Health Innovation
Oxford & Thames Valley

NHS
Surrey and Borders Partnership
NHS Foundation Trust

Surrey and Northeast Hampshire

Trauma-informed training

Training feedback report

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. The service vision is to drive trauma-informed system-wide change through co-produced training and consultation.

Health Innovation Oxford and Thames Valley began the process of designing and implementing an independent evaluation in March 2023. This report provides analysis of the in-session and post-session feedback given by staff who attended sessions within year one* of the trauma-informed training programme between April 2022 and March 2023 from organisations within the integrated care systems (ICSs) of Surrey Heartlands, Frimley South, and the Surrey Changing Futures Programme.

Evaluation methodology

The New World Kirkpatrick Model

The New World Kirkpatrick Model (Kirkpatrick and Kirkpatrick, 2021) was used as a framework for the evaluation. As seen in Figure 1 the model provides a framework for evaluating training across four levels: reaction, learning, behaviour and results.

Findings for levels one and two, reaction and learning, are based on analysis of post training feedback forms, as well as data from a series of focus groups and live in-session feedback gathered via an interactive digital whiteboard tool. Findings for level three and four, behaviour and results, will be detailed in the training follow-up evaluation report.

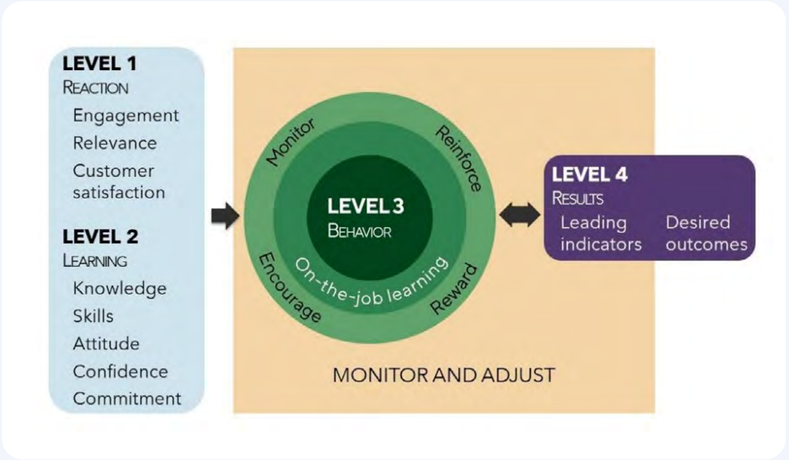


Figure 1. The New World Kirkpatrick Model (Kirkpatrick and Kirkpatrick, 2021)

*The service started in 2020 and pilot training was delivered to a limited number of services until March 2022. Year 1 refers to the period of April 2022 to March 2023 as the first year where the service was formally established.

Findings

The data analysed for the evaluation included post training feedback forms and real time feedback within training sessions. Responses to each of the free text feedback questions have been coded and themed and discussed within the Kirkpatrick framework. For analysis, Likert item responses have been treated as quantitative data. Free text data was also analysed from a digital interactive whiteboard tool used to gather real time feedback from training participants within sessions. The findings for each question have been structured within the Kirkpatrick Model.

Demographics

Feedback by Job Role

In total 1022 post training feedback forms were received from individuals working in 143 different services across 57 organisations. Appendix 2 shows the breakdown of feedback by modules for all Changing Futures organisations combined and individual organisations with over 20 feedback forms returned.

Feedback forms were received from individuals across a range of job roles, categorised as types of roles within Table 1. The number of feedback forms received was reflective of the number of places attended by individuals with each type of job role.

Job role categories were allocated during analysis from participant self-reported job titles. As interpretation of job titles was utilised by the evaluation team in order to aggregate data and job titles varied greatly across organisation, there may be some cross-over between the categories. The same aggregation rules were applied as were used in previous reports in this series when analysing the attendance and non-attendance data.

Type of job role	Number of feedback forms received	Feedback rate (forms received/attendance)
Client facing (not registered clinician)	342	41%
Not client facing	65	46%
Registered Clinician	402	47%
Senior Role	213	51%

Table 1. Number of participant feedback forms and rate of responses by job role

Client facing (not registered clinician) – job roles in this category included peer support and lived experience roles, police officers, employment advise roles and healthcare assistants. It is possible that some participants in this category are registered clinicians where this was not recognisable from their self-reported job title.

Not client facing – job roles in this category included area coordinators, support and advisor roles, public health roles and human resources roles.

Registered clinician - job roles in this category were aggregated where explicitly stated as the job title and included doctors, counsellors, midwives, occupational therapists, and social workers as well as those in training.

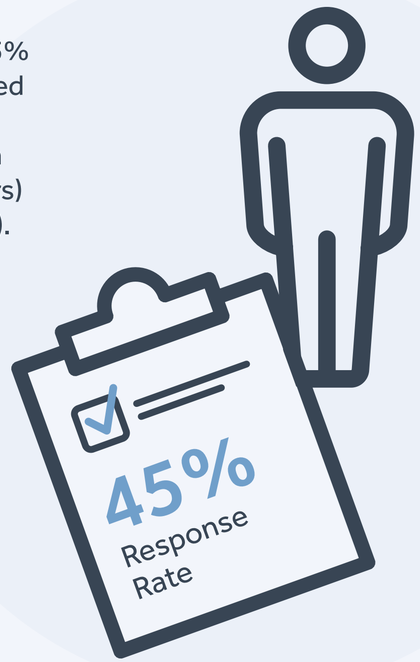
Senior role – job roles in this category chief executive officers (CEOs), directors, heads of service, and team leads.

Demographics

Feedback by Module

Feedback forms were received for all 14 modules. The number of feedback forms received was reflective of the number of places attended for each module.

Overall feedback form return rate was 45% (1022 feedback forms from 2257 attended training places). Average feedback rates for each module were 43%, ranging from 24% (Being Trauma-informed with Carers) and 63% (Trauma-informed Supervision).



Module	Number of feedback forms received	Feedback rate (forms received/attendance)
All Interactions Matter	43	44%
Applying Trauma-informed Care Principles to ourselves and each other	75	47%
Being Trauma-informed with Carers	13	24%
Leading and Influencing Trauma-informed Change	33	46%
Responding to Trauma and Avoiding Re-traumatisation	64	28%
Trauma-informed Approaches to Risk Assessment and Management	51	50%
Trauma-informed Care for supporting Refugees and Asylum Seekers	52	41%
Trauma-informed Care in Primary Care	17	40%
Trauma-informed Care to Support Autistic People	26	44%
Trauma-informed Supervision	55	63%
Understanding Trauma	271	48%
Understanding Trauma and Trauma-informed Care (Face-to-Face)	20	30%
Understanding Trauma-informed Care	267	50%
Understanding Trauma-informed Care for Managers	35	48%

Table 2. Number of participant feedback forms and rate of responses for each module

Reaction (Level 1)

Relevance and Satisfaction

Level one of the evaluation sought to determine participants' relevance, satisfaction and engagement with the training. Figure 2 shows participants found the training highly relevant to their roles and that they were highly satisfied with the training.

Relevance and satisfaction scores across modules were consistently over 90% for each item. Combined relevance and satisfaction scores ranged from 100% for the modules, Being Trauma-informed with Carers, Trauma-informed Approaches to Risk Assessment and Management and Understanding Trauma and Trauma-informed Care (Face-to-Face) to 92% for the modules Trauma-informed Care to Support Autistic People and Responding to Trauma and Avoiding Re-traumatisation.

Where training participants were asked to leave any general comments they had about the training, these were overwhelmingly positive in nature and frequently thanked facilitators for providing helpful and relevant training. Many of the positive comments also showed an appreciation for the facilitators or referenced how useful the training would be in other sectors or different areas of healthcare.

