# One Year On After the Tai Po Blaze: Psychosocial Impacts on Children and Post-Disaster Trauma Recovery

## Research Executive Summary

### Introduction

On November 26, 2025, a category-five fire broke out in Wang Fuk Court in Tai Po, causing widespread destruction and displacing thousands of residents whose homes were destroyed. It inflicted profound psychological trauma on affected families, children, and youth in the district. Children forced to relocate from their original homes to transitional housing (such as Trackside Villas) may need more support with emotional regulation, adapting to life changes, and learning. In addition to being highly susceptible to intense fear and anxiety, their daily routines, learning progress, and developmental growth have been affected to varying degrees.

After the emergency response phase, children and families must continue their recovery. Based on Save the Children's international humanitarian experience, if children's trauma is not addressed early, it can have long-term impacts on their mental health, interpersonal relationships, learning abilities, and development. Save the Children Hong Kong (SCHK) launched an emergency response immediately following the incident, providing financial assistance and distributing comfort items to affected families. While emergency material aid addresses immediate basic needs, long-term recovery requires sustained, evidence-based mental health interventions.

Recognising this, we collaborated with Dr Bess Yin-Hung Lam, Associate Professor and Associate Head of the Department of Counselling and Psychology at Hong Kong Shue Yan University (HKSYU), and her research team to provide a series of professional services. These include trauma-informed interventions (Play Therapy, Expressive Arts Therapy, and counselling) aimed at alleviating the trauma-related stress of affected children and youth, enhancing their emotional regulation, and helping them gradually alleviate the related emotional and psychological impacts and regain their rhythm of life and sense of security. Our services encompass Play Therapy, the "Healing Heart & Mind" Expressive Arts Therapy programme, individual counselling, and the "Shine Futures" programme. We also facilitate parent and teacher workshops, parent-child activities, and the establishment of Child-Friendly Safe Spaces in schools to help children rebuild security and resilience across their families, schools, and communities.

### Our Services

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As of September 2026, the project has provided trauma-informed mental health support to 126 students, supported 27 children and parents living in transitional housing, and implemented school-based recovery services in 7 Tai Po schools. It engaged 133 parents and teachers through psychoeducational workshops. Concurrently, the project established "Child-Friendly Safe Spaces" in six schools in Tai Po District. Using a child-centred approach, these spaces support students in developing a sense of security, restoring daily routines, and building resilience. We supported 75 children and parents through family activities, and helped 80 children develop hobbies, rebuild confidence, and promote healthy growth through the "Shine Futures" programme.

## Research Method

This report synthesises psychometric survey data and qualitative focus group feedback to comprehensively evaluate the effectiveness of these trauma-informed interventions on children and parents. The study collected data from 74 children (aged 2 to 16) who received trauma-informed mental health support services and 74 parents (aged 29 to 71), and conducted parent focus group interviews. Among the 74 child participants, 51 completed 6 sessions of the Play Therapy group, and 23 completed 8 sessions of the Expressive Arts Therapy group.

