



The Association of Directors of Public Health

Policy Position: Vulnerability & Adversity in Childhood

Key Messages

- The physical, emotional and mental wellbeing of children and young people are significantly shaped by the social determinants of health into which they are born, live, learn and grow.
- A child can be vulnerable to risks and poor outcomes because of individual characteristics, the impact of action or inaction by other people, and their physical and social environment.
- A whole system approach is needed to address the determinants of child health, with joint working between the NHS, housing, education, social services, voluntary, police and youth justice sectors.
- A shift towards prevention and early intervention is needed to support children and young people to lead healthy and fulfilling lives and prevent ill health in later life.

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice. The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

This policy position outlines our position on childhood vulnerability and forms part a project, funded by the Health Foundation, to address the social determinants of health. The statement has been developed in partnership with the membership and led by the ADPH Children and Young People Policy Advisory Group. It should be read in conjunction with the other project outputs as well as our position statement on the [Best Start in Life](#).

Background

The physical, emotional and mental wellbeing of children and young people are significantly shaped by the social determinants of health into which they are born, live, learn and grow. Negative experiences, both at home and in the community, may mean that children are not only at greater risk of poorer outcomes as a result of these experiences, but also of engaging in harmful activities (i.e. smoking, alcohol and drug misuse) as they grow up which increase their risks still further.¹ This can perpetuate inequality throughout life and from one generation to the next.

There is no commonly used definition of childhood vulnerability. A child can be vulnerable to risks and poor outcomes because of individual characteristics (ie related to a child's physical, emotional health and educational needs); the impact of action or inaction by other people (ie the absence of a supportive relationship in child's life, and the experience of abuse and exploitation); and their physical and social environment (ie the experience of poor housing conditions, poverty and community crime and violence).

Some vulnerable children may also have adverse childhood experiences (ACEs). These are a specific set of

childhood experiences associated with negative outcomes in later life.² The ten ACEs include various forms of abuse, neglect, witnessing or otherwise experiencing violence, having one's parents separate and living with parents who are affected by mental illness or addiction. Like other factors which make children more vulnerable, they do not inevitably lead to poorer outcomes.

Building resilience in children and their families is crucial to promoting better outcomes. The characteristics of the systems around young people are what determine how resilient they are and how resilient they become. Resilience assets could include the availability of supportive relationships; belonging to a united group or community; opportunities for work or activity that offers a sense of purpose.

In England, there were 389,260 children in need as of 31 March 2021. Domestic abuse by the parent was identified as a factor in 168,960 of cases and remains the most common factor.³ In the same time period, 23,095 children in Northern Ireland were known to Social Services as a child in need, and 7,263 children in Wales were looked after.⁴⁵ At 31 July 2020, 16,530 children in Scotland were looked after or on the child protection register.⁶

Focus on COVID-19

The challenges and impact presented by COVID-19 to children highlights the urgent need to focus on reducing vulnerabilities and addressing health inequalities as well as a comprehensive approach to identifying and addressing the needs of children and families. The number of vulnerable children "invisible" to services is likely to have increased during the pandemic as a result of increased stress and financial pressures on families, closure of schools, restriction of many face-to-face services, home visits and other sources of support (ie from extended family). The number of children experiencing mental health problems has increased during the pandemic, from one in nine in 2017 to one in six in 2020.⁷ The number of calls to the NSPCC Helpline about children experiencing domestic abuse has also increased by over 50%: between April and December 2020 the monthly average number of contacts was 52% higher than the pre-lockdown average.⁸

Policy Context

There is no 'single strategy' or clear departmental remit for vulnerable children in England. Currently, the Department for Education leads on schools and children's social care, and shares responsibility for early years and mental health with the Department of Health & Social Care. The Department for Levelling Up, Housing and Communities runs the Troubled Families programme, while the Home Office takes the lead on youth violence and domestic abuse, and Department of Work and Pensions leads on reducing parental conflict.

The Government recently published [The Best Start for Life: A Vision for the 1,001 Critical Days](#) which sets out six key areas for action to reduce child health inequalities and further champions the role of Family Hubs in providing early help, particularly for vulnerable children and families. The [Comprehensive Spending Review](#) in November 2021 subsequently set out a funding package to support the recommendations of the review, including £80 million for Family Hubs, £100m to support the mental health of new and expectant parents and £120m towards other comprehensive family support programmes.