> **"An excellent and thought provoking session... in a recovery-oriented NHS world, TIC really does give hope that we can work with people in more compassionate and thoughtful ways. Thank you."**
>
> **"Genuinely one of the best training sessions I have attended. From the moment X [lived experience facilitator] introduced herself, I listened more if I am honest because it is so helpful and reassuring to have someone with lived experience. It helps to make the training seem more relevant and gives authenticity."**
>
> **"Such training should be rolled out to key training programmes (e.g. medical school, junior doctors, nursing programmes, trust inductions) so that it is not just a voluntary course."**
>
> **"The training was excellent. I learned so much and it helped give me ideas and clarity."**

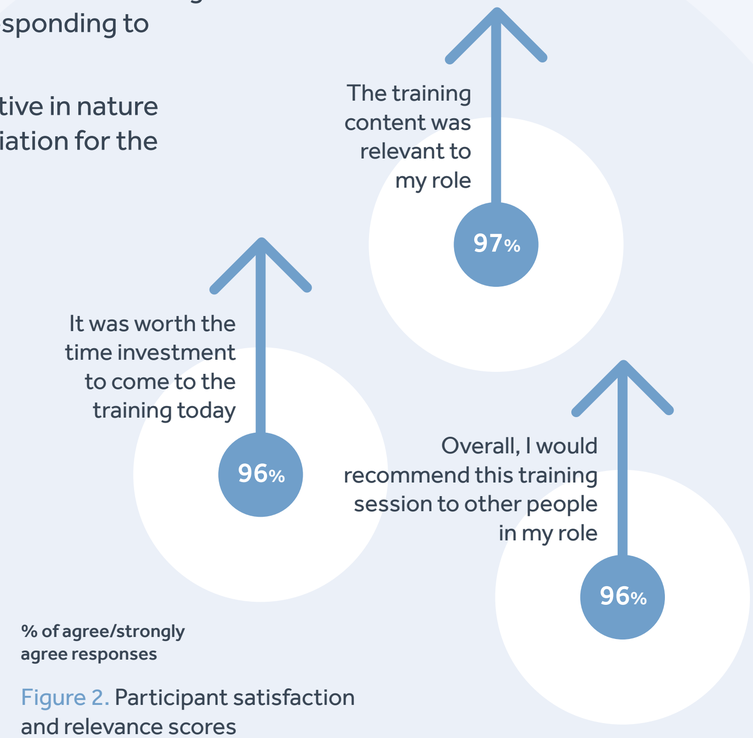


Figure 2. Participant satisfaction and relevance scores

Why are these principles important when we are responding to Trauma and Distress?

Specific relevance of the six principles of trauma-informed care was demonstrated through in-session feedback using a digital whiteboard. Themes of participant answers to the question "Why are these principles important when we are responding to Trauma and Distress?" have been collated into Figures 3-8.

Safety

Individuals need to feel safe to share feelings without fear of rejection.

Reducing fear and increasing feeling safe supports building trust in relationships where people can open up and connect without shame or blame.

Shared understanding without prejudice or judgement can increase psychological safety, connection, trust, openness, and vulnerability.

When someone is distressed, they often feel out of control, we need to offer safety and containment in response. Creating a safe environment prevents someone's arousal levels raising and allows therapeutic healing to occur.

Making sure we risk assess properly to help prevent suicide.

To ensure we are practicing safely and looking after ourselves as practitioners, attending debriefs and having regular supervision, particularly considering vicarious trauma.

Building a safety plan with a person, as when a person is distressed, they are not able to engage cognitive function and previous plan can help decision making and make sure their choices and needs are considered.

Figure 3. Themes of participant answers to why the six principles of the trauma-informed approach are important when responding to trauma and distress.

Why are these principles important when we are responding to Trauma and Distress?

Trustworthiness & Transparency

Trust is needed to avoid re-traumatisation and doing harm. We don't want to cause more distress or reduce the likelihood of someone accessing support in the future.

So that people are validated in their experience and feel comfortable. To help foster hope for recovery.

The client needs to feel they can trust the practitioner to feel comfortable, safe, connect and engage in support with services without fear of feeling judged or punished. Builds psychological safety which can help the person regulate themselves.

Trust in a person can help people to deescalate more effectively.

Professionals need to break the cycle of previous experience of broken promises and dashed expectations. Remain transparent about processes and what we can and can't provide to manage expectations.

Trust develops from constant collaboration and mutual respect and authenticity - that trust is the mechanism through which change occurs.

Figure 4. Themes of participant answers to why the six principles of the trauma-informed approach are important when responding to trauma and distress.

Why are these principles important when we are responding to Trauma and Distress?

Collaboration & Mutuality

Partnership working is not taking the expert stance, working together (not alone), being person-centred will help build rapport, shared language, meet their learning style, learn from each other and from experts in the field. Create a shared goal.

Don't do 'to' someone, to be part of the plan, not just a recipient. Always remember the service user is the expert on what they need. Model healthy relationships.

Collaboration is working together to make people feel less alone whilst also making their own choices and can compensate for traumatic isolation.

Provides the opportunity for individuals to engage more fully in interventions or care plans, gives autonomy for decisions, lessen feelings of coercion which could've been part of their trauma.

Listen to, be curious, understand what someone wants to achieve not assume we know what is best for them. Provide validation without judgement or blame.

Guides the way we can design our processes, how we start communication with people, the intervention and how we manage and support endings for people.

Figure 5. Themes of participant answers to why the six principles of the trauma-informed approach are important when responding to trauma and distress.

Why are these principles important when we are responding to Trauma and Distress?

Peer Support

To build relationships and connections that support recovery and staying well.

Peer support helps people experiencing issues have hope for the future re: work, relationships, interacting in society.

Peer support means that you get to work with someone who 'gets' some of the struggles in a deep way - even if the experience is different the compassion is powerful. Learn from others and know we are not alone.

Many men (especially who work in public services such as military or police) often find support more accessible.

Peer support provides validation and acceptance through normalising the behaviours that develop in response to trauma and reducing shame.

We should lean on colleagues for support - supporting people with trauma can be overwhelming and distressing so we need to look after ourselves to support our clients. Ensure good reflective practice and spaces to de-brief with skilled colleagues.

Figure 6. Themes of participant answers to why the six principles of the trauma-informed approach are important when responding to trauma and distress.

Why are these principles important when we are responding to Trauma and Distress?

Intersectionality

Everyone is different - so cultural historical and other sensitivities are crucial to manage everyone as a unique individual.

Observing cultural differences and diversity means that we are being person centred, not stereotyping, or just focussed on their distress. Treat people as individuals without prejudice, who are experiencing their own set of challenges.

Recognise that people may have traumatic histories - cultural or marginalised groups and people may present trauma differently. This can help understand context of trauma.

Understanding someone's history helps understand 'what happened to you?' rather than 'what's wrong with you?'

Important to how they have come to understand and interpret their experiences and behaviours. Can inform how we support service users.

Understanding someone's values and why something might be important to them. It's hard to feel understood or safe if you aren't able to recognise and respect my identity and traumas attached to these.

Figure 7. Themes of participant answers to why the six principles of the trauma-informed approach are important when responding to trauma and distress.

Why are these principles important when we are responding to Trauma and Distress?

Empowerment, Voice & Choice

Choice is so important - sometimes services 'do to' rather than 'work with' - for people who may have been violated or disempowered in the past, this is re-traumatising and prevents engagement.

We need to be able to empower individuals to be able to start trusting in themselves and recognising that they are worthy.

People need to be involved in plans that includes their lived expertise i.e., what works for them. Choice and empowerment ensure the person feels valued, listened to, believed, and supported to regain control and build autonomy.

People with trauma may have experienced times in their life when they did not have a voice or choice and therefore giving this back to someone helps them to challenge filters.

What we think is best for someone may not be what they think is best for them.

Empowerment supports building resilience and commitment when things get difficult and can promote a healthy culture in teams/services.

Figure 8. Themes of participant answers to why the six principles of the trauma-informed approach are important when responding to trauma and distress.

