INSTITUTE OF RECOVERY
FROM CHILDHOOD TRAUMA

The Case for a National Trauma Strategy for England

A Briefing Paper

The Case for a National Trauma Strategy for England

Executive Summary

Trauma is widespread, affecting nearly a third of the population of England before adulthood.[1] Unresolved trauma imposes a significant financial and social burden on England; the consequences are far-reaching, not only in terms of the personal costs for individuals and their families but also community relations, public services and the wider economy.

- **Increased Demand on Public Services:** Children and adults who have experienced unresolved trauma are more likely to require support from health, education, social care, and criminal justice services. This leads to higher costs for the NHS, local authorities, and the justice system.
- **Impact on Education and Employment:** Trauma can disrupt education, leading to a greater demand for special educational needs provision, an increased risk of exclusion, lower attainment and reduced employment prospects. This, in turn, affects economic productivity and increases reliance on welfare support.
- **Long-Term Health Costs:** Unresolved trauma is linked to a higher risk of physical and mental health conditions, including depression, anxiety, substance misuse, and chronic illnesses. These conditions lead to far-reaching consequences for the individuals concerned, as well as long-term costs for the healthcare system.
- **Societal Costs:** Beyond direct financial implications, unresolved trauma impacts parenting capacity and contributes to cycles of disadvantage, perpetuating cycles of abuse, poor family relationships, social inequalities and a reduction in overall societal wellbeing.

A coordinated, cross-sector, trauma-informed response is essential for preventing and mitigating these impacts. Scotland published the *Roadmap for Creating Trauma-informed and Responsive Change*[2] in 2023 and Wales the *Trauma-Informed Wales* [3] document in 2022; there is no comparable guidance for England. HM Government has

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[1] **Lewis, S. J., Arseneault, L., Caspi, A., Fisher, H. L., Matthews, T., Moffitt, T. E., et al. (2019).** *The epidemiology of trauma and post-traumatic stress disorder in a representative cohort of young people in England and Wales.* **The Lancet Psychiatry, 6(3), 247–256.**

[2] **National Trauma Transformation Programme (2023**) *Roadmap for creating trauma-informed and responsive change: Guidance for organisations, systems and workforces in Scotland.* **NHS Education for Scotland.**

[3] **Trauma-Informed Wales (2026***). Trauma-Informed Wales Framework: A societal approach to understanding, preventing and supporting the impacts of trauma and adversity*. **ACE Hub Wales / Welsh Government.**

articulated in its Opportunity Mission that it aims to break the link between a child's background and their future success. If this is to be achieved, we need a coherent and consistent approach to developing and implementing trauma-informed practice across England. Investing in early intervention and trauma-informed approaches will not only improve the lives of individuals but will reduce costs substantially by reducing the demand on public services.

The Purpose of a National Strategy

A National Strategy will develop an understanding of how to recognise and respond to trauma and its effects in a positive way, to improve the health and wellbeing of those affected and reduce the risk of further negative impact on their life chances. It would provide a commitment to improving outcomes for those affected by trauma, promoting equity, and embed trauma-informed principles across all public services. A National Trauma Strategy would aim to:

1. **Promote Wellbeing and Recovery**: developing a co-produced, single Framework which provides a continuum from universal through to specialist approaches; recognising the need for different levels of understanding in the public and professionals from Trauma Aware, Trauma Skilled and Trauma Enhanced, through to Specialist Services.
2. **Raise Awareness and Promote Early Intervention:** promoting an awareness of trauma's effects among professionals and the wider public, enabling more effective identification and response to trauma-related needs and allowing for timely access to support services.
3. **Provide Consistency Across Services**: establishing a consistent and co-ordinated response to trauma across health, social care, education, and justice systems, reducing variability in support and intervention and setting out the essential knowledge and skills to operate at all practice levels.
4. **Prevent Further Harm**: the strategy would intend to minimise the risk of re-traumatisation by embedding trauma-informed practices into everyday service delivery, making settings safer and more supportive for vulnerable individuals. It would recognise the risk of vicarious trauma for those living with and working with trauma-experienced children and adults.
5. **Reduce Inequalities and Promote Opportunity**: trauma disproportionately affects marginalised and disadvantaged groups; the strategy would seek to tackle these inequalities through targeted interventions and inclusive policymaking.
6. **Evidence-Informed Policy**: the strategy would be grounded in research and best practice, as well as lived-experience, ensuring that policy and practice are based on the latest evidence regarding trauma and recovery.

