



**Health  
Innovation**  
Oxford & Thames Valley



**Surrey and Borders  
Partnership**  
NHS Foundation Trust



Surrey and Northeast Hampshire

# Trauma-informed service

Action learning sets evaluation

End of year one 2023

# Overview

This report forms part of a series, evaluating the implementation of the trauma-informed programme offered by the Surrey and Northeast (NE) Hampshire trauma-informed service. In year one\* of the programme, action learning sets were piloted to support individuals to embed a trauma-informed approach. There were four groups run from January 2023 to June 2023. Each set had four sessions and group size ranged from four people per group to seven people per group. Three groups consisted of participants from different organisations and services, one group consisted of participants from one organisation.

## Rationale for action learning sets

Training alone does not make an organisation (or individual) trauma-informed. Feedback from people who had attended the training programme offered by the service identified that they were finding it difficult to embed a trauma-informed approach.

Action learning sets originated from a recognition that learning comes not just from knowledge but from questioning which can aid thinking and insights. An action learning set is a structured, collaborative, forum to solve real problems using reflection. It consists of a facilitated group of people working either in the same or different organisations that meet regularly to help unpick and find ways forward with workplace challenges. The Surrey and NE Hampshire trauma-informed service decided to pilot using action learning sets to see if these were a helpful medium to support people embed a trauma-informed approach. The action learning sets offered by the service had a focus on trauma-informed challenges.

In some quotations used within the report action learning sets have been referred to by participants as ALS.

## Recruitment

Initially, an email requesting expressions of interest was sent in October 2022 to those who met the criteria of working in a senior role, had previously attended trauma-informed training and were in a position to influence change as a pilot to see if action learning sets were helpful. Following a number of queries from people interested in joining the action learning sets, the invitation was expanded to include any leader, defined not by seniority of role but being in a position to implement and influence change.

Once expressions of interest were sought, they were checked to ensure participants met the eligibility criteria:



The decision was made to have mixed organisation groups to fit in line with a trauma-informed approach which recommends cross sector and across organisation working to foster relationships. There were also a number of people from one service who applied and met the eligibility criteria, and it was agreed to pilot having a group with participants from one service for comparison.

## Trauma-informed issues brought by participants

The evaluation team gathered information about the trauma-informed issues brought to the action learning sets from the seven participants that participated in follow-up interviews. Not all participants came with an identified trauma-informed issue at the start and for some they used action learning sets to work on multiple issues through the sessions. These included:

- As part of a quality improvement piece of work making the delivery of biopsychosocial assessments trauma-informed and embed in liaison services.
- Establishing trauma-informed peer reflective practice across 10 third sector organisations.
- To bring trauma-informed approaches into a new role in a service for lived experience practitioners in primary care and how to maintain being a leader using trauma-informed philosophy and build a team that has that philosophy as well.
- Managing tricky conversations and applying trauma-informed principles when designing and setting up services to avoid creating more trauma and difficulties to people who use services.
- Trying to integrate a colleague who joined a team during COVID and is struggling to go back to face to face working on site using a trauma-informed approach.
- How best support people in teams, to take care of their own needs, in regard to staff wellbeing and staff trauma and how to put things in place to manage with other people's trauma using a trauma-informed approach.

## Method

Evaluation of the action learning sets sought to understand participants' experience of the action learning sets and how the process had supported them through their chosen trauma-informed issue/s. Additionally, participants progress of their trauma-informed issue in practice was explored through follow-up interviews.

An online questionnaire was sent to all participants who took part in an action learning set via email immediately after the last action learning set session. The questionnaire contained free-text questions and rated questions using a 5point Likert scale, strongly disagree to strongly agree. The email also contained a participant information leaflet and contact details for the external evaluation team at Health Innovation Oxford and Thames Valley. Participants were encouraged to contact the external evaluation team if they wanted to take part in follow-up interviews at one month and three months post action learning set.

Interviews lasted 30 minutes and were conducted via Microsoft Teams, all interviews were recorded and transcribed. Participants completed an online consent for before interview.

## Data

Across all four action learning sets there were 23 participants. Ten participants completed the online questionnaire immediately after their last action learning set session. Seven participants agreed to follow-up interviews, all seven participants completed one month interviews. Six participants completed three month interviews, one participant withdrew from three month follow up due to sickness and workload pressures.



