



Public Health
England

Protecting and improving the nation's health

Routine Enquiry into Adverse Childhood Experiences (ACEs)

Monday 22 February 2016
Birmingham
#WMidsACEs
#Childhealth



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Welcome and introduction

*Dr Lola Abudu, Deputy Director, West Midlands,
Public Health England*



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Adverse Childhood Experiences and the life course: An international perspective

Professor Mark A. Bellis, UK Focal Point to the World Health Organisation on Violence and Injury Prevention; Director of Policy, Research and International Development, Public Health Wales



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Adverse Childhood Experiences: The local perspective

*Dr Helen Lowey, Consultant in Public Health, Blackburn
and Darwen Borough Council*

An ACE Framework

Individual & Community Resilience

Dr Helen Lowey

Consultant in Public Health

Blackburn with Darwen Borough Council

Adverse Childhood Experience

Definition

A complex set of related childhood experiences that include directly affect a child or, the environment in which they live, i.e. household dysfunction

The ACE Study

Large study that describes long-term relationships between childhood maltreatment & later-life health and wellbeing.

Over 17,000 people interviewed.

ACEs have created a Chronic Public Health Disaster

Dr Robert Anda



ACE Study: BwD

- Cross sectional survey:
 - 1,500 residents
 - 18-70 years; Live in BwD
- Questionnaire developed for delivery by trained researchers
- Face-to-face interviews / self-completion
- Final tool: 42 questions; 10mins to complete
- Available: English; Urdu; Gujarati; Hindu; Polish
- Problematic alcohol & drug users often under-represented – specialist sample
- Full Ethical Approval Granted



ACE Study: BwD

- Specialist sample
 - Sample self selected
 - Staff informed eligible clients of study during routine contact time, invited to attend sessions
 - Clients could drop in on day/ring up in advance
- Key advocates – absolutely crucial
- Challenges
 - STAFF - can't ask direct questions, esp if in treatment
 - No where else in the country had asked such questions
 - Short localised leaflet if people wanted further advice

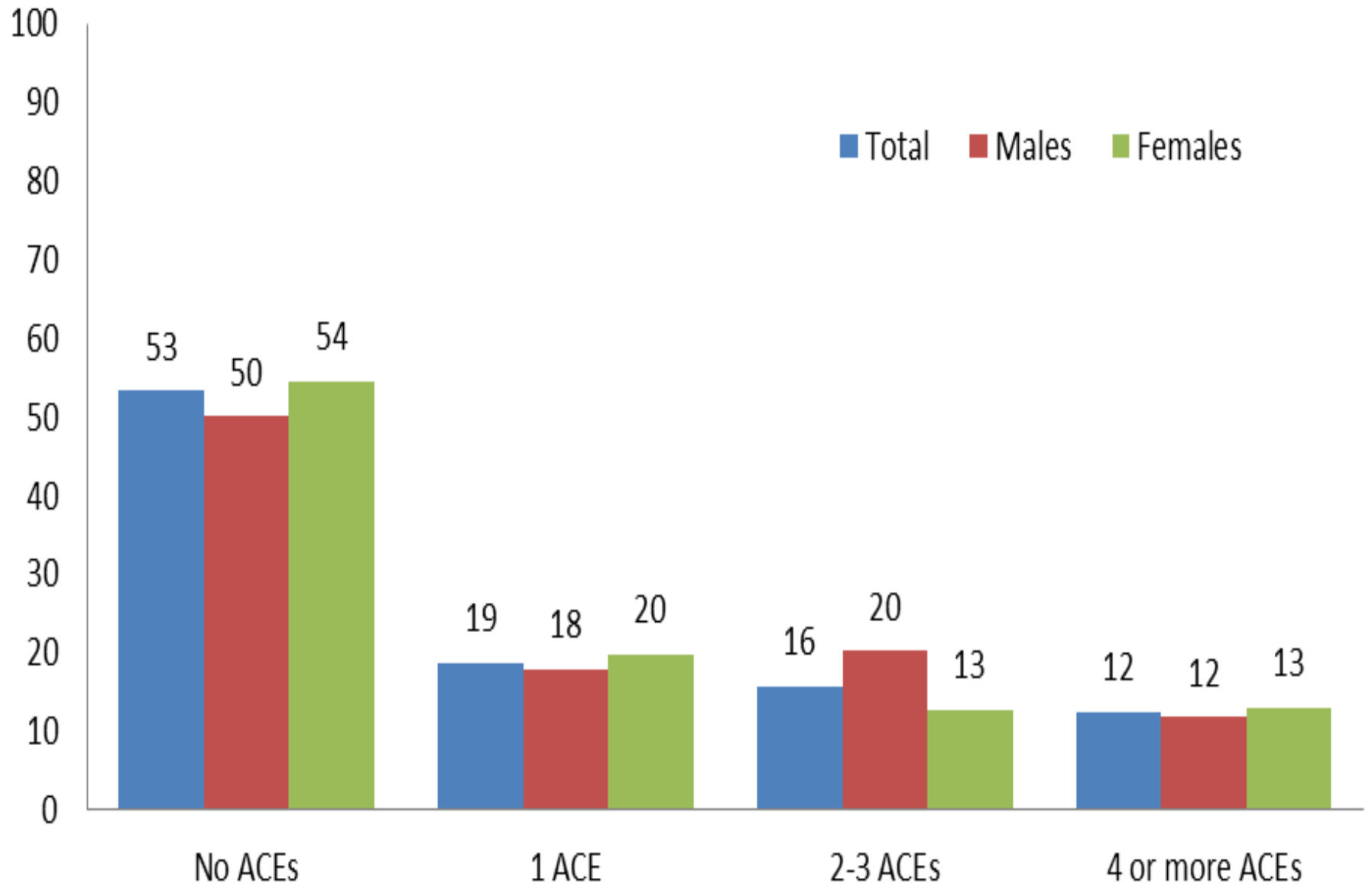


ACE Study: BwD

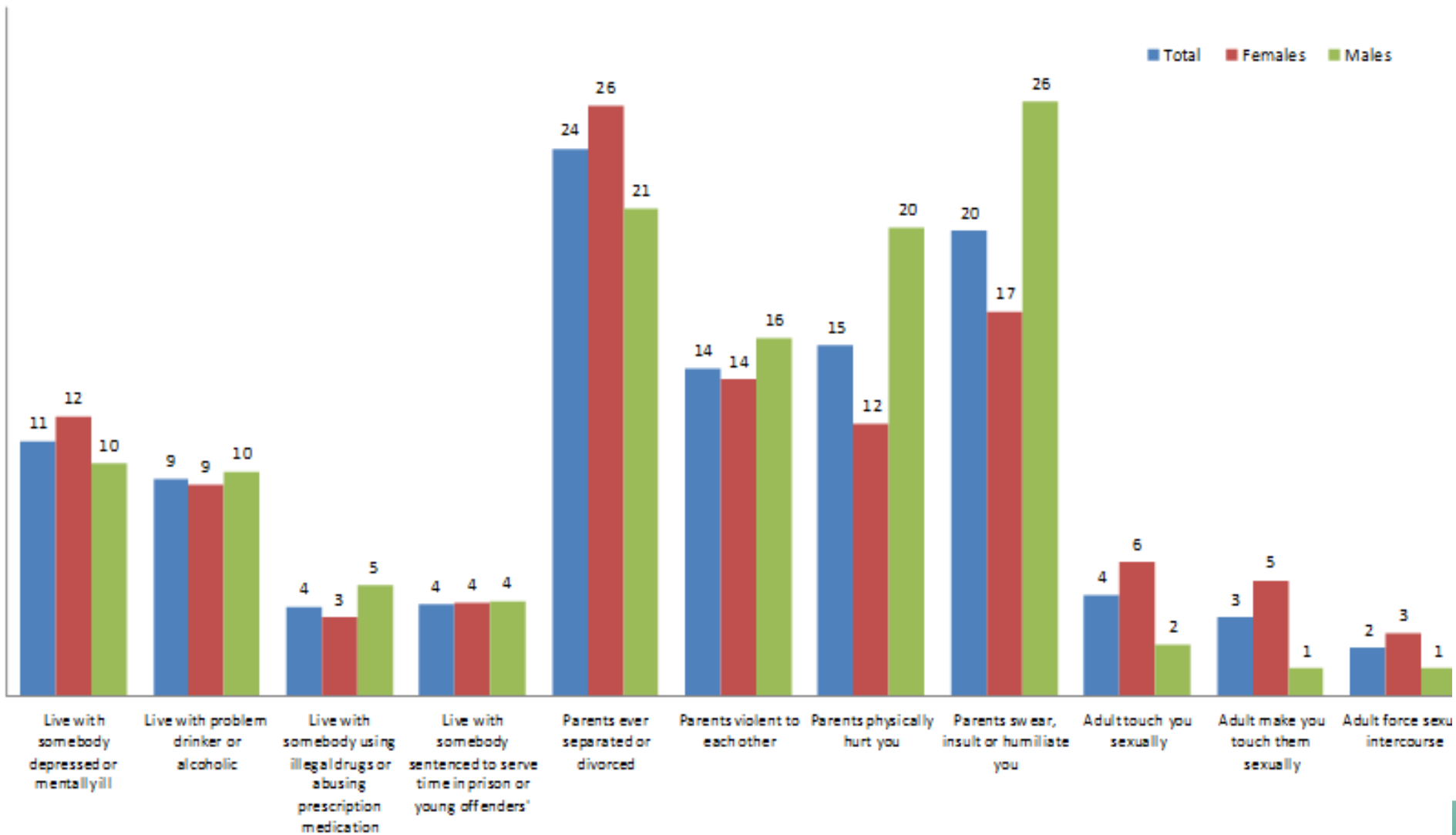
- [The questionnaire covered] highly relevant questions
- Enjoyed completing the questionnaire
- I found the survey very interesting. It made me think about some bad things and some good things. I know my parents had a hard life but I understand why you need to ask the questions
- I only hope this study helps children or vulnerable adults to not go through what I did whilst growing up
- Thank you very much for understanding



