INSTITUTE OF RECOVERY
FROM CHILDHOOD TRAUMA

THE INSTITUTE OF RECOVERY FROM CHILDHOOD TRAUMA

RESPONSE TO "THE CASE FOR CHANGE"

PREPARED BY

THE INDEPENDENT REVIEW OF CHILDREN'S SOCIAL CARE

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Contents

Introduction

The Institute for Recovery from Childhood Trauma (IRCT) is a national charity founded in 2012 which seeks to create and connect networks of professionals throughout the UK and facilitate collaboration to develop and improve best practice for all children who have been traumatized and need help to recover.

Our mission at the IRCT is to ensure recovery from childhood trauma for all children and young people so that they can take their place in their communities with confidence, make mutually satisfying relationships with others and fulfil their potential.

We seek to meet our objectives through:

- Campaigning to influence law, policy and practice at a local and national level

- Disseminating key knowledge to the wider children's workforce in relation to promoting and facilitating recovery from childhood trauma

- Developing principles for recovery focused training for the children's workforce

- Establishing a virtual library and knowledge centre for information and research pertaining to the recovery from childhood trauma and its consequences to enable and facilitate recovery

- Promoting a better public understanding of childhood trauma and its consequences to enable and facilitate recovery

- Commissioning further research into childhood trauma and its consequences and the measures that can be taken to heal and mitigate those consequences

- Delivering seminars, training events and conferences to disseminate knowledge and understanding to improve practice and promote recovery

The IRCT believes it can use its knowledge base and broad experience to make a valuable contribution to the government review of children's social care and welcomes the opportunity to put forward constructive proposals for improving the current system.

We know that children who come into the care system have generally had a poor start in life and are amongst the most vulnerable individuals in our communities. Most will have suffered multiple Adverse Childhood Experiences (ACE). The research base for the longterm effects of Adverse Childhood Experiences is striking and strong. The published research evidence, notably Felitti et al (1998) in the USA and Bellis et al (2014) in the UK, reminds us of the range of experiences which can have an adverse effect on the health and wellbeing of our children, young people, families and adults for a lifetime. Single experiences can have an adverse impact on the child's health and wellbeing but multiple experiences can have a cumulative damaging impact which can compromise the child's prospects of happiness and success for the entirety of their life unless something is done to address this prospect. We know that children in the care system often have poor educational outcomes, difficulties in making solid trusting relationships with others and disproportionate involvement with the criminal justice system.

Although some children overcome early disadvantages and go on to live successful and happy lives many do not and IRCT believes that one important reason looked after children have poorer outcomes is that they have unaddressed trauma. IRCT believes that the proper recognition of the role of trauma in the lives of children in care is essential to provide better outcomes for them. We will argue that a formal objective of the care system should be to assist children to recover from the trauma they have experienced historically and which will have been compounded further by their removal from their familiar home into the care system.

Children and young people can recover from trauma through relationships with trusted adults who are trained, supported and willing and able to hold the child in mind. All services should be "trauma informed". It is the view of the IRCT that a central aim of the care system should be to organize services in such a way so as to ensure that all children have the best chance to recover from trauma. Furthermore we will argue that this aim should be set out in primary legislation in line with Article 39 of the United Nations Rights of the Child.

Consideration of the "Case for Change"

This response will be in two parts.

1. Consideration of the report's comments about childhood trauma, and recovery from it
2. Consideration of the wider issues identified by the report

Recovery from childhood trauma

We were strongly encouraged by the recognition of childhood trauma as an important issue. The word trauma occurs 13 times in the report. On page 67 the report states that unaddressed trauma and attachment

> *"is an incredibly important issue and when not properly supported in childhood, poor mental health can continue to cause distress and have significant consequences for people as they go into adult life. We need to take action to improve this."*

The anxiety, insecurity and fear generated by traumatic experiences makes it almost impossible for children and young people to engage with adults who potentially could help them, such as foster carers, teachers, nursery workers etc. Establishing a secure base is the first essential step for recovery and this can only be achieved if the trauma is understood and addressed as a priority.

