CENTRE FOR MENTAL HEALTH

GROWING STRONGER TOGETHER

Insights into healthy social development from Lambeth and Southwark

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CONTENTS

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Impact on Urban Health

TERMINOLOGY AND LANGUAGE

There is currently a lack of consensus about the language that should be used to describe various conditions, symptoms, and behaviours relating to children and young people's social development.

The authors of this report are among those uncomfortable labelling any child, or indeed adult, as 'disordered' due to their behaviour (as some studies and professionals do), which is usually driven by the circumstances in which they develop and live. As this report discusses, these circumstances are created by a structurally racist and more widely discriminatory society that disadvantages people depending on their protected characteristics and then situates the 'problem' in the person who is labelled.

We need to develop a more trauma-informed approach for children who would benefit from support. Such an approach would recognise that children's behaviour is an important communication of developmental trauma. We need this language and approach to encourage trauma-informed, multi-agency working in partnership with families and children, young people, and communities. It should focus on 'what has happened', promoting safety and supporting 'what is strong' about these children, rather than re-traumatising and excluding them.

However, this report has found it necessary to use some of this terminology, accepted by statutory services and academia, albeit with this important caveat.

EXECUTIVE SUMMARY

To address inequalities in the policy and commissioning landscape in Lambeth and Southwark, Impact on Urban Health commissioned Centre for Mental Health to carry out a scoping exercise exploring understanding of and responses to children's healthy social development and behaviour. This consisted of consulting parents, carers, children and professionals, completing a literature and data review, and making recommendations to better support children. While the consultation took place in these particular London boroughs, we believe many of the insights are generalisable, especially to other UK cities.

Severe and persistent behavioural difficulties are one of the most common child mental health challenges. Behaviour is often an indicator of the extent to which children have been exposed to prolonged developmental adversity and cascading risks. As such, behaviour is an important communication of children's wellbeing. We know that persistent distressed responses and behavioural difficulties can have a long-term impact on a child's mental and physical health, and make it much more difficult for them to lead an independent, safe, or happy life. Such risk would be reduced if effective prevention and early, integrated action could be successfully mobilised.

Our literature review highlighted the importance of reducing children and young people's exposure, as early as possible, to prolonged and cascading risks, while at the same time promoting important strengths in their family environment (such as access to safe spaces to spend time together and support for parents in developing healthy boundaries); in school belonging; in peer relationships and in environmental contexts (such as access to enriching activities). Critically, severe and persistent behavioural problems in children were more likely than other mental health difficulties to be affected by socioeconomic influences, requiring concerted action to mitigate the impact of deprivation and straitened financial circumstances on children.

In the simplest terms, child poverty increases the risk of experiencing multiple adverse childhood events, like abuse, neglect and exploitation (both within and outside the household) which in turn increases the risk of mental health problems, including behavioural difficulties. The evidence shows these are structural problems, as opposed to ones located in individuals, caused by a society that chooses not provide the support necessary for everyone to be able to access opportunities and avoid risks.

During interviews with children, parents and professionals, many acknowledged the significant challenges to children's healthy social and behavioural development when facing mounting and prolonged adversities. However, we heard that stakeholders felt there was currently an overemphasis on addressing individual child and parenting risks at the expense of recognising deepening systemic inequalities and socioeconomic challenges facing some families. Of the social and environmental factors, many people talked about the intersecting impact of poverty, poor housing, discrimination (especially racism), community violence and antisocial behaviour, and a lack of support after a prolonged period of austerity. Racial trauma, day-to-day microaggressions, and concerns about pervasive racial injustice were also seen as an 'additional layer of discrimination', or an unacknowledged adverse childhood experience which could wear away at people's wellbeing

over time. Data on the risks suggested that children fared better than average in terms of healthy social and behavioural development in the two boroughs. However, for some families, things were deteriorating. Professionals talked about a growing group of parents who were focused on their family's basic needs and economic survival, and whose parenting resources were undermined by needing to work double shifts and two jobs at a time. When these families were focused on basic survival, they had little remaining bandwidth to focus on parenting strategies. They were lacking in time to spend with children, with an increasing burden placed on older siblings to become young carers.

Parents, professionals and children also talked about links between poor quality housing and housing instability, and children's development of severe and persistent behavioural difficulties. One child had ended up in contact with the police before it was realised that damp and pests in the family home were at the root of presenting behaviours. Many stakeholders also talked about the impact of overcrowded housing on children and adolescents' educational focus, on sibling and family conflict, and as a driver for older children to leave home and be at greater risk of exposure to negative peer and neighbourhood influences. For parents and children, a lack of safe, supervised green spaces, and enrichment and sporting activities led to further cascading risks for those children living in poverty and difficult housing conditions. Those that most needed a safe and enriching out-of-home experience had least means to access these opportunities.

In terms of activity promoting protective factors, although professionals felt that good quality parenting support was available and accessible in these areas, none of the parents we talked to had heard of this. In addition, although some schools were linking together to form 'communities of practice' to extend trauma-informed and evidence-based support and management of children with behavioural difficulties, children did not feel schools were sufficiently equipped to support children's mental health and behaviour. Indeed, this task was noted to have become more taxing after the pandemic which was described as further negatively affecting children's attention spans, mental health, and healthy social development. A particular concern among professionals and parents/carers was also the inadequacy of support for children with sub-threshold neurodiverse conditions and mental health conditions. Many voluntary sector organisations and after-school activities linked to schools were very much focused on supporting children and families in survival mode (and providing children who were alone a lot because of parent/carer working patterns with the basics, a safe space and with warm and nurturing attachments).

Many children were aware of criminal activity in their locality and were anxious about how to navigate their safety. They also talked of feeling unsafe in some parks where substance users congregated. Parents, carers and children wanted more interventions that built positive networks both for them and their children, and wanted more say in what services were commissioned to support children's healthy behaviour. Although many subsidised activities for children were described by strategic leads and professionals, parents said they did not have enough easily digestible information about what was available.

Despite effort being invested in both boroughs to address protective factors surrounding families, many professionals described activity as 'fragmented', lacking the necessary strategic 'glue' and shared trauma-informed language to understand children's behaviour across different organisations. A number of professionals described an increasing powerlessness to influence some of the deepening survival challenges and socioeconomic risk factors faced by families.

Although these findings relate to two London boroughs and to an urban area, there is likely to btransferable learning for national commissioning and for other local areas. Based on these findings, Centre for Mental Health has made several recommendations to improve the support of children's social and behavioural development and to reduce the cumulative risks that we know compromise these children's life chances – these can be found on page 30.

1 INTRODUCTION

Centre for Mental Health was commissioned by Impact on Urban Health to carry out a scoping exercise exploring the understanding of and responses to children's healthy social development and behaviour, with the aim of addressing inequalities in the policy and commissioning landscape in Lambeth and Southwark.

This has consisted of:

- Examining publicly available data for relevant local risk and prevalence information
- Completing a literature review on general risk and protective factors and evidence of the efficacy of various existing interventions
- Completing and thematically analysing a series of interviews and focus groups with children, parents, carers and relevant professionals in the two boroughs
- Producing a summary of possible policy opportunities to encourage improvements in this thematic and geographical area.

Lambeth and Southwark are neighbouring inner-London boroughs with many protective factors for children and young people's healthy social development. These include a diverse, relatively young, well-educated population at the heart of a great world city, with a higher than average number of Outstanding/Good rated schools and other educational facilities, cultural, sporting and employment opportunities. As a result, a large majority of children and young people in these boroughs achieve a high level of healthy social development and do not experience severe and persistent behavioural difficulties. These assets provide a great foundation for further progress to help even more children and young people enjoy early life and fulfil their potential.

