



# **A Trauma- Informed Practice Framework: to modify the impact of managing Covid-19 on children's health and well-being.**

## **The Hope for Children and Families Programme**

### **Summary**

A guide for practitioners and managers

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## Summary

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## 1.0 The rationale for developing a framework for Trauma- Informed Practice for Covid 19

### o Introduction

- o With the recognition that Covid 19 was a novel Coronavirus, and was likely to cause a world pandemic, in the absence of effective treatment or vaccination, managing the powerful infectious nature of the virus has been a priority throughout the world. This has meant closing down sources of cross-infection, including public places where children and parents congregate, closing down schools and restricting family movement by self-isolation. For parents this has meant reducing sources of social, financial and family support; for children and young people this has meant cutting them off from social interaction, friendships, education, physical and cultural activities, and intensifying family togetherness, and parent-child relationships.
- o Not surprisingly there have been accounts of increased levels of parental conflict – domestic violence and increasing levels of concern about children being harmed. There have been many accounts of ways of preventing and overcoming these disadvantages with considerable ingenuity e.g. the use of on-line facilities, although they are not risk free, sharing TV exercise programmes, ways of coping, neighbourhood support. It is evident that the necessary response to halt the spread of Covid 19 and its pervasive harmful effects can also act as a **significant traumatic Childhood Adverse Experience - ACE**. The steps taken can have the effect of increasing the frustration and stress inherent in family life with sources of support removed. The impact of other **Adverse Childhood Experiences - ACEs** already present may be reinforced, with resulting increasing levels of conflict, and harmful interaction, and a variety of emotional and behavioural responses, including significant levels of anxiety, depression, trauma and conduct responses.
- o Hopefully preventative measures will mitigate the impact, and strengthen family life and relationships, and a satisfactory exit can be effected, with recovery and resilience. However, it is likely that there will be significant problems for some children, young people, and their families in the shorter, and longer term. This may result in children, young people and families presenting with a variety of problems to Social Care, Health, Education, Domestic Violence, Drug and Alcohol, and Youth offending services. The challenge is to be able to intervene to help with presenting problems, and the associated traumatic responses in the face of the necessary steps to manage the infectious impact of Covid 19. A helpful response would be the development of **Trauma-Informed Practice** across the services, and the use of the **Hope for Children Families Programme**, which can be adapted to meet the complex needs of children, young people and their families

## 2.0 What is a Trauma informed practice framework and how it relates to ACEs?

**-Trauma- Informed practice** is a comprehensive community approach to address the impact of multiple **Adverse Childhood Experiences ACEs**. It has followed from the recognition of the pervasive harmful effects of **Adverse Childhood Experiences ACEs** – on **Mental, Physical Health, and Behaviour** of children, young people and adults through the lifespan. Felitti et al (1998) defined the following forms of **Adverse Childhood Experiences ACEs**, *Emotional Abuse, Physical Abuse, Sexual Abuse, Physical Neglect, Emotional Neglect, Mother treated Violently, Household substance abuse, Household Mental illness, Incarcerated household member, and Parental separation or Divorce*. A further spectrum of adversity includes *Bullying, and Adverse Community Influences- violence, homelessness, poverty and discrimination*.

**-Children and Young people identified as experiencing high levels of ACEs** are likely to present to Social Care identified as significantly harmed; CAHMS services with Complex overlapping physical, behavioural and mental health, self-harming symptoms,; to youth offending services with anti-social, and sexually harmful behaviour, education services with disruptive behaviour, and learning difficulties.

## 3.0 The traumatic Impact of ACEs

**-‘A cascade of toxic stress responses, inflammatory and hormonal responses with marked effects on brain morphology, function and network architecture’** (p. 254). Teicher *et al.* (2016) as a result of childhood maltreatment and adversity The nature or magnitude of the effect depends to a substantial degree on the type and timing of adversity experienced during developmental sensitive periods, and the interaction with other risk and protective factors, including early coping responses (McCroory *et al.*, 2017). Complex adversity leads to clusters of symptoms, multiple different types of disorders rather than specific disorders. A spectrum of overlapping internalising – anxiety, depression and traumatic responses, and externalising disorders – conduct, anti-social and disruptive responses results

### 3.0 Trauma -Informed Care:

**-A program, organization, or system that is trauma-informed** realises the widespread impact of trauma associated with ACEs, and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, in contexts of concern when children show evidence of being subjected to maltreatment, with associated parental mental health, substance abuse, or conflict.’ (Hughes *et al* 2017) and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re- traumatisation’

## 4.0 A Trauma- Informed practice approach

-A variety of components to develop a comprehensive approach to address multiple ACEs. These include gathering information from many sources, systemic analysis,

interpersonal/relational skills for caregivers and others to provide support and stability to the youth, as well as individual skills/coping responses for the youth to help manage their neurobiological action tendencies *Trauma-informed practices can be extended beyond frontline staff training to all layers of organisations, such as policies and procedures, recruitment and leadership style*’ (NHS Highlands, 2018, Pachter et al., 2017).

