

# Healing together

**Annette Rawstrone** discusses early trauma and a training programme that helps practitioners make children feel safe

**W**hat trauma might the babies and young children in your care have experienced? You could be aware of domestic violence, parental substance abuse, severe poverty and parental mental illness. But what about those traumas that remain hidden? All of these can be damaging to developing brains, negatively impacting core developments in emotions, relationships and physical health. Early years educators can play a vital role in helping these children to heal and go on to live positive, happy lives. Clinical psychologist and founder of Innovating Minds Dr. Asha Patel says trusted practitioners working with young children in

spaces where they feel safe, such as nursery settings, can ensure their emotional, relational and neurological needs are better met. 'If a baby learns that their needs are not going to be met, that they're not going to be soothed and that they are not going to have that attunement process taking place, they will internalise their feelings as a way of looking after themselves. They're in survival mode,' she says. Patel started her career working with adults that had committed serious offences and were experiencing complex mental health difficulties, but says she soon realised she was 'working at the wrong end of the spectrum' and could have more impact if she supported the mental health and wellbeing of children rather than waiting for their behaviour to

**Dr. Patel (below) says early years practitioners might be the only 'safe' adult in a child's life**



'deteriorate and snowball'. So she co-developed the Healing Together for Early Years training programme with childhood trauma expert Jane Evans (see Case study). It is grounded in infant mental health and trauma-informed care research to equip educators with the knowledge and tools to create safe, regulated environments where children can begin to heal.

## TRAINING STAFF

'Instead of going into early years settings and offering therapy, we want to up-skill those working with children and families on a day-to-day basis because they have many

## case study: Holy Angels Pre-school in Chelston, Devon

'We had a lot of vulnerable children last year – three children were in foster care, four families were on the child protection register and a child was removed from their family – so it was an ideal time to take the Healing Together for Early Years training,' says manager Angie Baldwin. 'It was really important to me that we made sure that those relationships were built on trust and the children felt safe and secure.' She says the trauma-informed training reinforces the importance of co-regulation. 'It's all about being the calm voice, that consistency, that sense of security,' says Baldwin. 'The training opens your eyes to what the children actually need – how important the mindful moments are and how

important the relationships that we build with children and their families are. We need to have the knowledge to know that what we're doing is the best approach. We now have mindfulness every day and yoga. We do not expect every child to join in, and if a child wants to do yoga under a table then that's fine.' It is common to see a staff member be joined by children as they seemingly randomly stretch up and mimic being a tree and then slowly drop their arms as the 'leaves' fall. This simple action brings a moment of stillness, helps focus on breathing and brings calm. 'We are a calm setting and it's that calmness and gentle voices that the children need,' Baldwin says. 'Lots of these children's lives are chaotic at home.'

The setting has introduced a trauma-informed behaviour policy. 'We see behaviour as communication and we respond with empathy,' says Baldwin. 'If a child is upset or struggling, we offer calm spaces, sensory tools and kind words to help them to feel safe and understood. If there is conflict then we help children to reflect, repair and reconnect.' 'We have consistency across the setting for all children because we don't know which children have experienced trauma, and being trauma-informed benefits everyone, the staff as well. We all look out for each other. It's probably one of the best things we've done because it changes your view of how a child is reacting.'



more hours' contact with children,' explains Patel. 'Through Healing Together, we want to pass on our expertise to practitioners so they can be a safe, grounded adult for the children to be able to process the trauma they've experienced. By providing the right environment, the nursery worker doesn't even need to know if a child has experienced trauma because all children will be met with a regulated, trauma-informed adult.'

The training, aimed at senior leaders for them to cascade throughout the team, includes:

- Understanding the impact of trauma on babies and young children, including brain development and behaviour.
- Learning practical, body-based strategies – such as breathing and grounding techniques – to support emotional regulation and connection.
- Creating safer, more nurturing environments to aid healing.
- Gaining confidence in responding to children as a regulated adult focused on connection, not correction.

