NSPCC

Transforming mental health services for children who have experienced abuse

A REVIEW OF LOCAL TRANSFORMATION PLANS

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Introduction

In 2015 the Government’s Children and Young People’s Mental Health Task Force published Future in Mind – a landmark report setting out a new vision for children’s and young people’s mental health in England. The Government has committed £1.4bn over the course of this parliament to improve children’s mental health services. £105m of this has been given to Clinical Commissioning Groups (CCGs) to take forward the vision of Future in Mind at a local level. CCGs have been asked to produce Local Transformation Plans (referred to as Plans in this document) setting out how they will improve children’s mental health, working with local partners across a range of sectors including the NHS, public health, children’s social care, youth justice and education sectors.

In January 2016 the NSPCC launched ‘It’s Time’, a major new campaign calling for increased therapeutic support for children who have experienced abuse. Experiencing abuse and neglect is understood to be one of the biggest risk factors for children and young people developing mental health difficulties both in the short and long term. But professionals who work with abused children widely agree that the current provision of appropriate therapeutic support for this group is inadequate. This is despite an increase in the number of children and young people coming forward to talk about their experiences of abuse in recent years and a sharp rise in police recorded sexual offences against children.

Children who have been abused often do not meet the high clinical thresholds for access to Child and Adolescent Mental Health Services unless they are at crisis point. Further information about the gaps in therapeutic support for abused children can be found in the NSPCC’s ‘It’s Time’ campaign report.

Local Transformation Plans are a crucial opportunity to address the current gaps in therapeutic support for children who have been abused. Two of the main themes that underpin Future in Mind include ‘care for the most vulnerable’ and ‘promoting resilience, prevention and early intervention’. This focus particularly chimes with the needs of children who have been abused – this is a vulnerable group of children, at high risk of psychological distress, who will often benefit from early intervention to prevent mental health issues from escalating.

This report summarises the NSPCC’s analysis to which Plans:

a) recognise the role of abuse and neglect as a primary risk factor for mental health needs;

b) assess the local level of need and current service offer for children who have experienced abuse and neglect; and

c) whether local areas are planning additional services targeted at this group.

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1 Future in Mind: Promoting, protecting and improving our young people’s mental health and well being (2015).


3 NSPCC Survey of 1308 professionals, 2015: 96% said there was not enough therapeutic support in their area for children who have been abused or neglected.


Executive summary

Key findings

- Whilst we identified a small number of very promising plans which will help to close the gap in therapeutic support for abused children, we are concerned that overall many Local Transformation Plans (Plans) do not address the mental health and therapeutic support needs of children who have experienced abuse or neglect.
- One third of Plans contained no recognition that children who have been abused or neglected present a very high risk of developing mental health issues.
- Only 14% of Plans contained an adequate needs assessment of abused and neglected children.
- One third of Plans (39 Plans out of 117) fail to mention provision of services to meet the needs of children who have experienced abuse or neglect. Many Plans are not currently meeting the full spectrum of need, as required by NHS England.
- 3.89 million children (34% of children in England) live in a CCG area where the Plan does not mention services for children who have experienced abuse.
- Although two thirds of Plans (78 Plans out of 117) did mention services for children and young people who have experienced abuse or neglect, they varied in detail and it was not always clear whether these were mentions of existing services or those planned for development. Of those plans which mentioned services for abused children, three quarters indicated whether or not there would be additional resources spent. However, this was not always accompanied by clear financial information.
- Many plans lacked detailed information about additional resources and financial commitments in relation to meeting the needs of abused children. Tracking any improvement in support provision for this group will therefore be very challenging.
- There were a small number of very promising plans which addressed the specific needs of abused and neglected children. Examples of best practice included: recognition that abuse is a major risk factor for poor mental health; needs assessments which were much broader than a narrow focus on clinical disorders; a commitment to addressing non-diagnosable mental health concerns following traumatic life events such as abuse; clear and transparent information about current and planned services.
The challenge facing local areas

The challenge facing CCGs is significant. There is a large gap between the numbers of young people requiring mental health and therapeutic support services and those accessing them. *Future in Mind* reminds us that at the time of the last UK epidemiological study, less than 25% – 35% of those children with a diagnosable mental health condition accessed support⁶. This does not account for children who would have benefitted from psychological support but did not have a mental health diagnosis. Evidence suggests that need has continued to rise. The increase in need for support comes at a time when wider support services have faced extensive cuts – for example a 23% reduction in real terms to local authorities’ spending per person since 2010⁷.

