

**January 2019**

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## **About the RCPCH**

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians. The College has over 18,000 members in the UK and internationally and sets standards for professional and postgraduate education. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world.

### **RCPCH response to the consultation questions:**

*Q1. Do you support the Bill's aim to end the physical punishment of children by parents or carers? It will do this by abolishing the defence of reasonable chastisement. Please provide an explanation for your response. What groups would be impacted by the change (for example, parents, children, public services, the legal profession, etc)?*

The RCPCH are fully supportive of the Bill's aim of giving children equal protection from assault by prohibiting all physical punishment of children (through abolishing the defence of reasonable chastisement).

The RCPCH is committed to the principles and articles in the UN Convention on the Rights of the Child and wants to see all children given equal protection from all forms of violence. It is not legally justifiable to hit a spouse, an elderly relative, an adult with disability, or indeed adults with no particular vulnerability: we consider condoning the hitting of defenceless children to be an unacceptable legal anachronism. RCPCH are also fully supportive of the GIRFEC principles and would suggest that smacking children contradicts with at least three of the eight SHANARRI wellbeing indicators that state children should feel safe, nurtured and respected.

We hope that once Scotland has led the way, other UK nations will follow.

Children learn by example: they mimic behaviour modelled by adults. Hitting or using violence against children models that they should expect to dominate, or be dominated, through physical violence. There is now very extensive evidence that children who experience hitting as a form of physical punishment are at increased risk of developing 'externalising' aggressive and antisocial behaviours themselves, and also at risk of developing 'internalising' behaviours such as anxiety, depression and problems with self-esteem. There is no evidence of any significant benefit from the use of hitting as a form of discipline.

Paediatricians continue in daily practice to encounter parents/carers who are unaware of the evidence relating to the use of physical punishment. Having a legal framework which states that assaulting a child can be 'justifiable' is hampering those who work with children and families from delivering clear, evidence-based advice. Surveys estimate that approximately half Scottish preschool/primary school age children experience physical punishment. There is good evidence that legislation works to change attitudes at a population level, particularly when linked to a campaign of information and support for parents/carers.

Groups impacted by the change (legislation accompanied by information and support for parents/carers) will include:

- Children: fewer will suffer unnecessary pain and humiliation, and fewer will develop resulting aggressive/antisocial behaviours or difficulties with anxiety and/or low self esteem
- Parents/carers: will have more clarity on appropriate behavioural management strategies, and understand that if they are having difficulty managing their child's behaviour they should be seeking help. In the Republic of Ireland, anecdotal evidence suggests that since a similar change in their law in 2015, there has been an increase in parents seeking out help and advice. In the longer term, parents/carers will benefit from the resulting reduction in rates of externalising and internalising behaviours in their children.
- Public services - whilst some will need to contribute to the information campaign and support linked to the change in legislation, it will be relief to be empowered to disseminate knowledge and skills in nurturing discipline in children without the use of violence, and in the longer term some services will see a reduction in demand eg
  - those services that support children/young people with behavioural/conduct difficulties
  - child protection services: reduction in cases that are due to escalation of physical punishment

*Q2. Do you see any additional impact on groups with protected characteristics?*

The current legal position is incontrovertibly discriminatory in terms of age. A child can be 'justifiably' assaulted until they become an adult, at which point they are legally protected. Regarding those with disability, we recall the public outrage when it was discovered that adults with learning disability were being hit at Winterbourne View private hospital, and note that until the day they reached adulthood, those same individuals could 'justifiably' or 'reasonably' be hit, given the current state of legislation in each of the four UK administrations.

*Q3. Are there any equalities and human rights issues raised by the approach taken in the Bill that should be considered?*

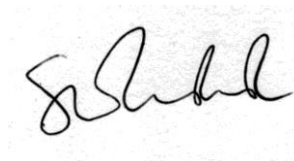
*Q4. Will the Bill result in any resource implications for your organisation or you as an individual? If so, please explain and provide any supporting information.*

The main financial implication in the short term would be investment in a campaign to communicate the change in legislation about equal protection and information and support for parents to discipline their children without the use of physical punishment. In the long term it is important to have continuing support and advice available for parents and carers, but the reduction in demand on services that

support/manage children, young people (and, in the longer term, adults) with emotional, behavioural and conduct difficulties is likely to result in very considerable savings overall in the future.

*Q5. Please tell us about any other comments you feel are relevant to the Bill.*

Given our professional duty to protect and improve child well-being, and our links to paediatrician colleagues in the many nations that have already experienced the benefit to their child populations of introducing Equal Protection, we are keen to provide whatever support we can to increase the chances of success in equally protecting Scotland's children as soon as possible. Delays in the progress of the Bill will result in prolonging risk exposure in children who need protection.

A handwritten signature in black ink, appearing to read 'S Turner', is centered on the page. The signature is written in a cursive style with a large initial 'S'.

Prof Steve Turner  
RCPCH Officer for Scotland

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