

# **WRITTEN EVIDENCE SUBMITTED BY THE INSTITUTE OF RECOVERY FROM CHILDHOOD TRAUMA (IRCT) (CWSB145)**

## **CHILDREN'S WELLBEING AND SCHOOLS BILL CALL FOR EVIDENCE**

### **INTRODUCTION**

#### **The Institute for Recovery from Childhood Trauma (IRCT)**

IRCT is a national charity founded in 2012 which seeks to promote measures which will facilitate recovery from childhood trauma. We believe there are a significant number of children in this country who have suffered serious trauma as a result of various kinds of abuse or perhaps experience of the effects of war and/or persecution. Without help to recover, these children may grow up to have blighted unhappy lives, unable to enter warm and nourishing relationships and unlikely to make positive contributions to society.

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

This submission comments on the Bill, (and most importantly on the gaps in the Bill), and offers concrete proposals about how those gaps may be filled.

#### **Trauma and its Impact**

Children and young people exposed to severe traumatic experiences such as persistent emotional, physical and sexual abuse and exposure to domestic violence, or violence experienced or witnessed in a war situation, usually develop severe and persistent complex traumatic stress reactions. The complex needs of these children means that there needs to be a complex response. There is a need to integrate services and for those providing the daily care of the child, their teachers and the mental and physical health support services to be trauma informed and to work closely together.

Traumatised children and young people present with an array of symptoms and behaviour which include

- Poorer academic achievement
- Higher levels of school exclusion
- Over representation in NEET statistics

- Over representation in the looked after children population
- Higher levels of mental health problems including drug and alcohol addiction
- Impaired capacity to make and sustain healthy affectionate relationships
- Poorer physical health
- Greater vulnerability to exploitation
- Over representation in the criminal justice system

### **The Recent Review of Children’s Social Care**

The previous Government commissioned an examination of arrangements for children’s social care. The Independent Review of Children’s Social Care led by Josh MacAlister<sup>1</sup> was released in May 2022. The Conservative Government’s final response to the review, “Stable Homes Built On Love”<sup>2</sup> was published in September 2023.

We were encouraged by the recognition of childhood trauma (in the review and in the government response), as an important issue. The word trauma occurs 49 times in the review and 9 times in Stable Homes Built On Love. On page 171 of the review, in relation to adverse outcomes for care experienced people, the review says

***“a reasonable hypothesis is that these stark and unacceptable outcomes are due to a combination of trauma or complex trauma experienced in childhood....”***

IRCT of course supports this hypothesis, but we were disappointed that there was a lack of specific recommendations in either the review, or the government response to address recovery from trauma. We hoped that the new government would take steps to address this deficit. However we were disappointed that the Bill currently before Parliament does not appear to recognise the issue.

### **OVERVIEW OF THE BILL**

We welcome many of the measures set out in the Bill. We strongly support for example

- routine use of family group conferences before a child comes into care
- better support for kinship carers
- the establishment of multiagency child protection teams
- reforming commissioning arrangements for homes for looked after children

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

<sup>2</sup>[Children's Social Care: Stable Homes, Built on Love consultation response \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/114444/childrens-social-care-stable-homes-built-on-love-consultation-response.pdf)

However we are disappointed and dismayed that there is almost no recognition in the Bill of the need to specifically address the mental health and emotional needs of children. Such considerations are of course key to the well-being of a child.

The word “trauma” does not appear in the Bill. The acronym CAMHS also does not feature in the Bill and there is no mention of measures that might be taken to address the parlous state of mental health services for children. We believe proposals we make below would address these deficits and would greatly improve and strengthen the Bill, for the benefit of the most vulnerable children in the country.

### **OUR PROPOSALS**

We will group our proposals under several headings.

- Overarching proposals relating to all children in the population
- Proposals relating to children in the social care system, that is, children in need, children subject to child protection plans, children in care and care leavers.
- Proposals particularly relating to schools and education
- Proposals in relation to children involved in the youth justice system

We will give a brief rationale for each of our proposals.