In its [Programme for Government 2017-2018](#), the Scottish Government committed to focusing on prevention and early intervention with the aim of reducing the prevalence and long-lasting impacts of ACEs for the nation's young people.⁹ This commitment was to be fulfilled as part of the Government's Getting it Right for Every Child (GIRFEC) approach, by reducing parental incarceration, expanding health visiting numbers, increasing take up and provision of early learning and childcare, investing in support and safeguarding projects for parents and children and increasing funding for schools.

The Welsh Government, following a 2015 [study](#) by Public Health Wales, committed to giving children the best start in life in its Government Programme [Taking Wales Forward 2016-2021](#), and laid out how it would tackle ACEs and support the most vulnerable children and families. Deliverables included creating 'ACE-aware' public services, developing a more joined-up early years system and piloting Children First areas to reduce ACEs and improve children and young people's resilience. In 2015, the [Wellbeing of Future Generations Act](#) was also enacted in Wales. This similarly calls on public bodies to take a joined-up approach and work collaboratively with the population, communities and each other to support children and young people and prevent persistent problems such as poverty and health inequalities.

Northern Ireland have also set out a number of initiatives to tackle childhood adversity and vulnerability. In 2017, the Department of Health invested £1.5 million to establish the cross-departmental [Early Intervention Transformation Programme](#) (EITP). In 2018, the Safeguarding Board launched the [Trauma-Informed Practice Project](#), which works with its 27 member agencies to build a trauma-informed workforce across Northern Ireland.

ADPH Position

A whole system approach

ADPH advocates for a whole system approach to improving outcomes for vulnerable children which centers around the following three principles: prevent vulnerability, intervene early when problems arise and create the conditions through the life course where negative effects are lessened. This approach requires joint working amongst partners including public health, the NHS, housing, education, social services, planning, voluntary, police and youth justice sectors. Taking a more holistic approach at a population level avoids the potential pitfalls of focusing on singular approaches which may only address part of the problem.

Local authorities are well placed to influence the adoption of a locally led, shared vision across organisational boundaries such as voluntary sector services, early help services and the Troubled Families programme, which prioritise and address the underlying causes, as well as the consequences, of vulnerability. DsPH and their teams also have a crucial role to play with local partners in addressing the social determinants of health, such as housing, income, community resilience, employment and education, and creating the conditions in which children and young people can thrive.

Funding

Public health grant allocations have fallen in real terms from £4.2 billion in 2015–16 to £3.3 billion in 2021–22.¹⁰ Cuts to public health funding will limit the ability of local authorities to fund and deliver early intervention, prevention and universal services. Wider cuts to local authority funding are also creating financial challenges which have an impact of the wider determinants of health. Local authority funding constraints and uncertainties remain a major challenge to service provision, forcing statutory services to

focus on crisis support rather than prevention or early intervention.

It is crucial that new pressures and commitments (ie [The Early Years Healthy Development Review Report](#)) are fully funded and integrated into the public health grant, as opposed to creating separate funding pots which can be bureaucratic, limit local leadership in focusing resources on local challenges and inhibit long-term planning and cost-effectiveness.

Early intervention

An essential part of reducing the number of children who are vulnerable to poorer outcomes is investing in early years and early intervention support. Cuts to early intervention funding since 2010 have led to worse outcomes for vulnerable children in England and has disproportionately affected those from most deprived areas. Furthermore, the London School of Economics and Political Science (LSE) estimated that the economic cost of failing to invest in early years in 2018/19 was £16.13 billion.¹¹ Investing in early intervention must be a key part of the Government's ambition to level up.

A balance is needed between providing universal services to all children (such as through health visiting teams) while also focusing additional resources on vulnerable children and marginalised groups. Interventions should focus on supporting positive, nurturing relationships, reducing the sources of stress in a child's life, promoting resilient and stable families and taking into account the social determinants that impact on families. Effective early intervention funding requires long-term investment at a level that is sufficient to enable the commissioning and implementation of high-quality interventions by skilled and experienced professionals to meet a range of child and family needs.

Furthermore, significant investment in research and evaluation is required to develop and embed any promising interventions within more evidence-informed local decision-making systems. While commissioning new trials and national studies plays an important part, focus should also be given to increasing the capacity and capability for evaluation among those who are delivering early intervention at the local level.

Child poverty

Not all vulnerable children are poor, and not all poor children are vulnerable. However, there is a clear correlation between poverty and higher rates of vulnerability. Evidence consistently shows associations between poverty and child maltreatment, ACEs, worse physical health, mental health problems, decreased educational attainment and increased risky behaviours, including criminal behaviour in adolescence and adulthood.^{12,13} Before the pandemic, the child poverty rate in the UK was at 31%. This is likely to have increased during the pandemic.¹⁴

ADPH would welcome the restoration of binding national targets to reduce child poverty and the adoption of a 'health in all policies' approach to decision making and policy development. Public health and healthcare services, particularly primary care, health visitors and school nurses, play a key role in prevention and early intervention to mediate the adverse health effects of poverty and prevent more serious problems later in life.