In this context it is an ambitious expectation for CCGs to deliver wholesale transformation of children’s mental health with a share of £1.4bn over five years, but this is certainly a much-needed injection of funding with which to begin improvements. To deliver improvement it is vital that the Plans are robust in their assessment of need and current provision, and allocate adequate resources to the groups who are at greatest risk of developing serious mental health issues if left unsupported including children who have experienced maltreatment.

**What do we mean by support?**

Abuse and neglect affects children differently so the support available needs to reflect this. Therapeutic support means services provided by a range of trained professionals to address the trauma they have experienced and its impact on their lives. This can include: talking therapies, family therapy, cognitive behavioural therapy, play based therapy, counselling and psychotherapy⁸.

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The impact of abuse on mental health and emotional wellbeing

Experiencing abuse, exploitation or neglect has a major impact on the developing child and is linked to long term chronic problems into adulthood. Many mental health service users of all ages have problems directly attributable to severe neglect and/or trauma in the early years. Further an extensive body of research provides evidence that exposure to childhood adversity such as abuse increases the risk of developing mental illness. There is evidence to show that childhood sexual abuse has damaging effects on an individual’s emotional development. It is linked to feelings of shame and self-blame, powerlessness, inappropriate sexual beliefs and difficulties forming and maintaining intimate relationships. Sexual abuse in childhood has been attributed to 11% of all common mental disorders in England, along with 7% of alcohol dependence disorders, 10% of drug dependence disorders, 15% of eating disorders and 17% of post-traumatic stress disorders.

The commissioning of mental health and therapeutic support services must take into account that the trauma of abuse or neglect is often the underlying cause of poor psychological wellbeing in many young people.

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Analysis of Local Transformation Plans

The deadline for the completion of the Plans was October 2015. All plans were required to be published locally by December 31st 2015.

In its guidance for local areas, NHS England stated that:

“These Local Transformation 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.”

In our review of Plans we have assessed:

- to what extent they recognise that mental health issues can be attributed to abuse and neglect;
- whether the needs analysis incorporates abused and neglected children;
- the information contained within each plan relating to existing or proposed new services for children who have experienced abuse or maltreatment.

The list of questions we considered in our review and the criteria we applied are in Annex 1. We also identified some key themes which characterise a strong Plan and have included specific examples to illustrate these.
Findings

Assessing the needs of abused and neglected children

Two thirds (67%) of Plans made a reference (either in the plan or in an associated referenced document, such as a Joint Strategic Needs Assessment (JSNA)) to children who have been abused or neglected presenting a high risk of developing mental health issues.

This means that one third (33%) of Plans contained no recognition that children who have been abused or neglected present a high risk of developing mental health issues. This is despite NHS England guidance requiring Plans to address the full spectrum of needs.

Even when Plans did recognise the high risk of mental health issues following abuse and neglect, this did not necessarily result in either a detailed local needs analysis of the group or any mention of services for children who have experienced abuse or neglect.

We recognise that including children who have been abused or neglected in a local needs analysis is a challenge. This is because data relating to abuse and neglect in childhood and the mental health needs of this group is very poor. However, some analysis is possible with the current national and local data that exists as is evident in some of the plans. We expect to see this high-risk group featuring in all needs assessments and crucial data gaps being filled.

This data challenge is symptomatic of a wider gap facing CCGs when assessing children’s mental health needs and commissioning services. A Health Select Committee inquiry noted that ‘the lack of reliable and up to date information about children’s and adolescents’ mental health and CAMHS’ means that those planning and running CAMHS services have been operating in a “fog”.

The data challenge has also been highlighted by the British Psychological Society who stated that ‘the children’s mental health system has been historically poor in collecting evidence of quality in a meaningful way, and therefore has not been able to use good data to improve services’.

In assessing the quality of needs analyses we adopted a very simple traffic light system:

i. If there was no mention of any form of childhood maltreatment we scored this “red”.

ii. If there was mention of some relevant statutory data sources such as children on protection plans or reported offences against children we scored this “amber”.

iii. If there was also a recognition that the prevalence of abuse and neglect is different to (and generally larger) than what is known to services we scored this “green”. This may have included estimates of prevalence at a national level or not. For example, if an area estimated the prevalence of say, sexual abuse, but not other types of abuse, we also rated this green.

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13 CAMHS stands for Child and Adolescent Mental Health Services.


Overall just 14% of Plans contained a needs assessment of abused and neglected children that we rated ‘green’.

In response to a recent parliamentary question\(^\text{16}\), Mental Health Minister Alistair Burt stated “These [Local Transformation Plans] include plans for how CCGs will ensure that the needs of all children and young people are met locally”.

