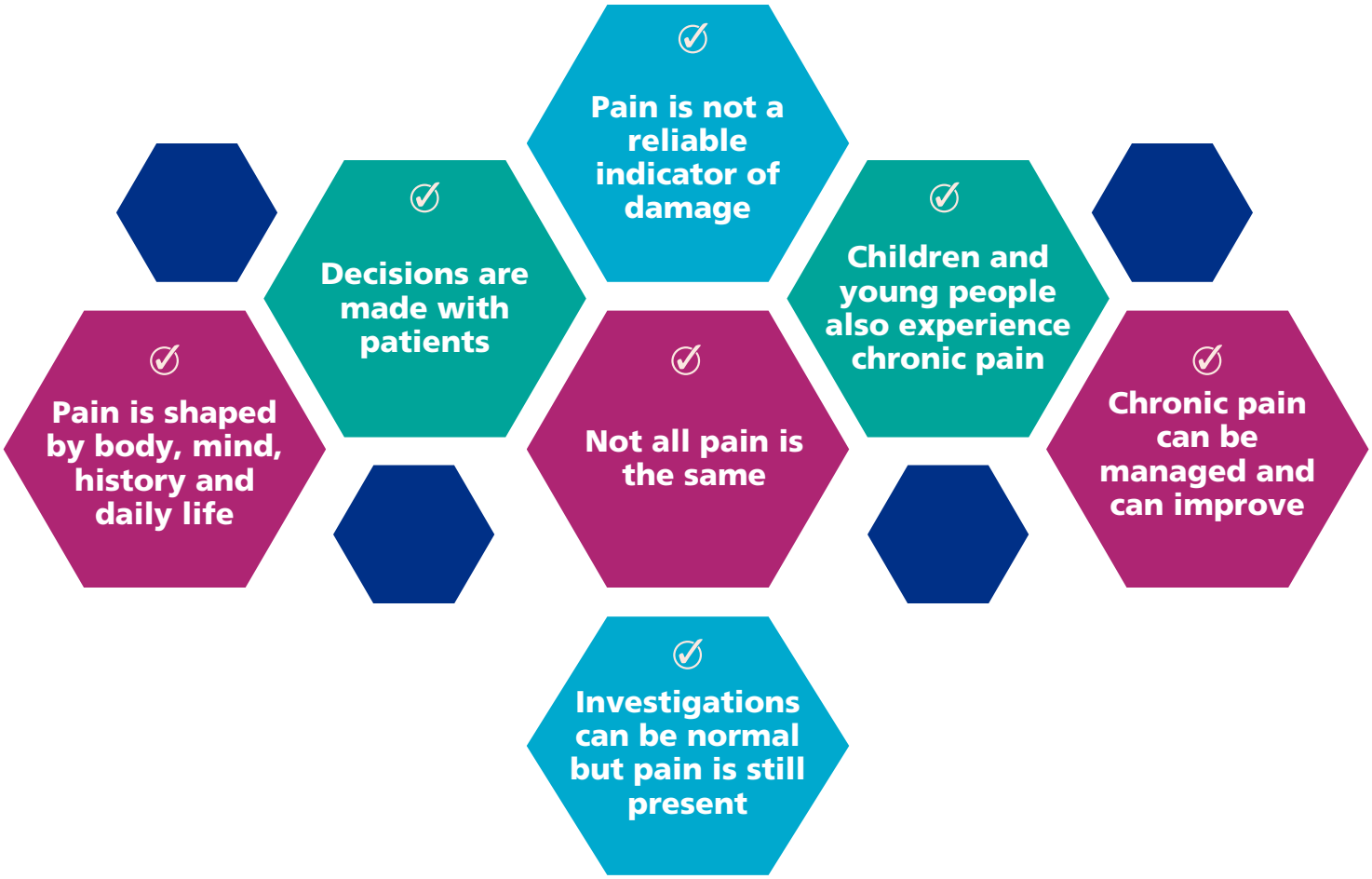
GETTING IT RIGHT FIRST TIME

NHS England

What matters to patients: A GIRFT guide to chronic pain

October 2026



THE BRITISH PAIN SOCIETY
EXPERTISE WHERE IT MATTERS

FACULTY OF PAIN MEDICINE
of the Royal College of Anaesthetists

Arthritis UK

Chartered Society of Physiotherapy

Royal College of Occupational Therapists

ppa Physiotherapy Pain Association

GIRFT is part of an aligned set of programmes within NHS England

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Why GIRFT developed this guide

Throughout our chronic pain surveys and system visits, clinicians have told us that conversations about chronic pain are often challenging.

