Platfform
Head Office
Beaufort House, Beaufort Road
Swansea
SA6 8JG

jendaffin@platform.org
olivertownsend@platform.org

For mental health and social change
Dros iechyd meddwl a newid cymdeithasol

11/09/2023

Platfform response to the draft Child Poverty Strategy for Wales 2023

Summary:

We welcome the priority the strategy has placed on including the voice of the people of Wales. This is paramount in addressing the complexity of the problem at hand. In our response, we outline how the strategy needs go even further to address the intersectionality and complexity at play. We set out the links between mental health/illness and poverty, and how it plays out for individuals and across communities keeping families trapped in a vicious intergenerational cycle. This is why it is vital we take a trauma-informed approach to addressing poverty. One that takes our relational needs and the impact of developmental and other trauma into account too. It is no good throwing opportunities at people if they are not healthy enough to take them up or sustain them.

We know the first 1000 days of life is a crucial time in child development, and the first two months have a particularly disproportionate impact on children's health, opportunities and mental health outcomes (Perry & Oprah, 2021). If we support families, particularly mums, during this time, through a whole family approach it would have a significant.

Equally, we must not forget the workforce across many sectors is under immense pressure and change is incredibly challenging in the current unstable and insecure circumstances. But there is hope. If we can embrace the complexity of the problem, and focus on creating conditions for connection and belonging we can mitigate against the harm, begin the processes of healing and support the conditions for post traumatic growth.

Below you will find a summary of our recommendations supported by ideas from practice and research, to reinforce or add to our perspective below.

Continued

Summary of Recommendations

These recommendations can be found within the response in their full context:

Objective 1:

1.1: We welcome that the strategy will take a relational health and trauma informed approach to system design and delivery, but there is more to be done.

1.2: We would want this objective strengthened further by ensuring all programmes and approaches suggested are trauma and relationally informed, and that these programmes have a dual practical and emotional component.

1.3: We are pleased to see the Welsh Government commitment to maximising access to the existing "Welsh Benefits" system, but we would encourage Welsh Government pushing more fully for future devolution of further welfare powers, not merely administrative powers, in line with recommendations from various Senedd Committees.

1.4: We would like to see a widespread commitment to universal basic income and universal basic services (UBS), and further exploring these ideas to find an approach that is culturally appropriate for Wales – alongside understanding the impact that relationally health policy and practice can have on communities.

1.5: We need government, politicians and stakeholders at all levels to understand that poverty is complex – and so are people. We recommend that the language of the Cynefin Framework is used to describe the systems that we are operating within.

1.6: We need to focus on spread and adoption to ensure implementation of the child poverty strategy is achievable.

1.7: We welcome the use of coproduction within the strategy because breadth of perspective is key to solving complex problems. However, complexity needs to be at heart of the strategy's approach and understanding of the problem at hand too.

1.8: We welcome seeing place-based approaches included in the strategy and will address the importance of making this a trauma informed approach in section 3.

Objective 2:

Continued

2.1: We would suggest that Objective 2 is rephrased to better encapsulate the system-wide, whole-family approach needed. This could read: *"To create a whole family, whole life, whole system approach out of poverty so that children, young people and their families have opportunities to realise their potential."*

2.2: We need to adopt a systems thinking approach across this strategy and more widely if we are to see an impact, building on examples such as the Early Learning Community work in Bettws, Newport.

2.3: We would want to see a public campaign to raise awareness and understanding of relational health.

2.4: We would want to see psychosocial expertise and approaches nationalised and standardised. In terms of this strategy, the intention should be included to interweave these approaches as part of both this strategy as well as with the mental health and suicide strategies.

2.5: We want to see this culture of compassion embedded in the child poverty strategy, by ensuring it links closely and refers to the Trauma Informed Wales Framework.

2.6: We need a trauma-informed approach to addressing poverty that takes our relational needs and the impact of developmental and other trauma into account too.

2.7: We would recommend a shift in the language around Priority 2, to "Creating a fair nation (leaving no one behind)", specifically removing 'work'.

Objective 3:

3.1: We would recommend a language shift in the objective, to read: "To ensure there is cross government action to support child and family mental health and wellbeing by building healthy communities, including for those with protected characteristics, so they can enjoy their rights and have better outcomes.

3.2: We welcome the strategy's acknowledgement of the important links between the conditions created by poverty, and mental health and mental illness. The child poverty strategy would be strengthened by including its own objectives and priorities for how it will improve mental health and wellbeing which would support it's interweaving with the mental health and suicide strategies.

3.3: We recommend that the use of a trauma informed and relational health impact assessment would support ensuring the strategy has considered this adequately.

Continued

3.4: We believe that adopting a trauma-informed community development approach throughout Objective 3 would help embed the changes we need to see in our communities across Wales.

3.5: We suggest that Priority 3 is reworded, to read: “Building Trauma Informed communities (a strengths based whole system approach)”.

Objective 4:

4.1: We recommend a shift in language, so this Objective reads as: “to ensure children, young people and their families are treated with dignity and respect and to challenge the stigma of poverty.”

4.2: We would recommend that Priority 4 is reworded to reflect this shift in focus as well, to: “Respect and inclusion (ensuring kind, compassionate and non-stigmatising responses).

4.3: We need to identify what are the workforce training needs, and whether they would be supported by the development of a framework of key principles and values. This is a helpful next step for the mental health sector and there are some great examples of good practice that already exists, and similar steps could be taken across other workforces.

Objective 5:

5.1: The strategy should establish how professionals, services, citizens, communities, and the stakeholder systems can take account of adversity and trauma and create the workplace, policy and practice conditions to support this.

5.2: The strategy should provide direction for a coherent, consistent approach to developing and implementing trauma-informed practice across stakeholder services and practice, providing the best possible support to those who need it most. This should align with the Trauma Informed Wales Framework.

5.3: The strategy should include mechanisms for the development of trauma informed and psychosocially heathy workplace and professional culture.

5.4: The strategy should consider workforce development needs alongside a cultural audit of service providers and a plan for how to address this should be created with a clear accountability process.

About Platfform:

Platfform was born in 2019 from Gofal, a mental health charity established in Wales in the late 1980s. Through decades of working across housing and mental health, we gained real insight into the reality of mental health in society, the impact of trauma, and the causes of distress. That work led us to change our

Continued

focus and become Platfform, the charity for mental health and social change. We take a holistic and social justice approach to mental health.

Today we work with over 12,000 people a year. We support people of all ages, across urban and rural communities, in people's homes and alongside other services. Our work spans inpatient settings, crisis services, community wellbeing, supported housing and homelessness, businesses, employment, counselling, schools and youth centres.

Child Poverty Strategy for Wales

We welcome this draft consultation on child poverty. The strategy is framed around concerns that we share, and we are pleased to see that the Welsh Government continues to have child poverty as a key priority. We value the great efforts made to listen to the voices of the people of Wales and their inclusion in the strategy development. We welcome also that the strategy recognises the intersectionality of poverty, noting that Black, Asian and other global majority groups are more likely to live in poverty in Wales. At Platfform, we aspire for a holistic and social justice approach to mental health we are pleased that the strategy puts at its core a rights-based community focused approach. We are also happy with the links to wellbeing, being place-based and the aspiration to link the child poverty strategy to the mental health and self-harm and suicide strategies. The focus on supporting people to have their social determinants of health met by providing opportunities to maximise the income for families, is also positive.