### **General Proposals Relating To All Children’s Services**

- 1. The United Nations Convention On The Rights Of The Child (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 services for children across the whole range of government activity, should be to help children recover from trauma. This aim should be set out in relevant primary legislation, regulations and guidance. This should**

**be particularly prominent in relation to social care and youth justice legislation but should also apply to wider services relating to education and health.**

Rationale

To place recovery from trauma as a central aim for children's services would strongly motivate the institutions of central and local government to ensure that services designed to meet this aim are strengthened/developed.

- 3. The various inspectorates of children's services (primarily Ofsted but also health and prison inspectorates) should receive training on trauma related issues. Every inspection of institutions which provide services to children who may have suffered trauma should include consideration of their approach to this issue.**

Rationale

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

- 4. All services involved in working with children including not only social services but also education, health, youth justice and legal services, need to work together to promote recovery from trauma. This objective should underpin the Working Together Guidelines and other multi disciplinary guidance.**

Rationale

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

- 5. Training for all personnel working within children's services must include how to recognise, assess and understand the impact of trauma on the development and well-being of children 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.

- 6. 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

- 7. 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. IRCT will shortly be preparing a more detailed paper about current difficulties with CAMHS and proposals for improvement.

- 8. Every local authority should have a designated person responsible for children's mental health whose responsibilities will include promoting measures to assist recovery from childhood trauma. This person would be responsible for an audit of all local services in relation to trauma recovery, and identifying measures to fill the gaps, as well as monitoring progress. This audit should include children's social care, education and schools, and youth justice services. This designated person 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.

- 9. Measures should be taken to ensure that children and young people who may have suffered trauma have access, across the whole range of children's services, to stable warm empathetic relationships with staff who understand about the impact of trauma.**

Rationale

Engagement in stable warm empathetic relationships with trustworthy adults who understand trauma is one of the most important factors in assisting recovery from childhood trauma.

- 10. All staff working with children who may have suffered trauma should have access to support supervision and "reflective space" to help them in their work.**

Rationale

Working with children who have suffered trauma can be emotionally draining and sometimes distressing and upsetting for staff. They need to have access to support and supervision, from trained colleagues, with opportunity for deep reflection, to enable them to carry out this important work effectively.

## **Proposals Relating To Children In The Social Care System**

### **11. The Equality Act 2010 should be updated to include care experience as a protected characteristic**

#### **Rationale**

The Equality Act 2010 legally protects people from discrimination in the workplace and wider society. Currently there are nine protected characteristics:

- age
- gender reassignment
- being married or in a civil partnership
- being pregnant or on maternity leave
- disability
- race including colour, nationality, ethnic or national origin
- religion or belief
- sex
- sexual orientation

Children emerging from the care system currently suffer serious discrimination. Many of these young people will have suffered serious trauma either before or during their period in care. This group of vulnerable young people are in great need of similar protection from discrimination.

### **12. Assessment processes for children in the social care system must routinely consider the possibility of trauma contributing to the difficulties.**

#### **Rationale**

It is essential that the possibility of trauma contributing to difficulties experienced by children in the social care system is routinely considered.

### **13. The statutory reviewing process for children in care 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.

## **Proposals In Relation To Education And Schools**

### **14. The current Office for Health Improvement and Disparities definition of Trauma Informed Practice should be updated to ensure that education is recognised.**

#### **Rationale**

The current Office for Health Improvement and Disparities working definition of Trauma Informed Practice recognises health and care but does not mention education. Given the increasing numbers of children experiencing adversity and

trauma, there is a need to ensure that work in schools and the policies that guide such work are trauma informed.

**15. The DfE/DoH SEND Code of Practice should be updated to recognise childhood trauma in the Social, Emotional and Mental Health Broad Area of Need.**

Rationale

Childhood trauma is not currently recognised in the Department for Education/ Department of Health Special Educational Needs/Disabilities Code of Practice. However, trauma and the impact of adverse childhood experiences is recognised in the Department for Education Behaviour and Mental Health Guidance. Clearly the two sets of guidance should be consistent and the impact of trauma should be recognised in both.