# Results

## Satisfaction

Participants were highly satisfied with their experience of the action learning sets as seen in Table 1.

| Question  | n/10 agree or strongly agree |
|---|------------------------------|
| The action learning set met my expectations                               | 9                            |
| The action learning set style was right for my issue                      | 8                            |
| I would recommend action learning sets to colleagues                      | 10                           |
| There were enough sessions provided to make progress with my chosen issue | 8                            |
| The length of the action learning set sessions was sufficient             | 9                            |

Table 1. Participant satisfaction scores

“Thank you so much and THANK YOU to Nick and Nicola, who were just fab - I’d like to have them by my side at all times!! Hopefully their insights and inspiration will carry over onto me!! Thanks.”

“Thank you to the TIC [trauma-informed care] team for the opportunity to take part - they were really helpful and I ended up feeling very connected with the others in the ALS [action learning set] I was in.”

# Benefits of participating in the action learning set

## Hearing from others

All participants who completed the online questionnaire felt that the action learning set helped the group to reflect upon and resolve emerging issues relating to trauma-informed practice and agreed or strongly agreed that they have a better understanding of the challenges held by others. Nine out of ten participants felt they benefitted from hearing other members of the group think through their chosen issues and valued the opportunity to develop relationships with others.

At interview, hearing from others and the opportunity to reflect with people from different roles and organisations was highlighted by participants.

"I think more than anything it was having time with people who are like minded to really gain support and ... to hold on to hope that things can be different and because we were all in different parts of the Surrey system, there was something quite nice about that as well.... So it was really nice in terms of that thinking from different parts of the system as well about the issues."

[Participant 2, 1 month interview]

"And so I think one thing that was really fantastic about the experience was simply to do some of that kind of reflection around our work with people I hadn't met before, but who also had kind of interesting systemic roles in different parts of the service and had some similar issues that they were reflecting on of course because similar things come up around working with people and systems and organisations."

[Participant 4, 1 month interview]

"It was very eye opening just the extent of skill and expertise and lived experience within those organisations, which are all the things that I would value and I didn't know that they existed. So I think that the opportunity to do that shared learning with the guys who are in the group I was in was, well it was enriching, really. You know, maybe you don't know something that you don't know, do you? But it was really kind of, it was really valuable learning experience about what they are, just how skilled they are, really. And then taking that sort of changed perception of my own, really in a much more meaningful way, I suppose, into my own role with the alliance, third sectors."

[Participant 2, 3 month interview]

## A different approach to supporting others

Nine out of ten participants agreed or strongly agreed that the action learning set helped them to support others through asking questions, rather than suggesting solutions. This was reflected as the main theme in free-text responses from participants when asked what they learnt that surprised them.

"I really enjoyed learning about the types of questioning and particularly found the peer consultation powerful."

"How much I want to share my own personal experiences as I think I have some answers- I was surprised by the strength of that pull!"

"The challenge of asking questions that explore the issues rather than giving suggestions for solutions."

"The benefit of asking/ answering questions without a potential solution up my sleeve!"

This was also a prominent theme at both one and three month follow-up interviews for participants.

"I actually grew in in my ability to question and receive questions which I found really interesting."  
[Participant 3, 1 month interview]

"[the facilitator] he had quite a structured way of thinking about how someone in the group was going to bring a problem, talk about it, and we were given very clear framework about the kind of questions we would ask. So he was teaching us in a particular method of questioning."

[Participant 1, 1 month interview]

Some participants went on to describe how they have used their learning to change their approach to supporting others in practice.

"And I think it did, it has made a difference when I work with my colleagues, especially when I do the supervision sessions, I think it's good I take a little bit of a back seat now and I'm not jumping in to say, OK, you said this, but we could do that. Now I'm just listening. I'm just letting them talk now."

[Participant 6, 1 month interview]

"I would say the biggest impact has been not having the answers and not jumping to that kind of expert place where I'm perhaps telling others what to do or coming up with solutions, or over identifying with the issue and therefore sharing my own experience which I perceived as being quite helpful..... That's directly relevant to my supervisory roles, my recruitment roles, my everyday kind of conversations really. So I would say the biggest impact has been awareness of that and acknowledgement of perhaps my own tendency where I've always thought of that as being quite helpful."

