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Building a Therapeutic Community Around Children Experiencing Poverty

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Keynote Presentation
West Cumbria Child Poverty Action Group
15th October Webinar.

Thank you for inviting me to talk with you this afternoon, it is always so heartening to see interprofessional and multisector forums coming together to discuss urgent issues like this.

Firstly I would like to explore the impact of Covid-19 on existing inequities in West Cumbria and then present a view of the system that creates inequity with some ideas of where and how we might intervene – which leads to a challenge for us to all consider – around what we will do as members of this community and system.

Inequity in West Cumbria

The data I am using here is national data on the indices of deprivation analysed recently for North Cumbria by Dr Elaine Bidmead (Bidmead, 2020).

The Indices of Deprivation (IoD) provide a 'relative' and 'ranked' measure of deprivation for Lower-layer Super Output Areas (LSOAs) in England. LSOAs are small geographical areas designed to improve the reporting of local statistics; each has an average population of 1,500 people. There are 32,844 LSOAs in England, 213 of which are in North Cumbria.

Part of the thinking behind the IoD is to distinguish between 'poverty', that is lacking the financial means to meet one's needs, and 'deprivation' defined as lacking access to resources to meet one's needs, such as access to the activities, living conditions and amenities, that are perceived as customary in any given society. To this end, the IoD provide 'relative' measures on seven domains of deprivation; these are:

- Income Deprivation
- Employment Deprivation
- Education, Skills and Training Deprivation
- Health Deprivation and Disability
- Crime

· Barriers to Housing and Services

· Living Environment Deprivation

Scores for each domain are produced from several sets of indicators and used to rank LSOAs from most deprived to least deprived on each domain; where one is the most deprived.

LSOAs are then divided into deciles where decile one is comprised of the 10% most deprived and decile ten the 10% least deprived. The table below shows the LSOA's for a number of North West towns ranked in the top 20% of most deprived across six indicators.

Town	No of LSOA's	Number of LSOA's with in quintile 1 or 2					
		Income deprivation	Income deprivation affecting CYP	Education, skills and training of CYP	Indoors lived Environment	Health and disability	Multiple Indices
Cleator Moor	3	1/3	1/3	1/3	1/3	3/3	1/3
Distington	3	1/3	0/3	2/3	1/3	1/3	1/3
Frizington	2	1/2	1/2	2/2	0/2	2/2	1/2
Maryport	6	2/6	2/6	2/6	1/6	3/6	3/6
Millom	4	0/4	0/4	2/4	2/4	3/4	1/4
Whitehaven	18	3/18	3/18	8/18	3/18	12/18	5/18
Workington	12	7/12	6/12	9/12	5/12	7/12	9/12
Total	48	15/48	13/48	26/48	13/48	31/48	21/48
Percentage		32%	37%	54%	27%	65%	44%

This illustrates that before Covid-19 there were some significant deprivations in these towns in North West Cumbria. The data Suzanne Wilson has shared shows applications to Universal Credit steeply increasing since Covid-19, and numbers of children in poverty also increasing. This sets a challenging context for us to consider.

During Covid-19 we have conducted research into people's experiences of Covid-19 with 12,325 respondents to a range of calls for stories and surveys (available at Stuart et al., 2020a).

The data showed the following health issues;

- Difficulties of shielding – limited access to food and medicines
- Worsening health conditions (diabetes, blood pressure, IBS, skin conditions)
- Worsening exercise and food habits
- Unable to access medicine or appointments
- Cancelled procedures and operations

The following psychological issues were widely reported;