Many healthcare professionals, particularly those who are not specialists in pain management, have highlighted that they do not always feel confident discussing persistent pain, explaining its complexity, or supporting patients to understand, manage or recover from their condition.

To help address this, we asked a range of people with lived experience of chronic pain and experienced clinicians, what they would want healthcare providers to understand and communicate about the condition. Their insights have shaped this handbook and highlight the importance of clear, compassionate and consistent conversations that acknowledge the impact of pain on every aspect of a person's life.

Co-produced by people with lived experience and experts, this handbook has been developed to support clinicians in having more effective conversations about chronic pain. It provides practical guidance on the key messages that matter to people living with pain, helping healthcare professionals explain pain in a way that is understandable, validating and empowering. By improving communication, we can support better relationships between clinicians and patients and help people living with chronic pain feel informed, listened to and supported.

Resources are included in various formats with a short list included in the 'It matters that' tables. Further options are included at the end, along with an average time required to use each resource.

This handbook is intended to support conversations about chronic pain across all healthcare settings. It does not replace clinical assessment, diagnosis or specialist pain management expertise and should be used alongside relevant national guidance and professional judgement.

In this handbook, the term chronic pain is used to refer broadly to persistent pain lasting longer than three months, including both chronic primary and chronic secondary pain.

To note:

- ***The resources in this guide may be useful to share with patients.***
- ***Many of the resources in this guide are from sources external to GIRFT and NHS England. Please note that the advice they contain may change over time and it remains the clinician's responsibility to use professional judgement.***

Chronic pain scenarios

These common examples highlight the challenges of discussing chronic pain:

Maria
Is a young mother with chronic back pain and a normal MRI. Her pain is shaped by her previous experiences, emotional wellbeing and daily struggles. She wants to know why injections aren't being suggested.

Daniel
Lives with rheumatoid arthritis and finds it hard to work. He has heard that pain can improve and wants to know if this could be the case for him.

Aisha
Has lived with fibromyalgia for over a decade, withdrawing from activities she loves. She worries her condition will permanently limit her life and questions why medication isn't working.

Priya
Is a 15-year-old with chronic knee pain after netball, which is now stopping her from attending school and sleeping. She has had normal scans. She feels isolated and anxious, feeling that her pain is dismissed as exaggerated.

Derek
Suffers from long-standing stomach pain diagnosed as IBS. He frequently visits his GP and ED during flare-ups, seeking repeated interventions without a sustainable plan.

James
Experiences phantom limb pain after losing a leg in an accident. He wants to return to activities but is worried this will make the pain worse.

Johanna
Has multiple sclerosis and her pain is suddenly a lot worse, even though her MRI scan hasn't changed. She is confused as to why she has increased symptoms.

Why understanding pain is essential

In all these cases, patients lack clear, trustworthy explanations about chronic pain, its causes, persistence and management.

This gap leads to:

- **Ineffective healthcare utilisation** (e.g., repeated visits, escalating interventions) and variation throughout the pathway.
- **Misunderstandings** about pain mechanisms (e.g., assuming that all pain means damage).
- **Frustration with ineffective treatments** that don't address the underlying factors (e.g., injections, medications).
- **Confusion when certain treatments aren't recommended (**e.g., injections, medication).
- **Avoidable physical and mental deterioration** due to fear, inactivity, or reliance on biomechanical treatments.
- **Loss of confidence in healthcare professionals.**

This patient-centred educational resource, rooted in the biopsychosocial model, will help clinicians to:

- **Understand pain beyond structural explanations.**
- **Support evidence-based self-management strategies.**
- **Reduce reliance on unsustainable or harmful treatments while using those that help.**
- **Facilitate improved function and participation in meaningful activities.**
- **Provide consistent and helpful messages.**