Frequency of ACEs



Prevalence of ACE



Blackburn with Darwen (2012)

Adverse Childhood Experience (ACE) & Adult Health Outcomes

Increased risk (adjusted odds ratio) having health behaviours and conditions in adulthood for individuals experiencing four or more ACEs in childhood.

Pregnant or got someone accidentally pregnant Under 18 x 4.5

Stayed overnight hospital in last 12 months x 1.5

Liver or digestive disease x 2.3

Morbidly Obese x 1.82

Heroin or Crack user x 9.7

Regular Heavy drinker x 3.7

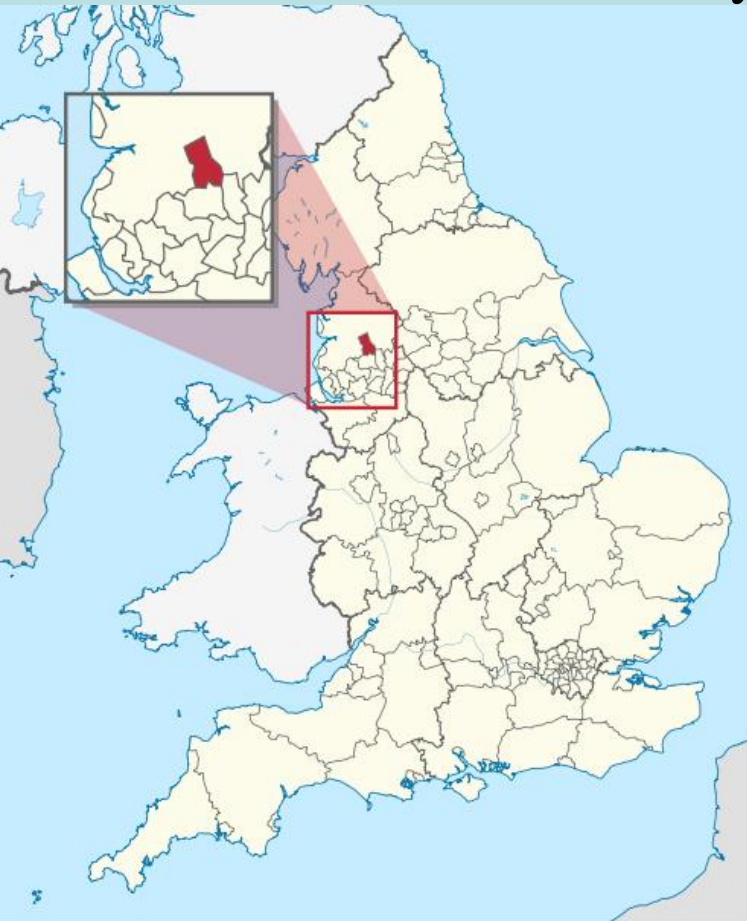
Had a sexually transmitted infection x 30.6

Current Smoker x 3.9

Been hit in last 12 month x 5.2

Hit someone last 12 months x 7.9

Been in prison or cells x 8.8



ACE Intelligence

- Surprisingly Common; Co-occur; Associated with health outcomes; Intergenerational
 - USA: 9%; UK: 9%; BwD: 12% (nearly 18,000)
- Those in Substance Misuse Services:
 - 64% had 4+ ACE
- Those with Mental Health Condition:
 - >60% had 4+ ACE
- Those in Social Care Employment:
 - 16% had 4+ ACE
- Those who are homeless:
 - Over 50% had 4+ ACE
- Those who are in Transforming Lives:
 - Estimate ***at least*** Two-Thirds



What have we done so far?



It does not matter
**how slowly
you go**

as long as you do not stop. -Confucius

clkaywriter.com



ADPH 2015 : Integrated delivery of Public Health outcomes through delivery model Transformation

What good looks like:

Improving the Public's Health is integral to the work of public services in this place

© Copyright, ADPH, 2015



Transactional

Transformational

Safe

Informed

Embedded

Empowered

Criterion:

The core services and functions are well delivered and effective

Criterion:

The system understands why the population's health is important

Criterion:

PH skills and tools are in use and being embedded across the system

Criterion:

The wider workforce are actively contributing to a PH agenda

- Services in place
- Contracts sound
- Clinical Governance & quality processes in place
- Access comprehensive
- Monitoring in place
- Best Value
- Safe services
- Regular review of services against need and evidence

- System understands: a sick population is costly
- Articulate prevention: primary, secondary and tertiary
- System benefits of a PH approach is understood – pathways, outcomes, cost savings
- Barriers to growth are understood
- Narrative of importance of PH is understood

- Everyone in the organisation knows why PH is important to their job
- There is a prevention strategy across services with clear aims
- Workforce health programmes in place
- There is a commissioning cycle with PH concepts and tools as a core part

- There is health equity in all policies
- People in the system think about inequality and equity in the work they do
- The principles of: need; equity; evidence; evaluation; impact & change are embedded within the skill set of all officers

Evidence of leadership for public health being built from officers to members, at all levels
Explicit comparison with and learning from other systems

