

Understanding early trauma

and the importance of early relationships.





Summary

Why do we need to understand early trauma?

What happens during the first 1001 days, from pregnancy until a child is two, lays the foundations for later health and happiness. During this time, babies' development is shaped by their environment and experiences. The interactions and relationships that they have with their parents or primary caregivers are critically important.

Babies can experience psychological trauma when their environments are repeatedly harmful or threatening to them or to their parent or caregiver. Traumatic experiences might include physical and emotional abuse, neglect, exposure to domestic abuse or high levels of stress or conflict at home.

A nurturing relationship can make a child more resilient to negative events, and without a nurturing relationship to support them, young children experience negative events as more traumatic. Nurturing relationships also help children to recover from adversity and trauma.

Because the brain is particularly "plastic" and susceptible to influences in the earliest years of life, experiences in the first 1001 days can have greater impact on its development and function than any other time. Traumatic experiences at that stage can have potentially widespread and long-term consequences.

Some of the challenges experienced by babies, children, young people and adults, and which place demands on our public services, may result from, or be exacerbated by, early trauma. Children who have experienced early trauma are more likely, for example, to struggle with their learning, to "act out" at school and to experience mental health problems.

Understanding early trauma enables us to see how we might prevent their problems from emerging, or provide more appropriate and timely support.



What do early years professionals and the public say about early trauma?

We undertook two surveys to understand the public, teachers and early years professionals' understanding of early trauma, and their perceptions of whether enough is done to prevent early trauma and mitigate its effects. Some headline findings are shown in the box opposite.

Teachers and other professionals working in schools, early education and childcare settings told us what they see as a result of children's experiences of early trauma. Their responses described a wide range of challenges experienced by individual children including struggles with language, attention, emotional wellbeing, social development, and relationships with peers and adults. They also told us of knock-on impacts on other children.

This report sets out the case for action to reduce and address trauma and adversity, and to strengthen early parent-infant relationships. It shows a clear need for national governments to act, and public support for them to do so.

We call on Governments across the UK to ensure that policies and services for babies, children and young people tackle adversity, strengthen early relationships and provide trauma-informed support to those who need them.

As part of this support, there should be specialised parent-infant relationship teams in every local area to provide skilled support to strengthen and repair the essential early relationships between babies and their parents or caregivers.



We asked questions of the public and professionals to explore their understanding of early trauma. Findings included:



Few people understand the full range of ways in which early trauma can affect wellbeing, or that trauma in the earliest years has a particularly significant impact.



97% of professionals and **75%** of the public responded that early relationships are "very important".



84% of the public agreed or agreed strongly that health services should offer support to families with issues in early parent-infant relationships.



84% of professional disagree or strongly disagree that the UK Government does enough to protect children from trauma and its impact.



67% of professionals disagree that public services in their area do enough to support young children who have been exposed to trauma.

Contents

PART ONE

What is “early trauma” and why does it matter? 3

PART TWO

Understanding of early trauma 8

PART THREE

Current support for early trauma 11

PART FOUR

Conclusions 15



PART ONE

What is "early trauma" and why does it matter?

Evidence from many branches of science shows us that development during the first 1001 days, from pregnancy until a child is two, lays the foundations for later learning, wellbeing, mental and physical health. During this time, babies' development is shaped by their environment and experiences. The interactions and relationships that they have with their parents or primary caregivers are critically important. Healthy early development, supported by nurturing care and good relationships, makes it more likely that children will have happy, healthy futures and achieve their potential¹.

Infant mental health describes the social and emotional wellbeing and development of children in the earliest years of life. Sensitive, responsive and trusted relationships are fundamental to infant mental health. Parents and caregivers help babies to learn how to experience, manage and express their emotions, and to feel safe to explore the world.



Understanding trauma

Babies can experience psychological trauma when their environments are repeatedly harmful or threatening to them or to their parent or caregiver.

Traumatic experiences might include physical and emotional abuse, neglect, exposure to domestic abuse or high levels of stress or conflict at home. Some of these traumatic events are known as "adverse childhood experiences" or ACEs for short.

Experiences do not impact all children the same way. The timing and pattern of adversity, and the intensity of stress and distress experienced by the child influence the extent to which an external event will lead to psychological trauma and impact their early development².