We see that much consideration and thought has been taken to create an approach that puts people first, with an equality and justice focus. From our perspective as a mental health and social change charity we would encourage Welsh government to continue to push this further. Whilst we respect that there are many things beyond Welsh government control that get in the way of progress in this area and that powers over tax and the welfare system are not devolved, we would like to note some things not identified already in the strategy that Welsh government could do to mitigate against this further to protect the people of Wales from the impact of UK government policy approaches.

We understand the depth of the complexity at play and the strategy has approached this well. However, we would like to share several areas we believe could be strengthened to build on the work already presented here. These are outlined below.

Continued

Objective 1: To reduce costs and maximise the income of families

1.1: We welcome that the strategy will take a relational health and trauma informed approach to system design and delivery, but there is more to be done.

Research has shown that both experiencing and/or growing up in poverty affects individuals decision-making style (Sheehy-Skeffington & Rea, 2017). Due to the state of overwhelm that people experience from poverty, decisions are based on coping with their current stressful circumstances, opposed to thinking about longer term goals and hopes. This means that constantly living with stress through aspects such as not knowing when you and/or your child will be able to eat next, living in poor quality housing, and becoming physically unwell as a result, will all reduce people's ability to make helpful long-term decisions. This can sometimes be viewed from the outside as 'bad decisions' but this is due to our brains and bodies being in overwhelm through a whole host of interacting social factors, including economic insecurity.

Consequently, this also means that individuals will not be able to think in a way that focuses on incentives and rational self and/or others interest, but instead will be surviving in the moment via automatic, normal responses to threat. This complex mix of reduced choices, psychological and physical stress ultimately leads to feelings and beliefs of hopelessness, shame, distress, and despair to which more nervous system overwhelm and loss of connection to self, others and the world occurs in a continuous vicious cycle within poverty (Ridley, 2020).

1.2: We would want this objective strengthened further by ensuring all programmes and approaches suggested are trauma and relationally informed, and that these programmes have a dual practical and emotional component.

This is applicable to the other objectives as well but needs embedding into this objective specifically. This also means making changes structurally to programmes, as well as in practice. For a structural example, this would mean ensuring programmes such as the Housing Support Grant make space for a relational approach and not just support people with the practical activities. All too often, programmes have limitations put on what they can deliver, which inhibits relational, trauma-informed practices. For a practice example, it would mean that food programmes, including free school meals, are not shame inducing or othering in their approach.

Continued

1.3: We are pleased to see the Welsh Government commitment to maximising access to the existing "Welsh Benefits" system, but we would encourage Welsh Government pushing more fully for future devolution of further welfare powers, not merely administrative powers, in line with recommendations from various Senedd Committees.

1.4: We would like to see a widespread commitment to universal basic income and universal basic services (UBS), and further exploring these ideas to find an approach that is culturally appropriate for Wales – alongside understanding the impact that relationally health policy and practice can have on communities.

UBS are thought to support social cohesion (Portes et al, 2017). Given connection and belonging are key protective factors for poor mental health, the promotion of approaches that support this would also support addressing poverty. This would be a helpful addition to a 'thinking community' approach, to ensure these programmes are addressing all parts of the vicious cycle (poverty, trauma and mental health).

An impact assessment of how trauma informed, and relationally healthy policy and practice would support the achievement and measurement of this, should be considered alongside the implementation of the Trauma Informed Wales Framework (ACE Hub and Traumatic Stress Wales, 2022) ensure the system conditions for relational health are also present. Those are systems and practice that meet our core needs of agency, security, connection, meaning and trust. At Platfform, we have been using attachment and relational health models to help us understand how to do this; see figure 1 below.

Continued

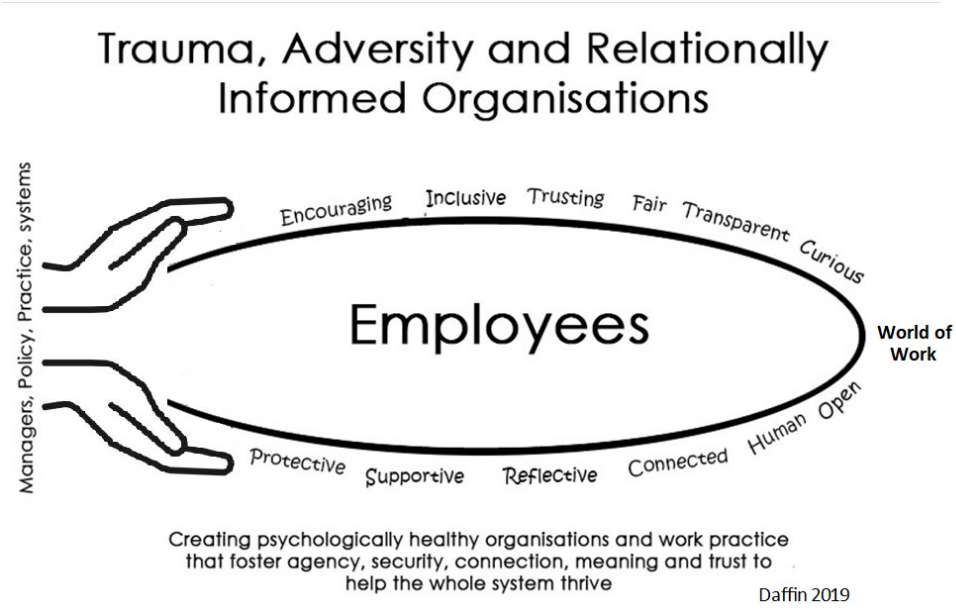

Figure 1. Trauma Adversity and Relationally informed Organisations. Dr Jen Daffin (2019).

This model has been developed from the original model, the Circle of Security (Circle of Security International, n.d), and we have a link to a summary video in our references. At Platfform we use this alongside ecological systems theory, to think about how these needs apply across each of the layers of the system (see figure 2 below). For example, asking questions about what policy, practice and culture needs to be adopted for our benefits system to promote agency, security, connection, meaning and trust alongside the other need identified above. If the approach is organised around these, then it will be compassionate and fair. This will support creation of conditions for the system to be trauma informed and support relational health of the nation.