We know that the impact of trauma does not automatically heal with time and it is likely to continue to cause pain and distress until recovery is facilitated. The good news is that growth is possible after trauma and children and young people can recover through being afforded relationships with trusted adults willing to hold them in mind and foster a secure relationship with them. Children can begin to recover from adverse experiences when all the adults responsible for them are able to look behind their behaviour rather than just try to control and manage it and tune into their inner emotional world. Having stable, mindful and emotionally available adults around them helps children begin to learn to regulate themselves and stabilise so that they can begin to engage in education and rejoin the mainstream of life with a better chance of fulfilling their potential.

The proposals we shall make in the next section specifically address how the situation can be radically improved.

Wider issues identified by the report

We support many of the wider issues that the report identifies, including:

1. strong recognition of the importance of poverty and deprivation underlying the need for services
2. need for stronger early support and preventive services
3. need to look at balance between support and investigation
4. often there is an over bureaucratic process driven, tick box driven approach
5. central importance of strong loving relationships for children generally and in care system in particular.
6. need to address the "broken placement market"
7. uncoordinated approach at government and local authority level
8. inadequate funding skewed towards acute services
9. problem of high turnover of social work staff and need to do more to recruit and retain and support high-quality social care staff

In relation to issue 3 we would want to emphasise that while heavy-handed "investigation" may be disproportionate, careful assessment of difficulties on which planned intervention should be based is absolutely essential.

We will not make detailed recommendations about these issues but will in general support sensible measures to address these difficulties.

Summary of Recommendations

1. **The UNCRC (and particularly Article 39) should be incorporated into domestic legislation**

   Rationale
   Article 39 of the United Nations Convention on the Rights of the Child states that:

   "*States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child*"

   The UNCRC has been ratified by the British government but never incorporated systematically into British law. This particular article, if incorporated, would place a clear duty on the British government to specifically address the consequences of traumatic experiences of children. Institutions of government (central and local) would be required to take the issue seriously. Redress sought by children or those representing children who believe their entitlement to service has not been met would be greatly strengthened by the statutory duty.

2. **A central aim of children's services should be to help children recover from trauma, and this aim should be set out in primary legislation.**

   Rationale
   To place recovery from trauma as a central aim for children's services (children in need services, child protection services, and looked after children services) would strongly motivate the institutions of government to ensure that services designed to meet this aim are strengthened/developed.

3. **All services involved in working with children including not only social services but also education, health and legal services, need to work together to achieve this aim. This objective should underpin the Working Together Guidelines**

   Rationale
   The coordination of services to address recovery from trauma will be essential. Regulations and statutory guidance need to reflect this coordination.

4. **Training for all personnel working within children's services must include how to assess, recognise and understand the impact of trauma on the development and well-being of children and young people and what steps need to be taken to address these needs in their particular service.**

   Rationale
   Appropriate training is of course essential to equip staff dealing with childhood trauma, to address it effectively.

5. **Training on the importance of addressing the trauma needs of children should also be provided for senior managers of services, and local authority elected members to ensure that appropriate levels of funding can be secured to meet the need.**

   Rationale

   Senior managers and local politicians need to be informed of the importance of recovery from trauma in order for them to be able to drive the necessary developments in service and resource these developments properly.

6. **The statutory reviewing process should routinely look at trauma recovery in each review.**

   Rationale

   Children in care reviews provide an important opportunity to ensure that children in care (a most vulnerable group who are likely to have suffered from trauma) are provided with the services that they need.

7. **Ofsted inspectors should receive training on these issues. Every inspection of local authorities and other organisations involved in the care system, should include consideration of their approach to addressing trauma.**

   Rationale

   It is essential that local authorities and other services are inspected on the issue of trauma recovery services and that Ofsted inspectors are properly trained to enable this to happen

8. **CAMHS services need to be radically reformed to provide an effective trauma recovery service. This is likely to entail the development of dedicated teams devoted to trauma recovery within each CAMHS service, to provide an advice/support/consultation service for frontline workers dealing directly with traumatised children within their day to day roles.**

   Rationale

   CAMHS services generally are not well structured to provide appropriate services for trauma recovery and in particular the ability to provide essential advice and support for staff (teachers, social workers, youth workers, foster carers, residential workers and others) who are in the front line of service provision for children

9. **Every local authority should have a designated person responsible for childhood trauma recovery. This person would be responsible for an audit of local services and identifying measures to fill the gaps, as well as monitoring progress. They should also have responsibility for ensuring that multi-disciplinary training on trauma recovery is available within the local authority for personnel at all levels of involvement.**

Rationale

The importance of this issue is so critical that it requires a dedicated person within each local authority to drive it forward.