BwD : Public Health Council

Transformational

5th Wave Public Health

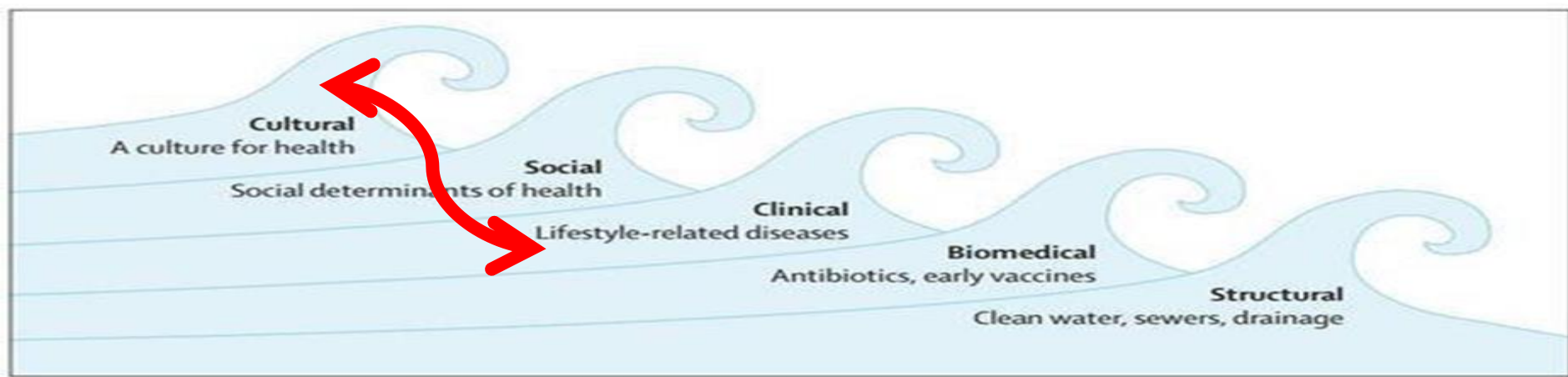
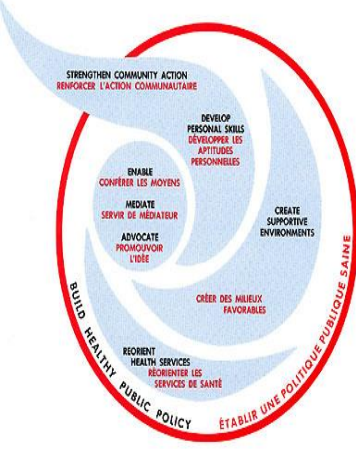


Figure 2: A culture for health as the fifth wave of public health improvement



eu.2006.fi

Health in All Policies

Prospects and potentials

Edited by
Timo Sillan, Mathias Wilmar, Eeva Ollila,
Eero Lahti and Kimmo Leppo

Ministry of Social Services and Health
European Observatory on Health Systems and Policies

Adelaide Statement on Health in All Policies

moving towards a shared governance for health and well-being

Taking account of health means more effective government
More effective government means improved health

Report from the International Meeting on Health in All Policies, Adelaide 2010

The Adelaide Statement on Health in All Policies is a major health and well-being document of all levels of government – local, regional, national and international. It establishes the governance objectives and the shared values of action across health and well-being as a key component of policy development. The Statement highlights the importance of the health system and the broader social and economic context in which it operates, and the need to ensure that health and well-being are central to all policy development and implementation.

World Health Organization

EQUITY ACTION
TOGETHER • MOVING • FORWARD • TOGETHER

Health in All Policies: An EU literature review 2006 – 2011 and interview with key stakeholders.

Edited by
Kimmo Leppo,
Eeva Ollila,
Sebastian Peltola,
Mathias Wilmar,
Sarah Cook

UNESCO World Heritage Centre

Health in All Policies

Seizing opportunities, implementing policies

Edited by
Kimmo Leppo,
Eeva Ollila,
Sebastian Peltola,
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Sarah Cook

UNESCO World Heritage Centre

Health IN ALL POLICIES

Helsinki Statement
Framework for Country Action

World Health Organization
HEALTHY SOCIETIES AND HEALTHY PEOPLE

Blackburn with Darwen Joint Health & Wellbeing Strategy Refresh 2015 – 2018:

Our ambitions:

- Increase life expectancy year on year for both males and females, and narrow the gap with the rest of England
- Narrow the inequalities in life expectancy within Blackburn with Darwen
- Pursue policies that will maximise the number of years spent in good health
- Improve children and young people’s emotional health and wellbeing
- Manage demand and improve outcomes by creating a 2% year-on-year shift in investment from treatment and care into prevention
- Ensure that Blackburn with Darwen has ‘healthy places’ to live, work and play

Challenges	Principles	Cross cutting themes		Priorities					
<p>Continuing poverty, deprivation and disadvantage</p> <p>Increasing inequalities in unemployment and worklessness</p> <p>Harmful impact of alcohol</p> <p>Poor quality and diversity of housing</p> <p>High levels of fuel poverty</p> <p>Poor health outcomes in children</p> <p>High premature mortality and disability from long term conditions</p> <p>Increasing numbers of older people needing support to remain socially included and independent</p> <p>Significant sections of the population socially isolated</p>	<ul style="list-style-type: none"> • Work together and integrate where it makes sense • Build on strengths (assets) • Address inequalities (fairness) • Tackle wider determinants • Health in all policies and places (including social value) • Good governance 	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Identification, prevention & early intervention</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Positive mental health & wellbeing</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Poverty & financial inclusion (fairness)</p>	<p>Start Well (0-25yrs):</p> <ol style="list-style-type: none"> 1. Ensure an effective multi-agency Early Help offer provides the right help at the right time 2. Support families through a consistent approach to parenting skills and support 3. Improve children and young people’s emotional health and wellbeing 4. Embed routine enquiries about childhood adversity into everyday practice <p>Live Well (people of working age):</p> <ol style="list-style-type: none"> 1. Develop and support opportunities for employers to improve workplace health and wellbeing 2. Develop BwD as a healthy place - where people have access to healthy homes, healthy neighbourhoods and health promoting services 3. Encourage people to take control of their own health and wellbeing <p>Age Well (50+):</p> <ol style="list-style-type: none"> 1. Develop BwD as a dementia friendly community 2. Increase support to reduce social isolation and loneliness 3. Tackle the wider determinants of health of older people including finance, employment, housing and fuel poverty 4. Develop the local integrated service offer to promote independence 	<p>OUTCOMES & PROXY MEASURES</p>			
<p>OPPORTUNITIES/DRIVERS /ENABLERS</p>					<p>Locality Working, Transforming Lives, Welfare Reform, ISNA, Early Help, Social Value Act, Better Care Fund, Adverse Childhood Experiences (ACE); Digitalisation</p>				

Embedding ACE into delivery

- Contracts: Sexual Health; Substance Misuse; MEAM
- Be ACE Aware
 - Across culture of workforce
 - Universal and opportunities for earlier intervention
 - PH Challenges: unconscious attempted solutions to problems that date back to childhood that are hidden by SHAME, SECRECY, SOCIAL TABOO
- Knowledge of ACE levels with patients
 - Complement wider support packages
 - Identify and Address root causes of symptoms



Making Every Contact Matter MEAM

- People living in Houses of Multiple Occupancy
 - Poor quality accommodation, housing management & support (519 bed spaces across 41 places)
 - Residents vulnerable to exploitation
 - Increasing pressure: Health, A&E; Police; Council services
 - Difficulty engaging in services

Objectives:

- Work with most chaotic adults living in HMOs
- Consult with service providers/service users to re-design support & interventions; improve longer term population health approaches
- Align to the strategic principles and developments of **‘Transforming Lives; Strengthening Communities’**



Causes of Homelessness

Links to MEAM & Transforming Lives



Dr. Felitti's redefinition of addiction informed by the ACE Study:

- Addiction is the unconscious, compulsive use of psychoactive materials or agents *in an attempt to deal with a problem.*
 - “It’s hard to get enough of something that *almost works.*”
- Addiction is *evidence* of another problem.

Felitti, V. (2011) Adverse Childhood Experiences and The Origins of Addiction. Neuroscience of Addiction. Presentation to the Alberta Family Wellness Center. Retrieved from <http://www.albertafamilywellness.org/resources/video/origins-addiction>

Opportunity to change our approach

- Many Chronic Diseases & lifestyle behaviours in adults
 - Determined decades earlier, in childhood
- Risk factors underlying adult disease & lifestyle behaviours
 - Effective coping devices
- Conventionally viewed as problem
 - Actually solution to an unrecognised prior adversity



Opportunity to change our approach

- Bring in resilience, hope & belief
- Trauma-Sensitive Schools – ‘what happened?’
- Raise awareness of ACEs – own organisations
- Be ACE Aware – change our thinking; our approach and our solutions
- Bring local intelligence; brain development – innovative solutions
- Foster resilience; Embed principles across the community

www.communityresiliencecookbook.org

Opportunity to change our approach

New findings: we are ready for new approaches to address early childhood trauma & stress

To do that in a big way, we need more than science—we need a movement



Dr Nadine Burke Harris

ACE Framework - Next Steps

- Continue to Win Hearts & Minds
- ACE Framework as a determinant
 - Of a child's ability to be successful in school
 - Of an adult's ability to be successful in employment
 - To avoid behavioural and chronic physical health conditions & build healthy relationships
 - To prevent a violent life (victim/perpetrator)
- ACE Outcomes
 - To prevent ACE
 - To mitigate effects from ACE
 - To consider ACE when assessing effectiveness of services for vulnerable people



Thank you

Helen.lowey@blackburn.gov.uk

@helenlowey

In order to change your future,
you have to realize that your
past has created your present.



