with relationship counselling providers and financial/debt management staff.
- Close working with families where there is a child with additional needs, providing communication skills (e.g. Makaton) and opportunities to share experiences.

This is underpinned by an ethos which encourages people to develop resilience to manage their circumstances or to change them where they have the agency to do so.

Meanwhile the Team Around the Family model (Families First funded) adopted in Conwy utilises timely outcome focussed interventions based on family needs, particularly along the coast and with families where children are typically school age. Ideally, of course, improved intervention and prevention work taking place in the first 1,000 days supports a reduction in need to access services at later periods of life.

Conwy is developing the Children's Zones model, building on the work undertaken in Llanrwst and the benefits of the co-ordinated approach seen in Flying Start. Underpinning this work is the acknowledgement that parenting in the modern environment is not easy – families are often separated, away from the support of grandparents, aunts and uncles – regardless of social circumstance, employment status or educational attainment. Recognising the value of where agencies (statutory, public and third sector) can work together to achieve shared goals with complimentary approaches. Some of the gaps in

Welsh Government targeted programmes (e.g. the postcode led provision of Flying Start or Communities First) will be mitigated by understanding a whole county approach to the core support which enables parents.

Zones will be developed around the secondary schools and their feeder primary schools, whilst recognising that schools are not always appropriate to engage parents who have had their own negative experiences within the system.

Greater flexibility in funding streams, to enable them to dovetail with intention would assist. For example, the prescribed nature of Flying Start funding means that families who would benefit from the additional resources provided may not be able to if they are not within the communities specified or eligible for the “outreach” element of the work.

To achieve the benefits described in the first 1,000 days, activity and funding needs to target parents as the agents for improvement in their children’s outcomes.