- Worsening psychological wellbeing and illness

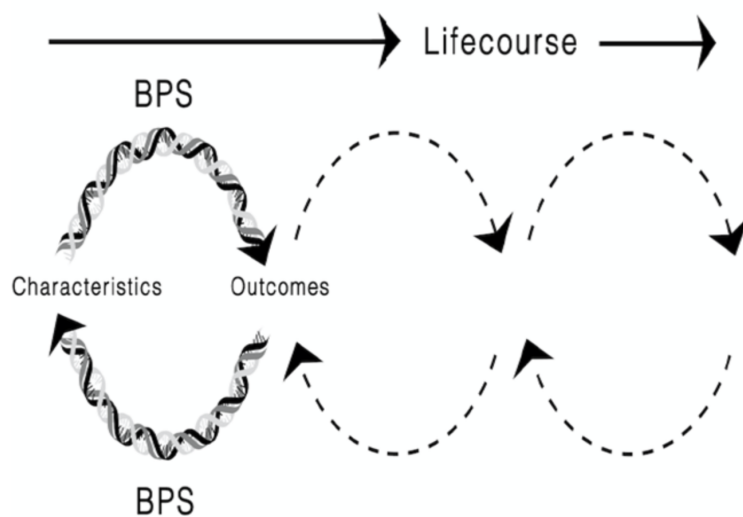
- Stress, anxiety, depression, panic attacks, OCD behaviours
- Overriding sense of 'worry'
- Multifaceted, long term 'low level'
- A number of positive strategies identified as self-help

Finally, a wide range of social issues were reported;

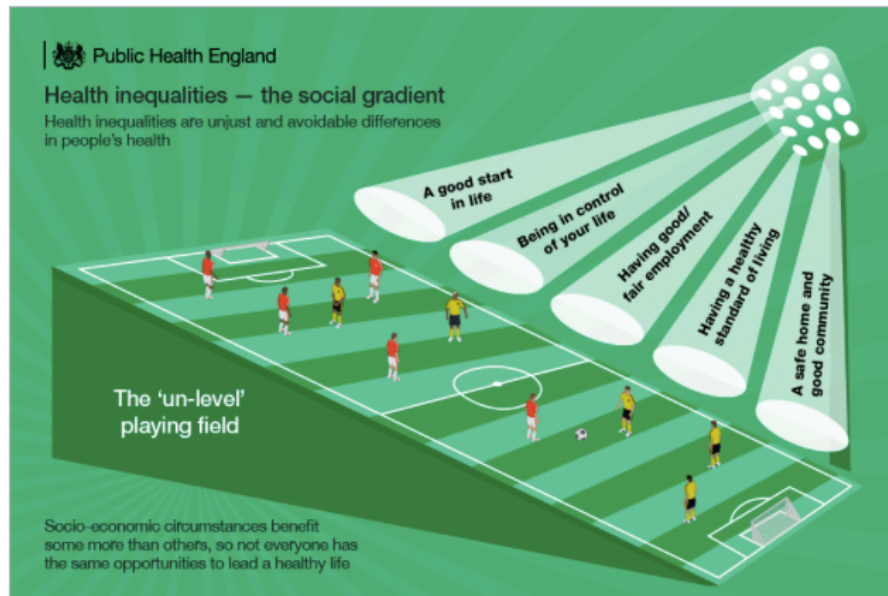
- Isolation and loneliness
- Loss of physical contact
- Mostly loss of meaningful activity – sport and hobby
- Changes to habits such as eating and activity
- Loss or change of employment and work place activity
- Loss of earnings
- Difficulties supporting relatives – children / parents
- New use of online platforms as strategies to replace face to face interactions.

Many of these issues overlapped or worsened one another. Shielding status, for example, increased worry (psychological) and increased loneliness (social). Inability to attend a podiatry appointment (health) may lead to less walking (social), increased isolation (social) and overall loss of fitness (health). Loss of earnings impact on all biological, psychological and social outcomes.

As a result, we can expect the impact of Covid-19 to be complex, involving biological, psychological and social needs (Biopsychosocial or BPS) and long term, as these impacts take effect over time. This is reflected in the diagram below (Stuart et al., 2020b):



All this does not happen equally to people either. There is no level playing field. The circumstances people are born into affects their life chances, as do their choices, but choices are often constrained by where we live, the resources we have and the cultural norms we grow up in. This diagram from Public Health England illustrates the impact of the 'un-level' playing field.



