

In recent years, Welsh policy-makers have responded to the increasing child safeguarding concerns in Wales, including the highest-ever rates of children subject to child protection procedures, neglect, homicide, sexual offences and being looked after in care (NSPCC, 2016).

THE PICTURE IN WALES

Research into adverse childhood experiences (ACEs) by Public Health Wales (PHW) suggests that children who suffer physical or sexual abuse or are exposed to domestic violence, drug or alcohol abuse at home have a significant predisposition to risky health and social behaviours over their life course (PHW, 2015).

Throughout the past 15 years, Welsh poverty rates have routinely outstripped the rest of the UK, and proportionally there are more children living in deprivation than any other section of the population in Wales (Welsh Government (WG), 2014a). According to Public Health Network Cymru (2018): 'Childhood inequalities in physical, mental and emotional health are strongly associated with increased lifetime risk of poor physical and mental health.' Safeguarding children is most effective through promoting welfare and protecting from significant harm through systemic protective processes (NSPCC, 2018). Recent changes in Welsh legislation have put children at the heart of co-produced, sustainable policy-making through two recent ground-breaking acts: the Wellbeing of Future Generations (Wales) Act (WBFGA) (WG, 2015), and the Social Services and Wellbeing (Wales) Act (SSWBA) (WG, 2014b).

This article will explore the developmental methods used to create the acts and how the best interests of children are addressed by the public health agenda, whose aim is to work nationally across all sectors to 'achieve a thriving society and optimum health and wellbeing for the present and future generations' (PHW, 2016). Further investigation will outline common principles of wellbeing, prevention, people's involvement and partnership-working, which are fundamental to both acts, and the PHW strategies that impact on the practice of health visitors and school nurses.

POLICY DEVELOPMENT

The Welsh child-centric safeguarding and child protection legislative landscape has evolved during the last 15 years from primarily reactive referral responses to proactive outcome-focused



PUTTING CHILDREN AT THE HEART OF POLICY

Sally Star explores the emergence of ground-breaking Welsh legislation and public health strategies on keeping the nation's children safe.

ISTOCK

systems (Rowlands, 2011). Traditionally, policy changes are driven by tragic events. The death of Victoria Climbié led to the Laming inquiry (2003), which contributed to the revised 2004 Children Act. However, since 2014 the WG has significantly reformed its statutory guidance for public bodies. There is now greater advocacy of transparent, accessible, evidence-based practices and citizen participation with the embedding of the 2011 Rights of Children and Young Persons (Wales) Measure at the core of all practice (Children’s Commissioner for Wales, 2017).

The SSWBA began through reviewing social services, using nationwide individual and organisational consultations (Welsh Assembly Government, 2011; Independent Commission on Social Services, 2010). These consultations drew on wider expertise than the relatively small Welsh legislation chamber with limited resources could usually muster, and highlighted changing demography and its associated opportunities and challenges (Kaehne and Taylor, 2016). The resulting SSWBA was the first policy passed since Welsh devolution in 2011, and it unified and simplified the many previous care-based regulations. However, recent consultation discovered that most young carers in Wales had little knowledge of the act and that it had made no difference to their lives (National Assembly for Wales, 2018). The scope and depth of engagements and lack of children’s participation had affected the legislation’s success.

Conversely, the WBFGA was founded on a population-wide longitudinal consultation exercise including

children. It laid out children’s happiness, health and connectivity to their community as the best indicators for quality of life (WG, 2015).