[Participant 5, 1 month interview]



## The right approach

In the online questionnaire responses eight participants responded that they felt action learning sets were the right approach to help them move forward with their chosen issue. One participant responded that they were only able to attend the first session and one participant did not provide an answer.

Responses highlighted the collaborative nature of action learning sets, providing a safe space with a structured approach which supported participants to explore and think about their issues.

"Yes- very collaborative, shared issues and wonderful colleagues from various agencies to work with."

"Yes I do. The structured approach was effective, we all had several turns at presenting our issue. Hearing others was as useful as doing my own. It was very different to what I have done before but I enjoyed it and found it very useful at moving forward on an issue."

"Yes. Very challenging and tricky for me - found it personally stretching, uncomfortable at times and very difficult, which is a sign to me that it's right!"

"I feel the action learning sets are a great approach to support me with work issues. It provided a protected space to slow down and think about possibilities with colleagues, it felt a mutually supportive environment where we were all keen to help one another."

"Space for reflection on the things that I have done with my sort of query, and it's helped me to not let go, but just kind of think it. That's good. Just I've done a good job and I don't have to keep on and on thinking about it and making sure as everybody OK are these things in place, OK, actually by them engaging in what I've put in place. That's enough. I don't have to keep on... So I don't need to keep doing. I think I was trying to maintain it too much and actually it's maintaining itself."

**[Participant 7, 1 month interview]**

At interview all participants were extremely positive about the approach of action learning sets.

"It's a really good process and I think anybody that's got a service development in their mind should go through it. It think really makes you look at things in a different light. "

**[Participant 1, 1 month interview]**

"It's really giving me some direction. It's giving me some invaluable tools that I now kind of encompass in my supervision and appraisals with the staff here. And I think it just validated that what we were doing was on the right tracks."

**[Participant 1, 3 month interview]**

"I thought it was an incredibly helpful process.... because it was such a helpful, collaborative, supportive thinking space. I think it was obviously a good place for generating ideas for how to go back and tackle things like the reflective practise, which I did.... but it was amazingly helpful in terms of generating ideas for reframing things in a trauma-informed way."

**[Participant 2, 1 month interview]**

The way in which action learning sets were facilitated was highlighted by interview participants as enabling a safe and supportive space to share and reflect.

"I felt safe to share and safe to be vulnerable, safe to get things wrong. And the facilitator was really brilliant at kind of allowing for that and setting up the ground rules and all the rest of it."

**[Participant 5, 1 month interview]**

"I think his [the facilitator] whole way of setting the scene and you know his ability to be present and to really set the scene is lovely and not many people can do that, but he can do that. You know, he really is able to kind of get people to, you know, settle in and be present and have proper breaks. And, you know, all that modelling that he does is fantastic, you know? So I think it in terms then of people seeing that and reflecting on it and thinking how can I do that in my work."

**[Participant 4, 1 month interview]**

"I don't always feel that the whole world understands trauma-informed care and practice, but it just made me feel that there was somebody else there that did, if that makes sense."

**[Participant 3, 3 month interview]**

"One of the experiences of being in the action learning set was of being nurtured myself. So to myself, have an experience of somebody really thoughtfully putting together the sessions, holding the space, giving very clear boundaries around people, having time to talk, time to share, time to reflect, and actually there's something really good about having that experience."

**[Participant 4, 3 month interview]**

## Personal development

Participants identified the action learning set as supporting their personal development through looking at issues in different ways, listening more and keeping an open mind and how to explore another's issue.

"It has helped support me as I transitioned from one role to another role. The new role comes with far more responsibility and includes building a new service so embedding a TI [trauma-informed] way of working is timely. It also helped me see how ALS [action learning set] can be used to explore another person's issue."

# Moving forward with a trauma-informed issue

The online questionnaire asked participants how they were feeling about the issue they brought to the action learning set in three words now the sessions were finished.

Participants also reported that their objectives and ambitions around their trauma-informed issue were much clearer and more focussed after the action learning set.

Eight out of ten participants reported in the online questionnaire that they had taken actions or made progress around their chosen issue since starting the action learning set. This included discussing things with their teams and putting suggestions into practice.

excited support encouraged  
reassured intentional  
challenge informed clarity  
**Hopeful**  
certain confidence motivated  
good calm energised



"More focused in the direction I wish to go with this, I feel I can actually proceed without being concerned they are my own beliefs solely."

