

Senedd Cymru | Welsh Parliament

[Y Pwyllgor Plant, Pobl Ifanc ac Addysg](#) | [Children, Young People and Education Committee](#)

[Gwasanaethau i blant sydd wedi bod mewn gofal: archwilio diwygio radical](#) | [Services for care experienced children: exploring radical reform](#)

Ymateb gan Cymdeithas Genedlaethol er Atal Creulondeb i Blant | Evidence from National Society for the Prevention of Cruelty to Children

The NSPCC is the leading children's charity fighting to prevent child abuse in the UK and Channel Islands. We help children who have been abused to rebuild their lives, protect those at risk, and find the best ways of preventing abuse from ever happening. To achieve our vision, we:

- create, deliver and evaluate services for children which are innovative, distinctive, and demonstrate how to enhance child protection;
- provide advice and support to ensure that every child is listened to;
- campaign for changes to legislation, policy, and practice to ensure the best protection for children; and
- inform and educate the public to change attitudes and behaviours.

Our main focus in this response will be on prevention and early intervention before care and support for babies, children and young people during care. The NSPCC urges the committee to frame their considerations through the UNCRC:

- Article 3- best interests of the child are paramount
- Article 18- support must be given for parents to rear children
- Article 9- Children must only be separated from parents if in their best interests

(1) Before care: Safely reducing the number of children in the care system

Prevention and Early Intervention

In the most recent statistical bulletin for Looked After Children in Wales from March 2022, 7,080 children were looked after, a decrease of 167 (2%) on the previous year. This is a rate of 112.4 per 10,000 population aged under 18, compared to a rate of 115.1 in 2020-21. This is the first decrease in the number and rate of children looked after reported annually since

2015.¹ However, just over 5000 children were looked after in 2010, indicating a significant upward trend over the past decade.

NSPCC Cymru/Wales supports a public health approach to children's social care, which is focussed on preventing abuse and neglect, and addressing the underlying factors which make babies, children and young people more vulnerable to abuse and neglect.

Recently, NSPCC Cymru/Wales produced a briefing outlining our six features of an effective child protection system. We want to see Welsh Government take action to deliver an effective, fully funded child protection system that keeps all children safe from harm. Welsh Government must make child protection a national priority by committing to publishing a detailed, fully resourced roadmap on transforming children's social care, with measurable outcomes, within the next six months. We believe it is crucial to clearly outline what actions the Welsh Government are taking to ensure children are protected and abuse and neglect are prevented from the offset. Children's voices must inform the roadmap and we want to see a young people advisory group set up to monitor delivery and outcomes.

We believe preventative services are vital to support parents raise their children and can help reduce the numbers of babies and children entering care. We welcome the Welsh Government's commitment to early intervention and keeping families together where it is safe to do so and note increased spending on Families First and Flying Start year on year in the last three years². The increased funding, however, comes at a time of increased need. A recent evaluation of the implementation of the Social Services and Wellbeing Act points to barriers to implementing early intervention in Wales: *"Numerous challenges to the delivery of preventative services and initiatives were identified; the access criteria for statutory services which may inhibit early intervention, lack of direct funds for prevention, barriers related to third sector involvement, public and community awareness of preventative services and how to take advantage of them, and the development of preventative services which respond to complex structural issues faced by communities."*³ Sustainable funding is required to support the provision of evidence-based, non-stigmatising, preventative services for children across all ages and their families to help them deal with challenges like poor mental health, domestic abuse and substance misuse as well as the impact of poverty. Early quality family help services can help to meet needs before they escalate to the possibility of a child entering care.

The committee's focus should be on what work needs to be done to ensure safe, nurturing home environments where babies and children grow up with responsive and attuned care-giving relationships, and free from abuse and neglect. The committee should also explore

¹ Looked After Children statistics 2021 –2022: <https://www.gov.wales/children-looked-after-local-authorities-april-2021-march-2022-html>

² See [Written Question - WQ85903 - Welsh Parliament \(senedd.wales\)](#)

³ See [Evaluation of the Implementation of the Social Services and Well-being \(Wales\) Act: process evaluation \(gov.wales\)](#)

evidence looking at what preventative approaches have worked best and what can be done to ensure these approaches are maximised.