Engagement

Higher variation was seen in engagement scores across modules when compared to satisfaction and relevance, however these were consistently over 75% for each item. Combined engagement scores ranged from 100% for the modules, Being Trauma-informed with Carers, Trauma-informed Approaches to Risk Assessment and Management, and Understanding Trauma and Trauma-informed Care (Face-to-Face) to 85% for the module Leading and Influencing Trauma-informed Change. Table 4. shows engagement scores overall across the modules.

Learning (Level 2)

Level two of the evaluation sought to determine participants' knowledge, skill, attitude, confidence, and commitment. Knowledge, skill, attitude, confidence and commitment are examined in detail in this section. Commitment is demonstrated throughout through participant responses and examples of how they intend to apply the training to their practice with people who use services and colleagues.

Knowledge and Skill

Quantitative evaluation of knowledge and skill

Learning scores were consistently over 90% across modules, with the exception of the primary care module which had slightly lower scores. Combined learning scores ranged from 100% for the modules, Being Trauma-informed with Carers and Understanding Trauma and Trauma-informed Care (Face-to-Face) to 86% for the module Trauma-informed Care in Primary Care.

	% of agree/strongly agree responses
The facilitator with Clinical Experience was engaging as a facilitator	97%
The facilitator with Clinical Experience helped my understanding of the material	97%
The facilitator with Lived Experience was engaging as a facilitator	93%
The facilitator with Lived Experience helped my understanding of the material	94%

Table 4. Participant engagement scores

	% of agree/strongly agree responses
I gained new knowledge and skills	95%
I feel that I can apply what I learnt to my work	95%
The methods of delivery used in the training helped my learning	96%

Table 5. Participant learning scores

What was most helpful?

Training participants were asked what they found most helpful about the training session they attended, and responses were broken down into the themes identified below. A full list of categories and themes can be found in Appendix 3.

All participant responses were of a positive nature. Responses that were brief and non-specific to one of the discussed themes were collated under 'general comments' and all of these were also complimentary of the training.

> "The training was excellent. I learned so much and it helped give me ideas and clarity."

Applying to real world

Skill Development

Theoretical knowledge

Design and delivery

Materials

What was most helpful?

Applying to real world

Responses frequently referenced the value of being given the opportunity to apply training content to their own roles.

When commenting on applying learning to their own roles and real world work situations, participants often identified other elements of the training sessions that helped this be possible. These are listed below.

> "I was able to relate the material to clients that I am currently working with, and it gave me a really good space to take time out of the firefighting nature of my role to reflect."

- "How to' be trauma-informed
- Multi-agency
- Break out groups
- Space for reflection
- Applying to real world

What was most helpful?

Skill Development

The theme of skill development emerged from participant feedback, with particular emphasis on the 'how to' elements of the training. Training participants valued the rich discussions, often involving lived experience which helped to demonstrate what it means to have a trauma-informed approach.

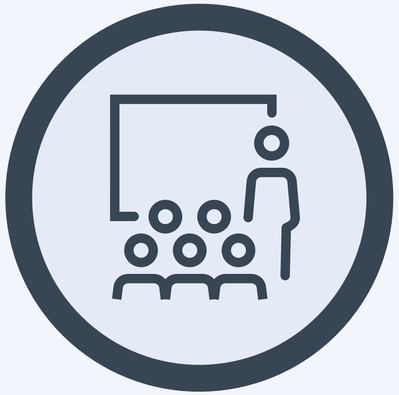
"Helped me notice the small things that we can do to provide trauma-informed care which can make a big difference to making a client feel safe and supported."

Theoretical knowledge

Training participants reported many different specific elements of theoretical content that they found helpful (see Appendix 3). The most frequently referenced theoretical content related to understanding trauma and understanding trauma-informed approaches.

"It was really engaging with simple explanations around what trauma is and how it presents in people."

What was most helpful?



Design and delivery

A large proportion of feedback related to the design and delivery of the session. Specifically, the lived experience facilitator and the interactive elements that allowed for multi-agency discussion and sharing of experiences, either in face-to-face groups or virtual breakout rooms.

"The wide range of services within which people attending were from – I thought this enriched discussion and shared learning."

"I found the discussions most helpful, I feel it helped to really understand how to apply trauma-informed care to many different situations."

"Professionally, I found the lived experience facilitator's honesty really helpful in demonstrating how even the seemingly small interactions can make a difference."

Materials

There were reflections from multiple training participants regarding the variety, breadth and depth of materials used which included videos, slides, interactive whiteboards, literature, articles and poems. Of all materials, participants most frequently commented on the use of short video clips. Positive comments about the use of videos were given across all training modules.

"The initial video (Trauma-informed care to support autistic people) was very powerful and helped frame and focus the session."

What was most helpful?

Module specific highlights

Training participants within training modules for supporting specific groups of people such as those with autism, carers and refugees and asylum seekers, reported that the lived experiences shared by facilitators helped to deepen their understanding and knowledge of how to support the people they work with.

Training participants that attended specific modules for managers and those attending Leading and Influencing Change also reported the positive impact of lived experience. Some of these participants went on to explain how the addition of lived experience also impacted on their attitude to work, serving as a prompt or reminder to always hold people who use services at the centre of their work.

Participants that attended the Trauma-informed Supervision and Applying Trauma-informed Care Principles to ourselves and each other modules demonstrated knowledge and skill development in relation to their interactions with others:

- Small interactions matter
- How to provide compassionate support
- Understanding tools to engage with change

Training participants that attended Trauma Informed approaches to Risk Assessment and Management demonstrated learning around what makes a trauma-informed risk assessment;

- Strengths based approach
- Developed in collaboration with individual
- Open and honest conversations
- Talking about coping strategies
- Assessment that is regularly reviewed
- Asking who the individual would like included
- Reading notes prior to assessment
- Sharing information proportionally

"...lived experience really helped my understanding."

"Knowledge of the process for asylum seeker to become refugees – Better understanding to help create more empathy."

"It's been a good reminder to put the client and their wishes at the heart of work, empowering then to take control over their care and feel comfortable voicing what they think would be beneficial and what wouldn't."

How do you plan to apply learning?

Training attendees were asked to provide an example of how they plan to apply learning from the training. The themes collated below demonstrate shift in participants' confidence and attitude towards trauma-informed approaches, and commitment to transfer learning to behaviour. A full list of themes and codes can be viewed in Appendix 4.

Dissemination and making changes

Attitudes towards interactions

Supervision and wellbeing

Confidence in using techniques

Understanding of behaviour

How do you plan to apply learning?

Dissemination and making changes

Training attendees feedback under the theme of dissemination and making changes demonstrated commitment to implement their learning. Participants reported they would share learning with their peers, team and manager, encourage others to attend training and review policies and processes in light of the training they had received.

"I plan to make some posters for the office as reminders for staff."

"I will be discussing trauma at our next team meeting to support my team with understanding its complexity."

"I am going to look at our template, recommend all managers complete this and also consider how we gain feedback from staff as to their experiences."

Attitudes towards interactions

Training attendees frequently described the training as having changed their attitude in terms of how they approach interactions with others. Many of these responses were centred around being mindful of language and the value of every interaction. Responses also referenced the importance of providing choice, being led by those who use services, collaborative and transparent in order to build trusting and compassionate relationships.

"Approach people I work with in a person centred way – what has happened to you, not what is wrong with you."

"I will try and collaborate more with service users and encourage them to be a part of their entire support plan instead of writing it and sending a copy."

How do you plan to apply learning?

Supervision and wellbeing

Many responses related to supervision and wellbeing. These responses referenced trying to be a better role model for their supervisees and incorporate more reflection and space for meaningful wellbeing checks. Practical elements such as more comprehensive reviews of supervision notes and reviewing supervision structure and template documents were also noted.

"Ensure I always have real conversations with those I supervise about how they are."

"I plan to share the wellness action plan with my team and start having better boundaries around working hours."

"Try to understand what service user is trying to communicate by certain behaviours that are traditionally labelled as challenging."

