Local Transformation Plan Toolkit

Guidance on how to design and deliver mental health services for children who have been abused

March 2018
Contents

Introduction 4

Why does this matter? The impact of abuse on the mental health and wellbeing of children 5

Outline of NSPCC analyses: key criteria and best practice themes 7
   a. Recognition that some groups of children and young people are more vulnerable to mental health problems than the wider population, including children who have been abused and looked after children 9
   b. A needs analysis of vulnerable groups, using a range of sources 10
   c. Reference to services for vulnerable groups 11
   d. Engaging with children and young people 12
   e. Collaboration and co-production of plans 13
   f. Outcomes and indicators to measure progress 15

Useful external sources 16

Appendix: presentations from regional workshops 19
   a. NSPCC introduction presentation
   b. Dr Estela Capelas Barbosa: ‘What makes a good plan?’ 24
   c. Academic presentations on the relationship between maltreatment and mental health problems 26
   d. ONS: Abuse during childhood: Findings from the 2015/16 Crime Survey for England and Wales 46
   e. CCG presentations: NHS City & Hackney CCG and NHS Wolverhampton CCG 50
The NSPCC is one of the leading children’s charities fighting to end child abuse in the UK and Channel Islands. We help children who have been abused to rebuild their lives, protect those at risk, and find the best ways of preventing abuse from happening in the first place. To achieve our vision, we:

- create and deliver services for children which are innovative, distinctive, and demonstrate how to enhance child protection;
- provide advice and support to ensure that every child is listened to;
- campaign for changes to legislation, policy, and practice to ensure the best protection for children; and
- inform and educate the public to change attitudes and behaviours.

In September 2017, we published the second iteration of our analysis of Local Transformation Plans for children and young people’s mental health provision, covering plans produced in 2016-17. We analysed these plans through the lens of children who have been abused to ascertain whether their particular needs are being fully considered in service design.

This analysis suggests there is room for improvement. In November and December 2017, the NSPCC held a series of interactive regional workshops - in London, Newcastle, Salford and Birmingham - to share best practice. These workshops were designed to support Clinical Commissioning Groups (CCGs), Local Authorities, Health and Wellbeing Boards and social services to develop an understanding of the particular needs of these vulnerable children when planning mental health provision.

We are committed to continuing to work with the NHS and social care networks to transform mental health services for children who have been abused. We want to ensure that all stakeholders are able to draw on the best possible data and research to develop an accurate picture of local need when planning their service provision. The workshops served as a forum for stakeholders to share best practice and this toolkit emerged from those discussions.

The NSPCC will continue to publish an annual analysis of Local Transformation Plans. This toolkit is intended to support CCGs and their partners to update future iterations of their plans in a way that recognises the mental health needs of children who have been abused, and sets out service-design accordingly.

For the purposes of this toolkit, the term ‘abuse’ refers to physical abuse, emotional abuse, sexual abuse and neglect.

**For more information, please contact:** Alana.Ryan@NSPCC.org.uk
Maltreatment is more common than many think: two children in the average primary school classroom have experienced abuse. This section draws on research which demonstrates the increased vulnerability of these young people to poor mental health. While not all children who have been abused will develop mental health problems, they are at significantly greater risk of doing so and many will need focused attention and support. Early and effective mental health support for these children can be crucial in making the difference between overcoming trauma and living a life shaped by abuse.

- Maltreatment is associated with a wide range of mental health disorders, including depression, anxiety, suicidal ideation and eating disorders, as well as problems such as substance misuse, sexually transmitted infections, risky sexual behaviour and criminality.
  - Experience of childhood maltreatment is associated with more severe and complex mental health disorders. For example, adults reporting a history of childhood maltreatment are twice as likely to have more chronic or recurrent depression and to respond less to treatment.
  - Adults reporting a history of childhood maltreatment are also more likely to have more severe forms of bipolar disorder.
  - Children who have been maltreated are more likely than non-maltreated children to have cognitive deficits in adolescence and adult life.

Why does this matter? The impact of abuse on the mental health and wellbeing of children

According to the Office for National Statistics (ONS) Crime Survey for England and Wales in 2015/16, those who experienced abuse as a child are:

- more likely to have taken illegal drugs (53 per cent compared with 32 per cent)
- almost twice as likely to report having a long-standing illness or disability (28 per cent compared with 15 per cent)
- less likely to report that their health, in general, was good or very good, compared to those who had not experienced abuse as a child (78 per cent compared with 87 per cent)
- less likely to consider themselves to have high wellbeing (and so were less likely to be happy, satisfied with life, and feel their lives were worthwhile).

For those who are sexually abused as children, lifetime contact with public mental health services is three times higher than those who have not suffered abuse.

Individuals with a history of childhood maltreatment are more likely to also show poor physical health, such as obesity and an altered immune system.

Why does this matter? The impact of abuse on the mental health and wellbeing of children

---

6 See ONS presentation on page 46.
Outline of NSPCC analyses: key criteria and best practice themes

Our annual analyses of Local Transformation Plans - *Transforming mental health services for children who have been abused* - suggest that the particular needs of children who have been abused are overlooked in the planning of mental health services.

For example, in 2016-17:

- **80 per cent** of plans recognised that mental health issues can be attributed to abuse or neglect in childhood, representing an improvement on the previous year’s results (67 per cent);
- **only 16 per cent** of the plans referenced an adequate analysis of the needs of children and young people who have been abused and neglected, in line with the previous year’s results (14 per cent);
- **27 per cent** of plans did not mention services for children and young people who have been abused and neglected, representing a small improvement on the previous year’s results (34 per cent);
- **87 per cent** of plans mentioned services for looked-after children, consistent with the previous year’s results (85 per cent); but not all of these included references to children and young people who have been abused and neglected;
- the plans continued to lack clarity over whether extra resources are being allocated to services for children who have been abused and neglected; and
- **93 per cent** of plans involved young people in service design.
The NSPCC is committed to improving the quality of Local Transformation Plans for children who have been abused. This toolkit is intended to help commissioners, local authorities and other stakeholders understand how their plans can better meet the mental health needs of these children.

When undertaking our analysis, we apply three key criteria to assess the quality of Local Transformation Plans for children and young people who have been abused:

1. Recognition of the increased risk of experiencing poor mental health among vulnerable groups of children and young people.
2. Evidence of a needs analysis of vulnerable groups, using a range of sources.
3. Evidence of services for vulnerable groups, informed by the needs analysis.

According to how far each plan meets these criteria, we then apply a traffic light rating system to assign each plan as being either red, amber or green. For all plans rated as green, we then looked to establish the common themes which unite them. Last year it was apparent that green plans typically excelled at:

4. Engaging with children and young people;
5. Collaboration and joint-working; and
6. Use of outcomes and indicators to measure progress.

Although not core criteria for our rating schema, presence of these additional common features can complement the core criteria and enable CCGs to more effectively reach vulnerable children and young people. In the sections below we provide further detail and case studies for each of these six areas.
a. Recognition that some groups of children and young people are more vulnerable to mental health problems than the wider population, including children who have been abused and looked after children

*Future in Mind*\(^9\) recognised that there are:

“specific issues facing highly vulnerable groups. All children and young people may experience adverse life events at some time in their lives, but some are more likely to develop mental health disorders.”