By working together, children's social care, health, housing, policing and education can piece together a fuller picture of the realities of children's lives, leading to better decision making and support which can help when early intervention is required. This is why NSPCC Cymru/Wales supports further work to improve multi-agency working⁴. Multi-agency working is key to effective safeguarding and child protection. As such, multi-agency safeguarding arrangements must be strengthened with greater accountability and improved data sharing. Child safeguarding is far too important for one professional or agency to do alone.

It is also equally important that children's services and adult services work in a joined-up way to deliver holistic support to children and families that addresses underlying factors that may put children at risk. We need to see strong leadership from all safeguarding partners and better resourcing of multi-agency safeguarding arrangements. Learning and improving must be hardwired into culture, policy and processes. Following the tragic death of Logan Mwangi, we support the child practice review panel recommendation to commission a full review of health, social care, education and police recording, information gathering and sharing systems.⁵

In addition, NSPCC Cymru/Wales wants to see support continue for families 'on the edge of care'. At this stage intensive help can reduce the numbers of children entering care and free up resources in local authorities to focus on prevention and better support for children who are already in care. Integrated 'edge of care' services can help families stay together in times of crisis. For example, over 700 families work with Integrated Family Support Services (IFSS) teams every year.

Families also require *trauma-informed* interventions. All services which interact with families on the 'edge of care' should take a trauma-informed approach. Sensitive support is necessary to ensure families, who have been through traumatic experiences, can safely care for their children and remove the need for children to enter care.

We would like to see the committee:

- Call for sustainable funding for evidence-based, non-stigmatising, preventative services for children across all ages and their families to help them deal with challenges like poor mental health, domestic abuse and substance misuse as well as the impact of poverty and mitigate the risk of entry into care.
- Explore/investigate what preventative measures have worked best and call for a roll out of best practice across Wales.

⁴ Sidebotham et al (2016) Multi-agency working is key to effective safeguarding and child protection

⁵ [Child Practice Review CTMSB 04-2021 Child T Final Report - EMBARGOED](https://www.ctmsb.org.uk/child-t-final-report-embargoed)
([cwmtafmorgannwgsafeguardingboard.co.uk](https://www.cwmtafmorgannwgsafeguardingboard.co.uk))

- Call for further work to improve multi-agency working and back the recent child practice review recommendation for a full review of health, social care, education and police recording, information gathering and sharing systems.
- Advocate for the delivery of trauma-informed practice for children and families. It is crucial that the implementation of the All Wales Trauma Informed Framework takes into account the needs of babies, children and young people.

Babies and Infants

Babies are entirely dependent on their caregivers for their safety, well-being and development. Some caregivers struggle to provide the physical care a baby needs due to their own difficulties, such as mental health issues or substance misuse. Additionally, these issues may affect a parent's ability to nurture their baby's emotional development.

Infant's mental health is vitally important because it lays the foundations for all future health and wellbeing. Good infant mental health is nurtured when young children experience positive, consistent, safe and attuned relationships with their primary caregivers⁶. This builds strong foundations for a young child's future and sets the template for lifelong skills, behaviour and capabilities. Where these relationships are absent, or misattuned to a baby's needs, very young children can become vulnerable to abuse and neglect - the effect of which can be significant. Where a baby is thought to be suffering significant harm from one or both parents, a decision may be made to issue care proceedings at birth, which can present challenges for professionals and can be highly distressing for birth parents and their wider family networks⁷.

NSPCC Cymru/Wales is concerned about the number of babies and infants that are entering care. The Nuffield Family Justice Observatory report '*Born into care*' (2019) shows that disproportionate numbers of infants are appearing in care proceedings compared to any

6 Center on the Developing Child. [What is Early Childhood Development? A Guide to Brain](#)

[Development](#); National Scientific Council on the Developing Child (2004). Young Children Develop in an Environment of Relationships: Working Paper No. 1. [Young Children Develop in an Environment of Relationships](#)

7 Bachar, A., Broadhurst, K., Cusworth, L., Griffiths, L., Johnson, R., Akbari, A., et al. (2019). Born into care: newborns and infants in care proceedings in Wales. Nuffield Family Justice Observatory: London.

other aged child in Wales⁸. They found that between 2011 and 2018, infants (less than 1 years old) accounted for 30% (or 3,266) of all of the 11,000 children entering care proceedings in Wales. They also highlighted that over half (52%) of all infants subject to care proceedings were less than two weeks old. The importance of protecting babies' wellbeing within the first 1000 days cannot be overstated, given the pervasive and long-term impacts of stress and adversity during this critical stage in their development.