Challenging behaviours during childhood and adolescence are normal and often fleeting, linked to key child developmental processes and stages. However, some children and young people can get stuck in self-destructive and sometimes distressing and damaging patterns of behaviour which can be more severe. These can cause difficulty to children's social, emotional and learning outcomes, and they can affect families, peers, schools and sometimes wider communities. A significant body of international and national research (based on birth cohort studies tracking infants into adult years) now confirms that if children's behavioural difficulties remain high and atypical over time, it can be an important communication of developmental stress and distress. Studies indicate that severe and persistent behavioural problems over time can be indicative of exposure to multiple and potentially overlapping developmental trauma and risks (e.g. compromised wellbeing or child development, feeling unsafe, neurodevelopmental difficulties, exposure to adversity or environmental stress, or the need for additional support to thrive). This same body of research also highlights how severe behavioural difficulties can increase the likelihood of a child facing a range of poor outcomes across their life course if early, engaging, and proven support is not offered. Children at higher risk of severe and persistent behavioural difficulties include those in single parent families without significant additional support to overcome financial pressures; those exposed to multiple childhood adversities including poverty, abuse and neglect; and those with neurodevelopmental, speech and language, and learning disabilities.

PREVALENCE AND PREDETERMINANT DATA

In mental health settings and assessment tools, 'conduct disorder' is an overarching term for a range of different severe and persistent behavioural difficulties meeting clinical levels of concern in children and adolescents. These difficulties represent one of the most common mental health problems affecting children. The last national mental health survey in England indicated that around 5% of children under secondary school age presented with such difficulties, rising to 6.2% of children and young people up to the age of 16 (NHS Digital, 2018). Only a small number of young people aged 17-19 continue to present with such clinical-level behavioural difficulties (around 1% of boys and 0.5% of girls).

Boys are roughly twice as likely to present with these difficulties compared with girls. Girls are generally more likely to internalise rather than externalise distress, possibly due to different experiences of socialisation and different social expectations (Khan *et al*., 2021).

Around 20% of girls and 25% of boys aged 5-19 presenting with severe and persistent behavioural difficulties have been identified as having special educational needs, thereby requiring additional adjustments to learn and achieve in school.

Surveys of clinical level behavioural difficulties by ethnic group often involve small subgroups and findings can be unreliable. However, England's national survey of child and adolescent mental health in 2017 identified white children and young people aged 5-19, and those from 'mixed' backgrounds, as being most likely to present with clinical level severe and persistent behavioural difficulties (NHS Digital, 2018). A similar finding of Black children being less likely than white children to present with clinical level conduct problems emerged in the UK's Millennium Cohort study (which over-sampled for families from racialised communities) (Gutman *et al*., 2015). Yet, when we look at other official data, which might be seen to provide a proxy for severe and persistent behavioural problems (e.g. school exclusions, police stop and search data, and broader contact with the youth justice system), Black children have been consistently and increasingly overrepresented among these populations (DfE, 2021). Such inconsistences raise questions about the extent of racial injustice experienced by Black children and young people.

Children and young people presenting with severe and persistent behavioural difficulties can have other co-existing difficulties such as hyperactivity, developmental difficulties, cognitive difficulties, neurodevelopmental difficulties and emotional difficulties. Having multiple such difficulties, and these being present from an early age, has been noted in birth cohort studies to reduce the chances of problems resolving (Gutman *et al*., 2018), pointing to the importance of early intervention to reduce exposure to risk factors and mobilise protective factors for these children.

2 WHAT DOES RESEARCH TELL US ABOUT CHILDREN AND YOUNG PEOPLE AND BEHAVIOURAL PROBLEMS?

This chapter summarises what we know from the literature about severe and persistent behavioural difficulties and why they emerge; some of the key challenges associated with help-seeking and supporting children and families experiencing these difficulties; and what is known to protect children's outcomes. It also highlights systemic difficulties which increase the chances of problems developing and decrease the likelihood of families getting the help they need.

WHAT DO WE MEAN BY SEVERE AND PERSISTENT BEHAVIOURAL PROBLEMS?

The Strengths and Difficulties Questionnaire (SDQ) (Goodman *et al*., 1998), is a brief emotional and behavioural screening questionnaire for children and young people covering behaviour, hyperactivity/inattention, emotional difficulties, difficulties with peers and prosocial skills. Using such measurement tools, researchers have been able to identify groups of children who fall into different groupings of behavioural risk based on the absence, presence, timing of emergence, severity, and longevity of their difficulties. Using birth cohort studies, tracking infants into adult years, researchers have been able to statistically model the most powerful and salient child-based risks associated with severe and persistent difficulties. It can provide insight into what risk and protective factors increase the chances of these difficulties resolving or persisting.

Although labelling children is controversial (and is not always popular with parents and some professionals), grouping children in terms of their relative risk and tracking their journeys across time can provide important insights into the impact of children's exposure to risks and protective factors at different ages (with implications for the optimum timing of interventions). Furthermore, one recent analysis also highlighted some key differences in children's behavioural pathways, dependent on ethnic background, noting for example that mixed heritage children are more likely to be affected by social disadvantage and for their difficulties to persist and accumulate over time compared with other children (Gutman, 2019).

We are still learning about the life pathways of children presenting with atypical behavioural difficulties – but we also already know a lot about the importance of severe and persistent behavioural difficulties as a potential marker for vulnerability and for the need for early and effective intervention.

Research findings indicate that children can broadly be considered in the following four categories when seeking to understand the different risks they may face:

1. **Children presenting with no behavioural difficulties:** The majority of children and young people present with low levels of behavioural difficulties and face few negative outcomes across their lives (Fergusson *et al*., 2005; Gutman *et al*., 2017).
2. **Life Course Persistent behavioural problems (LCP):** Some children present with severe behavioural difficulties that go on to persist. Compared to all other behavioural groupings, these

children are most likely to have a range of poorer experiences and outcomes across their lives without early effective support (Moffit, 2006; Gutman *et al*., 2018; Gutman, 2019).

3. **Childhood limited behavioural problems:** Some children present early with these difficulties, but challenging behaviour resolves by adolescent years (possibly linked to reductions in exposure to risk and increases in exposure to protective factors). However, even where risks and behaviours resolve, some birth cohort studies show that these children can still experience worse outcomes across their broader life course compared with children with no challenging behaviour (e.g., higher levels of teenage pregnancy and school underachievement) (Bevilacqua *et al*., 2018; Xie *et al*., 2011).

4. **Adolescent onset:** Some children present with severe and persistent behavioural difficulties for the first time during adolescence. Previously, it was thought that this group's behavioural problems resolved as adolescent and young adult neural activity stabilised, and they transitioned to young adult responsibilities. However, more recent research indicates that, although they generally fare better than children whose severe difficulties present early on in life, they can still face compromised outcomes compared to those with no behavioural difficulties (Bevilacqua *et al*., 2018). There is also some evidence that children in this group can continue to engage in undetected crimes, substance use, and show internalising difficulties beyond adolescence (Wiesner *et al*., 2008; Odgers *et al*., 2005). A particular complication with this group is that overall, girls are less likely to present with severe and persistent behavioural problems before adolescence (thought to be linked to differences in socialisation, tighter social controls on girls and a tendency to push down rather than externalise distress) – so vulnerable girls before secondary school years can often go under the radar and appear to emerge with severe and persistent behavioural difficulties for the first time during adolescent years (Khan *et al*., 2021). The same is true in terms of girls' likelihood of being identified with neurodevelopmental difficulties – which they appear generally better at masking than boys (Khan *et al*., 2021).

There is one additional subgroup of children that is worthy of note here – although research is still developing our understanding of these children and their outcomes. A small subset of children identified with challenging behaviour have been noted to struggle from an early age with emotional empathy skills. Emotional empathy skills involve the ability to share the feelings of another – which is closely linked to the ability to create emotional connections with others. This skill is differentiated in research from cognitive empathy skills, which children on the autistic spectrum more commonly struggle with, and which involves the ability to understand how a person feels and what they might be thinking. Children struggling with emotional empathy, described in research by the stigmatising and unhelpful label of children with 'callous and unemotional traits', appear to have some of the very worst outcomes of all children in the above groups. There is also evidence that they may need earlier and different intensity of support (Larsson *et al*., 2009; Frick *et al*., 2014).