Mental health and wellbeing

A survey by YoungMinds of people aged between 13 and 25 years old, found 67% believed that the pandemic will have a long-term negative effect on their mental health.¹⁵ Greater investment is needed in promoting good mental health and wellbeing in children and young people, as well as early identification and prompt intervention for those who need support with better services across education, social care,

youth justice and health. A whole school approach should be adopted to build resilience and promote positive social and emotional wellbeing. School nurses in particular play a crucial role and should be trained to ensure that they can recognise and support those with mental health issues and can recognise when a problem is serious and needs referral.

Furthermore, parental mental health, particularly during pregnancy and the early years, can affect bonding and have a significant impact on children's wellbeing. For example, mothers in the top 15% for symptoms of antenatal anxiety and depression are two times more likely to have a child with a diagnosable mental disorder by age 13.¹⁶ Anxiety and depression during pregnancy are however, under-diagnosed and under-treated.¹⁷ There are roles here for a wide range of health and other professionals including GPs, midwives, health visitors, social workers and others who need to be able to identify problems early, offer a level of support, and know when to refer on to specialists. ADPH has published a policy position statement on [Mental Health and Wellbeing](#).

Trauma informed approaches

A trauma-informed approach seeks to recognise that many of those who access a service may have experienced trauma that services do not routinely consider. This lack of awareness can lead to social exclusion, a lack of support or onward referral, and the potential for re-traumatisation. The Scottish Government in 2016 commissioned NHS Education for Scotland to develop a [National Trauma Training Programme](#) to support the Scottish workforce to become trauma informed. The 2021/2022 Programme for Government [A Fairer, Greener Scotland](#) has extended the National Trauma Training Programme to 2023 and committed to establishing a 'Bairn's Hoose' – a trauma-informed recovery environment for children – by 2025.¹⁸ The Early Action Together Programme (EATP) in Wales has also overseen the delivery of ACEs awareness training to almost 6,500 police officers and other professionals.¹⁹ Reviews of such trauma informed training and interventions indicate promising results in raising awareness of ACEs, but further evaluation is required about their effectiveness, impact and scalability.

Data collection & sharing

Although research demonstrates the link between children's health, education and social outcomes, currently data is not routinely shared between different agencies. Having a unique, consistent identifier for children will allow professionals interacting with children to share information easily and better provide for their needs.

Recommendations

National

- The Government should invest at least £1.4 billion more a year by 2024/25 in the public health grant to reverse recent cuts and support national policy ambitions. All new commitments should be fully funded.
- Wellbeing should be built into the fabric of UK Government decision-making both when it comes to policy development and funding allocation.
- ICSs must prioritise prevention, early intervention, and tackling the causes of health inequalities across the life course, including children and young people.
- The Government should mitigate the impact of wider local authority funding cuts on the health of children and young people; for example, cuts to children's services

- A whole family approach should be taken, that is proportionate to need, with a focus on positive parenting, to prevent and reduce the impact of adverse childhood experiences.
- A digital 'red book' should be established for each child as a first step in coordinating information on children's development and adversities and providing high-quality, evidence-based services that are specific to each child's needs.
- Investment should be made in an improved public health Sector-led Improvement (SLI) offer to help support and share innovation and drive improved performance and outcomes in every area.

Local

- Effective integration of health and social care services and a whole system, place-based approach should be adopted to improve children and young people's health and wellbeing outcomes.
- Health professionals including GPs, midwives, health visitors and social workers should be trained to identify prenatal and perinatal maternal problems early, offer support and signpost.
- NHS staff should be trained to understand the impact of health inequality and should take a Making Every Contact Count approach to link up people who may have wider issues such as housing or debt problems with appropriate services.

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- ⁵ [Children looked after by local authorities: April 2020 to March 2021](#) (2021)
- ⁶ National Statistics, [Children's Social Work Statistics Scotland, 2019-20](#) (2021)
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- ⁸ See NSPCC, 'Calls to NSPCC about children living in violent homes rise by over 50% as we urge government to support all children': <https://www.nspcc.org.uk/about-us/news-opinion/2021/calls-to-nspcc-about-children-living-in-violent-homes-rise-by-over-50-as-we-urge-government-to-support-all-children/>
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