Minutes from the 39th All Party Parliamentary Group on Complex Needs and Dual Diagnosis AGM
and meeting on ‘The long term impact of adversity and trauma in childhood’

Tuesday 4th December 2018, 11-1pm, Committee Room 4, House of Lords

Co-Chairs - Lord Victor Adebowale and Luciana Berger MP

Lord Victor Adebowale (VA) opened the 2018 AGM by welcoming everyone to the House of Lords. He mentioned that APPG has been running for 7 years now and during that time we have covered a diverse range of important topics. He explained that as it was the AGM there were a couple of items of formal business to attend to at the start including a review of activity that has taken place over the past year and the election of officers to the APPG and that following the formal business of the meeting we would have a number of excellent guest speakers joining us to speak about the impact of adversity and trauma in childhood and adolescence.

VA said that everyone should have received a copy of a brief report which provides an overview of the topics the APPG has looked at this year.

He provided an overview of the work undertaken over the year:

- In January we published People Powered Recovery, a report looking at social action and complex needs. To coincide with the launch we held a roundtable which brought together senior leaders from across the health and social care system including Simon Stevens, CE of NHSE, to consider the report. The report included a range of innovative examples of volunteering, peer support and community action in support of people with complex needs. The report includes case studies from many APPG network members including: Addaction, Build on Belief, CAIS, SHP, CFE Research, #iwill, MEAM, Mind, Nacro, Nesta, NVCO, Recovery Republic, Responsible Gambling Strategy Board, Shared Lives, St Giles Trust, Turning Point, Voices Stole on Trent, Wakefield and 5 towns recovery college and Women’s Aid.

- In March we had an excellent meeting looking at Sexual violence, mental health and substance misuse which contributed to a Commission chaired by Baroness Hilary Armstrong with guest speakers from AVA, Agenda, The Nelson Trust and King’s College London.

- In July we held a meeting looking at Harmful Gambling with contributions from GambleAware, the Gambling Commission, Dr Steve Sharman who specialises in addictions research and Gordon Moody a specialist provider who also brought someone along who had used their services

VA said that these were important topics and the APPG hopes to continue to this interesting programme of meetings. Topics planned for next year to include: Transforming Care, Homelessness and Serious Mental Illness and health inequalities.
Election of officers

The following officers were re-elected to the APPG:

- Labour MP Luciana Berger
- Crossbench Peer Lord Victor Adebowale
- Conservative MP Johnny Mercer
- Conservative Peer Baroness Gardner
- Labour MP Steve Reed
- Liberal Democrat Peer Baroness Judith Jolly
- Labour Peer Baroness Hilary Armstrong of Hill Top

Johnny Mercer has indicated that he will be standing down following the APPG due to his commitment as a member of the Health and Defence Committees. Therefore we will need to identify a new Conservative MP to stand for election as an officer next year.

The long term impact of adversity and trauma in childhood

VA welcomed the guest speakers and set the scene. He reminded the group that at the end of November NHS digital published data on the incidence of mental health problems among child and young people based on data collected in 2017 which showed that:

- One in eight 5 to 19 year olds had at least one mental disorder
- The prevalence of mental disorder in 5 to 15 year olds has risen from 9.7% in 1999 to 11.2% in 2017
- Emotional disorders have become more common in five to 15 year-olds – going from 4.3% in 1999 and 3.9% in 2004 to 5.8% in 2017.

At the same time, VA said, the House of Commons Science and Technology Committee has published a report calling on the government to draw up a new national strategy for early intervention approaches to address childhood adversity and trauma. Our speakers will talk more about this but we know that adverse experiences in childhood, such as abuse, neglect or difficult household situations, are associated with an increased risk of health and social problems in later life, with the prevalence of a range of these problems increasing with the number of adverse experiences suffered.

This APPG has largely focussed on adults with complex needs, VA said, but it is my belief that it is potentially valuable for services working with adults with complex needs to lend our support to a lobby calling for a coordinated national strategy to targeting childhood adversity. Turning Point have looked at this issues in the past with the Bottling it Up report which focused on the impact on children whose parents are problem drinkers but it remains a key concern in many different areas.

VA introduced the guest speakers:

- Dr Marc Bush, Director of Evidence and Policy at YoungMinds
- Nerys Anthony, Director of Operations at The Children’s Society
- Mark Dronfield, Senior Operations Manager at Turning Point
Dr Marc Bush, Director of Evidence and Policy at YoungMinds (MB) set the scene with an overview of definitions of adversity, the evidence base and current policy context. He explained that YoungMinds were involved in developing the government strategy *Future in Mind*, the strategy for children and young people’s mental health services published by the coalition government in 2015. This strategy focussed on: promoting resilience, prevention and early intervention; improving access to effective support; care for the most vulnerable; accountability and transparency; and developing the workforce. At that time it became apparent that different organisations, focused on different issues and different forms of adversity, were all working independently of each other and no-one was bringing it all together and recognising the shared experiences of some of these different groups. For example some local authorities had some really good programmes on looked after children (LAC) but other groups received relatively little support. YoungMinds wanted to bring together good practice across England. In Scotland and Wales, tackling adversity in childhood is a national priority and the Science and Technology Committee made a strong recommendation around adopting adversity and trauma-informed models of care in their recent report.

