

# Culture of trust

In part 2 of this series, **Caroline Vollans** discusses the aims of a trauma-informed approach and what it looks like in practice

**T**rauma-informed practice is something many of us will have heard about. Originally used in mental-health settings in the 1970s, the approach is now used more widely. We find it in schools and early years settings, as well as services such as social care, the police and healthcare.

Fifty years on, however, trauma-informed practice is up for question.

Clare Cook in *TES* (2023) raises an important issue: 'Should schools hold off any embrace of trauma-informed practice until the evidence is stronger?'

Critics are warning that trauma-informed practices are not always being applied with fidelity and could be doing more harm than good. As practices are used more widely, they can become distanced from their original conception.

This sort of distancing is sometimes referred to as 'lethal mutation'. The group 'Evidence-based education' explains (2022) that practitioners might start with a well-evidenced approach, but lethal mutation occurs when they modify its 'ideas and techniques to such an extent that they are so far removed from the original concept ... that it is no longer effective, or even counter-productive'.

Dr Abigail Miranda, head of early years and prevention at Anna Freud, says, 'Trauma-informed practice is a debated topic in schools, as there remains no clear consensus on what the approach entails. Without a clear definition, the term can be open to interpretation and misapplication, with the potential to be unhelpful or

even cause unintended harm to both children and staff members.'

She adds 'there is a gap in research on trauma-informed practice in the early years, so more evidence is needed to assess and implement best-practice approaches.'

It is imperative that we pay close attention to these concerns. The early years are the most critical in a person's life; we must tread carefully, and not play 'intervention roulette'.

### TRAUMA-INFORMED APPROACH

#### What is the aim?

Trauma-informed practice provides effective and sensitive care for those who experience traumatic events. It aims to provide an emotionally safe space that promotes healing and wellbeing. This is an aim that deserves full support.

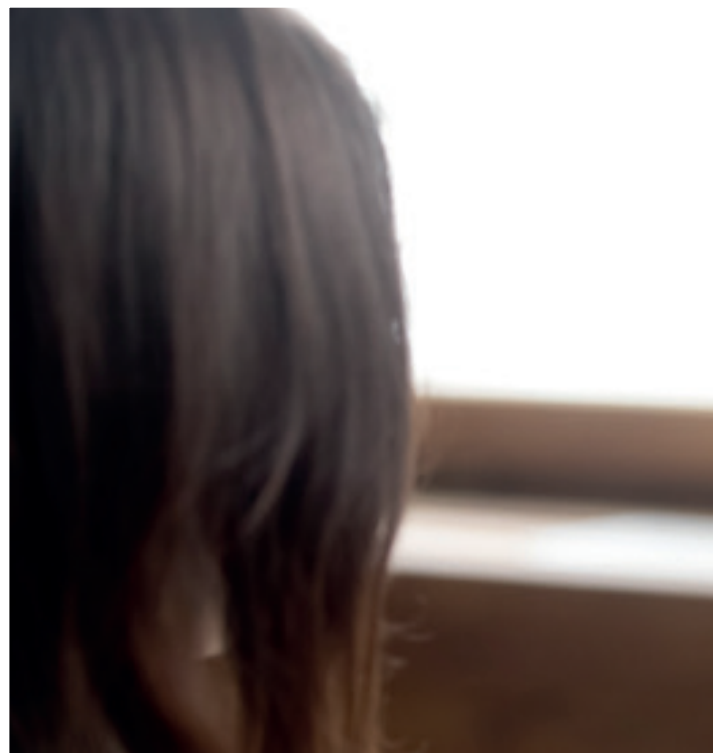
#### What does it look like in practice?

The response to this is far less clear. It is difficult to find a single working definition of the practice.

Professor Eamon McCrory, consultant clinical psychologist and professor of developmental neuroscience at University College London, says, 'Schools are adopting many different trauma-informed strategies. There are many models out there making different claims about best practice.'

### CONFUSION AND MISCONCEPTIONS

Training in trauma-informed practice is inconsistent and unregulated. This provides fertile ground for the growth of misconceptions and confusions.



**Because of the lack of research on the practice in the early years, practitioners should tread carefully**

The fact that you can buy a 90-minute online training for 'implementing trauma-informed practice in your setting' contributes to this. We have ended up with a situation where some settings have as little as half a day of basic training and consider themselves trauma-informed.

This sort of unregulated approach to training about trauma has worried the psychologist and trauma expert Jessica Taylor. She comments that 'any form of behaviour can be explained and excused by trauma', a position she describes as 'incorrect'.

