



The Institute of Recovery from Childhood Trauma

RESPONSE TO FINAL REPORT OF THE
INDEPENDENT REVIEW OF CHILDREN'S SOCIAL CARE

September 2022

Charity Number 1156924

www.irct.org.uk



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.

The final report of the Independent Review of Children's Social Care ¹ (which we will henceforth call "the Review") was released in May 2022. This response relates particularly to the issue of childhood trauma, and the need to implement measures which will promote recovery. We do not address the wider measures which are proposed, many of which we believe have considerable merit.

This paper will set out measures which we believe would help in promoting recovery from childhood trauma and which should be given consideration by the Implementation Board.

Consideration of the Review

Reference to Trauma

We were strongly encouraged by the recognition of childhood trauma as an important issue. The word trauma occurs 49 times in the Review. On page 171, in relation to very adverse outcomes for care experienced people, the review says

"a reasonable hypothesis is that these stark and unacceptable outcome are due to a combination of trauma or complex trauma experienced in childhood...."

It is also helpful to have a definition of complex trauma on the same page.

IRCT supports this hypothesis, but we are disappointed that there is a lack of specific recommendations to address recovery from trauma. We will provide specific recommendations which we hope the Implementation Board will consider in its deliberations.

Reference to mental health services for children and young people

The words "mental health" occur 95 times in the review and there are 9 mentions of CAMHS. However, again we are disappointed that specific recommendations to improve mental health services for children and young people are not spelt out and only general recommendations made. Recommendations on pages 173, 174, 175 refer to the need for better mental health training for professionals working with children, the need for local authorities to improve care leaver mental and physical health services, and the need for plans for improving mental health services to be generated by Integrated Care Boards. While we of course support these very general recommendations, we believe more specific proposals are needed.

¹ [The-independent-review-of-childrens-social-care-Final-report.pdf \(childrensocialcare.independent-review.uk\)](https://www.childrensocialcare.independent-review.uk)



While CAMHS services are criticised for long waiting lists, and thresholds which do not permit common mental health problems to be addressed, there are no specific recommendations for reform. We hope our recommendations may be helpful to the Implementation Board in this respect.

Summary of IRCT 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, regulations and guidance.

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 central and local 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.

Conclusion

We believe that the issue of childhood trauma and the central need to introduce and promote measures which will assist in recovery from trauma, is one of the most important issues facing the children's social care system. While this issue is recognised in the review we do not think that measures to address the problem are sufficiently set out. We hope and believe that the recommendations we have made in this paper, if implemented, will assist in strengthening these measures and will greatly contribute to children and young people who have suffered trauma, going on to lead happy and fulfilled lives..

The Trustees

Institute of Recovery from Childhood Trauma

September 2022



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.