Understanding of behaviour

Many training attendees reported they would now look at reasons behind a person's behaviour as a result of being more aware of the impact of trauma. Being aware of re-traumatisation and taking steps to avoid this was also frequently mentioned.

Confidence in using techniques

Confidence in maintaining a trauma-informed approach was displayed by training participants when they described specific techniques they felt able to take away and implement in their day to day work. The most frequent helpful technique participants intended to use as a result of the training was to ensure they used a trauma-informed lens.

"Using a trauma-focused lens approach to all patient care, avoid any assumptions, take time to learn about background before meeting to avoid re-traumatising."

How do you plan to apply learning?

Module specific highlights

In terms of demonstrating commitment based on their training, participants within training modules for supporting specific groups of people such as those with autism, carers, refugees and asylum seekers, reported intent to share content with their teams, build in reflective space, and always be mindful of possible trauma.

For those who attended specific modules for managers, supervisors and those leading and influencing change, feedback included being mindful of trauma across all circumstances and situations and making every interaction count.

Participants that attended the Trauma-Informed Supervision and Applying Trauma-Informed Care Principles to ourselves and each other modules demonstrated commitment to trauma-informed approaches by identifying the following ways of applying their training:

- Be curious
- Have the awkward conversation
- Separate performance from reflective practice
- Reach out to colleagues
- Be transparent

Exploring Barriers

Training participants were asked in a number of modules what barriers there were to adopting a trauma-informed approach in practice. This was also asked as part of the training feedback forms. Responses were coded and grouped into themes as outlined below. A full list of themes and codes can be seen in Appendix 5.

A total of 95 training participants answered this question stating they could foresee no barriers to implementing learning.

> "...nothing, this is something I can take personal responsibility for and use as and when needed."

Time

Resistance

System Barriers

Personal barriers

Environment

Exploring Barriers

Time

The most frequently referenced barrier to implementing learning was time. These responses recognised time constraints when interacting with people who use services and colleagues, and there was acknowledgement that feeling too busy can lead to forgetting new ways of working.

"Time pressure to 'get things done' which can lead to rushing assessments like this and not giving time and space to make it trauma-informed."

"When things get busy it's easy to revert back to previous ways of thinking and doing."

Resistance

Resistance from other staff was frequently cited as a potential barrier to implementing learning. For some participants, resistance was forged via a lack of understanding, struggles to get "buy-in" from managers and the need to work in a different way such as to have proactive rather than reactive approaches and to keep a trauma-informed focus in practice.

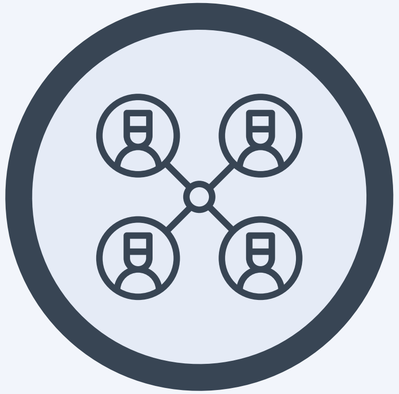
Some participants also expressed challenges in how trauma-informed approaches are viewed across different areas of healthcare.

Other barriers included a lack of engagement from people who use services alongside an individual's experience of trauma.

"Staff attitudes and the belief we have always done it this way so we will continue."

"Attitudes of wider team towards trauma-informed approach. I work in physical healthcare, where some of these ideas might be seen as less of a priority."

Exploring Barriers



System Barriers

System barriers included organisational pressures across a variety of areas including participants feeling restricted by service policies and processes, as well as financial constraints and competing service pressures such as staffing issues and challenges to offering choice to people who use services.

Consistency of a trauma-informed approach and communication between services were also highlighted as barriers across a number of modules.

Other system barriers included services having a focus on key performance indicators (KPIs) rather than outcomes for people who use services.

Having the 'head space' for room to think, reflect and adopt a different approach was reported as a barrier to change. This was perceived by participants as different to the barrier of time.

"Boundaries around missed appointments and 'rules' such as 2 DNAs [did not attend] and they are discharged."

"Caseload and financial constraints."

"The turnover of staff, the systems that are set up... cases move on and don't necessarily stay with the same practitioner, resulting in people having to re-tell their story."

Exploring Barriers

Personal Barriers

Barriers for implementing learning often related to the participants' own personal circumstances or feelings around the training and their work. These included a lack of confidence, fear of offending others or re-traumatisation, compassion fatigue and burn out. Participants also highlighted the need to feel safe, specifically with regards to acknowledging and sharing their own trauma.

Other personal or internal barriers to adopting a trauma-informed approach included personal triggers, unconscious bias, stigma and working with people who use services who evoke strong internal responses.

"Fear of my actions being misunderstood and misunderstanding the actions of others."

"Own personal traumas, which may be triggered and/or cause emotional burn out."

"Remembering everything and feeling confident to change the way I work."

Environment

Some training participants reported their physical working environment as a barrier to implementing learning. This included remote or telephone working as well as the physical space where they may be talking to another person.

"Telephone clinics so I do not have the non-verbal cues from a patient where I used to in a face-to-face appointment."

"Lack of control over the rooms I am allocated to use in GPs and schools."

"Being unable to make physical changes to the working environment such as more visible/ easy escape routes or controlling the presence and noise levels within an office."

Exploring Barriers

Module specific highlights

Regarding barriers to implementing learning, for participants within training modules for supporting specific groups such as autistic people, carers, refugees and asylum seekers, the barriers identified were broadly represented in the themes discussed above, however, the most frequently featured were, time, organisational pressures and personal barriers.

For those who attended specific modules for managers, supervisors and those leading and influencing change, some training participants described the need for management and system change in order for trauma-informed approaches to be successfully embedded.

Overall participants that attended the Trauma-informed Supervision and Applying trauma-informed Care Principles to ourselves and each other modules reported similar barriers to the overall themes identified. These included, time, team attitude and having the 'head space' to think and plan.

Participants that attended Trauma-informed approaches to Risk Assessment and Management highlighted the following barriers to taking a trauma-informed approach when responding to risk:

- Lack of consistent approach across teams and services through different understandings of trauma-informed approaches and policies and procedures
- Defensive practice
- Families and individuals not being honest or downplaying risks
- Generic approach or templates
- Lack of information or communication from referring services
- Lack of supervision or discussion about difficult situations or complex decisions
- Feeling unsupported and unmotivated
- Individuals may not trust or want to engage with services
- Service pressures – lack of time, revolving door, restrictions on number of sessions, long wait times, conflicting priorities, high caseloads, staff turnover
- Gaps in service provision

What would help overcome barriers?

Training participants were asked what would help them overcome the barriers they identified. Responses were coded and grouped into the following groups. A full list of themes and codes can be seen in Appendix 6.

Perseverance

Service and organisational level changes

Personal development

Relationship building

Working adjustments

What would help overcome barriers?

Perseverance

Many participants reported that overcoming barriers would involve some form of perseverance. This could take the form of integrating trauma-informed approaches into their everyday work, ensuring this is always on their team agenda or raising issues and challenge where appropriate. Within perseverance, training participants also reported the need to build confidence and schedule time to organise, take breaks and review training materials.

"Building this into all frameworks; supervision, sessions, meetings, service reviews, basically making it impossible to forget to focus on this!"

"Making it a priority regardless of the challenges."

"Adapt my supervision sheet so that the principles and 4Rs [realise, recognise, respond, resist re-traumatisation] are always visible and prompting."

"Being transparent and open to have conversations about what might make TIC [trauma-informed care] difficult and how we can overcome these."

What would help overcome barriers?

Service and organisational level changes

Leadership and culture were frequently highlighted both in whiteboard in-session feedback and post training feedback forms as ways to overcome barriers. These included senior leaders attending training, leading by example and role modelling trauma-informed approaches, and explicitly demonstrating buy-in.