MB talked about Adverse Childhood Experiences, commonly referred to as “ACE”. These are experiences such as neglect, abuse and or violence or the unexpected loss of a caregiver or sibling and taking on adult responsibilities which can potentially have a traumatic and long lasting impact on our development health and way of life. Initially, attention on the range of ACEs and their cumulative impact began US. This was subsequently picked up in Scandinavia, then Australia and then to Europe.

In England half of all adults have had an adverse experience. It might be a one off experience or an accumulation on ‘micro experiences’. ACEs can have a significant impact on physical and emotional health. Lots of adverse experiences are part of an intergenerational cycle. If you have faced ACEs it will very likely impact on your children.

Key is intervening early and taking young people out of adverse environments and providing good quality emotional and social support.

In London and Glasgow they are tacking a public health approach to tackling youth violence. Key to this is not judging the presenting behaviour which may represent children and young people’s attempts to survive in their immediate environment, finding ways of mitigating or tolerating adversity or making sense of their experiences. Behaviour that seem pathological may represent quite creative responses to the need to survive. For example someone committing arson may be doing it for their own protection.

Where individuals are traumatised services need to take a specific response in order not to re-traumatise people. Trauma-informed approaches start from the position: “Wow you survived and your current life is a bit maladaptive…”

MB considered the question of whether the government will bring in a national cross cutting strategy to tackle ACEs? MB talked about the importance in the next round of NHS funding that adversity and trauma informed approaches were embedded.

Most young people who have experienced adversity and trauma are entrenched in particular ways of behaving because of institutional responses to their behaviour. MB concluded by calling for a cultural shift within services.
Nerys Anthony, Director of Operations at The Children’s Society (NA) talked about some of the Children’s Society’s approaches to working with C&YP who have experienced adversity and trauma and research they have done in this area.

NA began by talking through a case study of Sally, 16, who lives with her mum in Torbay. She was raped at a party and suffered from flashbacks, anxiety, sleep disturbance and panic attacks and contemplated about suicide. The Crown Prosecution Service decided not to take her case any further and she had a high score on The Children’s Society’s chosen depression and anxiety measure (RCADS) of 104 – the clinical threshold is 64. She had a maximum score of 40 on The Children’s Society’s chosen trauma measure (CRIES8).

The Children’s Society work on adolescent trauma takes into account the wider context for trauma including factors in the home among peers and in the wider community in the round. There are incorrect assumptions out there that teenagers are naturally resistant.

The Children Society’s Good Childhood report includes findings from research with over 65,000 children and young people:

- One in seven young people aged 14 and 15 have experienced teenage neglect. The Children’s Society index asks about emotional, supervisory, educational and physical neglect. The data is gathered from young people themselves and not based on professional judgement.
- One million 10 – 17 year olds have experienced 7 or more disadvantages. Issues known to reduce young people’s wellbeing – some are traumatic and some are not. This well-being focus is explicit because it speaks to young people’s resilience.

The Checkpoint service in Torbay is a mix of commissioned services and support funded by money raised by the children’s society. Sally received 20 weeks of trauma focused CBT. She was able to get it when she wanted it and to have more if she feels she needs it. Sally’s mum was identified as a key protective factor so sessions were provided for her too including CBT and some psycho-education to help managing Sally’s symptoms and responding to triggers.

Sally found a mix of creative and talking therapy helpful to develop her own trauma narrative. Sally feedback that it was really useful to have the support immediately following the experience which is important in the context of delays and long waiting lists for many services. Sally’s trauma score (CRIES 8) moved from a score of 40 to a score of 12 and her depression and anxiety score (RCADS) moved from a score of 102 to 46.

NA talked about the Children’s Society RISE services in London which supports young men and boys who have been trafficked. The service includes: 121 support, group work, therapy and volunteer befrienders. The service allows young people to tell their story and build their narrative in a consciously non-stigmatised setting.