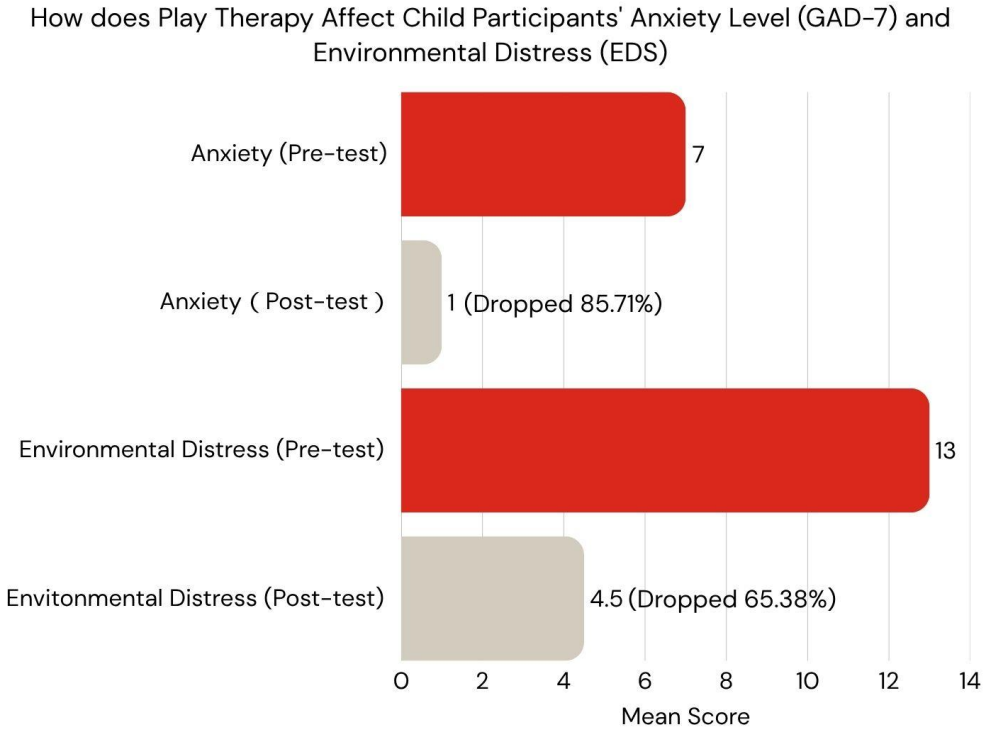
## Research Limitation

This study primarily evaluates the recovery progress and service effectiveness among children and families receiving trauma-informed intervention services. Although the findings reflect pre- and post-service changes, interpret the results alongside practical service experience and related research because the sample size is limited and there is no randomised control group.

## Key Findings

1. **From Anxiety to Rebuilding a Sense of Security**

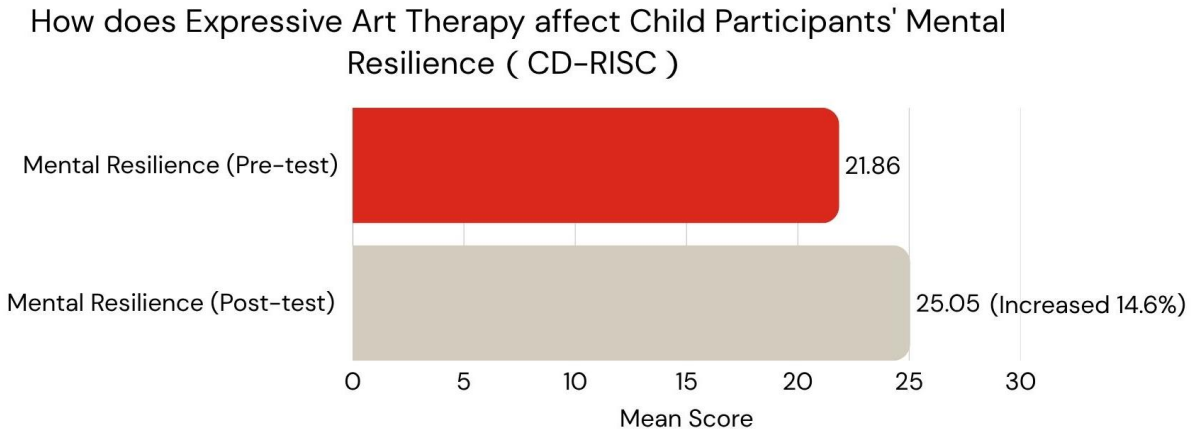
Trauma-informed Play Therapy yielded immediate and significant results. The research shows that after joining the Play Therapy session, children's anxiety levels decreased by 85.71% (from a score of 7 to 1), reaching a minimal level (see Figure 1). Concurrently, environmental distress—caused by relocation, loss of familiar surroundings, and life changes—dropped by 65.38% (from 13 to 4.5) (see Figure 1). In focus group interviews, many parents reported that their children became more relaxed and emotionally stable, experienced improved sleep quality, and showed reduced distress and fear triggered by alarms or fire memories.