A change in culture at both individual and organisational level was suggested, including creating a collective understanding, breaking down bias, empowering people to identify their own responses to trauma, having continual discussions around trauma-informed approaches and placing emphasis on using the trauma-informed lens. Additionally, participants suggested taking feedback from people who use services on board, adopting a strengths-based approach within teams to make the best use of staff expertise, sharing knowledge and experience, supporting staff to remain compassionate and curious and challenging dated viewpoints.

Addressing resourcing issues such as staff shortages and funding cuts, having access to more training, increasing co-production, partnership working with other services and improving service communication were also suggested to overcome these barriers.

The need for easily accessible, funded training was identified for individuals working at all levels and across organisations, not just those providing mental health services, including schools, universities and social care. Ongoing training was also identified as being needed to refresh memories and combat staff turnover.

Improved collaborative working both within and across organisations and trauma-informed policies and guidance were suggested as ways to provide a more consistent approach to people who use services.

What would help overcome barriers?

Personal Development

Incorporating reflective space, being considerate of their own wellbeing and making use of supervision were all referenced within the theme of personal development.

"Prioritising supervision and ensuring this time is protected."

"Space and discussions with other professionals for peer support to maintain my resilience to continue to work in this way."

Relationship Building

Relationship building skills such as listening, the use of therapeutic contracts, and being mindful of language and transparency were all mentioned by training participants as important factors in overcoming barriers to implementing learning.

Participants emphasised the importance of using trauma-informed approaches with staff and each other, not just people who use services.

"Refrain from blame, and understand that trauma presents differently in individuals."

"Making the most of every encounter with service users- importance of building a rapport in having a therapeutic affect."

What would help overcome barriers?

Working Adjustments

Some training participants stated that specific working adjustments would be necessary in order for them to overcome barriers to implementing learning. The most frequently reported of these was either more time or protected time to allow space for incorporating trauma-informed approaches. Other adjustments included smaller caseloads and improved physical working environments.

"Make time to gather history from clinical records; this will help to avoid retraumatising during history taking and afford more time to psych-education and intervention."

"Smaller caseloads and regular supervision."

"Factor in more preparation time when having appointments, more time to read through the notes and gain an understanding of where the person is at."

Suggestions for improvement of trauma-informed training programme

There were no trends across participants who responded disagree or strongly disagree to Likert scale questions. Disagreement responses were received across modules, from individuals working across a number of services from all role types. A small number of participants gave free text answers that related to their disagreement responses.

Training attendees were asked what they thought would improve the training sessions they attended. Responses were grouped into the following themes outlined below. A full list of categories and themes can be found in Appendix 7.

Of all the training participants that answered this question, almost one third of participants stated there was nothing they would do to improve the training they attended.

> "It was perfect with a great opportunity at the end to think about how to put what we've learned into practice in our working lives."

Hearing from others

Reaching more people

Expanding content

Design and delivery

Suggestions for improvement of trauma-informed training programme

Hearing from others

When asked about improvements to the training, many responses were grouped under the theme of hearing from others. Some of the most frequently referenced suggestions were increased time spent in break out groups, opportunity for longer discussion and experience sharing. Case studies and more examples of changes made in practice that could be shared with participants teams after training were suggested.

"Perhaps some illustrative examples from services who have implemented trauma-informed changes."

Reaching more people

A theme of reaching more people emerged from the suggested improvements for the training. Feedback within this theme included requests for running more training sessions, incorporating the training into induction or mandatory training programmes, ensuring managers and those in senior positions attend, and including opportunities for future follow up and post training networking.

"Have more sessions available to all our partner colleagues."

Suggestions for improvement of trauma-informed training programme

Expanding content

Many responses reflected a theme of expanding content, often requests to spend more time on a particular topic such as further discussion around how to incorporate trauma-informed principles into individual roles and problem-solving difficult scenarios.

"More exploration of how to implement the trauma-informed care principles in practice."

"More on preventing retraumatising and skills practice."

"I wonder if spending a little time problem solving some of the barriers would have been useful."

"Perhaps a second session to focus on practical ways to influence change, further time to develop own plan."

Suggestions for improvement of trauma-informed training programme

Design and delivery

Of those training attendees that provided feedback under the theme of design and delivery, the most frequently referenced improvement was to provide additional time or make the training longer. Also frequently reported was providing the training face to face, and facilitators having a more consistent pace.

"It should be all day. I think this would give us a chance to pause and reflect more and allow more feedback both personally and professionally."

"If there was more time it would be great to take the jamboard discussion one step further to think as a group about how we can take this learning to improve care in our teams."

"It would be nice to have face to face training as my emails 'pinging in at the bottom of my screen and colleagues MS [Microsoft] Teams messaging me was a little distracting at times."

Conclusion

The trauma-informed programme provided a training programme across 14 modules in response to an identified knowledge and skills gap of staff experiencing burnout and trauma when working with people who have experienced trauma. The training programme addressed the knowledge and skills gap by tailoring modules to staff at different levels of responsibilities (supervisors, managers, leaders) and for identified groups (people who use services, carers, autistic people, refugees and asylum seekers).

Through training participant feedback it is clear that the programme has addressed areas of knowledge needed as identified by the local workforce of real world examples and practical skills, using a trauma-informed lens and supervision. Additionally, areas that the workforce felt less confident around; understanding the impact of trauma, how to support people with trauma and the application to staff and colleagues have been addressed within training and demonstrate an increased confidence and learning in Level two of the findings.

The evaluation of training feedback demonstrates that participants were highly satisfied with the training programme. The combination of clinical and lived experience facilitators was rated as highly engaging, and participants reported training as relevant and applicable to a variety of roles and sectors, suggesting potential value in spreading the training beyond healthcare settings.

Post-training evaluation has demonstrated learning specific to knowledge and skill development about trauma-informed approaches in the context of:

Applying to real world **Skill Development** **Theoretical knowledge**

The combination of incorporating ‘how to’ approaches alongside multi-agency discussion and personal reflection were found to be key components in making training content feel applicable to real situations that occur in peoples everyday work lives with people who use services and colleagues.

Post-training, participants reported increased confidence in the understanding and impact of trauma. Participants displayed commitment to adapting their approach to trauma by examining their interactions with people who use services and colleagues and stating their intention moving forward to be mindful of language, using “what has happened to you” rather than “what is wrong with you”.

The evaluation within the local context supports findings of the wider literature around system barriers to adopting a trauma-informed approach; allocated budgets, training and support for staff (Lewis et al., 2023), but expands further to detail additional barriers around time, resistance, personal barriers and environment. The evaluation also echoes ways to overcome barriers through better collaboration, communication and relationships with colleagues (Buckley et al. 2021). In addition the evaluation provides some concrete examples of how to overcome barriers through working adjustments, relationship building and service and organisational level changes.

The evaluation of feedback from the first year of trauma-informed training indicates that staff who attended the training feel better equipped to identify, understand and support people who have experienced trauma and make changes on an individual level to their day-to-day work. This demonstrates levels 1 and 2 of the Kirkpatrick Model for evaluation. In line with recommendations from the literature, further evaluation is needed to understand the impact of training in practice, with focus at both an individual and team level as well as an organisational level (The Kings Fund, 2019, Lewis et al., 2023).

Next Steps

The next steps of the evaluation of the Surrey and NE Hampshire trauma-Informed programme are to determine the impact of training and other activities in practice. The Kirkpatrick Model will continue to be used as a framework, with focus on level 3 behaviour changes and level 4 results.