It argued that:

“If we can get it right for the most vulnerable...then it is more likely we will get it right for all those in need.”

In line with this, our analysis looks for evidence that CCGs recognise the increased vulnerability of certain groups of children and young people to mental health problems. In 2016/17, some CCGs excelled at this, using recent research to illustrate the increased risk among certain groups. This enabled them to better understand the complex needs these children may have.

### Examples of good practice from 2016/17

**Wolverhampton CCG**’s Local Transformation Plan provides a detailed list of risk factors associated with mental health needs, including looked after children. It references *Future in Mind* funding, which it says has enabled more responsive provision for the most vulnerable children and young people. These are identified as: children in need, looked after children, and those subject to child protection orders. The plan also acknowledges factors that can influence local need and uptake of mental health for children and young people, including those who are victims of violence, abuse and crime – including domestic violence and bullying.

**Camden CCG**’s Local Transformation Plan makes use of up to date relevant literature, which is applicable to its local area. It references recent research commissioned by the Minding the Gap project and undertaken by Dartington Social Research Unit into the mental health of young adults (aged 16-24) in Camden. This identified four risk factors which were associated with poor mental health, even when controlling for other variables, one of which was a history of abuse and neglect in childhood. It cites a 2010 NSPCC study on the incidence of sexual abuse in the past year.

In 2017, the Expert Working Group on improving the mental health support for young people in care,\textsuperscript{10} recommended that CCGs:

“ensure commissioning is informed by a Joint Strategic Needs Assessment (JSNA) which addresses the mental health and wellbeing needs of looked after children and care leavers. This should be reflected in Local Transformation Plans.”

Our research assesses whether CCGs examine the particular needs of vulnerable groups of children and young people when refreshing plans. This enables us to see whether commissioning for vulnerable groups is evidence-based.

This is in line with NICE guidance recommendations which advocate that commissioners

> “ensure that equal priority is given to identifying the needs of those children or young people who may not attract attention because they express emotional distress through passive, withdrawn or compliant behaviour.”\textsuperscript{11}

Data for a needs analysis can be drawn from a variety of sources, including:

- Local service data
- Joint Strategic Needs Assessments (JSNA)
- Reverse calculations using national data
- Local service users/school surveys
- Peer-reviewed literature

(For more information on how to carry out a good needs analysis, please see page 24: ‘What makes a good Local Transformation Plan?’)

Examples of good practice from 2016/17

Somerset CCG’s Local Transformation Plan allocates a chapter to outlining the mental health needs of children and young people in the area. It first provides estimates of the number of children and young people with a mental health disorder, including the number who will require specialist CAMHS support. It also focuses in on particularly high-risk groups, including looked after children, young offenders, those with special educational needs and/or a disability, and those who have experienced sexual abuse. The plan references data from:

- JSNA;
- Office for National Statistics (ONS);
- A survey commissioned by Somerset Public Health; and
- The 1999 and 2004 British Child and Adolescent Mental Health Surveys (applied to population estimates).

\textsuperscript{10} https://www.scie.org.uk/children/care/mental-health/report#executivesummary

\textsuperscript{11} https://www.nice.org.uk/guidance/ph28/chapter/1-recommendations
c. Reference to services for vulnerable groups

Future In Mind recognised that there are: “specific issues facing highly vulnerable groups of children and young people and their families who may find it particularly difficult to access appropriate services”.

It recommended: “a better offer for the most vulnerable children and young people, making it easier for them to access the support that they need when, and where they need it. This would include: ensuring those who have been sexually abused and/or exploited receive a comprehensive assessment and referral to the services that they need, including specialist mental health services.”

Our analysis assesses Local Transformation Plans’ service offer for vulnerable groups. It specifically examines:

• whether services were informed by the needs analysis;
• whether plans clarified whether the service(s) captured were additional to existing services; and
• whether young people were involved in service design.

### Examples of good practice from 2016/17

**Tower Hamlets CCG**’s Local Transformation Plan provided an appendix which clearly demonstrated whether the funding was for new or existing services.

<table>
<thead>
<tr>
<th>Designing new services for children and young people’s mental health in Tower Hamlets</th>
<th>Investment £ or Source</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist CAMHS are now co-located with Council teams for Children’s Social Care</td>
<td>Existing</td>
<td>This has happened: 59,833</td>
</tr>
<tr>
<td>A new ELFT community eating disorders service started in April 2016, delivering assessment and treatment</td>
<td>Existing</td>
<td>This has happened: 26,367</td>
</tr>
<tr>
<td>Eating disorders awareness training and capacity building (BEAT)</td>
<td>Existing</td>
<td>This has happened: 22,800</td>
</tr>
<tr>
<td>Digital awareness pilot (The Mix)</td>
<td>CCG</td>
<td>Contract awarded to Step Forward</td>
</tr>
<tr>
<td>A Young People’s Mental Health Service is currently in procurement (May 2016) to start in the new year</td>
<td>16/17 mainstream</td>
<td>Contract variation agreed</td>
</tr>
<tr>
<td>Increased support is being commissioned for children and young people in the neurodevelopmental pathway: Group support, network development, shorter waits</td>
<td>Existing</td>
<td>This has happened.</td>
</tr>
<tr>
<td>Better Beginnings (Public Health funded pilot to promote parent and child attachment, started in 2014)</td>
<td>Existing</td>
<td>16/17 mainstream</td>
</tr>
<tr>
<td>Conduct disorder pathway (pilot since 2015)</td>
<td>This has happened.</td>
<td>22,000</td>
</tr>
<tr>
<td>Raising Happy Babies</td>
<td>Outcome data collection pilot Dec 2015 - Jan 2017</td>
<td></td>
</tr>
<tr>
<td>Developing innovative ways of commissioning children and young people’s mental health services</td>
<td>Primary prevention outcomes for universal children’s services – a research project with Public Health</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: Appendix 2 of Tower Hamlets Transformation Plan for Children and Young People’s Mental Health and Wellbeing 2016/21
Our research shows that the majority of Local Transformation Plans in 2016-17 involved young people in service design (93 per cent), with some green plans using particularly innovative methods of engagement. It is important that children, as service users, are considered key agents in the design and delivery of services. When planning services, CCGs should be mindful of particular groups of young people who may be less likely to have their voices heard and incorporated in service design, such as those who have been abused and looked after children.

NICE sets out principles for working with children, young people and carers in its guidance on child abuse and neglect. These include:

- Take a child-centred approach and involve children and young people in decision-making to the fullest extent possible
- Use a range of methods (for example, drawing, books or activities if appropriate) for communicating with children and young people.
- Tailor communication to:
  - their age and developmental stage
  - any disabilities, for example learning disabilities, neurodevelopmental disorders and hearing and visual impairments, seeking assistance from specialists if needed
  - communication needs, for example by using communication aids or providing an interpreter (ensure the interpreter is not a family member)
- Share reports and plans with the child or young person in a way that is appropriate to their age and understanding.