WHAT DO WE KNOW ABOUT RISKS ASSOCIATED WITH THE DEVELOPMENT AND PERSISTENCE OF SEVERE BEHAVIOURAL DIFFICULTIES?

The World Health Organisation suggests that the most important influencers of health outcomes are, in order of weight: social determinants (55%), individual factors, services, and environmental factors (WHO, 2017). The literature review we have completed for this study also suggests this range of factors influence healthy social development. It is important to note that these determinants interact with each other in a complex relationship sometimes described as the 'biopsychosocial' model (Engel, 1977) – for example, identical twins have an identical biological genetic predisposition, but studies (Plomin & Deary, 2015) have established that external social and environmental factors have a strong effect on whether that genetic predisposition expresses as a developmental or behavioural outcome.

FAMILY-BASED RISKS

The family environment represents both a major potential protective factor for children's positive behavioural and emotional adjustment, as well as a potential source of environmental risk. There are strong associations between exposure to family-based risks and children's development of severe and persistent behavioural problems. Such risks include children's exposure to maltreatment and abuse; harsher, more hostile and punitive disciplinary techniques (or conversely lax and inconsistent boundary setting); excessive psychological control; greater family instability; and greater family conflict (particularly partner cruelty to a mother) (Weber *et al*., 2019; Mence *et al*., 2014). Mother and child's diet are also associated with the persistence of severe behaviour problems in children (Bevilaqua *et al*., 2018; Weber *et al*., 2019; Mesirow *et al*., 2014).

On the other hand, setting clear and consistent boundaries within the context of a warm parent/child relationship (authoritative parenting) has been noted to be protective in terms of reducing risk of severe and persistent behavioural problems. Again, for those children struggling with emotional empathy (and who research notes are more reward-orientated and less fearful of punishment), parental warmth and having a clear process of rewarding positive behaviours are particularly important (Hawes *et al*., 2014). Another important factor is the parent's perception of their child, as well as of their own parenting competencies, as these influence parenting behaviour. Parental self-efficacy – that is, parents' expectations about their ability to parent successfully – has been frequently emphasised with regard to parenting and child behaviour (Jones *et al*., 2005; Weber *et al*., 2019).

Parental mental health is also strongly related to children's likelihood of developing severe and persistent behavioural difficulties, as well as to children's ability to regulate their emotions (Weber *et al*., 2019; Duncome *et al*., 2012). This is particularly the case during critical perinatal years and where such problems prevent parents' abilities to be attached securely and responsive to children's needs. Poor maternal mental health has been associated with poorer emotional regulation in infants and toddlers and more negative mood (Weber *et al*., 2018; Feng *et al*., 2008). Poor parental mental health may also make it more difficult to employ positive parenting techniques consistently in a way that supports children's behavioural development. High levels of parenting stress are associated with children's presentation with severe and persistent behavioural difficulties (Weber *et al*., 2018; Waksclag *et al*., 2001) and, as indicated earlier, socioeconomic stresses may indirectly affect children's behaviour through this mechanism. Alternatively, positive parenting strategies (that are warm, boundaried, respectful and consistent) can create protective social capital with potential to buffer children from the worst effects of socioeconomic impacts (within reason) (Parsonage *et al*., 2014).

Knowledge is still developing on children exposed to the greatest risks and who present with emotional empathy difficulties. These children also demonstrate higher levels of fearlessness, lower ability to detect distress in others, and less reactivity to and ability to anticipate punishment (Fowles and Kochanska, 2000). Longitudinal research has found that while exposure to harsh and inconsistent parenting techniques predict increased levels of these traits over time (Willoughby *et al*., 2014), lower levels of emotional empathy difficulties are associated with high levels of parental warmth (Kroneman *et al*., 2011; Pasalich *et al*., 2011; Waller *et al*., 2013), positive parenting strategies, and rewards (e.g. Pardini *et al*., 2007).

OTHER IMPORTANT CASCADING RISKS AND 'DEVELOPMENTAL SNARES':

Studies note that children's severe and persistent behavioural difficulties can become embedded over time, both through prolonged exposure to risks outlined previously, and through facing cumulative and cascading risks over time. Such cascading risks can act to further 'ensnare' children, reducing their chances of resolving their difficulties. Additional 'developmental snares' include:

a) Peer rejection and peer victimisation (Dishion and Tipsord 2011; Morales *et al*., 2022; Goldweber *et al*., 2011; Kimonis *et al*., 2004; Pardini and Loeber, 2008)

b) A lack of school belonging and school exclusion (Xie *et al*., 2011; Breslau *et al*., 2011).

For those children whose behavioural problems resolved during childhood, receiving adequate school support (including positive boundaries and rewards encouraging children to settle, to feel included, to focus and to develop self-regulation skills) was considered important (Botha and Kourkoutas, 2016). Integrated (rather than fragmented) support, with schools collaborating with partner agencies, parents and children, and paying 'attention to the specific contextual, situation and environmental factors' affecting children and families were also identified as key to helping risks resolve (Levine, 2007). Yet, Botha and colleagues observed that many school children presenting with behavioural difficulties did not receive the support they needed while in school (Botha and Kourkoutas, 2016).

For girls, negative and exploitative romantic relationships particularly with older partners were noted as a gender-specific 'snare', as was teenage pregnancy (Khan, 2021; Xie *et al*., 2011).

Later use of substances and contact with the criminal justice system acted to further reduce the chances of children and young people escaping from high-risk behavioural trajectories and resolving difficulties. This resulting in ongoing problems for some during transitions to adulthood (Caspi and Mofitt *et al*., 1995; Bevilaqua *et al*., 2018; Wertz *et al*., 2018)

The relationship between experiences of racism and associations with health behavioural development is under-explored and urgently requires more investigation.

3 A LOCAL PERSPECTIVE: INSIGHTS FROM LAMBETH AND SOUTHWARK

We gathered firsthand perspectives from a range of stakeholders from across the London boroughs of Lambeth and Southwark (which make up the communities served by Impact on Urban Health) to supplement these insights from the literature.

We conducted:

- Semi-structured individual interviews with 13 professional stakeholders responsible for political oversight, commissioning and delivery of maternity, early years, primary and secondary school, substance use, psychiatric, counselling, mentoring, criminal justice diversion, sports, arts and other services for children and young people in Lambeth and Southwark. We also interviewed one pan-London commissioner from the Violence Reduction Unit with projects in both boroughs.
- Focus groups with:
  - 16 parents and carers from Southwark
  - Six parents/carers from Lambeth
  - Eight children aged 10-13 years from Lambeth.

We noted that no fathers or male carers formed part of these focus groups. This was not by design but by self-selection. This finding is a limitation of the current study and suggests the need for a more gender sensitive and specific recruitment process in any future activity.

Framework Analysis was used to analyse qualitative data (Srivastave *et al*., 2009). The people consulted were broadly representative of the local population's ethnic mix, with the majority from Black, Latin American, and Middle Eastern backgrounds but with several white British or European parents and carers as well. We also consulted members of the Spanish-speaking community in Southwark, who were considered an under-recognised and poorly-heard group in the area by both parents and some professional stakeholders.

This consultation explored themes that arose from the literature review, including:

1. What stakeholders saw as the main factors promoting children and young people's healthy social and behavioural development
2. What stakeholders saw as contributing to children and young people's behavioural difficulties in Lambeth and Southwark
3. Key challenges and gaps in local efforts to support children's healthy social and behavioural development
4. Assets and solutions promoting improved healthy social and behavioural development.

