

Adverse Childhood Experiences in Bradford: A 2019 Health Needs Assessment

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WHAT THE LITERATURE SAYS ABOUT ADVERSE CHILDHOOD EXPERIENCES.....

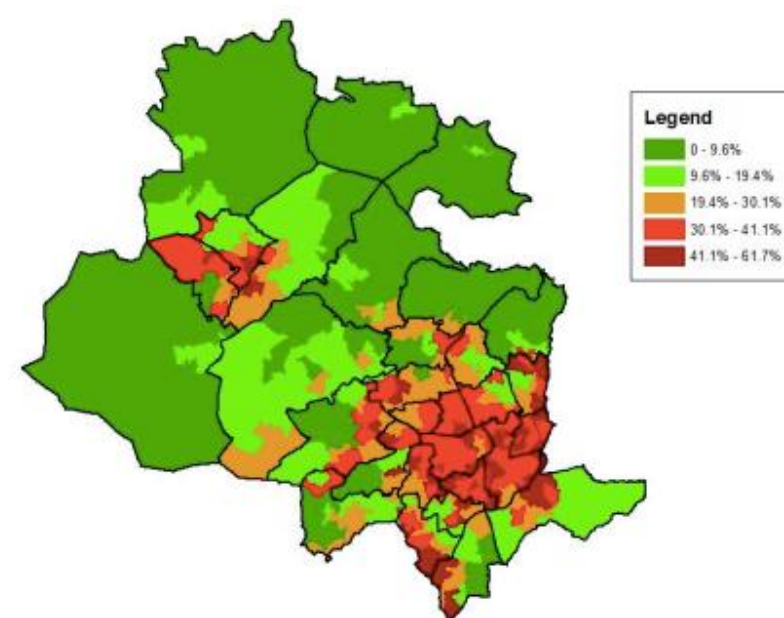
- **Adverse childhood experiences (ACEs)** are defined as traumatic or stressful events occurring within a child's family or social environment during their first 18 years of life.
- The prevalence of ACEs is high, irrespective of sex and cultural context.
- ACEs are associated with increased risk of physical and mental ill health throughout the life course and significantly contributes to disease burden.
- Children living in disadvantaged areas, in poverty, and those of a lower socioeconomic status are at increased risk of exposure to ACEs.
- ACEs more than double the risk of having no educational qualifications and those with ACEs are at a much greater risk of unemployment.
- A preventative spend approach to ACEs could reduce the costs to health, education, social care, police and justice services associated with the consequences of adverse childhood experiences.
- In contrast to other UK countries there is no national approach to ACEs in England.

Adverse childhood experiences are associated with increased risk of ill health

Delayed cognitive development Asthma Self-harm Psychosis
 Cancer Obesity Type II diabetes Insomnia Anxiety Migraine
 Behavioural disorder Anorexia Depression Mood disorder HIV
 Panic disorder Functional gastrointestinal disorder Schizophrenia
 PTSD Sexually transmitted infections Smoking Problem drinking
 Suicidal ideation Risky sexual behavior Substance misuse
 Reduced parenting competency Sleep disorder Gambling
 Personality disorder Violent behavior Conduct disorder Lower IQ
 Repeated abortions Arthritis Bulimia nervosa Premature death

WHY ADVERSE CHILDHOOD EXPERIENCES SHOULD BE A PUBLIC HEALTH PRIORITY FOR BRADFORD

Percentage of children living in poverty by LSAO 2014



- Bradford District has a higher proportion of children and young people than the average for England with 29% of the population aged 0-19 years.
- Bradford District is ranked 5th most income deprived and 6th most employment deprived local authority in England.
- Bradford has a lower life expectancy at birth for males and females than regional and national averages.
- ACEs are likely to contribute to health inequalities in Bradford
- Necessary for realisation of the Bradford District plan, the Health and Wellbeing Strategy and 2016 KPMG report recommendations.

AIMS AND METHODS

This health needs assessment aims to explore the health needs of children and young people aged 0-19 years, and up to 25 years for young people with special educational needs and disabilities who have encountered adverse childhood experiences in Bradford.

- Estimated prevalence of ACEs including physical, sexual and emotional abuse; neglect; parental separation, parental bereavement, parental incarceration, parental mental illness and parental substance misuse was determined from officially recorded and self-reported data.
- A service mapping exercise was carried out to identify what services relevant to adverse childhood experiences exist in the area.
- Views of key stakeholders were obtained to explore the perceived and experienced challenges, barriers and opportunities to preventing and addressing ACEs in Bradford.

RESULTS

Physical, sexual, and emotional abuse and neglect.

4342 children were assessed for concerns related to abuse and neglect in the year 2017/2018. Bradford has a higher rate of physical, emotional and sexual abuse than England and the Yorkshire & Humber region. 10% of reported domestic incident victims in Bradford in the year October 2017 to September 2018 were children. National self-reported data on maltreatment suggest the true prevalence of abuse and neglect is much higher than officially recorded data suggests.

Household member with a problem with alcohol or substance misuse

1695 children received Child In Need Assessments due to parental alcohol and drug misuse in 2017/2018. The proportion of new presentations of Bradford clients to treatment services who live with children under the age of 18 is higher than the national average for opiate, alcohol, alcohol and non-opiate substance misuse.