Examples of good practice from 2016/17

- **Bromley CCG** commissioned the New Economics Foundation to lead a co-design and co-production programme with young people, communities and partners from across Bromley. This was to ensure they were all actively involved in designing how these services should be delivered to meet needs, improve outcomes and help build resilience in the younger population.

- **Camden CCG**’s plan showed creativity in engaging with children and young people. It lists nine examples of activities, including a youth debate, a self-care forum and a creative space for pizza and chat. It also shows evidence of continuous engagement with children and young people since the publication of the previous year’s plan.

- **Doncaster CCG** is working with Young Minds to identify ways to include the voice and opinions of children and young people in helping to commission and oversee the implementation of services.

---

Collaboration and information-sharing can play a key role in ensuring that all children receive the mental health support they need. For looked after children and young people specifically, NICE guidance recommends that a wide range of organisations work together in local partnerships when commissioning services in order to offer greater choice and quality.\(^{13}\)

In 2016-17, there was a significant rise in the number of plans that were jointly produced by two or more CCGs. When partnerships are child-centred and based on the principles of respect, transparency and communication, these plans can lead to real change for children. At the national level, whether CCGs produce plans independently or jointly, they have the opportunity to work together and learn from one another through the Sustainability and Transformation Partnerships, with a view to sharing best practice and improving their plans over time.

---

### Examples of good practice from 2016/17

**Greater Manchester**

Children and young people’s mental health forms an integral part of the Greater Manchester Health and Social Care Partnership’s early implementation priorities. The Health and Social Care Partnership is the umbrella body of NHS organisations and councils overseeing devolution in Manchester, with responsibility for the £6 billion health and social care budget.

The Greater Manchester Future In Mind Delivery Group is a newly-created consortium to support devolution delivery. Membership includes: all twelve CCGs in Greater Manchester, ten Local Authorities, the Strategic Clinical Network, NHS England Specialised Commissioning, and Public Health England. The group is also expected to include children and young people and their families and carers.

Greater Manchester has also developed a Mental Health and Wellbeing Strategy, while the Greater Manchester Combined Authority is producing a Children’s and Young People’s Mental Health Implementation Plan, which sets out how improvements in children’s mental health will be achieved.

---

\(^{13}\) [https://www.nice.org.uk/guidance/ph28/chapter/1-Recommendations#strategic-leadership-planning-and-commissioning]
In 2015, The Havens, Kings College Hospital London published *Review of pathway following sexual assault for children and young people in London* on behalf of NHS England. It recommended:

- the development of improved forensic services for children and young people at The Havens (London’s sexual assault referral centres);
- a pilot of the Child House model (based on international best practice); and
- as a first step, the establishment of Child Sexual Abuse (CSA) hubs in London.

Following publication, a North Central London sector steering group was established - one of five across London - to look at the outcomes of the review and take forward recommendations across a sector-wide partnership.

The CSA hub model is a one-stop-shop for medical, advocacy and early emotional support for children and their families that have experienced CSA and child sexual exploitation (CSE), as well as offering advice and liaison to police and children’s social care services. Children and young people attending the hub can access a holistic health assessment, examination, sexual health screening and treatment. Children, young people and their parent/carer are offered early emotional support from a team of advocates and CAMHS clinicians, with case management and referral onto long-term support as needed. This evidence-based model provides early access to CAMHS or advocacy services with no threshold, and is predicted to reduce the need for long-term CAMHS intervention.

The North London CSA hub pilot was evaluated after eight months and found improvements in the case management for children and young people, better access to early emotional support where needed and positive qualitative feedback from families and staff. Over 50 per cent of children, young people and families attending the CSA hub were supported by the advocate and/or the CAMHS practitioners.

To facilitate ongoing review and development, and to share feedback and explore opportunities for joint-working, regular meetings are held between commissioners from the five boroughs of Haringey, Barnet, Enfield, Islington and Camden.

### Examples of good practice from 2016/17

**North Central London**

In 2015, The Havens, Kings College Hospital London published *Review of pathway following sexual assault for children and young people in London* on behalf of NHS England. It recommended:

- the development of improved forensic services for children and young people at The Havens (London’s sexual assault referral centres);
- a pilot of the Child House model (based on international best practice); and
- as a first step, the establishment of Child Sexual Abuse (CSA) hubs in London.

Following publication, a North Central London sector steering group was established - one of five across London - to look at the outcomes of the review and take forward recommendations across a sector-wide partnership.

The CSA hub model is a one-stop-shop for medical, advocacy and early emotional support for children and their families that have experienced CSA and child sexual exploitation (CSE), as well as offering advice and liaison to police and children’s social care services. Children and young people attending the hub can access a holistic health assessment, examination, sexual health screening and treatment. Children, young people and their parent/carer are offered early emotional support from a team of advocates and CAMHS clinicians, with case management and referral onto long-term support as needed. This evidence-based model provides early access to CAMHS or advocacy services with no threshold, and is predicted to reduce the need for long-term CAMHS intervention.

The North London CSA hub pilot was evaluated after eight months and found improvements in the case management for children and young people, better access to early emotional support where needed and positive qualitative feedback from families and staff. Over 50 per cent of children, young people and families attending the CSA hub were supported by the advocate and/or the CAMHS practitioners.

To facilitate ongoing review and development, and to share feedback and explore opportunities for joint-working, regular meetings are held between commissioners from the five boroughs of Haringey, Barnet, Enfield, Islington and Camden.
A number of Local Transformation Plans included routine outcome monitoring to evaluate the impact of spending on child development and the wellbeing of vulnerable groups. Outcomes and performance indicators are a useful way to track how far the different initiatives set out in plans are meeting the mental and emotional needs of vulnerable children and young people locally.

**Examples of good practice from 2016/17**

| **Bromley CCG**’s plan indicates that it will commission against co-produced outcomes framework by 2019/20, under the banner of ‘Commissioning Enhanced Sexual Abuse Services’. |
| **Somerset CCG** included in its plan the outcome measure: ‘Children Looked After are emotionally resilient, receive the support that they individually require and make a positive transition into adult life’. This has eight key performance indicators, including: |
| **Haringey CCG**’s plan included the following outcome measure: ‘Improved access to the right service at the right time with better support for vulnerable children and young people to access appropriate support’, and three related performance indicators: |

- Improved recording rates for ethnicity and vulnerable factors;
- Improved mental health and emotional wellbeing for LAC; and
- Improved pathway for child sexual assault.

