



BMA

Supporting a healthy childhood

The need for greater investment
in services in England



British Medical Association
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Introduction

A safe, supportive and happy childhood environment is widely understood to be vital for a child's development, health and wellbeing over the short- and long-term. Conversely, an established body of evidence shows a correlation between a disruptive, adverse or chaotic childhood environment and an increased prevalence of physical and mental health problems.

In childhood the health impact of adverse experiences may include: conduct disorder, attention-deficit hyperactivity disorder and oppositional defiant disorder, while in adulthood it may be depression, anxiety disorders, eating disorders, sexual dysfunction, personality disorder, dissociative disorder or substance misuse.^{1,2} The impact of these experiences can persist into later life. For example, at least one in three diagnosed mental health conditions in adulthood is known to directly relate to adversity in childhood.³ It is estimated that almost half of all adults living in England have experienced at least one form of adversity in their childhood.⁴

Examples of adverse childhood experiences

Child maltreatment

- experiencing violence or abuse
- being subject to emotional or physical neglect

Household exposure to

- substance misuse
- mental health problems
- witnessing violence in the home or community
- incarceration of a household member
- parental separation
- death of a parent or carer

The BMA has a long-standing interest in child health and well-being, and doctors are concerned about the impact of adversity in childhood and lack of support services available in England.

While there are a wide range of factors which can influence health and wellbeing in childhood, it is vital that there is adequate investment in the health, social care and early years, and education services that directly support and improve children's health and wellbeing. Evidence shows that a range of children's services can help mitigate the impact of adversity in childhood and improve outcomes over the short- and long-term. They can do so by targeting the adverse circumstances that might hinder a child's positive development, or by creating a more supportive environment to help foster a child's health and wellbeing. As well as improving outcomes, investing in children's health and care services has the potential to result in long-term savings for the health system, other public services and the wider economy.^{5,6}

Despite this established evidence base, our analysis of recent data highlights insufficient investment in England across a range of services to support a healthy childhood, with funding for a number of different services being cut in recent years. This lack of resource is likely to have an adverse impact on child health in England.



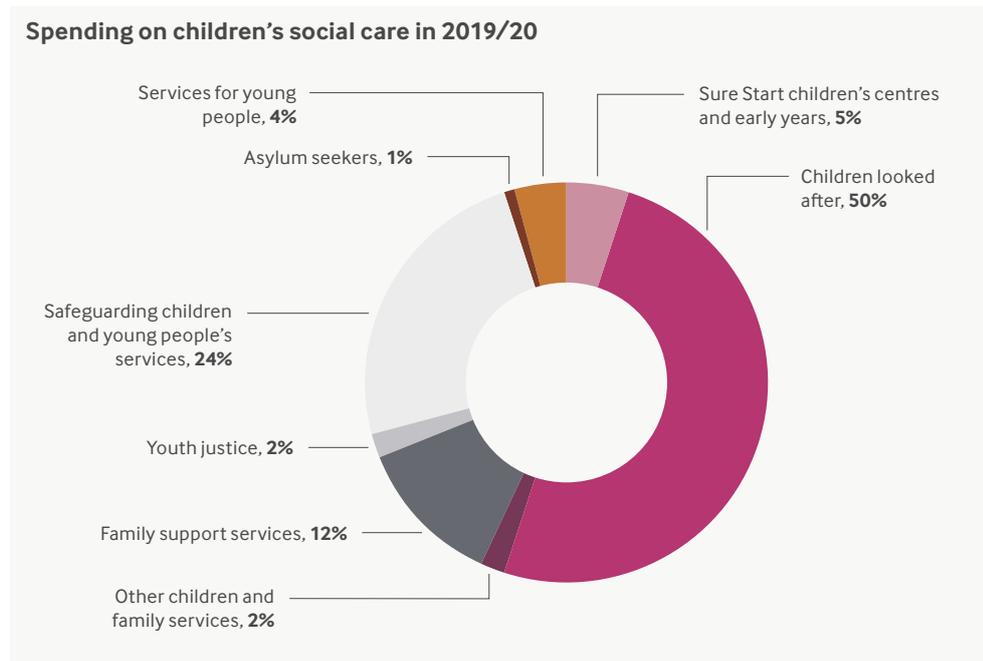
We believe the Government needs to act now to prioritise child health and increase investment across the full range of children’s health and social care services that help to support a healthy childhood.

