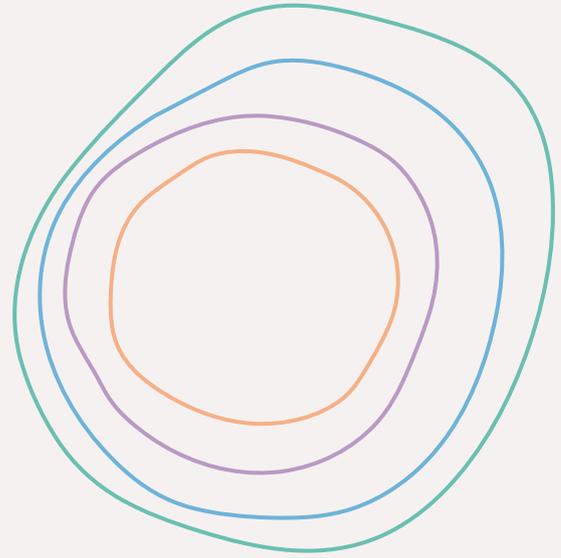




**UK TRAUMA
COUNCIL**



Beyond the pandemic:
**Strategic priorities for
responding to
childhood trauma**



A coronavirus pandemic policy briefing





Executive summary

The coronavirus pandemic has had a significant impact on children and young people's lives. It has increased the experience of trauma for many, and compromised the support which children and young people receive from friends, family and public services.

The UK Trauma Council considers that without a specific focus and sustained energy from Governments across the UK, the needs of many children and young people will go unmet – with long-term negative consequences for their lives. The focus should now be on understanding the impact of trauma on children's development and wellbeing, and responding appropriately.

Trauma refers to the way that some events, and experiences, are so extreme that they overwhelm a child's ability to cope. The impact can have lasting consequences for the child or young person's development, including psychological, behavioural and emotional problems. These can occur into and throughout adulthood, presenting related challenges in many aspects of their life.

As the consequences of the coronavirus pandemic unfold, the UK Trauma Council has developed four recommendations that should be prioritised by all UK Governments to address childhood trauma in both the short and long term. These recommendations present a clear framework for action, to be taken forward in different ways across the UK.

Recommendation 1: Prioritise responding to trauma in national and local strategies

National mental health strategies should specifically address the impact of trauma on children and young people. All services that contribute to this will need the resources to do so, and local agencies should have the support to collaborate on the response to trauma in their communities.

Recommendation 2: Invest in specialist trauma provision for children and young people

Government investment in the development and delivery of evidence-based trauma interventions will mean children and young people have access to the support they require. To achieve this, mental health services in all parts of the country should have the capacity to meet need now and in the future. Their staff should be trained to deliver the most appropriate evidence-based interventions, and care pathways should ensure that all those who need such specialist support can access it.

Recommendation 3: Equip all professionals who work with children and young people with the skills and capacity to support those who have experienced trauma

Addressing the needs of children and young people who have experienced trauma is not just the role of trauma specialists. There is a need



to equip all professionals working with children and young people with the skills and capacity to support those who have experienced trauma. This means that all relevant workforces, including health, social care, education, youth justice, and the voluntary sector, should be given appropriate and consistent training, guidance and support. This will enable them to respond confidently and constructively when a child presents with a traumatic response.

**Recommendation 4:
Shift models of help towards prevention,
through research, clinical innovation and
training**

By shifting models of help towards prevention – through research, clinical innovation and training – we could mitigate the potentially devastating effects of childhood trauma. This requires collaboration across research, policy and practice to ensure a strong evidence base for interventions, with the aim of reducing the likelihood that children who experience trauma develop long-term mental health problems.

In conclusion, the UK Trauma Council appeals for a renewed focus to build upon the important work that has already started in England, Northern Ireland, Scotland and Wales. For all children and young people to be able to rely on consistent and effective support when they experience trauma, there will need to be sustained impetus. It is through collaboration and the harnessing of existing expertise that we can deliver on this vision.



What is childhood trauma?

In this policy briefing, we focus specifically on the psychological consequences of trauma experienced by children – including younger children such as infants – as well as older adolescents.

Trauma refers to the way that some distressing events are so extreme or intense that they overwhelm a person's ability to cope, resulting in lasting negative impact. The sort of events that traumatisate people are usually beyond the person's control¹. Trauma can stem from a one-off incident (e.g. a road traffic accident or an act of terrorism) or ongoing events (e.g. child sex abuse or neglect). Racism and other forms of group hatred and discrimination can also result in a traumatic response.^{2,3} Children and young people can be traumatised by such experiences if the events happen directly to them, or if they witness or learn about them happening to someone else. Experiencing or witnessing traumatic events does not fully explain the impact on the individual, as there will be many factors that influence immediate and long-term consequences, including social, political and cultural contexts.