- Increase the emotional wellbeing score of LAC;
- Monitor the emotional and behavioural health of Children Looked After;
- Monitoring the number of Children in Need due to abuse, neglect or family dysfunction; and
- Monitor the number of Children Looked After in Somerset in receipt of specialist mental health support.
### Useful external sources

<table>
<thead>
<tr>
<th><strong>NICE guidance on child abuse and neglect</strong></th>
<th><strong>NICE guidance on children’s attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care</strong></th>
<th><strong>Centre for expertise on child sexual abuse – Key messages from research on child sexual exploitation: commissioning health care services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Covers:</td>
<td>Covers:</td>
<td>Covers:</td>
</tr>
<tr>
<td>• Recognising physical, sexual and emotional abuse, and neglect in children and young people aged under 18</td>
<td>• Identification and assessment of attachment difficulties in children under 18 who are in or on the edge of care</td>
<td>• Who is affected by Child Sexual Exploitation (CSE)</td>
</tr>
<tr>
<td>• Factors that increase vulnerability to child abuse and neglect</td>
<td>• Emotional and psychological needs of children with attachment difficulties</td>
<td>• The role commissioners play in prevention and early intervention for CSE</td>
</tr>
<tr>
<td>• Planning and delivering services</td>
<td>• Principles of good care</td>
<td>• Strategies for planning a comprehensive care pathway</td>
</tr>
<tr>
<td>• Principles for working with children, young people, parents and carers</td>
<td>• Evidence-based support</td>
<td>• Championing productive multi-agency working</td>
</tr>
<tr>
<td>• Evidence-based support</td>
<td></td>
<td>Accessible <a href="#">here</a></td>
</tr>
<tr>
<td>Accessible <a href="#">here</a></td>
<td></td>
<td>Accessible <a href="#">here</a></td>
</tr>
</tbody>
</table>

[16]
# Useful external sources

<table>
<thead>
<tr>
<th>SCIE Expert Working Group on mental health of looked after children: Improving mental health support for our children and young people</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Covers:</strong></td>
</tr>
<tr>
<td>• Care pathways: focusing on the young person’s journey</td>
</tr>
<tr>
<td>• Models of care: how services ensure appropriate interventions</td>
</tr>
<tr>
<td>• Quality principles: measures that set out markers of high-quality care</td>
</tr>
<tr>
<td>• Implementation products: to support those working in the field.</td>
</tr>
<tr>
<td>Accessible <a href="#">here</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationships between adverse childhood experiences and adult mental well-being: results from an English national household survey - Karen Hughes, Helen Lowey, Zara Quigg, and Mark A. Bellis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Covers:</strong></td>
</tr>
<tr>
<td>• What are adverse childhood experiences (ACEs)</td>
</tr>
<tr>
<td>• How common ACEs are in England</td>
</tr>
<tr>
<td>• The strength of the association between adversity in childhood and mental health in adulthood</td>
</tr>
<tr>
<td>Accessible <a href="#">here</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Public Health England – Child sexual exploitation: How public health can support prevention and intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Covers:</strong></td>
</tr>
<tr>
<td>• A framework for public health to prevent and address child sexual exploitation (CSE)</td>
</tr>
<tr>
<td>• Understanding CSE and its relevance to public health</td>
</tr>
<tr>
<td>• An effective response to CSE</td>
</tr>
<tr>
<td>• The role of public health in tackling CSE</td>
</tr>
<tr>
<td>Accessible <a href="#">here</a></td>
</tr>
</tbody>
</table>
Covers:
• The impact of adversity and trauma on the mental health of children and young people in a series of essays by multiple contributors
• Opening section examines manifestation of trauma and how best to support development of resilience
• Middle section focuses on how to support specific vulnerable groups, such as looked after children, children in the justice system or LGBTQ children
• Final section focuses on emerging good practice at the local level, including specific examples from areas such as Lancashire and Oxfordshire
• Contributors include: Kathryn Pugh (NHS England); Peter Fonagy (NHS England/UCL); Andy Bell (Centre for Mental Health) and Lord Victor Adebowale (Turning Point)

Accessible here

Useful external sources

Young Minds - Addressing Adversity: Prioritising adversity and trauma-informed care for children and young people in England
Appendix: presentations from regional workshops

a. NSPCC introduction presentation

Transforming mental health services for children who have been abused
Regional workshop presentation 2017

NSPCC

Policy Context

Future in Mind (2015)

“A better offer for the most vulnerable children and young people, making it easier for them to access the support that they need when, and where they need it. This would include: ensuring those who have been sexually abused and/or exploited receive a comprehensive assessment and referral to the services that they need, including specialist mental health services.”

We’ll cover...

1) Policy context
2) Evidence-base
3) Research design and rationale
4) Key findings
5) Next steps

Policy Context

Local Transformation Plans

2015-2016: £105 million g’ment funding to transform services at a local level
31 October 2015: Deadline for completion of first local transformation plans
2016+: Annual review and refresh of plans

“(Plans) Should cover the full spectrum of interventions, from prevention to support and care for existing or emerging mental health problems, as well as transitions between services, and address the needs of the most vulnerable.”
Appendix: presentations from regional workshops

a. NSPCC introduction presentation

![Evidence-base: Why are we concerned?](image)

**2016–2017 NSPCC Analysis**

**Objective:** examine the extent to which support for children who have been abused and neglected has been prioritised in the refreshed local transformation plans

**RECOGNISE**
- that mental health issues can be attributed to abuse and neglect

**INTEGRATE**
- a needs assessment of children who have been abused and neglect

**INCLUDE**
- information relating to existing or proposed new services

---

**Support is Crucial!**

“If I had got help earlier it would have helped me to come to terms with the assault earlier and I could have started to get on with my life. It would have stopped the anger bubbling away inside me.” – Jamie

---

**Research Questions**

1. Is there any recognition in the local transformation plans that that mental health issues can be attributed to abuse and neglect in childhood?
2. Does the local transformation plan reference needs analysis for children and young people who have been abused and neglected and of what quality?
   - If question 2 was amber or green, what type of maltreatment was mentioned in the needs analysis?
3. Does the local transformation plan reference needs analysis for looked-after children specifically?
4. Where a needs analysis of abuse and neglect in childhood has been referenced, did it inform the service offer?
5. Where a needs analysis looked-after children has been referenced, did it inform the service offer?
6. Was there any mention of services for children and young people who have experienced abuse/neglect/any maltreatment?
   - If yes, what type of maltreatment are the services for?
7. Was it clear whether the service(s) captured under 8a) are additional to existing services?
8. Was there any mention of services for looked-after children?
   - If yes, what type of services were captured under 10b) are additional to existing services?
9. Where any needs analysis has been referenced in this local transformation plans, were young people involved in service design?
Appendix: presentations from regional workshops

a. NSPCC introduction presentation

---

**How many plans were covered in our analysis?**

<table>
<thead>
<tr>
<th>2015-2016</th>
<th>2016-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>209 CCGs</td>
<td>207 CCGs</td>
</tr>
<tr>
<td>122 possible plans</td>
<td>116 possible plans</td>
</tr>
<tr>
<td>117 analysed (96 per cent)</td>
<td>98 analysed (84 per cent)</td>
</tr>
</tbody>
</table>

---

**2015-2016 vs 2016-2017**

- Recognise that mental health issues can be attributed to abuse or neglect: 67% vs 79%
- Reference an adequate needs analysis: 14% vs 16%
- Mention services for children and young people who have been abused and neglected: 66% vs 71%
- Mention services for looked-after children: 85% vs 86%
- Clarity on additional resources for children who have been abused and neglected: 50% vs 45%
- Involved young people in service design: Not recorded vs 93%

---

**2016-2017: Do plans recognise that mental health issues can be attributed to abuse or neglect?**

- No: 21%
- Yes: 79%

---

**2016-2017: Do plans reference an adequate needs analysis for children and young people who have been abused?**

- No mention of any form of child maltreatment: Orange
- Mention of some relevant statutory data sources, such as children on protection plans or reported offences against children and young people: Yellow
- Recognition that the prevalence of abuse and neglect is different to, and generally larger than, what is known to services. This may or may not have included estimates of prevalence at a national level. For example, if an area estimated the prevalence of sexual abuse, but did not do the same for other types of abuse, it would also receive a green rating: Green
Appendix: presentations from regional workshops

a. NSPCC introduction presentation

2016-2017: Did the plan reference a needs analysis for children and young people who have been abused and neglected?