Recommendations

- To ensure child health is prioritised across government, a cross-government ‘healthy childhood strategy’ should be developed, supported with coordinated investment in services.
- The Government must commit in its March 2020 budget to reversing cuts to local authority children’s services and public health budgets in England, to ensure children and families can get access to the support they need.

The overall picture

The chart below shows the allocation of the children's social care budget in England in 2019/20, which largely reflects that of recent years.⁷ The vast majority of the budget was spent on looked after children (half of the budget) and safeguarding (a quarter). This can be partly explained by the fact that these services represent statutory duties, which may have offered them some, but not absolute, protection from budget cuts. It may also be due to a sharp rise in demand for looked after children's services and safeguarding in recent years. In contrast, only 5% of the budget this year was spent on Sure Start and early years services, which are not statutory. The overall budget needs to be increased to fund all these services, in addition to essential statutory duties.



Analysis and findings

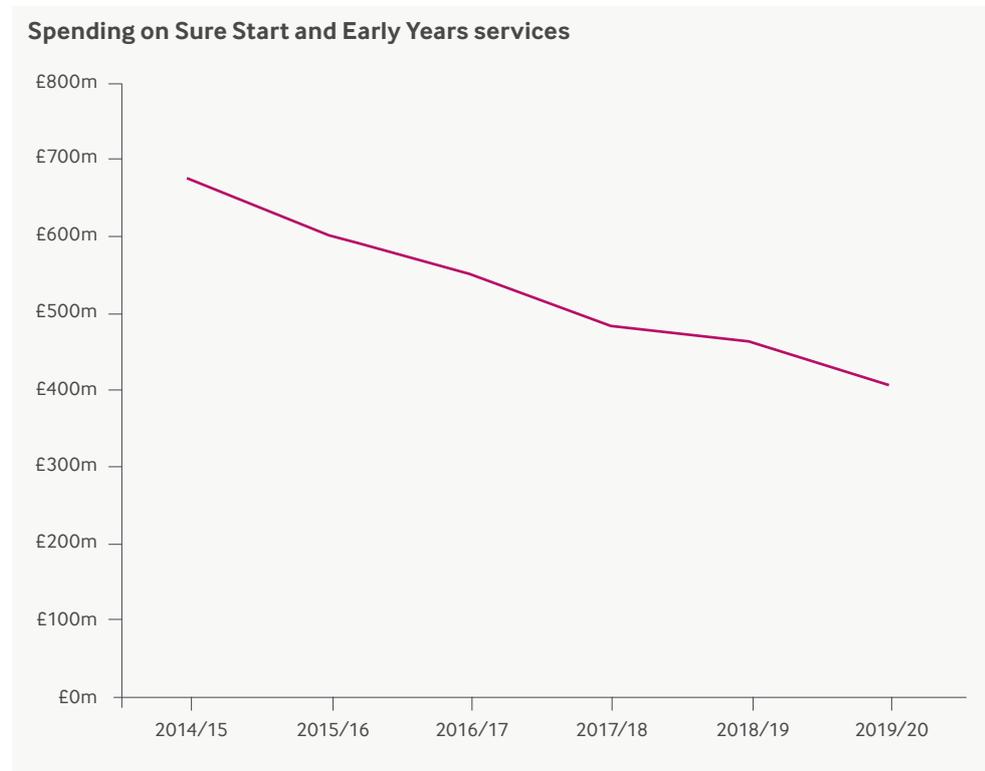
Spending on Sure Start and early years services in England has decreased by 39% since 2014/15.⁷