Household member with mental illness

National estimates report 68% of women and 57% of men with mental health problems are parents. Adults in Bradford have a higher than national average prevalence of long-term mental health problems, depression and intentional self-harm. In 2017/2018 1463 children were assessed because of parental or household member mental health concerns.

Witnessing domestic violence

In 2017/2018 2216 children in Bradford had Child In Need assessments because of domestic violence. In 2017/2018 children in Bradford were present at 29.4% (4980) of reported domestic incidents, the second highest rate in West Yorkshire. In one year over 100 children were accommodated in a Bradford refuge. Self-reported data suggests that up to 17.5% of people witness domestic violence at some point in their childhood.

Bullying

In 2014 54.1% of 15 year olds in Bradford District reported they had been bullied in the previous couple of months.

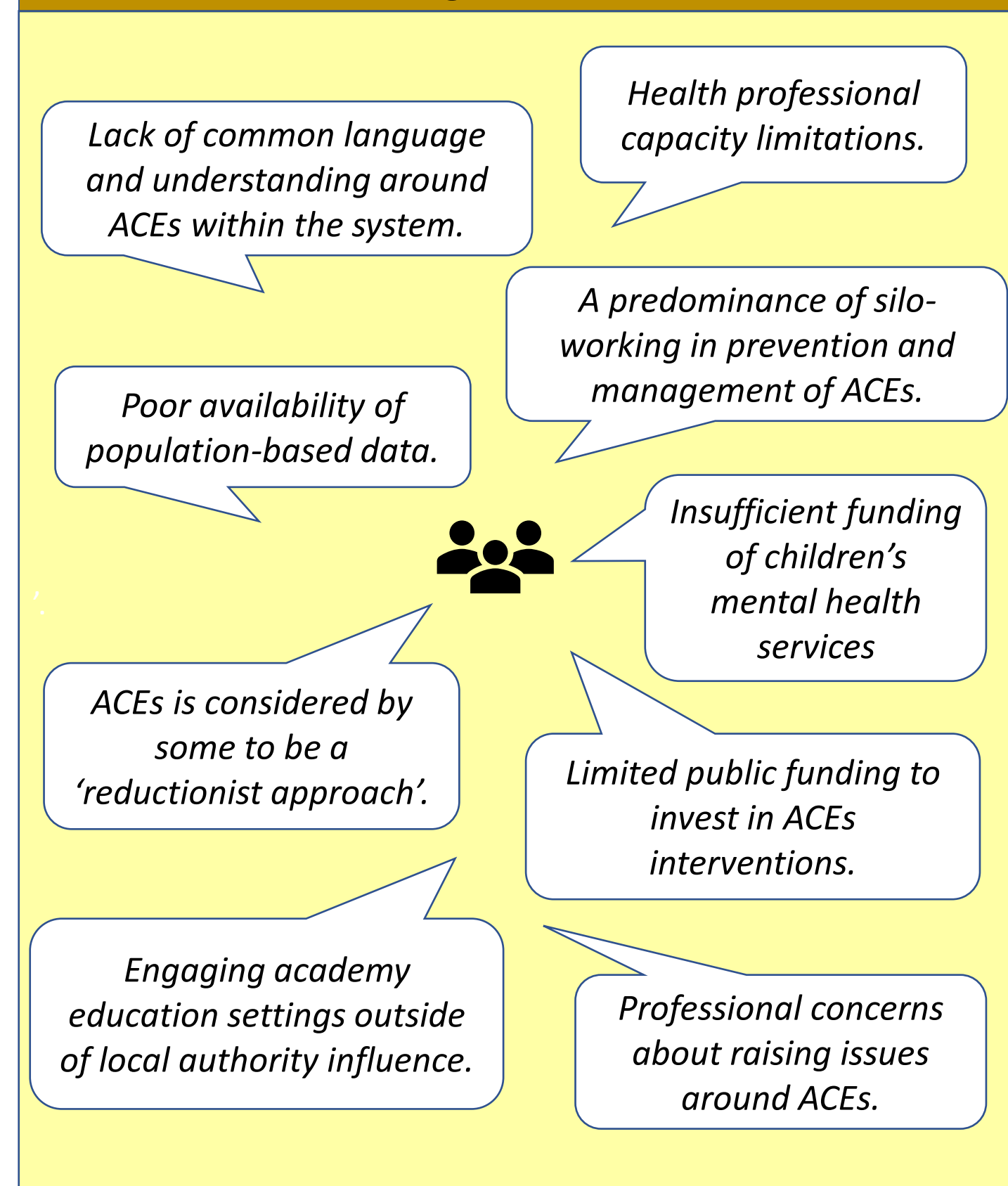
Parental separation/divorce and parental death

<1% of children in England and Wales have divorced parents but self-reported data suggests 20% of children's parents may be separated. Local data is unavailable. It is estimated that 460 children a year in Bradford are bereaved of a parent.