- Red 21%
- Amber 62%
- Green 16%

2016-2017: Regional variation (% red plans)

<table>
<thead>
<tr>
<th>Region</th>
<th>% Red Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern England</td>
<td>5%</td>
</tr>
<tr>
<td>Yorkshire and Humberside</td>
<td>37%</td>
</tr>
<tr>
<td>Greater Manchester and Lancashire</td>
<td>39%</td>
</tr>
<tr>
<td>East of England</td>
<td>51%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>41%</td>
</tr>
<tr>
<td>South West</td>
<td>44%</td>
</tr>
<tr>
<td>South East</td>
<td>43%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>42%</td>
</tr>
<tr>
<td>East England</td>
<td>40%</td>
</tr>
<tr>
<td>London</td>
<td>36%</td>
</tr>
</tbody>
</table>

2016-2017: Are services for children who have been abused and neglected mentioned in the plans?

- No 29%
- Yes 71%

2016-2017: Services for Looked After Children

- No mention of services for looked after children (14%)
- Mentioned services for looked after children (86%)
Appendix: presentations from regional workshops

a. NSPCC introduction presentation

2016-2017: Will there be additional spend on services for children who have been abused and neglected?

Lack of clarity – existing or new provision?

Just 45% of plans specify how additional resources will be allocated

Next steps: what we need to do

Physical or virtual hubs – dissemination of best practice

Engagement with key stakeholders

Children and young people; Mental health charities; Think-tanks

Joint-working

Outcome & indicators

Co-produced framework: Assessment; monitoring; evaluation

Use of current research

Wr

GREEN PLANS

Collaborative

Continuous

Considerate

Co-produced

2016-2017: Are young people involved in service design?

93%

“It’s not pity that we want – it’s to be supported, believed, valued and recognised. Just like any other child. This means ... more flexibility, helping us find the right key, and recognising that we are all different and have different needs.” (Young expert)
Appendix: presentations from regional workshops

b. Dr Estela Capelas Barbosa: ‘What makes a good plan?’

### What makes a good Local Transformation Plan?

Lessons from the analysis of LTPs

Dr. Estela Capelas Barbosa  
Department of Applied Health Research, University College London

### Components of a GOOD LTP

- Vulnerable children
- Education
- Employment
- Housing
- Alcohol and drug-related issues
- Learning difficulties
- Domestic violence
- Children in care

### SERVICE DESIGN AND PROVISION

#### How to do it?

- **Local services**
  The number of looked after children (LAC) has remained relatively stable, ranging between 250 and 286 each year over the last seven years. The rate of LAC per 10,000 population under 18 is lower than for inner London, outer London and nationally. There is an increase in the percentage of looked after children from black and minority ethnic (BME) groups. (Bromley CCG)

- **Joint Strategic Needs Assessment**
  The Bromley Joint Strategic Needs Analysis (2014) however suggests that this [the prevalence of mental health issues] rises to about 13% of the total children and young people’s population in Bromley. (Bromley CCG)

- **Local service users / school surveys**
  A survey conducted of autistic spectrum conditions using the Special Education Needs (SEN) register alongside a survey of 5-9 year old school children and produced prevalence estimates of 94 and 99 per 10,000 respectively. (Wolverhampton CCG)
Appendix: presentations from regional workshops

b. Dr Estela Capelas Barbosa: ‘What makes a good plan?’

---

**How to do it?**

- Reverse calculation using National data
  
  Based on national prevalence data the following high level assumptions can be made about the emotional wellbeing and mental health of children and young people aged 5-16 in Camden: (Camden CCG)

<table>
<thead>
<tr>
<th>Camden population rank</th>
<th>Children and young people aged 5-16</th>
<th>0-4</th>
<th>5-11</th>
<th>11-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>20,099</td>
<td>15,252</td>
<td>12,249</td>
<td></td>
</tr>
</tbody>
</table>

- Peer-reviewed literature
  
  A study of 1,021 children aged 2-5 years inclusive found that the average prevalence of mental health disorder was 19.8% in this age group. Application of this to the 2-5 year old in Wolverhampton gives an estimate that 2,692 in Wolverhampton. (Wolverhampton CCG)

---

**Benchmark: Somerset LTP**

Good need analysis! Why?

- Somerset JSNA 2014/15
- Somerset Children & Learners Needs Analysis 2013
- Survey of (local) children and young people in school years 4, 6,8,10 and 12+ (n=9774).
- ONS and British Child and Adolescent Mental Health Surveys in 1999 and 2004 (reverse calculation).

**Focus on vulnerable children**

---

**Benchmark: Tower Hamlets LTP**

Good design and plan of service provision! Why?

- Detailed account of service provision (including investment and funding)
- Outline of different possible routes into services (always referring to need analysis)
- Definition of relevant outcomes and performance indicators

**Integrated approach**

---

**Benchmark: Heywood, Middleton and Rochdale**

Good need analysis! Why?

- Centred on JSNA, but good use of health outcomes such as prevalence of mental health issues and mortality.

**Life-course approach**

---
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems

Academic presentations

The following slides are presentations delivered by academics at the NSPCC workshops to demonstrate the evidence on the causal link between abuse and mental health problems. With thanks to:

- Dr Andrea Danese (London workshop)
- Professor Doug Simkiss (Salford workshop)
- Dr Lina Gega (Newcastle workshop)
- Professor Panos Vostanis (Birmingham workshop)

- careful, broad psychiatric assessment
- integration with physical health
- work with families (to target pre-existing vulnerabilities in children, parents, and siblings)
- evidence-base treatments (e.g., NICE guidelines)
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems

- careful, broad psychiatric assessment
- integration with physical health
- work with families (to target pre-existing vulnerabilities in children, parents, and siblings)
- evidence-base treatments (e.g., NICE guidelines)
Appendix: presentations from regional workshops
c. Academic presentations on the relationship between maltreatment and mental health problems

- careful, broad psychiatric assessment
- integration with physical health
- work with families (to target pre-existing vulnerabilities in children, parents, and siblings)
- evidence-base treatments (e.g., NICE guidelines)
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems

- careful, broad psychiatric assessment
- integration with physical health
- work with families (to target pre-existing vulnerabilities in children, parents, and siblings)
- evidence-base treatments (e.g., NICE guidelines)

Figure 1. Interventions following physical abuse, emotional abuse or neglect

Figure 2. Interventions following sexual abuse
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems

- careful, broad psychiatric assessment
- integration with physical health
- work with families (to target pre-existing vulnerabilities in children, parents, and siblings)
- evidence-base treatments (e.g., NICE guidelines)

Acknowledgements

Stress & Development Lab
Jessica Agnew-Blais, PhD
Jessie Baldwin, MSc
Stephanie Lewis, MBBS
Alan Meehan, MSc
Valentina Nanni, MD

Twitter: @stressdev

Collaborators:
Avshalom Caspi, PhD
Terni Moffitt, PhD
Louise Arseneault, PhD
E-Risk & Dunedin teams

Mental health needs of children who have experienced maltreatment

Doug Simkiss
Deputy Medical Director, BCHCFT & Honorary Associate Professor in Child Health
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems

Introduction

- Overview of link between abuse and neglect and health including mental health
- Prevalence of mental health problems in this population
- What good mental health support might look like

Before the age of 18...