Continued

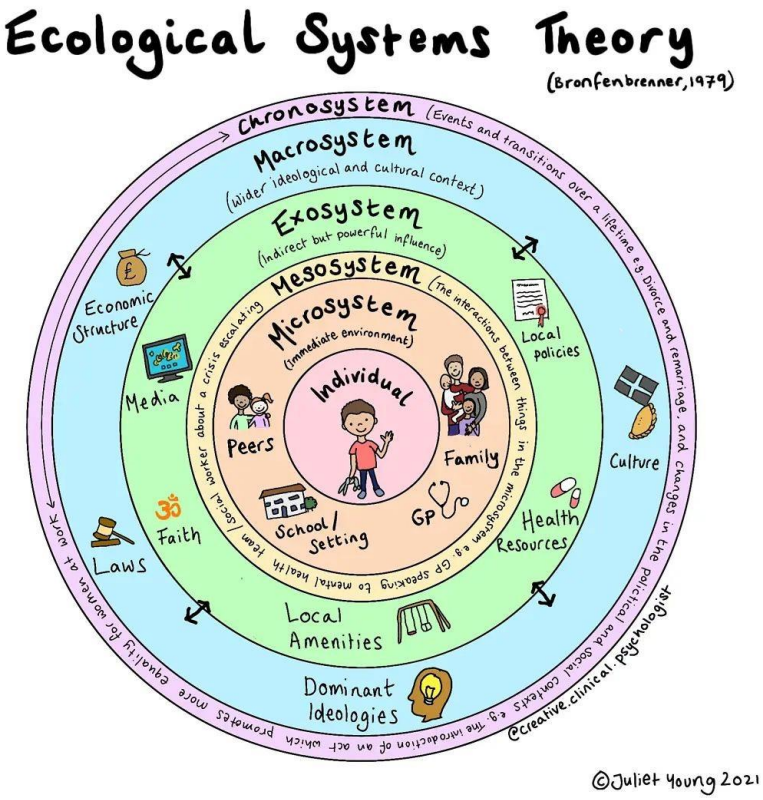

Figure 2: Ecological Systems Theory. Illustration by Dr Juliet Young (2021).

1.5: We need government, politicians and stakeholders at all levels to understand that poverty is complex – and so are people. We recommend that the language of the Cynefin Framework is used to describe the systems that we are operating within.

It is paramount that complexity is given due consideration in the strategy. We note there was reference to the complexity and that a cross-government approach would be required to address this. Taking a complexity informed approach will require some more detailed consideration and we believe this would strengthen the strategy.

There is an increasing recognition that current understanding and approach to public sector delivery does not enable people to respond effectively to the challenges of the world, especially in today's world. This is true for mental health as well. For example, the *Together for Mental Health* strategy broadly highlighted the right themes and areas that needed to be addressed to achieve its outcomes, but an independent evaluation (Locke et al, 2022) has shown that there have been significant barriers to its implementation and change.

Continued

Ideas from Practice and Research: Cynefin Framework and Complexity

People's lives are complex, and our public services are complex systems too. Poverty is also a complex problem with many determining factors to consider. Building on the Cynefin framework for decision-making complexity theory helps us understand what complexity is and how complex systems operate. It was proposed as a sense making framework to help people understand what kind of problem they had in front of them and provide direction to the kinds of solutions that might be best applied. We believe the next child poverty strategy must incorporate this approach to provide the appropriate governance to overcome implementation barriers and limitations.

Figure 3. Cynefin Model (Snowden, 2007) from Co-pro Wales

The model groups problems into four types:

Simple or clear problems are like making a cake. There are clear ingredients and a process that is linear and predictable (Berger, & Johnston, 2015). In these kinds of problems you can achieve best practice.

Complicated problems are like making a clock. There is a linear and predictable process that if followed correctly the clock will function and if not it won't. But you need some training or specific skills to execute or resolve the problem. Its more technical than a simple problem. Here good practice can emerge.

Complex problems are described as like herding cats. These apply to issues such as poverty, or the climate crisis. With these problems, there is no documented process, no definitive answer and the problem is a networked adaptive system. This means things subject to change and therefore practice is only ever emergent. Networked adaptive systems are composed of a diversity of agents that interact with each other, mutually affect each other, and in so doing generate novel, emergent, responses in the system.

Chaotic problems are where there is no clear path, and where rapid change and new patterns emerge constantly. This is not a good place for us to spend large

Continued

amounts of time because as humans we need a comprehendible, meaningful, and manageable world to thrive and for good mental health. The beginning of the COVID response was like this.

Government, and other public services are complex adaptive systems (NHS England, 2023). This means they have high levels of interdependence and connectivity, competing and changing demands, unpredictability, uncertainty, myriad relationships as well as the need to work with emergence. Periods of very rapid change can occur but with constant often competing pressures the system, being a complex adaptive system, tends to inertia. Observing this will be key to ensuring both the next child poverty and mental health strategies do not fall victim to it.

There is a list of NHS Complexity resources here: NHS England » Complexity.

We need to understand how complexity plays out within healthcare.

Typically, we reduce problems and look at them in isolation. Our government departments are broken down in to separate portfolios and our professionals work in specialisms. We typically turn so called 'cats into clocks'.[1]

Rather than respect and understand complexity, we aim to reduce it. This happens frequently in public service but especially in healthcare. We take an individual and we fit their problems into silos. Our current operating systems are not effective in rejoining as a whole and instead offer complicated solutions to complex problems.

Emergent Practice does not mean that interventions are not evidence based or that there is no knowledge framing our decision making and practice. Medical professionals are well versed in understanding that there is no one size fits all solutions for everyone and are familiar with using guidance, such as NICE, to inform their clinical decision making. This is why the term 'practice' is used and why reflective practice is core to medical training and continuing professional development.

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 complexity you need interventions that are robust enough to accommodate a place-based, relationally informed approach that includes patient choice and multi-disciplinary team decision making. Coproduction and involvement of people who use services must be at the heart of service delivery and intervention decision making too.

[1] This is a helpful podcast on complexity: The Clock and the Cat Podcast — Mark Foden

Continued

1.6: We need to focus on spread and adoption to ensure implementation of the child poverty strategy is achievable.

To achieve against this strategy, complexity-informed governance and monitoring will need to be embedded throughout the strategy.

Spread and Adoption is a key component to achieving change in complex adaptive systems. It was also identified as a barrier to the implementation of the Together for Mental Health strategy. There is some evidence that up to 70% of all organisational change fails to survive (McKinsey and Company, 2015). This generates huge waste and frustration. Addressing this would ensure the strategy is able to operate alongside other strategies and make prudent use of resources in these financially strangled times.

It will be important that the new strategy considers how it will achieve sustainability too. Working with the health, social care, education, police and voluntary sectors to ensure these practices are place based and appropriate for the Welsh context is a key part of this, to achieve spread[2].

1.7: We welcome the use of coproduction within the strategy because breadth of perspective is key to solving complex problems. However, complexity needs to be at heart of the strategy's approach and understanding of the problem at hand too.

The strategy will need to take this into account for its monitoring and reporting practices. A learning based and complexity informed approach to governance and monitoring such as the human learning system approach will be required. This is akin to the model trialled in the ABUHB Whole Schools approach programme[3]. This will be crucial to consider in linking the mental health and suicide strategies to the child poverty strategy.

1.8: We welcome seeing place-based approaches included in the strategy and will address the importance of making this a trauma informed approach in section 3.

In view of the complexity at play, an integrated trauma informed and place-based approach community development to addressing child poverty is required. In order for that to be possible, the strategy itself needs to take a trauma-informed approach to poverty. This will be key to ensuring the strategy addresses intersectionality adequately. The strategy makes good efforts in starting to include how to address intersectionality but there are a key number of additional things the strategy needs to consider for this to be adequate that we will outline below.

[2] More resources can be found here: NHS England » Spread
[3] See: Human Learning Systems: A Complexity Friendly Approach to Public Services | Centre For Public Impact (CPI)

Continued

Objective 2: To create a pathway out of poverty so that children, young people and their families have opportunities to realise their potential.

