Written evidence submitted by NSPCC (CSR0017)

1. Every year, the economic cost of child abuse runs into billions, and the healthcare sector is often tasked with the challenge of supporting children and adults who are dealing with the consequences of abuse and neglect. Without the right support, these children are left to develop entrenched problems that are difficult and costly to manage within a primary healthcare setting. **Investment in early intervention and therapeutic support for children who have been abused and neglected will improve the life chances of some of the most vulnerable children in our society; as well as ease the economic costs and poor mental health legacy left by abuse.** This spending review offers a tangible opportunity to ensure that all children, no matter the trauma that they have faced, have the chance to live happy, healthy, and successful lives.

2. The NSPCC is the UK’s leading children’s charity that specialises in support for children that have experienced abuse or neglect, and to find ways to prevent abuse ever happening again. We have a long history of developing innovative services founded in rigorous evidence based practice. To achieve our vision we:
   - Create and deliver range of services to protect children 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;
   - Inform and educate the public to change attitudes and behaviours.

3. Our submission is based upon our research and experience working alongside children that have experienced abuse or neglect, this response focuses on four of the issues set out within the Department of Health’s guidelines:
   1. The distribution of funding for health and social care across the spending review period;
   2. Achieving efficiency savings: their source, scale and impact;
   3. Achieving service transformation set out in the Five Year Forward View at scale and pace through transformation funds;
   4. Progress on achieving parity of esteem through funding for mental health services.

**NSPCC Key recommendations**

4. The comprehensive spending review offers an opportunity to address the substantial problems that children experience when trying to access mental health and therapeutic services following abuse. Evidence gathered by the NSPCC suggests that 1 in 5 children referred to mental health services are denied treatment – this includes those that have experienced abuse or neglect.¹ Our experience tells us that failing to offer appropriate therapeutic support will leave children and young people to struggle later in life. To improve access, the NSPCC recommends that:
   a) **Investment in CAMHS and wider trauma based therapeutic support for children is increased so that children who have experienced abuse and neglect are not left waiting for vital support. CAMHS must cease to be a crisis intervention service so that it can begin supporting children and young people before their needs escalate.**

¹ [https://www.nspcc.org.uk/fighting-for-childhood/news-opinion/1-in-five-5-children-referred-to-local-mental-health-services-are-rejected-for-treatment/]
b) CCG commissioning guidance prioritises the provision of therapeutic services for children that have been abused.

c) Mental health interventions for children who have been abused and neglected must be led by evidence based practice, and robust information on the prevalence of abuse must be gathered.

d) Multi-agency working between health, social care, and children’s services is developed in a way that guarantees that children that have been abused or neglected are not overlooked, particularly those in the care system.

e) Looked after children receive a mental health assessment, by a mental health professional, upon entry into care.

1. Distribution of funding for health and social care across the spending review period

   Key recommendation: therapeutic services for children that have been abused are prioritised within current funding streams and prevalence studies are conducted to improve commissioning of services at a local level.

5. Every day the NSPCC works to support children that have experienced abuse or neglect, and we see the consequences of leaving vulnerable children without the tools that they need to help them recover from trauma. Research by the NSPCC has suggested that 1 in 20 children experience sexual abuse, yet many never receive the support that they need.\(^2\) To improve the support offered to children, a greater number of services need to be available. This dearth of services causes long lasting personal problems for individual children, but it also contributes to the poor life chances of abused children and the numerous economic and public health consequences of abuse – which remain a mark of our collective failure to respond to the legacy of child abuse.

6. Health care is one area where the impact of abuse is felt most keenly, as statutory services are left to respond to the most acute cases when they reach a crisis point. Children that have been abused or neglected often experience a host of mental health difficulties including:
   - Suicidal feelings
   - Post-traumatic stress disorder
   - Conduct and behavioural disorders
   - Self harm
   - Eating disorders\(^3\)

7. Abuse has a direct impact on children in a developmental, social, psychological, and behavioural capacity; and it can also lead to problems forming relationships with others. Overcoming the impact of abuse is difficult, but this makes it all the more important that the right support is available at the right time, and for as long as needed. Without access to effective interventions, the poor life chances of children that have experienced abuse will continue, leading to an increased likelihood of:
   - Involvement in the criminal justice system


\(^3\) For further information on the impact of abuse, see https://www.nspcc.org.uk/preventing-abuse/signs-symptoms-effects/; or, refer to the Royal College of Psychiatrists: http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo/parentscarers/childabuseandneglect.aspx
- Substance abuse (including drugs, alcohol, smoking and other risky behaviours)
- Committing suicide
- Struggling to finish their education
- Experiencing repeat (or poly) victimisation
- Becoming abusers themselves

8. It is imperative that we better support victims of childhood abuse so that they are enabled to live happier, healthier, and more productive lives. We estimate that every year over half a million children experience abuse (including sexual, physical, emotional and neglect), and we also know that the cost of sexual abuse alone to the economy is £3.2 billion a year. Ensuring that support services for abused children are properly funded will reduce pressure on primary services in two ways:

1. In the short term it will ease the extraordinary pressures on emergency services – which children and young people in crisis are thrown towards when there is no alternative form of support available.

