

# **Response by the NSPCC in Northern Ireland to the draft Programme for Government Framework 2016-21**

**July 2016**

## **Introduction**

The NSPCC is the lead child protection non-governmental organisation, providing a range of local evidence-based therapeutic and protection services for children and young people in Northern Ireland. We have statutory child protection powers under the Children (NI) Order 1995, and are statutory members of both the Safeguarding Board for NI and Public Protection Arrangements NI.

The NSPCC welcomes the publication of the Northern Ireland Executive's draft Programme for Government Framework 2016-21 and is grateful for the opportunity to respond to the consultation exercise. We hope our comments below are helpful to the Executive in the further development of the document.

## **General comments**

We recognise the overwhelming and unwieldy challenge of drafting a programme for government that effectively identifies outcomes, indicators and measures to address the fundamental issues facing our society. As expected, the document is very high level. Our concern is that the drafted outcomes are too vague, potentially limiting meaningful and focussed results. More so, we have grave concerns that the indicators and measures which relate to children and young people are grossly insufficient and are unlikely to effectively measure progress against outcomes. There are significant gaps in critical areas of child protection and wellbeing and we believe there should be a standalone **'we protect children and young people'** outcome.

It is positive that an outcomes-based approach has been used which articulates the importance of collaborative working between organisations and groups in the public, voluntary and private sectors. Ensuring that policy, practice and service development is coordinated, collaborative and informed will expectantly maximise available resources and identify and monitor progress on what works best to support and protect children.

The aim that *'The Executive will need to work collectively to deliver this Programme, driving work across boundaries and focusing on the outcomes rather than traditional departmental lines'* is encouraging. Our experience is that where a policy issue (e.g. online safety or female genital mutilation) crosses several government departments and their remits, it becomes increasingly difficult to progress in terms of determining leadership and priority. Therefore, a 'cohesive Executive' supported by the realisation of the Children's Services Cooperation Bill is reassuring.

## **Specific outcome on child protection**

It is self-evident from the prevalence of abuse and neglect that as a society we are not yet good enough at keeping children safe: nearly one in five children has experienced severe levels of abuse or neglect; nearly one in 20 young people aged 11 to 17 has experienced contact sexual abuse.<sup>1</sup> And in recent years we have seen sustained media and political attention on cases of child abuse, both current and historic – the scale and impact of sexual abuse has been recognised as a “national threat.”<sup>2</sup>

Statistical analysis confirm that while under 18s represent almost one quarter of the population in Northern Ireland,<sup>3</sup> this group continue to be over-represented in PSNI recorded crime statistics – accounting for 14% of violence against the person offences and 56% of sexual offences during 2014/15.<sup>4</sup>

These statistics raise some tough questions about (i) our combined approach and responsibility to protecting children from harm; and (ii) the longer term financial implications of child abuse – in 2012 we estimated the financial cost of child sexual abuse alone in the UK to be up to £3.2 billion a year.<sup>5</sup>

NSPCC strongly believe that the PfG should contain a child protection focused ‘**we protect children and young people**’ outcome as a priority area. Within this tackling neglect and preventing physical abuse which make up the bulk of child protection registrations should form part of the indicator measures.

## **Effective use of data**

The document rightly recognises the need to collect data which does not currently exist. It is an ongoing concern for the NSPCC that there is a general lack of disaggregated data collection and analysis across areas affecting children’s lives. Indeed, the recently published UNCRG Concluding Observations<sup>6</sup> highlighted the need to strengthen data collection and recording of information on domestic violence; gender based violence; abuse and neglect in all settings as well as information sharing and referral of cases among relevant sectors.

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<sup>1</sup> Jütte, S., Bentley, H., Miller, P. and Jetha, N. (2014) *How safe are our children?* (London: NSPCC). Available at: [www.nspcc.org.uk/howsafe](http://www.nspcc.org.uk/howsafe)

<sup>2</sup> Cameron, D. (2015) ‘Preventing child sexual exploitation’. Speech at the Child Sexual Exploitation Summit on 3 March 2015

<sup>3</sup> 23.5 per cent of the population in Northern Ireland is under 18 years of age – Northern Ireland Statistics & Research Agency: *Mid-year population estimates*, (NISRA: June 2014)

<sup>4</sup> Police Recorded Crime in Northern Ireland: Monthly update to 31 March 2016 (Providing final figures for 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016). Published 12 May 2016: PSNI

<sup>5</sup> Saied – Tessier, A. (2014) *Estimating the costs of child sexual abuse in the UK*. London : NSPCC

<sup>6</sup> United Nations Committee on the Rights of the Child, *Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland*. CRC/C/GBR/CO/5

Recommendations also included collecting and publishing comprehensive and disaggregated data on child sexual exploitation and abuse in all settings; regularly collect comprehensive data on child mental health; and systematically collect and publish disaggregated data on the number of children seeking asylum. Additionally it is our view that the Executive must establish systems for the collection of disaggregated data relating to children with disabilities; and record incidences of female genital mutilation.