It is also extremely important to protect the mental health and wellbeing of expectant and new parents. Research demonstrates that maternal mental health is a crucial determinant of a child's mental health. Severe perinatal mental health problems can make it harder for parents to provide the sensitive and responsive care that babies need, potentially effecting the child's emotional, social and cognitive development⁹. Maternal mental health problems have been associated with a wide range of consequences for children, including worse mental and physical health. Further research from The Nuffield Family Justice Observatory revealed the complex vulnerabilities of women whose babies are subject to care proceedings in the first year of life¹⁰. They found that these mothers experienced greater levels of socio-economic, health and well-being vulnerabilities before or during pregnancy. Over half (53%) reported an existing mental health condition at their initial antenatal assessment, three quarters (77%) had a mental health related GP or hospital contact or admission recorded in their health records prior to the child's birth, and the majority (76%) lived in the two most deprived areas of Wales¹¹. This is why it is so important that women and families who are struggling with their mental health are identified early and can access the right kind of perinatal and infant mental health support, at the right time, wherever they live in Wales.

To reduce the number of infants taken into care, more must be done to develop strong working relationships between health and social care in order to strengthen the pre-birth support available for vulnerable families. There also needs to be more emphasis placed on

8 Bachar, A., Broadhurst, K., Cusworth, L., Griffiths, L., Johnson, R., Akbari, A., et al. (2019). Born into care: newborns and infants in care proceedings in Wales. Nuffield Family Justice Observatory: London.

9 Bauer, A., Parsonage, M., Knapp, M., Lemmi, V., and Adelaja, B (2014) The cost of perinatal mental health problems. Centre for Mental Health and London School of Economics: London ; Center on the Developing Child (2009) Five Numbers to Remember About Early Childhood Development (Brief); Stein, A., Pearson, R.M., Goodman, S.H., Rapa, E., Rahman, A., McCallum, M., Howard, L.M., and Pariante, C. M (2014) Effects of perinatal mental disorders on the fetus and child. The Lancet, 384: 1800–1819; Sutter-Dalley, A. L., Murrar, L., Dequae-Merchadou, L., Glatigny-Dalley, E., Bourgeois, M.L., and Verdoux H. A (2011) A prospective longitudinal study of the impact of early postnatal vs. chronic maternal depressive symptoms on child development. European Psychiatry, 26(8): 484-48

10 Griffiths, L.J. et al. (2020). Born into care: One thousand mothers in care proceedings in Wales. London: Nuffield Family Justice Observatory.

11 Ibid

identifying and addressing perinatal mental health problems within social work pre-birth assessments, with flexible outreach to engage and support mums early. There are examples of commissioned projects within Wales, such as Jig-So¹² and Baby and Me¹³, who take a multi-agency, multi-professional approach and are designed to provide holistic support to meet the needs of vulnerable parents, so families can thrive. However, this kind of provision is not available for all families across Wales that need it. Sufficient investment in early intervention services for vulnerable families is needed in the drive to safely keep more families together.

To successfully strengthen the pre-birth support available for vulnerable families, both closer working between midwives and social care is needed, but also multi-agency projects such as Jig-So and Baby and Me in every area of Wales to provide vulnerable pregnant mothers and their partners the holistic support to enable them to care safely for their babies. There needs to be a programme of workforce development and training on perinatal and infant mental health, across multi-disciplinary professions, such as social care, early years and perinatal mental health. The recently launched Strategic Mental Health Workforce plan for Health and Social Care¹⁴ highlights 'parent infant' and 'perinatal' as urgent workforce development priorities. The implementation of Phase 1 of this plan must now set out a clear and detailed road map for securing sufficiently trained practitioners, who have the competence and confidence to identify and support perinatal and infant mental health at all levels, across Wales.