Experiencing traumatic events and situations can have an enduring impact on children and young people's emotional, cognitive, and social development⁴. Research shows that experiencing trauma increases a child's risk

The UK Trauma Council

Launched in September 2020, the UK Trauma Council (UKTC) is an independent, multidisciplinary, evidence-based expert group, able to speak with authority and experience on the impact of traumatic events on children and how best to help them. The UKTC brings together 22 leading experts in research, policy and practice from all four nations of the UK. It is hosted and supported by the Anna Freud Centre.

The vision of the UKTC is a world which nurtures and protects children and young people following trauma, and builds understanding of how to reduce the impact of traumatic events. By developing accessible and evidence-based resources and guidance, the UK Trauma Council will build the capacity of communities to better support children and young people who have experienced trauma.

The current coronavirus pandemic highlights the pressing need for a platform that can enable collaboration between individuals and organisations with expertise in trauma from across the UK.

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of psychological, behavioural and emotional problems, and a range of poorer mental health outcomes over their life⁵. These, in turn, can result in poorer social outcomes, including lower occupational and academic attainment⁶, social and relational difficulties, higher misuse of substances⁷ and an increased risk of experiencing further stressful and traumatic events. For example, children who have been sexually abused at home are more likely to experience sexual abuse outside of the home⁸.

After experiencing, witnessing or learning of an extremely distressing event, many children and young people will initially experience high levels

of distress and find it difficult to get on with their normal life. Many will spontaneously recover in the weeks and months that follow, while others will develop lasting difficulties. A minority of children and young people may initially experience very little reaction, even to extreme events. But over a longer period of time, some seemingly unaffected children and young people go on to develop a range of difficulties⁹.

Multiple factors play important roles in determining how children and young people react to traumatic events, including the systems and support around the child – as well as the type and severity of the event¹⁰.



Childhood trauma and the impact of the coronavirus pandemic

The coronavirus pandemic, and the social distancing measures related to it, have had a significant impact on children and young people's lives. The consequences for some may be profound and lifelong. There are three ways in which the pandemic is directly related to the experience of trauma in children and young people:

It increases the risk that more children will be exposed to trauma

With high levels of coronavirus-related deaths, many children and young people will have lost close family members or adults in their life¹¹. The disproportionate impact of coronavirus on ethnic minorities¹² means children and young people from these communities are more likely to have lost a loved one and need help. However, they may face additional challenges in accessing appropriate support due to their ethnicity¹³, and in addition may struggle to make sense of the increased vulnerability on the basis of their ethnicity. With the introduction of lockdown, concerns have been raised about increasing reports of children living in households where they are subject to, or frequently witness, domestic violence.¹⁴ In turn, this increases the risk of children and young people developing trauma-related difficulties that require specialist help¹⁵.

It increases the likelihood that those with prior experiences of trauma will experience significant difficulties

Research suggests that around half of children and young people living in the UK will have experienced traumatic events or adverse experiences¹⁶. For example, those children who were subject to abuse may now be further isolated or exposed to the perpetrator - without school or youth provision providing a 'safe haven' from these experiences. Other children, who have a heightened sense of danger and fear following trauma, may struggle to adapt to the lockdown environment. Those children who have lost loved ones may have been denied access to typical mourning rituals, such as attending traditional funerals¹⁷.

It compromises the ability of adults and professional systems to mitigate the impact of trauma, including mental health problems

The services which we rely on to notice, identify and respond to emerging mental health problems and the early signs of trauma have been significantly disrupted during the coronavirus pandemic.¹⁸ Some areas have seen an unexpected drop in referrals to mental health services, raising concerns of children's needs not being identified and addressed.¹⁹ Trauma-related treatment or support has also been disrupted by pressures on NHS services.



The full extent of this impact will take time to understand, as many children and young people's needs have been hidden within their homes during lockdown. As education settings open, and Governments find time to look beyond infection control and the economy, there will need to be a renewed focus of attention onto children and young people's wellbeing and mental health.

Trauma is one important domain that directly impacts mental health. It requires a prompt and targeted policy response. However, the challenges currently faced by public services mean this will require particular support, resolve and leadership. Where strategies, investments and commitments were underway to improve collective and individual responses to trauma,

there is now the potential for significant disruption and setback, just when it is most needed. Nevertheless, this unprecedented international crisis has provided an important opportunity to reflect on the current state of support that children and young people receive, to strengthen our collective commitment to addressing the causes and impacts of trauma in children's lives, and to share learning and good practice across the UK.