'Often, we think that young children should be able to process trauma by talking about it, but what we know from the neuroscience and relational-based literature is that actually trauma is stored in our bodies as a sensory experience. So talking about the trauma does not process the trauma, it is actually re-traumatising,' explains Patel. 'So how we think about our policies,

procedures, our staff and the physical environment is so important to support children. Children and babies' bodies are constantly scanning for cues of safety and threat, so it is important to think about how we can offer cues of safety for them.'

In trauma-informed settings, Patel says the focus is on relationships, co-regulation and seeing all behaviour as a form of communication. 'Many children are connection-seeking and are trying to get help. The adults around them may perceive this to be naughty behaviour. They're not attention-seeking but wanting to be seen and soothed,' she explains.

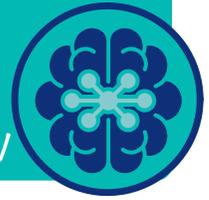
The physical environment is also calm. Patel says, 'There may be children who want spaces that feel quite contained, or darker spaces, and a trauma-informed approach would then be flexible with this – the room is designed around the children's needs.'

Resources for supporting children to feel calm are provided with the training, such as playful breathing games.

'Trauma-informed practice requires practitioners to be grounded, self-aware and come from a place of empathy,' says Patel. 'These professionals may be the only safe adult in a child's life, and they can help the child to feel safe, seen, soothed and secure.' ■

→ **FURTHER INFORMATION**  
 ● [innovatingmindsgroup.com](http://innovatingmindsgroup.com)

## INSIDE THE BODY SCHOOL READINESS FOR NEURODIVERSE CHILDREN



**Charmaine Champ**, a Queen's Award-winning Registered Nurse in Learning Disability, explains the benefits of a different approach to toilet training

**When families and nurseries work together to address toileting challenges, without shame or blame, progress is possible.**

No child should be starting school in nappies. That is the widely recognised standard – intended to reduce lost teaching time, boost confidence and inclusion, and support healthy bladder and bowel development. But what if a child is more than three years old and is still having accidents?

Measured against this expectation, the judgement can feel stark: a failing child, a failing family. The 'solution' is often toilet training – focused on getting bums on toilet seats within a fixed, age-driven timeframe.

There is, however, another approach: one I call 'toilet learning'. It does not begin with potties, nappies or age-related targets. Instead, it focuses on children learning to recognise their bodily sensations; understanding these signals may mean they need to pee or poo; and knowing how to respond by going to the potty or the toilet. This is an 'inside out' approach, centred around understanding and acceptance, rather than equipment or expectations.

As a nursery, you have a choice in how toileting challenges are approached. Difficulties may persist with a 'hands-off' approach, with time and energy directed at managing accidents. As frustration builds on all sides, that child may even leave your setting with underlying health needs unrecognised and ongoing bladder or bowel difficulties that can develop or worsen.

When families and educators are on the same team – committed to careful observation and responsive support to the child's developmental and physical needs – real progress becomes possible. For example, educators can support children to understand bodily signals. These sensations feel different for every child, so you might hear 'My tummy feels tight', or 'I have butterflies'. A gentle prompt could be: 'That might mean you need a poo or a wee. Sitting on the potty can help.'

According to the Bristol Stool Chart, Type 4 medium bowel movements occurring anywhere from three times a day to three or four times a week are healthy. I also recommend aiming for six to eight drinks spread across the day to support good bladder and bowel health.

Displaying the Bristol Stool Chart at nappy-changing stations can be a practical support for staff. A brief, routine visual check during nappy changes, alongside noting how many cups a child has (or has not) drunk, allows educators to build a clearer picture over time. This information can be shared with parents and carers.

If concerning patterns are observed over four days, there is the opportunity to suggest medical support.

Toileting challenges impact everything from sleep and eating to moods and behaviour. By taking a 'toilet learning' approach and collaborating with families, you can help children on a journey of recognition, understanding and responsiveness that transforms lives.

*For more information, see: [clearstepsconsultancy.co.uk](http://clearstepsconsultancy.co.uk)*