The Association of Directors of Public Health
Policy Position: Childhood Adversity and Vulnerability

Key Messages

- The physical, emotional, and mental wellbeing of babies, children and young people are significantly shaped by the social determinants of health in which they are born, live and grow.
- A child can be vulnerable to the impact of action or inaction by other people and their physical and social environment, including poverty, social inequalities, and structural racism.
- A whole system approach is needed to address the determinants of child health, with strong national policies and joint working between the NHS, housing, education, social services, and youth justice sectors. Health visiting and midwifery services, as the universal early years support services, are uniquely placed to facilitate early access to services according to families' needs.
- A shift towards prevention and early intervention is needed to support babies, children, and young people to lead healthy and fulfilling lives and prevent ill health in later life.

ADPH Recommendations

National

- **Prevention:** Local strategies and systems must prioritise prevention, early identification, and early intervention, such as 0-19 services, family hubs and Health and Care systems.
- **Reducing inequalities:** Governments across the four nations should reintroduce binding national targets to reduce child poverty and tackle the causes of health inequalities across the life course.
- **Investment in public health** must be increased across the four nations. In England, the Public Health Grant needs £0.9 billion more a year to reverse years of funding cuts.[1]
- **Building wellbeing into policy decision making:** At both national and local levels, Governments across the four nations should tackle the social determinants of health – building wellbeing into policy decision making and funding allocation should be a cross-government priority.
- **The voice of the child:** Children should be engaged so that they can influence policy decision making in matters related to them.
- **A whole family approach** should be taken to prevent and reduce the impact of childhood adversity with a focus on positive parenting and healthy family relationships. Parenting classes should be available universally through community settings to reduce stigma and normalise parenting support.
- **The digital 'red book'** is 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. This information should be accessible to all services related to a child's care, including schools, health visiting, NHS, social care, police, and family hubs.
- **Quality improvement:** 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

- **A whole system, placed-based approach and a whole school approach** should be adopted to improve children's health and wellbeing outcomes. There should be effective integration of schools, communities, health, and social care services with adequate funding support.
- **Health professionals** including GPs, midwives, health visitors, and social workers should be trained to identify prenatal, perinatal, and postnatal maternal problems early (including infant and paternal mental health needs) and offer support and signpost.
- **NHS staff** should be trained to understand the impact of health inequalities and use a Making Every Contact Count approach to link families with financial needs with appropriate services.

Background

What makes a child vulnerable?

There is no commonly used definition of childhood vulnerability. A child can be vulnerable due to the action or inaction by other people (eg family and school) and their physical and social environment (eg housing conditions, poverty and community crime and violence). However, these factors do not inevitably lead to poorer outcomes. It is important to provide adequate support to strengthen the protective factors surrounding children and their families.

In England, there was a point prevalence of 389,260 children in need as of 31st March 2021. Domestic abuse by the parent was identified as a factor in 168,960 of cases and remains the most common factor.[2] In the same 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.[34] As of 31st July 2020, 16,530 children in Scotland were looked after or on the child protection register.[5]

How can we ensure that children and young people maximise their potential?

The systems determine how resilient children and young people become. Our vision is: every child and young person, regardless of the circumstances into which they are born, should be able to maximise their potential and future life chances. This requires a collective response that prevents ill health and injury, protects against disease, and risks, and promotes healthy behaviours and environments. These actions must be informed by the voice of children, young people, their parents, and caregivers, and underpinned by collective system responsibility.

Policy Context

What are the policies to address childhood adversity in the four nations?

In 2021, the English Government 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.[6] The Comprehensive Spending Review subsequently set out a funding package to support the recommendations of the review, including £80 million for Family Hubs, £100 million to support the mental health of new and expectant parents and £120 million towards other comprehensive family support programmes.[7]

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 childhood adversity for the nation's young people.[8] This commitment was to be fulfilled as part of the Government's Getting it Right for Every Child (GIRFEC) approach.

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 childhood adversity and support the most vulnerable children and families.[9] [10] In 2015, the Wellbeing of Future Generations Act was also enacted which calls for a joined-up approach to support children and young people and prevent persistent problems such as poverty and health inequalities.[11]

Northern Ireland have also set out several initiatives. In 2017, the Department of Health invested £1.5 million to establish the cross-departmental Early Intervention Transformation Programme (EITP).[12] 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.[13]

ADPH Position

A whole system approach to improving outcomes for vulnerable children

ADPH advocates for a whole system and asset-based approach to improving outcomes for vulnerable children which centres around the following principles: prevent vulnerability, build resilience, intervene early when problems arise and create the conditions through the life course where negative effects are lessened. This requires a national commitment to reducing child poverty through government policy and funding and 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 public health authorities[1] 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.

More public health funding to deliver prevention and crisis support services

Investment in public health must be increased across the four nations. Public health needs to be funded sustainably and adequately in line with local population health need. In England, local authorities' public health funding has suffered a 26% cut (in real terms on a per person basis) since 2015/16.[14] Spending over this period for children's services (aged 5-19) dropped by 20% and by 19% for children (aged 0-5) in real terms. It is estimated that at least £1 billion will be needed annually to restore funding to 2015/16 levels. Although DsPH have been acting to manage these cuts, they have reached the limit of available efficiencies.

[1] By local public health authorities we mean bodies with statutory local responsibility for public health functions (eg upper tier local authorities in England, Health Boards in Scotland and Wales, Public Health Service in Northern Ireland). These differ across the UK, Crown Dependencies, and associated territories. We have published a separate headline explainer on public health in each of these systems.