Sure Start and early years services are designed to support children's development, learning skills, health and wellbeing, as well as provide advice and support to families; with a particular focus on the most disadvantaged. Evidence shows that Sure Start and other early years services can improve outcomes for children and families.⁸ A 2019 study by the Institute for Fiscal Studies also found that Sure Start has delivered significant health benefits to children in deprived areas, reducing hospital admissions and delivering savings to the NHS.⁹

Spending on Sure Start and early years services in England

2014/15	£674,819,000
2015/16	£601,878,000
2016/17	£549,748,000
2017/18	£486,878,000
2018/19	£465,464,000
2019/20	£409,027,000

Despite these benefits, funding for Sure Start and early years services in England has sharply declined over time. There are concerns that failure to invest in the early years increases intergenerational disadvantage and widens health inequalities.^{10,11}

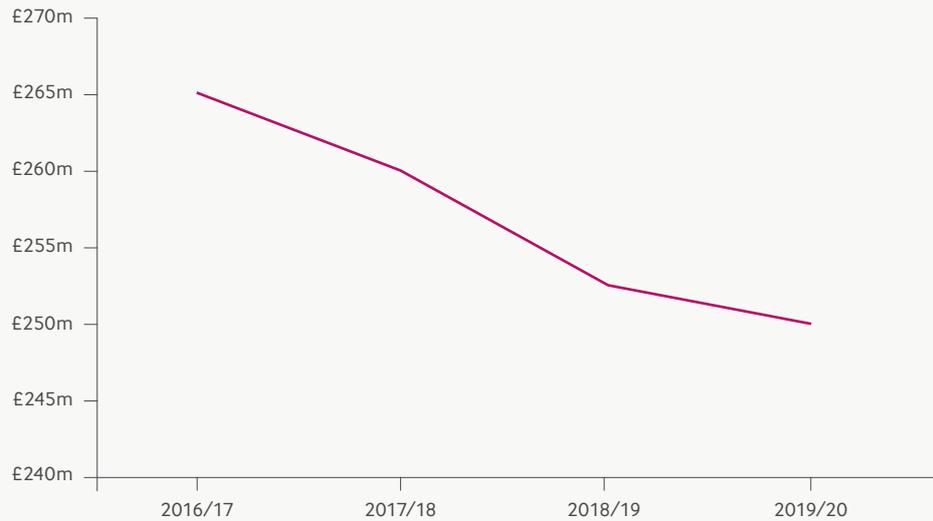


Spending on 5-19 children's public health services in England has declined by 6% since 2016/17, and for mandated 0-5 children's public health services by 5%.⁷

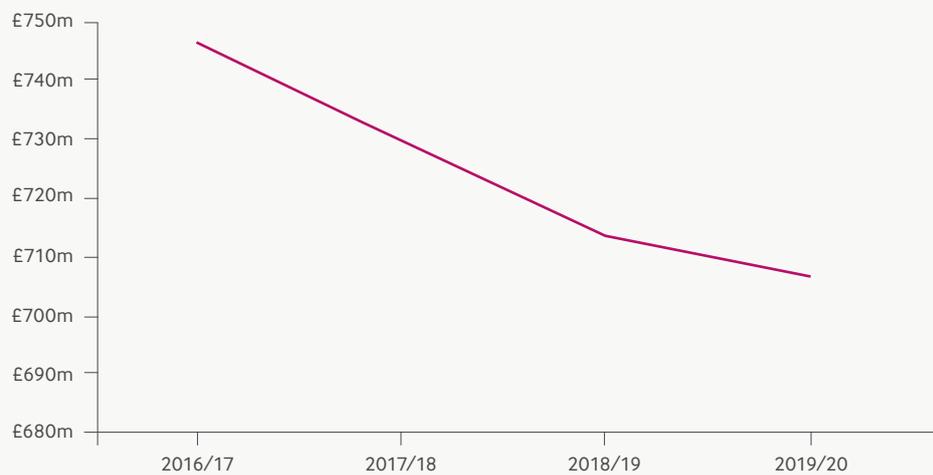
Year	5-19 children's public health services in England	Mandated 0-5 children's public health services, prescribed functions
2016/17	£264,986,000	£746,656,000
2017/18	£259,981,000	£729,238,000
2018/19	£252,667,000	£713,084,000
2019/20	£250,233,000	£706,841,000