"Clearer. I do not need to hold all the responsibility for how others respond and engage with what I offer."

"Setting an intention to prioritising listening, posing more considerate questions, reduced preamble, and maintains open / collaborative conversation style."

"Massive progress!! The ALS [action learning set] process has made me think about my role as a trauma-informed leader, how to challenge in a TI [trauma-informed] way and how to build a TI service."

"I have re-kindled and increased my sense of confidence in the power of a like-minded group of colleagues being able to think, reflect and change together, and plan to carry on with this group!"

All participants at interview reported progress around their chosen trauma-informed issue since the action learning sets had finished. Where possible to ensure anonymity and where detail was given at interview progress around trauma-informed issues has been reported in case format below.

## Case A

At their three month interview participant 1 reported that while the work had had to pause to allow for information technology (IT) changes, staff were continuing to use trauma-informed approaches in appraisals and supervision with members of staff. They also reported that there was continuation in the work that had been done so far using a trauma-informed assessment template and that “we haven’t reverted back to old ways of working”.

Participant 1 also reported that the data they have collected shows changes are improving performance and have improved the quality of interactions with people using the service.

“Bringing trauma-informed care I think is really helped even things with things like supervision...I think in the beginning I think supervision was very much like right, this is what I need to bring, you know, and that’s the end of it, whereas now it’s very staff led. You know, there are obviously managerial stuff I have to go through, have to tick those boxes and make sure, but it’s very much centred around the individual to take the lead ... So I’ve tried to incorporate a few different elements into things like supervision. So more of a coaching and trauma-informed care lead way.”

**[Participant 1, 1 month interview]**



## Case B

Participant 2 reported that at three months post action learning set they were working towards reframing traditional disengagement in a way that incorporates consideration of trauma and allows people who use services to be in control and have choice. More recently they described how this had become nameable and seen it in action which has enabled conversations and changes in the language and to challenge assumptions. Participant 2 described 'infiltrating' multi-agency meetings with language shifts and holding the trauma-informed frame with other professionals and in peer reflective groups.

They also stated that as a service formulation has been embedded as way of highlighting the whole persons' story and their strengths.

"What came out of it [the action learning set] well for me was thinking about how to empower the people who I was trying to get into the reflective practice to, you know, to shape it to be what they wanted it to be rather than me imposing on them what reflective practice needed to be. So I changed. I did a questionnaire that they can answer anonymously about what they wanted to call it, how often they wanted to meet, whether it was in person, whether it was hybrid, whether it was virtual, what they wanted from those sessions, what the struggles were with those sessions."

**[Participant 2, 1 month interview]**

## Case C

At three month interview participant 3 reported that progress included being better able to challenge things in a gentle way for example, how to work with people who use services that don't engage or don't attend, how to introduce flexibility, choice, check ins and a gentler, kinder way of working around these issues in a consistent way. They also described working in a compassionate, sensitive, empowering way with boundaries. They spoke about embedding case study discussion groups (reflective practice) as safe places for lived experience practitioners to talk about the work they are doing and share experiences, to recognise that they are early on in their own recovery journey and these experiences may impact them more in terms of the emotional burden of the work they are doing.

Participant 3 reported that an assistant psychologist has been employed to support the write up of the trauma-informed changes and their impact and effectiveness. Particularly looking at the satisfaction of people who use services; how did it help, what did it help with, why was it helpful.

## Case D

Participant 5 described at three months post action learning set supporting their team via training to develop language for creating systems and environments for people who use services that feel holistic, person centred and offer voice, choice and empowerment around complex decisions. They commented that there had been growing recognition from multidisciplinary teams that sometimes traditional approaches of an 'expert' professional sharing knowledge with other teams or staff doesn't always 'land' and were therefore moving away from 'teach and tell' to shared understanding, using the trauma-informed principle of mutuality. They went on to say that they were shaping the training they provide and the consultation model around working in a trauma-informed way.

Participant 5 described contacting those that had accessed the team for support directly after consultation for feedback or sending a follow up question. They reported that there was often little response due to business of workloads, but that they are also using more internal measures. Such as noticing whether teams/individuals come back for another consultation.

## Case E

At three months post action learning set participant 6 reported that there had been no changes in their recruitment issue, but that being trauma-informed has become second nature/habit in some instances. They commented that for some clinical issues an immediate response is required but at other times they have consciously used trauma-informed approaches from the action learning set. For example, in their management group, impromptu supervision, and inviting individual's thoughts rather than giving direct answers.

