

NSPCC Cymru/Wales evidence to inform the Finance Committee scrutiny of the Draft Budget 2022-23

How do you think Welsh Government priorities for 2022-23 should change to respond to COVID-19?

The pandemic and subsequent lockdowns intensified risks for children and young people. Both Childline and the NSPCC helpline saw an increase in contacts about mental ill health, physical abuse, domestic abuse and child sexual abuse (On average a 12% increase for the NSPCC Helpline compared to pre-lockdown levels). Meanwhile Childline delivered an average of 17,000 contacts a month across the UK, during the pandemic. While never an excuse for abuse, the stressors created during the lockdowns intensified already difficult and abusive situations and created 'newly vulnerable' groups of children. Services responding to children, including the specialist third sector, were already stretched before the pandemic, this has only been compounded.

Central to recovery from Covid-19 must be resourced support across Wales for children and young people living with poverty, mental ill health, violence and abuse and those children on the edge of care or care experienced. It is crucial as we continue our recovery from the pandemic that children and young people are at the centre of this recovery. Consideration and time must be given to hearing the voices of children most impacted during the pandemic and the professionals and organisations who support them to ensure the right services are resourced and accessible.

6. The Committee would like to focus on a number of specific areas in the scrutiny of the budget, do you have any specific comments on any of the areas identified below, particularly in light of the COVID-19 situation and how these should be reflected in the 2022-23 budget?

– How resources should be prioritised to address the pressures felt in sectors that need to “catch-up”, such as Health and Education.

The evidence is overwhelming that **children and young people’s mental health** has been negatively impacted by the lockdowns, with contacts to Childline about mental health increasing by 37% during the height of the pandemic. The mental health needs of children and young people were already a concern for NSPCC Cymru/Wales prior to lockdown, with one in eight children living with a diagnosable mental health need¹.

Children and young people living with poor mental health need both immediate responses and long-term recovery support. We need to ensure children and young people’s needs are recognised and addressed sooner. Schools, as an almost universal access point for children and young people, offer an ideal setting for early mental health support. We therefore welcomed Welsh Government’s increased mental health funding for schools and their recognition of the increased impact of Covid on mental health. However, consideration should be given to how best to meet the mental health needs of younger children through alternative therapies to counselling (which is not always appropriate for young children).

Access to statutory support for children and young people, particularly CAMHS remains a concern, this is particularly acute for care experienced children who are both more likely to need support because of their past experiences and whose access to the service can be disrupted by moves due to placement failings. Given this cohort of children can have poor outcomes compared to children without experience of care, effort is needed to ensure better outcomes. Mental health needs, stability of placement and support when leaving the care system all require improvements to better serve the needs of care experienced children. It is vital that children’s social services, health visiting and infant

mental health services are fully resourced, both social work capacity and specialist services, to ensure children and young people at risk of or who have experienced abuse and neglect receive the support and protection to which they have a right. The pressure felt by the statutory sector is only compounded by the year-on-year increase in the number of children entering care in Wales². We note attempts to safely reduce these numbers by Welsh Government but are clear that additional investment will be needed to support families to do this safely.

The health and social care levy due in April 2022 provides an opportunity to address some of these shortfalls. We call on Welsh Government to ensure there is parity of funding between children and adult social care, in particular;

- Reducing the number of babies entering care should be a key policy priority, with a dedicated focus on pre-birth support for parents and the development of specialist services which supports both the parent-infant relationship and infant mental health.
- A greater investment in specialist perinatal mental health services, so there is a high-quality service in each health board area. Particular focus should be on resourcing the role of Specialist Perinatal Community Social Workers, who can link between perinatal mental health, maternity services and social care, to better support vulnerable families.
- Ensure CAMHs are better resourced so all children and young people can access support when needed and children have access to long-term recovery after initial interventions.
- Ensure care experienced children receive the consistent mental health assessments and support they need.
- Extend the statutory requirement for school-based therapy settings to encompass all children.

– Welsh Government policies to reduce poverty and gender inequality.

Poverty

Whilst the economic impact of the pandemic has hit people across Welsh society, it is the poorest households, and especially those with children, who have been hardest hit. The Bevan Foundation's 'Snapshot of poverty in Winter 2020'³ showed nearly a quarter of Welsh households have seen their income fall. This will only have been compounded by the removal of the £20 uplift to Universal Credit. Research shows that poverty can have a similar impact on children as Adverse Childhood Experiences, such as parental substance misuse or child abuse⁴ and socio-economic disadvantage has an impact across a range of health indicators and educational attainment.

Poverty is a child rights issue, and it contravenes a number of articles within the UNCRC, such as a child's right to a standard of living and healthy and nutritious food⁵. In our manifesto, NSPCC Cymru called for an enhanced Flying Start service for all parents of 0–4-year-olds across Wales and training for practitioners on the impact of poverty on families and how to support them in a non-stigmatising way.