These services include the Government's Healthy Child programme, which is a universal service in England, led by health visitors involving a range of health checks, screenings and support to help children's development from conception to age 5. It also includes the Family Nurse Partnership programme, which provides targeted support to vulnerable young families. These services have good evidence of improving child and parent outcomes,¹² but funding for these services has been steadily decreasing since 2016/17. This decrease in funding may be a result of the wider cuts to the public health budget, which have totalled £850 million in real terms since 2015/16.¹³

Spending on 5-19 children's public health services



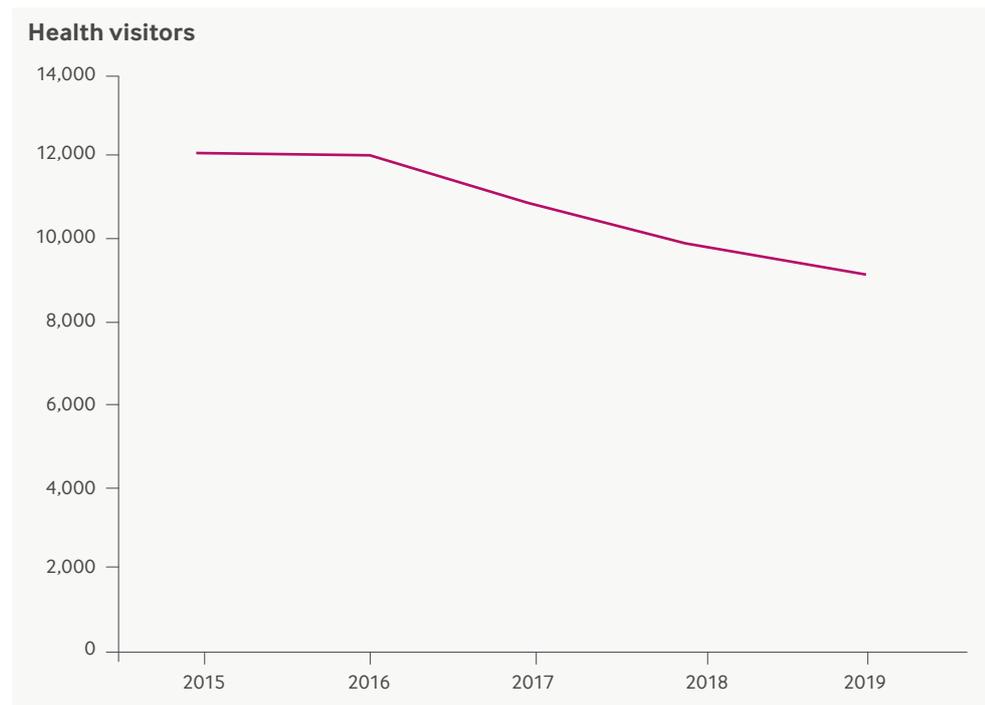
Spending on mandated 0-5 children's public health services



