

Consultation on the Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill

Tystiolaeth i'r Pwyllgor Plant, Pobl Ifanc ac Addysg ar gyfer craffu Cyfnod 1 (Saesneg yn unig)	Evidence submitted to the Children, Young People and Education Committee for Stage 1 scrutiny
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Organisation: Royal College of Paediatrics and Child Health (RCPCH)

1 The Bill's general principles

1.1 Do you support the principles of the Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill?

Yes

1.2 Please outline your reasons for your answer to question 1.1

(we would be grateful if you could keep your answer to around 1000 words)

The UN Convention on the Rights of the Child includes protecting children from violence. It is unacceptable for children to be physically assaulted in any context. Historically, corporal punishment was tolerated but this is no longer acceptable in today's society.

We note the NSPCC's Review of the Evidence on the Physical Punishment of Children report (based on work carried out by researchers at the Department of Epidemiology and Public Health at University College London) and its key findings that:

- physical punishment is in decline in many countries, including the UK
- physical punishment is associated with increased childhood aggression and antisocial behaviour
- experiencing physical punishment is related to depressive symptoms and anxiety among children
- physical punishment carries a serious risk of escalation into abuse

<https://learning.nspcc.org.uk/research-resources/2015/equally-protected/>

The RCPCH has been concerned that the four UK Nations have been slow to heed the calls of the UN Committee on the Rights of the Child and follow the example of 50 other countries that have banned the physical punishment of children outright. We are pleased that Wales and Scotland are now leading the way on this issue.

1.3 Do you think there is a need for legislation to deliver what this Bill is trying to achieve?

(we would be grateful if you could keep your answer to around 500 words)

Paediatricians continue in practice to encounter parents/carers who are unaware of the evidence relating to the use of physical punishment. In preparing this response, one RCPCH member told us that:

“parents openly admit within a clinic setting to physical chastisement stating that their child ‘needs to learn how to survive in this world’ and ‘know how to toughen up’. Others will admit to hitting but would never hit hard enough to leave a mark, not knowing the emotional and psychological harm that this form of chastisement, irrespective of physical harm, does to a child.” (RCPCH member in Wales, May 2019).

Legislation can be a key driver of the kind of cultural or attitude change we need to see regarding the physical punishment of children. The wearing of seatbelts and changed attitudes and behaviour since the introduction of legislation to ban smoking in public places are good examples.

Paediatricians also report encounters with professionals using ‘rule of thumb’ judgements in the past as to what level of physical punishment of children might be justifiable and what should be escalated.

Having a legal framework which categorically states that assaulting a child can be ‘justifiable’ is hampering those who work with children and families from delivering clear, evidence-based advice. The proposed legislative change could therefore support parents, carers and guardians as well as professionals working with children or in child protection services by removing this ambiguity, providing consistency and clarity both to professionals and to parents and giving children the best possible protection.

2 The Bill's implementation

2.1 Do you have any comments about any potential barriers to implementing the Bill? If no, go to question 3.1

(we would be grateful if you could keep your answer to around 500 words)

We are not aware of significant barriers to the implementation of the Bill, but there will of course need to be work done to ensure that the proposed changes are properly communicated and existing systems adapted to reflect and implement the legislation.

For example, health care professionals have mandatory training in Child Protection Level 1. Those who are in contact with children are trained to Level 2 or 3 (Safeguarding Children and Young People: Roles and Competencies for Health Care Staff. Intercollegiate document; RCPCH, March 2014 - <https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies-healthcare-staff>). It may be appropriate to consider including information about the updated legislation as part of the essential child protection training that is required to meet the core competencies (which were updated recently: <https://www.rcn.org.uk/professional-development/publications/007-366>).

In Wales, competency in child protection is part of the appraisal and revalidation system. Health Education and Improvement Wales (HEIW) may need to consider how this system responds to the change in legislation.

We understand that the All Wales Protection Procedures (for children and adults) will soon replace the 2008 Child Protection Procedures. The frameworks and resources used by paediatricians and other professionals involved in child protection are regularly updated to reflect the most recent evidence, legislation and policy. We envisage that this would be part of these processes.

It is important that a campaign of information and support for parents/carers takes place to support the implementation of equal legal protection. Again, we believe that this should not be seen as a barrier but as an opportunity to better support parents. We are encouraged that the Welsh Government is already considering how to do this and note the Parenting: Give It Time campaign and resources (<https://giveittime.gov.wales/?lang=en>)

Support and information for parents should be built into the Welsh Government's early years programmes and policies. The RCPCH State of Child Health Recommendations for Wales we published in 2017 included a recommendation that:

"The Healthy Child Wales Programme should ensure local authorities and health boards prioritise children's safety, and through utilising resources such as health visitors and home safety equipment schemes, educate and equip parents and carers to keep their children safe"

Clearly, this represents an opportunity to improve children's safety.

2.2 Do you think the Bill takes account of these potential barriers?

(we would be grateful if you could keep your answer to around 500 words)

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3 Unintended consequences

3.1 Do you think there are there any unintended consequences arising from the Bill? If no, go to question 4.1

(we would be grateful if you could keep your answer to around 500 words)

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4 Financial implications

4.1 Do you have any comments on the financial implications of the Bill (as set out in Part 2 of the Explanatory Memorandum)? If no, go to question 5.1

(we would be grateful if you could keep your answer to around 500 words)

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5 Other considerations

5.1 Do you have any other points you wish to raise about this Bill?

(we would be grateful if you could keep your answer to around 1000 words)