*(Figure 1: Comparison of Pre- and Post-Test Mean Scores for Generalised Anxiety Disorder-7 (GAD-7) and Environmental Distress Scale (EDS) in the Play Therapy Group)*

### 2. Enhanced Child Participants' Resilience and Coping Abilities

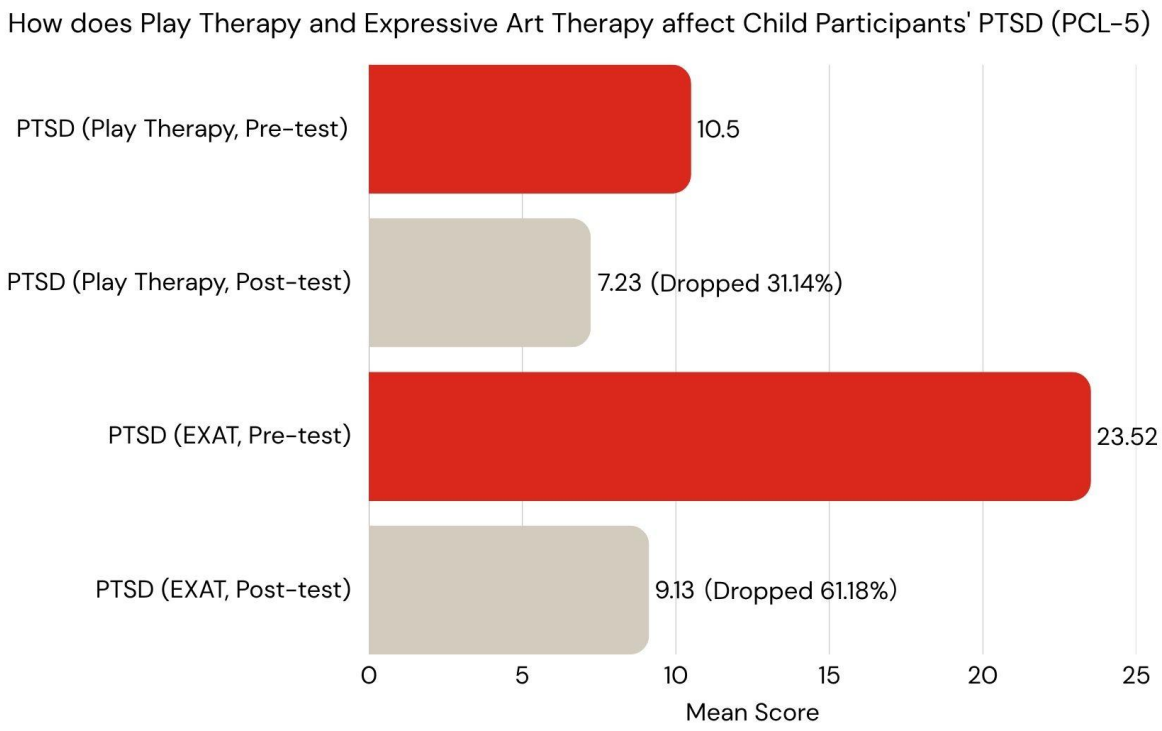
The study also found that after participating in the Expressive Arts Therapy (EXAT) group, children's mental resilience increased by 14.6% (from a score of 21.86 to 25.05) (see Figure 2). In the focus groups, parents noted that their children brought home the emotional management skills they learned. For example, when encountering trauma triggers (like alarm sounds), they utilised deep breathing and "calm down jars" to self-regulate and manage stress and negative emotions.