<table>
<thead>
<tr>
<th>ACE</th>
<th>Question</th>
<th>Qualifying responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse</td>
<td>Have either a person at least 5 years older than you (including adults) try to make you touch them sexually?</td>
<td>One or more than once to any of the three questions</td>
</tr>
<tr>
<td></td>
<td>Have either a person at least 5 years older than you (including adults) force you to have any type of sexual intercourse (oral, anal or vaginal)?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Have either a person at least 5 years older than you (including adults) ever touch you sexually?</td>
<td></td>
</tr>
<tr>
<td>Physical abuse</td>
<td>Have either a parent or adult in your home ever hit, beat, kick or physically hurt you in any way? (This does not include gentle spanking for punishment).</td>
<td>Once or more than once</td>
</tr>
<tr>
<td>Verbal abuse</td>
<td>Have either a parent or adult in your home ever swear at you, insult you, or put you down?</td>
<td>More than once</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>Have either a parent or adult in your home ever slap, hit, kick, punch or beat each other up?</td>
<td>Once or more than once</td>
</tr>
</tbody>
</table>

Adverse Childhood Experiences

How many adults in Wales have been exposed to each ACE?
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems

---

**Adverse Childhood Experiences**

For every 100 adults in Wales, 47 have suffered at least one ACE during their childhood and 14 have suffered 4 or more.

- 0 ACEs: 53%
- 1 ACE: 20%
- 2-3 ACEs: 13%
- 4+ ACEs: 14%

Figure based on population adjusted prevalence in adults aged 18-60 years in Wales.

---

**Effects of ACEs on Adult Health**

- Alcohol or Drug Abuse
- Cardiovascular Disease
- Diabetes
- Asthma
- Depression
- Smoking

---

**ACE’s increase the risks of health harming behaviours in adulthood**

- 4 times more likely to be a high-risk drinker
- 6 times more likely to have had or caused unintended teenage pregnancy
- 6 times more likely to smoke e-cigarettes or tobacco
- 6 times more likely to have had sex under the age of 16 years
- 11 times more likely to have smoked cannabis
- 14 times more likely to have been a victim of violence over the last 12 months
- 15 times more likely to have committed violence against another person in the last 12 months
- 16 times more likely to have used crack cocaine or heroin
- 20 times more likely to have been incarcerated at any point in their lifetime

---

**Preventing ACEs in future generations could reduce levels of:**

- Heart attack (15%)
- Stroke (15%)
- Cancer (15%)
- Depression (15%)
- Diabetes (15%)
- Asthma (15%)
- Smoking (15%)
- Poor diet (current or at age 10 years) (15%)
- High-risk drinking (15%)
- Early sex (before age 16) (15%)
- Unplanned teenage pregnancy (15%)
- Violence against another person in the last 12 months (15%)
- Violence victimization (15%)
- Smoke marijuana (15%)
- Crack cocaine or heroin (15%)
- Incarceration (15%)
- Unintended teenage pregnancy (15%)
- Violence perpetration (15%)
- High-risk sexual activity (15%)
- Impaired driving (15%)
- Being a victim of violence (15%)
- Violence victimization (15%)
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems

---

Introduction

- Overview of link between abuse and neglect and health including mental health
- Prevalence of mental health problems in this population
- What good mental health support might look like

---

Model of ACE impacts across the life course

---

Prevalence of mental disorder 5-10yr
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems

Prevalence of mental disorders 11-15yr

Mental illness in this group
- Complex trauma/developmental trauma/PTSD
- Anxiety and depression
- Problems related to disorganised attachment
- Emerging personality problems
- Emotional dysregulation
- Self harming behaviour
- Conduct problems/Challenging behaviour

Introduction
- Overview of link between abuse and neglect and health including mental health
- Prevalence of mental health problems in this population
- What good mental health support might look like

Child abuse and neglect
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems

**Interventions following physical abuse, emotional abuse & neglect**

**Interventions following sexual abuse**

**Attachment**

**Attachment Quality Standards**

- Statement 1. Children and young people who may have attachment difficulties, and their parents or carers, have a comprehensive assessment before any intervention programme.
- Statement 2. Children and young people with attachment difficulties have an up-to-date education plan setting out how they will be supported in school.
- Statement 3. Parents and carers of preschool-age children with or at risk of attachment difficulties are offered a video feedback programme.
- Statement 4. Health and social care provider organisations provide training, education and support programmes for carers of school aged children and young people with attachment difficulties.
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems
Appendix: presentations from regional workshops

C. Academic presentations on the relationship between maltreatment and mental health problems

**ABUSE/NEGLECT AND MENTAL HEALTH: WHERE DO WE LEARN FROM**

- Evidence
- Childhood abuse/neglect & mental health
- Theory
- Experience

**WHAT?**

- Evidence from reviews, meta-analyses and meta-reviews.
  - Causal links between abuse and mental health problems.
  - Specific links to:
    - Depression
    - Substance use
    - Suicide attempts
    - Risky sexual behaviour
  - Psychosis: gender-differentiated sub-types → in women: abuse-related traumatic and affective psychosis
  - Anxiety disorders: GAD, PTSD, social anxiety, panic disorder, somatoform disorders.
  - Non-psychiatric problems: chronic illness, STIs, crime

**WHY?**

- Direct effect of different types of abuse (sexual, physical, emotional/psychological).
- Mediating effect or interaction with:
  - Parental mental illness and behaviour (e.g. substance use, self-harm, neglect), family environment, young carer role.
  - Physical illness, disability, injury, antenatal complications.
  - Poverty, poor housing, lifestyle.
  - Isolation or destructive relationships.
  - Lower educational attainment (e.g. impact on communication, help-seeking).
  - Bullying and victimisation.
  - Stigma (social and internalised).