Cuts to public health funding will limit the ability of local public health authorities to fund and deliver early intervention, prevention, and universal services. Local public health 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.[15]

Early identification and 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 the 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.[16] Investing in early intervention must be a key part of the Government's ambition to levelling 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 considering the social determinants that impact 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.

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, and on curating and disseminating research effectively.

Child health professionals workforce plan and funding

The child health workforce comprises of child-related professionals such as paediatricians, mental health professionals, children's nurses, and health visitors. Recent studies show that workforce issues pose serious challenges to the improvement and delivery of child health services. 21% of the demand for paediatric consultants was not met in 2017.[17] With workforce shortages and the complexities of child cases increasing over the years, child health professionals are more prone to burnout, and it is getting more and more difficult to recruit professionals such as health visitors. A whole system workforce plan and adequate funding are therefore important to ensure the supply and quality of child health professionals.

Health visitors and school nurses should be provided with the training required to adequately support children, particularly vulnerable children. In addition, child health professionals must be supported with pastoral care to mitigate stress and avoid burnout.

Children's voice should be considered in public health policies related to them

Child participation is one of the core principles of the Convention on the Rights of the Child (CRC). This

principle asserts that children and young people have the right to express their views and that there is an obligation to listen to children's views and to facilitate their participation. This includes, but is not limited to, participation within their families, schools, local communities, public services, institutions, Government policies and judicial procedures.

It is important to listen to the voice of children from all communities, as it can not only allow us to understand childhood adversity, but also prevent them.[18] Children should be supported and empowered to share their voice in a way that is non-threatening and valuable to them (eg through peer groups and youth work). Age-appropriate language should also be used to facilitate their participation. Without participation such as this, children and young people can develop feelings such as a lack of belonging, responsibility, and solidarity.[19]

Action is needed to tackle the problem of child poverty

Not all vulnerable children are from lower socioeconomic backgrounds, and not all children from lower socioeconomic backgrounds are vulnerable. However, there is a correlation between poverty and higher rates of vulnerability. Evidence consistently shows associations between poverty and child maltreatment, death, childhood adversity, poot physical health, mental health issues, decreased educational attainment and increased risky behaviours, including criminal behaviour in adolescence and adulthood.[20] [21] Child poverty continues to rise. Almost one in three children (31%) in the UK are living in poverty.[22]

ADPH welcomes 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 early identification to mediate the adverse health effects of poverty and prevent more serious problems later in life.

Anti-racist practices to reduce childhood adversity caused by social inequalities

Racism contributes greatly to the adversity experienced by families and children of colour. It creates a uniquely harmful environment, causing children to regularly encounter and witness unjust and unequal treatment based on race. This can result in long term trauma, adverse mental health issues and poor educational outcomes [23]. In 2020 Statista found that 95% of young black people have witnessed or heard racist language at school, with 31% experiencing this all the time. It is vital to also recognize the well-established link between minority groups and poverty.[24] [25] [26] This means these children are exposed to increased levels of adversity compared to the majority of their white or white British counterparts.

Addressing discrimination and unconscious systemic biases, as well as developing anti-racist practices in schools and training educators can help to dismantle these environments in early education. Resources such as The Tiney Inclusive Education Guide and others are key steps to achieving this.[27] [28]

More investment needed to promote infant and child mental wellbeing

A survey by YoungMinds of people aged between 13 and 25 years old, found 67% of respondents believed that Covid-19 will have a long-term negative effect on their mental health.[29] Bullying, academic stress and transition can also create stress for children and young people. Greater investment is needed in promoting good mental health, as well as early identification and prompt intervention for those who need support. A whole school approach and a trauma-informed 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. More funding should be in place to recruit adequate number of school nurses and ensure that each school has a mental health support team so that intervention can take place in the school. Community services and the voluntary sector also play an important part in promoting mental wellbeing in children. ADPH has published a policy position statement on Mental Health and Wellbeing.[30]

Measures should be in place to promote parental mental wellbeing

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 of 13.[31] Anxiety and depression during pregnancy are however, under-diagnosed and under-treated.[32] Professionals including GPs, midwives, health visitors and social workers play a key role and should receive training to identify problems early, offer a level of support, and know when to refer on to specialists.

Trauma informed approaches should be adopted in all services

A trauma-informed approach recognises that service users may have experienced trauma that services do not routinely consider. A lack of awareness can lead to social exclusion, a lack of support or onward referral, possibly resulting in re-traumatisation. In 2021 the National Lottery Community fund released a report as part of their 'A Better Start initiative'.[33] The aim was to harness the best available evidence about what works in improving outcomes for children. 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.[34] [35] The Early Action Together Programme (EATP) in Wales has also overseen the delivery of training on trauma informed approaches to almost 6,500 police officers and other professionals.[36] Reviews of such trauma informed training and interventions indicate promising results in raising awareness of childhood adversity, but further evaluation is required about their effectiveness, impact and scalability. There is a need for a National Trauma Training programme to be developed in England, we can learn from the practices in Wales and Scotland and draw on the learnings from the National Lottery Community Fund.

Data collection and sharing should facilitate cross-agency cooperation

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 and data sharing agreements between organisations will allow professionals interacting with children to share information easily and better provide for their needs and evaluate service impact.

About ADPH

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It represents the professional views of all DsPH as the local leaders for the nation's health.

The Association has a heritage dating back over 160 years and is a collaborative organisation, working in partnership with others to strengthen the voice for public health. 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.

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