Gender Inequality

VAWDASV is a cause and consequence of gender inequality which directly impacts children and young people. A holistic response to children who experience violence and abuse is essential. We must see universal prevention and early intervention, crisis support and therapeutic recovery available across Wales. The pandemic spotlighted the epidemic of abuse in the home; risk increased for some children as incidents of violence and abuse became more frequent and severe, while other children became

newly vulnerable to abuse in the home. The NSPCC Helpline and Childline saw both an increase in contacts from adults concerned about children at risk of domestic abuse/from a child⁶ living with domestic abuse and a 15% increase in referrals to outside agencies in 2020/21 about child sexual abuse. We have also seen a rise in complexity and risk which other providers have also identified. We cannot underestimate the impact of the past 18 months on this cohort of children; it will likely manifest in the months and years to come. This is why we ask that services be fully resourced to meet this demand.

NSPCC Cymru/ Wales has previously highlighted our concern about the lack of provision for children impacted by VAWDASV. In a roundtable with children and young people workers, the key concerns and recommendations were the need for sustainable funding of services and a prioritisation of specialist services for child victims from regional boards. The roundtable, jointly hosted by Welsh Women's Aid found 77% of children impacted by VAWDASV received no specialist support.

A public health approach to **child sexual abuse** places the responsibility for tackling it with everybody. We need policies and procedures which both disrupt potential perpetrators and enable disclosure from children and young people in all the places children access. Also crucial are readily available, integrated, child centred, specialist sexual abuse services. Currently, children who experience sexual abuse do not always receive the support they need in a timely manner. The Lighthouse in London is an example of an innovative approach to supporting children to recover after abuse. The Child House model is child-centred, interdisciplinary and brings together a multi-agency response to provide a safe-place for children and young people to recover.

Finally, the contextual safeguarding⁷ model provides an evidence based method of supporting young people who experience extra-familial harm. Young people need a model of support which considers the spaces and peers they interact with and the collective role of the whole community in keeping young people safe. Too often safeguarding focuses on the individual child and the family and what the parents/carers can or should do to safeguard a young person, but preventative approaches should also consider the contextual and community factors, outside of the family setting, which could put a young person at risk.

NSPCC Cymru calls for;

- The shortfall in specialist service provision for children and the need for sustainable funding to be addressed
- An element of funding for specialist support to be ringfenced for prevention and early intervention work
- The roll-out of the Child House model in Wales. This should bring together funding streams from national and local stakeholders so that children can receive the support they need.
- A multi-agency and localised contextual safeguarding approach to address the risks to young people experiencing extra-familial sexual abuse, which includes funded training of key professionals.

Resources to reduce gender inequality must take an intersectional approach; all minoritised children and young people must be able to access 'by and for' black and minoritised support services. However, *all* VAWDASV services, who are not specialist 'by and for' services, should be resourced to undertake training which equip them to understand the nuances of so-called 'honour-based' abuse including FGM and forced marriage.

– Approach to preventative spending and how is this represented in resource allocations (Preventative spending = spending which focuses on preventing problems and eases future demand on services by intervening early).

A preventative approach to spending would be felt across all the sectors who work with children. While Welsh Government has been clear that prevention and early intervention is essential, we are not seeing the reality of this commitment on the ground. As mentioned in this response, we continue to see a year-on-year increase in children entering care, too long waiting times for CAMHs and specialist sexual violence services and a postcode lottery of access to domestic abuse support. It can be assumed that children, young people and their families did not have access to enough or the right early support to prevent these issues escalating.

Welsh Government has stated its ambition to make Wales the safest place in Europe to be a woman and to end violence against women and girls. The pandemic brought into focus the child rights violation of violence and abuse in the home; now is the time to invest in early intervention and prevention work to stop more children and young people living in unsafe homes and match Welsh Government ambition with the reality on the ground.

Welsh Women's Aid latest State of the Sector report notes; 'A sustainable funding model for specialist services would see a portion of budgets from across relevant agencies aligning to meet preventative duties and work towards ending VAWDASV in Wales. Over time, resources needed to respond to the long-term negative effects of VAWDASV would be drastically reduced.'⁸

A commitment to early intervention and prevention must include a programme of training for all professionals who come into contact with children and young people, which supports professionals to recognise warning signs of abuse, neglect or mental health needs. Training of public sector workers who engage with children and young people must be a priority. Training should ensure the rights of the child and the child's voice is paramount.

We need to see a commitment to preventative spending across Welsh Government departments, to disrupt harm in children's lives before it escalates. This must include working with individuals, families, communities, and organisations across the population.

– What are the key opportunities for Government investment to support 'building back better' (i.e. supporting an economy and public services that better deliver against the well-being goals in the Well-being of Future Generations Act).

NSPCC Cymru feels much of our asks within this response would support Welsh Government in 'building back better' and aligning with the well-being goals of the Act. In particular the goals focused on a prosperous, resilient, healthier and more equal Wales. As we have demonstrated children and young people who are living in poverty, have mental health needs or are subject to violence and abuse need immediate crisis support and long-term recovery. We also need to ensure universal preventative support and early intervention is provided going forward to stop more children reaching crisis point.