NA talked about the key messages from Children’s Society on adversity and trauma:

- The concepts of trauma and adversity are often focussed on younger children but teenagers can also experience adversity and trauma
- It is vital that we do not disregard the context – poverty, community are key
• We must identify protective factors e.g. parents and support those individuals as well as the young person

NA reflected on the system. She said that the Children’s Society are system changers – their aim is to work differently and proactively with partners at a local, regional and national level to change the system for children & young people (to achieve greater reach and improve outcomes across the board). She pointed some key issues that emerge from taking a systems wide view:

• The safeguarding response is about safety, not recovery
• We know trauma can build over time but NHS thresholds and focus on diagnosis prevents early intervention and it is vital to intervene early
• The criminal justice system makes therapy difficult (but this is not an insurmountable problem)
• We are not good at holding young people and stewarding their narrative

NA talked about what needs to change, the implications for public policy and allocation of funding. She gave some examples of good practice:

• Integrated NHS and children's social care services – there are examples (e.g. Psychologists in Greater Manchester and Southwark) but its patchy
• Early help services for those likely to have experienced trauma (Surrey County Council)
• Re-designing NHS services to effectively tackle DNAs by ensuring there are in the right place, are youth centred, have consistent staff and provide appropriate length of treatment
• Early intervention – it’s not just about early years – we are wasting so many opportunities to help and support people before they become adults
• We should measure children’s well-being more rigorously – as it helps to identify those who are struggling in an unobtrusive and ethical way
• The looked after children mental health assessment pilots need to include a measure of trauma
• Address the £3 billion spending gap in children’s services that will emerge by 2025
• Use review of the Modern Slavery Act enable children to access therapeutic support following a conclusive grounds decision by the National Referral Mechanism (NRM)
• Consider access to pre-trial therapy to set out how to provide quality support without prejudicing a child’s case

Mark Dronfield, Senior Operations Manager at Turning Point (MD) talked about the impact of adversity in childhood in the short and long term from the perspective of substance misuse services.

MD began by talking about the changes he has seen in central London drug services over the past 20 years. He said the experience of young people’s substance misuse services is ‘extreme stability’. At the same time, drug and alcohol use among young people, has declined significantly, and there is a
greater sense of responsibility and seriousness in the current generation. In London around 30% of people aged 16-24 are teetotal. Only 1/5 young people have used a drug in the past year. Where young people do use drugs or alcohol, in central London, there is an overwhelming cultural dominance of cannabis. MD said there has been a huge decline in heroin and crack use among young people.

MD talked about a shift that is currently taking place. There is more talk of people using as a form of self-medication rather than for the purposes of hedonism also there is a significant rise in the abuse of prescription medication.

MD talked about the profile of young people coming through the door. Typically, young people are experiencing a mental health crisis, have become involved with the criminal justice system and have suicidal ideation. Usually they have tried their GP and they have tried mental health services before they come to the drugs service. MD referred back to the arson example provided by Dr Marc Bush from YoungMinds. He said young people use drugs as a solution, they need to find ways to survive and drugs are one way. He said young people usually have a high level of family involvement, they have failed to launch, failed to thrive as young adults, they don’t self-identity as addicts and successful treatment for this group doesn’t involve abstinence.

MD concluded on a positive note. The young people the services works with often define themselves by their ambition and real positively, despite the adversity and trauma they have experienced and the service gets amazing outcomes with young people, much better than with adults.

Lord Victor Adebowale (VA) opened the debate to the room.

Ian Hamilton (IA) spoke about some research he has been involved in at York University about national trends in drug use among young people. He said from his perspective the key trends were:

- Use of solvents persists, there is no substitute prescribing
- With the cannabis, the chemical nature of the substance has changed massively over 20 years
- Young people from more deprived areas get into more difficulties related their their drug use and it appears that there are a small group of people using a disproportionate amount of cannabis that is in the market
- Generally drug and alcohol use are going down BUT a growing proportion of young people who use cannabis are getting into difficulties with it and research shows poor treatment outcomes among young people using cannabis compared with other substances

Steve Reed MP (SR) asked 2 questions to the panel:

1. What are the barriers to spreading trauma-informed early intervention for children and young people who have experienced adversity in childhood to more areas of the country?
2. What is the role of social media in creating trauma in term of cumulative impact in a space without adult supervision?

He said the Health and Social Care Committee have undertaken an inquiry looking the 1st 1,000 days of a child’s life. There was an evidence session yesterday – what one or 2 recommendations would make a difference?
**Dr Marc Bush (MB)** said we are overly reliant on international evidence and he would like to see recommendation to grow the research evidence in the UK. He also said there is a reluctance to talk about socio-economic factors but there is a relationship between poverty and the number and intensity of ACEs a person experiences and this needs to be more fully acknowledged in public policy.

Traumatic stress is a specific diagnosis which is about how you perceive threat, manage your own emotions and relate to others. He also said lots of organisation badge themselves as using trauma informed approaches but that isn’t necessarily the case.

**Victor Adebowale (VA)** asked – what happened to the idea of a failure to thrive?

**MB** said that organisations are focussed on specific issues such as homelessness, looked after children, domestic violence rather than a more general failure to thrive.