The number of health visitors in England has decreased by 24% since 2015.¹⁴

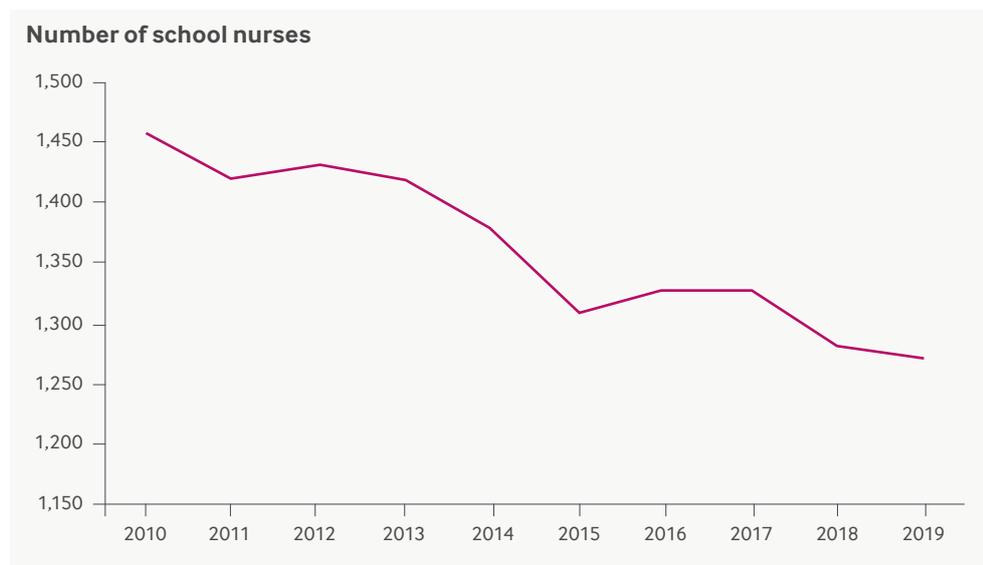


Health visitors provide care and support to children and their families, from the antenatal period up until age five. Although it is a universal service, health visitors can be crucial to vulnerable families or those in need of extra support. Health visitors can be very effective in helping parents to support their children in the early stages of development.^{15,16} However, there is currently a shortage of health visitors in England, with numbers declining over time. This has resulted in existing health visitors being given very high caseloads, which can prevent them from having enough time to identify problems or provide safe, effective care to children and families.¹⁷



The number of school nurses in England has decreased by 13% since 2010.¹³

School nurses work across the education and health sector to improve the health and wellbeing of children and young people. Without adequate training and support from school nurses, teachers may be left unprepared to care for children with certain health conditions or mental health needs, leaving many children at risk.¹⁸ A lack of school nurses may also undermine any efforts to improve mental health and wellbeing at school.



Supply is not yet sufficient to meet the levels of demand on child and adolescent mental health services.

There has been progress in some areas with specific services receiving vital investment. Since reporting on mental health spend for CAMHS (child and adolescent mental health services) began in 2017, spend has increased by 23% since 2016/17, and admissions to Tier 4 CAMHS services have decreased overall.¹⁹

However, despite a decrease in admissions to Tier 4 beds between 2016/17 and 2017/18, the latest reporting period shows figures have risen again. The increase in funding must also be taken in context of historical underinvestment. Supply is not yet sufficient to meet soaring levels of demand on children and adolescent mental health services. The vacancy rate for child and adolescent consultant psychiatrists, for example, still stands above the national average, at 11.2%.²⁰ With research showing that three in five young people state they had experienced a mental health problem or were close to someone who has, meeting the demand placed upon services for young people remains a priority.²¹



Summary

All children should be given the opportunity to have a healthy start in life. At the core of good health is being safe, supported and happy. In this briefing, we've highlighted that investment in services that would give children a good chance of having a healthy childhood has been severely lacking, with cuts commonplace. Today's unhealthy and adversely affected children risk becoming tomorrow's unhealthy and adversely affected adults.

This briefing has two key recommendations: the development of a cross-government 'healthy childhood strategy', and a commitment in the March 2020 budget to reversing cuts to local authority children's services and public health budgets in England.

Implementing these recommendations will not only improve the health of the country, but ease the burden on our NHS and other public services. The Government must listen to the experts working on the ground, who are seeing day to day the impact of cuts to public services. It must re-prioritise child health and give our children the healthy start in life they deserve, helping to secure a healthy future for the whole country.

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