This paper sets out four key recommendations, which we consider the Governments in England, Scotland, Wales and Northern Ireland will need to prioritise. This would enable them to strengthen the response to trauma in their national policies, both in our recovery from the coronavirus pandemic and to prepare for the future.



Recommendation 1

Prioritise responding to trauma in national and local strategies

The coronavirus pandemic has highlighted the significant variation across the nations in relation to preparing for, identifying and responding to trauma-related needs during times of global crisis and emergency. In some parts of the UK, services and systems are unaccustomed to responding to the traumatic impact of events while, in others, lessons are still being learned from historic traumas affecting local communities.

The focus of work to support traumatised children and young people will need to shift to a higher level if we are to enable strategic collaboration and mobilise support across all aspects of their lives. This means that Governments' plans to improve children and young people's mental health services should be prioritised and driven forward with a clear proposal for responding to trauma.

For example, in 2018-19, recognising the crucial role played by adverse childhood experiences, the Scottish Government committed to ensuring that their workforce was 'trauma-informed'²⁰. Implementation of training for key workforces, including Health and Social Care, has been funded²¹, with approximately 7,000 staff trained using a range of tiered resources depending on their role in the workforce. This work is supported

by the National Trauma Training Steering Group, convened and chaired by the Deputy First Minister and attended by the Minister for Mental Health.

A commitment to the development of a trauma-informed mental health strategy is included in the Mental Health Action Plan²² launched by the Department of Health in Northern Ireland in May 2020. The Welsh government has also funded trauma-informed training for all community professionals and public services including social care; and Regional Partnership Boards across Wales have identified responding to complex trauma as a priority for multi-agency delivery. In England, the NHS Mental Health Implementation Plan²³ sets out a number of steps including the roll out of 24/7 crisis provision for children and young people.

As these initiatives are further implemented, the development of effective support for children and young people who have experienced trauma will need to be front and centre.

This means that fiscal planning, such as the upcoming Comprehensive Spending Review, will need to recognise the role that a wide range of services play in identifying, mitigating and responding to the impact of trauma. Children and young people's mental health services,



education, community health, social care, youth provision and community organisations will all need adequate resources to fulfil their role. Local agencies will also need the ability to access and share data to understand and meet their communities' needs.

To be truly effective, the response to trauma needs to be sensitive to the wider injustices in society, which promote, intensify or further complicate traumatic experiences. This requires a deep understanding of the increased vulnerability to trauma resulting from social inequalities, including poverty and socio-economic disadvantage, racism, and other forms of discrimination and prejudice. All these factors

need to be considered when working alongside communities and wider partners in addressing the impact of trauma on children and young people's lives.

National strategies need to be backed by a commitment to local action throughout the four nations, to ensure that the priority of trauma-related support for children and young people is realised in practice. The structure of the partnerships needed to deliver this will be different in each of the four parts of the UK. However, they should be supported by effective collaboration from the top of Government through to local services.

Steps needed to achieve this recommendation

- Ensure that national strategies for improving children and young people's mental health and wellbeing are cross-governmental, evidence-based and respond to the needs and experiences of children and young people who have experienced trauma.
- Embed awareness of - and responses to - trauma, and the risks it poses to children and young people's mental health. This should apply within national and local emergency preparedness, response and resilience planning.
- Reflect the roles played by a wide range of services when planning investment to address the impact of trauma. This includes children and young people's mental health services, education, community health, social care, youth provision, and community organisations.
- Encourage and support local services to work together to join up datasets, assess trauma-related needs in their local area, and develop an integrated local response based on need.



Recommendation 2

Invest in specialist trauma provision for children and young people

Following the experience of trauma, the majority of children and young people will not develop a mental health condition or diagnosis. But even with protective support around them, a significant minority of children and young people will develop, and present with, mental health problems following traumatic events. These problems or difficulties may include common mental health conditions, such as anxiety and depression, as well as trauma specific conditions such as Post-Traumatic Stress Disorder (PTSD)⁵.

Children and young people presenting with these trauma-related needs require professionals who are trained to provide evidence-based interventions. With the right help in place, mental health challenges relating to trauma need not stop young people from achieving positive outcomes and fulfilling lives. Specialist services have been developed over a number of decades in response to individual experiences of trauma and collective events affecting whole communities, such as 'The Troubles' in Northern Ireland and the disaster at Aberfan²⁴. More recently, the tragic events at Grenfell Tower and the Manchester Arena in 2018 left many children and young people experiencing significant symptoms of depression, anxiety and Post-traumatic Stress Disorder (PTSD)²⁵. They emphasise the vital importance of providing evidence-based help to support children and young people.