2. In the longer term it will help to reduce the number of adults with substance abuse problems and long term mental health issues that stem from childhood trauma.

9. Equally compelling, is the argument that investing in therapeutic support now could see benefits that echo through the generations, as it would help intervene in the behavioural patterns that lead to victims becoming abusers themselves. By breaking this cycle now, we could avoid the transmission of this trauma to the next generation.

10. Despite the clear benefits of ensuring that the right support is offered at the right time, and the substantial costs associated with failing to do so, children’s needs remain consistently and shockingly unmet. A recent survey by the NSPCC of professionals told us that the vast majority of those working with children felt that there are not enough CAMHS services for children that have been abused; and for those that were able to access services, 79% had to wait more than 3 months to begin receiving support.

11. Alongside demonstrating the dearth of available services, the survey also illustrates that there should be a concerted effort to commission services in a systematic manner, as well as to gather data on the prevalence of abuse. Currently, JSNA’s do not document levels of abuse and, as a result, commissioners are not aware of the high level of unmet need. Therefore, many local authorities fail to commission a sufficient number of services for children that have experienced trauma early in life. The NSPCC recommends that the Department of Health prioritises support and funding for children who have experienced abuse so that these services are also prioritised at a local level.

12. Clear direction from central government regarding which specialist services should be commissioned, and a source of funding should be allocated to reflect this. Otherwise, we will continue to witness the downwards spiral that occurs, all too often, when children do not receive appropriate post-abuse support. To refine how services are commissioned at a local level, information about prevalence of abuse should also be included, as standard, in JSNAs.

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2. Achieving efficiency savings: their source, scale and impact

13. Abuse is a hidden part our society and, a consequence, it is very hard to offer precise information on the cost of abuse and neglect. However, the NSPCC estimates that the cost of sexual abuse alone equates to £3.2 billion a year, and research from the US has suggested that, over a lifetime, the medical costs of non-fatal child maltreatment would be equivalent to £29,061.60 per child.\(^6\)

14. Despite the lack of research that considers the full gamut of costs associated with abuse and neglect, the NSPCC’s fully costed analysis of investment in mental health support demonstrates how investment in mental health for abused children in the short term will lessen costs in the long term. Our *Achieving Emotional Wellbeing of Looked After Children Report* illustrated that a child’s stable placement in care (which requires mental health and wellbeing support to aid a smooth placement) has shown that it can cost £22,415 less per year than a child with multiple placements. The additional costs were accumulated through additional interactions with healthcare, social care, and the criminal justice system. Naturally, the experiences of looked after children do not represent all those children that have been abused or neglected, but it does illustrate how additional costs are accrued when vulnerable children are left without the practical, emotional and wellbeing support that they need. Participants in our *Achieving Emotional Wellbeing Report*, and those professionals who responded to our survey, emphasised that a system with early intervention at its heart would help to avoid a spiral of poor mental health that culminated in crisis – an argument which echoes the findings of the NHS Five Years Forward plan and Derek Wanless’ conclusions regarding preventative healthcare.

15. Likewise, a health visitor who responded to a recent survey that we conducted on access to CAMHS described her experience in the following way:

   “There is not only a massive gap in service provision for ‘low level’ emotional health concerns for children and young people (in particular teenagers) but ... the threshold of need is so high even if a teenager is suicidal, and has attempted suicide numerous times due to historical abuse, they still do not reach threshold for CAMHS support. This is very concerning and has resulted in children being failed.”

16. The poor quality of inter-agency co-operation is often highlighted in serious case reviews (which consider the circumstances when a child has died or been significantly harmed). Improved interagency working would also benefit both the quality and efficiency of health services offered to children that have been abused. Not only could improved communication reduce multiple service provision, but it could also prevent confusion and treatment delays for children in contact with multiple statutory bodies.\(^7\) Good communication between statutory bodies is an essential way of ensuring that looked after children receive consistent and high quality care from the state which has the responsibility of corporate parent. For further information about how services could be better integrated, see the boxed section on children’s houses below.

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17. Our experience, within the NSPCC, has shown that investment in mental health services for abused children, and improved communication between agencies, are a vital part of intervening in the negative cycle of abuse. The benefits of this investment would be felt throughout the health and social care system, including the decreased pressure on emergency services for children that have reached a crisis point, the pressures of long-term ill health, and the generational cycle of abuse that, sadly, remains firmly rooted within our society.