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Routine Enquiry about Adversity in Childhood (REACH)

*Dr Warren Larkin, Clinical Director, Children and
Families Network, Lancashire Care NHS
Foundation Trust*

Public Health England
Routine Enquiry about
Adversity in Childhood
(REACH)

Birmingham
February 22nd 2016

Dr Warren Larkin
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Trust

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Background and Context

- Adverse Childhood Experiences are unfortunately common yet rarely asked about in routine practice (Felitti et al., 1998; Read et al 2007)
- In the English National ACE study, nearly half (47%) of individuals experienced at least one ACE with 9% of the population having 4+ ACES (Bellis et al 2014)
- There is a causal and proportionate (dose-response) relationship between ACE and poor physical health, mental health and social outcomes (Skehan et al 2008; Kessler et al, 2010; Varese et al 2013; Felitti & Anda, 2014)
- People exposed to 4+ ACEs die 20 years earlier compared with those with 0 ACEs (Felitti et al 2014)
- WHO & consider ACE a global PH imperative and data is being collected currently in 14 countries

ACE research (Felitti et al 1998)

9,508 Americans completed ACE questionnaire as part of standardised medical evaluation

- **Four or more adverse childhood exposures significantly increase the odds of a person:**
 - developing cancer (by nearly two times);
 - being a current smoker (just over two times);
 - having sexually transmitted infections (by two and a half times);
 - using illicit drugs (by nearly 5 times increased risk);
 - being addicted to alcohol (over seven times increased risk);
 - attempting suicide (over 12 times increased risk).
- The ACE study is still an ongoing collaboration between the CDC and Kaiser's Dept of Preventative Medicine in San Diego
- More recent findings:
 - **6 ACES** increased the risk of becoming a IV drug user by 46 times
 - **6 ACES** increase the risk of Suicide by 35 times

WHO (Kessler et al 2010) – 52,000 participants from 21 countries

- The authors estimate that the absence of childhood adversity would lead to a reduction in:
- 22.9% of mood disorders
- 31% of anxiety disorders
- 41.6% of behavioural disorders
- 27.5% of substance-related disorders
- **29.8% of mental health diagnoses overall**
- 33% of Psychosis (Varese et al 2013)

ACEs increase individuals' risks of developing health-harming behaviours

Compared with people with no ACEs, those with 4+ ACEs are:

- 2** times more likely to currently binge drink and have a poor diet
- 3** times more likely to be a current smoker
- 5** times more likely to have had sex while under 16 years old
- 6** times more likely to have had or caused an unplanned teenage pregnancy
- 7** times more likely to have been involved in violence in the last year
- 11** times more likely to have used heroin/crack or been incarcerated

Preventing ACEs in future generations could reduce levels of:



Early sex
(before age 16)
by 33%



Unintended teen pregnancy
by 38%



Smoking
(current)
by 16%



Binge drinking
(current)
by 15%



Cannabis use
(lifetime)
by 33%



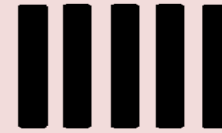
Heroin/crack use
(lifetime)
by 59%



Violence victimisation
(past year)
by 51%



Violence perpetration
(past year)
by 52%



Incarceration
(lifetime)
by 53%



Poor diet
(current; <2 fruit & veg portions daily)
by 14%

The English national ACE study interviewed nearly 4000 people (aged 18-69 years) from across England in 2013. Around six in ten people asked to participate agreed and we are grateful to all those who freely gave their time. The study is published in **BMC Medicine**:

Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. **BMC Medicine** 2014, 12:72

The case for routine enquiry in health and social care

- Waiting to be told doesn't work...
- Victims of childhood abuse have been found to wait from between nine to sixteen years before disclosing trauma with many never disclosing (Frenken & Van Stolk, 1990; Anderson, Martin, Mullen, Romans & Herbison, 1993; Read, McGregor, Coggan & Thomas, 2006)
- Read and Fraser (1998) found that 82% of psychiatric inpatients disclosed trauma when they were asked, compared to only 8% volunteering their disclosure without being asked
- Felitti & Anda (2014) report a 35% reduction in doctor's office visits & 11% reduction in ER visits in a cohort of 140,000 patients asked about ACEs as part of standard medical assessment in the Kaiser Health Plan

National Context

Future in Mind Report 2015 – Promoting, protecting and improving our children and young people’s mental health and wellbeing

National Institute for Health and Care Excellence (2014). NICE public health guidance 50

- *Experiencing or witnessing violence and abuse or severe neglect has a major impact on the growing child and on long term chronic problems into adulthood*
- *Ensuring assessments carried out in specialist services include sensitive enquiry about neglect, violence and physical, sexual or emotional abuse. **For young people aged 16 and above, as part of the Government’s response to the concerns arising about child sexual exploitation, routine enquiry in line with NICE guidelines (whereby every young person is asked during the mental health assessment about violence and abuse) will be introduced from 2015-16***

Tackling Child Sexual Exploitation Report March 2015

- ***Expand routine enquiry from 2015-16 made by professionals in targeted services such as mental health, sexual health and substance misuse services so that professionals include questions about child abuse, to help ensure early intervention, protect those at risk and to ensure victims receive the care they need.***

National Context

Report of the U.K. Childrens Commissioners

Protecting Children from Harm – a critical assessment of child sexual abuse in the family network in England and priorities for action November 2015

Some of the major barriers to initial disclosure:

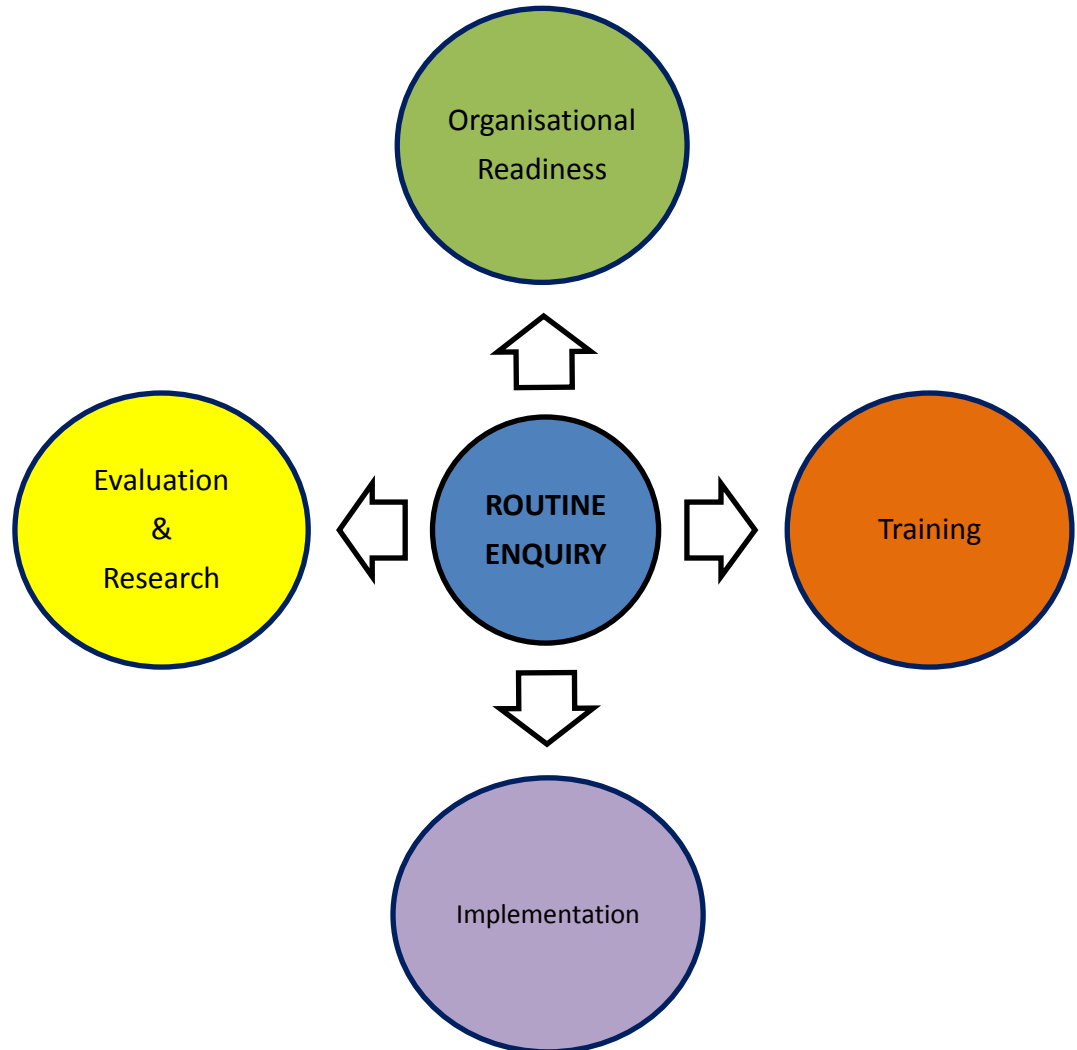
- *Self Blame*
- *Guilt and fear of the consequences*
- *Fear of the perpetrator*
- *Being judged*
- *A lack of opportunities to tell someone*
- *A fear of professionals*