While there is a strong commitment and a priority within Welsh Government policy and legislation for all children and young people to have a right to *'the best start in life' (including good early years services and support for parents or carers)*¹⁵, babies' mental health is often overlooked in mental health policies and services. Current policies tend to frame infant mental health in the context of supporting mothers' mental health needs to help encourage bonding and attachment, but they often fail to recognise the wider factors (e.g. parental adversity and trauma, abuse and neglect, and wider environmental stressors) that can impact on the quality of the parent-child relationship and healthy child development¹⁶. There is an important opportunity to rectify this within the forthcoming Welsh Government mental health strategy and ensure that infant mental health and parent-infant relationship support is explicitly recognised and addressed. NSPCC Cymru/Wales feels there is an important role

12 For more information, see [Jig-So's success with Swansea families - Swansea Bay University Health Board \(nhs.wales\)](#)

13 For more information see, [Baby & Me | Barnardo's \(barnardos.org.uk\)](#)

14 See [Workforce strategy | Social Care Wales](#)

15 See [Children and young people's plan \[HTML\] | GOV.WALES](#)

16 As is the case in the current mental health strategy - [Together for mental health: our mental health strategy | GOV.WALES](#)

for the Committee in scrutinising the development of the new strategy to ensure it reflects the needs of all babies and children in Wales.

There is also a need to address the baby blind spot in mental health services. While we recognise there is a wide range of universal and targeted parenting support available for families across Wales, for example Flying Start and Families First, babies still have extremely limited access to mental health services. There are **only two specialised parent-infant relationship teams in Wales**, one in Cardiff (Cardiff Parents Plus) and one in Gwent (G-PIMS). These teams provide therapeutic support where babies' development is most at risk due to severe, complex and/or enduring difficulties in their early relationships. They work to strengthen early relationships, which are protective, and they help babies to recover from early adversity¹⁷. Investment is needed to ensure there is specialist parent-infant relationship support in every area of Wales, as this can reduce the need for late intervention services (such as social services) across the life course.

The development of **specialist perinatal mental health services** in Wales has been encouraging, but commitments from Welsh Government have not yet translated into high quality and accessible services for families in every area of Wales, with only two out of the seven specialist perinatal mental health services meeting CCQI perinatal quality network standards¹⁸. While NSPCC Cymru/Wales welcomes the establishment of the interim mother and baby unit (MBU) in South Wales, we remain concerned that the development of the MBU for families from North Wales has not yet been established. This means that women and families may be at risk and not able to access the vital specialist support they need.

We would like to see the committee:

- Continue to hold Welsh Government to account for meeting the perinatal mental health inquiry recommendations¹⁹
- Scrutinise the development of Welsh Government forthcoming mental health strategy, ensuring it accounts for the needs of vulnerable babies and infants who are at risk of going into care
- Carry out an inquiry into the services and support offered to vulnerable parents in Wales who are at risk of having their babies removed in the first 1,000 days. The inquiry could include mapping out:
 - what provision there is to support parent-infant relationships within the first 1000 days across local authorities and Welsh health boards, and

¹⁷ For more information on the role of specialist parent-infant relationships teams, see [Rare Jewels - Parent-Infant Foundation \(parentinfantfoundation.org.uk\)](https://parentinfantfoundation.org.uk)

¹⁸ Maternal Mental Health Alliance (2020) Map of Specialist Community Perinatal Mental Health Teams (Wales) <https://maternalmentalhealthalliance.org/wp-content/uploads/170820-UK-specialist-PMH-map-Wales.pdf>

¹⁹ Children, Young People and Education Committee (2017) Perinatal mental health in Wales. [crld11234-e.pdf \(senedd.wales\)](https://senedd.wales/crld11234-e.pdf)

- how effective the joint working is between social care and health in delivering this support.

Poverty

NSPCC Cymru/Wales views poverty as a structural harm, which can increase pressure on families. These additional stressors can impact on a parent's capacity to meet the needs of their child. Recent research from Paul Bywaters and colleagues highlights there is a 'contributory causal relationship between the economic circumstances of families and child abuse and neglect'²⁰. The authors of the research suggest we should not view poverty necessarily as another factor of abuse, but something that is 'intrinsic to' other factors such as domestic abuse and substance misuse. Poverty has been described as 'the wallpaper of the social care system', in that it is too big to tackle and too familiar to notice. Reducing poverty is an essential lever in the pursuit of ensuring families can stay together, when it is safe for the child to do so.