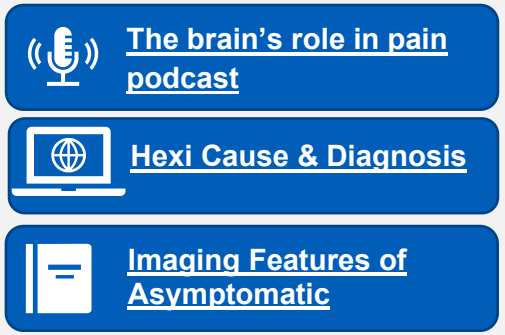
The seven things that matter most about chronic pain

1. It matters that: Not all pain is the same

Check	What you need to know	What you could say	Quick links
☐	There are two ways of describing pain.[1] 1.By cause: chronic secondary pain, where a condition such as inflammatory arthritis or endometriosis accounts for it, and chronic primary pain, where the pain has become a condition in its own right. 2. By mechanism: nociceptive (damage or inflammation), neuropathic (the nerves themselves are damaged), and nociplastic (a change in how the nervous system processes pain).	"There's more than one way of describing pain, and most people don't fit neatly into one box. We look at whether there's an underlying condition causing it, and we look at how the pain is being produced - from damage to the tissues, damage to the nerves, or from a system that's become overprotective."	NICE Chronic pain (primary and secondary) in over 16s NHS Making decisions to help you live well The three categories of pain Flippin' Pain | The Science of Pain, Explained
☐	People may have more than one type of pain. Chronic primary and secondary pain frequently coexist. A person with a mechanical injury or inflammation can often develop nociplastic pain. This overlap can contribute to pain persisting after the initial problem has settled.[2]	"You can have an underlying condition causing pain and an over-protective system at the same time. That's very common. It makes all types of pain worse and it's usually what's going on when pain continues beyond the normal healing time."	
☐	Different pain mechanisms need different treatments. Nociceptive and neuropathic pain can respond better to pain medications. Nociplastic pain doesn't respond well to analgesia. In all pain, non-pharmacological approaches are key.	**For nociceptive and neuropathic pain:** "Sometimes it is appropriate to try medication, but medication does not always work, and sometimes the benefit fades over time. This means that we need to focus on other strategies as well." **For nociplastic pain:** "For this type of pain, the evidence says that pain medications often don't work and carry real risks and side effects, so I want	

		to put our effort into the things that are more likely to help."	
☐	A new or different pain still needs assessing on its own terms.	"If something new or different starts, come back and we'll look at it again."	

2. It matters that: Investigations can be normal and pain can still be present

Check	What you need to know	What you could say	Quick links
☐	Scans and tests determine structure, not pain. Having a normal scan is helpful information as long as you understand that people can still experience real pain without investigation findings.	"A scan can show what your tissues look like. There's no scan or blood test that can measure pain. So a normal result doesn't mean your pain isn't there - it means we have looked for damage, and damage isn't the (whole) story."	
☐	Changes on scans are very common in people with no pain at all and a finding on a scan might not be the cause of the pain. For example, disc degeneration appears in roughly a third of asymptomatic 20-year-olds and most asymptomatic 80-year-olds.[3]	"Scan changes are very common, even in people with no pain. This is why a scan doesn't always identify the cause of pain."	
☐	A normal investigation is helpful information to guide appropriate management, not a dead end.	"The tests have told us something useful - they've ruled out things we needed to rule out. We now have reassurance that moving and using your body normally won't make anything worse and, in fact, often helps."	
☐	Chronic pain is a diagnosis in its own right, not what's left when tests are normal. People hear "nothing can be seen on your scans" as "we don't	"You have chronic pain, which is a condition we understand. It's a real diagnosis with real treatment."	

	know" or "it's all in your head" which is why naming the condition is important.[4]		