The overall quality of needs assessment of the likely mental health needs for children who have experienced abuse and neglect leaves much room for improvement across England.

**Meeting the needs of children who have experienced abuse or neglect**

We reviewed Plans to identify whether they mentioned services targeted at children who have experienced abuse or neglect. We took into account mentions of relevant services for these children regardless of whether or not a needs analysis had preceded it.

We also reviewed the Plans to identify whether services targeted at looked after children were mentioned. This is relevant because over 60% of children in the care system are looked after due to abuse or neglect\(^\text{17}\). In 2013/14 we estimated that there were 17,000 children in care in England with a diagnosable mental health disorder who were not receiving support\(^\text{18}\).

Our findings are shown in the chart below:

- 78 Plans (67%) mention services for children and young people who have experienced abuse.
- 99 Plans (85%) mention services for looked after children.

In response to a recent parliamentary question\(^\text{19}\), Mental Health Minister Alistair Burt stated “These plans cover the full spectrum of mental health issues: from prevention and resilience building, to support and care for existing and emerging mental health problems, as well as transitions between services and addressing the needs of the most vulnerable. This includes those who have been exposed to sexual abuse or exploitation”.

\(^{16}\) Health [32700] 18 April 2016.

\(^{17}\) Children looked after in England including adoption: 2014 to 2015; National Tables SFR34_2015, Tab A1.


\(^{19}\) Health [32700] 18 April 2016.
Our research shows that in 39 Plans (relating to 74 CCG areas) there is no mention of services being made available to meet the needs of children who have experienced abuse or neglect. Around a third of children (34% aged 0-17) live in a CCG area where the Plan does not mention services for children who have experienced abuse or neglect.

Has more money resulted in more services for abused and neglected children?

Plans are required to set out how the additional money from Government will be spent to support delivery of the ‘Future In Mind’ vision. However, it was not always clear whether mentions of services targeted at abused children within Plans were referring to existing or new provision. Nor was it always clear to what extent the service outlined in the plans would be able to meet local demand and within what time frame.

The variation in detail means that it will be challenging to assess progress in terms of increasing provision and access to support within an individual CCG area or across the country.

Where service(s) for children who have experienced abuse are mentioned, is it clear in the LTP whether they are additional to existing services or not?

- No: 24%
- Partially: 1%
- Yes: 74%

75% of Plans that mentioned services for abused or neglected children gave an indication as to whether or not there would be additional resources spent. In the remaining plans there was no or partial information on this.

Where information relating to resources was available, this was not necessarily financial information – it may have just been a mention of additional resources or capacity without financial details alongside it.

In many cases it was clear that there would be no additional resources to existing services.

20 Please see Annex 2 for detail on how these figures were calculated.
Transparency

At the time of writing we were unable to find all Local Transformation Plans. A total of 122\textsuperscript{21} Plans should have been published by Clinical Commissioning Groups. 96\% (117) have been published\textsuperscript{22}. This means that five Plans have not been published several months past NHS England’s deadline of December 31st 2015\textsuperscript{23}.

The starting point for our review was the list of Plans held on the Local Government Association website\textsuperscript{24}. This list contained links to 74 of the 122 plans. Mental Health Minister Alistair Burt’s response to a parliamentary question on the issue on 10 February 2016 assured Parliament that “… by mid-February a link will be available to all [plans]\textsuperscript{25}.”

By mid-April 2016 there was still only a list containing the links to 74 plans. We supplemented this list with our own research to identify the remaining plans and found another 43 plans, bringing the total to 117.

The issue of finding Plans has featured in a number of Parliamentary Questions in recent months.\textsuperscript{26} Identifying where all plans are located is not a straightforward task, but it is a crucial first step in being able to complete independent assessments about their quality.

\textsuperscript{21} There are a total of 209 Clinical Commissioning Groups. Some of them have published joint plans, which is why 122 are expected in total. We used the same list that NHS England used to complete a baseline assessment. This list can be found here in the Children and Young People’s Mental Health Services Baseline Report that was completed in 2015. https://www.england.nhs.uk/mentalhealth/cyp/transformation/.

\textsuperscript{22} As at 12 May 2016.

\textsuperscript{23} For detail on how we identified and accessed plans please see annex A.

\textsuperscript{24} http://www.local.gov.uk/camhs. (This list was downloaded on 19 April 2016.)

\textsuperscript{25} Health [25516] 10 February 2016.