The Cost and Consequences of Unresolved Trauma

Trauma can occur at any age and arises from a variety of experiences, including both acute events and chronic stressors. It is subjective but generally involves experiences where the person is frightened for their safety or the safety of someone else. Complex trauma involves repeated and pervasive exposure to traumatic experiences, often in early life and in the context of relationships that are supposed to keep us safe. This can lead to neurobiological adaptations and a lack of epistemic trust in adults and services. The consequences of complex trauma are far-reaching, affecting not only immediate wellbeing but also long-term outcomes in health, education, employment, and social relationships. Early intervention is essential to mitigate the potential impact and to help children establish a more appropriate developmental trajectory as soon as soon as possible.

Complex trauma may result from abuse or neglect but may also arise as a consequence of witnessing violence to others, of racism, discrimination and war. These experiences have an impact on neurobiological development, social and emotional development, cognitive development and academic learning, as well as physical and mental health. The Children's Commissioner reported that 2.3 million children were growing up with a vulnerable family background, 1.6 million were growing up in families with complex needs for which there was no national, established, recognised form of support and there were 829,000 children that were 'invisible' to services. [4] The more recent report from the Centre for Young Lives states that just under 400,000 children were identified as children in need by social care in 2024 with a further 35,090 children subject to a child protection plan[5]; complex trauma will be a feature in the lives of many of these children.

Trauma can begin before birth; domestic abuse, costing the UK **£85 billion per year**[6], is particularly prevalent from conception to age 2 years. Alcohol and drug abuse can have a devasting impact on foetal development as well as a long term physical and emotional impact following birth. High levels of maternal stress can negatively impact the health of an unborn baby; prolonged bouts of severe stress are associated with complications including low birth weight[7] and preterm birth[8]. Ongoing stressors, such

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[4] **Children's Commissioner for England (2019)** *Childhood Vulnerability in England 2019*.

[5] **Centre for Young Lives (2025)** *State of the Nation: Identifying Vulnerable Children and Young People and Supporting Them to Thrive*. **London: Centre for Young Lives**.

[6] **Domestic Abuse Commissioner (2025).** *Submission to HM Treasury Spending Review: Phase 2*.

[7] **Matsas, A.; Panopoulou, P.; Antoniou, N.; Bargiota, A.; Gryparis, A.; Vrachnis, N.; Mastorakos, G.; Kalantaridou, S.N.; Panoskaltsis, T.; Vlahos, N.F.; et al (2023)**. *Chronic Stress in Pregnancy Is Associated with Low Birth Weight: A Meta-Analysis*. **J. Clin. Med. 12, 7686**.

[8] **Grote, N. K., Bridge, J. A., Gavin, A. R., Melville, J. L., Iyengar, S., & Katon, W. J. (2010).** *A meta-analysis of depression during pregnancy and the risk of preterm birth, low birth weight, and intrauterine growth restriction*. **Archives of General Psychiatry, 67(10), 1012–1024.**

as domestic abuse, can disrupt babies' neurodevelopment and the impact on their cognitive functioning and emotional regulation can shape both behavioural and emotional outcomes, in turn affecting learning, health, employment, life-chances and the ability to form healthy relationships[9].

Adverse Childhood Experiences include abuse and neglect, both physical and emotional, as well as household challenges such as domestic abuse, substance abuse and/or mental illness in the parent, parental separation /divorce, or the incarceration of a parent. In England and Wales, the annual cost of ill health attributable to Adverse Childhood Experiences is estimated at **£42.8 billion**, with **£11.2 billion** of that specifically linked to mental illnesses such as anxiety and depression[10]. In 2017 the lifetime cost of non-fatal child maltreatment was estimated at approximately **£89,390** per victim in the UK, driven by social care, long-term mental health needs and labour-market consequences[11]; this cost is likely to have increased significantly.

Unresolved childhood trauma is frequently a contributory factor in placement instability, generally defined as several changes in residency and/or caregiver for a child following entry into care, and this in turn is a potential predictor of negative developmental outcomes[12]. CoramBAAF reported that on 31st March 2024, 21% (17,490) of Looked After Children had two placements, and 10% (8,700) had three or more placements in the previous year[13].

For many families involved in care proceedings, the parents themselves have a history of complex trauma. This unresolved trauma has an impact on parenting capacity and thus the costs continue, at both a personal and societal level. Trauma-informed approaches could usefully be employed by all services and agencies working with parents to support children. Along with the significant distress for parents and children when children are taken into local authority care, local authorities spent an average of **£97,689 – or £1,879 per week** – on each child in care in 2023/24 (2025/26 prices)[14].

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[9] **Bueso-Izquierdo, N., Guerrero-Molina, M., Barbosa-Torres, C. et al (2025).** *Psychological, Emotional, and Neuropsychological Sequelae of Child Victims of Domestic Violence: A Review of the Literature*. **Journ Child Adol Trauma**.