We welcome this objective and are delighted to see reference to wellbeing, a life course approach and a focus on the early years. To ensure this objective reaches its potential we believe it would be considerably strengthened by being clearer in its integration of a trauma Informed and relational heath approach to poverty. To do this a whole family approach (whole system thinking) will be required. We welcome the endorsement of the whole school approach. This approach should be embedded into the thinking here as a whole family approach and in objective 3 as a whole community approach. By this we mean systems or systemic thinking needs to be applied to these objectives.

2.1: We would suggest that Objective 2 is rephrased to better encapsulate the system-wide, whole-family approach needed. This could read: *"To create a whole family, whole life, whole system approach out of poverty so that children, young people and their families have opportunities to realise their potential."*

2.2: We need to adopt a systems thinking approach across this strategy and more widely if we are to see an impact, building on examples such as the Early Learning Community work in Bettws, Newport.

Ideas from Practice and Research: Systems thinking

Systems are all about relationships. They are 'relational'. They are a web of connected people and interactions that is greater than just the sum of its parts. What this means is that system change will depend on how we work together, and how well we understand how relationships work. What we currently do is reduce things and put the problem on individuals. This thinking leads people to 'blame' people for their poverty or mental health issues. But these issues are not individual issues they are the result of a complex interaction of our circumstances. This means we need to be asking what has happened to you not what is wrong with you and to do that we need to think about what is going on around a person. We need to think systemically. This is what a whole system approach is. Systems thinking is a way of making sense of the complexity of the world by looking at it in terms of wholes and relationships rather than by splitting it down into its parts. The Early Learning Community is an example of a whole community systems thinking based approach. This is a collaboration between Save the Children and Collaborate. There is a pilot site in Newport, Bettws alongside six others across the UK[4].

[4] You can read more here Home - Bettws Early Learning Community (bettwselc.org.uk)

Continued

Ideas from Practice and Research: The matrix of human needs – a Whole Family approach

Growing up in poverty is a powerful determinant of our mental health because it can affect children's access to many health-promoting conditions. Additionally, a large majority of our brain development happens in the early years with 75% of relational health problems starting before adulthood (Centre on the Developing Child, 2007: Kim-Cohen, et al., 2003). This means we need to get it right for families.

The well-meaning 1 in 4 mental health mantra suggests a random distribution according to the fate of our biology or personal resilience but this is not true. Our mental health is fundamentally about our social health. It is largely shaped by the social, economic and physical environments in which people are born, live, work, and play (WHO, 2014). The social determinants of mental health don't just mean good housing, access to education, having enough money and good childcare. It is about our relational needs too; having safe and supportive relationships for emotionally healthy development with our family, friends, communities, and ourselves is key.

A threat focused mind cannot come up with wise insights and knowledge. Being in a constant state of threat or overwhelm can impact parents' ability to be emotionally available to their children as well as be able to make choices that will help them escape poverty. It can also impact their own mental health. The chronic stress of living in impoverished and unhealthy conditions can also overwhelm a child's stress response systems, causing toxic stress (Garner, et al., 2012). Toxic stress affects a child's brain development and increases the risk of developing poor physical, behavioural, socio-emotional, cognitive and mental health (Shonkoff et al., 2012). It can also lead to a range of chronic illnesses in adulthood, including heart disease, substance abuse, and depression (American Academy of Pediatrics, 2021). However, families can be powerful buffers against toxic stress; research has shown that access to consistent, caring adults who are positive, nurturing, and responsive can protect children from the harmful health effects toxic stress (National Academies, 2016).

Our ability to make decisions and our behaviours also play a vital role in helping people to avoid and escape poverty. A Joseph Roundtree systematic review of recent evidence on the relationship between socioeconomic status and psychological, social and cultural processes underpinning decision-making confirms this impact. They found that experiencing or growing up in poverty affects people's lifelong decision-making. People living in poverty make decisions focused on coping with present stressful circumstances, often at the expense of future goals (Sheehy-Skeffington & Rea, 2017).

Continued

We know that the first 1000 days that are crucial to get right for children but there is a particular vulnerability in the first 9 weeks of a child life. These first 9 weeks are said to have a disproportional impact on a child's later life outcomes and adversity experiences during this period has a greater impact than adversity experiences at any other time (Perry & Winfrey, 2022). Paying particular attention to families during this period and ensuring that they experience as little toxic stress as possible is fundamental. As such we welcome the efforts on reducing costs to families in the early years.

To get better outcomes for children, it is important for parents to be emotionally available and provide a nurturing safe and secure environment. Deep poverty gets in the way of this since stressful circumstances can compromise parents' ability to be emotionally available to their children while also compromising their own relational and emotional health. To support parents, it is necessary to think about the whole family in a joint poverty and relational health approach.

These efforts will be made more prudent by the inclusion of approaches that focus on ensuring the conditions for positive relationships and connection. Of taking a whole family approach to child poverty not only in the early years but across the life of a child. This means reducing the emotional toil parents, but especially mums experience during pregnancy and in the first 1000 days. The strategy noted that lone parents were most likely to be in relative poverty, making this group particularly vulnerable to the impact of adversity and toxic stress. A particular focus should be given to the relational needs of this group.

2.3: We would want to see a public campaign to raise awareness and understanding of relational health.

The Connecting the Dots (Health and Social Care Committee, 2022) report on mental health inequality recognised that positive and healthy relationships and connection in the earliest months of an infant's life are vital for their healthy development and their future mental health. Recommendation 12 from that report said:

> *"The Welsh Government should work with relevant organisations to ensure that appropriate and supportive information on attachment and parent-child relational health is provided to expectant parents and new parents, for example in literature and via antenatal classes."*

This could be underpinned and supported by programmes such as Flying Start and Families First integrating psychosocial expertise and practice into its model. Examples of this are in the ABUHB child and family CAMHS service where parent-infant relationship experts are working within and alongside Flying Start colleagues to create joint intervention approaches and support the development of relational health knowledge across both their workforce and the health visitor workforce. The same is happening in several of the Families First programmes delivered by the local authorities in partnership with the child and family

Continued

community psychology team, ABUHB CAMHS. There are also links to the adult mental health teams developing continually across this sector too, as well as links with edge-of-care and social services that are important parts of an integrated approach to breaking the poverty cycle.

2.4: We would want to see psychosocial expertise and approaches nationalised and standardised. In terms of this strategy, the intention should be included to interweave these approaches as part of both this strategy as well as with the mental health and suicide strategies.