We can expect this gradient to get steeper as a result of Covid-19.

Rather than becoming embroiled in political or philosophical debates about equality I take a 'consequentialist' approach. This means that I reject many forms of inequality because they have negative consequences to those who experience them (Jensen and Kersbergen, 2017, p.21). Many people, do, however believe that inequality is not only necessary, but desirable. A range of myths perpetuate this position, such as the beliefs that;

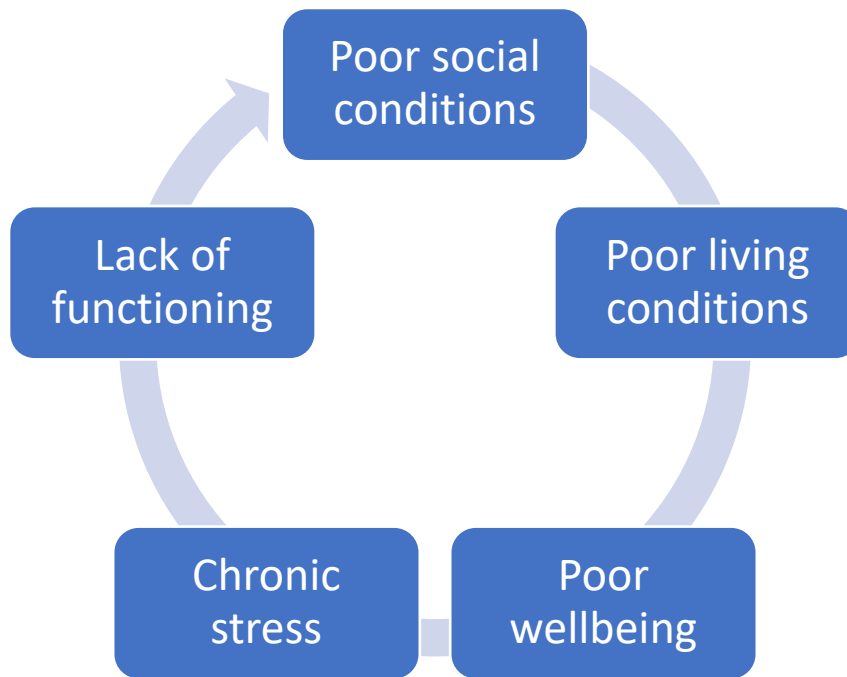
- Elitism is efficient and makes everyone richer
- Privilege is earned and therefore just
- Inequality motivates people to do better.
- Exclusion is necessary- we can't all take part in everything
- Prejudice is natural and some people are better than others
- Greed is good
- Despair is inevitable as attempts at change are futile (Dorling, 2010; Jensen and Kersbergen, 2017).

None of these are logical or moral arguments for inequality, but rather defences that enable those in positions of privilege to maintain them whilst also absolving themselves of the responsibility to help others with less favourable life chances.

In this respect, talking about poverty as a moral or consequential issue is an important issue we tackle together, as advocated by the Joseph Rowntree Foundation (2020).

We need to understand that poor circumstances lead to poor outcomes which go on to act throughout the life course, one issue leading to another.

Each of these issues can also cause other social and health outcomes, and so we get multiple, inter related psychosocial issues creating a vicious cycle as shown below.