The pandemic has exacerbated social and economic inequalities. This, followed by a cost-of-living crisis means it is difficult to recall a time where the burden on parents has been so heavy. Babies and very young children are particularly vulnerable to the impacts of poverty and the cost-of-living crisis. Urgent government action to support parents and children is crucial. This includes examining current guidance offered to social workers on how to handle cases where poverty is a factor and support families in poverty in a non-stigmatising way. It is crucial to examine where there are gaps in resources or lack of awareness of poverty and to ensure a better understanding of the entrenched relationship between poverty and social care involvement. Because of this inextricable link the committee must take a poverty-informed approach to children's social care and push Welsh Government to do all it can to help alleviate poverty for families in Wales. We would urge the committee to push, wherever possible, for actions working towards the elimination of poverty as a matter of child safety and to better understand the relationship between poverty and children entering care through future research efforts.

We want to see a social safety net for families, that can recognise neglect and can meet a family's needs earlier. Evidence shows higher rates of child poverty are also increasing the likelihood of any children in the household entering care ²¹. Radical reform of children's social

²⁰ Paul Bywaters and Guy Skinner (March 2022), The Relationship Between Poverty and Child Abuse and Neglect: New Evidence

²¹ Child poverty and children entering care in England, 2015–20: a longitudinal ecological study at the local area level- Davara L Bennett, MSc, [Daniela K Schlüter, PhD](#), [Gabriella Melis, PhD](#)

- [Prof Paul Bywaters, MA](#)
- [Alex Alexiou, PhD](#)
- [Prof Ben Barr, PhD](#)

services is vital but so too is a radical approach in preventing children entering care in the first place.

While it is imperative the social care system is more poverty-aware when working with families, it is important the child remains at the centre of decision making. Poverty can co-exist alongside other harms, such as domestic abuse or substance misuse. Poverty can exacerbate these and indeed increase risk (particularly in the case of domestic abuse, where a lack of resources can be a barrier to help seeking). These harms must be addressed individually, with appropriate specialist support where needed.

We would like to see the Committee:

- Call on Welsh Government to do all it can to mitigate the impact of poverty on families
- Ask the Welsh Government to press the UK Government for improved measures to support families in poverty (looking at potential Universal Credit uplift and energy costs help in the future)
- Seek a commitment from Welsh Government to poverty proof social work guidance, updating the current guidance if needed.
- Evaluate the basic income pilot for care leavers.
- Seek a commitment that the Welsh Government's forthcoming child poverty strategy:
 - Speaks to the intersection between poverty and child abuse and neglect, with actions and outcomes to mitigate these
 - Includes action on meeting the needs of babies and infants, in particular, the impact of poverty on outcomes for babies and infants and the relationship with entering care, including exploring interventions that are most effective in safety keeping families together

(2) In care: Quality services and support for children in care

ACEs and mental health support

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- et al.

Care experienced children and young people have consistently been found to have much higher rates of mental health needs than the general population²², including a significant proportion who have more than one condition. They are approximately four times more likely to have a mental health need than children living with their birth families. The link between care-experience and mental ill health is not deterministic, however it is clear care-experienced children are more likely than their counterparts to have experienced early adversity and therefore be more vulnerable to mental health difficulties.²³

Care experienced young people have described how difficult it is to access specialist mental health services across Wales. In our 2019 Listen, Act, Thrive research, all participants talked about how challenging it is for those in care to access CAMHS services because of the high threshold for referral. Many spoke about needing to have a mental health diagnosis or be in 'crisis' before receiving support. They also spoke about long waiting times to access CAMHS and how a young person would be placed at the bottom of the waiting list if they moved placements.²⁴ Despite the requirement for mental health assessments to be conducted on entry into care, our Listen Act Thrive research also found that assessments are inadequate, guidance is lacking and training for staff is needed. Recent evidence from Care Inspectorate Wales also points to a lack of availability of emotional and therapeutic support for care experienced young people.²⁵ There is currently no statutory right to therapeutic support for care experienced children, unless they are adopted.