3. It matters that: Pain is a protective signal and not always a reliable measure of damage

	What you need to know	What you could say	Quick links
☐	The nervous system weighs up evidence of danger and produces pain as a protective output. It's an alarm, not a damage report.	"Pain is your body's alarm system. It's there to protect you, not to tell you how much damage there is."	**Tame The Beast** **Short video explaining the nervous system** **Airing Pain Supplement: How neurodivergent people experience pain**
☐	In chronic pain, the alarm has become overprotective. Think of a smoke alarm set far too sensitively - it goes off when the toast burns. It's a real alarm doing exactly what alarms do, just triggered by things that are not a threat.	"Your alarm system is going off at things that shouldn't set it off. That's not you imagining it, and it's not the kitchen on fire. It's a real alarm, but the sensitivity is set too high."	
☐	A sensitised system can become less sensitive. Understanding pain can support recovery as part of a wider, active treatment approach.	"The system learnt to protect you, and it can become less protective. Understanding what's going on is an important part of the treatment."	
☐	Flares are often the alarm being noisy, not always a sign of new damage. Pain in a sensitised system goes up and down, often for no reason anyone can identify.	"Pain often has ups and downs. A flare-up usually doesn't mean you've damaged anything or gone backwards - a sensitive alarm is unpredictable and noisy."	
☐	Neurodevelopmental conditions such as autism and ADHD are over-represented among people with chronic pain. Differences in sensory processing may affect how pain is experienced, communicated and managed.	"Neurodiversity means that some people feel pain more strongly because their brains and bodies process feelings and sensations differently. Understanding how your body works helps us to find ways to manage the pain better."	

4. It matters that: Children and young people also experience chronic pain

Check	What you need to know	What you could say	Quick links
☐	Not being believed can be one of the worst parts of experiencing chronic pain and children and young people often are less empowered to push back against it verbally. This may be displayed as anxiety, mood and behaviour changes, school avoidance, etc.	"We understand chronic pain and know it is a real medical condition which affects all aspects of life and how you feel."	**Understand pain and feel more in control | Pain Navigator**
☐	Parents and carers need to be part of the plan. It's important to improve their understanding of chronic pain too.	"Often other members of the family have pain too. It's important that everyone understands pain together."	**Pain concern – families and children** Series of podcasts
☐	Early identification and management of chronic pain are important because pain and interference in childhood can persist into later childhood and adulthood.	"The great thing about being younger is that your body can heal more easily than an adult."	**PainBytes: short videos for CYP/carers**
☐	Children with pain often have family members with pain and worry that they will end up in the same way.[5]	"Everyone's pain is different and having a family member with pain does not mean that your experience will be the same."	**Dealing with Pain on the Daily:** Podcast on managing pain by teenagers
☐	It's important to take a holistic view of what the child or young person may be missing out on because of pain e.g., school, socialising and participating in co-curricular activities.	"The most important thing is to get you back to the things that you enjoy."	
☐	Schools need to understand pain too and may need to know if adjustments need to be made, such as movement breaks, exam arrangements and a phased return after absence.	"It is important that school understand chronic pain too and that we all work together on this."	

5. It matters that: Chronic pain can be managed and can improve

Check	What you need to know	What you could say	Quick links
☐	Ask people what better would look like to them, rather than trying to reduce pain based on a numbered pain scale alone. They may say things like sleeping well, getting back to work and walking the dog. These are things worth aiming for.	"Getting better looks different for everyone. So as well as trying to bring the pain down, I want us to aim at things you'd like to be able to do again."	**ReConnect2Life** Online resource to help manage and reduce the impact of pain
☐	Recovery may not be a linear process, and you may experience times when it goes up and down.	"You'll have ups and downs. That's expected, and it doesn't undo the progress you've made."	**Work Adjustment Plan** Advice on working with painful conditions
☐	Realistic hope is helpful. People experiencing chronic pain don't want promises that it will go away or that they simply need to learn to live with it.[6]	"I'm not going to promise you this disappears and neither am I going to tell you it can't change or go away. We need to work on this together and find the things that help you."	**Live well with pain** Strategies to self-manage pain