Local Context

- Three years experience and successful delivery in Blackburn with Darwen
- Commissioning Intentions now reflect this in a number of CCGs in Lancashire
- Key priority for Childrens Partnership Board in Blackburn
- REACh is a key principle of Lancashire wide Children and Young People Transformation Plan
- Support from North West Coast AHSN
- LCFT Making Every Contact Count (MECC) programme e-learning module developed and will reach 40% of trust staff over next 12 months

REACH Model

- **Readiness** checklist and organisational 'buy in'
- **Change Management** – systems and processes to support enquiry
- **Training Staff** – hearts and minds & how to ask and respond appropriately
- **Follow-up support** and supervision for staff and leadership team
- **Evaluation & Research**



REACH

REACH - the practice of routinely enquiring about adverse childhood experiences. Our evaluation evidence would support the view that whilst REACH is not a risk assessment tool or an intervention in it's own right it can:

- Enhance and add valuable information to any assessment which has not previously been disclosed despite numerous assessments and periods of intervention enabling a much more informed decision/intervention
- Speed up the intervention process as disclosure appears to enable the individual to relate their history to their current situation and making sense of it enables them to move forward – the change of focus from ‘what’s wrong with me’ to ‘what happened to me’
- Enable parents to realise that their children may already have ACE’s and understand the potential impact on them facilitating the discussion about prevention and current circumstances or lifestyle in a positive way

REACH YEAR 1

- LCFT South East Team, Health Visitors and School Nurses
- Blackburn with Darwen Children's Services Family Support Team
- Child Action North West, Familywise Team
- Lifeline, Substance Misuse Practitioners

Key Findings Year 1

- Most participants were not aware of the impact of adversity on later life outcomes before the training
- Following training participants are not reporting difficulties with enquiring
- There has been no reported increase in service need following the enquiries made
- Participants report that if disclosures are made the individual will very often have been in services for a period of time and report that (a) they have never been asked about their experiences before and (b) have not self disclosed
- Participants and managers feel that they are able to create with the individual a more appropriate intervention plan if they have enquired about previous experiences dealing with the root cause of presenting issues rather than the 'symptom'.
- Participants and managers report that they feel assessments are enhanced by knowledge about adverse experiences
- Routine enquiry can easily be accommodated in current working practices

REACH YEAR 2

- Greater Manchester West (NHS Foundation Trust Substance Misuse Service)
- Evolve (Substance Misuse Service)
- Womens Centre (Counselling, Support and Employment)
- W.I.S.H. (Domestic Abuse)
- New Ground (Young Peoples Service)

Key Findings Year 2

- REACh training equips practitioners with the knowledge and skills to conduct routine enquiry with the individuals they support.
- All practitioners who attended the training reported it was useful, enjoyable and increased their knowledge about ACEs and increased confidence in their ability to conduct routine enquiry
- The REACh approach has been the catalyst for increased frequency of disclosures, earlier/ more targeted interventions and positive impact for individuals.
- Following routine enquiry people report considering the impact of ACEs in relation to their own children

REACH YEAR 3

- North West Coast Academic Health Science Network – developing and implementing routine enquiry in new settings
- Blackpool Better Start - early help and prevention
- Blackburn with Darwen Transforming Lives
- Lancashire Safeguarding Childrens Board – missing from home pathway
- Blackburn with Darwen Virtual School – creating a trauma informed school environment
- West Lancashire G.P.'s – Implementing routine enquiry in general practice
- MECC Adverse Childhood Experience module for online training

Department of Health

2016 will see LCFT implement a pathfinder programme on behalf of the DOH

Proposed settings include:

- Child and Adolescent Mental Health Services
- Sexual Assault Referral Centres
- Substance Misuse Services (Young People)

The work will include developing good practice standards and an accompanying manual, creating tools for enquiring with young people and a feasibility exercise on national data collection for CSA and CSE

Conclusions

- Case for REACh is compelling in adults – acceptable, feasible and enhances potential for positive outcome
- HVs and FSWs experience of REACh shows the opportunity for early help and prevention with young and vulnerable parents
- Potential to stop the intergenerational impact of ACEs and better target root cause– fix problems once
- Evaluate the clinical, social & economic impact in a range of settings – GPs, Sexual Health, CAMHS, Schools
- More work needed to establish best practice in routine enquiry with children and service users with LD

Next Steps

- Inclusion in MHSDS
- Deliver DH pathfinders and associated publications
- National roll out by HEE and DH
- Expansion into other areas of practice
- Research feasibility and good practice in enquiring with children
- Implementing routine enquiry within a multi agency partnership – challenges and solutions
- Longitudinal evaluation and data collection – service utilisation
- Identify evidence based strategies which could help to prevent ACE's and mitigate their impact



Public Health
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Key data on adolescence

Dr Ann Hagell, Research Lead, Association of Young People's Health, Editor-in-Chief of the Journal of Adolescence. People's Health

**Key Messages about young people's
life experiences and health outcomes
from
*Key Data on Adolescence 2015***

Ann Hagell

Association for Young People's Health

ayph | Association for
Young People's Health

HEALTHCARE | TRAINING | EMPLOYMENT | MENTAL HEALTH | POPULATION | SEXUAL HEALTH | BEHAVIOUR

Key Data on Adolescence 2015

10TH EDITION

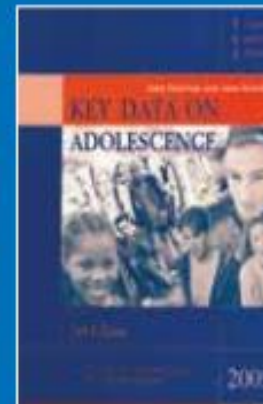
The latest information and statistics
about young people today