Independent advocacy plays a key role in helping children and young people navigate their journey through the care system and have their voices heard. It is positive that the Welsh Government has put in place an active offer of independent advocacy for all care experienced children, subject to a national quality standard with regulation and inspection arrangements in place. However, it is important that this is robustly monitored to ensure that it is embedded in practice and is sufficiently funded to respond to demand. The offer of independent advocacy should also be extended to all residential care settings.

As members of the UNCRC Monitoring Group, we endorse the calls they make in relation to care experienced children and would like to see the Committee²⁶:

22 NSPCC Cymru & Voices from Care Cymru (2019) Listen. Act. Thrive.

²³ See <https://www.iriss.org.uk/resources/outlines/care-experienced-children-and-young-peoples-mental-health>

²⁴ See <https://www.nspcc.org.uk/globalassets/documents/policy/listenactthrive.pdf>

²⁵ Care Inspectorate Wales (2019) National Overview Report in relation to care-experienced children and young-people

²⁶ See Wales UNCRC Monitoring Group (2022) State of Children's Rights in Wales. [Wales UNCRC Monitoring Group.pdf \(childreninwales.org.uk\)](https://childreninwales.org.uk/Wales_UNCRC_Monitoring_Group.pdf)

- Recommend that children are consistently assessed on entry to care; receive timely access to advocacy support and appropriate therapeutic services, including CAMHS when needed. Call for comprehensive guidance alongside training to health professionals, to enhance the initial mental health assessment, and monitor delivery. Call for a statutory duty for care-experienced children to be actively offered therapeutic support throughout their lives
- Issue guidance to mental health service providers to ensure continuity of service is maintained if a child moves area and thus ensure that they continue to receive unbroken support

Placement Choice, Stability and Sufficiency

All children have the right to family life, and we know appropriate matching and placement stability help to improve the education and health outcomes for care-experienced children²⁷. We are disappointed to see that there were 604 children looked after at 31 March 2022 who had three or more placements during the year, an increase of 75 children (14%) compared with the previous year²⁸. NSPCC is clear placement changes should never be resource-led but rather based on the best interests of the child. We support a wider pool of suitable placement options and urge the committee to do all they can to ensure children are properly consulted throughout their journey. We note Welsh Government recently consulted on eliminating profit from the care system. The committee should do all they can to promote sustainability and continuity of foster and residential placements, especially in light of any changes eliminating profit may bring. The committee should also ensure care-experienced children's voices are heard going forward in relation to these proposals, and indeed across the whole range of issues relating to their experience.

We would like to see the committee:

- Promote, at every opportunity, the importance of creating sustainability and continuity of placements for children- including an examination of how we can ensure children can enjoy stability and permanence in terms of placements where possible, and what obstacles remain in achieving this

It is also important that care experienced children and young people are able to maintain stable relationships with past and present foster carers, family and friends, in order to develop a strong sense of identity and belonging.

Corporate parenting

Existing corporate parenting arrangements should be strengthened by ensuring that all public bodies share responsibility to support children in their care and take a lead role in care

²⁷ See for example CASCADE (2015) Understanding the educational experiences and opinions, attainment, achievement and aspirations of looked after children, Cardiff University

²⁸ See <https://www.gov.wales/children-looked-after-local-authorities-april-2021-march-2022-html#:~:text=Number%20of%20placements,compared%20with%20the%20previous%20year>

planning; meeting educational, health, social and employment needs, and involving children as partners.

Kinship care

There are approximately 10,000 children living with a relative in kinship-care arrangements in Wales²⁹. 95% are there informally resulting in less support as many are not known to local authorities.³⁰ Family members and friends who care for a child do not automatically receive financial support for doing so, unless the child is placed there by a local authority, which can plunge some children into poverty. There are also variations in the level of financial support for kinship carers across Wales, compared to foster carers. We would like to see a parity of support for kinship carers and foster carers across Wales.

²⁹ Wiedasja, D. et al (2017) *Children Growing up in the Care of Relatives in the UK*, Bristol: Hadley Centre for Adoption and Foster Care Studies.

³⁰ Nandy, S. Selwyn, J. Farmer, E. and Vaisey, P. (2011) *Spotlight on Kinship Care: Using Census Microdata to Examine the Extent and Nature of Kinship Care in the UK at the Turn of the Twentieth Century*, Bristol: The Hadley Centre and University of Bristol.