## Case F

"I think I do a lot of role modelling and also kind of I bring the trauma-informed phrase into some of our discussions.... when the referrals come in as a team will look through it together and see which is the best person to take them in terms of skill mix and role."

**[Participant 7, 1 month interview]**

# Impact of progressing a trauma-informed issue

Nine out of ten participants in the online questionnaire gave examples of how addressing the issue around a trauma-informed approach that they brought to the action learning set would impact on people who use services and staff. Answers centred around having better understanding and knowledge to support building a foundation of a trauma-informed approach and supporting others to practice in this way, resulting in better experience of services and improved team working.

"I am working with a team, many of whom may have been affected by trauma. I have been affected by trauma. But even if I hadn't the principles of trauma-informed care can make for a healthier, more productive team."

"It will enable me to maintain the processes I have in place to support staff and to keep ideas for selfcare in the workplace fresh and relevant as the team grows."

"I am hoping it will ensure peer reflective practice is tailored to their needs more appropriately - which I hope will be supportive and have positive impacts for both the staff and the client group they support."

"This will improve the practitioners' attitudes towards using TIC [trauma-informed care] with those that use our services and will improve the person experience."

"Immeasurable- each experience like this (and this was a significant one) adds to my ability to influence and change the world (of families and practitioners) for the better."



At interview, all participants highlighted the impact that working in a more trauma-informed way will have on both people who use services and staff. When working with staff, being more trauma-informed was thought to help build psychological safety, allowing staff to feel empowered and confident to come forward and show initiative.

Participants described how being more trauma-informed improves the safety for those who use services as well as improving wellbeing and confidence in services through empowerment and working in collaboration. Participants commented that working in this way can reduce stigma and discrimination and reduce further traumatisation.

“Just reducing the damage and the traumatisation that services do on people would be absolutely huge and there are just lived examples everyday where...there is a real need for that kind of fix it approach and actually kind of, um, yeah, where teams really grapple is with those perhaps more complex scenarios where people don't fit a straightforward fix it approach. ... we are working with service users and working with people with lived experience to co-design services. And I'm not sure they would call it trauma-informed, but they are using the words so that the way services are set up don't add further trauma.”  
[Participant 5, 1 month interview]

“And so I come across a lot of staff who confide in me and say you know that this is happening and that is happening and I just think that if there was more understanding of what working in a trauma-informed way, not just with our patients but with each other, I think you know we could actually have you know a very different kind of feeling in terms of not feeling stigmatised, not feeling, you know, discriminated.”  
[Participant 3, 1 month interview]

“I think that it does impact on patient safety, their welfare, how they would perceive a service based on the assessments that they get, you know it's always been my belief that, you know, one can walk into A&E not having any clue of how to get mental health input or help or support. And it's at that point really that as a liaison team, you can either lose somebody or you can gain their, their confidence and instil some hope. There's a big difference between someone going home and saying., that was absolutely a waste of time, never, ever engaging a mental health service again, pointless. Or them saying do you know what? Still exactly the same but I've got hope now that I can get help.”  
[Participant 1, 1 month interview]



# Having trauma-informed language

Participants often described during interview that trauma-informed as a concept provides a language or framework which enable them to articulate tacit working natures and rationales for ways of working, particularly when working across agencies. One participant also described using the trauma-informed principles to name positive work through supporting a common language.

"I've started using the language that we work in a trauma-informed way and to ask somebody what happened 20 years ago which isn't relevant now is not very trauma-informed. So that kind of helps provide a framework for me to kind of base my viewpoint really and really to help people see that isn't so helpful in the setting that we're in... And then really, it resonated with them."

[Participant 7, 1 month interview]

"So actually I've been working in that model for a long time and now, you know, we've got the language around it, which has been and the training and the sort of CPD [continuing professional development], which has been amazing, but it's been a way of working that I feel really passionate about for a long time...I've always tried to design services so they are as trauma-informed as possible and pointed out the traumas when I felt powerless to not do anything other than just watch some traumas, or notice some traumas happening. But I think having a language around it and having an evidence base and having a kind of model."