3. Achieving service transformation set out in the Five Year Forward View at scale and pace through transformation funds

18. As explained above, the argument for improved investment in therapeutic services, is that it will help ease the individual, societal, and economic costs associated with leaving children to deal with the effects of abuse alone. In particular, the NSPCC recommends that the Department of Health demonstrates its own commitment to the following, as outlined in the Five Year Forward View Planning Guidance:

[we need to be] working together on how to dissolve the artificial barriers between prevention and treatment, physical and mental health, and the historical silos of primary, community, social care and acute care – and the professionals that work between them.

19. Children that have experienced abuse, particularly those who live within the care system, exemplify the need to ensure that the barriers between services and agencies are broken down. After abuse, children are often in contact with a range of professionals working with statutory services: from teachers, to social workers; from foster carers to CAMHS professionals; from doctors to school nurses. Despite these opportunities, integrated support and information sharing between these organisations can be poor, leaving many children without the child-centred care that should be at the heart of any service for vulnerable children.

### Integrated service design: Children’s Houses (or Advocacy Centres) – an example of good practice

If, following abuse, a child becomes involved in a criminal case as a young victim or witness they will often require specialist support to give their best evidence and to prevent them being re-traumatised by the process. In many cases they will also need medical and therapeutic help to address the physical and psychological impact of abuse. Services offered at a Children’s House/Child Advocacy Centre, and how they are organised, can vary, but they all reflect the same basic idea; that professionals involved in cases of child abuse should offer their services in one place, which has a child friendly set-up and atmosphere.

A Children’s House can provide:
- Medical and forensic examination.
- Achieving Best Evidence interview – ideally conducted by, or with input from, a trained psychologist.
- Therapeutic help for children and their families. Not enough abused children receive therapy to address the impact of their trauma and those that do can experience significant delays if they have to wait until after their court appearance.
• A remote video link for cross-examination. At present 99% of children give evidence from within a court building, often causing extreme anxiety which affects their psychological state and the quality of their evidence.

Potential benefits of the Children’s House model include:

• **Consistent support.** Central to their success is the co-ordinator role, which oversees support delivered by multiple agencies, this can reduce delays, avoid duplication, and promote continuity of care. In particular, we are concerned that the revision to the Victim’s Code has strengthened the support that young witnesses are entitled to, but children continue to fall between the gaps.

• **Reduced re-traumatisation and fewer delays.** Children or young people have to tell their story fewer times and can complete their evidence-in-chief and cross-examination as soon as possible in a child friendly environment, instead of waiting for court appearances which can be up to two years later.

• **High quality evidence.** Children give evidence in a relaxed, child-friendly environment and are interviewed by, or with input from, a trained psychologist. Children under stress function at a lower level, making it hard to remember accurately and think clearly.

4. **Progress on Parity of Esteem Through Funding for Mental and Physical Health**

20. The ambition for parity of esteem between mental and physical health is a goal supported by the NSPCC. However, for this to have practical implications for children that have experienced abuse or neglect, esteem needs to be matched with the provision of the right kinds of services and in a timely manner. Without additional investment, children will struggle get access to the services that they need to overcome abuse and neglect and the costs will continue to be borne by health, social care, and the criminal justice system.

21. Our research with professionals responsible for children that have been abused has illustrated two distinct problems. Firstly, it is clear that many children experience substantial waiting times to access mental health services; and secondly, the very high bar for treatment can lead to the manifestation of more serious and entrenched problems before services become available. Concern about lack of support provided for children after abuse, the waiting lists, and the length of time that children wait, were almost universal amongst those that completed our survey—and illustrate the vast inequality of access to services. Problems highlighted by GPs, school nurses, foster carers and teachers focused on the following issues:

1. Thresholds are so high that even children with suicidal ideation are turned away due to demand, 53% of respondents told us that the high thresholds were the main barriers to obtaining support for abused children.

2. Of 1,308 respondents 50% stated that the children they referred waited more than 5 months for treatment to commence.

3. Although guidance makes it clear that looked after children should have the same access to treatment, as many are denied CAMHS because they are not in a stable placement, or they move between local authorities meaning that they are also moving between waiting lists.
4. 27% of the 1,308 respondents felt that accessing the right post-abuse therapy was a primary barrier to children – which leads to treatment (when offered) that is inappropriate to children’s needs.

5. In children that have experienced abuse, harmful sexual behaviour, poor impulse control, disassociation, difficulty in forming relationships and controlling anger might be misunderstood as a behavioural disorder rather than a symptom of their abuse.

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