*(Figure 2: Comparison of Pre- and Post-Test Mean Scores for Connor-Davidson Resilience Scale (CD-RISC) in the EXAT Group)*

### 3. Reduced Child Participants' Post-Traumatic Stress Symptoms

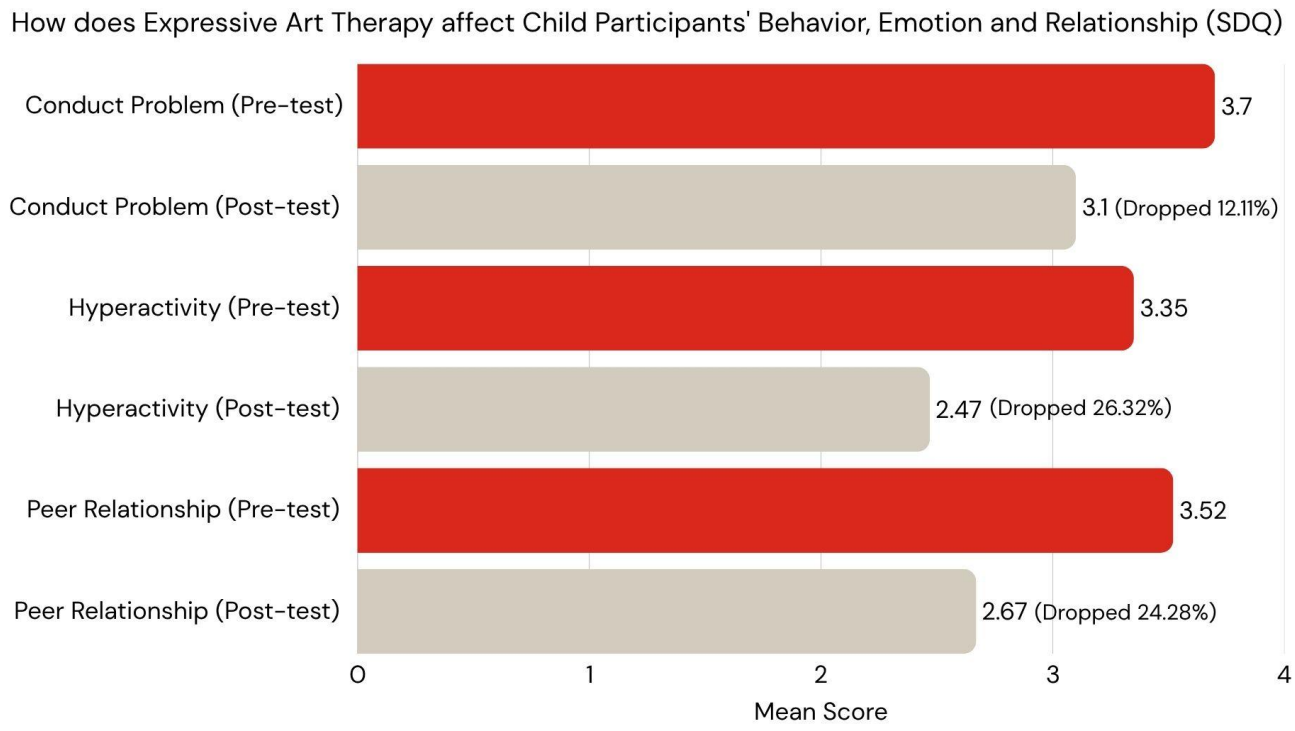
Research found that after participating in the Play Therapy session, children's post-traumatic stress (PTSD) symptoms decreased by 31.14% (from 10.5 to 7.23). Children in the EXAT group recorded an even steeper drop of 61.18% (from 23.52 to 9.13), reflecting that timely and professional mental health support can effectively mitigate the impacts of trauma on children (see Figure 3).