[Participant 5, 1 month interview]



# Measurement

At interview participants were asked if they were measuring the results of progressing their trauma-informed issues. All participants commented that measuring trauma-informed working was challenging and that evidence of working in this way comes from interactions between people.

Some participants reported measuring results in a formal way such as using Commissioning for Quality and Innovation (CQUIN) audits for care quality, designing Patient-reported Experience Measures (PREMs) that include questions around a trauma-informed approach and designing a short questionnaire after staff consultation around service change using questions such as “was consultation useful to you”, “what ingredients made it useful?” and “what has consultation made you think about things?”.

All participants reported informal feedback as measures such as staff reporting a good place to work and teams returning to services for support.

Some participants urged caution in using operational outcome measures as indicators of trauma-informed working. For example, one participant highlighted that staff retention might be used as a measure, but in some cases the right thing, or trauma-informed way, for individuals would be to support them to move on well rather than staying in their roles.

“What we’ve done is made our own kind of questions and our own measures...we’ve got a kind of outcomes that we like, but we have to tweak it and we do we shape it and sort of make it more meaningful to each piece of work...But the feedback from perhaps the more acute, like the sort of business end of the acute has been does it save us money? Does it retain staff. Does it save us money ...those are the sorts of things that’s hard to demonstrate in an outcome. Particularly if you’re just one ingredient, you’re one part of the ingredient. You’re just measuring one thing when actually the whole system needs to be trauma-informed. So it’s been a challenging thing to try and pin down. Like trying to nail jelly to a wall.”

**[Participant 5, 1 month interview]**

“I work in what in staff wellbeing. So you know, staff retention. We’re always saying, you know, sometimes a good outcome for that staff member is that they move on and actually they got other experience. So you, I suppose I’m less worried about staff moving on... staff are being supported and their kind of development is being supported and or if they decide from a wellbeing point of view that they want to move on you know that’s a good outcome for some individuals so I’m perhaps looking at it from a different way it depends what you’re trying to measure doesn’t it.”

**[Participant 5, 1 month interview]**

“It’s a tough one to measure... in terms of people’s sort of interactions. We’ve got new staff members and they’re very like, Oh my God, this is such a great place, supportive workplace. It’s not my experience before the other people are jealous. So the narratives that come into discussions, that’s where I think, yeah, it’s good. This is we’ve got this right and now it’s like this is how we operate as a team, so new people coming into that space go ohh right, this is how we’re doing it here, so that that for me is great feedback. ”

**[Participant 7, 1 month interview]**

# Challenges and barriers

Overall participants reported in the online questionnaire feeling more confident around addressing barriers to moving their issues forward. They commented that the action learning set had helped them to identify barriers they had not previously considered, and they had learnt skills and techniques to support overcoming barriers.

At interview barriers to progressing with their trauma-informed issue were explored further with participants. Common themes from participants around challenges and barriers included:

## Time

Participants highlighted that both the skills they learnt during the action learning set and trauma-informed approaches require time during interactions and decision making. This was seen as a possible challenge particularly in acute settings where interactions often consist of fast-paced conversations and people wanting quick fixes. Also, the time needed to build relationships to work together in a trauma-informed way was raised as a challenge.

However, one participant highlighted that the more people understand and practice the principles of trauma-informed approaches this can actually save time in the long run.

## Resistance to change

Staff resistance to change was raised by two participants as a barrier to working in a trauma-informed way. Potentially staff seeing it as “yet another change”.

## Remote working

Remote working was identified by two participants as a challenge to supporting staff, through a lack of body language and needing to be more explicit about checking in with staff rather than subtle conversations. Although remote working was highlighted as helpful for some staff, it was also thought that meeting in person supported a better dynamic and may help with development of relationships within teams.

## Physical environment

Ensuring there is enough physical space for teams to meet in person was raised by one participant as a challenge. For another the physical environment of GP surgery rooms was raised as a barrier to trauma-informed approaches, in relation to fluorescent light and lack of soft furnishings and arrangement furniture, particularly for autistic individuals.

## Lack of consistency across organisations

One participant highlighted that there is a lack of consistency in trauma-informed approaches across services due to differing levels of training and trauma-informed structures within organisations.



## Culture

Culture within teams and different settings was spoken about by several participants as a barrier to trauma-informed working. A 'fix it' approach and potentially 'toughened' attitudes towards vicarious trauma and 'not letting things affect me' from staff were highlighted as cultural aspects that would need to be addressed in order for staff to embrace a trauma-informed way of working. Working with those who use services to promote voice and choice and ensure they are involved in decision making may not come naturally to staff particularly in systems that are very hierarchical.

