Cyflwynwyd yr ymateb hwn i ymgynghoriad y Pwyllgor Plant, Pobl Ifanc ac Addysg ar Flaenoriaethau'r Chweched Senedd
This response was submitted to the Children, Young People and Education Committee consultation on Sixth Senedd Priorities
CYPE SP 109
Ymateb gan: Dr Jen Daffin, Seicolegydd Clinigol Cymunedol PSC Cymru
Response from: Dr Jen Daffin, Community Clinical Psychologist Chair PSC Cymru

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3. Health and well-being, including social care (as they relate to children and young people)

That children's social care and health care need to be integrated. Children in social care will by default have ACEs that need to be considered. They need timely support to ensure any trauma and distress is addressed. Appropriate health care workers should work inhouse alongside social care workers to ensure their psychological needs are met. Eg. In residential settings. It's not about more access to MH services or more 1:1 therapy. We need psychosocially healthy systems. Better access to MH services is a **waste of tax payers** money if people go back to poor residential settings or other housing, DV, poverty & other dehumanising and demoralising circumstances. We need to address the social determinants of MH (See above). Services, like the families first programme also need to be better integrated and designed around the trauma recovery model (https://www.trmacademy.com/) and 3Rs principles (https://www.youtube.com/watch?v=uUAL8RVvkyY - the model
- https://beaconhouse.org.uk/wp-content/uploads/2019/09/The-Three-Rs.pdf)

Past research and early intervention programmes have focused on promoting positive parent–child relationships (predominantly mother–child relationships using behaviour-based interventions) as a primary method to address the impact of family stress on children. Emerging evidence, however, shows us that this picture is more complicated. Findings are demonstrating that it is the quality of the inter-parental relationship, and the quality of the primary attachment figures current secure base that is increasingly recognised as a main influence on effective parenting practices and children's long-term mental health outcomes and future life chances (Harold, et. al., 2017). As with findings from a randomised control trial (RCT) on relational parenting programmes it is the current state of the parent's sense of secure base and emotional health that indicates their ability to be able to provide an emotionally secure environment for their child (Cassidy, et. al., 2017). What this means is that the wider family environment is an important contextual factor that can both protect or exacerbate child outcomes. Therefore, interventions should look to create the conditions for psychosocial-ecologically health family and community environments that promote the psychosocial health and wellbeing of parents in order to ensure their children can thrive. In practice this means we need systems that support relationally informed whole family approaches. Interventions will need to focus on the whole family's needs; understanding the impact of transgenerational trauma and distress as well as inter-family relational patterns and ability to access good emotional regulation (Perry & Winfrey, 2021). This means not fragmenting a family by referring or sign posting one member to one separate service and another elsewhere. Where each system then have their own (usually long) waiting times and do not communicate with one another and in some instances do not ask about the circumstances of a person/child and how these might be linked to their emotional health and

wellbeing (for example, adult mental health services not asking if someone has children at home & child services not asking about adults MH).

Influences on Home Social and Emotional Environment

Children raised in households exposed to acute or chronic economic strain, heightened levels of poor parent emotional wellbeing (e.g., depression, inter-parental conflict and violence) have been shown to experience a variety of negative psychological outcomes, including increased anxiety, depression, aggression, hostility, anti-social behaviour/criminality, and other outcomes. It is harsh economic conditions that affect parents' mental health (specifically their symptoms of depression), which adversely affects how parents are able to engage in relationships, which in turn affects parenting practices, which then affect children's symptoms of social and emotional distress. Environmental and economic influences impact a parents' ability to provide the type of home environment necessary for children's long-term well-being (Harold, et. al., 2016). In addition to these stresses parents may have their own childhood or community adversity experiences that have trapped them in a cycle of poverty and disadvantage in accessing educational and economic opportunities (Ridley, et. al., 2020; PAA, 2015). Policy action on mental health is vital, as is interdisciplinary research on the mechanisms that link poverty and poor mental health (Ridley, et. al., 2020).

Environmental and Economic Influences on Mental and Emotional Wellbeing

Our social emotional and mental health are determined by the conditions in which we are born, grow, work, live, age along with the wider set of forces shaping the conditions of our daily lives (WHO, 2010). It's therefore not about what's wrong with you but about what's happened to you and then happening inside of you (Boyle & Johnson, 2018; Mate, 2021). Contrary to widely held ideas these are not issues of affluence. Those with the lowest incomes are typically 1.5 to 3 times more likely than the rich to experience depression or anxiety (Ridley, et, al., 2020).