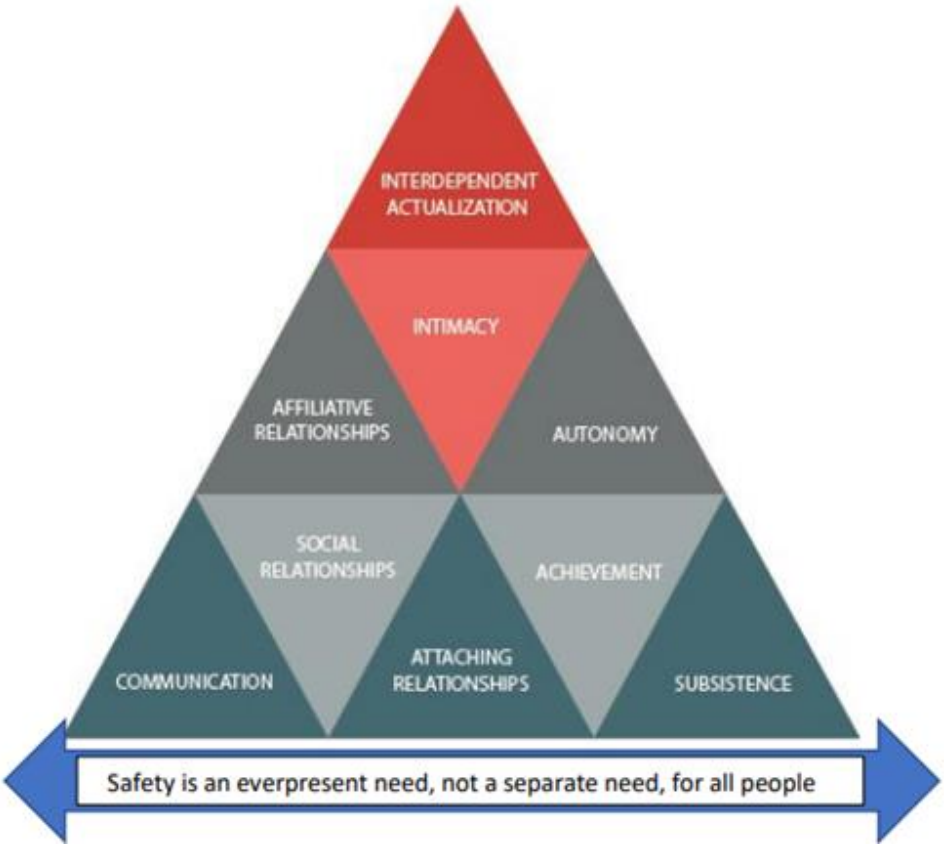

Figure 4: Bowen (2021). Matrix of Human needs

This is important because research now shows that Maslow's hierarchy of needs is not so much of a hierarchy but an interlinked interaction between basic physical needs and emotional needs as the bottom rung. The bottom rung is about creating safety and stability. Humans, but particularly infants and children in their early years need these needs met concurrently. It is not enough to have one met and not the other (Bowen, 2021; see figure 4). Our strategies, especially those that consider children's poverty, and mental health, must have this interaction at their heart.

Ensuring we have systems that work for people, that are accessible, operate with minimal delay, aren't confusing, and minimise time and emotional toil taken

Continued

to engage with these systems is also part of the solution. Providing support for people to navigate system complexity that is relationally informed (as described above for objective 1) is also key. Systems and approaches should not be based on creating shame, humiliation, and fear but rather agency, security, connection, meaning and trust. This can help create the conditions for a culture of compassion.

2.5: We want to see this culture of compassion embedded in the child poverty strategy, by ensuring it links closely and refers to the Trauma Informed Wales Framework.

We welcome the Welsh Government's commitment to creating systems that meet our relational health needs. These need to be systems that are compassionate and build on creating connection between people, not blame and shame. This is paramount to becoming a trauma informed society and meeting the objectives set out in the Trauma Informed Wales Framework.

The strategy will need to consider how each of its objectives is linked to the Trauma Informed Wales Framework, not just for services, and particularly for its communities-based work. We have provided a dedicated section on this below.

2.6: We need a trauma-informed approach to addressing poverty that takes our relational needs and the impact of developmental and other trauma into account too.

It is no good just throwing opportunities at people if they are not healthy enough to take them up or sustain them. The mental health and suicide strategies must be interwoven with the child poverty strategy for this to be a success.

This is a key factor in our call above for unlocking specialist skills in mental health service provision such as clinical psychology and embedding them into non health settings such as the families first programme. By linking the mental health and suicide strategies, with the child poverty strategy (and others), we can make it easier for people and organisations working with families to take a whole family and relationally informed approach. This is recommended by the Senedd *Mind over Matter* report (CYP and Education Committee, 2018). An example of this partnership working can be found in the ABUHB Child and Family Psychology and adult mental health departments where partnerships with social care, youth work, housing and Families First teams can be found.

Particular attention should be given to primary attachment figures, usually mums and ensuring their relational needs are meet. Reducing the stress and emotional toil economic instability causes here is key but for those in deep poverty which an intergenerational history of poverty these relational experiences and skills may have been chronically disrupted over time. Having integrated and relational health competent flying start, perinatal infant mental health services and families first approaches and workforces are all key parts of breaking this cycle.

Continued

2.7: We would recommend a shift in the language around Priority 2, to "Creating a fair nation (leaving no one behind)", specifically removing 'work'.

This priority does not feel like it does this section justice. Whilst opportunities for work are an important part of the picture and a priority, it does not capture the equal importance of early year, and education. Our amendment above would more adequality would meet the intersectionality of the challenge alongside the importance of circumstances beyond where, when and how we work.

Work is an important part of the mix but this section does not consider how we can address the circumstances required to make work a viable option for everyone. Work equally is not the aspiration of some people, such as those with a learning disability, and should not be upheld as the purpose or primary function of life. Likewise, it is not always possible to work full time as a single parent and be emotionally available to meet the developmental needs of children. This objective should ensure the offer of childcare in objective 2 is practical to meet the needs of parents who want to work and sits in line with fair work practice.

Objective 3: To support child and family wellbeing and make sure that work across Welsh Government delivers for children living in poverty, including those with protected characteristics, so that they can enjoy their rights and have better outcomes.

3.1: We would recommend a language shift in the objective, to read: "To ensure there is cross government action to support child and family mental health and wellbeing by building healthy communities, including for those with protected characteristics, so they can enjoy their rights and have better outcomes.

3.2: We welcome the strategy's acknowledgement of the important links between the conditions created by poverty, and mental health and mental illness. The child poverty strategy would be strengthened by including its own objectives and priorities for how it will improve mental health and wellbeing which would support it's interweaving with the mental health and suicide strategies.

Mental Health is complex but at its simplest, mental health problems (including a diagnosis of mental illness) are the result of nervous system overwhelm (automatic fight, flight, freeze, fawn responses to threat) and loss of connection with the self, others and the world. Poverty is known to heighten isolation, disconnection and disrupt childhood development, which is associated with, for example, speech and language issues, social emotional issues and diagnosis such as ADHD, Autism and schizophrenia. (Compton & Shim, 2020; Porges, 2011).

Continued

We know that poverty is consistently and strongly associated with childhood abuse and neglect (Bywaters, & Skinner, 2022). We also know that between 70-80% of people with a diagnosis of bipolar, personality disorder, schizophrenia, psychosis or c-PTSD report experience of childhood abuse and neglect (Rokita, et al., 2018). Poverty and mental illness are as much a cause as a consequence to each other (Ridley, 2019). This requires us to dig deeper and address these two problems together. We must support healing from trauma and support relational health to help people be healthy enough to take up opportunities and make prudent use of other resources on offer to them.

3.3: We recommend that the use of a trauma informed and relational health impact assessment would support ensuring the strategy has considered this adequately.

Building on our previous recommendations in objective 2, we believe the strategy would be enhanced by applying this knowledge and principles to objective 3, the section on communities and the concept of a 'thinking community'.

3.4: We believe that adopting a trauma-informed community development approach throughout Objective 3 would help embed the changes we need to see in our communities across Wales.