**Nerys Anthony (NA)** said good commissioning was the route to spreading best practice with a focus on more flexibility in service delivery. She pointed out pockets of good commissioning e.g. in Birmingham, Wolverhampton, Shropshire where services aren’t focussed exclusively on mental health, substance misuse etc in isolation and, crucially, are appealing to users.

VA summed up the panels response to SR’s questions on spreading good practice. He said they had spoken about issues of definition and recognition, the need to build the research base, the need for a focus on wider wellbeing, resilience and issues of service design and commissioning. He said adolescent mental health services are there but they are not fit for purpose.

The panel turned to the question of social media.

**MB** said YoungMinds and The Children’s Society ran a joint cyber-bullying campaign. Online is a largely unsupervised space and it can be difficult for young people to make sense of what they have experienced or mean that a person is likely to be in a position where they are a bystander. This, combined with a child’s limited ability to self-regulate, self-care and make sense of your world is why it can have such a big impact.

**VA** said that Simon Stevens, CEO of NHSE, has talked about social media and there has been a debate in parliament. Facebook is only meant to be available to over 16s and WhatsApp is only meant to be available to over 14s and this could be better enforced. For example, at the moment mobile phone shops will load these apps onto a new phone for children. He said young people need to be educated. Instagram banned all the self-harm hash tags and yet you can still get to this type of content very easily.

**Luciana Berger MP (LB)** warned against just focussing on social media. Lots of adverse childhood experiences don’t happen online.

**VA** said he felt we should be focussing on poverty and social exclusion – the negative impact of adverse child experiences is concentrated in poor areas – this is where we should start. **VA** asked if there were any questions from the floor.

Jocelyn Quennell from UKCP said that complexity is important and argued that there are systematic difficulties with CBT as the preferred model when you are looking at people with complex needs wjo
have experienced adversity and trauma in childhood. She argued that there was too much marketing of products in the mix when you were looking at the type of services available to people, citing current work happening in Cornwall as an example.

Dominic Williamson from St Mungo’s asked about how we should be intervening to address intergenerational trauma.

Lisa Hill from Recovery Republic talked about Every Child Matters, the national strategy launched in 2003, which focussed on the first 1,000 days of a child’s life and prompted amazing multi-agency work with children, young people and families. She asked why the Health and Social Care Committee were looking at this again.

Connie Muttock from Agenda said the research between women’s complex need, abuse in childhood and approaches to working with young women was relevant to this debate.

**Mark Dronfield (MD)** responded on the intergenerational point. He said the introduction of family drug and alcohol courts has been really good in central London, very empowering for mums in particular. As a children’s social workers we are very focussed on the child and as a result work with the wider family doesn’t happen. Unfortunately, whole family services rarely get commissioned.

NA said DfE children’s social care innovation fund was funding support for the families of at risk children. Part of this programme was volunteers who support families to go out and do fun stuff together. There is forthcoming research on this programme.

Ian Hamilton said women are really neglected in substance misuse prevalence studies which is shocking. We don’t know what models are effective for women because they underrepresented with drug and alcohol services.

**LB** referred to the question about Every Child Matters having focussed on the first 1,000 days of a child’s life and said the Health and Social Care Committee is revisiting this idea because there is such pressure on services.

Allie Hall from Shared Lives Plus said her organisation supports people aged 16+. In her role as a development officer she finds that commissioners are often too focussed on particular client profiles which she feels fails some young people that don’t fit neatly into a particular set of categories.

Ben Jackson from Turning Point questioned how much the panel thought that trauma was picked up by agencies? He asked whether we should be helping young people understand what is normal – what they should be able to expect from the people round them.

Lynn Emslie asked about whole systems thinking. She said that the structures we are currently working within do not allow systems thinking. She said funding drives this and funding needed to be more system wide and focussed on outcomes.

John Graham, a retired therapeutic counsellor, said that social media is an equivalent to substances in its neurological impact. He wondered whether social media reduces the pain of trauma in the same way.
**MB** said it was really important to understand the neurological impact of adversity and trauma. If you are in a state of hyper-arousal you get a natural opioid release which explain the links with substance misuse. Resilience and wellbeing is about the ability to bounce back. Grit is more relevant concept – the ability to keep going. It feels a bit like we are going in circles, new mental health infrastructure is being established but the early years services have been reduced.

**NA** said we all have responsibility to try and make system change happen.

**MD** said young people face challenges and the system faces challenges but we must advocate for young people and be positive about the possibility for things to improve.

**VA** thanked the guest speakers, the APPG members and the audience for their contributions and closed the meeting.

**Attendees**

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<td>Luciana Berger MP (Labour)</td>
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<td>Lord Victor Adebowale (Cross-bench)</td>
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<td>Steve Reed MP (Labour)</td>
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