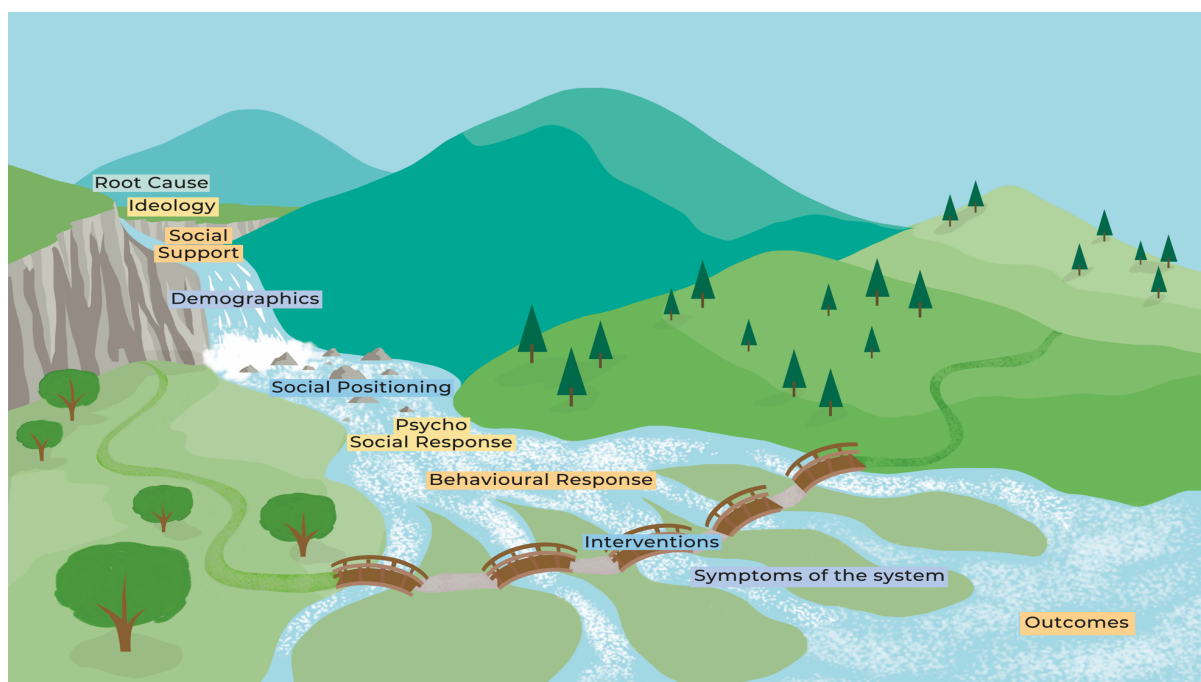
So many poor outcomes are psychosocial stressors in and of themselves (Sapolsky, 2005, p.94). The converse is also true, and by improving living conditions we can improve wellbeing, reduce stress and improve functioning, creating a virtual cycle of thriving.

The seriousness of the impact of these inequalities cannot now be denied though, Sir Michael Marmot, in the World Health Organisation Commission in Social Determinants of Health said;

“Reducing health inequalities is....an ethical imperative. Social injustice is killing people on a grand scale” (CSDH, 2008).

This analysis may lead us to think that the disadvantaged are the ‘losers’ in this system of inequity. Evidence now shows, however, that it is **everyone** in society who suffers when there is disadvantage. Wilkinson and Pickett (2010) in *The Spirit Level, Why Equality is Better for Everyone* prove that societies which are most unequal also have higher rates of all social issues. Across whole populations with high inequality mental health is five times higher, imprisonment five times higher and obesity six times worse (Ibid).

Much is already in place to support people in moments of dire need, but I argue that whilst such efforts may help people in their moments of need they fail at the fundamental task of creating a more equal, equitable or socially just society. To understand how we might change things I have drawn a system of inequality which draws together my thinking with other theoretical models (e.g. Dahlgren and Whitehead, 1991), using the metaphor of a water course.



At the end of the river course is the sea of inequality with huge; social issues, injury, disease, mortality.

At the shoreline there are the weaving and interconnected streams of what we think are outcomes, but I am now positioning as **symptoms** of a toxic system such as: being NEET, unqualified, having mental health issues, being a teenage mum, debtor, obese, unwell, unfit, gang member and so on. We are often overwhelmed by these issues and try to turn away, we avert our eyes from the horizon worried we might all drown. It perhaps seems there are too few of us to make a difference, it can feel futile.