Activities for evaluating levels 3 and 4 include:

- Follow-up questionnaire to all year 1 training participants
- Evaluation of the first round of action learning sets and Recovery College run training module

References

Buckley, K., Shah, N., Roberts, J., De Brun, C., Khangura, R. and Clark, R. (2021). The effectiveness of trauma-informed approaches to prevent adverse outcomes in mental health and wellbeing. A rapid review. Public Health England. The effectiveness of trauma-informed approaches to prevent adverse outcomes in mental health and wellbeing a rapid review (publishing.service.gov.uk)

Lewis, N.V., Bierce, A., Feder, G.S, et al. (2023). Trauma-Informed Approaches in Primary Healthcare and Community Mental Healthcare: A Mixed Methods Systematic Review of Organisational Change Interventions. Health and Social Care in the Community. Trauma-Informed Approaches in Primary Healthcare and Community Mental Healthcare: A Mixed Methods Systematic Review of Organisational Change Interventions (hindawi.com)

The King's Fund (2019, November). Tackling poor health outcomes: the role of trauma-informed care. The King's Fund. Tackling poor health outcomes: the role of trauma-informed care | The King's Fund (kingsfund.org.uk)

Appendix 1

Eligible services and organisations for trauma-informed training for Year 1 2022 - 2023

- Acute hospitals (Ashford and St Peter's, Epsom and St Helier, Royal Surrey, Frimley, Surrey and Sussex)
- Mental health (Surrey and Borders Partnership NHS Foundation Trust)
- Surrey and Hampshire County Councils (adult and children's social care services)
- South East Coast Ambulance NHS Foundation Trust
- Community healthcare (Central Surrey Health, First Community)
- Primary Care (GP practices)
- Voluntary, community or social enterprise organisations (Catalyst, Andover Mind, Richmond Fellowship, Mary Frances Trust, Domestic Abuse organisations, Homelessness organisations, Bridge the Gap providers)
- Clinical Commissioning Group
- Surrey Police, NE Hampshire Police (Frimley South patch)
- Fire Service

Appendix 2

Breakdown of feedback for each module for changing future organisations

Organisation	Module	The training content was relevant to my role	The methods of delivery used in the training helped my learning	The facilitator with Clinical Experience was engaging as a facilitator	The facilitator with Clinical Experience helped my understanding of the material	The facilitator with Lived Experience was engaging as a facilitator	The facilitator with Lived Experience helped my understanding of the material	I gained new knowledge and skills	I feel that I can apply what I learnt to my work	It was worth the time investment to come to the training today	Overall, I would recommend this training session to other people in my role:
Changing Futures Organisations Number of feedback forms received 173	All Interactions Matter (n=8)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Applying Trauma-informed Care Principles to ourselves and each other (n=14)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Leading and Influencing Trauma-informed Change (n=7)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Responding to Trauma and Avoiding Re-traumatisation (n=14)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Approaches to Risk Assessment and Management (n=9)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Care for supporting Refugees and Asylum Seekers (n=6)	83%	83%	100%	100%	100%	83%	100%	83%	83%	100%
	Trauma-informed Care in Primary Care (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Care to Support Autistic People (n=3)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Supervision (n=10)	100%	100%	100%	100%	90%	90%	100%	100%	100%	100%
	Understanding Trauma (n=46)	92%	100%	98%	98%	96%	96%	93%	96%	96%	98%
	Understanding Trauma and Trauma-informed Care (Face-to-Face) (n=2)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma-informed Care (n=45)	91%	93%	98%	96%	98%	98%	96%	91%	93%	93%
	Understanding Trauma-informed Care for Managers (n=8)	100%	88%	88%	88%	75%	75%	88%	88%	88%	88%

Breakdown of feedback for each module for individual organisations with 20 or more feedback forms returned.

Organisation	Module	The training content was relevant to my role	The methods of delivery used in the training helped my learning	The facilitator with Clinical Experience was engaging as a facilitator	The facilitator with Clinical Experience helped my understanding of the material	The facilitator with Lived Experience was engaging as a facilitator	The facilitator with Lived Experience helped my understanding of the material	I gained new knowledge and skills	I feel that I can apply what I learnt to my work	It was worth the time investment to come to the training today	Overall, I would recommend this training session to other people in my role:
Action for Carers Number of feedback forms received 26	All Interactions Matter (n= 1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Applying Trauma-informed Care Principles to ourselves and each other (n= 1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Responding to Trauma and Avoiding Re-traumatisation(n= 2)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Approaches to Risk Assessment and Management(n= 1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Care for supporting Refugees and Asylum Seekers (n= 3)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Supervision (n= 2)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma (n= 9)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma-informed Care (n= 7)	92%	71%	86%	100%	71%	86%	100%	86%	100%	100%

Organisation	Module	The training content was relevant to my role	The methods of delivery used in the training helped my learning	The facilitator with Clinical Experience was engaging as a facilitator	The facilitator with Clinical Experience helped my understanding of the material	The facilitator with Lived Experience was engaging as a facilitator	The facilitator with Lived Experience helped my understanding of the material	I gained new knowledge and skills	I feel that I can apply what I learnt to my work	It was worth the time investment to come to the training today	Overall, I would recommend this training session to other people in my role:
Catalyst Number of feedback forms received 79	All Interactions Matter (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Applying Trauma-informed Care Principles to ourselves and each other (n=7)	100%	100%	100%	100%	100%	100%	86%	100%	100%	100%
	Leading and Influencing Trauma-informed Change (n=2)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Responding to Trauma and Avoiding Re-traumatisation (n=7)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Approaches to Risk Assessment and Management (n=6)	100%	100%	100%	100%	100%	100%	67%	100%	100%	100%
	Trauma-informed Care for supporting Refugees and Asylum Seekers(n= 4)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Care in Primary Care (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Care to Support Autistic People (n=2)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Supervision (n= 6)	100%	100%	100%	100%	83%	83%	100%	100%	100%	100%
	Understanding Trauma (n=16)	94%	100%	100%	100%	100%	100%	87%	100%	94%	100%
	Understanding Trauma and Trauma-informed Care (Face-to-Face) (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma-informed Care (n=21)	91%	90%	100%	95%	100%	100%	95%	90%	90%	90%
	Understanding Trauma-informed Care for Managers (n=5)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Organisation	Module	The training content was relevant to my role	The methods of delivery used in the training helped my learning	The facilitator with Clinical Experience was engaging as a facilitator	The facilitator with Clinical Experience helped my understanding of the material	The facilitator with Lived Experience was engaging as a facilitator	The facilitator with Lived Experience helped my understanding of the material	I gained new knowledge and skills	I feel that I can apply what I learnt to my work	It was worth the time investment to come to the training today	Overall, I would recommend this training session to other people in my role:
CSH Surrey Number of feedback forms received 32	All Interactions Matter (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Applying Trauma-informed Care Principles to ourselves and each other (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Being Trauma-informed with Carers (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Leading and Influencing Trauma-informed Change(n= 2)	100%	100%	50%	50%	0%	0%	100%	100%	100%	100%
	Trauma-informed Approaches to Risk Assessment and Management (n=3)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Care for supporting Refugees and Asylum Seekers (n=3)	100%	67%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Care to Support Autistic People (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Supervision (n=1)	100%	100%	100%	100%	0%	0%	100%	100%	100%	100%
	Understanding Trauma (n=8)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma and Trauma-informed Care (Face-to-Face) (n=2)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma-informed Care (n=8)	100%	75%	75%	75%	75%	38%	75%	75%	75%	75%
	Understanding Trauma-informed Care for Managers (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Organisation	Module	The training content was relevant to my role	The methods of delivery used in the training helped my learning	The facilitator with Clinical Experience was engaging as a facilitator	The facilitator with Clinical Experience helped my understanding of the material	The facilitator with Lived Experience was engaging as a facilitator	The facilitator with Lived Experience helped my understanding of the material	I gained new knowledge and skills	I feel that I can apply what I learnt to my work	It was worth the time investment to come to the training today	Overall, I would recommend this training session to other people in my role:
Frimley Health NHS Foundation Trust Number of feedback forms received 20	All Interactions Matter (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Applying Trauma-informed Care Principles to ourselves and each other (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Responding to Trauma and Avoiding Re-traumatisation (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Care to Support Autistic People (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma (n=9)	100%	89%	89%	89%	78%	89%	89%	89%	100%	100%
	Understanding Trauma and Trauma-informed Care (Face-to-Face) (n=2)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma-informed Care (n=5)	100%	100%	100%	100%	100%	100%	80%	80%	80%	80%

