

Cyflwynwyd yr ymateb hwn i ymgynghoriad y [Pwyllgor Plant, Pobl Ifanc ac Addysg](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Children, Young People and Education Committee](#) consultation on [Sixth Senedd Priorities](#)

CYPE SP 62

Ymateb gan: Aidan Phillips, Rheolwr Prosiect Cymunedau sy'n seiliedig ar Drawma, Ymddiriedolaeth WAVE ac Alex Williamson, Swyddog Ymgyrch 70/30, Ymddiriedolaeth Wave

Response from: Aidan Phillips, Trauma-informed Communities Project Manager, WAVE Trust and Alex Williamson, 70/30 Campaign Officer, WAVE Trust

Beth yn eich barn chi yw'r prif flaenoriaethau neu'r materion y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd? Os oes modd, nodwch eich barn o ran sut y gallai'r Pwyllgor fynd i'r afael â hyn.

What do you consider to be the main priorities or issues that the Committee should consider during the Sixth Senedd? Where possible, please set out your view about how the Committee could address them.

Thema 1: Addysg oedran ysgol | Theme 1: School-age education

Post-legislative Scrutiny on the Additional Learning Needs and Education Tribunal Act (ALNET)

1. WAVE Trust applaud the work the Welsh Government has done so far around implementing a whole-school approach, trauma-awareness schools training offered nationwide by the Wales ACE Hub and the transition to a new curriculum that takes greater account of socio-emotional needs. We believe these efforts could be enhanced further through a commitment to the thorough implementation of trauma-informed practice at all levels.
2. Childhood trauma is particularly relevant to schools, particularly when it comes to addressing challenging behaviour and supporting vulnerable pupils. For example, a 2011 study of youths in a low-income area of San Francisco found that of the 32.8% who said they had experienced no (potentially traumatising) Adverse Childhood Experiences (ACE), only 3% had learning and/or behavioural problems. By contrast, 51.2% of the 12% who said they had 4 or more ACEs had these problems.
3. Children who have experienced adversity and trauma are best supported through a trauma-informed approach. The amount of time children spend



within school provides a sustained period within which meaningful relations can be built, the bedrock of this approach. Schools should therefore be among the key areas prioritised when tackling trauma.

4. We have provided case studies below to demonstrate how effective this approach has been across a range of outcomes that indicate improved mental well-being among students and staff, including exclusions, disciplinary referrals, aggression levels and a reduction in staff absence rates.
 - a. Pencoed Comprehensive, Bridgend: 2 years after undergoing trauma-informed training, the number of days lost due to exclusion was 48% lower.
 - b. Oasis Academy Harpur Mount Primary School, Manchester: between 2017/18 and 2018/19, fixed-term exclusions dropped 8%..
 - c. The Key Education Centre, Hampshire: Between 2018-2019, days lost to exclusion dropped by 81% and staff absences by 70%.
 - d. iTIPS project, Islington: data from 4 pupil referral unit sites and 5 primaries shows that between 2016/2017 and 2017/2018, the schools have seen reductions in fixed-term exclusion rates by 52% and permanent exclusions by 80%.
 - e. Healthy Environments and Response to Trauma in Schools (HEARTS) programme, San Francisco: incidents involving physical aggression reduced 43% after 1 year and 86% after 5 years. Disciplinary incidents dropped 32% after 1 year and 87% after 5 years. Out-of-school suspensions dropped by 95% after 5 years.

5. WAVE recommends that the committee call on the Welsh Government to pursue the goal of all schools across Wales fully adopting and sustaining trauma-informed practice.

WAVE recommends that trauma-informed practice is embedded into teacher training courses nationwide.

Thema 2: Addysg bellach ac addysg uwch | Theme 2: Further and higher education

1. For many young people, university is the first time that they will be away from their wider support networks. This can be particularly impactful for those who have experienced past trauma.
2. A 2021 study of 864 students at University of East London (UEL) found high childhood prevalence for discrimination (43.4%); parental separation (35.1%); verbal/emotional abuse (33.4%); threatened, hit or hurt badly in school or the community (32.5%); emotional neglect (29%); domestic violence (23.5%); having lived with a mentally ill person (26.4%); with an alcoholic/drug user (19.5%); and sexual abuse (18.9%). It should be noted that these figures were above the UK general population average and that the university has an



- unusually high proportion of mature students and those with children (27.8% of respondents for the latter).
3. A similar study conducted at Queens University Belfast (2012) with 764 students found reasonably high prevalence of having lived with a mentally ill person (30.1%); parental separation (22.8%); verbal/emotional abuse (20.6%); having lived with an alcoholic/drug user (16.7%); and having lived with a person who was incarcerated (2.6%). Together, these studies demonstrate how prevalent potentially traumatic childhood adversities can be among student populations.
 4. Whether having experienced trauma or not, the UEL (2021) study found high levels of stress, with 76% of respondents having felt nervous, anxious or on edge at least several days in the previous 2 weeks, with 21% nearly every day; and 56.4% finding pressure to meet deadlines to be a strong burden in the past 6 months (financial problems and family conflicts also scored highly at 53.7% and 42.1% respectively).
 5. The study also found correlations between experience of childhood adversities and a standardised anxiety measurement (.379); self-reported quality of life (.283); self-reported physical health (.265); self-reported mental health (.302); and negative perceptions about degree completion (.12).
 6. This reflects research by Public Health Wales (2016) that found how prevalence of low mental well-being among a general adult population was 19% on average; 14% among those who had experienced no ACEs in a list of 9 provided; and 41% of those who had experienced 4+.
 7. Because of this, we believe it is important that university staff are trained to understand how trauma impacts students' development and behaviour, and how to respond in the most effective way.
 8. We are glad to note the ongoing work at Glyndwr University, Wrexham to achieve this outcome. **We recommend that the committee encourage further tertiary education establishments to also pursue similar projects; and call on the Welsh Government to provide funds to enable this, as well as an evaluation to determine the effectiveness of the approach within a UK setting.**

Thema 3: Iechyd a lles, gan gynnwys gofal cymdeithasol (i'r graddau y maent yn ymwneud â phlant a phobl ifanc) | Theme 3: Health and well-being, including social care (as they relate to children and young people)

1. We have stated our arguments as to the benefits of trauma-informed practice in education sector. We would now like to emphasise the benefits this approach could bring for the health and well-being of children when implemented across an entire community.