6. It matters that: Pain is shaped by body, mind, history and daily life

Check	What you need to know	What you could say	Quick links
☐	Pain is produced by weighing up everything, not just signals from the painful part. The nervous system takes in tissue signals, but also mood, sleep, stress, past experience, belief about what the pain means, and what's going on around the person. It produces pain when trying to make sense of the whole picture.	"Your brain doesn't just read a signal from your back. It weighs up everything it knows - how you slept, what's going on in your life, what you think this pain means and produces pain out of all of it."	**Why things hurt- Moseley TEDx**
☐	Pain is a personal experience; a person's report of pain should be respected. Pain is not imagined, exaggerated, or the person's fault.[7]	"Most people with pain say it's worse when they're exhausted or stressed. That's the pain system	**Why do we feel pain differently** Short video explaining why pain varies between people **The link between pain and sleep - Sleepstation**

		working exactly as we'd expect, to protect you, and it's backed up by science and research."	**The body remembers** The impact of past experience
☐	History and circumstances are part of the picture. Past trauma and adverse childhood experiences are associated with a higher risk of chronic pain, while current pressures such as work, money, housing and isolation can also influence the pain experience.[8]	"Things that have happened to you, and things happening around you now, can change how the pain system works and makes it more likely to try to protect you."	**Arthritis UK – Chronic pain in England: unseen, unequal, unfair** National report on the impact of pain and health inequality
☐	Because everything matters, there are multiple ways to manage pain, and no one size fits all.	"Lots of things can influence pain, which means lots of things can help. Several small changes practised over time usually have more of a positive impact than just one."	

7. It matters that: Decisions are made with patients

Check	What you need to know	What you could say	Quick links
☐	Ask what matters to them before deciding on a plan. A good outcome is defined by the person living with the pain, not by a pain score. Sleeping better or getting back to work for example.	"Before I suggest anything, what would you most want to be able to do again? Not what would you want the pain to be, but what would you want your week to look like?"	**NICE Shared decision making**
☐	Shared decisions need honest and accurate information, including if something isn't being offered because it isn't appropriate.	"Here's what we could try and what each one involves and what you would need to do, how long it might take to try and what the downsides are."	**The navigator tool** Questionnaire to help patients navigate consultations
☐	Many things that help chronic pain are under the control of the person experiencing pain. Therefore, creating a realistic plan that the person experiencing pain thinks is feasible is important.	"Most of this happens outside this room, in your week. So, if something we've discussed sounds unrealistic, it's important you tell me."	

☐	Optimising medication is a decision too. Often multiple appointments are needed, unless the situation is dangerous.	“I'm not going to stop anything without agreeing it with you. If we do reduce something, we do it slowly, we do it together, and we stop and rethink if it isn't going well.”	
☐	Decisions need to be revisited. Framing this as a trial rather than a final decision often lowers the stakes enough for people to try something.	“This is what we're trying first, not what we're stuck with. Come back and tell me if it isn't working and we'll discuss it.”	

Further resources

Booklets

Title:	Summary:	Link:	Time:
If Only I'd Known by Flippin Pain	Two-page short leaflet written by people with pain for people with pain. Challenges common misconceptions.	Flippin' Pain leaflet	2 minutes
The Elephant in the Room	Short set of slides that mainly use images, with one sentence per slide in an easy-to-read way. A good introduction to pain science which could be used quickly by clinicians in short appointments with patients to introduce them to the subject area.	Lesson #4 - Google Slides	5 minutes
Know Pain	A 20-page booklet explaining pain science using diagrams and text. Uses relatable metaphors like 'turning down the volume' on pain, making concepts memorable.	TazzyPersistentPainBooklet.pdf	~30 minutes
What causes excessive pain	24 pages, using minimal words, alongside an image to visually display what causes the experience of pain.	Lesson #2 - Google Slides	5 minutes
Making decisions to help you live well with chronic primary pain	A decision aid to help people living with chronic pain reflect on their current management approach to chronic pain. Can be brought to healthcare appointments to guide conversations.	Making decisions to help you live well with chronic primary pain	30 minutes
Pain Management Resources in Other Languages	A short pain toolkit pdf available in over ten languages.	Pain Management Resources in Other Languages - St George's University Hospitals NHS Foundation Trust	
Living with persistent pain by Pain Clinic (Royal United Hospital, Bath) and The Positive Living Support Group	70+ pages written by and for people with chronic pain alongside clinicians, which includes real quotes, reflections and insights, making it authentic and relatable. Offers step-by-step guidance for pacing, goal setting, and managing setbacks.	Microsoft Word - PMP booklet 2006.doc	2-3 hours

The myth of distraction	Uses the analogy of a concert to explain chronic pain and how attentional techniques are not just a distraction technique but can have long-term effects on reducing hypersensitivity. Short set of slides using images and limited words.	3. Modulation* - Google Slides	