Organisation	Module	The training content was relevant to my role	The methods of delivery used in the training helped my learning	The facilitator with Clinical Experience was engaging as a facilitator	The facilitator with Clinical Experience helped my understanding of the material	The facilitator with Lived Experience was engaging as a facilitator	The facilitator with Lived Experience helped my understanding of the material	I gained new knowledge and skills	I feel that I can apply what I learnt to my work	It was worth the time investment to come to the training today	Overall, I would recommend this training session to other people in my role:
Mary Frances Trust Number of feedback forms received 33	All Interactions Matter (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Applying Trauma-informed Care Principles to ourselves and each other (n=3)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Being Trauma-informed with Carers (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Leading and Influencing Trauma-informed Change (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Responding to Trauma and Avoiding Re-traumatisation (n=6)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Approaches to Risk Assessment and Management (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Care for supporting Refugees and Asylum Seekers (n=3)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Care in Primary Care (n=2)	100%	100%	100%	50%	100%	100%	100%	100%	100%	100%
	Trauma-informed Care to Support Autistic People (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma (n=7)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma and Trauma-informed Care (Face-to-Face) (n=2)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma-informed Care (n=4)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma-informed Care for Managers (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Organisation	Module	The training content was relevant to my role	The methods of delivery used in the training helped my learning	The facilitator with Clinical Experience was engaging as a facilitator	The facilitator with Clinical Experience helped my understanding of the material	The facilitator with Lived Experience was engaging as a facilitator	The facilitator with Lived Experience helped my understanding of the material	I gained new knowledge and skills	I feel that I can apply what I learnt to my work	It was worth the time investment to come to the training today	Overall, I would recommend this training session to other people in my role:
Richmond Fellowship Number of feedback forms received 37	All Interactions Matter (n=5)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Applying Trauma-informed Care Principles to ourselves and each other (n=2)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Approaches to Risk Assessment and Management (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Care for supporting Refugees and Asylum Seekers (n=1)	100%	100%	100%	100%	100%	0%	100%	100%	100%	100%
	Trauma-informed Care to Support Autistic People (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma (n=17)	82%	94%	94%	94%	89%	89%	94%	89%	100%	100%
	Understanding Trauma-informed Care (n=10)	80%	70%	90%	90%	90%	90%	90%	80%	90%	90%

Organisation	Module	The training content was relevant to my role	The methods of delivery used in the training helped my learning	The facilitator with Clinical Experience was engaging as a facilitator	The facilitator with Clinical Experience helped my understanding of the material	The facilitator with Lived Experience was engaging as a facilitator	The facilitator with Lived Experience helped my understanding of the material	I gained new knowledge and skills	I feel that I can apply what I learnt to my work	It was worth the time investment to come to the training today	Overall, I would recommend this training session to other people in my role:
Surrey and Borders Partnership NHS Foundation Trust Number of feedback forms received 382	All Interactions Matter (n=15)	100%	93%	100%	100%	93%	100%	100%	100%	100%	93%
	Applying Trauma-informed Care Principles to ourselves and each other (n=36)	100%	97%	97%	97%	94%	94%	83%	94%	94%	94%
	Being Trauma-informed with Carers (n=4)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Leading and Influencing Trauma-informed Change (n=17)	94%	94%	94%	94%	77%	77%	94%	100%	100%	100%
	Responding to Trauma and Avoiding Re-traumatisation (n=28)	93%	100%	100%	100%	94%	94%	83%	86%	86%	86%
	Trauma-informed Approaches to Risk Assessment and Management (n=30)	100%	100%	100%	100%	100%	100%	97%	100%	100%	100%
	Trauma-informed Care for supporting Refugees and Asylum Seekers (n=16)	94%	94%	94%	94%	69%	69%	94%	100%	100%	100%
	Trauma-informed Care in Primary Care (n=9)	100%	89%	89%	100%	89%	100%	67%	100%	100%	100%
	Trauma-informed Care to Support Autistic People (n=14)	93%	93%	93%	93%	93%	93%	93%	100%	100%	100%
	Trauma-informed Supervision (n=23)	96%	100%	100%	100%	65%	71%	87%	91%	91%	91%
	Understanding Trauma (n=84)	98%	98%	99%	98%	99%	96%	95%	96%	96%	96%
	Understanding Trauma and Trauma-informed Care (Face-to-Face) (n=2)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma-informed Care (n=93)	96%	95%	95%	95%	84%	96%	92%	92%	92%	93%
	Understanding Trauma-informed Care for Managers (n=11)	100%	91%	91%	91%	100%	100%	100%	100%	100%	100%

Organisation	Module	The training content was relevant to my role	The methods of delivery used in the training helped my learning	The facilitator with Clinical Experience was engaging as a facilitator	The facilitator with Clinical Experience helped my understanding of the material	The facilitator with Lived Experience was engaging as a facilitator	The facilitator with Lived Experience helped my understanding of the material	I gained new knowledge and skills	I feel that I can apply what I learnt to my work	It was worth the time investment to come to the training today	Overall, I would recommend this training session to other people in my role:
Surrey County Council Number of feedback forms received 172	All Interactions Matter (n=8)	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%
	Applying Trauma-informed Care Principles to ourselves and each other (n=6)	100%	100%	91%	100%	100%	100%	100%	100%	100%	100%
	Being Trauma-informed with Carers (n=3)	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%
	Leading and Influencing Trauma-informed Change(n=1)	100%	100%	91%	100%	100%	100%	100%	100%	100%	0%
	Responding to Trauma and Avoiding Re-traumatisation (n=9)	89%	100%	95%	100%	100%	100%	100%	100%	100%	91%
	Trauma-informed Approaches to Risk Assessment and Management (n=5)	100%	100%	91%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Care for supporting Refugees and Asylum Seekers (n=9)	100%	100%	95%	100%	89%	89%	100%	100%	100%	100%
	Trauma-informed Care to Support Autistic People (n=6)	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%
	Trauma-informed Supervision (n=12)	100%	92%	100%	100%	84%	84%	100%	100%	100%	100%
	Understanding Trauma (n=47)	100%	97%	98%	98%	90%	96%	96%	96%	96%	96%
	Understanding Trauma and Trauma-informed Care (Face-to-Face) (n=2)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma-informed Care (n=53)	98%	92%	100%	100%	96%	98%	100%	100%	100%	100%
	Understanding Trauma-informed Care for Managers (n=11)	100%	100%	100%	100%	94%	100%	100%	100%	100%	100%

Organisation	Module	The training content was relevant to my role	The methods of delivery used in the training helped my learning	The facilitator with Clinical Experience was engaging as a facilitator	The facilitator with Clinical Experience helped my understanding of the material	The facilitator with Lived Experience was engaging as a facilitator	The facilitator with Lived Experience helped my understanding of the material	I gained new knowledge and skills	I feel that I can apply what I learnt to my work	It was worth the time investment to come to the training today	Overall, I would recommend this training session to other people in my role:
Surrey Heartlands ICB Number of feedback forms received 21	Applying Trauma-informed Care Principles to ourselves and each other (n=3)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Leading and Influencing Trauma-informed Change (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Responding to Trauma and Avoiding Re-traumatisation (n=1)	100%	100%	0%	100%	0%	0%	100%	100%	100%	100%
	Trauma-informed Care for supporting Refugees and Asylum Seekers (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Trauma-informed Supervision (n=1)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma (n=7)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Understanding Trauma-informed Care (n=7)	100%	100%	100%	86%	86%	86%	100%	100%	100%	100%

Appendix 3

A full list of categories and themes of participant responses to ‘What was most helpful?’

