

PREVENTION IS BETTER THAN CURE

We all need help throughout our lives, and benefit from 'right first time' support, sometimes at early stages, sometimes at moments of crisis or difficulty. We also need strong communities that build readiness, resilience and resourcefulness, and national systems and policies which help people to thrive, not undermine them.

GOOD MENTAL HEALTH AT HOME



A PERSONAL STORY BY SARAH HUGHES

What does it mean, not just to talk about prevention professionally, but also to put it into practice in one's own life?

Children's mental health is in the news and making sure our children stay mentally well and resilient has become one of the biggest challenges for society as a whole. My organisation believes that a whole system approach is the only way forward and that blaming social media or schools isn't going to get to the heart of the problem. We know that one in ten children and young people will have a diagnosable mental health problem, and that most adult mental illness can be traced right back to early years.

I have worked in mental health for twenty-eight years and if I'm honest, as a parent this worries me. I know a lot about the risks and what makes a child vulnerable and both of my children could meet that criteria. My first child has a rare disease called MCADD and my second

child's early years were blighted by a family locked in a cycle of grief after a succession of deaths in the family including my father. We also have a history of mental illness in our family. Some might suggest all this could be a recipe for disaster and on paper I can see that. So what do we do? We don't just wait to see what happens, we as a family spend our time together creating the conditions for resilience and wellbeing to thrive.

'Developing emotional literacy and help-seeking behaviours and investing in emotional and social capital'

I am aware that I am hyper vigilant, my experience largely confined to trying to find solutions for people when things have become too difficult. We know that for many of the people we see in services trauma and inequality are at the heart of their distress. The impact of illness is great, lives are lost and families fractured. Mental health leaders have turned their attention to prevention, population health, finding ways to

develop the emotional literacy of the nation. The vision is to prevent psychological decline, develop help-seeking behaviours so that people can get the help they need when they need it, and importantly creating communities that give space to and invest in emotional and social capital. It makes sense.

My children will inevitably face challenges that will destabilise their well-being. I have resisted the urge to home school them and protect them from external influence: we realised that they wouldn't thank us for it in the long run. Instead we create the conditions for emotional, social and political experience. We talk about our feelings, we recognise their distress signals and they know that there are good and bad things about life and that there are people in activist spaces creating the path for a better future, challenging inequality and discrimination, and they know that they benefit from this.

'The five ways to wellbeing'

Put simply, most parents are already persuaded in the healthy 'five a day' fruit and vegetable mantra, but not so much it seems are we so familiar with the five ways to wellbeing. Connect, Be Active, Take Notice, Learn and Give are the five areas experts have linked to happy lives. They make sense to me because they recognise the individual and their relationship with their environment. I can't be sure that trying to parent or live in this way will prevent mental illness but I hope that it gives my children the best chances of staying well.

Sarah Hughes is CEO of the [Centre for Mental Health](#) and has worked in mental health for twenty-eight years within the voluntary sector, including leading a number of local Mind organisations. Sarah is undertaking a professional doctorate with the Tavistock and Portman Centre studying Women, Resilience and Leadership.

BUILDING THE FOUNDATION FOR GOOD LIVES



A PERSONAL STORY BY JENNY BROTCHE

Can you share a story about prevention? I've been working on the Carnegie UK Trust's Enabling State programme since 2012 (give or take some maternity leave). My bread and butter is looking at how governments and others can deliver more joined up, participative and preventative services. I must have come across countless inspiring, robust examples of prevention in action. So this should have been easy and yet... I'm struggling.

And this is the thing about prevention. If it works we probably don't know about it.

Last year I carried out some in-depth qualitative research with a small number of housing association tenants, many of whom had had traumatic or difficult past experiences as well as mental and physical ill health. Could I identify what preventative measures could have made life easier for our participants? But there was no good story. The nice linear kind that goes: if public

services had intervened more effectively at point X outcomes for X would have been better by X.

I tried another tack. Maybe it was hard to pinpoint preventative measures that have or could have made a difference to other people. What if I turned the question on myself – could I be more certain? I found this easier and quickly came up with two examples.

I have had Type 1 diabetes for almost twenty-five years. Nine years ago I received an insulin pump to replace daily injections. Insulin pumps are a large upfront cost to the NHS but they are thought to offer a long-term saving thanks to the reduced risk of diabetic complications later in life. I'm confident that I would not have been able to have two complication-free pregnancies without the technology.