2. A Trauma-informed Community (TiC) is an area where an understanding of how traumatic experiences can affect the brain, how best to respond to this and how to build emotional resilience against it is widespread among residents and embedded within practice throughout local statutory and support services.
3. Its beneficial impacts are strengthened further if preventing trauma from occurring, especially during the earliest years, plays a key role (see our response to this under Theme 4). Residents, statutory services, the third sector, the private sector and others can all contribute towards the creation and maintenance of a TiC.
4. Washington State has implemented what it calls the 'Self-Healing Communities Model' for more than 10 years. A comparison of counties adopting this approach with those that did not showed that the TiCs experienced significant reductions in child abuse and neglect; family violence; youth violence; youth substance abuse; youth suicide; teenage pregnancy; and school drop-outs. Benefits for individual counties have been listed below. A report on this initiative showed that for an annual investment of \$3.4 million, prevented cases in 4 areas collectively saved \$27.9 million per year, with significant additional indirect savings also.
5. Outcomes that have relevance to the health and well-being of children include: a 37% reduction in domestic violence rates (Kitsap County); 39% reduction in teen arrests for drugs (Thurston County); 59% reduction in youth suicides (Walla Walla County); and a 66% reduction in youth arrests for violent crime (Okanogan County). In Cowlitz County alone, infant mortality dropped by 43%; high school dropout rates by 47%; youth arrests for violent crime by 53%; births to teen mothers went down 62%; and youth suicide and suicide attempts by 98%.
- 6. WAVE recommends that the committee call on the Welsh Government to fund a project using the Self-Healing Communities Model in areas of Wales that experience high levels of trauma and related issues.**
7. WAVE welcomes the recent manifesto commitment from Welsh Labour to improve preventive services within the field of mental health.
- 8. We recommend that the committee scrutinise the Welsh Government as to what plans they have to introduce trauma-informed practices as part of this approach.**

Thema 4: Plant a phobl Ifanc | Theme 4: Children and young people

1. A child's brain grows at its fastest rate during its earliest years, growing to 25% of its adult size by birth and to 80% by age 3. During this period, the brain is very sensitive to being affected by its external environment and interpersonal experiences. It is also very elastic, able to learn and un-learn



information more easily than at any other point in life. An infant's brain development reflects the world in which they are raised, from their behavioural patterns to their emotions, language capabilities and mental health.

2. Due to this, a child raised in a loving, nurturing environment which is free from persistent, "toxic" stress will develop as healthy a brain as is possible. In contrast, a child raised in an environment of abuse, neglect or household dysfunction will see their cognitive abilities and emotional development severely impaired, more so than if the damage were to have occurred at any other time in their life.
3. To tackle trauma in the most effective way – and therefore contribute significantly towards efforts to improve mental and physical illness among children of all ages – we must prioritise its prevention during the first few years of life, when the brain is at its most vulnerable and the impact most severe.
4. In 2013, WAVE published a framework on how to achieve this (Conception to Age 2, 2013). This outlined our "Pioneer Communities" model to prevent trauma during the first 1,001 days and ensure optimum brain development, both for as many infants as possible. This was co-designed with senior staff at the Institute of Health Visiting and the Royal College of Midwives, among others. The UK Treasury initially allocated £50m in matched funding to implement it in various local authorities, though this was withdrawn following a change of UK Government.
5. The Pioneer Communities Model covers risk factors (e.g. domestic violence) and processes (e.g. attunement) that need to be taken into consideration and assessed; a series of programmes which have an evidence base suggesting they might be helpful in delivering the goals of the project; and collaboration with the wider community in pursuit of these goals.
6. **WAVE recommends that the committee call on the Welsh Government to provide funding to at least one local authority within Wales to run a pilot of this Pioneer Communities model.**
7. One particular programme we would recommend as part of this would be Parent-Child Psychological Support (PCPS). Positive outcomes from this include improvements in attachment levels and parental stress levels. For instance, secure and disorganised attachment levels among PCPS recipients in a low socio-economic sample (SES) stood at 74.5% and 5.8% respectively, compared to 48.1% and 25.1% in a non-PCPS low SES population.
8. **WAVE recommends that the committee call on the Welsh Government to fund a pilot of PCPS, either as part of the aforementioned pilot or separately.**



9. Whilst the Welsh Government is responsive to the idea of addressing and reducing child maltreatment within its population, it has been historically resistant to our calls for a target of a 70% reduction in child maltreatment (child abuse, neglect and domestic violence) in line with our 70/30 Campaign, which has the support of 65% of Assembly Members.
10. We believe this would raise expectations and make it easier for the committee to hold Government to account for its actions in improving the lives of children. Among the reasons given by ministers is that Wales lacks the necessary devolved powers to implement such an approach.

11. WAVE recommends that the committee scrutinises whether such a target would be possible for Welsh ministers to implement, as well as the potential benefits of doing so.