Trauma can even affect babies before they are born. For example, there is now clear evidence that maternal stress levels can influence neurodevelopment in utero³.

A significant predictor of how adversity will impact a child is the strength and security of their relationship with their parent.

A nurturing relationship can make a child more resilient to negative events. Without a nurturing relationship to support them, children experience negative events as more traumatic. We can understand this if we imagine two babies who are exposed to adult conflict: a baby who is held securely, and soothed by a trusted caregiver during this conflict will experience less stress than a child who does not have this comfort.



If the relationship between parents and a baby is abusive or neglectful, this is particularly traumatic. This can be referred to as relational trauma. Research suggests that relational trauma can be more damaging than other forms of early trauma⁴.

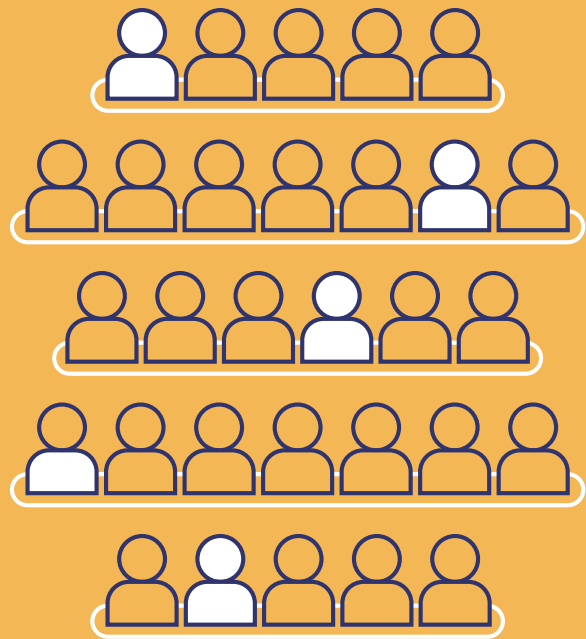
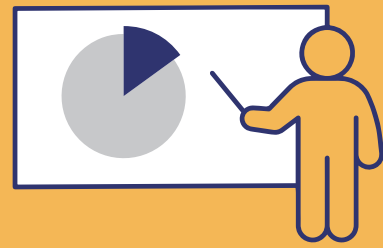
Relationships also help children to recover from early trauma. For example, research has shown that the impact of exposure to stress in pregnancy is reduced in children who go on to have a secure attachment relationship with their parents⁵.

In the UK today:

In 20/21 in England, 191 babies under one experienced death or serious harm as a result of suspected abuse or neglect⁶.

In 2018, it was estimated that over 50,000 children aged 0-5 years old – including around 8,300 babies under one – were living in households where all three of the most dangerous combined risk factors are present: current domestic violence and adult alcohol or drug dependency, and adult severe mental ill health⁷.

The latest data from across the UK, shows that there are around 21,000 babies and young children aged four and under on a child protection plan, or on the child protection register^{i,8-11}. These are children known to the child protection system and judged to be at risk of significant harm.



Attachment is a widely used and respected, although imperfect, measure of the quality of parent-infant relationships. Research suggests that, in "normal" populations, the prevalence of disorganised attachment is **15%**¹².

This means that **15%** of children – **more than four in every classroom** – will have developed a problematic relationship with their main caregiver as a result of unpredictable or hostile care. The prevalence of disorganised attachment is higher in communities experiencing more adversity and disadvantage.

i. This includes children on the child protection register in Wales as of 31 March 2021, children on the child protection register in Scotland on 31 July 2020, children on the child protection register in Northern Ireland on 31 March 2021 and children with a child protection plan in England as of 31 March 2021.

Why early trauma matters

Early experiences shape brain development and function.

Some people may assume that babies and very young children are relatively unaffected by traumatic experiences. But, although they may not understand or remember events, babies can experience pervasive biological responses to them.

Because the brain is particularly "plastic" and susceptible to influences in the earliest years of life, experiences in pregnancy and the earliest years can have greater impact on its development and function. And because early development lays the foundations for what happens next, traumatic experiences at that stage can have potentially widespread and long-term consequences¹³.

We now know that early trauma can have a greater impact on children's wellbeing and development, than later trauma.