People do intervene though, and there are hundreds of organisations and services who really effectively alleviate these symptoms. These are the bridges of practice linking islands of **interventions**. These 'earlier' interventions do help people and are very necessary. Examples include social prescribing, asset-based approaches, signs of safety, integrated care. But somehow none of these are potent enough to make a real difference to the river's flow and become intervention churn.

Further upstream are the rapids of **public behaviours**, these are the outward manifestations of how people feel about themselves in society, e.g. going on a diet, getting active, taking substances, stealing money, getting into crime, risky or safe sex. For many people the flow of the river has led them to adopt risky behaviours as they can see little opportunity or relief in legitimate behaviours. This is often the place where public health initiatives try to intervene such as the five a day campaign. Again, there are too many people, the issues too ingrained and the implicit message that 'it's all up to you' can be misplaced and ill received.

These behavioural choices are driven by **psychological responses and attitudes** – where the individual reacts, unconsciously, to their circumstances and how they are positioned by others. They may, for example, decide to be a victim to it all, to try to 'get one over' on the

system, rebel, feel hopelessness, be up for a fight, or want to prove everyone wrong. We have seen this spectrum of responses to the Covid-19 control measures recently.

These psychological responses often stem from our early life experiences and the 'rocky rapids' of **social positioning**. These are the positions that others bestow on individuals, the labels they give them because of who they are and their social situation. We are all skilled at picking up whether someone likes us or not. People also pick up whether the media likes them or not. We all know of the way the media has portrayed young people as hoodied gangsters, people on benefits as scroungers, the obese as lazy and greedy. These messages seep into us resulting in feelings of acceptance and rejection being celebrated or outcast, and excluded, deserving or unworthy and abject (Wacquant, 2009; Tyler, 2017). Most recently we have seen a re-positioning of those who are 'vulnerable' and 'old' in need of protection and 'young people' as behaving inappropriately in response to Covid-19.

Even further upstream we come across the waterfall of **demographics and social conditions**, some a pleasant warm shower, and others a hard and cold torrent. People live in a range of conditions which may support or hinder them as people and which may be outside their choosing. Being born into a Mumbai Slum is very different to a mansion in Hollywood and we have no choice over that circumstance.

Above this again are the 'welfare straits', here is the education, health, welfare and social care support or **benefits offered by the state**, and influencing the living conditions of different groups of people below.

The river is kept on course in places by high cliffs, these are the cliffs of **ideology**. I've pulled out just ten of the most pervasive:

- Profiteering, free market competition, massification and 'efficiency'
- Meritocracy and just deserts
- Surveillance and control through metrics and datafication
- Hyper individualism
- Consumerism
- Problem oriented, silo and deficit view
- Self-interest and instant gratification
- Fear, distrust and blame
- Power mongering
- Extractivism (stealing resources from the planet).

But rivers come from a source, a small and almost imperceptible starting point which takes much energy and momentum to find. It is uphill, in craggy and rocky terrain, inaccessible and inhospitable. In some places the water is considered so precious that the source is a closely guarded secret and a well defended place. Here we find **inequitable access to resources**, particularly money, the source of most social issues and all inequity.

So how might we intervene across this whole system to enable children to live in thriving and therapeutic communities? I offer some practical solutions here:

Part of Diagram	Main label	Solutions
Source of river	Inequitable access to resources	Redistributive policies such as fair taxation (e.g. Scandinavia), and safety net policies such as the living wage for all (e.g. Finland), pay transparency (e.g. Sweden). Requires political activism locally and nationally – see the Equality Trust website.
Cliffs	Ideological forces	Challenge these discourses locally and nationally. Provide evidence that it can be different. Embed 'equity' in local decision making. Develop a commissioning framework which has an ideology of 'equity' embedded in it. Use equity assessment tools to evaluate services.
Straits	Social support	Petitioning for local and national improvements to and across the: Welfare system Health system Educational system Social care system Revise the relationship with the 'state' as per Hilary Cottam's work on Radical Help. Increased interagency working and collaboration – people, not service users. To think and act 'family' not 'individual'. Co-design services.
Waterfall	Demographics and context	Nothing can change a person's DNA, but places could be made more equitable with regeneration, development funds, philanthropy. The Place Standard is a good tool to assess how well places support someone's wellbeing. At the front line – investment in housing and heating. A zero tolerance of homelessness and substandard housing stock.
Rocks	Social positioning	Challenge and support for all people, practitioners, managers, commissioners to treat everyone with respect (Stuart et al., 2019). To work in a trauma informed way, to think and act in a strengths-based way. Seek to publish stories that show the positives of communities rather than allowing stereotypes to embed.
Division	Psycho social response	Alleviation of anxieties about basic needs through either; improvements to the state systems of support (above) or less preferentially, increased support at the

		front line. People cannot thrive when basic needs are challenged. Increased informal and formal support for mental wellbeing – peers, community, coaches, therapists, the whole range.
Tributaries	Behavioural response	Increased investment into specialist services to support people with risky behaviours that are non-blaming, empowering, strengths based, interagency and family oriented.
Bridges	Interventions	A broad range of practical services addressing basic needs as a priority.
Shore line	Symptoms of the system	Addressing issues across these levels would hopefully decrease; NEET, unqualified, MH issues, teenage mum, debtor, obese, unwell, unfit, gang member
Sea	Outcomes	Greater social justice.

Although we know much of this, policy remains stubbornly focussed on the symptoms downstream. As Wilkinson and Pickett state: *“Every problem is seen as needing its own solution – unrelated to others.... The only thing that many policies do have in common is that they often seem to be based on the belief that the poor need to be taught to be more sensible. The glaringly obvious fact that these problems have common roots in inequality and relative deprivation disappears from view”* (p.239).

To draw on my model of wellbeing development through empowerment (Maynard and Stuart, 2019) we need to do three things: keep equality and equity in our awareness, make choices as to what to do about it, and act in accordance with those choices.

Your choices and actions could be to:

- Give everyone you meet in a day equal respect.
- Give what you can to charitable causes – old clothes, food, money.
- Talk to others, get the subject on the table, do your bit to raise awareness.
- Challenge your organisation to level the pay gap.
- Transform services to work together around communities and families.
- Create a different ideology in the way you talk how you behave.
- Petition for change at local and national levels.

Let’s get a positive cycle of empowerment enabling us to all collectively challenge inequality, disabling ideologies, impoverished welfare, negative social positioning. This will diminish their impacts and increase wellbeing for everyone.

I write to local MP’s, present evidence to Select Committees and the Cabinet Office with the outcomes from any research I do to try to challenge ideology and oppressive structures. I am trying to be both a grass roots researcher and political activist from my privileged position as an academic, trying to be a scholar activist – what can you do?

To some key messages:

- Wellbeing is a holistic concept – biopsychosocial, we need to work holistically
- Individuals live in families and communities – we need to work them as such
- The rich and powerful have better outcomes than those without
- The gap is intolerable and inexcusable – a moral issue of consequence
- It does not have to be this way
- Poor outcomes are caused by a complex web of social determinants and individual choices
- Equity issues need tackling across all levels of the system with all stakeholders
- We all have the power to do something about this in multiple ways – we must stop our complicity.

An equal society would provide equal opportunities to all regardless of who they were, it is clear that England is far from equal. An equitable society would ensure the ‘levelling’ of the playing field to ensure those with disadvantages had more support enabling equal opportunities. It is this world I strive for, a socially just world. Whilst recent political events lead us further away from this position my hope is not blunted, indeed, I have more determination to work out how to effect change through my own scholar activism, and to challenge you today to work together across the system, creating therapeutic communities where children no longer grow up in poverty.

Thank you.

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