Ideas from Practice and Research: Trauma-informed community development

Growing up in poverty is a powerful determinant of our mental health because it can affect children's access to many health-promoting conditions. Additionally, a large majority of our brain development happens in the early years with 75% of relational health problems starting before adulthood (Centre on the Developing Child, 2007: Kim-Cohen, et al., 2003). This means we need to get it right for families.

We know that 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 and violence (Pinderhughes, Davis, & Williams, 2015). This means trauma and violence are 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 without threat (WHO, 2014; Compton et al., 2020).

Continued

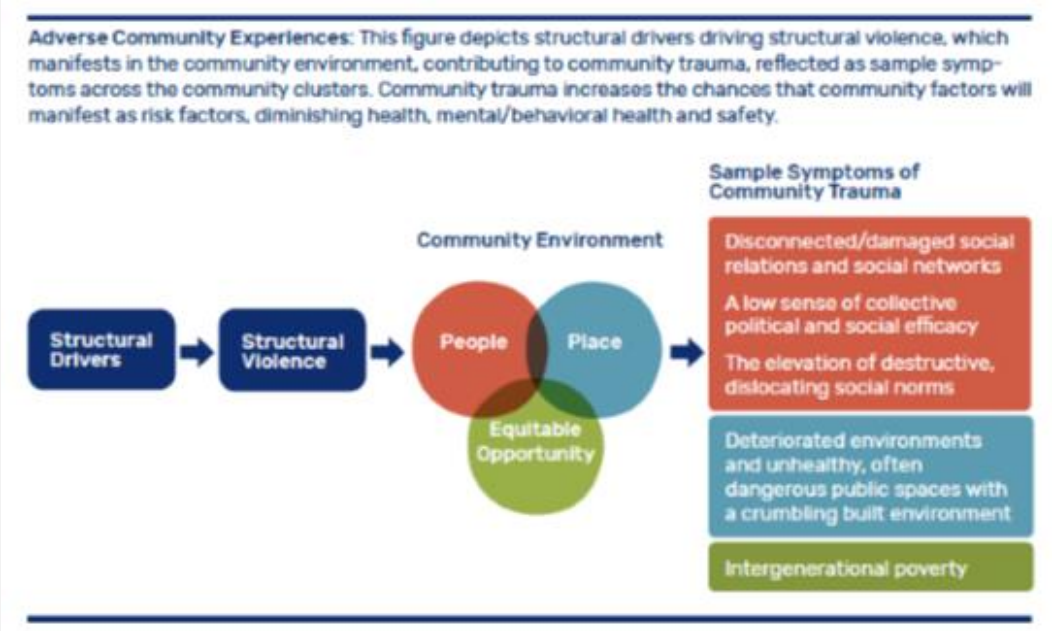

Figure 5. Adverse Community Experience model, Pinderhughes, Davis, & Williams, 2015

The specific way in which adverse community experiences impact our mental health can be summarised as prolonged exposure to humiliation, shame, fear, distrust, instability, insecurity, isolation, loneliness and being trapped and powerless (Psychologists for Social Change, 2015). A lack of opportunity, and poor infrastructure alongside disconnected and socially fragmented communities create the conditions for community level adversity and violence (Pinderhughes, Davis, & Williams, 2015). Adverse community experiences, such as concentrated poverty, segregation from opportunity, and community violence, contribute to community trauma, which can exacerbate adverse childhood experiences (ACEs). ACEs influence adult behaviour and responses including worklessness and poverty, also known as the cycle of alienation (see figure 6 below).

In order to address this cycle, we need to engage in trauma-informed community development[5].

One example of developing trauma informed community development work in Wales is our partnership work with the Save the Children Bettws Early Learning programme and the Embrace project which takes a whole system and systemic change approach (Daffin, Thomas, & Parry 2022). A recent comparative study by ACE Hub Wales (2023) provides more detail.

[5] See; Trauma Informed Community Development | Paul Abernathy | TEDxPittsburgh - YouTube

Continued

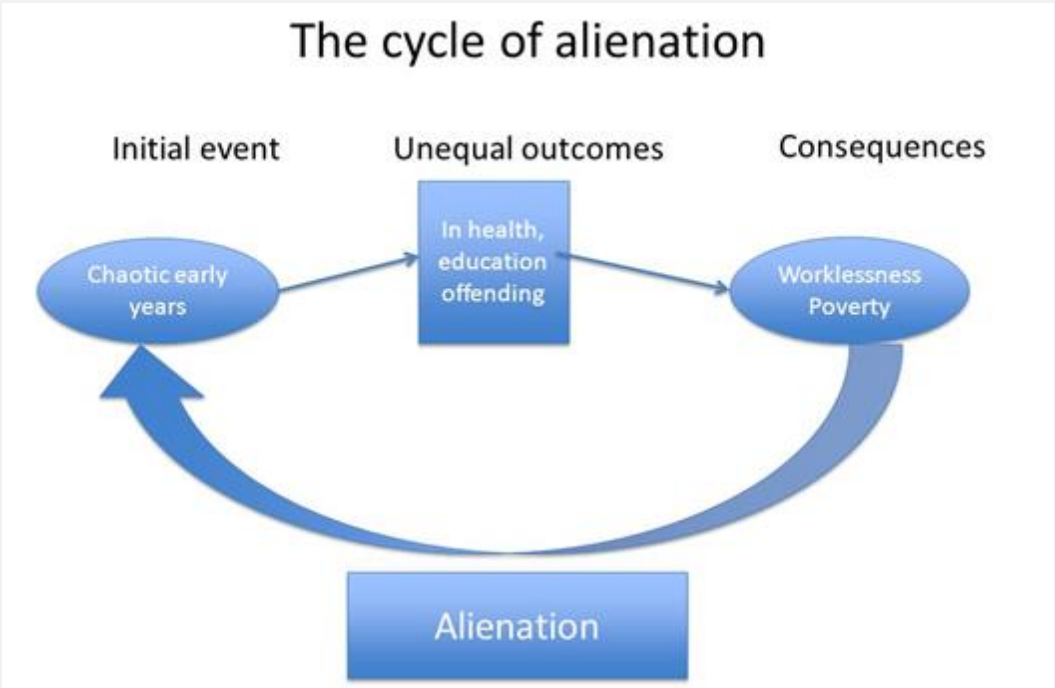

Figure 6. Sir Prof. Harry Burns Cycle of Alienation, 2018[6].

3.5: We suggest that Priority 3 is reworded, to read: "Building Trauma Informed communities (a strengths based whole system approach)".

Community development is more than just about services working together. It is about creating the conditions for communities to act themselves; the mutual aid movement is an example of this.

It is increasingly recognised that resilient, healthy children develop best in resilient, healthy families and communities. Trauma-informed community development understands the impact that trauma, adversity and poverty have on emotional health. This means a focus should be put on creating the conditions that foster things like agency, security, connection, meaning and trust. This is in recognition that 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.

Chronic exposure to individual and community trauma such as humiliation, distrust and loneliness are detrimental to our physical and psychological health. As a result, a number of psychosocial ecological approaches or place-based

[6] You can access a presentation from a talk by Professor Sir Harry Burns here: https://www.qnis.org.uk/wp-content/uploads/2017/08/Harry-Burns-presentation.pdf

Continued

strategies are emerging. Such approaches recognise that these issues sit within complex networks within which relationships are key. With such complex problems, practice needs to be built together using principles of co-production, respecting culturally relevant knowledge, expertise, and leadership. They also recognise that some communities will need much more support than others because the conditions for resilience have been taken from them.