Training design and delivery	Trauma-informed theoretical content	Materials	Skills development	Application to real world	General positive comments
Sharing of lived experience	Understanding trauma	Videos	How to be trauma-informed	Applying to my own work/role/clients/ patients/wellbeing	General content
Group discussion/sharing experiences in breakout rooms	Understanding trauma-informed approaches	Slides	Coping techniques	Applying to supervision	General good
Multi-agency participants	6 Principles	Jamboards	Value of interactions and language	Applying to staff/management	
Mix of clinical and lived experience facilitators	Impact of trauma	Resources	Safety planning and risk assessment	Applying to colleagues	
Good facilitators	Window of tolerance	Framework	Tools/skills	Thinking about wellbeing – others and own	
Videos	ACE	Reviewing	Grounding techniques	Appling to refugees and asylum seekers	
Balance of theory and practice	Awareness of trauma	Literature	Reframing	Context of neurodiversity	
Slide content	TIPP/STOP	Poem	De escalation	Thinking about system changes	
Space for reflection	The iceberg concept		STOPP/TIPP	Stakeholder mapping	
	4 Rs		DBT skills	Awareness of physical environment	
	3 Es		Increased confidence	Highlighting trauma for carers	
	Intersectionality		Refresher of existing knowledge		
	The Grace model		Validation		
	Trauma Tree		Process of change		
	Triggers				
	New Learning				

Appendix 4

A full list of themes and codes of participant responses to ‘How do you plan to apply learning?’

Dissemination and making changes	Interactions	Supervision and Wellbeing	Use of specific techniques	Understanding behaviour
Share learning with team	Use "what happened to you"	Wellness Action Plan (WAP)	Use a trauma-informed lens	Looking at reason behind behaviour
Discuss with peers	Provide choice	Ensure wellbeing check	Use the window of tolerance	Being more aware of the impact of trauma
Encourage others to attend	Be mindful of language	Review supervision notes	Use grounding exercise	Being aware of re-traumatisation
Discuss with my manager	Value every interaction	Share knowledge with supervisees	Use STOP/TIPP techniques	General application of knowledge
Discuss with SMT	Be client led	Look at supervision contract		Be more aware of ACES
Review of policies and process	Be more collaborative	Review structure and templates		Do more training
Create posters for the office	Build trusting and compassionate relationships	Incorporate reflective practice		
Bring to team meeting	Transparency	Use in my supervision		
Raise in MDT	Ask for feedback	Reflect on my own practice		
Review training offer	Be more culturally aware	Open up genuine conversation		
Review coproduction		Be open about burn out		
Review information sent out		Be mindful of staff trauma		
Review adaptations				
Review how we risk assess				
Incorporate into psychoeducation				

Appendix 5

A full list of themes and codes of participant responses about barriers to adopting a trauma-informed approach in practice

Time	Environment	Organisational pressures	Personal barriers	Resistance
Capacity	Remote working	Policy restrictions	Confidence	Lack of engagement from staff
Workload	Telephone working	Staffing resources	Too triggering/own trauma	Lack of engagement from client
Too triggering/own trauma	Lack of engagement from client	Organisational pressures	Compassion fatigue	Client's trauma
Forgetting	Lack of client contact	Service priorities	Fearing offending others	Stigma
Client's trauma	Interpreter availability	Financial constraints	Unconscious bias	Lack of understanding from other staff
Limits of job role		System pressures	Perfectionism	Getting by-in from manager
		Lack of training	Fear of re traumatisation	Resistance to change
		Lack of experience	Stress or burnout	
			Fear of challenge	

Appendix 6

A full list of themes and codes of participant responses to what would help overcome barriers

Working adjustments	Service and organisational level changes	Personal development	Perseverance	Relationship building
Protected time	Senior by-in	Make use of supervision	Integrate into own work	listening
Longer appointments	Address staff shortages	Consider supervision set up	Keep on the agenda	Contracting
Smaller caseload	Access to more training	Consider own wellbeing	Challenge	Transparency
Improved physical environment	Increased co-production	Incorporate reflection space	Build confidence	Language
	Improved service communication	Understanding own triggers	Diary organisation	
	Connecting with other services	CPD and skill development	Raise at a senior level	
	Partnership working		Take breaks	
	Financial backing		Making use of slides/materials	
	Address resource issues			

Appendix 7

A full list of themes and codes of participant responses to what would help overcome barriers

Hearing from others	Reaching more people	Expanding Content	Design and delivery	No suggested improvements
More time in break out groups	Make a mandatory training	More on avoiding re-traumatisation	Longer sessions	Nothing
Longer discussion	Run more frequent sessions	More on barriers to implementing	Face to Face	Not sure
More examples of changes made in practice	Ensure senior staff and managers attend	More 'how to' be trauma-informed in practice	More consistent pace	N/A
Sharing experiences applicable to services	Include future follow up session	More discussion on overcoming barriers	More lived experience	
More interaction from participants	Arrange post training networking	Trauma-informed de-escalation techniques	Larger, clearer text on slides	
Mix up break out room participants	Example of service transformation	More professional experiences	Facilitator for group discussion	
Better participation in breakout rooms	Merge some modules together	More exploration of tools	Shorter sessions	
More case studies or vignettes specific to different roles	Incorporate into supervision training	More on problem solving	More breaks	
Include role play of difficult scenarios	Run a course specific to Primary Care	Reduce theoretical content	Lived Experience facilitator attending in person	
Multi-agency groups		Space to identify personal goals at start	Fewer tech problems	
Introductions for all at the start		Space for reflection on learning at the end	Display questions in breakout rooms	
		More tips for managing distress	Increase trigger warnings	
		More self-regulation exercises	More resources and references	
		Include managing acute distress	Reduce number of pre session questions	
		Include use of substances	Receive materials in advance of session	
		More examples in principles section	Window of tolerance video too fast	
		More inclusion of disability in principle 6	Fix grammatical errors on slides	
		Include section on attachment	More lived experience of asylum seekers and refugees	
		More on intersectional factors		
		Remove misleading stats/facts at beginning		
		More on diversity		
		More on understanding trauma		
		Look at risk assessments		
		Include trauma in older people		
		More on trauma-informed language		

Health Innovation
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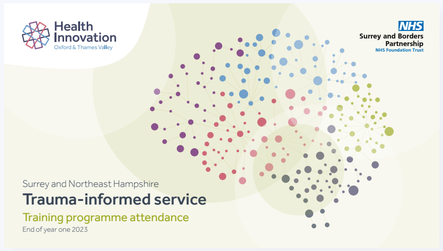

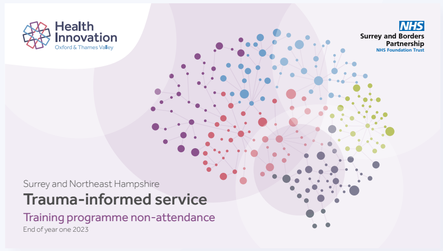

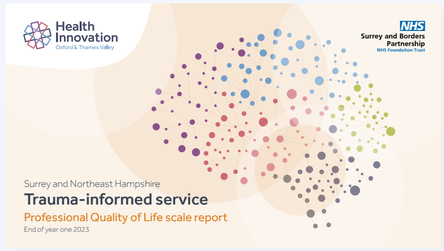

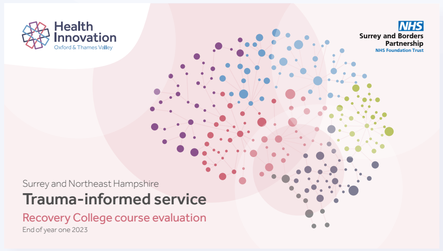

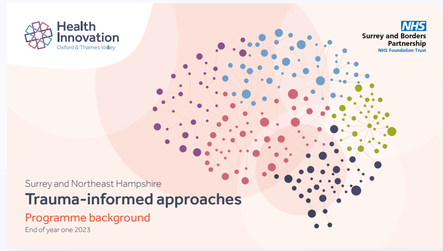

Surrey and Northeast Hampshire

Trauma-informed service

Training feedback report

End of year one 2023

SURREY HEARTLANDS
Health and Care Partnership

Frimley Health and Care

CHANGING FUTURES

SURREY COUNTY COUNCIL