Ann Hagell
John Coleman
Fiona Brooks



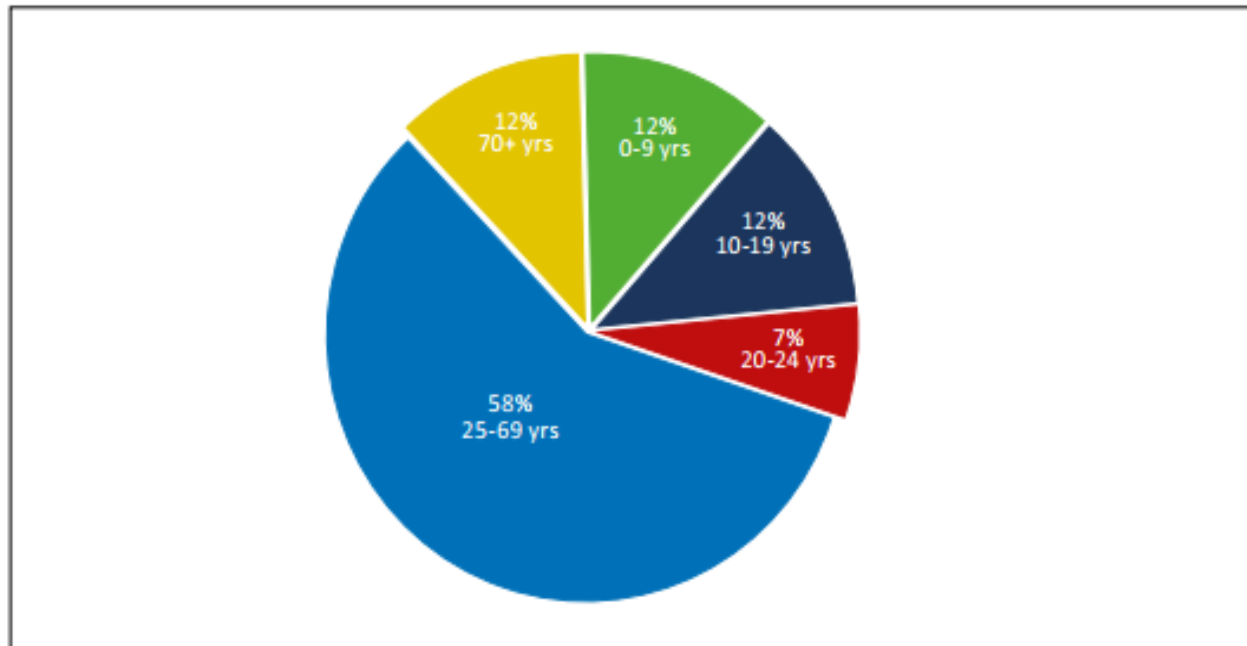
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cripacc



Demographics – 11.7m young people 10-24yrs

Chart 2.2
Proportion of
population by
age group
in the
UK, 2013



Source: Office for National Statistics/National Records of Scotland, 2011 census data
Annual Mid-Year Population Estimates for the UK, Office for National Statistics, 2014 » [Download data](#)

Demographics – living at home?

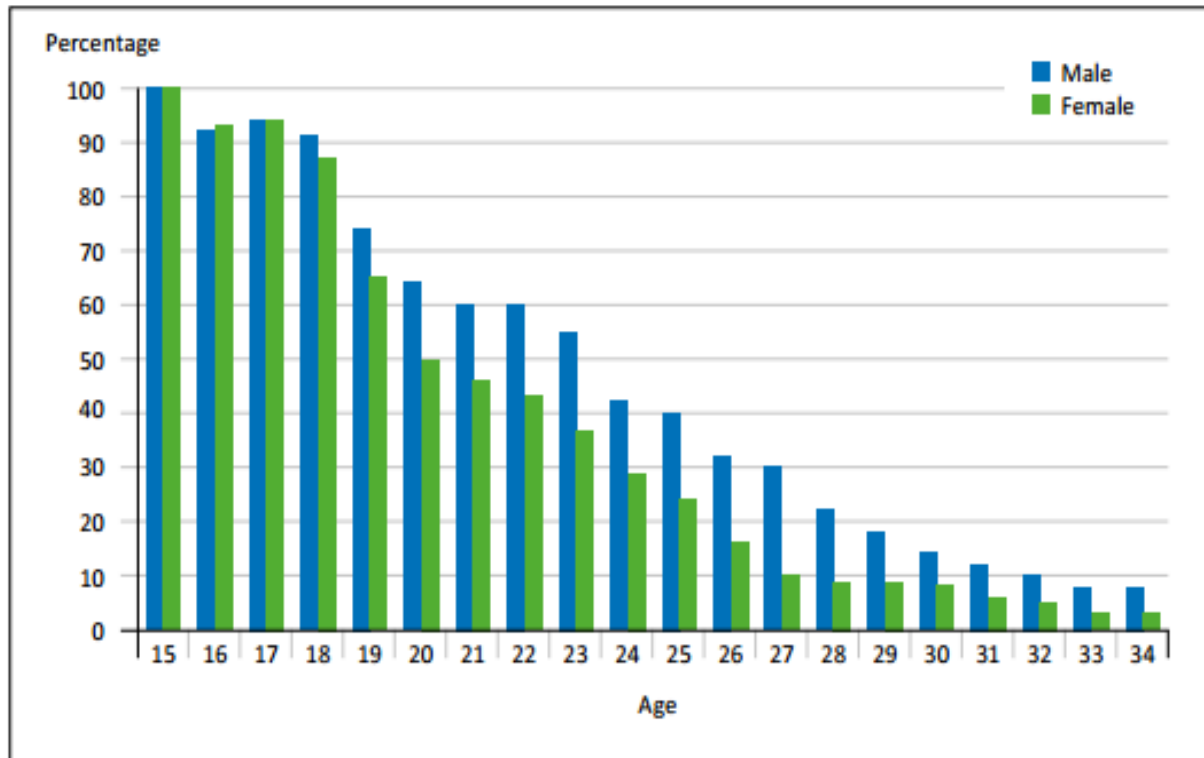


Chart 2.8
Young people and adults aged 15-34 years living with parents in the UK, by age and gender, UK 2014

Source: Labour Force Survey (LFS), Office for National Statistics » [Download data](#)

NB: University students are coded as not living with their parents, and young people in prison are not part of the survey

Social determinants - low income and poverty

1.9 MILLION

YOUNG PEOPLE
AGED 10-19 LIVE IN THE
MOST DEPRIVED AREAS
OF ENGLAND

IN A POLL OF 1,800
YOUNG PEOPLE AGED 18-24,
MORE THAN HALF
SAID THEIR DEBT HAD
INCREASED OVER THE
LAST FIVE YEARS

Source: Salter (2014)

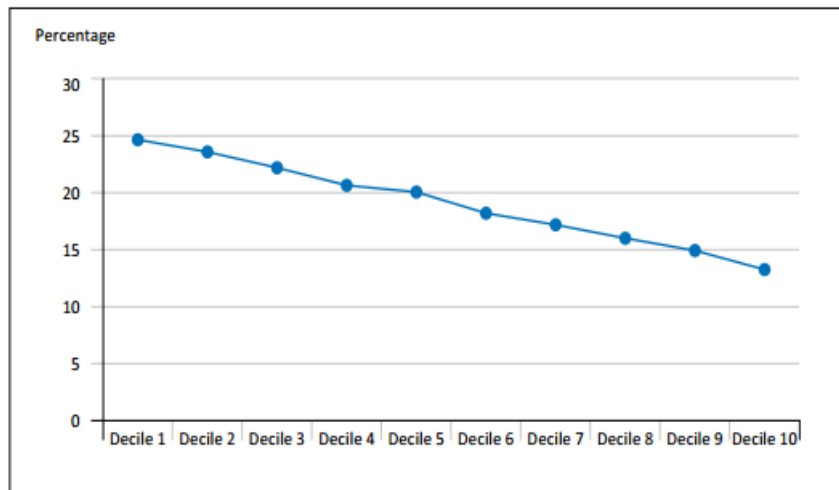


Chart 3.8
Prevalence of
Year 6 (age 10-11)
obesity by school
area 2010 Index of
Multiple Deprivation
in England, 2013-2014

Source: Health and Social Care Information Centre » [Download data](#)

NB Where Decile 1 is most deprived and Decile 10 least deprived

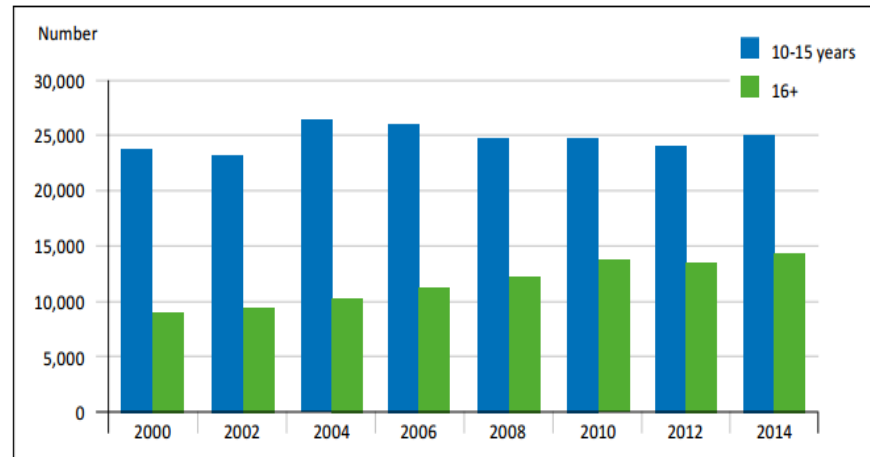
Social determinants

- housing and living circumstances



Source: DCLG 2014

Chart 3.11
Children looked after in England, age 10-15 and 16+, 2000-2014



Source: Department for Education, SFR 36/2014, Children looked after in England (including adoptions and care leavers) year ending 31 March 2014 and earlier releases » [Download data](#)