FACTORS ASSOCIATED WITH CHILD AND ADOLESCENT BEHAVIOURAL PROBLEMS

Overall, children and young people's healthy social development, and their ability to effectively regulate their behaviour as they grow, were seen by stakeholders as being the result of a wide range of interlinked factors and experiences. These included:

- Child-based factors such as neurodiverse and mental health conditions
- Family-based factors including the extent of exposure to consistent, responsive and nurturing parenting
- The extent of exposure to persistent childhood adversity such as abuse, neglect, trauma or violence within the family, community or neighbourhood
- Exposure to environmental hazards
- Positive experiences of schooling (and the availability of good quality after-school activities) which had capacity to promote positive attachments and reinforce key social, emotional, and behavioural skills in children and young people.

However, a clear message from stakeholders' feedback was that, although all of these risk and protective factors were important, there was a tendency to disproportionately focus on those factors centred within the child or family as part of any action to promote children's healthy social development, and to largely ignore the 'toxic' impact of broader structural stressors and persistent inequalities on children's social and behavioural development:

> **"We must always remember that these children and young people do not exist in a vacuum: their behaviour is largely determined by the circumstances at home, in their communities and families. If children live in poverty, in poor housing conditions, witnessing or being subjected to domestic and community violence and other traumas, then that very often does come out in their behaviour in schools and other settings." (Professional stakeholder)**

> **"An excessively biological understanding of what is going on is unhelpful in my view. It obscures the social and environmental factors.[...] We trap people in a diagnosis and system, and we lie to them – we tell people at the age of 12 they have a diagnosis, that it is biological and therefore difficult to change. All of this stuff is down to the environment people are in and what they have experienced. If we explain to them that their behaviour is not helpful to their own development and support them to deal with the environmental pressures and give them to tools to do that." (Professional stakeholder)**

This lack of multi-sector action to address wider risk and protective factors surrounding children and families – and to do this in a timely manner – meant that some families, who were disproportionately affected by environmental and structural inequalities, were always swimming against a strong tide in their quest to support children's healthy social development and behaviour.

THE NATIONAL CONTEXT OF AUSTERITY AND POVERTY

Central government oversees decisions about child benefit, family tax credits and funding to services that have a big impact on child poverty and other drivers of healthy social development and behaviour. Over the last decade, austerity has worsened all of these factors with the end of the statutory duty to measure and reduce child poverty at local and central government levels. This was accompanied by changes to social security (a two-child benefit cap, overall benefit cap, and lack of inflationary uprating) that have contributed to over four million children in UK now living in poverty. Housing, food, energy and inflation have caught low-income families in a pincer of reduced incomes and rising prices. Joseph Rowntree Foundation (2023) found that one million children in the UK are now living in destitution – extreme poverty where even the basics of life like food, heating and rent are unaffordable.

Services (especially those provided or commissioned by councils) have also suffered, with local government spending power falling dramatically and 26% of the public health budget cut since 2013 (Health Foundation, 2023).

Both professional stakeholders and parents/carers highlighted poverty, and some families' experiences of "struggling to have the basics" as a significant factor impacting on children's healthy social development and on their ability to regulate their behaviour. Various dimensions of poverty were raised including:

Poverty and lacking the basics

Parents and professionals described how some families did not have enough money for the basics or for good quality food.

> **"Another group of boys I am working with, they go home and there is no proper food – all they ever eat is frozen chips and nuggets every day – how can they learn and behave if they don't have nourishment inside them and a decent roof over their heads?" (Professional stakeholder)**

Poverty, economic survival, and its impact on enriching and nurturing family time

Many talked of families being stressed and in "survival" mode – doing "double shifts" in various jobs and not having enough time to spend with children doing constructive or nurturing activities. In these circumstances, parents lacked quality time to be responsive to or supervise children due to the need to survive financially and cover their bills. In terms of Maslow's hierarchy of needs (Maslow & Lewis, 1987), when families were struggling to survive economically (e.g. struggling with physiological, safety and security needs), they were stressed and had less bandwidth for "love and belonging" and thus spending quality time with their children. As a result, those consulted talked about a group of children who ended up being "under parented". This group was identified as having increased in proportion in one borough, due to current financial pressures on families and multiple rising costs. Stakeholders said:

"Child and parent poverty definitely play an important role. When families do not have the money and time to be together, doing constructive activities, eating healthily in a warm and secure home, that has a big impact on their relationships and how they learn, interact, and get on in the world." (Professional stakeholder)

One person, working in voluntary sector after-school provision, gave a few examples of how children had been impacted by economic pressures on their families and how this linked to their isolation and behaviour:

"We had one little girl who was clearly having a really hard time controlling her behaviour recently. So, we pulled her out of her class and talked to her and she told us that there was no one at home to ask her how her day was. Basic needs like that were not being met because her parents were out at work all the time." (Professional stakeholder)

This pressure to survive financially, and this absent parent/carer experience, had other knock-on effects in terms of creating expectations on children to step into young carer roles (for example caring for siblings). This in turn raised the risk of further undermining children's wellbeing and their healthy social development.

"All of these nine young men [we worked with] knew their dads and they lived at home but their dads worked all hours, cleaning and things like this. But they were absent because of work. I can remember mums getting night buses for work and eight year olds having to get their siblings ready for schools." (Professional stakeholder)

In such circumstances, when parents had reduced time, availability and bandwidth to supervise children, some stakeholders raised children and young people's greater susceptibility for gang involvement:

"With absent parents who can't control [children], then when I have spoken to gang members, that is when they are able to roam the streets at night – that it is what gets them started." (Professional stakeholder)

Poverty, urban living and children's access to safe, nurturing and enriching extra familial activities

Some studies reinforced how children and young people report fewer mental health and behavioural difficulties when they have wider social support networks of both peers (Rotenberg *et al*., 2004) and non-familial adults (DuBois *et al*., 2002), and when their social support networks are higher in quality (Bosacki *et al*., 2007; Ciairano *et al*., 2007; Windle 1994). For this reason, providing safe and enriching opportunities for children and young people to extend their own social support networks is considered an important goal for policy makers, commissioners and practitioners (McPherson *et al*., 2014).

Children consulted during this review also reinforced the importance of "more green spaces, trees, and parks", "something to do and a range of activities" and opportunities to "meet new people [and] meet friends" to their positive social and behavioural development. In this context, the following activities were cited as being important:

- A "beach trip"
- "'Recording in studio, creating a rap. Access to DJ booth"
- "Bracelet making, arts and crafts"
- A "Valentines party"
- "A pitch to play football – I want to be a footballer"

- "Play[ing] games with families or hav[ing] a party – bring[ing] everyone together as one – such as family or community gatherings. Outside my house, people get together for festivals and parties"
- "More outdoor space to play and do sports, and playground"
- "Somewhere else to go so they aren't congregating".

Having "secure, supervised" safe green spaces (free from social hazards, broader antisocial behaviour, excessive traffic and pollution) when housing was cramped was identified as important to both children and parents/carers:

> **"[We need] less pollution." (Child)**
>
> **"Address traffic as it makes me late to youth clubs and school" (Child)**
>
> **"We live in a small flat with no green space and here we get access to the garden, the sports facilities and it is safe with a fence and supervision." (Parent)**
>
> **"We need supervised, free sports pitches, clubs, activities and places for young people to develop in safety." (Parent)**
>
> **"We need safe, free, well-resourced places to go, secure green spaces, youth clubs, trips away and enrichment opportunities." (Parent)**

In the context of much discussion during this review by multiple stakeholders about the importance of safe and trusted spaces for children's healthy behavioural development, one child also talked about the importance of feeling fairly treated:

> **"[I] feel treated fairly in youth clubs." (Child)**

Finally, a key theme emerging from children and parents/carers was a general high anxiety about gang contact, community safety more generally, and its impact on children's anxiety and healthy behavioural development:

> **"Sometimes people try to talk to me on the way to tutoring, there's lots of boys in gangs close to school – I keep my distance as I'm scared they would do something. It worries me a lot." (Child)**
>
> **"Would prevent adults drinking/smoking/socialising in park spaces where children play." (Child)**
>
> **"My teenage children are not safe to be in that and other parks because of the drug users and drinking and gangs. They need secure, supervised spaces." (Parent/carer)**

Overall, both children and parents talked about the importance to children and to their social and behavioural development of activities that promoted positive attachments and relationships with peers and adults, that "build community, connections, mak[ing] people feel connected and safe", that engaged, occupied and made children feel fairly treated and that broadened their creativity, sporting skills and horizons.

