

Institution: University of Leicester		
Unit of Assessment: 4		
Title of case study: Building global practitioner and organisational mental health services for traumatised children		
Period when the underpinning research was undertaken: 2007 - 2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s): A. Prof Panos Vostanis B. Dr Michelle O'Reilly C. Prof John Maltby	Role(s) (e.g. job title): A. Professor of Child Mental Health B. Associate Professor of Communication in Mental Health C. Professor of Differential Psychology	Period(s) employed by submitting HEI: A. 1998 – Present B. 2003 – Present C. 2002 – Present
Period when the claimed impact occurred: 2015 - 2020		
Is this case study continued from a case study submitted in 2014? N		
<p>1. Summary of the impact (indicative maximum 100 words)</p> <p>Research led by Panos Vostanis since 2004 and through the World Awareness for Children in Trauma Programme (WACIT) is improving mental health services for children traumatised by war, displacement and abuse. Since 2015, WACIT supported >44,000 children and their carers worldwide to cope with trauma. Vostanis trained 1,200 front-line professionals in 14 countries to recognise trauma in children, implement psychosocial interventions, reduce stigma, and improve mental health and education for children. Vostanis' research informed global policies and practices, including UNESCO trauma-reduction policies (2018, 2019) and The World Health Organization's 2018 care guidance for one million asylum-seeking children registered in the EU.</p>		
<p>2. Underpinning research</p> <p>The United Nations estimates that >1 billion children worldwide suffer complex trauma from war, displacement, violence, and disadvantage. Prof Panos Vostanis' research shows that these children experience 40% higher rates of mental health disorders (MHD)—depression, anxiety, self-harm, post-traumatic and conduct disorders—by the age of 18 than the general population, with adverse outcomes into adulthood including unemployment, criminality, sexual exploitation, and homelessness [R1, R2, R3].</p> <p>Vostanis and team established high psychopathology rates for looked-after and displaced children in Britain. Children looked after by local authorities are four times more likely to develop MHDs than children living with their families (46.4% versus 8.5%) [R1]. Vostanis and team (2007) examined socio-demographic characteristics and psychopathology among looked-after children in Britain's local authority care, compared with children in private households. Psychiatric disorders and severe behavioural difficulties were particularly high among children living in residential care, who may have also experienced multiple placements [R1]. Vostanis' studies of children traumatised by displacement and homelessness [R2] showed severely high risks of MHD, sexual exploitation, and acute psychosocial problems.</p> <p>Globally, Vostanis and team studied the impact of war and displacement [R3, R4] on children. Childhood trauma can begin in utero from maternal stress, which can cause undernutrition, stunting, and negatively impacts on children's cognitive, physical and socio-emotional development [R3]. For example, studying 403 Palestinian children aged 9-15 in four refugee camps, children reported experiencing a wide range of traumatic events, both direct experience of violence and through the media, reporting sleep disturbance, impulse control, and difficulties in concentration [R4]. Vostanis' British study showed that trauma interferes with education and social interactions, requiring teacher training to implement preventive interventions [R5]. These</p>		

findings support the need for global inter-agency focus on *children's needs* and *carers' skills* integrated to existing service systems.

Vostanis and team subsequently developed the *global WACIT Programme (2015 - 2020)* [R8a,b] a six-step strategy to implement early intervention to meet children's mental health needs in low- and middle-income countries (LMIC). The team implemented their *Practice-Focused Training on Mental Health Awareness, Recognition and Formulation of Care Plan to train 23 networks and 16 service delivery agencies in 14 countries*. The WACIT Team:

1. Worked with children and parents to establish stakeholder *readiness* in Kenyan disadvantaged communities. This revealed barriers from stigma towards MH and disability, disengagement of parents and communities, lack of culturally adapted interventions, and limited resources [R8a]. The Team devised service transformation strategies and an online module with stakeholder input [R8a,b].
2. Developed and implemented *practice-focused training* to upskill care networks in six vulnerable LMIC target groups: Turkey - street and refugee children; Pakistan - slum areas; Indonesia - orphanages; Brazil – favelas; Rwanda - care homes; and Kenya - slum areas following ethnic displacement [R8b].
3. Created the *WACIT Service Transformation Framework* (STF) and training manual [R8a], implementing children's rights, ecological systems, and hierarchy of needs. The WACIT STF is designed to improve mental health service provision across six psychosocial domains of: 1) safety; 2) carer support; 3) schools and communities; 4) upskilling frontline practitioners and community volunteers; 5) counselling and psychological interventions; and 6) access to mental health services.
4. Designed action plans for *community awareness* in Turkey, Pakistan, Bangladesh, Kenya, South Africa and Brazil for child and family empowerment; interdisciplinary working; and skills development, supported with the user-led online module [R6].
5. Interviewed 353 disadvantaged *children* in Turkey, Pakistan, Kenya, South Africa and Brazil to capture their *voices* relating to *help-seeking and resilience strategies* [R8a,b].
6. Delivered leadership training to 14 university partners in Pakistan, India, Kenya, Turkey, Bangladesh, Indonesia, South Africa, and Brazil, building on the WACIT programme's training and educational resources [R8a,b].

3. References to the research (indicative maximum of six references)

- [R1]. 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*, 190(4), pp.319–325.
<https://doi.org/10.1192/bjp.bp.106.025023>
- [R2]. Vostanis, P. (2010). "Mental health services for children in public care and other vulnerable groups: Implications for international collaboration". *Clinical Child Psychology and Psychiatry*. 15 (4) 555-571. <https://journals.sagepub.com/doi/10.1177/1359104510377715>
- [R3]. Thabet, A.A., Ibraheem, A.N., Shivram, R., Winter, E.A. and Vostanis, P. (2009). "Parenting support and PTSD in children of a war zone". *International Journal of Social Psychiatry* 55(3): 226–37. <https://doi.org/10.1177/0020764008096100>
- [R4]. Thabet AA, Abed Y, Vostanis P (2004). "Comorbidity of PTSD and depression among refugee children during war conflict". *Journal of Child Psychology and Psychiatry*. 45(3):533-542. <https://doi.org/10.1111/j.1469-7610.2004.00243.x>
- [R5]. Vostanis P, et al. (2012). "How do schools promote emotional well-being among their pupils? Findings from a national scoping survey of mental health provision in English schools". *Child and Adolescent Mental Health*, 18(3):151–157.
<https://acamh.onlinelibrary.wiley.com/doi/abs/10.1111/j.1475-3588.2012.00677.x>

[R6]. Vostanis, P., Eruyar, S., Smit, E., & O'Reilly, M. (2019). Development of child psychosocial framework in Kenya, Turkey and Brazil. *Journal of Children's Services*, 14, 303-316. <https://www.emerald.com/insight/content/doi/10.1108/JCS-02-2019-0008/full/html>

[R7]. Eruyar S, Maltby J, Vostanis P. (2018). "Mental health problems of Syrian refugee children: the role of parental factors". *European Child and Adolescent Psychiatry*. 2018;27(4):401–9. <https://doi.org/10.1007/s00787-017-1101-0>

[R8]. WACIT Programme (2015 – 2020)

a. *Practice-Focused Training on Mental Health Awareness, Recognition and Formulation of Care Plan; STF; and STRI.*

b. Education resources, training videos, and WACIT statistical reports:

- <https://www.wacit.org>.
- Getanda, E., O'Reilly, M., & Vostanis, P. (2017). Exploring the challenges of meeting child mental health needs through community engagement in Kenya. *Child and Adolescent Mental Health*, 22, 201-208.
- Vostanis, P., Maltby, J., Duncan, C., & O'Reilly, M. (2018). "Stakeholder Perspectives on Children's Mental Health Needs and Supports in Six Low- and Middle-Income Countries". *Children and Society*, 32, 457-469.
- Vostanis, P., O'Reilly, M., Duncan, C., Maltby, J., & Anderson, E. (2019). Interprofessional training for resilience-building for children who experience trauma: Stakeholders' views from six LMIC. *Journal of Interprofessional Care*, 33, 143-152.

4. Details of the impact (indicative maximum 750 words)

Changing worldwide policies and support for traumatised children and carers

The **World Health Organization (WHO)** (2018) used [R7, R8b] evidence—that displaced children often internalise MHD—to **design targeted health care guidance for 1million asylum-seeking children registered in the EU, including 200,000 unaccompanied children** (2015–2017) [E1]. WHO (2016) drew on Vostanis et al.'s school mental-health models [R5] to recommend targeted school programmes **to improve literacy for displaced children** [E1].

Vostanis and Team's evidence associating parent/carer support with PTSD reduction in war children and refugees [R3, R6, R7, R8a,b] informed several **UN** and **UNESCO** recommendations. [R3, R7] informed the UN's *Global study on children deprived of liberty* (2019) and *Occupied Palestinian Territory Report* (2016), with both **recommending law, policy and practice safeguards to reduce stigmatisation of displaced children and protect their human rights** [E2]. UNESCO (2015) implemented [R6, R7, R8a,b] findings to **recommend evidence-led training to reduce PTSD** by embedding caretaker/family communication and activities with traumatised Palestinian children [E3]. UNESCO's Policy Papers (2019, 2015) directly drew upon [R5, R8b] to recommend an integrated programme involving schools, healthcare, communities, teachers, and families, to holistically support traumatised children [E3].

The NSPCC Priorities for Change (2015) [E4] and the **Department for Education (DOE)** report (2015) [E5] implemented the Team's findings that carers may be unequipped to manage MHD in looked-after children [R1 – R3], **recommending carer/child interventions to prevent placement and attachment breakdown**. The NSPCC (2016) *Case for Change* used [R2] evidence **to demand mental-health monitoring for infants in care to prevent later-life MHD** [E4]. The prevalence of unsupported refugee children with PTSD [R4] informed the *European Union Policy Report* (2019) decision to **devise a national committee for inclusive systems in EU Member States**, integrating education, health and social services to support minority children – with refugees co-designing anti-bullying and anti-prejudice curricular resources [E7]. *The Migration Policy Institute Report* (USA, 2015) used [R4] to **recommend multi-agency educational and mental health interventions for Syrian refugee children** [E6].

Transformed mental-health care in 14 countries

Building on [R1 – R5], Vostanis and team collaborated with **29 NGOs, clinical services and community centres in 14 LMICs** to design—often from nothing—sustainable service-delivery

frameworks [R8a,b]. The Team **trained >1,200 service providers (SP)** in health/social care, education, or the community (each with an average caseload of 50 children annually) to identify trauma and provide support for **>44,000 children and young people who have experienced trauma in slums, orphanages, refugee camps, and care facilities**. [R8a,b, E8].

Professional and community practice

Practitioners in Asia (430); Latin America (210); and Africa (460) stated that **WACIT training [R8a,b] strengthened their strategic practices and improved relationships with children**. WACIT's three-year programme in South Africa *"strengthened the relationship between me and the young people. And I've seen behaviour change."* – Care home manager. In Kenya, WACIT's three-year interventions *"gave me . . . impetus to continue. I have come up with various strategic plans in the church that target young people. I have now almost 100 kids and 50 young men and ladies . . . and every week we hold training for them"*. - Pastor caring for slum and displaced children [E8].

Government and NGO policy and practice

Eighteen Government and NGO managers (Turkey, Kenya, Rwanda, South Africa, Brazil) stated that **[R8a,b] raised practitioners' child-mental-health awareness and directly changed their policy and practice**, with a demonstrable effect on carers' thinking, behaviours, and confidence. After WACIT's four-year programme in Turkey, an NGO caring for >400 refugee and street children and families stated: *"We improved our connection with other NGOs. We organised trainings for volunteers . . . and collaborated with municipalities. So, parents, children, government and NGOs worked together"* [E8].

The CEO of NGO disability care homes in Rwanda stated **[R8a,b] significantly improved care-workers', knowledge, capabilities and confidence**. Workers *"feel that they have actually achieved something: most of our carers have had absolutely no training whatsoever. [M]any of them would struggle to write their own names – they have lived very desperate lives. [T]hey love the knowledge, and that someone is showing them respect and giving them the confidence that they lacked. [N]o one has ever done that before"* [E8].

The UK Department for International Development (DfID) Programme Manager in Syria stated **[R8a,b] raised DfID's awareness of psychosocial support "to break down stigma", with [R8a,b] now embedded into their strategic practice**. *"We started teacher training [and] implanting case work. [This is] new to the programme, and . . . within DfID. Now, these issues [are] looked at in the highest scale."* **This increased traumatised children's ability to share difficult experiences and emotions**. *"[W]e're seeing results. Now children in Syria are more open to talk about and express their feelings. [WACIT is] being pushed a long way and . . . creating more safe space."* [E8].

Transforming families

Vostanis' attachment research [R7, R8a,b] improved parenting skills and child-parent relationships, **equipping children with trust in secure relationships**. A care worker in South Africa stated: *"I'm no longer [seen as] toxic, where the auntie or the mom who shout."* [E8]. WACIT's attachment-focused interventions [R7] reduced **PTSS and other MH symptoms by 50%, and improved attachment relationships for 15 refugee families in Turkey** [E8]. A child said: *"All of the [interventions] were useful for me"*. A parent said: *"[My son] started to direct his excessive power to something positive."* [E8].

WACIT's psychosocial interventions [R8a,b] significantly improved families' understanding of MHD, **which reduced PTSD** (effect size 0.79) for **27 displaced children and their families in Kenya** [E8]. A teacher stated: *"The parents ignored him because he was a non-performer, but the parent was not aware that the child had a mental health problem. [W]e discussed with the parent [and] other teachers, giving motivation to the child. [F]inally the child performed very well."* [E8].

Children described how WACIT's interventions changed their lives: *"I feel this is the best way I could express how I feel than talking to anyone"; "I feel like I have changed."*; and, *"Now I am free"* [E8].

5. Sources to corroborate the impact (indicative maximum of 10 references)**[E1]. World Health Organization:**

Health of Refugee and Migrant Children, 2018.

https://www.euro.who.int/_data/assets/pdf_file/0011/388361/tc-health-children-eng.pdf?ua=1

Investing in Health Literacy, 2016.

https://www.euro.who.int/_data/assets/pdf_file/0006/315852/Policy-Brief-19-Investing-health-literacy.pdf?ua=1

[E2]. United Nations:

UN 2019. *Global study on children deprived of liberty*. New York: UN.

<https://www.ohchr.org/EN/HRBodies/CRC/StudyChildrenDeprivedLiberty/Pages/Index.aspx>

UN 2016. Country Team Occupied Palestinian Territory (UNCTOPT) report: *Leave no one behind: A perspective on vulnerability and structural disadvantage in Palestine*.

https://unsco.unmissions.org/sites/default/files/cca_report_en.pdf

[E3]. UNESCO

Policy Paper 2019. "Education as healing: Addressing the trauma of displacement through social and emotional learning". Paris: UNESCO.

<https://unesdoc.unesco.org/ark:/48223/pf0000367812>;

Policy Paper 2015. UNESCO / United Nations: "Young children on the frontline: ECCE in emergency and conflict situations" in *Educational, Scientific and Cultural Organization: Investing against Evidence, The Global State of Early Childhood Care and Education* relating to Palestinian children. 2015. <https://unesdoc.unesco.org/ark:/48223/pf0000368207>

[E4]. NSPCC

2016 Report: "Looking after infant mental health: our case for change".

2015 Report: "Achieving emotional wellbeing for looked after children: A whole system approach". June 2015. <https://learning.nspcc.org.uk/media/1122/achieving-emotional-wellbeing-for-looked-after-children.pdf>

[E5]. The Department of Education (DOE).

"The place of residential care in the English child welfare system research report". June 2015.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/435694/Residential_care_in_the_English_child_welfare_system.pdf

[E6]. Migration Policy Institute

Policy Report 2015: "The educational and mental health needs of Syrian refugee children". Washington, D.C., USA.

<https://www.migrationpolicy.org/sites/default/files/publications/FCD-Sirin-Rogers-FINAL.pdf>

[E7]. The European Union

Policy Report 2016. "How to Prevent and Tackle Bullying and School Violence: Evidence and Practices for Strategies for Inclusive and Safe Schools".

<https://op.europa.eu/en/publication-detail/-/publication/3fb78afb-c03d-11e6-a6db-01aa75ed71a1/language-en/format-PDF>

[E8]. Collated Testimonials from LMIC/MHIC partners, children and families; UK Councils; and Health Commissioning Bodies. Collated interview transcripts and NGO report. Stakeholder Perspectives in 6 LMICs. Eruyar PhD 2018 and 2020 report (Turkey). Getanda PhD (Kenya).