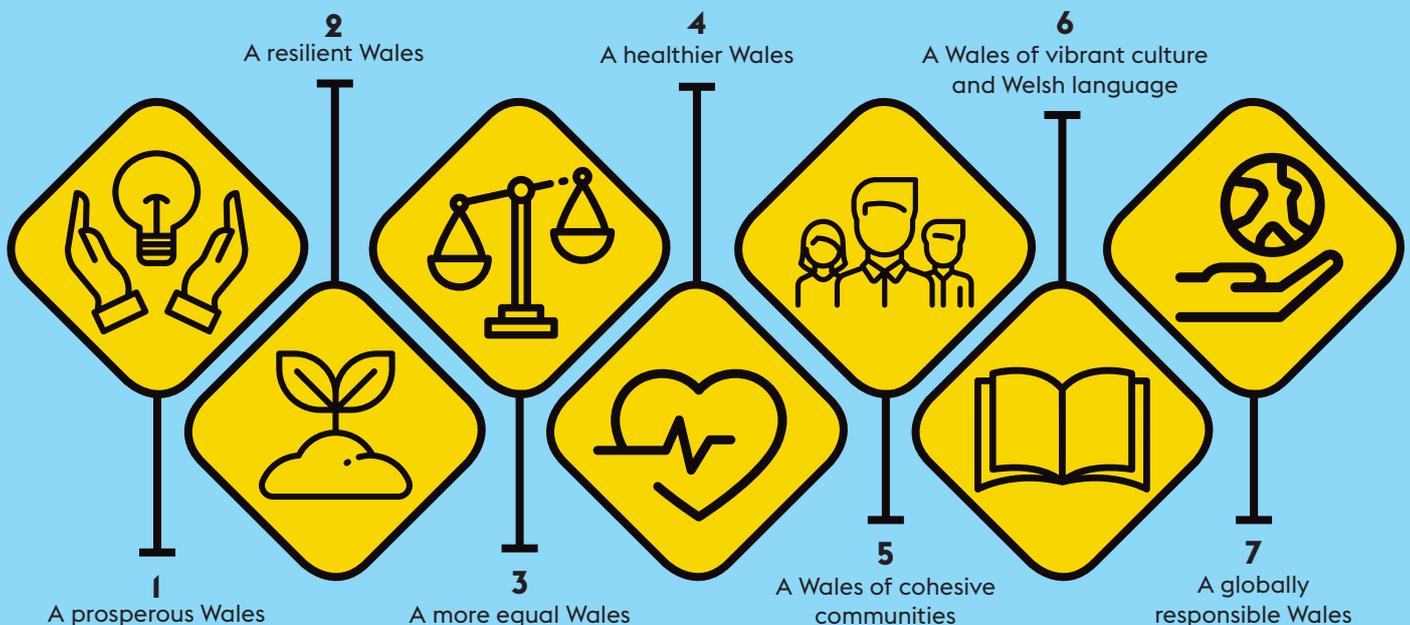
PHW underpins both pieces of legislation with a radical long-term strategy for health and wellbeing to achieve equitable, resilient communities (PHW, 2018). This strategy supports the evidence-based outcomes of ‘prudent healthcare’ principles (PHW, 2014), the Healthy Child (Wales) Programme (WG, 2016a) and used ACE studies, now recognised across many agencies as best practice (Social Care Wales, 2017). The SSWBA and WBFGA are indicative of shifts in political viewpoints from authoritarian protection – in which children are considered ‘saplings’ – to a nurturing ‘caterpillar’ approach, empowering individual wellbeing (Tomlin, 2018).

THE ACTS ARE INDICATIVE OF SHIFTS IN POLITICAL VIEWPOINTS FROM AUTHORITARIAN PROTECTION TO A NURTURING APPROACH

WHAT ABOUT WELLBEING?

Since 2004, the language surrounding child-centred legislation has evolved to increasingly include ‘wellbeing’, meaning ‘physical, psychological, cognitive, social and economic’ domains (Rowlands, 2011). The Marmot review of health inequalities (2010) stated that people from lower socioeconomic positions experience poorer health and life opportunities. Childhood poverty and deprivation have repercussions in adult life, and wider determinants of

SEVEN WELLBEING GOALS IN WALES





ACEs IN WALES

In Wales, adverse childhood experiences (ACEs) such as child maltreatment and/or living in a household affected by parental separation, domestic violence, mental ill health, alcohol, drug abuse or the incarceration of a parent, are associated with:

- ▶ Over 1/2 of violence and drug abuse
- ▶ Over 1/3 of teenage pregnancies
- ▶ Nearly 1/4 of current adult smoking

PHW, 2016a

health must be addressed at policy level (Modi, 2018).