The Trustees

Institute of Recovery from Childhood Trauma

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APPENDIX

Bachmann, C.J., Beecham, J., O'Connor, T.G., Scott, A., Briskman, J. and Scott, S. (2019), The cost of love: financial consequences of insecure attachment in antisocial youth. J Child PsycholPsychiatr, 60: 1343-1350. https://doi.org/10.1111/jcpp.13103

Bellis M, Hughes K et al (2014), National Household Survey of Adverse Childhood Experiences and their Relationship with resilience to health-harming behaviours in England. BMC Medecine 2014 12:72

Bowlby, J. (1977). The making and breaking of affectional bonds. I. Aetiology and psychopathology in the light of attachment theory. An expanded version of the Fiftieth Maudsley Lecture, delivered before the Royal College of Psychiatrists, 19 November 1976. The British Journal of Psychiatry, 130, 201-210.
http://dx.doi.org/10.1192/bjp.130.3.201

Beck A.T., Rush A.J., Shaw B.F. & Emery, G. (1979) Cognitive Therapy of Depression. New York: Guilford Press

Chambers, M. F., Saunders, A. M., New, B. D., Williams, C. L., and Stachurska, A. (2010), "Assessment of children coming into care: Processes, pitfalls and partnerships", Clinical Child Psychology and Psychiatry, Vol. 15 No. 4, pp. 511-527

Dube SR, Felitti VJ, Dong M, Chapman DP, Giles WH, Anda RF. Childhood abuse, neglect, and household dysfunction and the risk of illicit drug use: the adverse childhood experiences study. Paediatrics. 2003 Mar;111(3):564-72. DOI: 10.1542/peds.111.3.564. PMID: 12612237.

FelittiVJ,Andra RF et al (1998)Relationship of childhood abuse and household dysfunction to many leading causes of death in adults. The Adverse Childhood Experiences (ACE) study American Journal of Preventative medicine 1998 14:245-258

Ford, T., Vostanis, P., Meltzer, H., and Goodman, R. (2007), "Psychiatric disorder among British children looked after by local authorities: comparison with children living in private households", The British Journal of Psychiatry, Vol. 190, pp. 319-325.

Minnis H, Del Priori C. Mental Health Services for Looked after Children: Implications from Two Studies. Adoption & Fostering. 2001;25(4):27-38. doi:10.1177/030857590102500405

Monteith, M., Cousins, W., Larkin, E., & Percy, A. (2003). The Care Careers of Younger Looked After Children: Findings from the Multiple Placements Project. ICCR.

Owusu-Bempah, A., & Millar, P. (2010). Research Note: Revisiting the Collection of "Justice Statistics by Race" in Canada. Canadian Journal of Law and Society, 25(1), 97-104.

Pecora, P. J., White, C. R., Jackson, L. J., & Wiggins, T. (2009). Mental health of current and former recipients of foster care : a review of recent studies in the USA. 132–146. https://doi.org/10.1111/j.1365-2206.2009.00618.x

Perry, B.D., & Azad, I. (1999). Post-traumatic Stress Disorders in Children and Adolescents. Current Opinions in Pediatrics, 11(4), 196-206.

Reder P, Duncan S & Gray M (1993) Beyond Blame: Child Abuse Tragedies Revisited (Routledge 1993)

Reder P & Duncan S (1999) Lost Innocents: A Follow-up Study of Fatal Child Abuse (Routledge 1999)

Sadowski, H., Trowell, J., Kolvin, I., Weeramanthri, T., Berelowitz, M., and Gilbert, L. H. (2003), "Sexually abused girls: patterns of psychopathology and exploration of risk factors", European Child and Adolescent Psychiatry, Vol. 12, pp. 221-230.

*SEMPIK, J., WARD, H. and DARKER, I., 2008. Emotional and behavioural difficulties of children and young people at entry into care. Clinical child psychology and psychiatry, **13**(2), pp. 221-233.*

*Viner, R. M. & Taylor, B. (2005) Adult health and social outcomes of children who have been in public care: population‑based study. Pediatrics, **115**, 894– 899.*