### **Indicator 1 – Reduce crime**

In light of the noted police crime statistics, it is deeply concerning that Indicator 1- Reducing Crime falls silent on child victims of crime; and focuses exclusively on a Crime Survey, which unlike England and Wales, does not include data for under 16s.

In terms of the lead measure for the first indicator, there are considerable challenges in attaining a true and comprehensive measure of the totality of crime in society to provide a basis to monitor progress and we would question the effectiveness of solely measuring intangible prevalence crime survey data.

An obvious source of information on the extent of crime is the police, however, while police-recorded crime statistics provide a good measure of reported crimes, they suffer from under-reporting and therefore do not fully reflect the actual number of offences committed. Trends in the data may reflect increased public awareness and changes in policing rather than an increase in incidence. It is also unclear what data will be used to measure the prevalence rate of the number of child victims of any crime.

### **Indicator 6 – Improve mental health**

While it is positive to see a clear focus on improving mental health, this indicator omits any reference to children and young people. In terms of the GHQ12 screening tool, we understand that it is primarily adult focused and only measures presentations to statutory health services. This indicator appears incomplete and needs additional performance measures on child mental health to ensure that improvements to mental well-being outcomes can be both achieved and evidenced.

Equally, we know that childhood experiences of abuse can be a major indicator of mental health issues.<sup>7</sup> One research study in the US found that nine out of ten children who experienced abuse or neglect in their early years went on to have at least one psychiatric diagnosis before they reached adulthood.<sup>8</sup> If the thinking behind the PfG is long-term and generational, then it must adopt an early intervention approach in delivering appropriate

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<sup>7</sup> NSPCC (2016) *It's time: campaign report*. London: NSPCC

<sup>8</sup> Sroufe, L. A. et al (2005) *The Development of the person*. New York: The Guildford Press

therapeutic support for children who have been abused. The NSPCC is particularly concerned about both the impact of abuse on mental health of children and survivors and conversely the fragmented approach to therapeutic interventions. This is an area that could usefully be looked at in the Programme given the cross cutting nature of the issue and considerable economic saving that could be achieved through a more joined up service delivery.

We note there is no reference in the document to suicide; and self-harm. These are important measures of safety which may often be the result of a combination of other factors, such as abuse, neglect, family problems or mental health issues. It is our view that there should be a further two indicators to measure the prevalence rate of suicide and self-harm incidences relating to children and young people and adults.

### **Indicator 7 - Improve health in pregnancy**

Within the consultation document, the associated lead measure focuses on birth weight only. We believe that a strong focus should be placed on mental health. Perinatal mental health illnesses affect more than 10% of women during the perinatal period during pregnancy and in the year after birth. If untreated, these illnesses can have a damaging impact on women and their families and a significant effect on child development outcomes. Contrary to the NICE guidelines [CG192] on antenatal and postnatal mental health, Northern Ireland currently lacks a specialist inpatient Mother and Baby unit, and has only one specialist perinatal mental health service in place, located within the Belfast Health and Social Care Trust. Further training is also required for professionals in relation to this important public health issue. We welcome the development of outline proposals by the Health and Social Care Board for the future development of specialist perinatal mental health services in line with NICE<sup>9</sup>, and also the current review of perinatal mental health service provision by the Regulation and Quality Improvement Authority. In light of the evidence, the NSPCC strongly believes that a measure should be included for indicator 7 that focuses on perinatal mental health.

### **Indicator 15 - Improve child development**

This indicator makes a number of important points, notably the *'ability to identify and address potential barriers to a child's development as early as possible is essential in delivering the PfG outcome of giving our children and young people the best possible start.'* We know that there are factors that influence a child's risk of abuse or neglect and that it therefore makes sense to try to target families who are exposed to those risk factors. Some factors are at a society wide level; some are at a community level and some are at a family level. Research shows that children and young people living in families experiencing societal issues and multiple adversities such as poverty, domestic violence, mental ill health,

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<sup>9</sup> <http://aims.niassembly.gov.uk/questions/printquestionssummary.aspx?docid=266010>.

substance misuse and chaotic relationships are at greater risk of negative social, economic and health related outcomes.<sup>10</sup> And the majority of serious child abuse cases also involve families where parents are experiencing multiple challenges.<sup>11</sup>

Looking at the complexity of these issues emphasises the need for the Executive to adopt a public health approach involving a long-term strategy which encompasses a wide range of primary, secondary and tertiary preventions and interventions to improve outcomes for families with multiple and complex needs.

We would welcome the opportunity of working with officials in the development of some of these concepts which we think could help improve the protection and wellbeing of our children.

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<sup>10</sup> Webb, M A; Bunting, L; Shannon, R; Kernaghan, D; Cunningham, C; Geraghty, T (2014) *Living with adversity: A qualitative study of families with multiple and complex needs*. Barnardo's NI, Belfast.

<sup>11</sup> Devaney, J; Bunting, L; Hayes, D; Lazenbatt, A (2013) *Translating learning into action: An overview of learning arising from case management reviews in Northern Ireland 2003-2008*. Department of Health, Social Services and Public Safety (DHSSPS), Belfast.