[10] **Hughes, K., Ford, K., Kadel, R., Sharp, C. A., & Bellis, M. A. (2020).** *Health and financial burden of adverse childhood experiences in England and Wales: a combined primary data study of five surveys.* **BMJ Open, 10(6), e036374**

[11] **Conti, G., Morris, S., Melnychuk, M., & Pizzo, E. (2017).** The economic cost of child maltreatment in the UK: A preliminary study. London: NSPCC

[12] **Maguire D, May K, McCormack D, Fosker T (2024)**. *A Systematic Review of the Impact of Placement Instability on Emotional and Behavioural Outcomes Among Children in Foster Care*. J Child Adolesc Trauma,17(2):641-655.

[13] https://corambaaf.org.uk/resources/statistics/statistics-england

[14] **Department for Education (DfE) (2023)**. *Children's Social Care: Costings and Impact Assessment*

According to the Centre for Young Lives there were 954,952 suspensions in 2023/24 with 47,612 children in alternative provision[15]. Childhood trauma and school exclusion are deeply interconnected, often forming a "vicious cycle" where trauma-induced disruptive or challenging behaviours lead to punitive sanctions that further traumatise the child. Disruptive behaviour is commonly linked to previous trauma including being taken into care and experiencing multiple moves and placement instability[16]; one third of children who have a history of social care have been excluded from school[17].

The presence of trauma in the prison population is also exceptionally high with 84% of male prisoners and 94% of female prisoners having experienced at least one Adverse Childhood Experience and nearly half having experienced four or more[18]. Many prisoners have experienced abuse (29%) or observed violence in the home (41%) as a child – particularly those who stated that they had a family member with an alcohol or drug problem[19].

Trauma and its impacts can result in children and adults struggling to access or engage with services, including health, education and social care. Services may in themselves cause further harm in their responses to traumatised individuals. Trauma-informed approaches aim to create environments and relationships that promote recovery and prevent re-traumatisation. A National Trauma Strategy and corresponding legislation are essential to unify and enhance regional efforts, ensuring that all systems, organisations, and services can respond effectively to trauma and mitigate its widespread consequences.

[15] **Centre for Young Lives (2025)** *State of the Nation: Identifying Vulnerable Children and Young People and Supporting Them to Thrive*. **London: Centre for Young Lives**.

[16] **Maguire, D., May, K., McCormack, D. et al (2024***). A Systematic Review of the Impact of Placement Instability on Emotional and Behavioural Outcomes Among Children in Foster Care*. **Journ Child Adol Trauma 17, 641–655.**

[17] **Jay, M. A., et al. (2023).** *School exclusion among children with a history of social care involvement: Evidence from the National Pupil Database.* **Published in *Child Abuse & Neglect***

[18] **Ford, K., Barton, E. R., Newbury, A., Hughes, K., Bezeczky, Z., Roderick, J., & Bellis, M. A. (2019).** *Understanding the prevalence of adverse childhood experiences (ACEs) in a male offender population in Wales: The Prisoner ACE Survey.* **Public Health Wales**.

[19] **Ministry of Justice (2012).** *Prisoners' childhood and family backgrounds: Results from the Surveying Prisoner Crime Reduction (SPCR) longitudinal cohort study of prisoners.* **London: Ministry of Justice**.

Next Steps for Government

Establish a Taskforce to Coproduce a National Trauma Strategy for England

The taskforce should include those with lived experience of trauma, as well as professionals and organisations across relevant sectors. It should set clear expectations for trauma-informed practice, ensure the provision of appropriate training and resources, and commit to ongoing evaluation and improvement.

Create Legislative Measures that Support the National Strategy

A National Trauma Strategy requires Ministerial and cross-party support. Article 39 (Recovery and Reintegration) of the UN Convention on the Rights of the Child (UNCRC) specifically dictates that governments must provide appropriate, specialized help to ensure children recover from harmful experiences. Legislative and policy changes are required that acknowledge the right of children and adults to recovery from trauma. A trauma-informed and trauma-responsive approach must be woven into policy and procedures in a unified, consistent way.

Provide Funding and Commitment

Provide funding to support the implementation of the Strategy, including investment in multi-agency training, support and monitoring. Commission trauma-informed research on the financial costs of unaddressed trauma on the public sector and use this to inform policy action. Recognise that children are the future of our country and that an investment in recovery from childhood trauma, promoting their education, health and well-being, is an investment in the success of the country. Where recovery has not been possible during childhood there needs to be a recognition and response to the ongoing impact in adults, with a unified and consistent approach to preventing re-traumatisation and promoting recovery.