For parent/carers, a significant theme was their awareness of how economic inequalities, stemming from their financially-straitened circumstances, affected their children's access to these types of opportunities. For example, they talked about struggling to fund extracurricular activities, basic trips during school holidays, and school trips. This chimes with insights from our Commission for Equality in Mental Health which highlighted the 'hidden curriculum' in schools of these kinds of inequalities of opportunity and their toxicity (Morris *et al*., 2019). In their view, families who were struggling economically were less likely than other families to be able to access such enrichment activities – activities which also ironically kept their children safe, supervised and occupied.

This could lead to a cascade of risk, with children from poorer families both denied stimulating opportunities which promote healthy social development and more likely to be unsupervised and exposed to neighbourhood risks.

> **"[The] economic aspect of it is really important because sometimes [...] we don't have the money or the means to give them good holidays. We don't have the means to take them to the cinema etc. Then you see other kids that they do that and that affects you as well." (Parent/carer)**

> **"Rich people can afford to go horse-riding, after school clubs. Poor people can't do that. Huge gap of difference. [...] The Government should provide for these people [with things like] youth clubs, scouts etc." (Parent/carer)**

> **"We can't afford leisure centres because even though the child price isn't too bad you have to pay full price to accompany them." (Parent/carer)**

Poverty and prolonged austerity

As highlighted earlier, parents/carers and many professional stakeholders described the pressures of swimming against the tide as they tried to adequately support children's healthy social, emotional, and educational development in the face of wider systemic and structural risks such as poverty, substandard housing and racism.

One professional talked of the council's strong commitment to addressing poverty and substandard housing:

> **"Child poverty reduction is a really important part of that, and [we...] were the first borough to become a Living Wage Place, increasing the number of employers paying above poverty-level wages. We are also one of the few boroughs that provides universal free school meals for primary children and free gym and swim sessions in our leisure centres. We are also doing more on social value procurement [where anchor institutions hire and buy more goods and services from the local community] and we have a commitment to build over 10,000 more social homes, one of the most ambitious programmes in the country." (Professional stakeholder)**

However, others reinforced the reality of the current context, with borough councils managing the prolonged fallout from years of austerity cuts and being very dependent on what funding was released through government policy:

> **"Obviously central government decides things like child benefit, family tax credits and funding to services that have a big impact on child poverty and other drivers of healthy social development and behaviour." (Professional stakeholder)**

A few stakeholders also talked about local authorities subsidising some activities for children and families. For example:

> **"There are some mitigations: health visitors, children's centres, and getting deprived children into the free nursery places helps. On this latter point, we have increased the take-up of free nursery places for eligible two and three year olds considerably by advertising and outreach." (Professional stakeholder)**

On the other hand, the parents and carers we interviewed said they experienced real difficulty getting clear information about what good value or subsidised activities were available in local areas. Overall, stakeholders felt that lack of access to subsidised provision increased the chances that children, already affected by poverty, would be unoccupied, unsupervised while parents worked, and exposed and susceptible to neighbourhood risks.

Poverty and childcare

One parent raised the challenge of childcare and adult education opportunities as a barrier to escaping poverty:

> **"Free childcare and adult education would help us to work and be able to afford more opportunities for our children." (Parent/carer)**

Another felt trapped and stigmatised, feeling unable to afford to work due to escalating childcare costs, yet feeling stigmatised by perceptions of her family's reliance on the state:

> **"Work is a problem – childcare is so expensive that it isn't possible to work and have young children. They stress you to work and then it stresses you to work and pay for childcare. If childcare was free, then I could work more but I just can't afford it and then you are made to feel like a scrounger." (Parent/carer)**

Poverty and parenting support

Academic evidence identifies support for positive parenting skills as an effective buffer for children against the worst effects of poverty (Parsonage *et al*., 2012; Kim-Cohen *et al*., 2004). Professional stakeholders explained that there was a range of such provision available in both boroughs.

However, none of the parents we talked to were aware of parenting programmes in their local area. Professionals also raised the significant challenge of mistrust and of getting some parents engaged – particularly fathers. Furthermore, the parents described by many stakeholders as "working double shifts" might well struggle to include these activities within busy family schedules. When families were in survival mode, it might be difficult to create the reflective space to think about parenting – without survival needs being addressed first.

HOUSING

Closely linked to the issue of poverty, many of the people we talked to also raised concerns about housing and its impact on children's healthy behavioural development.

These included:

- Limited availability of affordable social housing stock
- The inflating rental housing market
- Increasing gentrification which affected access to affordable housing (and on young adults' prospects of finding independent accommodation near family)
- The persistently substandard conditions in some accommodation housing children
- Many families living in overcrowded houses.

A particular theme was the detrimental effect of poor housing conditions on children's outcomes and on parental stress. They also talked about how high rents and poor housing conditions could heighten children's chances of experiencing cascading risk (by increasing the pressure on parents to work long hours and leave children unsupervised, causing distress to children or incentivising young people to get out of accommodation and be on the streets unsupervised), thereby increasing their chances of unhealthy social development and behavioural crises.

Housing was said to impact on children's healthy social development and behaviour in several ways:

Overcrowded conditions and sibling conflict

Overcrowded housing tended to lead to more conflict and tension between siblings in the home, and provided less space for children's personalities to develop or for differences to be tolerated (e.g. if they were sharing a room with siblings).

> **"Housing is a major problem – we have children who share a bedroom with three or four siblings – how are you able to find themselves in that environment? People need a space to grow and find themselves." (Professional Stakeholder)**

> **"I see my second child get very frustrated that his brothers aren't able to keep toys the way he'd want them to. He'd want to have his own space where he would organise himself. Not being able to do that creates more frustration – that comes out as hitting or angry. It does make a lot of difference not living in overcrowded housing." (Parent/carer)**

> **"Currently families struggle with overcrowding and this impacts on children's development." (Parent/carer)**

Overcrowded conditions and space for study and family time

Parents and carers also highlighted the impact of overcrowding on the lack of quiet space in their homes for their children to study or space to connect as a family.

> **"I asked [the] council to come in and take measurements – they told me to change [my] living room to bedroom. [The living room is…] the only sanctuary we have to enjoy family time – they want us to convert it into a bedroom." (Parent/carer)**

> **"He doesn't have his own space. [And he's…] doing A-levels. Studying on the bed. The living room is stuffed." (Parent/carer)**

Overcrowded conditions and children's sleep

Children and young people raised the effect of overcrowding and sharing rooms with siblings on their ability to sleep:

> **"Sharing bed with my sibling who keeps me up. […] Four siblings in one room with a bunk bed." (Child)**

Overcrowded and poor housing creating more pressure on families to go out

Poor housing created pressure on families to 'escape' their home environment by going out. Families were often in a catch-22 situation, as children were neither able to have their friends around due to overcrowded accommodation, nor to find or afford activities outside the home due to straitened economic circumstances. Furthermore, in the case of young people, if they left their homes, parents and professionals said they were more likely to be exposed to unsafe spaces and more likely to be unsupervised due to the lack of local activities:

> **"With these absent parents, […] then when I have spoken to gang members, it is when they are able to roam the streets at night that it is what gets them started.**

It's not what keeps you in a gang it's what keeps you out of your home. Problems at home, miserable housing, domestic violence – if you have to be out that's when you get sucked in." (Professional stakeholder)

Substandard housing conditions and children's healthy social development

"Certainly, in maternal and child health we know that babies born into poor housing, poverty, worse diet will not thrive and have poorer outcomes – we know the mothers will be more likely to have poor mental health which has a negative impact on the children's development." (Professional stakeholder)

Both parents and professionals said that mould in their accommodation created a significant unaddressed public health threat.