The other is a breastfeeding support group that I attended as a first time mum. The group was run by a

midwife who offered her professional expertise but it was largely a peer support group. The objective was presumably to improve rates of breastfeeding in the first six months after birth (preventative in itself) but for me as an anxious, sleep-deprived first time mother it offered so much more. It was a free, non-judgemental place with (hot) coffee and chocolate biscuits where I could meet other anxious, sleep-deprived mothers. We shared our war stories, offered advice and a friendly ear and the midwives provided reassurance on a whole range of small baby related issues. There were often tears, but my spirits were always lifted when I left and I still have a strong support network of fellow mothers whom I met there. I don't doubt that the group had a profound impact on mental health outcomes for many of the mothers that attended it although I have no idea whether this was on the radar of the organisers.

In a squeezed health service insulin pumps will, I hope, continue to be funded. There is, I think, enough compelling short-term evidence from Randomised Control Trials that it's an effective therapy.

The future of the breastfeeding support group is however less clear. Discussions about discontinuing it were on-going three years ago when

I attended. I can imagine that it could easily have been cut and that I would not have read about it my local paper. Yet the impact of the group was, for me, just as important, just harder to measure and quantify.

'Downstream prevention is diffuse and messy and often not very 'sexy''

And this is the other thing about prevention, particularly upstream prevention (very early action). It's diffuse and messy and often not very 'sexy'. The negative outcomes that we seek to avoid through prevention are complex, influenced and shaped by many, interdependent, contributing factors.

Interventions do not lead to certain or consistent outcomes. Upstream preventative measures are often not headline hitting interventions but quieter, more low, key activities, like breast feeding support groups that help build the foundations, choices and support networks for good lives.

Jenny Brochie is a Policy Officer at the Carnegie UK Trust and worked with environmental NGOs before joining the Trust. She is passionate about improving lives in a holistic, pragmatic and evidence based way. At the Carnegie UK Trust, she focuses on the shift from Welfare to [Enabling State](#) and [evidence](#).

PREVENTING HOMELESSNESS MEANS TREATING PEOPLE AS PEOPLE FIRST



IDEAS FROM RICK HENDERSON

To a large extent homelessness is the ultimate tragic consequence of society's failure to truly embrace the prevention agenda. Every person sleeping rough on the streets of Britain has been both failed by the system and then blamed and pilloried for that failure. Every story of homelessness is a story of missed opportunities, social disconnection and unresolved trauma. In almost every case, early intervention could have made a significant impact and possibly avoided a person becoming homeless in the first place.

'There is no shortage of evidence, both statistical and anecdotal, about what works to prevent and end homelessness'

By every available measure homelessness in all its forms has increased year on year since 2010. This is despite the fact that in living memory homelessness was in steep decline, with rough sleeping numbers as low as 500 (it is closer to 5000 at present). There is no

shortage of evidence, both statistical and anecdotal, about what works to prevent and end homelessness. Stable, affordable accommodation; good quality advice and support; strong social networks; and access to appropriate mental health and substance misuse services all help to prevent and tackle homelessness.

One of the biggest causes of contemporary homelessness is the ending of assured shorthold tenancies. In simple terms this means private landlords evicting people at short notice even when they have nowhere else to go. Research shows that landlords are reluctant to rent to people on welfare benefits – especially young people. This forces people either onto the streets or into often unsuitable and costly temporary accommodation. Once people become homeless there is a real risk that without timely interventions either by the State or charities, people find themselves in a cycle of homelessness and rough sleeping that can lead to entrenchment.

Thankfully this situation may be about to change with the introduction of the new Homelessness Reduction Act in April 2018 which increases entitlement to help with housing. However some critics believe that the new law is inadequately funded and might not be the panacea that many hoped for.

Innovations that have proved successful in preventing homelessness in other countries, such as Housing First, Trauma Informed Care and Critical Time Intervention (CTI) are slowly making their way to the UK and should help to prevent rough sleeping. The government has recently convened a dedicated Rough Sleeping Advisory Group tasked with halving rough sleeping within four years. And there is a growing community of 'experts by experience' willing and able to share their stories about what works in homelessness prevention. But we still face a chronic housing shortage that won't be solved any time soon. We still face a welfare system that seems disproportionately punitive especially to those unable to work. And we still face significant cuts to those frontline services that are best placed to act early and avoid costly crisis interventions further down the line. So it's not that we don't know how to prevent homelessness: rather, it is that the solutions to homelessness cost money and speak to our country's obsession with property ownership as a privilege not a human right.