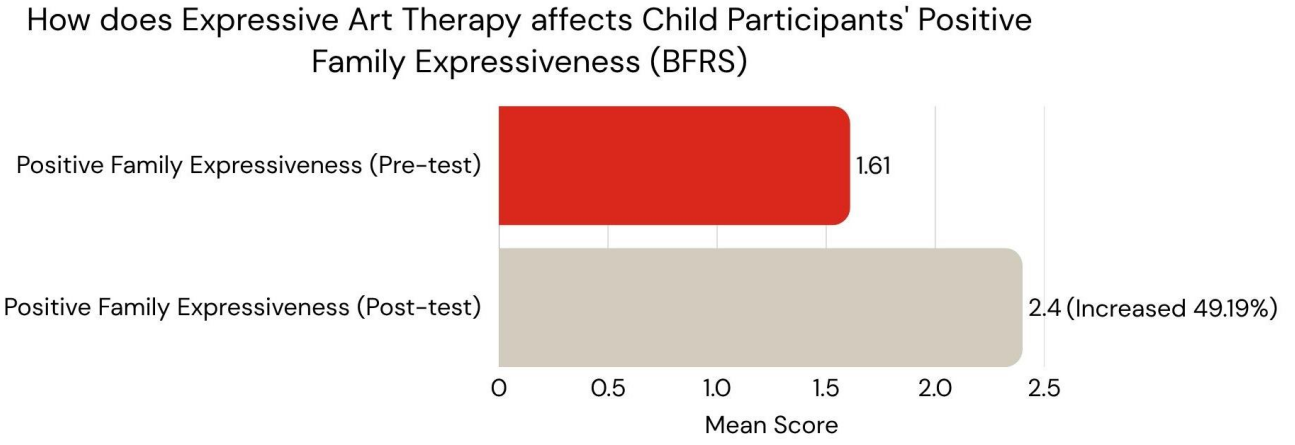

*(Figure 3: Comparison of Pre- and Post-Test Mean Scores for PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders-5 (PCL-5) in Play Therapy and EXAT Groups. Note: Lower scores represent reduced PTSD impacts.)*

### 4. Improved Child Participants' Emotions, Behaviours, and Family Relationships

Beyond trauma symptoms, children's daily behavioural and emotional issues improved significantly. After participating in the EXAT session, children's conduct problems decreased by 12.11% (from 3.66 to 3.06); inattention and hyperactivity symptoms decreased by 26.32% (from 3.35 to 2.47); and peer relationship problems decreased by 24.28% (from 3.52 to 2.67) (see Figure 4). Family dynamics also improved, with positive family expressiveness increasing by 49.19% (from 1.61 to 2.40) (see Figure 5). This demonstrates that the intervention not only improves children's mental health but also fosters positive family interactions and parent-child relationships.




*(Figure 4: Comparison of Pre- and Post-Test Mean Scores for Strengths and Difficulties Questionnaire (SDQ) in Play Therapy and EXAT Groups)*




*(Figure 5: Comparison of Pre- and Post-Test Mean Scores for Brief Family Relationship Scale (BFRS) in Play Therapy and EXAT Groups)*

## Five Major Policy Recommendations

### 1. Incorporate Children's Mental Health Recovery into the Disaster Response Mechanism

Following a disaster, children may experience anxiety and insomnia due to relocation, loss of community ties, and trauma triggers (e.g., alarms). Currently, standard emergency responses prioritise material aid while overlooking children's mental health. This research shows that trauma-informed Play Therapy and Expressive Arts Therapy effectively reduce children's anxiety (down 86%) and PTSD symptoms (down 31%-61%).

Therefore, we recommend that the government establish a standing post-disaster emotional support mechanism for children, integrating child mental health into the overarching disaster management framework to initiate psychological risk assessments and support concurrently with disaster relief. Through cross-bureau and cross-departmental collaboration, the government should integrate education, healthcare, and social welfare resources to formulate guidelines and standard procedures for post-disaster child mental support, ensuring early identification, professional intervention, and sustained follow-up. Furthermore, drawing on international experience, the government should embed trauma-informed principles into disaster recovery policies and provide stable, ongoing resources for schools, communities, and affected families, ensuring mental recovery is valued as highly as physical reconstruction.