One professional with a long history of working in the borough said that there was much less of a tendency for environmental health and the council to respond to concerns raised by midwives about damp compared with her past experience:

"Say they have damp, we signpost [families] to the environmental health team; but gone are the days that we have a big influence when we used to write letters pointing out overcrowding and damp and the council would act." (Professional stakeholder)

This lack of response and action on issues relating to substandard housing was also raised by some other professionals we consulted. It represented, stakeholders felt, an increasingly laissez-faire culture of acceptance and normalisation of poor and unhealthy housing conditions.

In one instance, a parent described these living conditions leading to a deterioration in a child's physical health and repeat hospital admissions as a result. Lack of action is therefore contributing to multi-sector burden and costs:

"[We are…] currently living in two bedrooms and there are seven of us. [I…] have done all I can to approach the council to recognise that. I have medical issues. [They…] have categorized us as needing to move but [it's] been two years. My children [have been] impacted by mould. [I…] have an asthmatic child [who has been] in and out of hospital. These things affect the health of my children." (Parent/carer)

Substandard housing and children's distress

Some of those consulted gave examples of how unaddressed damp and pest infiltration was not only a public health threat but was also significantly psychologically distressing to children and families. In one instance, this distress had been assessed as being a major factor underpinning a child's presentation with behavioural problems (leading her into the criminal justice system before the underlying reasons for her behaviour were understood and raised).

'We recently worked with a ten year old girl with attention deficit hyperactivity disorder who was throwing things out of her bedroom window – she was sent to Divert [a criminal justice diversionary service] through the youth justice process because of her behaviour. When we asked her why she was throwing things out of her window it became clear it was a cry for help because her room was damp, mouldy, with mice running around. No authority dealt with the housing issues that was driving her to behave that way until she came to us via the criminal justice system'. (Professional stakeholder)

In summary, substandard housing, prolonged poverty and poor nutrition were described by those we talked to as forming part of a toxic public health and environmental trio associated with children's poorer developmental outcomes.

Although we heard from a professional stakeholder about concerted attempts being made to address rental housing stock problems through investment in the development of more social housing, achieving this was also described as challenging in London:

> **"[The…] council is building 11,000 council homes over the next few years – and we are determined to provide more social homes for our families. But there are a lot of challenges – construction costs are going up, lack of land, we want to reduce our carbon footprint so the best way is to increase density but there is a huge amount of resistance from some residents who don't want development near them." (Professional stakeholder)**

We also heard from a few parents/carers about how some housing development plans had resulted in the loss of what little green space there was left for children and families – converting it into housing and other buildings. By addressing one risk factor, children and families had lost another important factor which stakeholders felt protected children's healthy development. In a climate of austerity, this felt like a very challenging balancing act.

RACIAL JUSTICE AND RACIAL TRAUMA

The relationship between experiences of racism over childhood and adolescence and the likelihood of developing behavioural difficulties have so far not been adequately studied – and more work is required focusing on these important developmental stressors and experiences. However, racial injustice and racial trauma came up as key themes impacting children's healthy social and behavioural development during our discussions with professionals. Furthermore, one systematic review has noted statistically significant associations for over 50% of associations between racial discrimination and behaviour problems, indicating that aspects of these experiences may also form a key developmental snare for some children over time. In addition, children have been found to be more vulnerable to the negative health effects of racism than adults (Benner *et al*., 2018; Lee and Ahn, 2013; Schmitt *et al*., 2014).

During professional discussions, racial trauma, day-to-day microaggressions, and concerns about a pervasive lack of racial justice were seen as an 'additional layer of discrimination', or an unacknowledged adverse childhood experience, which could wear away at wellbeing over time. One academic we consulted, working in local boroughs, specialised in research with parents on the impact of racism on parents and children. They highlighted research findings on the additional psychological pressure and distress felt by Black and Brown parents who felt that they needed to routinely 'upskill' their children from an early age to navigate a world and daily experiences which were likely to involve multi-layered experiences of racism, fear, threat and being treated differently or unfairly. For some children, this preparation started as young as age five. These reflections align with findings from recent research Centre for Mental Health carried out in partnership with King's College London on children's and parents' experiences of racial trauma (Abdinasir and Ahmadzadeh, 2023).

> **"It's a systemic and cyclical approach in families – so parents' mental health influences children and children's mental health influences parents. When we're talking to families you can't disentangle what parents saw, how they experience racism, and on the other hand children's experiences – both parents and children raised racism as an issue and both parties are affected by each other's experience of racism. You can't really disentangle it. It's about the whole family living in that system…" (Professional Stakeholder)**

These experiences were "a burden that exists between parents and children that doesn't exist in white families" and were not routinely explored or acknowledged in standard parenting interactions, support and interventions.

"It's what parents are doing and have been doing for many generations." (Professional stakeholder)

Concerns about racial justice and its impact on children's healthy behavioural development

Among the people we spoke to, there were concerns that evidence-based interventions for children's healthy development and behavioural crises tended to be those predominantly designed by white professionals and academics, and evaluated mainly with white parents.

There were also fears that Black and other racialised communities did not have a strong enough representation in professions in statutory services – or a strong enough voice in shaping solutions which might promote their child's healthy social behaviour.

> **"They want diversity in service providers. Because there's a lack of trust in the health service, and the police and any institutions. But what they were all saying was they wanted to see diversity in the services and the people who work for those services. So, this was related to how they felt they had better support in school from Black or Brown teachers. But they also felt that that was important in other groups. So, mistrust of white professionals. Feeling not heard misunderstood or treated unfairly. That came up a lot." (Professional stakeholder)**

This lack of representation was also felt to be an issue in the governance of important local institutions such as the Integrated Care Board. It could also translate into Black communities having low trust in statutory systems and in equitable treatment by such services, due to years of feeling let down, misunderstood, labelled, stereotyped, or not listened to:

> **"It shows that because of systemic racism, and the poor experiences it creates for some groups, they are, understandably, more reluctant to engage with official services, go into official buildings, structures, and bureaucracies. Our Black families often have heard negative stories of care, they feel they don't have the right to speak up or complain, they sometimes feel dismissed and not having their concerns listened to." (Professional stakeholder)**

There was also a concern that these issues appeared rarely understood or openly acknowledged in "white systems":

> **"There's a real energy to talk about this. Because it's not talked about within privileged white systems [...] There's one queue for them and another queue for us, [leading to Black people] not bothering to access help when you don't really believe that they're going to help you." (Professional stakeholder)**

> **'A lot of people delivering interventions have their biases.' (Professional stakeholder)**

Some of those we talked to also mentioned a tendency to overlook Black community members' communication of need or vulnerability (resulting in a lack of early support and increased risk of crisis). Indeed, distress was often "perceived as angry" responses (and dismissed), or seen as being confrontational, rather than as distress or as a manifestation of a need for help.

A few people described the tendency to problematise Black communities (when they were the victims of racial aggression) and neither see, nor explore, any racist drivers underpinning conflict, nor hold white community members responsible for damaging racist behaviours.