'We need to relinquish our obsessive grip on housing as a commodity and see it as a resource'

To prevent homelessness we need to relinquish our obsessive grip on housing as a commodity and see it as a resource. We also need a welfare safety net that works for people in chronic housing need. In recent years there has been a tendency to see homelessness and rough sleeping as inevitable, even acceptable. Yet in so many cases a small amount of help provided in the right way at the right time could make all the difference. At Homeless Link our vision is of a country where everyone has a place to call home and the support they need to keep it. To achieve this we need to shift the balance of service provision away from crisis interventions and towards effective early action and prevention. More than anything, prevention means treating homeless people as people first, with rights, strengths and aspirations rather than being somehow different from the rest of us. Preventing homelessness benefits us all.

Rick Henderson has been the CEO of [Homeless Link](#) since July 2012. He is a member of the Government's National Rough Sleeping Advisory Panel and the London Mayor's Rough Sleeping Task Group. Rick also represents Homeless Link internationally, as a member of FEANTSA – the European homelessness network and the Housing First Europe Hub.

SOCIAL INFRASTRUCTURE IS KEY TO PREVENTION



IDEAS FROM CAROLINE SLOCOCK

There's a famous saying, 'It takes a village to raise a child' and of course strong communities do a lot more, besides. When it comes to prevention – helping people lead happy lives as well as giving support when needed – the places we live in, or what I call social infrastructure, have a vital role.

This may seem obvious. We all know what we value in the places we live, or the places we grew up in. Estate agents point to good housing and schools, access to good healthcare and safe and crime-free communities. When we are making decisions about whether to live in a place, we look not just for employment opportunities but also for those green and recreational spaces, those places to meet, to shop and have fun and learn, and warm to a built environment that makes you feel comfortable, safe and relaxed.

These are all part of social infrastructure, of course, but it also includes less tangible things – the

feeling that you can trust your neighbours, that people look after each other and cherish their shared environment. An ability to influence the things that matter, to have a real say, and not have change imposed. Ideal places like these are rich in associative activity and community, voluntary and faith organisations and groups, as well as having a prosperous private sector and well-run and responsive public services. All of these organisations will be working together to build a good place.

'As policy-makers and practitioners we have a blind spot'

As people, we know good social infrastructure when we see it but, as policy-makers and practitioners, I think we have a blind spot. We only really talk about it indirectly: 'communities left behind' or 'deprived communities', phrases which the people who live in these places often hate because it makes *them* feel trashed. Or policy makers and

practitioners only see a part of social infrastructure, public services in particular, neglecting the fact that buildings, the environment and strong communities are essential too.

Places rich in social infrastructure are naturally preventative, helping to create well-being, generating resourcefulness and resilience and providing social networks that provide support when things get tough. Unfortunately, places poor in social infrastructure can end up on a downward spiral – people and businesses want to move out, homes and shops become vacant, unemployment, crime and vandalism rises. People start to trust each other less, and feel people will not pull together to make them better. Social and health problems increase. Services become more focused on tackling crises, rather than helping to build the individual and social resourcefulness that helps avoid problems in the first place or which provides the social networks, facilities and services that can help nip any problems that do arise in the bud.

Many people still benefit from an earlier, golden age of investment in social infrastructure. Many schools, hospitals, sewers, libraries, public parks and sports facilities originate from that period and were effectively common goods, held in public

ownership for the benefit of the public. The welfare state, which was also designed to reduce poverty and illness, provided another, national expression of the belief that collective investment in mutual health and well-being is to everyone's benefit.

'A loss of assets'

But this is being eroded. Over the last decade, there has been a quiet reduction in social infrastructure assets either from closure, sales or poor maintenance – playing fields and play areas, children centres and youth services, libraries and arts facilities have all been affected to name but a few. As well as a loss of assets, our collective sense of the value of commonly owned social infrastructure has reduced and public support for the welfare state has declined.

We talk about poverty and income inequalities but some places are very much richer in social infrastructure than others and this also makes a real difference to personal health and well-being, equality and opportunity.

The answer?

First, we need to value and protect existing social infrastructure. Greater investment is needed, particularly

in those communities that have the poorest social infrastructure; and a good starting point is to map what assets exist.

'Recognising the rich resources that may already exist'

Second, it's not just about money, it's also about recognising the rich resources that may already exist, many of which may be non-financial, and also giving communities a real say over what happens in their community and about where any new investment goes.

Thirdly, it's important to think holistically. Attending to one element without thinking of the others can be counterproductive. For example, strong communities are harder to create without physical places to

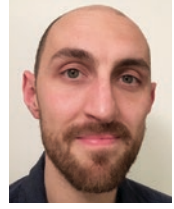
meet. Good health benefits from recreational facilities and ready access to good food.