Books

Title:	Summary:	Link:	Time:
The Painful Truth by Monty Lyman	Turns complex neuroscience into easy engaging content and includes real life stories of complex concepts, such as central sensitisation and phantom limb pain.	The Painful Truth	~6 hours
Explain Pain by Dr David Butler and Prof Lorimer Moseley	Over 90 diagrams and has been translated into multiple languages. Explores new models of how the body and brain interact during pain.	Explain Pain Book 2nd Edition	~3 hours
The Pain Free Mindset by Deepak Ravindran	Gives a seven-step mindset framework. It assumes no prior medical knowledge and draws on real-life case studies. It addresses themes such as medication overuse and unnecessary surgeries.	Book - Dr Deepak Ravindran	~8 hours
The Way Out by Alan Gordon	Aims to help people understand how the brain can unintentionally 'learn' chronic pain and turn off pain signals that have become 'stuck'.	Alan Gordon: The Way Out	~6 hours
Recovery Strategies – Pain Guidebook by Dr Greg Lehman	Includes pain science and management. 71-page e-book which has been translated into multiple languages and can be used alongside a healthcare professional or independently. Presented in four chapters which can be used independently of each other.	Pain Science Workbooks - Greg Lehman	~2-3 hours

Podcasts

Title:	Summary	Link:	Time:
The Brain's Role in Pain by the Health Report	A clinical pain neuroscientist explains chronic back pain through the story of a man experiencing persistent pain since his mid-20s with a normal MRI.	The brain's role in pain - ABC listen	12 minutes
Like Mind, Like Body by Curable	A series of more than 80 podcast episodes designed to explain how thoughts, feelings and experiences influence physical symptoms, including pain.	Like Mind, Like Body - Podcast - Apple Podcasts	Each episode ~1 hour
The Best Ways to Heal Chronic Pain & Trauma Without Medication with Dr Chatterjee and Howard Schubiner	Discusses how thoughts and emotions can influence pain. Many people living with pain have said they felt heard by this podcast and would like every healthcare professional to listen to it.	The Best Ways to Heal Chronic Pain & Trauma Without Medication	~2 hours
How Our Childhood Shapes Every Aspect of Our Health with Dr Gabor Maté, Feel Better, Live More Podcast	Covers several topics, including how childhood trauma and experiences can manifest as physical symptoms.	How Childhood Shapes Health with Dr Gabor Maté	1.5 hours
Positive Strategies to Improve Chronic Pain	Gives positive ways clinicians can discuss management strategies for chronic pain such as top tips for discussing the benefits of physical activity.	Dr Kieran O'Sullivan on managing back pain: 7 habits of highly effective clinicians. Part 2, 2016 by BMJ talk medicine	20 minutes
Airing Pain by Pain Concern	More than 150 podcast episodes bringing together people in pain and specialists. Episodes can benefit people living with pain and people caring for them. Includes episodes specifically for children and young people.	Airing Pain - Pain Concern	Each episode ~30 minutes

Videos

Title:	Summary:	Link:	Time:
Persistent Pain in 3 minutes by Kinetic Labs	An explanation of why the pain system can become oversensitive and how understanding pain can help to reduce the sensitivity of this alarm system.	Persistent pain explained in 3 minutes	3 minutes
Understanding Pain in less than 5 minutes, and what to do about it! By Live Active Clinic	Uses pictures to explains the pain science behind chronic pain.	Understanding Pain in less than 5 minutes, and what to do about it!	5 minutes
The oversensitive car alarm by Prof Corman Ryan	Explains nociceptors, neuroplasticity, and central sensitisation through the analogy of a car alarm in an engaging narrated story.	The Oversensitive Car Alarm	6 minutes
Rethinking pain	Shows how persistent pain can affect all aspects of people's daily life but that there are things you can do to not let it take over your life. Also available in Urdu and Punjabi.	Understanding your pain - Rethinking Pain	8 minutes
Tame The Beast - It's time to rethink persistent pain	Prof Mosely uses engaging animations to simplify why we experience persistent pain.	Tame The Beast — It's time to rethink persistent pain - YouTube	5 minutes
The mysterious science of pain	Explains how hurt doesn't always mean harm through the story of a man with a nail in his boot but not his foot.	Joshua W. Pate: The mysterious science of pain | TED Talk	5 minutes
Why Things Hurt	Explains pain as a protective mechanism that is influenced by context, memories and emotions.	TEDxAdelaide - Lorimer Moseley - Why Things Hurt	15 minutes
Why do we feel pain differently?	Helps to show that we feel pain differently because of a combination of biological, emotional and social factors.	Research Spotlight: Why do we feel pain differently? on Vimeo	3 minutes
Using metaphors to explain chronic pain	Dr Williams and Dr Hart from Peak Health Coaching demonstrate how the use of metaphors can be a powerful tool for explaining persistent pain to patients.	Using metaphors to explain pain - Live Well with Pain	4 minutes

