Welfare Issues of Children and Youth.
CICIAMS XX World Congress 2018
Kuching Sarawak.

Presentation from Association of Catholic Nurses England and Wales
The Revised Catechism of the Catholic Church (Holy See, 1993) tells us (2207) ‘The family is the *original cell of social life*... the natural society in which husband and wife are called to give themselves in love and in the gift of life. Authority, stability, and a life of relationships within the family constitute the foundations for freedom, security, and fraternity within society.’
The Christian family has undergone radical changes over recent decades. Talcott Parsons 1951 with other social theorists labelled the family as the building block of society and identified strong extended family networks in the western world, due to industrialisation and increasing mobilisation, had become largely replaced by smaller independently functioning nuclear families. Nationalisation of Health Education and the introduction of State Benefits in the UK 1944-1948 had also helped families to become less dependent on their own wider kinship groups.
The importance of stable family life comprising father mother and children was still upheld as the most important place for early learning and development. The stability of family life was believed essential to the healthy functioning of the wider society. Psychologists (Bowlby 1951, and Mary Ainsworth 1965) identified that difficulties in secure early emotional attachments in families resulted in long term affectionless psychopathy / difficulties in relationships with other people and anti social behaviour.
The 20th century changing role of women has brought increased equality and opportunities for better education and employment for women but has also brought increased expectations of what women will do as parents. Easier divorce and increased ability and expectations of women to raise children as single parents on their own salaries or State Benefits have all contributed to a modern breakdown of traditional family life.
Family life studies (Rutter 1972, Main & Solomon, 1986 Lamb 1987, 2010) have identified increasing absence of a stable father figure in families to have long term adverse impacts on the well being and development and social functioning of children—placing them at higher risk of long term educational non achievement, substance abuse and joblessness. Women taking serial partners as new father figures leads to confusion in children around their own identity status. Non marriage and marriage breakdown also makes families more vulnerable to social isolation and poverty and homelessness, which have all statistically significantly increased over recent years.
 Whilst The Catechism reinforces traditional concepts of family life, in 2016 Pope Francis 1 produced Amoris Laetitia a new groundbreaking document. In this document he looks at changes in the functioning of individuals and families in society and the brokenness of family life and calls to the Church to be less judgemental and to adopt a more pragmatic and caring approach in order to reach out to all, whatever their situation or experience of life as Catholics, in order to make them feel still included as members of the family of The Catholic Church.
Pope Francis has also recognized the impacts of poverty and social deprivation and homelessness on family functioning and the health and wellbeing of children. In 2015 he stated ‘I want a world without poverty’ and in 2017 established the first World Day of the Poor. In 2018 in his message to the World Economic Forum at Davos he states that the Church cannot remain silent in the face of Injustice and that profit driven Capitalist exploitation is failing to serve people by creating a widening socio-economic gap between the rich and the poor.
Absolute poverty refers to the complete lack of the means to meet basic personal needs such as food, clothing and shelter.

Save The Children tells us around the world: 569 million children and young people live on less than a £1 a day. 5.9 million children die each year – most in the poorest areas and from diseases that could have been prevented. 78% poorest people live in South Asia and sub-Saharan Africa.
Relative Poverty may be used to describe Poverty in the developed world. Relative poverty is the condition in which people lack the minimum amount of income needed in order to maintain the average standard of living in the society in which they live.
In April 2016 UNICEF criticized the UK for having the 5th largest world economy and ranking 27th worst out of 35 developed countries for child poverty highlighting the need for investment into child health and education for the future health and economic stability of the nation.
Poverty in the UK currently defines families living below 60% of the average wage after housing costs. Families living on Benefits are acknowledged to be living in poverty and current Government policies through Benefits cuts and freezes is seeking to push parents from claiming benefits and in to work to provide a better quality of life for their children.
British Government restrictions on welfare and other public spending and wage freezes / low wage rises and economic inflation have resulted in nearly 400,000 more children and 300,000 more pensioners living in poverty in the UK than 5 years ago. A report by the Joseph Rowntree Foundation reveals more than 20% of the whole UK population living in poverty 2017.
Whilst the UK currently holds the 6th largest world economy, An End Child Poverty Coalition (2017) reported children to be particularly affected by poverty with more than 25% children in the UK now living in poverty – mostly in areas of London, Birmingham and other big cities where levels of children in poverty are reported as high as 53% with anticipated higher levels of poverty by 2020.
Whilst the father has traditionally been seen as the breadwinner there is increasing pressure on women to also have to work to support their families. The Joseph Rowntree Foundation Trust Report 2017 (JRF,2018) informs us children in families where only one parent is working are particularly at risk of poverty.
In lone parent families, where the single parent is usually female and working full time, poverty has risen from 13% in 1996/97 to 28% in 2015/16. In families with a single parent working part time, 36% were living in poverty in 2015/2016. In two parent families where only one was working, poverty had risen from 29% in 1995/96 to 38% in 2015/2016.
A UK report by Michael Marmot 2010 ‘Fair Society, Healthy Lives’ stated ‘Giving every child the best start in life is crucial to reducing health inequalities across the life course. .. Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work, and age. Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society.’
The Wave Trust 2013 UK Report Conception to the Age of 2 – The Age of Opportunity has stated ‘How we treat 0-2 year-olds shapes their lives – and ultimately our society.... Health visitors, midwives and other professionals who work with children and their families are key to ‘ ensuring ‘better health in the foundation years through addressing ‘risk factors likely to result in future problems for particular families, without waiting for those problems to emerge.’
In spite of public spending cuts affecting levels of service delivery, health visitors and school health nurses working with families in the UK continue to attempt to address social inequalities and respond according to individual levels of need through the Department of Health ‘Healthy Child Programme’ 2009. This programme is later applied through a Public Health England 4-5-6 model. 4 levels of delivery of services, 5 universal mandated contacts to all families, and 6 high impact areas of risk or vulnerability. Safeguarding of children remains paramount through all levels of service that are delivered.
The ‘Healthy Child Programme‘ (DH, 2009) identifies 4 levels of service that are later applied to the 4-5-6 Public Health model.

Building community capacity – engaging with other community services to work towards improving or sustaining levels of family functioning.

Universal - services that need to be delivered to all families

Universal Plus – increased level of service with specifically targeted interventions

Universal Partnership Plus – Multi-agency delivery of increased levels of service and intervention where there are additional or safeguarding needs.
The Public Health 4-5-6 Model 2016 (IHV,2018) comprises 4 – 4 levels of service outlined in The Healthy Child Programme

5 – 5 Universal Mandated contacts – by Health visitors-ante-natal, new birth visit, 6 week, 1 year 2- 2 ½ year development reviews.
by school nurses - school entry at 4-5yrs, 10-11yrs, 12-13yrs, post 16 and school leaving to adult employment services 16-18 years.

6- 6 High impact areas – Health visiting: preparing for parenthood mater nal mental health, breastfeeding, healthy weight, minor Illness and prevention of accidents, preparing for school – School nursing: resilience & wellbeing, keeping safe, healthy life-styles, supporting additional health needs, transition to school and to work

Article 24: Every child has the right to the best possible health

Article 27: Every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development.
REFERENCES


BOWLBY, J (1951) Maternal Care and Mental Health, Geneva, World Health Organization


END CHILD POVERTY COALITION (2017) More than half of children now living in Poverty in Some Parts of the UK, accessed online 99/01/2018


PARSONS, T (1951) The social system. Glenco, IL USA: Free Press


WAVE TRUST REPORT (2013) Conception to Age Two: The Age of Opportunity, accessed online 01/06/14