### 2. Establish Preventative and Early Mental Health Intervention Systems in Schools

Research shows that trauma-informed interventions improve mental, behavioural, and peer-related issues in disaster-affected children, proving early intervention prevents problem escalation. However, many children do not proactively seek help or access professional services. Because schools are children's primary point of contact, the school-based mental health support system must be strengthened so teachers, social workers, and peers can act as the first line of defence.

We recommend that the government establish early intervention systems in schools by systematically embedding Social and Emotional Learning (SEL) into the curriculum. At the same time, the government should optimise the "School-based After School Care Service Scheme", turning it into a key setting for practising SEL to help students build emotional management, interpersonal communication, and help-seeking skills.

Additionally, we recommend regularising the "Three-Tier School-based Emergency Mechanism" and allocating additional school-based mental health resources at the start of each academic year (especially September to October) to provide non-stigmatising counselling for students with mild to moderate emotional distress, solidifying the first and second tiers of the safety net. The government should also promote evidence-based peer support programmes in schools, such as the "I Support My Friends" Youth Psychological First Aid Peer Support Programme co-developed by Save the Children and the WHO. This

equips students with psychological first aid skills to identify distress signals, listen empathetically, and bridge at-risk peers to support, fostering a whole-school culture of prevention and help-seeking.

### 3. Expand Support from Children to Families

The study found a deep interconnection between the mental health of parents and children; severe PTSD symptoms in parents significantly increase the risk of similar issues in their children. Conversely, family cohesion and emotional expressiveness are crucial protective factors.

Therefore, we recommend that the government promote a "family-centric" mental health support policy. Service design and resource allocation should address the needs of children, parents, and caregivers simultaneously. This includes increasing trauma-informed interventions involving joint parent-child participation, enhancing parent training and emotional support, developing family mental health educational tools, and incorporating parent support into regular funding scopes. This holistic approach will strengthen the family's overall resilience and provide a robust safety net for the child's recovery.

### 4. Establish Long-Term Community Recovery Support Systems

Studies show that changes in living environment and the loss of community networks caused by disasters can both affect children's long-term mental health and recovery, indicating that major disasters' impacts last for years rather than fading in weeks or months. Ongoing attention and systemic support for children in Tai Po and neighbouring areas are essential.

We recommend that the government provide sustained resource allocation to affected communities to build community-based child mental health support networks and facilitate collaboration among schools, community centres, district organisations, and professional agencies. The government should continue establishing trauma-informed "Child-Friendly Safe Spaces" in affected communities, schools, and transitional housing, providing a secure environment where children can learn, play, express their emotions, and rebuild connections with peers and the community. Furthermore, the government should support community recovery services spanning 3 to 5 years, strengthening children's and families' sense of belonging and community cohesion through community engagement, peer support, and mutual aid networks, thereby enhancing their resilience and long-term recovery.

### 5. Promote Diversified and Child-Friendly Mental Health Support Intervention Models

Comprehensive treatment combining multiple models is relatively rare. This study found that integrating Play Therapy and Expressive Arts Therapy better addresses children's diverse needs, ages, genders, and interests, thereby improving overall service effectiveness. This reflects that mental health support should

not be confined to traditional clinical models but should offer diverse options aligned with children's developmental needs.

We recommend the government further develop a child-centric, de-stigmatised, and community-based mental health service system. Through multimodal interventions such as art, sports, play, and experiential activities, children can receive emotional support and build resilience in natural, familiar settings. The government should strongly promote evidence-based Play Therapy and Expressive Arts Therapy services and encourage NGOs to develop innovative intervention models that combine sports and creative arts to address the needs of diverse children. Additionally, the government should review the age limits and service coverage of existing community mental health services—for example, lowering the age threshold for mental health services at District Health Centres (DHCs) to 12. This would lower the barrier to mental health support for children and youth, ensuring more families in need receive timely and appropriate assistance.