It was also raised that there are many misunderstandings about what a trauma-informed approach encompasses and that it relates only to mental health services.

### Workload pressures

One participant reflected that workload pressures can challenge working in a trauma-informed way, as they can become less mindful of things when stress is increased and lose a sense of how they are coming across to the team.

### System barriers

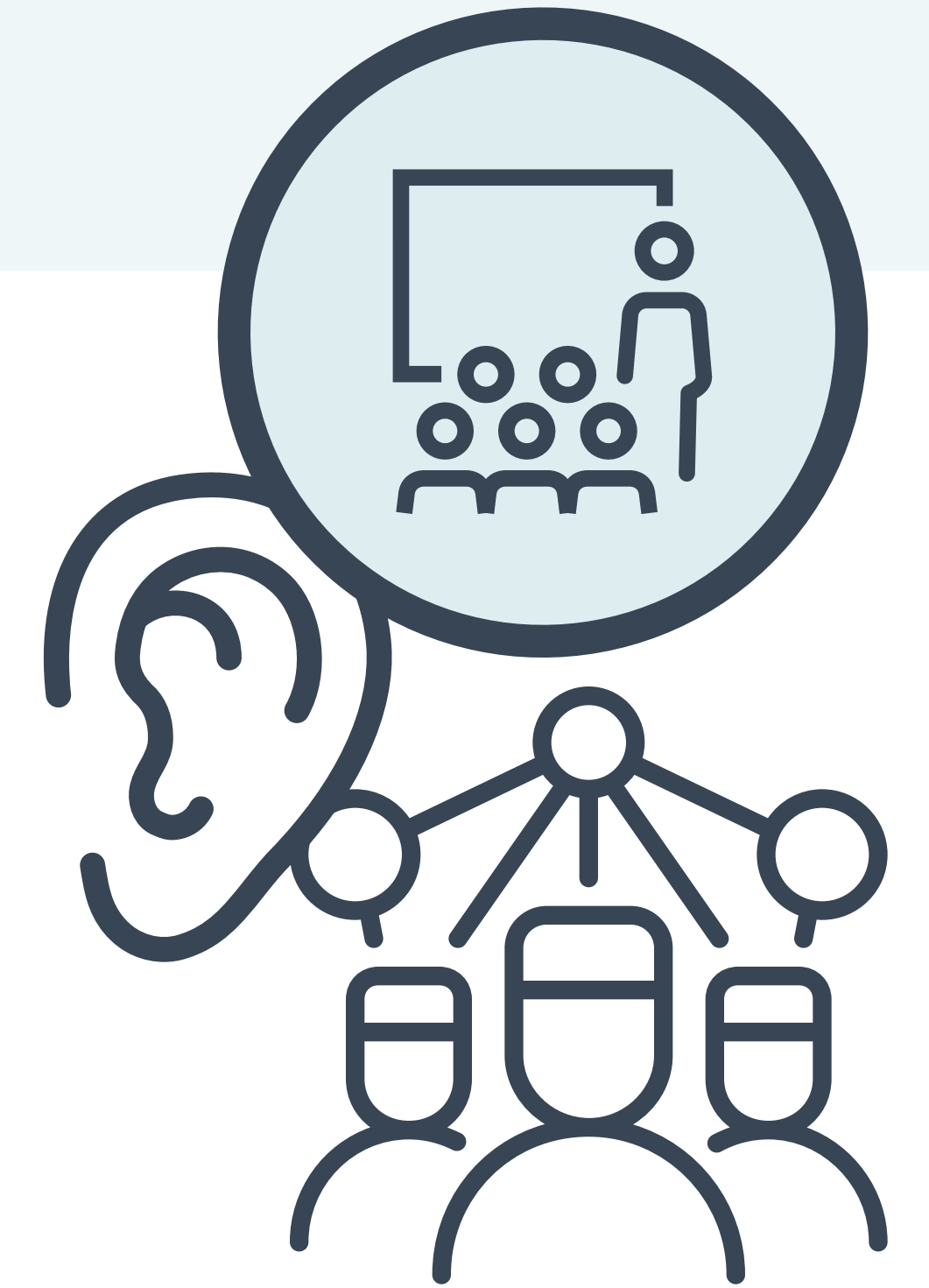
One participant highlighted rules across the system are often inflexible as well as lack of time, capacity and inclination. They commented that these were more common among statutory services, where there are strict criteria for people who may not be ready to make changes, and a lack of understanding about the role of third sector organisations as an extension of social care packages.