With these two acts, the WG has taken the internationally unprecedented step to safeguard the best interests of children by measuring and monitoring wellbeing, familiar territory for health visitors and school nurses. The SSWBA emphasises individuals' accountability for health and resilience, alongside the shared responsibility of public bodies to provide appropriate services. The act strengthened child protection frameworks, emphasising professionals' duty to report any 'child at risk', replacing the old indistinct term of 'child in need'. Legislating safeguarding is the most powerful way to positively protect society and is evident through public body achievement of the seven WBFGA wellbeing goals (see *Seven wellbeing goals in Wales* on page 23).

Successive PHW wellbeing plans endorse children's 'best start' in life by directly tackling cross-generational causes of harm – violence, abuse, alcohol misuse – reducing exposure to ACEs and preventing early death (PHW, 2016a). ACE research used a random sample population between 18 and 69 years, which constituted only 0.06% of the Welsh population (PHW, 2015). Nevertheless, outcomes are reflective of the Welsh population as overall processes followed recognised international ACEs methodology (Ashton et al, 2016). Furthermore, PHW's holistic plans under the WBFGA acknowledge Wales's ground-breaking wellbeing contribution to the global Agenda for Sustainable Development (United Nations, 2015) to eradicate poverty and fight inequalities to protect and promote children's wellbeing worldwide.

EMBEDDING PREVENTION

Growing global and national fiscal difficulties are evident in the joint preventative ethos of the two acts, reflecting the period of austerity at their creation. The acts' prevention requirement is embedded into all services, particularly early years, to avoid expensive long-term and crisis situations (Edwards and Lloyd-Williams, 2016). The SSWBA stipulates that public bodies undertake an interagency population assessment of care, with children as a core theme. Social Care Wales (2017) found the assessments, along with ACE information, focused regional priorities and ensured that subsequent plans prevented long-term poor health and wellbeing.

The same organisations also conducted their WBFGA 'wellbeing assessment' to ascertain local population economic, environmental, cultural and social wellbeing. Successive inter-agency plans committed to 're-orientate the focus on the wider determinants of health and to challenge public sector partners to see their contribution to prevention, health improvement and health protection' (NHS Wales, 2016).

According to Kiran and Pinto (2016), this 'upstream' public health approach, which equitably tackles the social determinants of health, is most effective through direct engagement of Bronfenbrenner's (1979) ecological systems theory. Here, the individual can influence through the 'microsystem' proactive organisational 'macrosystem' governance. PHW partnership prevention structures are seen in their evidence-based sustainable health and wellbeing initiatives (PHW, 2016a) and dedication to the Healthy Child (Wales) Programme. They invest in early years (0 to seven) through progressive universalism, offering individual and population-level early interventions to promote lifelong wellbeing via co-production and collaboration.

THE VOICE OF THE CHILD HAS BEEN HIGHLIGHTED AS A MAJOR FACTOR IN KEEPING CHILDREN SAFE FROM ABUSE AND NEGLECT

INVOLVING PEOPLE

Unlike preceding didactic child protection legislation, the SSWBA recognises the value of participation from people to encourage inclusion, acceptance and adherence. The SSWBA enables approximately 700,000 children living in Wales to live healthily, happily and safely, inspiring reciprocal societal contribution (PHW, 2013). Gal (2017) suggests Bronfenbrenner's (1979) model aids professionals as gatekeepers to each ecological layer, encouraging innovative techniques to nurture characteristics and capture the voices of children. The Children and Young People's National Participation Standards confirm that 'children are active citizens with an important contribution to make to their families, schools, communities and nation' (WG, 2016b); reinforcing the WBFGA 'involvement' principle. The WBFGA supports

public bodies to view children as equal partners, benefiting their own physical and mental wellbeing. The voice of the child has been repeatedly highlighted in child protection reviews as a major factor in keeping children safe from abuse and neglect (Department for Education, 2016; Munro, 2011; Laming, 2003).