Human brains can adapt in negative ways following trauma leaving life-long vulnerabilities.

Human brains adapt to our circumstances – something that has benefited us as a species in the past. But this also means that children's brains change in response to the adversity that they experience¹⁴. These changes might help the brain to deal with stress and trauma when it occurs, but they may create other behaviours and responses that are less helpful for the child in other situations.

Children who have experienced early trauma might have a heightened response to stress, for example, living in "fight or flight or freeze" mode. This could be useful if they need to escape violence and abuse at home. But it can

also mean they are more likely to overreact to situations and find it hard to regulate their emotions. This can be unhelpful in other settings, such as at school or in the playground. Early trauma can influence a child's ability to cope well in different situations, to learn, and to trust adults and to make friendships¹⁵.

Scientists call the brain changes that occur in response to early trauma "latent vulnerability" because they can make a child at greater risk of problems throughout their life.

"I have a child with very significant early trauma. She is extremely hypervigilant and so almost wholly preoccupied with adults in the classroom. She is unable to form relationships with children and has a highly disordered attachment with adults. She is quick to anger, obsessed with food intake, and can be unkind to other children. She is a beautiful but damaged little person. She has had no professional therapeutic support. She is five."

Primary School Teacher

Early childhood trauma affects children in different ways, but can have a profound impact on many aspects of a child's mental and physical development. It can affect their emotional, behavioural, cognitive and social functioning with potential long term consequences.

Early trauma not only affects a child's psychological responses to stress, but also their physiological systems too. It can affect a child's developing immune system, and also increase the risk of physical health problems into older age, such as dementia and heart disease¹⁶.



Healthy early relationships with caregivers can protect children from the impact of early trauma.

No child's life is pre-determined by early experience. Children can experience early trauma and go on to thrive, particularly if they have the resilience provided by healthy relationships and supportive environments.

In many cases, public services can protect babies and young children from early trauma by supporting their parents to address the causes of stress and distress in their household. This might be through providing support with issues affecting the adults, such as substance misuse, mental illness and domestic abuse. Children's services play an important role in reducing children's exposure to early adversity and trauma by supporting families to reduce adversity and to provide sensitive nurturing care. Sadly, in some cases, this will involve removing a child who is not safe at home.

Public services can also help to strengthen and repair early relationships to give children the best start in life. Specialised parent-infant relationship teamsⁱⁱ are multi-disciplinary teams who do this important work.

Parent-infant teams are led by mental health professionals such as psychotherapists or psychologists with expertise in working with babies and their families. These teams work at multiple levels: They work with families experiencing severe, complex and/or enduring difficulties with a tailored package of therapeutic support to strengthen and repair early relationships. They are also expert advisors and champions for all parent-infant relationships, driving change across their local systems through offering training, consultation and supervision to other professionals in health and children's services.

If we understand early trauma, and how to support resilience and recovery, then we can help more children to thrive. It is important to understand early trauma so that policies and practice can:

- Reduce trauma and adversity experienced by young children.
- Strengthen early relationships between babies and their parents.
- Provide timely support to those who have experienced early trauma to help them to recover, and to respond appropriately to their needs.

ii. Specialised parent-infant relationship teams (which we shorten to parent-infant teams) are called different names on the ground, this might be infant mental health services, parent-infant mental health services, PIPs, or other names chosen by local communities.

CASE STUDY

Reducing the impact of early trauma

Leeds Infant Mental Health service is a specialised parent-infant team that supports parents-to-be and caregivers with a baby up to the age of two who are struggling with early relationships. The multidisciplinary team offer therapeutic support to families in their homes or in community settings. They also offer supervision, consultation and training to other local professionals.

Kayleighⁱⁱⁱ experienced abuse and neglect at home in the early weeks and months of her life, and was subsequently removed from her parents' care and placed with a foster carer.

Kayleigh's foster mother and social worker contacted the Leeds Infant Mental Health team as they were concerned about her social and emotional development and wellbeing. After months with her foster carer, Kayleigh was still appearing hypervigilant and clearly distressed in the presence of adults.

The specialist social worker on the Infant Mental Health team offered her expertise and support for the social worker and foster parent to reflect on Kayleigh's needs. Together they identified that Kayleigh's regular contact with her father was leading to heightened levels of stress and distress, and a decision was made to change the pattern of contact with her birth parents.