In schools, this could often result in the victim of unaddressed racism eventually reacting in anger – and yet only the Black child being punished. For example, talking about schools, one person we consulted said:

> **"A child was being racially victimised and eventually was violent towards the perpetrator and the only reaction of the school was towards her violence and not towards the perpetrator – hearing about that battle in schools." (Professional stakeholder)**

Black children and young people were described by multiple stakeholders as being persistently treated differently, having unequal outcomes, being "mistreated and excluded" in schools, or being disproportionately stopped and searched:

> **"It is racist. Why does our mental health system disproportionately confine so many Black people? Why is SEND diagnosis so disproportionately heavy for Black people? Black people get followed round shops, stopped, and searched, excluded, locked up – no wonder there is a greater a number who feel paranoid." (Professional stakeholder)**

> **"We have a large Caribbean population that is overpoliced and under protected." (Professional stakeholder)**

Many described Black children and communities navigating intersecting experiences of discrimination:

> **"Our Black children are... disproportionately more affected than others – they are more likely to live in poverty, more likely to be homeless or in temporary housing, more likely to be stopped and searched and criminalised, more likely to be labelled with a SEND or other diagnosis. All of this affects their behaviour and their trajectory: they are more likely to be excluded, end up in the criminal justice system and be hurt than any other group because of racism" (Professional stakeholder)**

Indeed, schools were especially highlighted by those we consulted as sources of concern in relation to children's experiences of racism:

> **"Systemic racism in schools [is important, particularly...] behaviour being treated differently in Black and Brown children. Schools came up quite a lot in our discussions. Parents were completely preoccupied with their children's experiences in schools in terms of racism. So, parents don't feel experiences of racism are taken seriously in school unless it's a Black or Brown teacher. They feel that they pay lip service to it, and nothing ever changes. They don't get told the follow-up when something is done. They've done Black History Month but it's much more of a battle to change the systemic racism that children experience. And parents talk about it to children from quite a young age – we're talking about children experiencing racism from a young age." (Professional stakeholder)**

> **"The research I was reading in the 1980s, when I was training, about the disproportionality of Black boys, for example, is still an issue. Black Caribbean children in particular, because of systemic racism, still do worse than children from other communities [...] For all the trumpeting of research and teaching schools, I don't see any difference in that in terms of tackling inequalities." (Professional stakeholder)**

Overall, these multi-layered, longstanding, and traumatic effects of racism were described as:

- Impacting children's healthy social development, increasing the burden of familial stress as parents sought to prepare their children for what they would face in life
- Impacting children's educational outcomes Increasing gentrification which affected access to affordable housing (and on young adults' prospects of finding independent accommodation near family)

- Reducing the likelihood of children and families having their needs recognised or their voices heard
- Making children more likely to face adultification bias – being seen as less innocent and less in need of protection
- Decreasing the chances that they would trust or approach statutory services for early help (resulting in a lack of early support and difficulties potentially festering), or that they would feel that what is on offer was designed for and relevant to Black or Brown needs
- Increasing the chances that children and young people might feel frustrated by the longstanding lack of racial justice.

Some stakeholders we talked to described action that had been taken to address these additional structural inequalities faced by some racialised communities. For example, a peer-led movement and campaign had been funded and mobilised to raise awareness of perinatal mental health outcomes for Black mothers coordinated by The Motherhood Group, and the London Violence Reduction Unit was supporting a lot of grassroot mobilisation of services designed by local community members. However, one stakeholder talked about the lack of sustained and concerted multi-systemic action to address longstanding differences in outcomes, particularly for Black children in Lambeth and Southwark, and there was a call for:

> **"Each of us in our fields, health, social care, and education need to look at our value systems and see what we can change to address these inequalities." (Professional stakeholder)**

Swimming against the tide: the impacting of cascading and intersecting risk

In common with wider research findings (Deatewr-Deckhard *et al*., 1998; Murray and Farrington, 2010; Gutman *et al*., 2018; Gutman, 2019), many stakeholders we talked to mentioned the significantly damaging and toxic effect of intersecting risks on children's healthy social development, especially if these clustered together and cascaded over time, prolonging disadvantage. However, multiple participants in this review were much more likely to refer to structural and environmental risk factors in the context of concerns about children's healthy behavioural development – concerns that were deepening due to austerity, increasing inequalities, and the struggle both to survive and commission in a more challenging situation.

Professional stakeholders raised their own challenges of trying to support the healthy social, emotional and behavioural development of children and families facing (often intergenerational) inequalities, and struggling to survive these bigger-picture systemic risks. Many were clear that, to have any chance of success in mitigating these risks, there was a need for concerted structural, multi-sector and arm-in-arm community action to address the multiplicity of risks and to saturate children with protective factors.

> **"England is a racist country, racism is built into the system, it is structural and systemic and that has severe consequences for Black children, in particular. In London, on average, white British children, a minority, do better academically than Black children for no other reason than of systemic racism – what we can do is highlight the issue and do what we can do to tackle the aspects we have some control over. Conscious and unconscious bias means that Black girls in particular are subject to adultification, where they are treated as if they are grown-ups, not the children they are. Black children are feared and treated as if they are a threat, they are over-disciplined and under-nurtured, they are sent on a path of being (mis)diagnosed, treated unfairly, excluded, imprisoned and medicated. The history of their ancestors is neglected and talked down whilst the Empire, built on Black slavery, is celebrated. Class intersects with race and these Black children are, not coincidentally, far more likely to live in deprived circumstances. Not only is the UK systemically racist, but it is also systemically classist, and these things intersect. Poverty is what drives these poor outcomes and wealth is deliberately unfairly distributed.**

All we can do is raise awareness of these issues and try, with the small levers we have, to show that you can make a difference if you take a different approach." (Professional stakeholder)

No single political party or frontline service could improve a child's prospects in terms of healthy social, educational and emotional development – and do it on their own. Services were also clear that any action, if it had a chance of being successful, needed integrated multi-sector problem solving and action to support local communities:

"Schools cannot do it all. Home and community life shapes a lot of the way in which a child will respond to school. Children, who before they have even attended school have experienced poverty, domestic violence, little in the way of linguistic development, poor housing – these are the things that make a difference. In a better world we would, and I know other parts of the council try and do this, eradicate the poverty, violence, and lack of housing that these families face." (Professional stakeholder)

On a positive note, a community lead who had himself experienced all of these intersecting and cascading risks, and had invested his time and learning into his community, also talked about others he had supported and his own family's experience of achievement, healthy development and social mobility which had convinced him that, with the right support:

"It only takes one generation to break the cycle – my three youngest children, their children will be middle class. The ones that have broken the cycle have usually got some outside support." (Professional stakeholder, Lambeth)

4 HOW CAN WE PROMOTE HEALTHY CHILDHOOD DEVELOPMENT?

This review of what promotes and undermines children's healthy social development, based on insights from Southwark and Lambeth, has highlighted the importance of understanding the full range of systemic, structural, environmental, neighbourhood, family, peer and child-based risk factors that need consideration and concerted action if children's healthy social development is to be promoted.

TACKLING INEQUALITIES IN COMMUNITIES

A strong theme from the consultation with parents, professionals and children was the significant impact and knock-on effect that inequality, structural disadvantage, the struggle for economic survival, neighbourhood community safety risks and living in poor housing conditions had on children's healthy social development and behaviour. Parents and professionals described a culture of being ignored when they raised damp or overcrowded housing conditions – even when they had direct evidence that these were impinging on children's healthy development and behaviour.

These wider structural and systemic factors were seen to contribute to a 'stepping-stone of risk' whereby some children were more likely to be under-supervised (due to parents working long hours and double shifts), to be young carers in their parents' absence, to want to escape substandard housing conditions, and to live in neighbourhoods where safe green spaces were not available and where community safety, hazards and criminal exploitation risks were higher. Many of those consulted talked about the additional disadvantage of racial trauma and day-to day-racial injustice faced by Black and Brown children. They also highlighted the likelihood of children from some of these minoritised communities, despite families' best efforts to support their resilience, facing intersectional and cascading risks which impacted on their life chances, opportunities and behaviour.

INVESTING IN SAFE SPACES AND ACTIVITES FOR FAMILIES

Children from families in straitened economic circumstances could also be further disadvantaged by the lack of affordable, safe and supervised child and youth enrichment activities in their local areas – youth activities that have been disinvested in as austerity has deepened. Having access to a wide range of these activities was of particular importance to children in terms of their healthy social development and avoiding behavioural crises. Parents told us that these activities were particularly absent for teenagers. The voluntary sector was often supporting children and families most at risk of being overwhelmed by these day-to-day survival struggles (providing resources and food), but their funding was often short-lived and not sustainable. Many parents struggled to find out what activities were available for their children (and at what cost and for which age groups) and wanted better dissemination of information in digestible ways.