The first PHW (2017) National Safeguarding Team report of Welsh child practice reviews identified that professionals must advocate for non-verbal children and work in the best interests of those who lack capacity by ethically promoting their autonomy with beneficent actions. Since 2015, prioritisation of listening to children has been reflected in PHW's *Young person's annual quality statement* (2016b), derived from an interactive event for 13- to 22-year-olds. This engagement influenced PHW practices, including development of their wellbeing goals, 10-year strategy and website reviews. However, it is unclear how these young people were selected, and the views of younger children were not sought. This compromises article 12 of the United Nations Convention on the Rights of the Child (Unicef, 2018), which states that every child has a right to be heard.

Throughout the last 15 years, the rights of Welsh children have been promoted by the Children's Commissioner, providing a mechanism for independent feedback to policy-makers. Such practices strive to achieve Sherry Arnstein's 1969 idea of democratic participation via citizen control, rather than adult-manipulated agency-driven outcomes (Alderson, 2008). However, engagement is an expensive commodity that can become tokenistic under economic organisational priorities.

PARTNERSHIP-WORKING

The SSWBA and WBFGA significantly altered the footprint of partnership-working. These changes forged equal roles and responsibilities across multi-agency public body boards to deliver united wellbeing aspirations for the best interests of the Welsh population (Greenwell and Antebi, 2017).

The SSWBA requires cooperative focus on localised areas of high need, such as children with complex needs, disabilities and young carers (NHS Wales, 2016). The SSWBA also amalgamated the children's and adults' national independent safeguarding boards. These provide collaborative, protective governance including joint cross-sector professionals training, regular supervision and implementation of the All Wales Child Protection Procedures and additional protocols (WG, 2008). A child practice review found that this improved multi-agency communication and information-sharing, making safeguarding more efficient and effective (PHW, 2017). The WBFGA recommends collaboration and integration by partners to potentially reverse increasing child-specific safeguarding concerns. Furthermore, the Future Generations Commissioner for Wales (2018) upholds

children's best interests by advising multi-agency boards on how to fulfil the WBFGA. PHW acknowledges a purposeful shared-system approach is vital to attain commitment to safe societies and sustainable wellbeing. Public body partnership-working also supports shrinking budgets; however, barriers include poor joint vision and differences in language, thresholds for concern and overall safeguarding agendas (Davies et al, 2016).

THE ACTS SHIFTED THE CARE-TAKING NARRATIVE TOWARDS A MORE LIBERAL APPROACH TO CHILDREN'S RIGHTS

CONCLUSION

Economic challenges, changing demography and exponential growth in children's safeguarding and child protection have been reflected in post-devolution Welsh legislation (Social Care Wales, 2017). By regulating children's wellbeing as a best-interest intervention, the WG has empowered collaborative, cross-sector solutions, enhancing partnership capacity, culture and quality of services.

The national safeguarding process strengthens autonomous health visitors' and school nurses' knowledge, skills and confidence. This results in individual resilience and workforces that strive to be cognisant and timely (PHW, 2017).

The two acts shifted the national care-taking narrative, traditionally centred around negative rights, towards a more liberal approach to positive children's rights. The legislation aims to reduce detrimental tokenistic child participation, ensuring optimum life-long resilience through equal partner status, and enabling trusted relationships with professionals to enhance communication and safety.

Sharing dialogue, responsibility and actions between individuals, professionals and decision-makers is fundamental to all PHW policies. This investment in early years pays dividends to the long-term public health agenda. These ground-breaking acts have identified Wales as a leader in holistic safeguarding legislation to nurture and protect the current generation and the next. 🌱

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For references, visit bit.ly/CP_P_features