Kayleigh began to relax and appear more comfortable in her foster mother's care. However she continued to show obvious distress around other adults, particularly men of colour who triggered memories of her abusive father. By this stage, it had been decided that Kayleigh would be placed for adoption and helping her to feel comfortable with different adults was important to help him settle into a future adoptive family.

After a second consultation with the Infant Mental Health Team about Kayleigh's needs, her foster mother proactively helped Kayleigh to have positive experiences interacting with other friendly adults whilst also in the safety and security of her care. This included regularly stopping to talk to a friendly employee in a local venue, who was a man of colour.

Kayleigh is now making the transition to live with her adoptive family and seems to be bonding well with her new mother and father. This important relationship might not have been able to develop without action by Kayleigh's foster carer to help her to recover from her early trauma, reduce her fears and regain her trust in adults.



iii. This baby's identity has been changed to protect their anonymity.



PART TWO

Understanding of early trauma

Our new research

Ahead of Infant Mental Health Awareness Week, we undertook two surveys in Spring 2022 to understand the public and professionals' understanding of early trauma, and their perceptions of whether enough is done to prevent early trauma and mitigate its effects.

Our public survey was done through Walnut, who conduct an omnibus survey of a representative sample of 2000 adults across the United Kingdom.

Our professional survey was for people working in early years and childcare settings and the reception year of primary schools across the UK. We created an online survey (using Google forms) which was disseminated through our social media and comms channels, and through early years newsletters and sector organisations. It was completed by 181 professionals.

Experiences of early trauma

We asked professionals to share examples of what they see in their classroom or setting as a result of children's experiences of early trauma.

Their responses described a wide range of challenges experienced by individual children, including struggles with language, attention, emotional wellbeing, social development, and relationships with peers and adults.

Professionals also told us about how, when children don't have the support they need, it has knock-on impacts on other children and can disrupt wider learning. A sample of their responses are shown here.

"I know many of the children have experienced trauma and this influences their behaviour, sometimes their behaviour can be violent, but other children become withdrawn."

"Children who find it difficult to self regulate and feel overwhelmed by any setback."

"children find it difficult to regulate their emotions, struggle to bond/trust a key person, find it hard to adapt to a new setting or routine and are not confident communicators."

"... delayed emotional development, behavioural issues resulting from poor attachment, lack of confidence, inability to socialise, unable to concentrate, running, shouting out and interrupting, perceived as naughty..."

"A child whose parents no longer live together because the mother is a drug addict... child sees mother some weekends. After these visits the child displays high levels of stress and unsettled behaviour. Takes to biting other children when there are disagreements about toys and sharing..."

"Unable to regulate feelings and emotions."

"Difficulty in building and maintaining positive relationships with peers. Taking a long time to trust the adults in the setting..."

"not settled and struggle to focus fully on work and activities"

"... displays very controlling behaviour to other children."

"Throwing objects, shouting, disrupting learning, cannot concentrate, hurting others..."

What do we understand about early trauma?

We asked participants in both our surveys a number of questions to explore their understanding of early trauma.

People often do not understand the full range of ways in which early trauma can affect wellbeing.

Respondents in our public survey were given a list of outcomes and asked which ones would be impacted by a baby being exposed to trauma. All of the outcomes listed can be associated with early trauma. Whilst most people could recognise the impact on aspects of emotional wellbeing, far fewer recognised links to later physical health.



Table 1: Answers to the question: "Which of the following outcomes do you think could be impacted by a baby being exposed to trauma, such as domestic abuse, in their home?"

Theme (not shown in the survey)	Outcome	% of respondents selecting this answer
Emotional wellbeing	Ability to manage their emotions	62%
	Ability to deal with stress	59%
	Likelihood of risky behaviours eg. substance misuse	58%
Later relationships	Ability to make healthy relationships later in life	61%
	Difficulties parenting, when that baby becomes a parent of their own	54%
Education and employment outcomes	Educational achievement	51%
	Earnings as an adult	28%
Physical health outcomes	Risk of obesity	20%
	Risk of heart disease	15%
	Risk of stroke	13%



Few people understand that early trauma has a particularly significant impact.

Both public and professional surveys included the question *"At what age do experiences of psychological stress do the most harm to development and later outcomes?"* Respondents could select one from a range of different ages (0-2, 3-4, 5-10, 11-18), or could select "the impact is the same irrespective of age" or "don't know."

Only **10%** of the general public, and **53%** of professionals reported that psychological stress experienced between birth and age two causes most harm.

Amongst the general public, **23%** did not know the answer to this question and **20%** felt the impact was the same at all ages. Younger respondents – those under 44 – were more significantly likely than older people to report that psychological stress in the secondary school period was the most impactful.



Professionals and the public understand the importance of early relationships.

Both surveys asked respondents *"How important is it for a baby's long-term development to have a strong bond and nurturing relationships with their parents as infants?"* with five options, ranging from "very important" to "not at all important,".

97% of professionals and **75%** of the public responded that early relationships are "very important" (with a further **18%** of the public saying it is "somewhat important").

In the public, older adults (those over 45) and women, were significantly more likely to rate early relationships as "very important."

There is support for health services offering support for early relationships.

Support for parent-infant relationships is not uniformly offered across England. We asked the public *"Do you agree or disagree that health services should offer support to families where there are issues in the early relationships between parents and their babies?"*.

84% agreed or agreed strongly that health services should offer support to families with issues in early parent-infant relationships.

Early relationships have a similar priority to older children’s mental health.

Respondents were asked to what extent public services should prioritise different aspects of mental health and relationship support for babies, children and young people of different ages. Respondents had to rate five options, where one was the top priority.

The responses were complex. The public were most likely to believe young people’s mental health should be prioritised. There were mixed views about parent-infant relationships amongst this group. Parent-infant relationships were the most popular second priority, but was rated poorly by some respondents, so had a lower average rating.

Professionals were more likely to prioritise parent-infant relationships than other aspects of mental health. Parent-infant relationships were the most popular top priority issues amongst professionals, and also rated best in average scores.



Table 2: Answers to the question: “Considering how public money should be spent, please rate the following issues in order of priority (where 1 is highest)”

		Babies’ mental health	Parent-infant relationships	Pre-school mental health	Primary school children’s mental health	Young people’s mental health
Public	Average rating ^v	3.6	3.0	3.1	2.7	2.5
	% of respondents rating 1	16	24	8	12	39
Professionals	Average rating	3.2	2.1	3.0	3.2	3.3
	% of respondents rating 1	16	55	3	7	25

v. An average of 1 would occur if everyone rated the answer as their top priority and an average of 5 would occur if everyone rated it as their bottom priority.

PART THREE

Current support for early trauma

Few people agree that the UK Government does enough to protect children from trauma and its impact.

Both our surveys asked *“Do you believe the UK Government does enough to protect children from trauma and it’s impact?”*.

13% of the public strongly disagree that the Government does enough, and **24%** disagree. Only **18%** agree or strongly agree, the rest do not know.

56.3% of professionals strongly disagree that Government does enough, and **27.4%** disagree.

Respondents told us there is insufficient local support.

Both our surveys asked about the support available in respondents’ local area.

People were asked to agree or disagree with three statements on a five-point scale from agree strongly to strongly disagree. There was also a “don’t know” option.

Many of the public were not sure about local support, but more disagreed than agreed that local services do enough. Professionals were much clearer: the majority said that local services do not do enough.

In total: just over one third of the public (37%) and over four-fifths of professionals (84%) disagree or strongly disagree that the UK Government does enough to protect children from trauma and its impact.

Over two thirds of professionals (67%) disagreed with the statement that “public services do enough to support young children who have been exposed to trauma.”



Table 3: Answers to the question: "To what extent to you agree with the following statements about support in your local area?"

		Public services do enough to help parents who are struggling to bond with their baby	Public services do enough to support young children who have been exposed to trauma such as domestic abuse	Public services do enough to support families with babies and toddlers
Public	% Strongly agree/agree	18	19	22
	% Strongly disagree/disagree	29	33	28
Professionals	% Strongly agree/agree	9	24	16
	% Strongly disagree/disagree	53	67	60

"We are situated in the deprived area of a seaside town... A lot of our preschool children have delays in personal, social and emotional development and communication. Some of the children have seen things such as; police at their houses arresting a parent/raiding their house, drug and drink issues, domestic violence, prostitution/stealing, parents in prison for stretches of time...

A lot of the children have additional emotional needs that need taking into account and behavioural issues. They may have problems with boundaries and authority and struggle with routine. The setting has to be very flexible with times and sessions. The children may experience outbursts of anger, frustration or upset. They can come with attachment issues and become emotional or lash out at peers or practitioners...

... A lot of families feel let down by the public sector in many areas. A majority of parents were children of care themselves and witnessed trauma regularly. They feel like they were just dropped when they became adults and it was to be expected that they themselves would have difficulties when they became parents.

When we have had information of our young children witnessing something it is not felt like enough support is given to the child and it is just left to preschools/schools etc to pick up the pieces.

The support that is in place or offered is mostly on a time scale, meaning that there is a waiting list or that funding is low so there is staff shortages or staff on leave. When children are given support then quite often the workers change hands so the children have to build relationships back up with a worker instead of having consistency."

Early years worker responding to survey

Professionals were asked a second set of questions about trauma-related support in their local area.

Half of professionals were clear that there is not sufficient support in their area to prevent trauma, mitigate its impact or support children who have experienced it.

Table 4: Answers to questions in the professional survey about local provision.

	% of respondents			
	Don't know	No	Somewhat	Yes
Do you believe there is sufficient support available in your local area to prevent early trauma?	16	56	26	2
Do you believe there is sufficient support available in your local area to support young children who have experienced early trauma to mitigate its effects?	15	50	32	3
Do you believe there is sufficient support available in your local area to support young children impacted by the longer-term effects of early trauma?	11	50	33	6

In an open comments section at the bottom of our survey, many professionals spontaneously commented on the lack of services in their local area.

"I do feel that there isn't enough support for families from when children are born. We are seeing a high number of children in our nurseries and schools who have varying needs such as speech and language, SEN traits, physical development as well as any safeguarding issues that arise. Schools and nurseries are expected to pick up on these. There is a HUGE gap from birth to school/nursery. The needs of children need to be picked up early and the correct support directed where needed..." Early years teacher

"The local council here started... to deliver county-wide trauma-informed training... However where practitioners are becoming more widely aware of the impact of early trauma, the services physically to support the families identified as struggling are nowhere to be found." Early years worker



Four themes came out clearly in the free-text responses to the survey.

There are insufficient mental health services that can work with young children.

"... difficulty accessing mental health support and assessments via CAMHS, waiting lists are too long to provide support children need when they most need it."

"CAMHS support does not take effect until five years. If the impact of trauma was reduced at preschool age we would see less difficulties in primary school and beyond. 0-5 needs to be a priority."

These comments align with our research for previous Infant Mental Health Awareness Weeks.

- In 2019, freedom of information requests found that children's mental health services in 42% of NHS Commissioning (CCG) areas in England would not accept referrals for children aged two and under¹⁷.
- In 2021, in a survey of CAMHS professionals around the UK, only 36% of reported that, in their area, there are mental health services that can work effectively with babies and toddlers aged 0-2¹⁸.

Children's centres^{iv} are widely missed.

"Reintroduce surestart centres,"

"The removal of surestart centres... and the expertise within them was a mistake and has impacted greatly..."

"Instead of allocating funds, inventing new initiatives and then cutting them back, the Government need to provide continuity, understanding and sustainability. Lack of funding by Government (eg children's centre closures)" makes it impossible to support families before they reach crisis."

"Sadly the closure of children's centres have had a huge effect..."

Professionals want to see more health visitor capacity.

"health visitors and midwives and school nurses are overstretched..."

"We need to invest more money in the early years, early interventions will be more cost effective in the long term. We also need more Health Visitors."

Early years professionals and teachers want more information and training.

"I have a BA (hons) degree in early years care and education and have never learned about childhood trauma."

"It would be beneficial for all professionals working in early years to have some training and understanding of how to support children and families who have experienced trauma."

iv. Children's centres are also known as family hubs, but no respondents in our survey used that term.



The topic of professional development came up through other questions in the survey too. For example, when professionals were asked to share examples of struggles they see in their classroom or setting as result of a child who has experienced early trauma, one wrote "I'm unsure what the signs even are."

Professionals were asked about their pre-qualification training.