**HOW?**

- Stress - Vulnerability Model (Zubin & Spring, 1977)
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems

---

**WHO CAN HELP?**

- Adult mental health problems
- Childhood mental health problems
- Risk of mental health problems
- Occurrence of childhood abuse/neglect
- Risk of childhood abuse/neglect

---

**IMPROVING CHILDREN’S MENTAL HEALTH CARE**

- Child-directed
- Cross-boundary
- Specific
- Targeted prevention
- QoL

---

**LIMITATIONS IN CHILDREN’S MENTAL HEALTH CARE**

- Specialist care
- Primary care
- Public health
- Social care
- Education
- Judicial system
- Third sector
- Limited access
- Limited pathways
- Limited specificity

---

**AS A CASE IN POINT**

- Children who grow up with severely mentally ill parents are at greater risk of poor quality of life (QoL), partly because of higher risk of maltreatment (neglect and abuse).
- Young SMILES: A standardised intervention to improve the quality of life for children and young people living with severely mentally ill parents.
- 8 group sessions with children and 4 with parents.
- Joint training and delivery: NSPCC, Barnardo’s and NHS.
- Primary outcome: QoL
- Secondary outcomes: Anxiety & depression
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems

---

**THANK YOU**

For queries or more information:

lina.gega@york.ac.uk

---

**Addressing the Mental Health Needs of Maltreated and Looked After Children and Young People:**
Implications for Commissioning and Services

Panos Vostiis
Professor of Child Mental Health, Leicester University and UCL

pv11@gmail.com
www.wacmt.org

---

**Characteristics of maltreated and looked after children**

- High rates of mental health problems
- Complex needs
- Recurrent trauma
- Low access and engagement with services
- Multiple carers / agencies
- Fragmented care

---

**Rates of child mental health problems according to level of adversity**

- Living in disadvantage (~20%)
- General population (~40%)
- Looked after (~40%)

---
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems

Mental health problems among looked after children:
UK child mental health surveys

Looked after young people’s experiences of self-harm and services
(n=24, IPA; Wadman, Townsend et al. 2017)
- Changes in care placement
- Feelings of anger
- Not wanting/feeling able to talk
- Coping techniques
- Mixed service responses (influenced by relationship with individual clinician)
  
  ... it was just because I’d moved to a different placement and everything was moving so fast, and I just didn’t have no control into my life. And everyone was making choices for me and that (self-harm) was my only way of controlling anything. That was my choice, to do it or not, and that was the only thing I could control, everything.

Children’s pathways to interventions and services

Maltreated and looked after children’s pathways to interventions and services
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems

## Intervention issues (1)
- How much stability before we start?
- Environmental factors affecting interventions
- What type / level of therapeutic framework?
- Focus and clarity of objectives
- What it is not meant to achieve
- Overlap with and distinction from *key-working*, *support*, *care*, *statutory role*

## Intervention issues (2)
- Duration
- Recurrence of problems
- Availability of skills and resources
- Seeking or continuing therapy by default or in desperation
  - *‘Nothing else has worked’*
- Integral to care plan

## Intervention Framework
- Safety
- Acute Phase / Symptom Containment
- Therapeutic Phase

## Levels of therapeutic interventions

- Universal
- Targeted
Appendix: presentations from regional workshops

c. Academic presentations on the relationship between maltreatment and mental health problems

Interventions

- Trauma-reprocessing (psychodynamic, narrative)
- Cognitive-Behavioural
- Attachment-focused
- Creative
- Behavioural
- Crisis-response

Psychosocial Support Model

Service principles for maltreated and looked after children

- Joint or targeted commissioning
- Joint care pathways
- Direct access
- Seamless mental health provision
- Skills in applied interventions
- Consultation
- Training
- Integration (wrap-around)

Care leavers’ recommendations

(n=12, Butterworth et al, 2015)

- Joint working
- Staff training
- One holistic, flexible mental health service
- LAC knowledge
- Accessible, less formal
- Youth-focused
- Preparation for transition

...decisions are not made with you, they are made about us...
Appendix: presentations from regional workshops
d. ONS: Abuse during childhood: Findings from the 2015/16 Crime Survey for England and Wales

Abuse during childhood: Findings from the 2015/16 Crime Survey for England and Wales

Joe Traynor / Alexa Bradley
Crime Statistics and Analysis
ONS

Background to the CSEW (1)
- A large nationally representative household sample survey
- Conducted by face-to-face interviews in people’s own homes
- Using trained interviewers and a structured questionnaire
- An achieved sample of 35,000 interviews of adults aged 16 and over

Background to the CSEW (2)
- In addition to face-to-face interview, the CSEW has a number of self-completion modules at the end to allow respondents (aged 16-59) to answer questions on sensitive topics in private
- One of the self-completion modules in 2015/16 asked about experience of abuse during childhood (before age 16)
- Questions covered:
  - Sexual assault
  - Psychological abuse
  - Physical abuse
  - Witnessing domestic violence or abuse in the home

Prevalence rates by type of abuse
Appendix: presentations from regional workshops

d. ONS: Abuse during childhood: Findings from the 2015/16 Crime Survey for England and Wales

Multiple victimisation

<table>
<thead>
<tr>
<th>England and Wales</th>
<th>Adults aged 16-59</th>
<th>Men</th>
<th>Women</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 type of abuse</td>
<td>Percentage</td>
<td>58</td>
<td>58</td>
<td>58</td>
</tr>
<tr>
<td>2 types of abuse</td>
<td></td>
<td>24</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>3 types of abuse</td>
<td></td>
<td>15</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>4 types of abuse</td>
<td></td>
<td>2</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Unweighted base - number of adults</td>
<td>1,245</td>
<td>2,447</td>
<td>3,692</td>
<td></td>
</tr>
</tbody>
</table>

Most common relationships to perpetrator

- Psychological abuse
  - 40% mother, 35% father

- Physical abuse
  - 39% father, 29% mother

- Sexual assault by rape or penetration
  - 30% friend or acquaintance, 26% family member other than parent/step-parent

- Other sexual assault
  - 42% stranger, 23% friend or acquaintance

Sexual assault by rape or penetration (including attempts) – Age of survivors

- The abuse had started by the age of:
  - 6 for just over a quarter of survivors (27%),
  - 9 for just over half of survivors (53%), and
  - 12 for nearly three-quarters of survivors (73%)

- The abuse had stopped by the age of:
  - 9 for a quarter of survivors (25%),
  - 12 for one half of survivors (50%), and
  - 15 for just over three-quarters of survivors (79%)

- The abuse continued past the age of 16 for just over 1 in 5 survivors (21%)

Sexual assault by rape or penetration (including attempts) – Reporting the abuse

- Just under three-quarters (74%) of survivors did not tell anyone about the abuse at the time it occurred

- Only 1 in 10 (10%) reported the abuse to someone in a position of trust at the time
  - 7% reported the incident to the police

- Respondents were not asked if they subsequently reported the abuse as an adult

- The most common reasons cited for not reporting were embarrassment and humiliation (48%), and thinking they would not be believed (38%)
Appendix: presentations from regional workshops

d. ONS: Abuse during childhood: Findings from the 2015/16 Crime Survey for England and Wales

Using the CSEW to analyse the impact of abuse during childhood on later life

- Putting data from the abuse during childhood module together with other CSEW data enabled us to analyse the impact of abuse during childhood on later life.
- Self-completion module measuring the prevalence of domestic abuse, sexual assault and stalking
- Self-completion questions on use of illegal drugs
- Questions on demographics/personal characteristics
- Questions on subjective wellbeing

Impact of abuse during childhood on health and wellbeing

- Those who experienced abuse as a child...
  - were more likely to have taken illegal drugs (53% compared with 32%)
  - were almost twice as likely to report having a long-standing illness or disability (28% compared with 15%)
  - were less likely to report that their health, in general, was good or very good (78% compared with 87%)
  - rated their well-being as lower – less likely to be happy, satisfied with life, and feel their lives were worthwhile

... than those who had not experienced abuse as a child.