Finally, social infrastructure is strengthened by working collaboratively and right across sectors.

People who believe in prevention need to attend not just to the child (and the adult the child later becomes) but also to 'the villages' in which we all live.

Caroline Slocock is the Director of Civil Exchange and the co-convenor of a Better Way. Her previous roles include CEO of the Equal Opportunities Commission and she started her career in central government. She is a member of the Early Action Task Force and author of *Valuing Social Infrastructure*.

GROWING CULTURAL CAPITAL: A NEW DIRECTION



A CASE STUDY BY LAWRENCE WALKER

Cultural capital could change the world, and we've been looking at how to do that for young people in London, helping them to break out of what have become increasingly managed, restricted and unhealthy lives.

At university I discovered a French sociologist called Pierre Bourdieu. Bourdieu was an observer of the everyday. He was interested in social change and the struggles and solidarities of daily life. He believed that in addition to economic and social capital, a person has 'cultural capital' – education, knowledge, language, habits – that develop first in childhood and through time influences the ability to get ahead in life. His hypothesis was essentially that cultural capital confers status and sustains social hierarchies across society. His ideas were formative, let's say.

'Arts and culture help young people know who they are, engage, navigate choices'

At a [New Direction](#), we think a lot about culture's role in society and the lives of children and young people, particularly in London where we do most of our work. We are interested in understanding the notion that engagement in arts and culture through childhood helps young people to know who they are, engage with the world around them and navigate choices, as they get older.

Because the thing is, London's children and young people are not very happy, nor are they doing as well as they could be: thirty-seven per cent of children live in poverty after housing costs are taken into account; more than 110,000 children, or around one in ten, suffer with significant mental ill-health; obesity levels are rising, there are high levels of youth unemployment, especially for less advantaged groups, and there is increasing polarisation between young and old.

'A different conversation that positions culture as a positive, freeing force'

For the past ten years, we have been working to open up the city's cultural resources for all young Londoners to experience and enjoy. We encounter the same systemic issues confronting communities up and down the land – issues relating to inequality, power, relationships, identity, ownership, representation etc. Our work is most effective when the systems and infrastructure supporting children and young people – schools, nurseries, arts organisations, health providers, statutory services – take account of their need to play, be creative and experience culture. Through research and innovative partnerships, we are able to have a different conversation that positions culture as a positive, freeing force in the lives of children and young people. These days we are having to work smarter than ever before, when the role of arts and culture in supporting social and economic development is given less attention, and at a time when the education system favours academic subjects over more creative pursuits.

Frustration with supply side deficit models, i.e. this is culture – you should consume it, has compelled us to explore new ways of interpreting how cultural opportunities operate

for young people within ecosystems – complex, fluid networks operating within and across a range of contexts – from home, school and locality, to nation, global society and the virtual world. Last year we published a research report with Kings College London called *Caring about Cultural Freedom* that promotes a model of 'supported autonomy', where it is the job of the cultural learning system (teachers, artists, parents, peers) to enable each individual to explore creativity in their own way, not to provide 'access' to a pre-determined cultural offer. Principles of caring, autonomy and democracy are informing our work going forward, helping us to think through how we develop the practice of supporting ecosystems and approaches to collaborative projects that are attentive and responsive to the views and needs of young people.

There is an opportunity to apply some of this thinking through *Challenge London*, a place-based partnership programme that a New Direction manages on behalf of Arts Council England. Over the next four years we will co-invest around £2 million in collaborative projects that seek to develop sustainable models of cultural learning. We are hoping to build on *twelve existing initiatives* in places like:

- Hackney – where we are working with architects and planners to investigate what child-friendliness might mean on one estate.
- Kensington and Chelsea – where young people devised and led an enquiry about future progression pathways and leading independent lives.
- Croydon – where a youth collective is running a campaign to make young people’s voices central to decision making processes in local developments.
- Barking and Dagenham – where a partnership has conceived a cultural citizenship programme rooted in the concept of a cultural entitlement for all school pupils.

Lessons from our work are that many children’s lives have an increasingly managed quality, dominated by homework and school. Young people lack freedom and space for self-organised activity, and anxiety about crime can lead parents to restrict their behaviour. Young people need to be able to play and explore – this is how resilience, curiosity and creativity are nurtured, and ultimately how new forms of cultural capital will change the world.

Lawrence Walker is a practitioner with ten years of experience supporting new forms of leadership and social change in communities across the UK. He is currently leading development for London’s flagship creative education agency for children and young people. In his spare time he runs a Big Local project in William Morris, Walthamstow.