We have learnt following these more recent episodes that, prior to the coronavirus pandemic, evidence-based provision was already limited and inconsistent in the UK. Recent reviews have found a gap between the emerging evidence base and frontline practice²⁶. This gap relates to a lack of training, knowledge and confidence in the implementation of evidence-based interventions for children and young people who are presenting with traumatic reactions. In some areas, services are struggling to provide basic levels of support - and some children and young people will not gain access to the interventions needed to mitigate the effects of their trauma.

It is inevitable that the coronavirus pandemic will cause a surge in demand for specialist mental health and trauma-related support. There is significant concern that the recent decrease in referrals to mental health services will lead to a sharp spike in demand in the short to mid-term¹⁵, exacerbating pre-pandemic pressures on access to services and waiting lists²⁷. Trauma-Focussed Cognitive Behavioural Therapy (TF-CBT) is an established and evidence-based approach currently recommended by NICE for the treatment of children and young people presenting with PTSD²⁸. In order to meet the emerging need resulting from the impact of the coronavirus pandemic, as well as to address longstanding gaps in service provision, there is a pressing need to upskill the workforce in relation to TF-CBT.



There has been progress in parts of the UK in building trauma specialism. NHS Education Scotland's Trauma Training Framework²⁹, for example, is developing the skills of trauma specialists who have a key role in supporting survivors of trauma. An All-Wales Trauma Service is being developed for both adults and children, supported by the specification of mental health services that are responsive to trauma. Meanwhile, Health Education England are working with experts to develop a trauma-informed care e-learning hub.

In Northern Ireland, a new regional trauma service has been established but the initial focus is on adult care. Recent Department of Health reviews of children and young people's mental health services have identified gaps in service delivery. Current action plans recommend further service developments for children and young people, increased training in psychological therapies, and a specific children and young people's stream within the new Regional Trauma Network.

It is important that the development of trauma specialism can reach all existing children and young people's mental health services, with professionals able to deliver evidence-based interventions for all those children who need it. Putting such plans into practice across the UK will involve workforce forward-planning to ensure a suitable supply of professionals able to take up such specialist roles. Maintaining such a workforce, as well as needing investment in training and posts, requires the capacity of services to provide enhanced supervision for practitioners.

The role of mental health services will be supported through the establishment of clear pathways and models of care to reduce inappropriate referrals. As we discuss under our third recommendation below, mental health services are not the only aspect of an effective strategy for responding to trauma.

Steps needed to achieve this recommendation

- Increase specialist trauma capacity with children and young people's mental health services, so that it matches the scale of trauma-related mental health needs in communities.
- Invest in training, and supervision, in evidence-based interventions for professionals within children and young people's mental health services.
- Establish clear pathways for referral and models of care, so that this capacity is effectively targeted and is accessible to all children, young people and families who need it.



Recommendation 3

Equip all professionals who work with children and young people with the skills and capacity to support those who have experienced trauma

Following significant disruption to children's learning and development, as well as physical separation from peers, the majority of children and young people have returned (or will return) to education settings, activity clubs and youth groups this autumn.

Some of these children and young people will present in these settings with emerging or intensified traumatic reactions to their experiences during the pandemic. For some children, the impact of the coronavirus pandemic may be delayed, with difficulties only emerging after many months. For others, the lockdown will have been a positive experience with reduced demands from education and other relationships, therefore the return to settings may cause greater anxiety and difficulty. If not addressed, these needs have the potential to significantly compromise social, psychological, emotional and educational functioning with long-term consequences.

Everyone has a role to play to support children and young people who have experienced trauma. Professionals such as teachers, school staff, health visitors, social workers, family and youth workers, and those working in youth

justice have established relationships with children and young people. This means they are well placed to identify emerging needs and provide support. Many will also be well placed to work in partnership with parents and carers to ensure that day-to-day support can enable recovery. Such professionals will understand where they are operating at the boundaries of their knowledge, skills or competence, and refer children and young people onto more specialist forms of trauma support or treatment. In order to offer effective frontline interventions, these professionals will need accessible and evidence-based training, guidance and resources, as well as support for their own mental health and wellbeing through enhanced supervision.