Ideas from Practice and Research: The power of connection

Although it is difficult to change a family's economic circumstances, we now know that it is our current as well as our histories of connectedness, rather than our experiences of adversity, that are a better predictor of our current functioning (Perry & Winfrey, 2021). This makes relational health a key determining factor as well as a powerful healing tool. By focusing on the safe, stable, and nurturing relationships (SSNRs) the strategy would buffer against the impact of adversity and build resilience around individuals and for communities to breaking the cycle of poor mental health and deep poverty[7].

This can be many things. In Wales it could be our culture, history, and love for things like sport and singing. These are key opportunities to meet this need for connection. Expanding on the objective to providing play, sport, and youth opportunities to include a wider range of activities that support emotional health and facilitate spaces for connection would strengthen this part of the strategy.

Objective 4 to ensure children, young people and their families are treated with dignity and respect by the people and services who interact with and support them and to challenge the stigma of poverty.

We welcome this objective and broadly how it is laid out. Our overarching point for this section is that a focus away from services as the solution would strengthen this objective.

4.1: We recommend a shift in language, so this Objective reads as: "to ensure children, young people and their families are treated with dignity and respect and to challenge the stigma of poverty."

4.2: We would recommend that Priority 4 is reworded to reflect this shift in focus as well, to: "Respect and inclusion (ensuring kind, compassionate and non-stigmatising responses).

[7] An example of this can be found here: (75) Trauma Informed Community Development in Pittsburgh - FOCUS North America - YouTube

Continued

If the strategy is to take a whole system approach, all parts of the system will need to adopt this approach. This will include the voluntary sector and other initiatives that might not be viewed as 'services'.

This section would benefit from a focus on work force development and the steps and system conditions required for them to move beyond a reductionist and blame based understanding of poverty and mental health.

4.3: We need to identify what are the workforce training needs, and whether they would be supported by the development of a framework of key principles and values. This is a helpful next step for the mental health sector and there are some great examples of good practice that already exists, and similar steps could be taken across other workforces.

The Liberated Method[8] is an example of moving beyond the blame in the system. Providing lots of services to address an increasing range of problems and consequences does not appear to have worked, with demand rising and deepening across many public services. Those with a lot of connected and acute problems are deemed to be 'complex' or have 'multiple and complex needs'. For such people, efforts to reform services that might help them and to address rising demand is often framed as a 'navigation' problem, i.e., how can we help people access the services they need? This is despite the fact that, as much as we might wish otherwise, there is limited evidence as to whether services are having the desired effect.

Measures of efficacy are rare compared to those of industry or compliance. Providing lots of services to address an increasing range of problems and consequences does not appear to have worked, with demand rising and deepening across many public services.

We know from research into complexity and public services that attempts to mimic such *complexity* in *complicated* organisations and processes is ineffective as it fails to capture the nuances that matter to people and create the conditions needed for internal change. This 'boundary' between complex (people, relationships) and complicated (services, processes) is often problematic with people becoming coded as a series of problems that related to services, something we call pixelation. Moving to a focus on relationships, from a focus on services would start to solve this problem.

Objective 5: to ensure that effective cross government working at the national level enables strong collaboration at the regional and local level.

[8] The Liberated Method - Rethinking public service (changingfuturesnorthumbria.co.uk)

Continued

We welcome this objective and priority. There are a number of cultural and system condition factors that will need to be considered to bring public services together. There is a high level of trauma within the public sector systems, and publicly documented reports of bullying culture. We should not underestimate the task of creating the right conditions for public services to engage with this strategy effectively. We need to become a trauma-informed system.

5.1: The strategy should establish how professionals, services, citizens, communities, and the stakeholder systems can take account of adversity and trauma and create the workplace, policy and practice conditions to support this.

Taking a rights-based, least restrictive, system mindset and co-productive approach that recognises and supports the strengths of an individual to overcome this experience in their lives.

5.2: The strategy should provide direction for a coherent, consistent approach to developing and implementing trauma-informed practice across stakeholder services and practice, providing the best possible support to those who need it most. This should align with the Trauma Informed Wales Framework.

It will require taking a systems mindset and creating a learning culture. There is much that our public service could learn from the aviation industry's approach to risk. This will enable the system conditions for the strategy to be a success.

5.3: The strategy should include mechanisms for the development of trauma informed and psychosocially heathy workplace and professional culture.

Without a healthy workplace culture across services, it will be impossible for the necessary changes to be adopted. This will impede the implementation and uniform up take of the strategies aims and objectives.

5.4: The strategy should consider workforce development needs alongside a cultural audit of service providers and a plan for how to address this should be created with a clear accountability process.

Perspectives from Young People

At Platfform, we work with young people across a range of services, and covering different ages and locations. Whilst considering our response to this consultation, we approached young people we work alongside through our Power Up project, which focuses on experiences across the Vale and Cardiff. Our peer researcher has summarised this below:

Continued

What the young people we work with want us to know
Rebecca Roots, Peer Researcher, Power Up Project

We asked children and young people from Cardiff and the Vale of Glamorgan about their experiences of mental health and wellbeing and receiving support and found that many answers were related to poverty.

Poverty was mentioned when children and young people were asked about what they thought constituted and contributed to wellbeing and mental health. Ideas included having a ‘safe space’, ‘living conditions’, ‘good diet’ and ‘opportunities’.

They wished that other people knew that families having ‘enough money’, ‘good hygiene’ and ‘enough food’ affected children and young people’s mental health and wellbeing.

Experiencing poverty can restrict the opportunities and mental health and wellbeing support that children and young people have access to and are able take up, due to a lack of financial resources, ability to travel to locations or afford food and activities.

With the power to change absolutely anything the world, children and young people said they would make ‘food safer and free’; make ‘sanitary products free’; provide ‘free transport for everyone’; ‘improve houses’; ‘end the cost-of-living crisis’; ‘end homelessness’ and ‘end poverty’. They would also offer ‘gyms, leisure centres, outside school clubs’ and ‘access to healthcare’ for free as well as have ‘more open spaces’.

It is clear from talking to children and young people that poverty is not an issue that adults solely deal with and are negatively affected by; it is something that children and young people are frequently worrying about and wishing they could change. This is even more distressing when we consider the fact that many of these children and young people are dependent on adults to live and thrive and so are not in positions of power to make improvements in their lives.

Ideas for how to implement change from children and young people were ‘cheaper rent’; establishing a ‘good minimum wage’; dealing with ‘inflation’ and ‘rising prices’; ‘better conditions for people experiencing homelessness’; ‘teaching young people about taxes and finance’ as well as helping with the ‘cost of parenting’ and providing ‘parenting training courses’.

Continued

Mental health and wellbeing services that were ‘free’, ‘easy to get to’ and provided food as well as free opportunities to participate in activities and trips were ones that appealed to children and young people. If the same can be applied to all services that work with children and young people, then all children and young people can access and receive support, regardless of their circumstances and remove any stigma around experiencing poverty.

When coming up with a child poverty strategy, it is important to look at what children and young people are thinking and experiencing, and that any future strategy needs to consider their needs and their views if it is ever going to have any success at reducing child poverty.