In response to a recent parliamentary question, Mental Health Minister Alistair Burt stated: “Following guidance published by NHS England in August 2015, clinical commissioning groups (CCGs) have produced Local Transformation Plans for children and young people’s mental health with their local partners, as proposed in Future in mind.”

NHS England states that a key element of Local Transformation Plans should be commitments to transparency. They specifically state that there is a "requirement for local commissioning agencies to give an annual declaration of their current investment and the needs of the local population with regards to the full range of provision for children and young people's mental health and wellbeing. A requirement for providers to declare what services they already provide, including staff numbers, skills and roles, waiting times and access to information."

We conclude that NHS England’s objective of transparency is not yet being achieved.

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Working towards good needs assessment and increased services for children who have experienced abuse or neglect

As noted at the outset of this report, we recognise the challenge that CCGs have faced in preparing their Plans. We also recognise that although experiencing abuse and neglect is a significant risk factor for developing mental health issues, CCGs were not specifically required by NHS England to identify and address the needs of this group. In addition local areas are struggling with declining budgets and rising demand for services. However, despite these challenges, through our analysis we identified a number of Plans that presented a clear ambition of transforming mental health services over the coming years, which took into account the high risk group of abused or neglected children, and set out how they were trying to do this.

In order to support improvements when plans are reviewed for 2017/18 we have identified some key themes that characterised strong plans.
1) Good Plans contained a baseline assessment of where they are starting from and an assessment of the needs in their area which was informed by the risk factors that have an impact on mental health.

**Examples:**

- Sunderland LTP: included an assessment of need focussed particularly on factors known to increase risks of mental health issues, which includes having been neglected or abused (or being subject to a child protection plan) or being in care. 

- Kent LTP: the needs assessment was much broader than a narrow focus on clinical disorders, including risks and protective factors relating to mental health, the factors that influence mental capital, and how they are connected across the lifecourse.

- Tameside and Glossop LTP: included a section focussed on harnessing the power of information and setting out to address the significant data challenges that exist. Tameside and Glossop aim to overcome gaps in information and weaknesses from single method approaches through triangulation and combining methods (both quantitative and qualitative). The plan makes clear that commissioners will be incorporating clear requirements for data and information in commissioning contracts.

2) Good Plans clearly articulated a vision of where they were trying to get to over the coming years.

**Examples**

- Gloucestershire LTP: the plan clearly articulates that Gloucestershire wants to provide a system of support without tiers, so that children can cope and get swift access to the right support and evidenced based treatments and interventions when needed.

- Several Plans: A number of Plans mention a single point of access or a pathway of care and support. Often this was accompanied by the ambition to remove the tiered approach. There was a welcome focus on the child or young person and an ambition to stop people “bouncing” between services.

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29 Sunderland LTP, Appendix 1 and also sections 2 and 5.

30 Children and adolescent mental health services needs assessment for Kent; Kent County Council, 2015, section 5.

31 Tameside and Glossop LTP section 6.

3) Good Plans recognised that non-diagnosable mental health concerns need to be addressed and that support is often needed following traumatic life events before more severe mental ill health develops.

Examples:

- Gloucestershire LTP: acknowledges that services need to develop to meet the emerging needs of children who have experienced traumatic life events such as neglect or violence and that these children should receive therapeutic support before they develop more severe mental illness[^33].
- Knowsley LTP: this plan moves past the concept that mental health is the absence of mental illness and believes that mental health can be enhanced regardless of a diagnosis[^34]. Recognising that it is possible to be free of a diagnosed mental illness but still be experiencing poor mental health is very important for children who have suffered trauma relating to abuse or neglect in their childhood. Children may not (yet) express their trauma through a “conduct disorder” or an “eating disorder”, but that does not mean they are not suffering from mental ill health.
- Lincolnshire CCG: within this plan therapeutic services for children (specifically for sexually harmful behaviours and victims of sexual abuse) are available making clear that these services are for children with non-diagnosable mental health concerns[^35].

4) Good Plans were clear and transparent and will enable accountability. Specifically they identify gaps in services and set out ambitions to evolve current services.

Examples:

- Northumberland LTP: provides clarity about where money is currently being spent and where additional funding will be allocated. The plan sets out which partner is leading which aspect of the plan[^36].
- Somerset LTP: provides clarity on how additional expenditure would be spent and how these priorities were identified for Somerset[^37].

[^34]: Knowsley Local Transformation plan, page 10.
[^35]: Lincolnshire LTP, page 15.
[^36]: Northumberland LTP.
[^37]: Somerset LTP, sections 6 and 7.
Annex 1

Reviewing the Local Transformation Plans: Method

Identifying the plans
1) NHS England issued guidance for local areas in August 2015 relating to the development of Local Transformation Plans to support improvements in children and young people’s mental health and wellbeing.