There is a lot of confusion about what goes on and what should be going on.

**Practitioners are skilled at creating routines which are key in providing children who have experienced trauma the structure and predictability they need to feel safe**

### BASIC GOOD PRACTICE

One of the points of conflict in trauma-informed practice is that of boundaries. It is well understood and researched that boundaries are integral to good practice and strong relationships across all sectors of education. They support children and young people by:

- Respecting personal space: both adults and children need to respect the physical and emotional space of themselves and those around them.
- Having consistent routines: these provide stability and reassurance for children, helping them to feel held and secure.



- Promoting clear and honest communication: this helps foster a culture of trust and understanding between staff, children and families.
- Ensuring a safe physical environment.
- Teaching acceptable ways to behave: this involves managing behaviour in a fair and positive way, avoiding being punitive or admonishing.
- Nurturing healthy and strong relationships.

Dr Miranda echoes this. 'Practice in early years focuses on building strong relationships between staff and the children in their care. This is a tenet of trauma-informed practice. Practitioners are skilled at creating routines which are key in providing children who have experienced trauma the structure and predictability they need to feel safe.'

It is far too scary and overwhelming for children (and those around them) if there are no limits to their behaviour, no boundaries to what they say and do. How can they feel contained without them? We must never neglect sound, evidence-based practice, such as the importance of boundaries.

## RESPONDING TO TRAUMA

Dr Miranda describes the challenges of trauma-informed practice in the early years: 'Implementing trauma-

informed practice for children in early years settings poses specific challenges. For example, misconceptions around how this group of children experience trauma can create barriers. We regularly hear how "resilient" young children are, which can sometimes negate the significance of adverse experiences that occur early in a child's life.

'Another challenge is that children in this setting might not yet be able to verbally articulate the impact of their early experiences. The impact of trauma can manifest in many ways, from withdrawal to aggression, and it can be challenging for staff to distinguish these behaviours from more ordinary behavioural problems.'

Working with trauma is highly specialised, requiring particular knowledge and expertise. It is emotionally demanding work, so it is crucial that practitioners get plenty of expert support and access to reflective supervision. Dr Miranda states, 'The wellbeing of staff is paramount when considering how to care for children who need the greatest sensitivity and care.'

## THE NEED FOR SPECIALIST SERVICES

A Better Start, a programme led by the National Children's Bureau (NCB), aims to improve outcomes for young children. One of its areas of study is trauma-informed

## FURTHER INFORMATION

- To learn more about Anna Freud on trauma, see: 'Thinking Differently' manifesto, [www.annafreud.com](http://www.annafreud.com)
- 'Is your school really trauma-informed?' TES Magazine (2023), [www.tes.com](http://www.tes.com)
- 'Lethal mutations in education and how to prevent them', <https://www.evidencebased.education>
- National Children's Bureau (NCB), [ncb.org.uk](http://ncb.org.uk)
- 'Trauma-informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.' (Hopper, Bassuk & Olivet, 2010)

practice. Although the ideal response is to eradicate trauma and focus on preventing it, the programme identifies key areas in which services can support young children and their families, such as:

- providing practical support, such as food, clothing and help with housing
- supporting the attachment relationship between the primary carer and the infant
- helping children and their families to develop resilience and strategies to address and manage the adverse experiences they face.

The NCB goes on to say that where trauma has occurred for the child or carer, specialist services are required to address the immediate impact and to support recovery.

Trauma-informed practice (TIP) or trauma-informed care (TIC) 'does not replace the need for specialist services to support those who have experienced trauma, and for many, specific intensive interventions will still be required.'

## GAPS TO ADDRESS

Professionals working with trauma should have rigorous and consistent training. It is considerably important that we do not take this serious area of mental health and wellbeing into our own hands. Such travesties do happen in mental health – for instance, any of us can call ourselves a counsellor and set up practice. We need to learn from this – it is not enough for us to think that our personal experiences of counselling or trauma equips us to be experts. Does our experience of having a broken leg equip us to treat one?

This does not mean early years settings should ignore trauma or feel they are not equipped to work with children who have experienced it. Commissioning expert training and establishing clear referral routes to specialist services are examples of positive ways forward. For example, A Better Start in Lambeth employed a specialist clinical psychologist, Karen Treisman, to deliver training to leaders locally.

The complexity of trauma and trauma-informed practice cannot be overstated. If trauma is not approached with a deep knowledge and understanding, it can be made worse.

We need to take great care: this is not a field we should meddle in. ■