Conclusion

This strategy has much to commend it. Despite many of the levers for change being held by the UK Government, we believe that there are still significant changes that the Welsh Government can make that will have a positive impact on child poverty. If we can begin to embrace uncertainty and complexity, whilst working to create relationally-informed systems, that give power and resources back to communities and people, we believe we can get closer than ever to eradicating child poverty.

Submitted by:

Dr Jen Daffin
Deputy Director of Relational Practice and Change
jendaffin@platfform.org

Oliver Townsend
Head of Connections and Change
olivertownsend@platfform.org

Continued

References

ACE Hub Wales (2023). Trauma-Informed Communities: A Comparative Study of Welsh Models of Practice. Available at: https://acehubwales.com/resources/trauma-informed-communities-a-comparative-study-of-welsh-models-of-practice

ACE Hub Wales and Traumatic Stress Wales. (2022). Trauma-Informed Wales Framework. Available at: https://traumaframeworkcymru.com/wp-content/uploads/2022/07/Trauma-Informed-Wales-Framework.pdf

American Academy of Paediatrics. (2021). Preventing Childhood Toxic Stress: Partnering with Families and Communities to Promote Relational Health. Pediatrics.148 (2)

Berger, J. & Johnston, K. (2015). Simple habits for complex times: powerful practices for leaders. Stanford, California : Stanford Business Books, an imprint of Stanford University Press.

Bowen, B. (2021) The Matrix of Needs: Reframing Maslow's Hierarchy. Health, 13, 538-563

Bywaters, P. & Skinner, G. (2022). The Relationship Between Poverty and Child Abuse and Neglect: New Evidence. Nuffield Foundation and University of Huddersfield. The relationship between poverty and child abuse and neglect: new evidence - Nuffield Foundation

Center on the Developing Child (2007). The Timing and Quality of Early Experiences Combine to Shape Brain Architecture: Working Paper #5. Available at: https://developingchild.harvard.edu/wp-content/uploads/2007/05/Timing_Quality_Early_Experiences-1.pdf

Children, Young People and Education Committee (2018). Mind over matter A report on the step change needed in emotional and mental health support for children and young people in Wales. Available at: https://senedd.wales/laid%20documents/cr-ld11522/cr-ld11522-e.pdf

Circle of Security International (nd). What is the Circle of Security? Developing Specific Relationship Capacities. Available at: https://www.circleofsecurityinternational.com/circle-of-security-model/what-is-the-circle-of-security/

Compton and Shim, (2020). The Social Determinants of Mental Health: Psychiatrists' Roles in Addressing Discrimination and Food Insecurity, 2020, Available at: https://focus.psychiatryonline.org/doi/10.1176/appi.focus.20190035

Daffin, J, Thomas, R, & Parry, S. (2022). Unlocking the System: Place-based ways of working with children, their families and a neighbourhood psychologist in Bettws, Wales. Clinical Psychology Forum. Special Edition: Public Health and Prevention. DCP. BPS. Bettws born and bred - Save the Children UK

Garner AS, Shonkoff JP; Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics. (2012) Early childhood adversity, toxic stress, and the role of the pediatrician: translating developmental science into lifelong health. Available at: https://pubmed.ncbi.nlm.nih.gov/22201148/

Hambrick E.P, Brawner T.W. & Perry B.D. (2019). Timing of early-life stress and the development of brain-related capacities. Front Behav Neurosci, 6;13:183

Continued

Health and Social Care Committee, Senedd Cymru (2022). Connecting the dots: tackling mental health inequalities in Wales. Available at: https://senedd.wales/committees/health-and-social-care-committee/connecting-the-dots-tackling-mental-health-inequalities-in-wales

Kim-Cohen, J., Caspi, A., Moffitt, T. E., Harrington, H., Milne, B. J., & Poulton, R. (2003). Prior juvenile diagnoses in adults with mental disorder: Developmental follow-back of a prospective-longitudinal cohort. *Archives of General Psychiatry, 60*(7), 709–717. https://doi.org/10.1001/archpsyc.60.7.709

Lock, K., Puntan, L., & Lewis-Richards, M. (2022). Review of Together for Mental Health and Talk to me 2 Strategies. Cardiff: Welsh Government, GSR report number 26/2023 Available at: https://www.gov.wales/review-together-mental-health-and-talk-me-2-strategies

McKinsey and Company, (2015). Changing change management. Available at: https://www.mckinsey.com/featured-insights/leadership/changing-change-management.

National Academies of Sciences, Engineering, and Medicine. (2016). Parenting Matters: Supporting Parents of Children Ages 0–8. Washington, DC: The National Academies Press.

Perry, B. & Winfrey, O. (2021). What Happened to you: Conversations on Trauma, Resilience, and Healing. Bluebird. USA.

Pechtel P. & Pizzagalli D.A. (2011). Effects of early life stress on cognitive and affective function: an integrated review of human literature. Psychopharmacology, 214(1), 55–70.

Pinderhughes H, Davis R, Williams M. (2015). Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma. Prevention Institute, Oakland CA. Available at: https://www.preventioninstitute.org/sites/default/files/publications/Adverse%20Community%20Experiences%20and%20Resilience.pdf

Porges, S. (2011). The polyvagal theory. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3108032/#:~:text=SUMMARY,of%20behavior%20and%20psychological%20experience

Portes, et al. (2017). Social prosperity for the future: a proposal for Universal Basic Services. Available at: https://www.ucl.ac.uk/bartlett/igp/sites/bartlett/files/universal_basic_services_-_the_institute_for_global_prosperity_.pdf

Ridley et al, Poverty, depression and anxiety: causal evidence and mechanisms, 2020. Available at: https://gautam-rao.com/pdf/Ridley%20et%20al%20-%202020%20-%20Poverty%20Depression%20Anxiety.pdf

Rokita KI, Dauvermann MR, Donohoe G. Early life experiences and social cognition in major psychiatric disorders: A systematic review. Eur Psychiatry. 2018 Sep;53:123-133

Sheehy-Skeffington and Rea, How Poverty affects people's decision making process, JRF 2017. Available at: https://www.lse.ac.uk/business/consulting/assets/documents/how-poverty-affects-peoples-decision-making-processes.pdf

Continued

Shonkoff, SP, Garner, AS. Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics. (2012) The Lifelong Effects of Early Childhood Adversity and Toxic Stress. Available at: https://publications.aap.org/pediatrics/article/129/1/e232/31628/The-Lifelong-Effects-of-Early-Childhood-Adversity

Shim RS, Compton MT. (2020) The Social Determinants of Mental Health: Psychiatrists' Roles in Addressing Discrimination and Food Insecurity. Focus (Am Psychiatr Publ). 2020 Jan;18(1):25-30.

Snowden, D. (2007) A leader's framework for decision making. Available at: https://pubmed.ncbi.nlm.nih.gov/18159787/

The Parent-Infant Foundation. (2021). Securing Healthy Lives: An extended summary of research about parent-infant relationship, help and support across Cwm Taf Morgannwg, available from https://parentinfantfoundation.org.uk/wp-content/uploads/2022/02/Securing-Healthy-Lives-ENGLISH.pdf

World Health Organization and Calouste Gulbenkian Foundation. Social determinants of mental health. Geneva, World Health Organization, 2014. Available at: https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf