

FOCUS ON

08/21/2020

Trauma-informed Practices for Children and Families during the COVID-19 Pandemic

Background

Community-based public health measures in response to COVID-19 have unintended negative effects in the lives of children and families.¹ These negative effects include loss of income/employment in families, loss of education, lack of access to school meal programs and school health services, decreased vaccination coverage, decreased physical activity and increased sedentary behaviour, poor diet, and various mental health concerns (e.g. increased depressive symptoms). The pandemic-related service closures implemented in response to the COVID-19 pandemic come with significant individual and societal costs, and create disruption in the lives of children that may be associated with adverse childhood experiences such as trauma and a decline in mental health.²

This Focus On provides guidance on the topic of trauma-informed practices as a strategy to support children and families, as they return to schools and in other community settings during the pandemic. It is targeted to public health, nursing, and mental health practitioners, as well as those working in education and child care settings. The general term “practices” will be referred to as these approaches can be applied to schools through “trauma-informed teaching” as well as to health care through “trauma-informed care”. This document aims to define trauma, trauma-informed practice, and why it is important during the pandemic. It will also describe key policy documents and guidelines for schools and public health to incorporate a trauma-informed approach as they support children and families after prolonged school closures and stay-at-home recommendations during the COVID-19 pandemic.

What is trauma?

Trauma is the experience of, and response to, an event, series of events, or set of circumstances that is physically or emotionally harmful, or life threatening, and has lasting adverse effects on an individual’s functioning and mental, physical, social, emotional or spiritual well-being.^{3,4} Trauma is a widespread, harmful, and costly public health issue that can occur as a result of systemic and direct violence, abuse, neglect, loss, disaster, war, and other emotionally harmful experiences. Individuals and communities may experience many dimensions of trauma including developmental, historical, intergenerational, and repetitive.⁵ Trauma is also produced at the community level through structural violence which can prevent people and communities from meeting their basic needs.⁶ The reactions to trauma vary from person to person, and can interfere with an individual’s sense of safety and self, self-efficacy, navigation of relationships and emotional regulation.⁵ There is a direct relationship between exposure to traumatic events, impaired neurodevelopmental and immune system responses, and subsequent health risk behaviours that might result in chronic physical or behavioural health disorders. Unaddressed trauma significantly increases the risk of mental health issues and chronic physical diseases.⁴

What is trauma-informed practice?

Trauma-informed practice recognizes the signs and symptoms of trauma, realizes the extensive impact of traumatic stress on individuals and communities, responds by integrating knowledge of trauma into the program or service, and actively resists the re-traumatization of clients and staff.^{4,7} It is imperative to provide support in an organizational or community context that is trauma-informed, based on knowledge and understanding of trauma and its far-reaching implications and consequences. Rather than prescribe a set of practices or procedures, trauma-informed programs and services can reflect the following six underlying principles, as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA),⁴ as well as by the Public Health Agency of Canada (PHAC):³ safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, and the recognition of cultural, historical and gender issues. There are several prerequisites to achieve a system that successfully incorporates these principles, including administrative commitment to change, staff training and education, hiring practices, and reviews of policies and procedures. At a population level, approaches to addressing trauma in children require public education and awareness, prevention and early identification, and effective trauma-specific assessment and treatment services.

A trauma-informed approach to programs and services does not intend to treat trauma, but rather to minimize the potential for harm and re-traumatization.^{3,4} This approach does not require the disclosure of trauma, and instead recognizes an individual's need for physical and emotional safety, and the choice and control over the services they receive.⁵ Further, through this approach, there is a commitment to provide care and environments that are not harmful to individuals, but also acknowledging the high prevalence of trauma among individuals and certain populations and identifying the effects of trauma and ways to acknowledge these in the delivery of programs and services.

A trauma-informed school system can help build resilience by preparing schools to be responsive to the needs of everyone in the school with seamless, accessible social, behavioural and emotional supports that involve all community members. In a trauma-informed school, the administrators, staff, students, families, and community members recognize and respond to the potential negative behavioural, relational, and academic impact of traumatic stress on those within the school system. This approach promotes a safe and welcoming climate, with a structured and predictable learning environment that minimizes unnecessary trauma and loss reminders, with a focus on building positive relationships between teachers, students and among school staff.⁷

Why use trauma-informed practices during the COVID-19 pandemic?

The global impact of the COVID-19 pandemic on health care systems, economies, and individuals can be considered a collective traumatic event; how this trauma is experienced by children and families will vary. Many children will be able to cope effectively and mitigate any long-lasting negative effects. However, a significant number of children will be unable to cope with the increased anxiety and uncertainty and as a result may have negative outcomes of longer duration. As the pandemic progresses into the next phases, public health practitioners and educators have a role in providing trauma-informed care to support children and families. In addition to identifying what strategies schools should consider to reduce the risk of COVID-19 transmission, they can consider strategies to support children in their reintegration into the school setting, particularly for at-risk children.

For many students, staff, and school administrators, the COVID-19 context raises concerns related to the need for safety and protection. The experience of the COVID-19 pandemic may be associated with new grief, loss and trauma, or pre-existing trauma and adversity. Children with identified histories of trauma

or loss, pre-existing anxiety, depression, and other mental health considerations, and children in early education may be especially sensitive to changes in their routines and to COVID-19 prevention measures (e.g., physical distancing, school closures, remote learning).⁸ Children facing other challenges, such as food insecurity, homelessness, and new financial stress and those subjected to ongoing racial discrimination may benefit from additional support and assistance.⁸ Recognizing that children and students are vulnerable to these traumatic events is an important prevention and intervention strategy.⁷

The COVID-19 pandemic and related public health measures have increased the inequities that marginalized individuals and communities experience. The social determinants of health, including for example, race, gender, income, Indigenous status, and education level, influence whether or not we acquire, become hospitalized, or die from, COVID-19.⁹ In particular, racialized and Indigenous communities experience higher rates of many chronic diseases (which can be co-morbidities that increase risk of COVID-19 severity), and Ontario data has suggested that higher rates of confirmed COVID-19 cases occur in communities with more racialized groups or newcomers, or with lower income or education level.^{9,10} Racialized and Indigenous communities also experience racism within society and the health system which influences whether or not a person seeks out or experiences equitable care. While this document focuses on trauma-informed practice for children and families during the COVID-19 pandemic, we must recognize how COVID-19 interacts with individuals, communities, and other public health crises, including anti-Black and anti-Indigenous racism, and how these public health crises intersect and impact communities and their experiences of trauma and violence.

Methods

A rapid review of the literature was performed using Google Scholar, with search terms that included “COVID-19” or “SARS CoV 2” or “pandemic,” and “[trauma-informed practice]” or “[trauma-informed care]” or “[social emotional learning]” or “[mitigation],” and “children or youth or adolescents” (younger children 0-4 years and school-aged 4-18 years) and families. The outcomes of interest relate to children’s mental health and resilience, including post-traumatic stress disorder (PTSD) symptoms, generalized or separation anxiety, depressive symptoms, trauma symptoms, behavioural difficulties, emotional regulation, and functional problems. Factors associated with resilience include regulation or self-control, self-efficacy, attachment, developmental skill mastery, and social connectedness.¹⁰ Grey literature, as well as relevant sources, including the Centers for Disease Control (CDC), World Health Organization (WHO), United Nations Educational, Scientific and Cultural Organization (UNESCO), Canadian Centre for Substance Abuse (CCSA), the National Child Traumatic Stress Network (NCTSN), North American Center for Threat Assessment and Trauma Response, Substance Abuse and Mental Health Services Administration (SAMHSA) were consulted. Relevant guidance/best practice documents from the Government of Canada, Government of British Columbia (BC), SAMHSA, and the CDC were also searched.

Results

The search identified 16 guidance and policy documents from five countries: Canada, the United States, the United Kingdom, Australia, and New Zealand. Other relevant information that was retrieved from the search can be found in the Additional Resources section at the end of this document. The two main settings that trauma-informed practices have been implemented for children and families were schools and health care settings. As such, target audiences were educators, nurses, and health care practitioners, particularly those who deliver mental health and substance use services. The results are divided into general public health guidance related to trauma-informed practices and school-specific

applications of trauma-informed practices. Two national documents described a plan to address mental health during COVID-19 and five documents addressed trauma-informed care specifically in schools, in response to the COVID-19 pandemic. A description of each document is presented in Table 1. Common child responses to trauma are presented in Table 2.

Public Health and Health Care Guidance

Six guidance documents were retrieved specific to public health practice and health care settings. Included guidance documents were from SAMHSA's National Center for Trauma-Informed Care (NCTIC),⁴ the BC Centre for Excellence in Women's Health,⁵ the Registered Nurses' Association of Ontario (RNAO),¹¹ the National Council for Behavioral Health,¹² and two national policy documents from New Zealand and Australia supporting the mental health response to COVID-19.^{13,14}

The six core principles of a trauma-informed approach, described by the SAMHSA, were cited by most organizations.^{15,16} Furthermore, four key assumptions were: 1) recognising trauma is common; 2) realising these experiences have a range of impacts; 3) responding safely and effectively, ensuring that those who require it are referred for and receive the necessary trauma-specific interventions for recovery; and 4) resisting re-traumatisation were also mentioned.¹⁵ The BC Centre for Excellence in Women's Health developed a guide that is targeted to health care workers delivering services to adults and youth with substance use and mental health concerns. Similarly, the RNAO guidance is focused on supporting nursing practice with adults in crisis, and the National Council for Behavioural Health guidance is targeted to primary care settings. Although not specific to children and families, these are key guides for implementing trauma-informed approaches in health care settings.

Trauma-informed practices can be applied in multiple settings within public health practice such as mental health and substance use teams, and child and family health teams. Multiple guidance documents proposed that a trauma-informed lens be applied at all levels of an organization. Incorporating trauma-informed approaches in national policy to address COVID-19 pandemic impacts was demonstrated by the Government of New Zealand who published a plan to support the mental and social wellbeing of New Zealanders during the response and recovery from the COVID-19 pandemic.¹⁴ Similarly, the Australian Government also recommends services provided using trauma-informed and person-centred practices.¹³ Other jurisdictions had previously incorporated trauma-informed practices into their health policy plans. For example, New South Wales (NSW), Australia, have multiple health policies mandating trauma-informed practices, including for Indigenous communities and for the general workforce.¹⁷⁻¹⁹ The overarching goal of embedding these practices at all levels and in multiple sectors is to ensure a trauma-informed health system that recognises the impact of trauma and promotes resilience; therefore, improving health outcomes for children, families, and communities.

School Guidance

We identified nine documents that provided guidance to schools on trauma-informed practices, six of these were specifically addressing school reopening during the COVID-19 pandemic.^{7,20-24} Return to school may be challenging for many students, especially those impacted by trauma, or who have been newly exposed to trauma or from the effects of household stressors as a result of COVID-19.²⁰ For some students a return to school may be potentially traumatic for reasons unrelated to the pandemic. For example, if they had experienced challenges in school such as bullying. The American Academy of Pediatrics also recommended that schools be prepared to adopt an approach for mental health support including behavioral health and emotional support for children and adolescents.⁸

The North American Center for Threat Assessment and Trauma Response published guidelines for how schools can support students and teachers as they return to school.²¹ Two education policy documents from the United Kingdom^{22,24} and the National Child Traumatic Stress Network provided guidance based on research by Hobfoll et al. (2007) who identified five key principles that support recovery following a disaster or serious incident.²⁶ Teachers and education professionals can support children by promoting five pillars of recovery from trauma:

1. **Sense of safety** - a sense of normality can be achieved through re-establishing predictable and familiar structures and routines so students know what to expect.
2. **Sense of calming** - ensuring regular and frequent opportunities for students to talk about, share and process their thoughts, feelings and experiences in safe and supportive environments with familiar and caring adults.
3. **Sense of self and community-efficacy** - Giving students, parents and staff a sense of participation and agency by motivating them and giving them confidence to engage. "Acknowledging the achievements of the students in simply 'getting through' this period may be particularly helpful for those students who have not had a positive lockdown experience and who may be returning with feelings of inadequacy and anxiety."²²
4. **Sense of connectedness** – re-establishing and encouraging a sense of belonging to the school community.
5. **Sense of hope** – "Helping students to reflect on the positive changes that have come about as a result of this crisis (perhaps for them as individuals, but also for their families, communities, the country and the world as a whole) can be a powerful antidote to the seemingly constant stream of bad news within the media."²²

Two resources published by Young Minds and the Anna Freud National Centre for Children and Families (United Kingdom) provide evidence-based actions that schools can adopt to support students and parents to successfully manage school reopening. The Anna Freud centre recommends communicating honestly, normalizing worries and anxieties, focusing on accomplishments rather than losses, sustaining support networks, and preparation to give students and teachers time to prepare for how school life may be different due to COVID-19.²³ Young Minds' also recommends trauma awareness, collaboration and enhancing care with community partners where possible and integration of effective communication and data-sharing between stakeholders.²⁸ The Ontario Federation of Indigenous Friendship Centres published a research project on trauma-informed practices in school environments²⁹ Finally, one academic paper was identified that described a school restart program that incorporated supporting children to process their emotions, rediscover interpersonal connections, and develop an awareness of effective coping strategies.³⁰

Conclusion

The public health response to COVID-19 has affected all sectors and communities. Children and families have been particularly affected by school closures and reduced access to health services. While a return to school will require many infection prevention and control measures to keep children, teachers, and staff safe from COVID-19, there is also an opportunity to provide support for children who may have experienced trauma during the pandemic. Schools can include trauma-informed teaching to help school communities feel safe and supported. Incorporating trauma-informed practices across multiple sectors

is a beneficial strategy to support communities during school restart as well as through future pandemic response measures.

Additional Resources

For further information and resources, please visit:

Australia

[Blue Knot Foundation: Trauma-informed care](#)³¹

[Emerging Minds Community Trauma Toolkit](#)³²

[Government of New South Wales - Trauma-Informed Care and Practice in Mental Health Services](#)³³

[Government of Western Australia - Child Development and Trauma Guide](#)³⁴

[Government of Queensland – Calmer Classrooms: A guide to working with traumatised children](#)³⁵

Canada

[Canadian Centre on Substance Abuse - The Essentials of...Series: Trauma-informed Care](#)³⁶

[Canadian Public Health Association - Trauma- and violence- informed care toolkit for reducing stigma related to sexually transmitted and blood-borne infections \(STBBIs\)](#)³⁷

[First Nations Health Authority – First Responders and Trauma-informed Care](#)³⁸

[Government of Canada – Trauma and violence informed approaches to policy practice](#)³

[School Mental Health Ontario - Loss, grief and bereavement during the COVID-19 pandemic: how to support students](#)³⁹

United States

[American Academy of Pediatrics - COVID-19 Planning Considerations: Guidance for School Re-entry](#)⁸

[CDC – Adverse Childhood Experiences \(ACEs\)](#)⁴⁰

[The National Child Traumatic Stress Network – Child Trauma Toolkit for Educators](#)⁴¹

[The National Council on Behavioral Health – Building Organizational Resilience in the Face of COVID-19](#)⁴²

[Trauma Informed Oregon - COVID-19 Considerations for a Trauma Informed Response for Work Settings \(Organizations/Schools/Clinics\)](#)⁴³

[Youth.gov \(US Government\) – Trauma Informed Approaches](#)¹⁶

Scotland

[NHS Education for Scotland - Transforming Psychological Trauma Framework](#)¹⁵

Table 1: Public health and school guidance documents for trauma-informed practices

Author	Title	Description
Public Health Guidance		
CDC's Office of Public Health Preparedness and Response (OPHPR) and SAMHSA's National Center for Trauma-Informed Care (NCTIC) ⁴	6 Guiding Principles to a Trauma-informed Approach	Provides guidance for public health and health care settings based on the 6 guiding principles to a trauma-informed approach: <ol style="list-style-type: none"> 1. Safety 2. Trustworthiness and transparency 3. Peer support 4. Collaboration and mutuality 5. Empowerment voice and choice 6. Cultural, historical and gender issues
BC Centre for Excellence in Women's Health ⁵	Trauma-informed Practice Guide	This document describes trauma-informed practices for those health care workers and organizations that deliver services to adults and youth with substance use and mental health concerns.
Registered Nurses Association of Ontario ¹¹	Crisis Intervention for Adults Using a Trauma-Informed Approach: Initial Four Weeks of Management, Third Edition	The guideline is targeted to support all domains of nursing practice (i.e., clinical practice, research, education, and policy and administration). Although these guidelines are meant for adults 18 years and older, the basic principles of a trauma-informed approach are relevant to application with children and families. Appendix K provides training resources.
The National Council of Behavioral Health ¹²	Fostering Resilience and Recovery: A Change Package - Advancing Trauma-Informed Primary Care	This document is targeted to primary care health care workers by providing effective strategies to improve the health and resiliency of individuals with histories of trauma resulting in better patient and provider outcomes.
Australian Government ¹³	National Mental Health and Wellbeing Pandemic Response Plan	The main objective of the national plan is "to meet the mental health and wellbeing needs of all Australians to reduce negative impacts of the pandemic in the short and long-term." Provides recommendations for priority actions to improve mental health for all populations during COVID-19, including incorporating trauma-informed and person-centred best practices in care.

Author	Title	Description
New Zealand Government ¹⁴	COVID-19: Kia Kaha, Kia Maia, Kia Ora Aotearoa: Psychological and Mental Wellbeing Recovery Plan	This plan describes the national approach to supporting the mental and social wellbeing of New Zealanders in the response and recovery from the COVID-19 pandemic, as well as the specific actions the Ministry of Health will take to support New Zealanders' mental wellbeing. Children and young people are identified as a vulnerable population at risk of longer lasting effects. Adopting a trauma-informed approach is recommended to guide their first principle to make care people- and whānau- centred.
School Guidance		
North American Center for Threat Assessment and Trauma Response ²¹	Guidelines for Re-entry into the School Setting during the Pandemic: Managing the Social-Emotional and Traumatic Impact	In the context of COVID-19, these guidelines are a resource for school district leaders, school administrators and community professionals who work with and support students and their families. They provide recommendations for thoughtful trauma-informed planning to prepare for re-entry back into the school setting during the pandemic.
National Child Traumatic Stress Network ⁷	Trauma-Informed School Strategies during COVID-19	This document is targeted to schools and educators to support students and staff during the online learning period when schools were closed. They provide guidance following the five pillars of recovery from trauma (establishing a routine and maintaining clear communication are crucial; relationships and well-being can take priority over assignment and behavioural compliance; specific approaches to student support prioritized during the crisis; providing a sense of safety, connectedness, and hope). Educators should have an appreciation for how kids might respond to stress and consider how stress might play out by age group (see Table 2).
Northamptonshire Educational Psychology Service ²⁴	Promoting Positive Transitions during and After the COVID-19 Crisis: Guidance on Supporting Children and Young People to Start or Return to School	This document provides specific guidance on return to school and focuses on how transitions back to school may result in added anxiety for students, particularly during COVID-19. They reference the five pillars described by Hobfoll et al., (2007) and provides examples of how schools and settings can promote feeling safe, connected, and hopeful.

Author	Title	Description
Coventry City Council ²²	Secondary Recovery Curriculum – A trauma-informed Approach to Supporting Children	Recommends the five pillars of a trauma-informed approach to returning to school in guiding and informing intervention (including universal and targeted) in schools. These are promoting: A sense of safety, a sense of calming, a sense of self and community efficacy, a sense of connectedness, and a sense of hope.
University of Tasmania (Australia) ²⁰	Learning at Home During COVID-19: Effects on Vulnerable Young Australians	This research report examines the impact of online learning for students during school closures and identified young age, social disadvantage, special needs, and family employment context as key risk factors for poor online educational outcomes. The authors' provide a targeted strategy for return to physical attendance at school. Specifically, recommending investing and supporting teachers to provide trauma-informed practices to students at high risk.
YoungMinds and Health Education England ²⁸	Adversity and Trauma-Informed Practice Guide for Professionals	<p>This document is targeted to health and education practitioners for children, youth and vulnerable adults. As well, provides practice examples for health care and education professionals.</p> <p>Six principles for adversity and trauma-informed practice in schools:</p> <ol style="list-style-type: none"> 1. Prepared – having ACEs and trauma embedded in local commissioning, service and transformation, and school improvement plans e.g. regular training for staff and volunteers 2. Aware – Ensures local agencies and partners have a good understanding of childhood adversity and trauma, and the associated symptoms and responses 3. Flexible – having multiple models of care available 4. Safe and responsible – ensures policies, interventions, and safeguarding procedures to respond to and prevent further childhood adversity 5. Collaborative and enhancing – children and youth involved in own care while also harnessing community assets where possible 6. Integrated – enables effective communication and data-sharing between stakeholders

Author	Title	Description
Ontario Federation of Indigenous Friendship Centres ²⁹	Trauma-Informed Schools	The Trauma-Informed Schools research project describes methods to develop trauma-informed approaches to support Indigenous student success and enrich students' experiences within schools. Although this report was produced in 2016, there are recommendations and tools about how to address trauma in Indigenous populations, especially acknowledging the role of historical and intergenerational trauma.
Anna Freud National Centre for Children and Families ²³	Managing Unexpected Endings and Transitions: A Practical Guide to Support Pupils and Students to Manage Change during Periods of Disruption	Intended for schools and educators to provide evidence-based actions to manage unexpected endings and transitions into the next stage of their education (e.g., school restart during COVID-19): <ul style="list-style-type: none"> • Communicating honestly • Normalizing worries and anxieties • Focusing on accomplishments rather than losses • Sustaining support networks • Preparation
Center for Great Teachers and Leaders at the American Institutes for Research (AIR) ¹⁰	Supporting Student Resilience and Well-Being with Trauma-Informed Care	This report is targeted to schools and educators. Common factors associated with resilience in the face of adversity and trauma include: <ul style="list-style-type: none"> • Adaptable, caring, and supportive relationships; • Sense of mastery over life circumstances; • Strong executive function and self-regulation skills; • Safe and supportive environments; and • Affirming faith or cultural traditions.

Table 2: Common Responses to Trauma among Children

American Institutes of Research ¹⁰	National Institute for Mental Health ⁴⁴		
	Children age five years and younger	Children age six to 11 years	Adolescents age 12 to 17 years
Emotional			
<ul style="list-style-type: none"> • Irritability • Sadness • Worry • Fear • Anxiety • Depression • Guilt • Grief • Apathy or numbing • Anger 	<ul style="list-style-type: none"> • Have tantrums and be irritable • Show increased fearfulness (for example, of the dark, monsters, or being alone) 	<ul style="list-style-type: none"> • Become irritable, angry, or disruptive • Develop unfounded fears 	<ul style="list-style-type: none"> • Be angry or resentful
Behavioural			
<ul style="list-style-type: none"> • Trouble managing emotions • More intense mood swings • Increased agitation • Fidgeting or nail biting • Aggression • Impulsivity • Increased conflict • Crying frequently • Difficulty communicating or listening • Changes in energy levels • Withdrawal • Regressed behaviors (e.g., bedwetting, separation anxiety) • Increased risk taking (e.g., substance use) • Loss of interest in previously enjoyable experiences • Decline in school performance 	<ul style="list-style-type: none"> • Suddenly return to behaviors such as bed-wetting and thumb-sucking • Cling to parents or caregivers • Cry and be tearful • Incorporate aspects of the traumatic event into imaginary play 	<ul style="list-style-type: none"> • Have problems in school • Isolate themselves from family and friends • Have nightmares, refuse to go to bed, or experience other sleep problems • Lose interest in fun activities 	<ul style="list-style-type: none"> • Have nightmares or other sleep problems • Avoid reminders of the event. • Use of drugs, alcohol, or tobacco • Be disruptive or disrespectful or behave destructively • Become isolated from friends and family • Lose interest in fun activities
Physical			
<ul style="list-style-type: none"> • Headaches and stomach aches • Heart racing • Fatigue • Muscle pain 	<ul style="list-style-type: none"> • Complain of physical problems such as stomach aches or headaches 	<ul style="list-style-type: none"> • Complain of physical problems such as stomach aches and headaches 	<ul style="list-style-type: none"> • Complain of physical problems such as stomach

American Institutes of Research ¹⁰	National Institute for Mental Health ⁴⁴		
<ul style="list-style-type: none"> • Disrupted sleep or appetite • Nightmares • Heightened startle response • Difficulty getting out of bed • Trouble maintaining personal hygiene 			aches and headaches
Cognitive			
<ul style="list-style-type: none"> • Excessive worry • Racing thoughts • Preoccupation with the event • Confusion • Difficulty concentrating • Forgetfulness 		<ul style="list-style-type: none"> • Be unable to concentrate 	

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Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Focus on: trauma-informed practices for children and families during the COVID-19 pandemic. Toronto, ON: Queen's Printer for Ontario; 2020.

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