AHSN | Persistent Pain Management by Health Innovation	Aimed at clinicians to give them the skills to have conversations about persistent pain with patients. Includes a helpful mock consultation with a patient.	AHSN | Persistent Pain Management	45 minutes
Pain Education for The Nation by Flippin Pain	Four people with different lived experience share their stories to help people begin their management of persistent pain.	Pain Education for the Nation! Official Livestream 15/10/2025	1 hour and 45 minutes
Stopping Opioids	This could be useful for clinicians to share with patients who they are trying to wean off opioids. May be short enough to play in an appointment and discuss it through together.	Understanding Pain: Brainman stops his opioids - YouTube	2 minutes
Relaxation Matters	A series of guided video simple relaxation techniques. Includes methods such as eye yoga, tapping, shake & wobble techniques.	Relaxation Matters - Rethinking Pain	10 minutes
Pain self-management	12 self-management steps in a series of very short unnarrated videos. Includes everything from setting goals to setbacks. Clinicians could encourage patients to work on one step per appointment and feedback. Gives clinicians a possible structure to supporting self-management.	12 Practical Pain Self-management Tools - Pain Toolkit	<3 minutes per video
Let's move with Leon	A 12-week programme of 30-minute movement sessions, free of charge.	Let's Move with Leon | Arthritis UK	Programme over 12 weeks

Websites

Title:	Summary:	Link:	Time:
Key Concepts by Permission to Move	Includes the key areas everyone should know about chronic pain in an easy-to-read way.	Permission To Move	10 minutes
Understanding Your Pain by Tame the Beast	Explains how the pain system can become overprotective and we can start to re-train this system.	Understanding your pain - Tame the Beast	15 minutes
The body remembers	A powerful and moving short blog post written by Carolyn Spring about how her experiences and past trauma can manifest as chronic pain.	The body remembers | Carolyn Spring	5 minutes
Understanding Persistent Pain for those who don't have it	Useful for someone supporting someone with chronic pain and provides suggestions of what can be done to support someone with chronic pain.	Understanding Persistent Pain for those who don't have it | CUH	~10 minutes
Review Opioid Analgesia (Pain Relief) Regularly	Four main questions to discuss with healthcare professionals if you have been prescribed opioid pain relief. This page also covers what an opioid pain relief is.	Lincolnshire ROAR :: Lincolnshire Prescribing and Clinical Effectiveness	~12 minutes
PainTRAINER	An interactive, online programme based on scientific research that teaches effective strategies to manage your pain. Includes eight sessions.	paintrainer.org/login-to-paintrainer/	Each session 30–45 minutes
Living Proof	Website written by people who have recovered from chronic pain.	Chronic Pain & Illness | Living Proof of Recovery	30 – 60 minutes
Curable - App	Gives users different management strategies as well as a community of users living with chronic pain to interact with and learn from.	Curable: A Different Approach to Chronic Pain	Variable – requires subscription
Live Well with Pain	The Ten Footsteps programme has been designed to offer initial training in supported self-management. The aim is to help people to self-manage their pain by increasing their knowledge, skills and access to tools and resources.	Resources for people with pain - Live Well with Pain	~5 hours to complete programme