Understanding the basics of a constructive initial response is crucial for all professionals working with children and young people. With a large amount of resources on mental health and wellbeing available online, many in the workforce will struggle to determine which resources are most appropriate and of a high quality. This highlights the risks of well-meaning but poorly informed responses. It is also a reminder of the importance of clear guidance based on the latest evidence and research, as well as signposting to



high quality resources and local support services. Professionals should also be supported to work together to provide a joined-up approach, putting the needs of the child or young person at the centre. Provision for less complex trauma presentations outside of NHS mental health services should be complemented by local healthcare plans that facilitate appropriate referral for those children with significant or persistent difficulties (see recommendations 1 and 2). These steps play a crucial part in ensuring that local action in trauma response is more sustainable, and not fully reliant on specialist trauma services.

Practitioners in Northern Ireland, including those working in health, education, youth justice, social care and housing, have benefited from the Trauma Informed Practice (TIP) project³⁰. The project includes opportunities for frontline staff and practitioners to develop their knowledge, skills and confidence in applying trauma concepts and principles in their practice, as well as skilling up trainers to deliver training and support within

their own organisation. In Wales, a Government-backed ACE hub has developed training for a wide range of services working with children on Adverse Childhood Experiences, which can include trauma.

In Scotland, the recently extended National Trauma Training Programme will continue to see practitioners from a range of settings trained to effectively respond to trauma.³¹ In England, the Wellbeing for Education Return programme is being delivered to schools and colleges to enhance trauma awareness amongst staff and to support children and young people, teachers and parents with the emotional impact of the coronavirus pandemic.³²

These approaches may offer some of the initial building blocks of a consistent and continuous programme of training and guidance that is accessible to practitioners throughout the UK.

Steps needed to achieve this recommendation

- Develop guidance - and fund training and professional development on an ongoing basis - for all professionals working with children and young people on identifying and responding to emerging or intensifying traumatic responses.
- Support all services in touch with children and young people to be aware of official guidance and resources, local support services, and local pathways for referral for those who require specialist trauma interventions.
- Support staff mental health and wellbeing, particularly those who regularly work with traumatised children and young people.



Recommendation 4

Shift models of help towards prevention, through research, clinical innovation and training

We know that approximately one third of all mental health problems are associated with exposure to childhood trauma and adversity³³. Many children and young people will only receive support once a mental health problem has developed or has been clinically diagnosed, and some not even then. To address the growing mental health need in children and young people, we need a radical shift towards prevention.

Trauma prevention can be understood within three domains³⁴:

- **Primary prevention** seeks to prevent trauma exposure.
- **Secondary prevention** seeks to intervene early to promote optimal outcomes and reduce the likelihood of mental health disorders following trauma exposure.
- **Tertiary prevention** seeks to prevent enduring social, relational, emotional and behavioural problems that can accompany mental health problems (e.g. PTSD) following exposure to trauma.

In this recommendation, we are focusing specifically on the secondary domain of

prevention. There is a crucial window of opportunity between the experience of trauma and the subsequent development of enduring difficulties including mental health problems. This window of opportunity is currently being missed for many children and young people.

We know that some children are at greater risk from the ongoing effects of trauma. Experience of trauma in the past – for example, as a result of violence, abuse or neglect – may increase a child’s vulnerability to the impact of the coronavirus pandemic as a potentially traumatising event. Other factors also play a role, including the presence of pre-existing mental health problems. These children will particularly benefit from services being proactive to prevent the development of further related mental health problems, or the intensification, escalation or entrenching of existing problems.

However, there is a pressing need to advance the evidence base on preventative models of help following trauma. Improving understanding of what effective help and support looks like for each child and young person requires collaboration across research disciplines and communities of practice. Fields such as psychology, psychotherapy, neuroscience, education and



social care need to come together to make the most of all the evidence available, as well as collaborate in developing new models of help and intervention³⁵. In order to shift our models of support towards secondary prevention following trauma – that is, prevent mental health and other problems emerging in the first place – Governments need to invest in greater research,

clinical innovation and training.

Identifying need is another important part of early intervention and prevention. To achieve this, we recommend the development and implementation of high-quality screening approaches, formal and informal tools for the identification of concerns, and a common identification framework.

Steps needed to achieve this recommendation

- Support collaboration between research funding bodies and health service commissioners to stimulate and expand support for clinical innovation across the fields of childhood trauma and mental health with a focus on prevention.
- Invest in the development of new evidence-based models of secondary preventative help and intervention following childhood trauma, that aim to reduce the likelihood of mental health problems emerging.
- Improve processes in the wider children's sector for identification of trauma-related needs.



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This briefing was produced with the
assistance and expert support of

A project of



Anna Freud
National Centre for
Children and Families



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The UK Trauma Council is generously funded by the National Lottery Community Fund
and St James's Place Charitable Foundation



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