63% of the professionals said that their pre-qualification training did not cover the impact of trauma during childhood.

Most professionals said they wanted relevant topics to be covered in professional development.

Table 5: Answers to the question "What topics do you wish were taught to professionals working with young children?"
% of respondents selecting each answer.

Infant mental health	77.3
Early parent-child relationships	70.7
The impact of childhood trauma	87.8
Reducing the impact of trauma	84.0
Working with children who have experienced trauma	91.7



CASE STUDY

Preventing intergenerational impact of trauma

Sefton Building Attachment and Bonds Service (BABS) is a specialised parent-infant relationship team which supports parents/carers in Sefton to build a positive secure relationship with their babies using a strength-based model of psychotherapeutic interventions.

Laura^v experienced physical, emotional abuse and neglect as a child and did not have nurturing relationships with her own parents. Laura has unresolved trauma from her abusive upbringing.

Before getting pregnant with Sophie, Laura had two relationships where there were high levels of domestic violence. When she had her eldest two children, she struggled to bond with and care for them and re-experienced lots of difficult feelings from her past. Both children were removed from her care because of concerns about their safety and wellbeing.

Laura was referred to Sefton Building Attachment and Bonds service following her becoming pregnant with her third child, Sophie, and engagement with social services. In this case Laura was in a healthy and positive co-parenting relationship.



The BABS team have explored with Laura, the impact of her own difficult childhood experiences, past trauma & insecure attachment on her, her mental health and her template for what relationships and parenting should look like.

Laura has spoken about how BABS' intervention has helped her to consider how and why her past experiences led her to react and behave in the way she did with her older boys. Raising Laura's awareness of this is key in ensuring this pattern of abuse does not repeat.

Through psychotherapy, Laura is learning how to emotionally connect and become more self-aware. In turn, she is learning how to be more emotionally in tune with her baby. In doing this work, Laura is able to have a different relationship with Sophie than the one she had with her older boys. She understands how to emotionally care for Sophie and keep her safe.

The BABS team have been able to liaise with all agencies involved in Laura and Sophie's care and to feedback on their observations and interactions with them. This helps to build a fuller picture for Laura to show professionals how well she is doing. The team have also supported Laura to access breastfeeding support and to get food vouchers to reduce wider stresses on the family.

Laura has demonstrated that she can be a good mum to Sophie, now she has had the opportunity to address her own past experiences.

v. A pseudonym.

PART FOUR

Conclusions and recommendations

This report shows that early trauma is affecting the lives of children in our communities, and is recognised by the professionals they work with.

There is public and professional understanding of childhood trauma, although many do not appreciate the breadth of its impact and the particular potency of early experiences.

There is broad support for action to reduce early trauma and strengthen early relationships, and many people – public and professionals – do not believe that either the UK Government or local services are doing enough. This is particularly true of professionals, who report high levels of unmet need and an urgent case for action.

Given the importance of early relationships to protect and promote early development, it is vital that there is skilled, specialised support to strengthen and repair parent-infant relationships in families where these are at risk. **All babies who need it, with their parents or caregivers, should be able to access support from a specialised parent-infant relationship team.** There are currently only 41 parent-infant teams across the UK with more in development. Progress has been made in recent years, but concerted action is still required from the UK governments across the UK to ensure that every baby who needs it can access timely support from a parent-infant team.

In UK Government policy, preventing early trauma, strengthening early relationships, and supporting children who experience adversity sit across a number of policy agendas. The Government's new Start for Life programme, the proposed reform of Family Help, Mental Health policy and the Supporting Families programme all have the potential to improve



experiences and outcomes for the most at-risk babies and young children. But there is also a risk of fragmented policy and short term initiatives, which fail to grasp and address the issues. **It is time to end the fragmented approach to policy making, and to create a strategic coherent cross-government approach to ensure that the needs of our most vulnerable babies and young children are met in a timely and effective way.**

In April 2021 Government committed to naming a Cabinet Minister with clear responsibility for working across Government to transform the life chances of babies and young children. This important role is required more than ever, and should be created as soon as possible¹⁹.

Understanding early trauma helps us to understand what is required to give our most vulnerable babies the best start in life. If we can get this right, the potential benefits for babies, families, communities and public services are enormous. It's time for action.

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