ReConnect2Life	A free online course which covers six modules including, but not limited to, improving health and fitness and changing the way you think.	ReConnect2Life - Torbay and South Devon NHS Foundation Trust	~1 hour per module over 6 weeks
ESCAPE-pain	Online resource for people with musculoskeletal pain, including links to printable resources for those without internet access.	ESCAPE-pain – An evidence-based group rehabilitation programme for people with chronic joint pain	Variable
Managing Arthritis pain by Arthritis UK	Demonstrates the wide variety of management types that can be used for pain caused by arthritis.	Managing arthritis pain | Arthritis UK	Variable
5-minute guide on chronic pain for employers	Quick guide to understanding chronic pain for employers, including what employers can do to support people with pain.	Pain Service - Chronic Pain and Work: A 5 Minute Guide for Employers :: Northern Care Alliance	5 mins
Society of Occupational Medicine blog to support employers	This blog explores how employers can support for people at work or preparing to return to work with chronic pain.	Chronic pain in the workplace: A New Perspective for Occupational Health | The Society of Occupational Medicine	5 mins

Resources specific to children and young people

Books

Title:	How it can help you:	Link:	Time:
Zoe and Zak's Pain Hacks	A series of five short books designed to help primary school children learn and talk about pain with their family, friends, teachers and health professionals.	Zoe and Zak's Pain Hacks Book Series 1-5 - Noigroup	~30 minutes
Oxford Press Paediatric Pain book - Primary & Secondary Chronic Musculoskeletal Pain Syndromes	Aimed at healthcare professionals to educate them about pain in CYP.	Oxford Textbook of Pediatric Pain | Oxford Academic	Reference textbook
A journey to learn about chronic pain	An engaging free online comic style book to start to learn ways to manage chronic pain. Designed for children aged 8-12.	https://www.yumpu.com/en/document/read/61002254/a-journey-to-learn-about-pain	~30 minutes
GrrOUCH! Pain is like a grouchy bear by Cathryn Morgan	An illustrated book for children aged 6–10 that uses rhyme and rhythm to help them cope with pain. It encourages kids to express feelings and describe pain through words and pictures.	GrrrOUCH! Pain is like a grouchy bear: Cathryn Morgan, Crystal Beshara: 9781897508848: Amazon.com: Books	~15 minutes
Explain Chronic Pain	This book explains chronic pain to children. It uses the story of Moira, whose grandad lives with chronic pain.	Medikidz Explain Chronic Pain: What's Up with Moira's Grandad?	~30 minutes

Booklets

Title:	How it can help you:	Link:	Time:
Pain Kete	A 30-page booklet with lots of pictures to help explain persistent pain to children, which also includes questions you can discuss together to aid their management.	media.starship.org.nz/the-pain-kete/pain-kete.pdf k	~1 hour

Do you know someone whose body always hurts? A guide to helping children understand chronic pain.	A 44-page booklet with pictures and activities to help explain chronic pain to children, which also includes questions you can discuss together to aid their understanding. Explains what happens at a Pain Management Programme and what to expect.	The Walton Centre: A guide to helping children understand chronic pain.	~1 hour

Podcasts

Title:	How it can help you:	Link:	Time:
Dealing with pain on the daily	Sophia (age 18), Bridget (age 16), and Brooke (age 23) talk about ways to manage pain and big and small tips they use at different stages of their life.	4. Dealing with Pain on the Daily | Chronic Pain as You've Never Heard It Before	43 minutes
Pain Concern – Families and Children	A series of podcast episodes by Dr Barry Mason which could be listened to by children and young people alongside their parents/carers.	Families and Children - Pain ConcernPain Concern	Each episode ~30 minutes

Videos

Title:	How it can help you:	Link:	Time:
PainBytes	A series of very short videos split up into 7 different sections covering everything from what pain is to how it can impact on school and family. There is also a workbook based on the videos.	PainBytes | Pain Management Network	~30 minutes

Websites

Title:	How it can help you:	Link:	Time:
Meg Foundation for Pain	Signposts to a variety of resources including downloadable short information resources from topics such as what pain is and Cognitive Behavioural Therapy (CBT).	Homepage | Meg Foundation	Many options

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Acknowledgements

The GIRFT chronic pain team would like to acknowledge support from the GIRFT Chronic Pain Lived Experience Group, the GIRFT Chronic Pain Expert Reference Group, the Faculty of Pain Medicine, the British Pain Society and the following individuals:

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