Source: DfE 2014

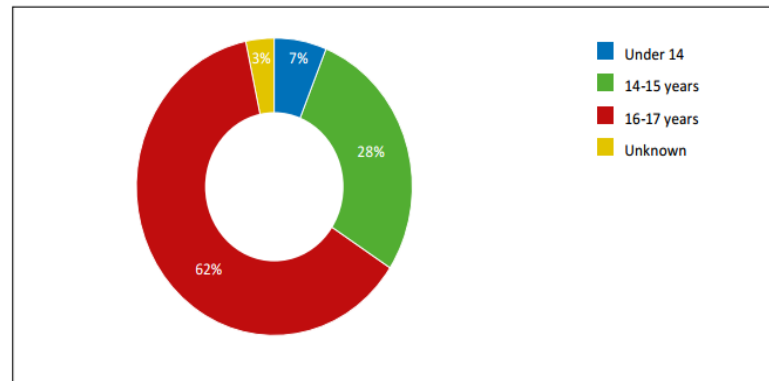


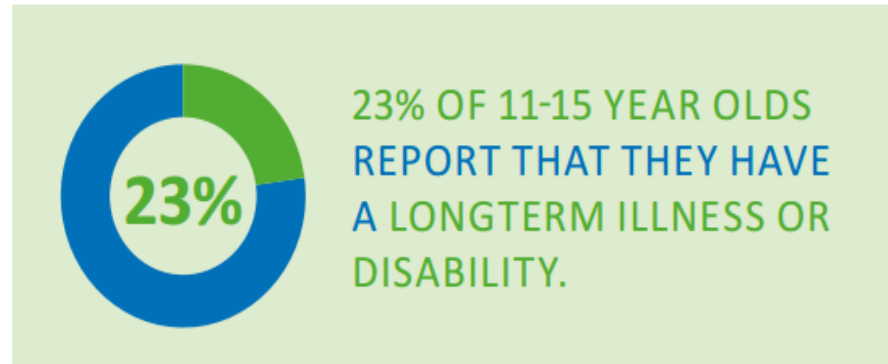
Chart 3.17
Unaccompanied asylum seeking children applications received in the UK by age, 2014

Source: Home Office: Immigration Statistics, October to December 2014 » [Download data](#)

Long term health conditions?

APPROXIMATELY
800,000
TEENAGERS IN THE UK
SUFFER FROM ASTHMA.

Source: Couriel (2003)



Source: Brooks et al 2015

PEAK AGE FOR
DIAGNOSIS OF
TYPE 1 DIABETES
IS BETWEEN
10 AND 14 YEARS

Source: Diabetes UK 2014

ONE IN 220
YOUNG PEOPLE
UNDER 19 HAS EPILEPSY.

Source: Joint Epilepsy Council 2011

Other pressures young people face?

- Bullying and social media issues
- Peer problems
- Academic pressures
- Pressures on body confidence
-

Key Data on Adolescence 2015

...surprising trends?

- New psychoactive substances
- E-cigarettes
- Rise in use of smartphones



ESTIMATES OF
SECONDARY SCHOOL
CHILDREN WHO HAVE
TRIED E-CIGARETTES
RANGE FROM ONE IN 12
TO ONE IN FIVE

THE AVERAGE
16-24 YEAR OLD SPENDS
9 HOURS AND 8 MINUTES
EVERY DAY ON MEDIA
AND COMMUNICATIONS
ACTIVITIES

Key Data on Adolescence 2015

...worrying trends?

- Possible rise in self harm?

41,921

HOSPITALISATIONS FOR
SELF-HARM (SELF-POISONING
AND OTHER METHODS) IN 10-24
YEAR OLDS, ENGLAND 2014

Source: Hospital Episode Statistics

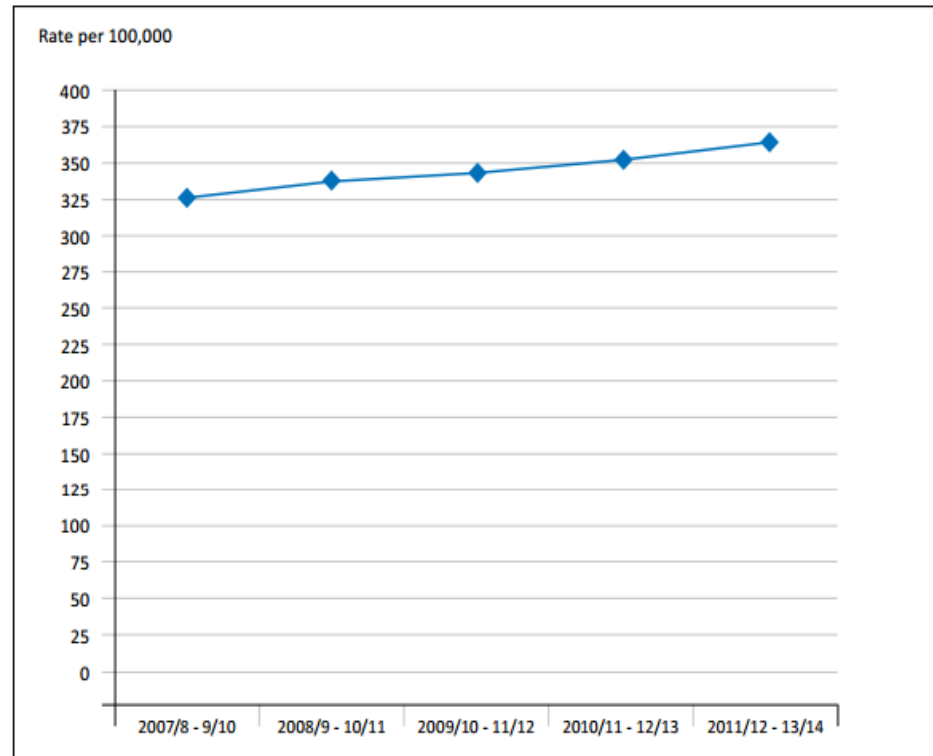


Chart 6.8
Hospitalisation for
self-harm rates
(per 100,000)
among 10-24 year
olds in England,
2007/8 – 2013/14

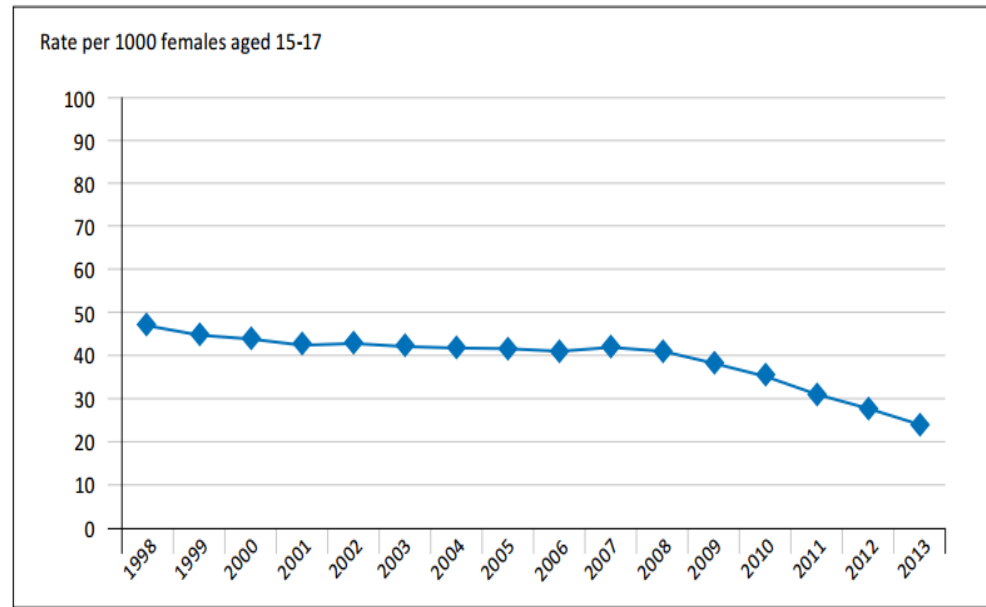
Source: Hospital Episode Statistics » [Download data](#)

Key Data on Adolescence 2015

...areas where best progress made?