### Power differentials

It was raised by one participant that job title and organisational 'label' can influence how you are listened to and respected by other professionals. They emphasised the need for lived experience and outreach workers to be given the same attention and respect as other professionals.

### Access to training

Several participants raised limited access to training as a barrier to trauma-informed working. This was raised to be as a result of shifting eligibility to training and a lack of funding investment. Although some participants had attended a number of training sessions on trauma-informed approaches and felt they could informally add this to their own training, they did not feel confident to deliver the training themselves directly to colleagues and teams.



# The need for system support

Organisational or system support and buy in was highlighted by participants as both a barrier and facilitator to adopting trauma-informed approaches. Participants raised that working in a trauma-informed way without this was challenging and that getting buy in can be difficult due to challenges of measuring effect and outcomes.

Where system support was in place this was felt to support a shared vision and ensure that the emphasis remains on hearing the voices of those who use services and caring and fostering 'can do' rather than 'can't do' attitudes.

When discussing working in a trauma-informed way as a system participants raised the need for approaches to be followed through and that training was a starting point rather than the solution.

"It's been delightful working in a place where that is completely embraced. You know, it makes such a difference. It's not about how many people have you seen. It's about what did you do with that person. How did that feel? You know it's about the quality of the relationships that people are building with the people that they're supporting... And I think the emphasis on staff care ... a lot of the reason for the funding and for my post was about the desire not only to hold the frame of trauma-informed care, but just to make sure that the staff felt that they had a container as well."

**[Participant 2, 1 month interview]**

"Signing up to it and not following it through... maybe it needs to start at the top ... exec level because if they don't do it, it's not going to filter down because they're the ones who are then supervising the next layer. And those are the ones supervising the next layer. So it's not just for clinicians to go for this."

**[Participant 6, 1 month interview]**

"I've done some training through SABP [Surrey and Borders Partnership NHS Foundation Trust] where they've distilled it to six principles and just having something in a bite sized way where you can do some training around it, but not just training cause I think there isn't much evidence base that just stand alone training does things it's to do with training and then supporting that training with supervision or ongoing sort of peer support or action learning sets or some sort of like minded kind of applied group... but people don't apply it... So you have to kind of live it constantly and just live the complexity and be in it and open minded."

**[Participant 5, 1 month interview]**

# Suggestions for improvement of action learning sets

In the online questionnaire four participants commented that they did not feel there was anything to improve.

Two participants did not give an answer to this question and one participant commented that the session they attended was too long and another participant suggested more sessions and a larger group number.

Two participants suggested that the action learning sets be more diverse in participants from different services and organisations. These were participants from the action learning set whose group all worked in the same service.

At interview participants emphasised the quality of the experience and praised the facilitators of the group. There were a small number of suggestions made to improve the action learning sets for the next round of participants.

- Ask about learning style as well as reasonable adjustments
- Provide preparatory materials on what to expect and the process of action learning sets as well as around what is trauma-informed and the language that will be used
- Reiterate the need to bring a trauma-informed problem
- Ensure the expectations of attending and staying for the sessions are upheld, not dipping in and out
- Groups could be slightly larger and have more sessions
- Meet face to face, even if just once
- Opportunities to continue to meet with others who have completed action learning sets to see how things are going, network, give and receive feedback and "revitalise"

"I liked them as they were - facilitator was great/inspiring/ shared insights and helpful quotes and challenges, and support from TIC [trauma-informed care] team member was ace - so knowledgeable and passionate, wise and friendly! Great colleagues too."

"I felt that because we all knew each other (at least I work closely with all but one member) I was distracted by what I felt I could share and what I wanted to share. I had peers, seniors, and one of my own team members and although this was a great experience to share I would like the opportunity to join an ALS [action learning set] with others from different teams who may be able to offer a completely different perspective as they may not be facing the same system challenges."

Surrey and Northeast Hampshire

## Trauma-informed service

Action learning sets evaluation

End of year one 2023