

CYPE(6)-04-22- Papur i'w nodi 1

Y Pwyllgor Plant, Pobl Ifanc ac Addysg

Cais am wybodaeth am weithio gyda'r trydydd sector i ddarparu

gwasanaethau cymorth iechyd meddwl i blant a phobl ifanc

Ymateb gan: Dr Jen Daffin, Seicolegydd Clinigol Cymunedol

I am responding to the below request for evidence. I used to work in ABUHB Child & Fam Community Psychology and would like to share the following reflections with you based on my nearly 3 years' experience there. My remit was Newport and I was tasked with partnership working alongside the families first funded work, youth, police, housing and sports. I had a number of partnerships with various sectors, including Mind Newport, Barnardo's, GAVO and save the children. I can't not speak on behalf of the CFCP ABUHB team but speak from my personal experience.

- **how you work alongside the third sector to plan and deliver support services;**

This was not a specific remit of our work but we came into contact with the third sector via families first funding and the circle of security programme. I was the chair of the circle steering group.

- **any active projects/initiatives that you are currently undertaking alongside the third sector (i.e., a summary of what the projects/initiatives do, which third sector organisations are involved, who can access the services the projects/initiatives provide and where, etc.);**

Formerly I provided support to Save the Children's Early Learning Community Bettws project in partnership with CFCP, ABUHB. I currently continue this arrangement on a consultancy basis as I have moved jobs. I provide consultation, and training to the delivery of the Community Wellbeing & Resilience work stream. Through partnership with the North hub (and other hubs) I was also providing direct support and family/child consultation. The ELC is for families with children aged 7 and under. It's a systems change not service provision focused project.

GAVO – We co-delivered the circle of security programme (relational parenting programme). The ELC is also looking to provide a pilot trauma informed communities project with GAVO and Save that I will be a part of. This is a 10 month project that

will work with families to explore how to help communities recover from trauma and be psychosocially healthy places for children to grow up in.

Barnado's – I was providing consultation and training as well as working jointly with them on a multiagency COVID recovery project via CFCP ABUHB

Mind Newport – I was providing consultation and training via CFCP ABUHB

- **where partnership working has worked well, and where you have learnt lessons for how to improve it in the future; and**

It's all about relationships and psychological safety. The third sector works very differently to the health board. I had the advantage of having previously worked in the third sector for a number of organisations and so had an understanding. Lots of HB staff have only worked in the HB for all of their careers. Their degree/qualification's are also largely in the HB setting. Change can be a scary thing especially when you are expected to also be the 'expert'.

All the sectors have their own cultures. These often clash. Lots of these systems are (and were prior to COVID; COVID may have made it worse) traumatised systems operating from a position of destabilisation and therefore from a position of threat/fight/flight. See recent news articles about ABHUB's conduct (bullying culture). This makes it very difficult to build trust. You also can't be brave and invest in new relationships if you are not in a safe and resourced place yourself. The trauma recovery model/Three R's models capture this the best. Regulate, Relate, Reason/Reflect. If the system/individual is not regulated (ie. Stable in its function and resourcing) it cannot relate and then it can't be expected to build/have good relationships.

Some of the biggest wins we had were when we were based within teams. So we became part of the team. This helped build trust and for us to learn each other's culture and ways of doing things. The HB has a habit of 'doing to'. The professions are trained in this way. It's what medicine is about. This sits in contrast to the LA and even greater contrast with the ethos of the third sector who's starting points are with and by citizens. These cultural differences are not spoken about. There was real benefit in talking through each others systems and why things are the way they are. Sharing context was very helpful. This however can be threatening and mean you have to share weaknesses which when in a threatened state may not feel desirable/or be possible.

There are power dynamics that need working through here too. Greater understanding of what coproduction and handing over power is, is also needed. HB

staff are often not aware that they are hoarding power. Its just how things are done. The demands and pressure of the environment can cause a poverty of imagination and creative thinking. Something the third sector is not often subject to. The pace then at which the two sectors work is very different. This can cause frustration and also threat. HB feels 'rushed' and third sector feel HB is 'dragging its feet'. Understanding the etiquette of each others working environment is very helpful. For example, HB is very hierarchical. Third sector is not. There are then different expectations and standards that are not spoken. To my knowledge there is no place that this is explored or worked through. Job exchanges or swopes could help bridge relationships and transfer cultural understanding from one to the other and vice versa. The Newport FF partnerships did this but it was only one way – HB to LA not LA to HB.

There are also different understandings of what each service/sector should be doing and what's achievable. This can cause misunderstanding which breeds distrust. Because there isn't good transparency about process or gatekeeping practice, even within SPACE panel, reasons for decisions or who gets what support are not obvious. This has caused frustration between sectors. There is also a difference in understanding what support people need and when. The systems also think about risk differently but this is not shared. This also causes distrust but can make it difficult for, for example, third sector providers to 'hold on' with confidence or be taken seriously when they ask for enhanced support.

There is not good practice with information sharing (as appropriate) or waiting times generally. It can be difficult to get hold of people in different services and there are different expectations about what information to contact someone is given out and how (i.e if an email or mobile number is shared and with whom). These differences and history of difficulty need time to repair and a particular focus on this would benefit future joint working in Newport.

- **any future plans you have for partnership working with the third sector, what you hope to achieve with those plans, and how they will be monitored and evaluated.**

N/A

If there is anything else you would find helpful to know or to be clarified please let me know.