- Teenage pregnancy

Chart 5.9
Under-18
conception rate
in England
and Wales,
1998-2013



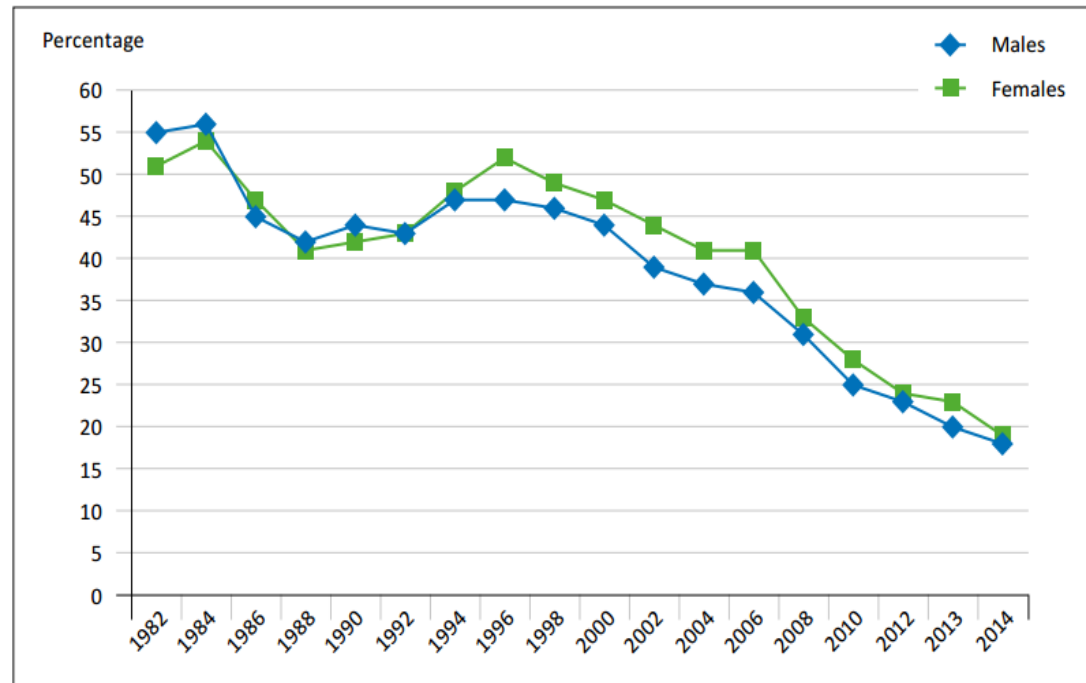
Source: ONS, Conception Statistics, England and Wales, 2013 » [Download data](#)

Key Data on Adolescence 2015

...areas where best progress made?

- Smoking and drinking

Chart 4.14
Proportions of 11-15
year olds in England
who have ever
smoked, by gender,
1982-2014



Source: HSCIC (2015b), Smoking, Drinking and Drug Use Among Young People in England in 2014 » [Download data](#)

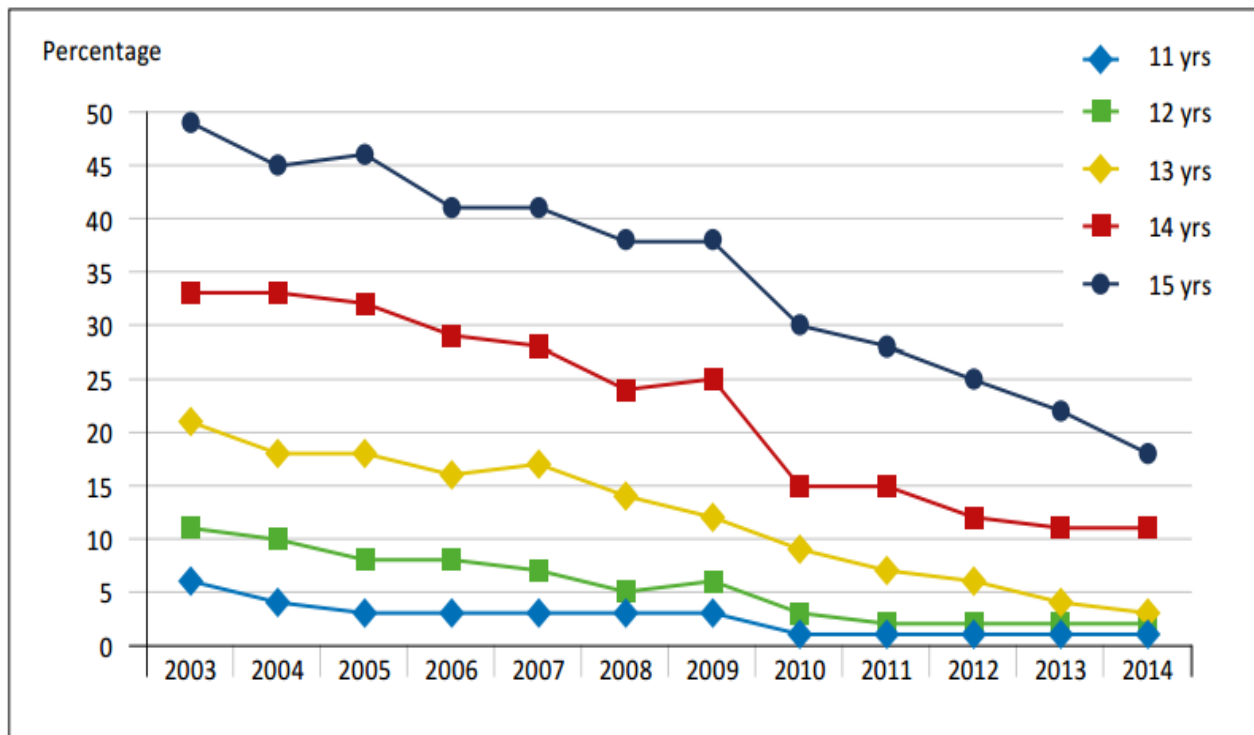


Chart 4.18
Prevalence of drinking alcohol in the last week, by age, 2003-2014

Source: HSCIC (2015b), Smoking, Drinking and Drug Use Among Young People in England in 2014 » [Download data](#)

“...the transition to adulthood is a window of opportunity for changing the life course”

Masten et al, 2004

More info

- www.ayph.org.uk
- info@youngpeopleshealth.org.uk
- @AYPHcharity
- 0207 922 7715



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Q&A session

Monday 22 February 2016
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#WMidsACEs
#Childhealth



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Introduction to the world café session after lunch

*Dr Lola Abudu, Deputy Director, West Midlands,
Public Health England*



Public Health
England

Protecting and improving the nation's health

World café session

Station one: Adversity in childhood and mental health

Station two: Where does an ACE informed approach sit within your local strategies and what would be required for your organisation to implement this approach across different levels within your organisation

Station three: How to ensure that enquiry becomes routine and is embedded within an organisation

Station four: Taking a public health approach to promoting young people's resilience



Public Health
England

Protecting and improving the nation's health

Station four: Taking a public health approach to promoting young people's resilience

Dr Ann Hagell, Research Lead, Association of Young People's Health, Editor-in-Chief, Journal of Adolescence. People's Health



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Routine Enquiry into Adverse Childhood Experiences (ACEs)

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Feedback

*Dr Lola Abudu, Deputy Director, West Midlands,
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