2) Most plans have been completed and published and we have reviewed them.

3) We identified the plans for review as follows:
   a. We used the list from the Local Government Association website http://www.local.gov.uk/camhs. This list was downloaded on 19 April 2016.
   b. This list contains 209 CCGs. As some CCGs prepared joint plans 122 transformation plans are expected in total.
   c. The list contained links to 74 of the 122 plans.
   d. We supplemented the list with our own research to identify the remaining plans.
   e. We were not able to find all Plans.

Which documents did we review?
4) We reviewed the Local Transformation Plans. Where plans referred to a specific related document or a Joint Strategic Needs Assessment (JSNA) we reviewed those as well. This would have typically been a link or a specific reference that could be followed up.

5) Where the Plan did not specifically refer to any further documentation we simply reviewed the Plan.

6) Where links to relevant further information, such as a JSNA did not work and the document could not be found easily, it was not reviewed. We did not request documents from CCGs.

Criteria applied in the review of the Local Transformation Plans
7) The questions that we considered in our review of the Plans which fell into 3 categories:
   a. What needs analysis is presented in the Plans?
   b. What kind of service offer was mentioned (regardless of whether there was a related needs analysis or not)?

8) What needs analysis is presented in the Plans?
   a. Is there any recognition in the Plan that mental health issues can be attributed to abuse and neglect in childhood? – We looked for some acknowledgement that abuse and neglect feature in a needs analysis. This matters because mental health services often treat issues which have their roots in childhood abuse or neglect.
   b. Does the plan reference needs analysis for abused/neglected children and of what quality? – We had a very simple traffic light system:
      i. If there was no mention of any form of childhood maltreatment we scored this “red”.
      ii. If there was mention of some statutory data sources, such as children on protection plans, we scored this “amber”.

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iii. If there was a recognition that the prevalence of abuse/neglect is different to (and generally larger) than what is known to statutory services we scored this “green”. This may have included estimates of prevalence at a national level.

c. Does the Plan reference needs analysis for looked after children (LAC) specifically?
   i. Yes/No answer possible. This question was a sort of "control" question, as there are statutory duties that apply to looked after children. We thought it would be interesting to see what impact that has on how LAC feature in these plans. In 2013/14 we estimated that there were 17,000 children in care in England with a diagnosable mental health disorder who were not receiving support38.

d. Does the Plan reference needs analysis for eating disorders specifically?
   i. Yes/No answer possible. This question was a sort of "control" question - CCGs have been instructed specifically to develop such services. Did this specific instruction make a difference?

9) What kind of service offer was mentioned (regardless of whether there was a related needs analysis or not)?

   The questions in this section relate to the service offer outlined in the Plans, regardless of whether there was a needs analysis or not.

   a. Was there any mention of services for children who have experienced abuse/neglect/any maltreatment? - Yes/No answer possible.

   b. If answer was “Yes”, what type of maltreatment are the services for?

   c. Is it clear whether the service(s) captured under 8a) are additional to existing services – Yes/No answer possible

   d. Any mention of services relating to infant mental health? – Yes/No answer possible

   e. Is it clear whether the service(s) captured under 9 are additional to existing services – Yes/No answer possible

10) Is there any evidence of consultation with children and young people in service development?

   a. Where any consultation has been referenced in this Plan, were young people involved in service design?

      i. Yes or No answer possible – some pretty general references to consultation with CYP get you a “Yes”. This applies whether the consultation happened or is planned.

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Annex 2

Estimating the number of children who live in a CCG area where the Plan does not mention services for children who have experienced abuse: Method

1) We reviewed all 117 Plans that had been published, that we could find at the time of writing. (The questions we considered are detailed in Annex 1).

2) In our review we found that 39 Plans did not mention provision of services to meet the needs of children who have experienced abuse or neglect.

3) Some CCGs worked up and published Plans on their own; others did this work jointly with other CCG areas.

4) Our analysis suggests that 39 Plans relate to 74 CCG areas.

5) Population data by CCG areas is published by the Office for National Statistics. (Table SAPE17DT5: Mid-2014 Population Estimates for Clinical Commissioning Groups in England, by Single Year of Age and Sex)

6) We summed the population estimates for the 74 CCG areas we identified to arrive at a total figure of 3,897,521.

7) There are 11,591,701 0-17 year olds (as set out in SAPE 17DTS Table). 3,897,521 is 33.6% of the total number of 0-17 year olds.