**16. All Initial Teacher Education providers should offer trauma informed practice guidance and training.**

Rationale

In the most recent ITT Core Content Framework documentation, there is currently no reference to childhood trauma. Although this framework apparently “deliberately does not detail approaches specific to particular additional needs” (p.6), it is essential to ensure that ‘childhood trauma’ is recognised in the documentation in addition to ‘disadvantaged backgrounds’ and ‘additional needs’. By including ‘childhood trauma’ in the documentation, all Initial Teacher Education providers would be required to demonstrate how beginning teachers are encouraged to support recovery from childhood trauma.

**17. Regulations and guidance should require that schools adopt policies that support recovery from childhood trauma through promoting trauma informed and relationship-based behavioural policies.**

Rationale

Currently, the Department for Education requires that all maintained schools in England publish a ‘behaviour policy’ online. Such policies must be informed by the DfE Behaviour in Schools guidance. However this guidance is inadequate, because it does not recognise childhood trauma as a factor influencing behaviour. Mental Health and Behaviour in Schools, another DfE guidance policy recognises that traumatic adverse childhood experiences can have a lasting impact throughout childhood, adolescence and into adulthood. These pieces of guidance need to be made consistent and both should recognise the important potential impact of traumatic experience on children’s behaviour. Whole school approaches should be developed that are “trauma and attachment awareness informed” (p.18).

**18. Legislation and regulations should be put in place to require that permanent exclusion is used in only extremely exceptional circumstance and ensure that schools should be encouraged and supported to promote measures that reduce the need for exclusion**

### Rationale

Children who have experienced adversity and trauma are more likely to be excluded from school. School exclusion is associated with further adversity and increased trauma. Children who are excluded from school are often exposed to additional negative experiences that can have an impact on their physical and mental health, increase their vulnerability and have an impact on educational outcomes.

- 19. Ensure that schools can support recovery from childhood trauma with support from mental health professionals, counsellors, and therapeutic services.**

### Rationale

It is essential that schools seeking to address childhood trauma are supported in their endeavours by professionals, counsellors, and therapeutic services who are readily available.

## **Proposals Relating To Children Involved In The Youth Justice System**

- 20. There should be recognition at a high policy level (in legislation, regulations and guidance) that the experience of trauma is a powerful factor related to offending behaviour (and particularly serious offending) by children and young people.**

### Rationale

It is well known and supported by substantial research that the experience of trauma is strongly correlated with children youth offending. In particular, children who have suffered trauma are strongly overrepresented in children's custodial facilities. It is essential that this fact is recognised at the heart of legislation, regulations and guidance in order to ensure that all services are developed with due regard to the need to address the impact of trauma, and build in measures to promote recovery.

- 21. All staff working with children involved in the youth justice system (including the judiciary, youth offending teams, and children's custodial facilities) should have training about trauma, its impact on children's behaviour, and measures to help children recover from that trauma.**

### Rationale

All staff working with children and young people in the youth justice system must have a good understanding of childhood trauma and its effects in order to work effectively with young people in assisting recovery. This will almost certainly result in reducing re-offending.

- 22. Measures should be taken to reduce the use of children's custody to an absolute minimum, to be used only when there is no other way of protecting the public from potential dangerous offending.**



### Rationale

Custody is often a very negative and frightening experience for children and young people, particularly those who have suffered trauma. The experience of custody is likely to reinforce and exacerbate the impact of previously suffered trauma. Re-offending rates following custody are very high.

## **23. Sentencing measures for children and young people should rely strongly on restorative justice principles rather than on punishment and retribution.**

### Rationale

The impact of harsh punitive sentences on children and young people who have suffered trauma is likely to entrench and exacerbate the negative impacts of the trauma they have suffered. An approach based on restorative justice principles where children are encouraged sometimes through contact with victims to understand and offer restitution, is more likely to promote healing and reduce reoffending.

## **CONCLUSION**

The issue of childhood trauma and the essential need to promote measures which will assist in recovery, is one of the most important issues facing the country.

We believe that if some or all of the measures we have recommended in this submission are incorporated into the current Bill, this will greatly assist the process of recovery from childhood trauma. Children who have suffered complex trauma will be more likely to go on to lead happy and fulfilled lives and the many adverse consequences for them, as well as the wider negative ramifications for society, will be avoided or mitigated.

We would be very pleased to offer oral evidence to the Bill committee if that would be helpful.

**The Trustees**

**Institute of Recovery from Childhood Trauma**

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