IMPROVING ACCESS TO PARENTING PROGRAMMES AND EARLY SUPPORT

Although professionals described a wide range of parenting support in Lambeth and Southwark, none of the parents we talked to had heard of or accessed these resources. If children's behavioural difficulties began to emerge, we were told there was little available for children with sub-threshold needs. This meant that children's difficulties often worsened until they received a neurodiverse or mental health diagnosis and were finally able to access support.

PROMOTING HEALTHY SOCIAL DEVELOPMENT THROUGH SCHOOLS

Schools were important to children in terms of supporting their mental health and behaviour – but it was felt that they were generally not currently well resourced or equipped to fulfil this important role. Some schools had invested in a series of strategies which supported children's healthy social development and behaviour – but approaches varied from school to school and took time and consistency for changes to reap rewards in terms of children's behavioural outcomes. However, good results were possible with consistent action. There was concerted effort invested in both boroughs to reduce exclusions and children falling out of school, which were both seen as significant 'game changers' in terms of risk and behavioural outcomes.

TAKING A HOLISTIC AND JOINED-UP APPROACH

A key message from the literature was the need for multi-agency support services to work in collaboration with schools, children and families to jointly plan, to better support improved behavioural outcomes for children and young people.

We heard that there was no overarching coordinating mechanism or pathway drawing together integrated multisector responses for children when there were concerns about behavioural problems – particularly those who didn't meet a threshold or when problems were first beginning to emerge. Although behaviour is an important form of communication for children of inner distress or developmental wellbeing, some stakeholders said there was also a general lack of early trauma-informed formulation (seeking to understand a child's story and the holistic factors underpinning their behaviour). Nor was there generally early activity to mobilise wraparound trauma-informed and neurodiverse-friendly responses to support improvements in healthy social development and behaviour if risk was identified. If responses focused just on child- and family-based factors without mitigating the practical, survival and environmental challenges (e.g. not having enough food, parents working to survive and children being unsupervised), any action would still leave children significantly disadvantaged.

Policy relating to the healthy social development of children and young people sits between various national departments and local agencies who each play a role from prevention to crisis provision. At present, there is no single cross-departmental national strategy that brings these initiatives together around a set of shared objectives and outcomes. This lack of strategy and direction in many ways contributes to some of the issues we see locally in areas such as Lambeth and Southwark. While our findings highlight distinctive experiences relating to London and urban living, it's likely many other areas and regions share similar challenges, particularly around the impacts of financial inequality, racial injustice and school funding pressures, to name but a few.

However, there are several current national and local policy opportunities and levers that can be harnessed to promote children's healthy social development and address the challenges identified in this review. Essentially there needs to be a long-term, cross-government and other agency strategy to improve childhood and young adulthood in the UK. This requires a new Child Poverty Act to eradicate the main driver of poor outcomes. Proper coordination of the wide-ranging and fragmented activity focused on children's healthy social development and the reduction of behavioural difficulties is also required. There is currently a lack of a whole life-course pathway in local areas, which contributes to fragmented working and a focus on crisis care, rather than prevention and early intervention.

RECOMMENDATIONS

For national government and policymakers

1. The Government should commit to ending child poverty and its harmful impact by introducing a Child Poverty Act. This should be backed by cross-government action to address the drivers of poverty, such as low pay, which means parents are working long hours and do not have the time, energy, and money to spend on their children.
2. The Government should increase funding available for local councils to enable them to:

- Invest in evidence-based parenting programmes to ensure parents and carers receive early support. More specialist support should also be made available for parents when they or their children have complex needs
- Boost spending in key public health initiatives for children and families, such as health visiting, and increase youth work provision
- Address the housing crisis and ensure families have access to good quality, affordable housing. The forthcoming Renters Reform Bill also provides an opportunity to transform the private renting sector and strengthen the rights and protections of families.
- Take forward climate action across their services and facilities, such as improving air quality.

3. The Department for Education should work with racialised communities to develop and embed an anti-racist and diverse curriculum that incorporates the histories and contributions of all racialised communities in the UK.
4. The Department for Education should align the Behaviour Hub programme with mental health, NHS England's Health and Justice Vanguard work extending the trauma-informed Framework for Integrated Care (Anna Freud, 2022), and SEND policy initiatives. The programme should also seek to address the impact of trauma on children and young people's behaviour and the risks of gang involvement and criminal exploitation. The Scottish Government's National Trauma Training Programme is an example of how this can be developed (Scottish Government, 2021).

For local and regional policy and commissioning

Councils and NHS Integrated Care Systems (ICSs) play an important role in addressing social determinants and environmental factors, as well as the delivery of services to promote children's healthy social development. More detailed recommendations can be found in Davie (2021) and Davie (2023). Findings from this review point to these specific recommendations:

5. Councils and ICSs should work together to address health inequalities by co-designing a shared vision and strategy with their local communities. This should set out concerted action across all levels and should incorporate the following recommendations to promote healthy childhood development.
6. Councils and ICSs should also collaborate to tackle the negative impacts of financial inequality and poverty by implementing Community Wealth Building initiatives, buying and hiring more from local people and organisations; promoting the real Living Wage; offering financial advice; offering council tax support schemes; and arranging default free school meal registration.
7. Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) should work with local structures to improve and coordinate provision promoting children and young people's healthy social development. This should include expanding capacity and capabilities within services (particularly specialist services) and the development of an integrated comprehensive local offer so that young people and families are aware of what is available. Support should include evidence-based parenting programmes, family hubs, and children and young people's mental health provision.
8. ICBs and ICPs should ensure that children, young people, and their families have routine opportunities to coproduce local solutions and inform their decision-making.
9. Local commissioners should develop an overarching strategy to support children and families impacted by trauma who present with behavioural difficulties. This should be co-designed with communities and should consider intersecting inequalities (such as unmet neurodiverse needs) and provide early support for children with sub-threshold as well as diagnosable level conditions, in line with the national i-Thrive model.
10. Local NHS trusts and providers of mental health and behavioural support should work together to implement the new Patient and Carer Race Equality Framework (PCREF) to embed anti-racist and anti-oppressive approaches.
11. Councils should identify opportunities to prioritise families in housing allocations for new properties. Partnerships with housing associations and developers may also be worth exploring to maximise provision, quality, and maintenance of housing for families.
12. Councils should:

    a) Increase the availability of good quality social housing and promptly address issues of damp, disrepair, and overcrowding

    b) Invest more in developing and maintaining green spaces to ensure that community spaces are safe, pleasant to be in, and socially enriching

    c) Require social housing organisations to be committed to, and held to account for, social investment and supporting community connectivity and capital.
13. Councils should also:

    a) Work with partners and the local community to address the negative consequences of poor air quality on families, i.e. through ambitious low traffic neighbourhood, active travel, and planning changes

    b) Identify ways to subsidise insulation and other energy efficiency measures

    c) Explore measures for increasing domestic renewables, which help reduce energy poverty and pollution.

Implications for service providers and practice

- There needs to be a more trauma-informed multi-agency approach to understanding and dealing with children's severe and persistent behavioural difficulties and an integrated approach to addressing multiple risk factors. Developing multiagency 'communities of practice', problem solving with families, strengthening professional training, supervision, reflective practice, wellbeing, and development, can all support this approach
- Further work is needed to better involve fathers in their child's development and wellbeing. Local service providers should consider ways of making family-focused support and activities more inclusive towards fathers, particularly within the early years. As part of this, they should collaborate with grassroots organisations in initiatives to better engage fathers
- There should be more coproduction with, and investment in, grassroots and community
- Parents need clearer and more accessible information in digestible forms about what subsidised and other activities, such as play and leisure activities, are available for children and young people.

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