Experiences of both shame and humiliation are endemic in poverty, due to the low status assigned to people on low incomes, and rhetoric that blames poor people for their own need. Humiliation has also been highlighted as a central experience for those affected by the changes to disability benefits. Both shame and humiliation are social emotions. Humiliation arises when people are made to feel that they are lesser in status or worth, while shame occurs when people are made to feel that they have violated a social or moral standard. These feelings have been compounded by the punitive benefits rhetoric used to drive through austerity policies, which has promoted the idea that those who use welfare benefits are worth less ('shirkers') than those who work ('strivers') (PAA, 2015).

Trauma and Relationally-Informed Service Provision

In recognition that the prevalence, and multi-layered impact of trauma and adversity happens at an individual, family, societal, & organisational level we therefore need to ensure all of these ecological layers are culturally, adversity, and trauma-informed and responsive. Organisations need to focus on humanising systems and making them healthier, more relational, more integrated, more reflective, and more connected. It is about changing how systems do what they do, and who they are. Ensuring the environments and practice can be as psychosocially ecologically healthy as is possible. The one thing Beverage regretted following the launch of the welfare state was that the system forgot about relationships (Cotton, 2018). The Victorian model of the time wrote out the one fundamentally important thing to human beings – relationships.

Adverse Community Experience

Recognising the role that our social circumstances play in shaping our psychological health involves understanding that it's about what's happened or is happening to people and not about what's wrong with them (Johnstone et al., 2018). Multiple studies have found that levels of violence, crime, education, psychological distress, and various health problems are associated with place-based characteristics, particularly poverty (Eyerman et al., 2004; Thesnaar et al., 2013; Veerman & Ganzevoort, 2001).

The stresses of living with inadequate access to economic and educational opportunities, or a lack of opportunity itself, contribute to experiences of community level adversity. Trauma is therefore equally created by political, social and cultural processes when, for example, people and communities aren't able to have their basic emotional and physical needs met and are unable to live in safety or are disconnected from each other (WHO, 2014; Compton et al., 2020).

There are specific ways in which individual and community trauma impact our psychological health. These can be summarised as prolonged exposure to humiliation, shame, fear, distrust, instability, insecurity, isolation, loneliness and being trapped and powerless (PAA, 2015). Chronic exposure to these is detrimental to our physical and psychological health. A focus solely on the treatment of individuals can therefore only ever be one part of the solution to supporting people to flourish and overcome poverty. What we need to do instead is create psychosocially health environments for people to grow up and live in.

Place-based Approaches

The predominant approach to dealing with trauma is screening and treatment, consistent with a medical model. Our systems, models and training practice are based on reductionist and dualist principles. However, given what we are dealing with it will be important to consider complexity theory. The really important thing here is making the distinction between complicated and complex problems. Complicated challenges are predictable and linear with good practice. But in complex problems there are not documents process,

definitive answers or an expert position. The approach requires diversity of experience and knowledge.

In complexity everything exists in relation to everything else and relationships are the operating principle. This is why upscaling often fails. You cannot upscale relationships as they are unique to place. This is why for issues of complexity you need place-based relationally informed approaches.

Alongside the Whole School Approach we need other whole system orientated practice. Prevention and Early intervention services, such as the Families First programme, need to be poverty and psychosocially informed as well. As a start these services need to house both health and social staff. They need applied psychologically trained practitioners in them as well. See the work by Gwent Community Psychology child & Fam psychology ABUHB (Dr Rhiannon Cobner @GwentCommPsych) and work in Cardiff with Ed Psychs in their provision. also see -

1 Elections 2021 (psychchange.org)

2 Briefing paper: from poverty to flourishing - foundations for the best start in life | BPS

3 Building Resilience and Community Wellbeing (psychchange.org)

4 https://pubmed.ncbi.nlm.nih.gov/29852822/ (SDMH)

5 https://thepsychologist.bps.org.uk/volume-33/october-2020/poverty-flourishing-towards-2021

We see the public health respond as needing to be more relationally and trauma rather than behaviourally focused. We need a public mental health response. Giving information to people when they are trapped by their circumstances & emotionally dysregulated by distress/stress will not help them be in a position to change that.
See https://www.jrf.org.uk/report/how-poverty-affects-peoples-decision-making-processes

How we collect & define evidence is a barrier to innovation in health and social care

See work by copro and other on complexity and limitations of traditional 'evidence-based' approaches to mental health and distress -

Report https://collaboratecic.com/a-whole-new-world-funding-and-commissioning-in-complexity-12b6bdc2abd8

Report https://collaboratecic.com/exploring-the-new-world-practical-insights-for-funding-commissioning-and-managing-in-complexity-20a0c53b89aa

Podcast explaining complexity - https://markfoden.com/clockcat

Why Public Service need a radical change & how to achieve it: https://www.newlocal.org.uk/publications/the-community-paradigm/