**-But to date there has been no large- scale trials of the effectiveness of the approach, and intervention tools available to practitioners are less effective in responding to multiple ACEs**

**5.0 A model of A Trauma- Informed Practice Framework: The Hope for Children and Families Programme. - The main components of this Public Health approach to Prevention**

**-Trauma-informed Assessment, Analysis, Planning and reviewing interventions in child well-being and safe-guarding contexts**, when children have been abused or neglected, have been identified as having been exposed to ACEs and significant traumatic experiences. These frameworks guide work with children and families at all levels of prevention, from assessment and analysis to decision-making; from planning to intervention; from review to evaluating effectiveness. The approach is relevant to all children’s social care, health, education, youth justice and related disciplines, organisations and services, and fits with the concept of **Trauma -Informed Practice**.

**-The Hope for Children and Families Intervention Resources** are based on integrating **common practice elements** culled from across the field of effective interventions to prevent abuse and neglect, into a set of **Trauma-informed Modular Guides-** a ‘library’ of interventions directly relevant to intervene to reduce the harmful impact of ACEs, and a key goal of Trauma Informed Practice by addressing direct harmful effects – through the various forms of child maltreatment, and those causing indirect harmful effects through ‘house-hold dysfunction.’

<b>Guides</b>	<b>Description of the guides</b>
<b>Engagement and Goal Setting</b>	<b>The Engagement and goal setting guide</b> ( Bentovim et al 2017) guide helps practitioners promote a sense of hopefulness, orientates the practitioner and family to the profile of Child maltreatment, Adverse Experiences, Family Strengths and Difficulties, and establishes shared goals, and monitoring outcomes-

<p><b>Targeting the parental antecedents of Maltreatment and ACEs</b></p>	<p>Four intervention guides cover different areas of parenting: <b>'Promoting positive parenting'</b> (Roberts, 2017), <b>'Promoting children and young people's health, development and wellbeing'</b> (Bentovim, 2017); <b>'Promoting attachment, attuned responsiveness and positive emotional relationships'</b> (Gates &amp; Peters, 2017); and, <b>'Modifying abusive and neglectful parenting'</b> (Bentovim, 2017). The guides' modules provide an understanding of the historical and familial stresses associated with abusive and neglectful parenting; the impact of abuse and neglect on children's health and development; interrupting and modifying abusive and neglectful processes, modifying negative perceptions of children, and improving the standard of care. They can be adapted for use with foster, adoptive, and residential caregivers</p>
<p><b>Working with families</b></p>	<p>The <b>'Working with families'</b> intervention guide (Jolliffe, 2017) guides practitioners on working with families as a group, and in various combinations. This skill helps them to facilitate parent-child communication, and interrupt and find alternatives to conflict within the family, and between the parents and community.</p>
<p><b>Direct Work with Children and Young people.</b></p>	<p>Two intervention guides consider working with children and young people: <b>'Addressing emotional and traumatic responses'</b> (Weeramanthri, 2017); and <b>'Addressing disruptive behaviour'</b> (Eldridge, 2017). These are core guides for working with children and young people who have been exposed to abusive and neglectful parenting, and contain modules included in the MATCH approach. These modules help practitioners work with parents and caregivers to develop children and young people's generic skills to manage their emotions, be safe and develop problem solving abilities. Once basic coping skills have been mastered there are modules for addressing specific anxiety, mood, traumatic responses and disruptive behaviour.</p>
<p><b>Working with Child Sexual Abuse</b></p>	<p>(Eldridge 2017) The <b>'Working with child sexual abuse'</b> guide (Eldridge, 2017) considers work with children and young people who have been abused sexually, their parents/caregivers, and with those who are responsible for or who display harmful sexual behaviour. It is essential that practitioners develop skills to support children and young people who have been exposed to sexual abuse and demonstrate sexually harmful behaviour, often in association with other forms of maltreatment and adversity, and to support their parents</p>

**-Piloting and implementation** (Gray, Roberts Pizzey MacDonald) has demonstrated the effectiveness of the ***Hope for Children and Families Programme*** approach across services, enhancing practitioners knowledge, skills and confidence. Front-line practitioners can be trained to deliver trauma-informed assessments, analysis, planning and interventions for children and young people, parents and the family, personalising and tailoring the interventions to reduce the harmful impact of multiple ACEs, and promote good quality care and resilience. Multi-disciplinary training can establish the basis for work between agencies and can also play a key role in the development of an integrated trauma-informed ACEs approach in the community, developing a trauma informed culture

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