Household member spent time incarcerated

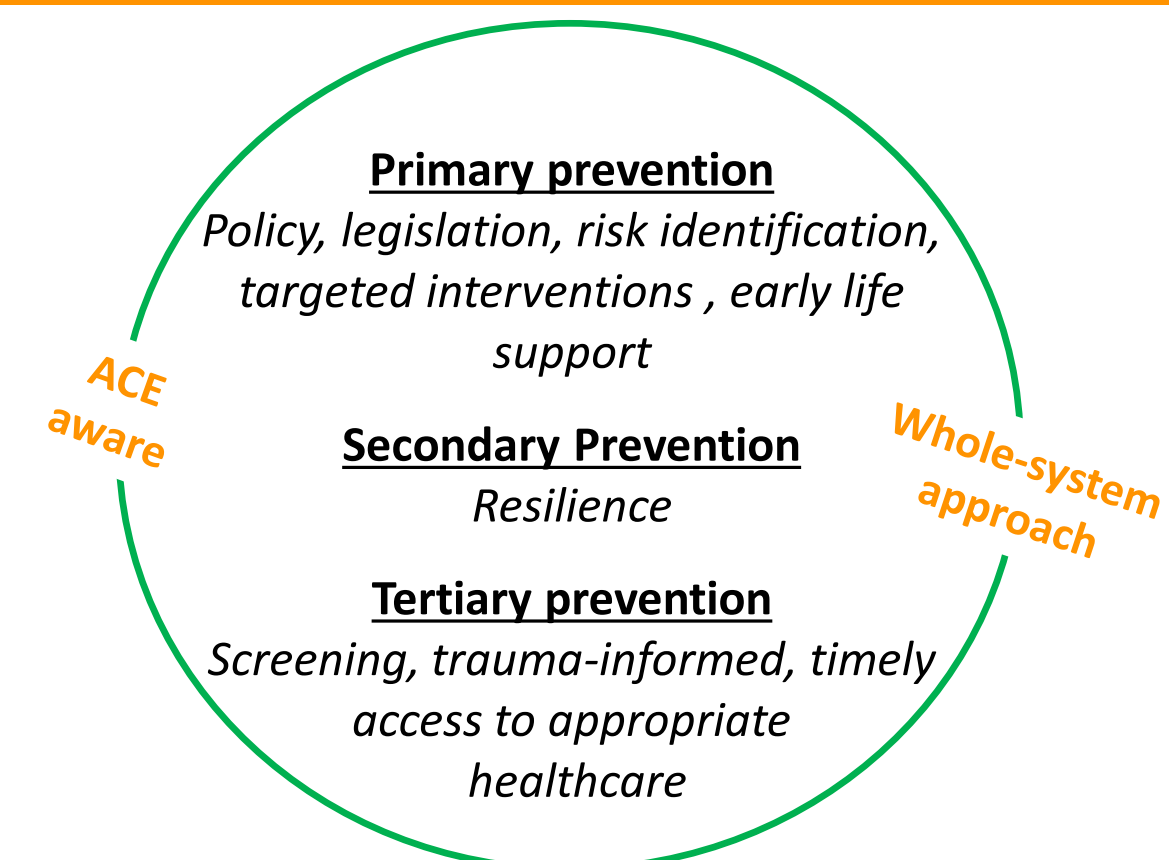
This data is unavailable at a local level. It is estimated that 200,000 children are affected by parental imprisonment each year in England.

Stakeholder Engagement: Challenges and barriers to addressing ACEs in Bradford



RECOMMENDATIONS

An evidence-informed Public Health approach to ACEs



Develop a Bradford ACEs Hub with appropriate representatives from the local authority, NHS Trusts, West Yorkshire Police, CCGs and the local community and voluntary sector. This hub could lead on and co-ordinate achievement of the following recommendations:

- Review and evaluate current services working to prevent and mitigate ACEs. Act on outcomes to improve service quality and share lessons learnt across the system.
- Identify gaps and opportunities in primary, secondary and tertiary prevention approaches to ACEs in Bradford and ensure actions taken to prevent and mitigate ACEs are evidence-informed.
- Endeavour to reduce silo working between organisations by improving links and referral pathways in order to make efficient use of expertise and resources in the District.
- Improve local routine data collection on ACEs.
- Raise awareness of ACEs and their associated health outcomes in local communities and amongst professionals.
- Develop a district-wide whole systems trauma-informed approach to ACEs in consultation with all relevant stakeholders including children and their care-givers.
- Consider adaptation of the BACCH/BACAPH 'Family-Friendly Framework' for commissioning and delivering services.

CONCLUSION

The prevalence of some ACEs in Bradford are higher than national and regional averages. To address this a whole systems family orientated approach is required. Greater resource investment is needed to (i) evaluate the effectiveness of current programmes, (ii) increase awareness and community engagement with existing services and (iii) to enhance service capacity and reduce waiting lists. The opportunity for trauma-informed preventative action must be exploited to abate the personal devastation, health inequalities, and the societal and economic cost of adverse childhood experiences.

Full report and reference list available at: <https://jsna.bradford.gov.uk/documents/Children%20and%20Young%20People/Adverse%20Childhood%20Experiences/Adverse%20Childhood%20Experiences%20-%20202019.pdf>

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