Increased likelihood of experiencing domestic abuse as an adult

- Around half of adults who experienced abuse as a child (51%) went on to experience domestic abuse as an adult.

Increased likelihood of experiencing sexual assault as an adult

- Almost one third of adults who experienced abuse as a child (31%) went on to experience sexual assault as an adult.
Appendix: presentations from regional workshops

d. ONS: Abuse during childhood: Findings from the 2015/16 Crime Survey for England and Wales

Impact of multiple types of abuse

Proportion of adults who experienced domestic abuse, by number of types of abuse experienced as a child, CSEW year ending March 2016

- No child abuse
- One type of child abuse
- Two types of child abuse
- Three types of child abuse
- Four types of child abuse

Source: Crime Survey for England and Wales, Office for National Statistics

Likelihood of experiencing further abuse in later life

- Past
- Present
- Future

Further information

- Abuse during childhood: Findings from the Crime Survey for England and Wales, year ending March 2016
- People who were abused as children are more likely to be abused as an adult (article on visual.ons)
- Impact of child abuse on later life, Crime Survey for England and Wales, year ending March 2016 (data tables)
Appendix: presentations from regional workshops

e. CCG presentations: NHS City & Hackney CCG and NHS Wolverhampton CCG

CCG’s presentations

The following slides are presentations delivered by CCGs at the NSPCC workshops to provide practical examples of how they produced green plans. With thanks to:

- Dr Laura Smith, City and Hackney CCG
- Mags Courts, Wolverhampton CCG

City and Hackney CAMHS Alliance Transformation - Meeting the Needs of Vulnerable Groups

Dr Laura Smith
November 2017

The CAMHS Transformation landscape in City and Hackney

Credit: Dr Elisa Easton-Gimenez
Appendix: presentations from regional workshops
e. CCG presentations: NHS City & Hackney CCG and NHS Wolverhampton CCG
Appendix: presentations from regional workshops
e. CCG presentations: NHS City & Hackney CCG and NHS Wolverhampton CCG

Lessons from CAMHS Transformation in Hackney

Partnership and joint working is something that people do, as much as something that is operationalised by the organisations that they represent - relationships are key.

Seamless transfers, “no wrong door” and working towards a single front door can be challenging, but are key expectations from partners.

CAMHS Transformation is about more than providing better mental health treatment. It requires taking CAMHS expertise into non-traditional contexts, to increase accessibility and impact.

Evidence-based practice in providing CAMHS for vulnerable groups means investing in specialist services to meet diverse and complex needs.
Appendix: presentations from regional workshops

e. CCG presentations: NHS City & Hackney CCG and NHS Wolverhampton CCG

What are the mental health needs for CYP?

A study commissioned by the Office of National Statistics (Green, McGinty, Metzer, et al 2004) found that:

- 1 in 10 children aged five to fifteen has a clinically significant mental health problem (for boys the rate is 11% and for girls, 8%) These include:
  - 5.8% have clinically significant conduct disorders
  - 3.7% have clinically significant emotional disorders
  - 1.5% have clinically significant hyperkinetic disorders.


Why do we need to consider the mental health needs of CYP who have been abused and neglected?

- 45% of LAC (aged 5-17) had a mental health disorder,
- 37% had clinically significant conduct disorders,
- 12% had emotional disorders, such as anxiety or depression, and
- 7% were hyperkinetic

Appendix: presentations from regional workshops

e. CCG presentations: NHS City & Hackney CCG and NHS Wolverhampton CCG

**Figures related to Wolverhampton**

If we apply this prevalence to the number of looked after children from Wolverhampton it gives an estimate (based on 2016 numbers) that 351 could have a mental health disorder, 289 a conduct disorder, 94 an emotional disorder and 55 a hyperkinetic disorder.

*At the time in Wolverhampton, the rate for LAC was 135 per 10,000 whilst in England the rate was 20.*

---

**Wolverhampton Local Transformation Plan Refresh 2016**

- Included both a needs analysis to inform service provision, and a brief literature review. It collates the research and best practice that could be applied to the local context and uses this to inform service design.
- The plan makes particularly good use of peer-reviewed evidence to boost partner involvement and the integration of health care providers. It has a focus on prevention and early intervention, particularly in schools.


---

**So What? What does this tell us?**

- We are really good at writing plans.

- Plans are written based on the KLOEs – an NHS E document which year on year has different focuses. This is how CCGs get assurance.

- The question is – does it tell us about how our area is going to provide services for vulnerable CYP including those who have been subject to abuse and neglect? Or do we just pass the test?

---

**So What for Wolverhampton?**

- Wolverhampton CCG and City of Wolverhampton Council reviewed all children placed in tri-partite funded placements including LAC to support plans to reduce numbers of LAC placed in and out of city including those in high cost packages and placements.
- This will be addressed initially by delivering preventative, supportive and pro-active services locally.
Appendix: presentations from regional workshops

e. CCG presentations: NHS City & Hackney CCG and NHS Wolverhampton CCG

- For those young people placed in the tri-partite funded placements, a clear understanding of their health needs is identified by health professionals which will include interventions required and outcomes expected as a result. These will feed into the placement request reducing the need to rely on providers to tell the commissioners what the needs of the young person are and what they will provide. No longer provider led!!!

**Areas of concern outstanding**

- Harmful sexualised behaviour strategy being developed along with training for staff across the system
- Spot purchasing specialised assessments to establish needs of the CYP in care who may not have an order under youth and justice services.

**Other work being undertaken as part of this year’s refresh**

- Unaccompanied asylum seeking children (UASC)
- Joint work between the Local Authority and CCG to look at improving the service provided to LAC, adopted and care leavers which will be completed by the end of March 2018.
- Service to LAC is not specifically commissioned and therefore pathways and access are not necessarily clear to those working in the area.
- Also all of the current service provision is at old tier 3 level - is this appropriate?

**Opportunities available in the system**

- Commissioning services that are easily accessed and are readily available to provide support in the system. Could this be joint?
- How do we get to a point where we have access to specialist support and interventions
- Engaging the market to prevent it being Provider led market – working on a wider footprint.
Thank you for listening and are there any questions?

“Be bold, be brave and do not compromise. We can transform the provision of children’s mental health care, and the rewards for doing so are enormous.”
Anne Longfield OBE, Children’s Commissioner. October 2017
Want to find out more about the implementation support we provide? Contact our Scale-up unit:
scaleupunit@nspcc.org.uk

For more information about the work we do, visit
nspcc.org

EVERY CHILDHOOD IS WORTH FIGHTING FOR