Health Innovation
Oxford & Thames Valley

NHS
Surrey and Borders Partnership
NHS Foundation Trust

Surrey and Northeast Hampshire

Trauma-informed service

Training follow-up 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.

Health Innovation Oxford and Thames Valley began the process of designing and implementing an independent evaluation in March 2023. Year one* of the trauma-informed training programme was delivered between April 2022 and March 2023 to 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 (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, were evaluated using analysis of post training feedback forms, and data from a series of focus groups and live in-session feedback gathered via an interactive digital whiteboard tool. These findings have been reported in the previous report in this series; 'Training feedback report'. In summary training participants were highly satisfied with the training and found the training to be highly relevant to their roles.

This report provides findings from a follow-up survey sent in November 2023 (8-19 months post training) to all those who attended the training programme in year one to evaluate levels three and four, behaviour and results. The survey sought to ascertain how training participants had applied the training within their workplace and what, if any, benefits there were to implementing trauma-informed approaches.

The follow-up survey contained both free-text questions and rated questions using a 5 point Likert scale, strongly disagree to strongly agree. The survey included a final question where participants could share their contact details with the evaluation team to arrange a short online meeting to provide further details of the impact of working in a trauma-informed way. This information is incorporated into this report.

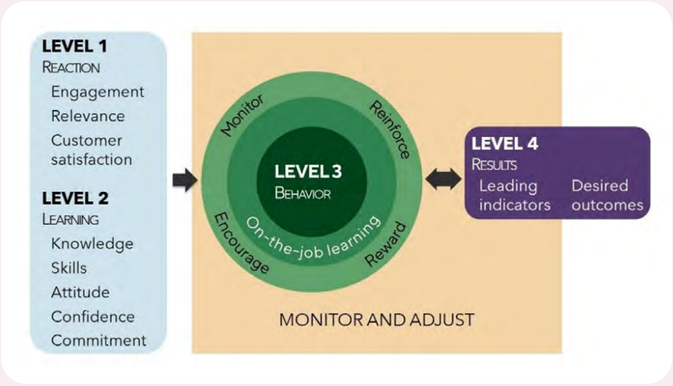


Figure 1. The New World Kirkpatrick Model (Kirkpatrick and Kirkpatrick, 2021)

*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.

Data

The follow-up survey was sent out to all training participants (1242 individuals) via an online link by email from the Surrey and NE Hampshire trauma-informed service team administrator. The survey was open for one month with a reminder email sent after two weeks, there were 76 responses in total. Responses were analysed using Microsoft Excel.

Demographics

Responses to the follow-up survey came from a diverse range of participants spanning:

- 19 organisations (see Appendix 1)

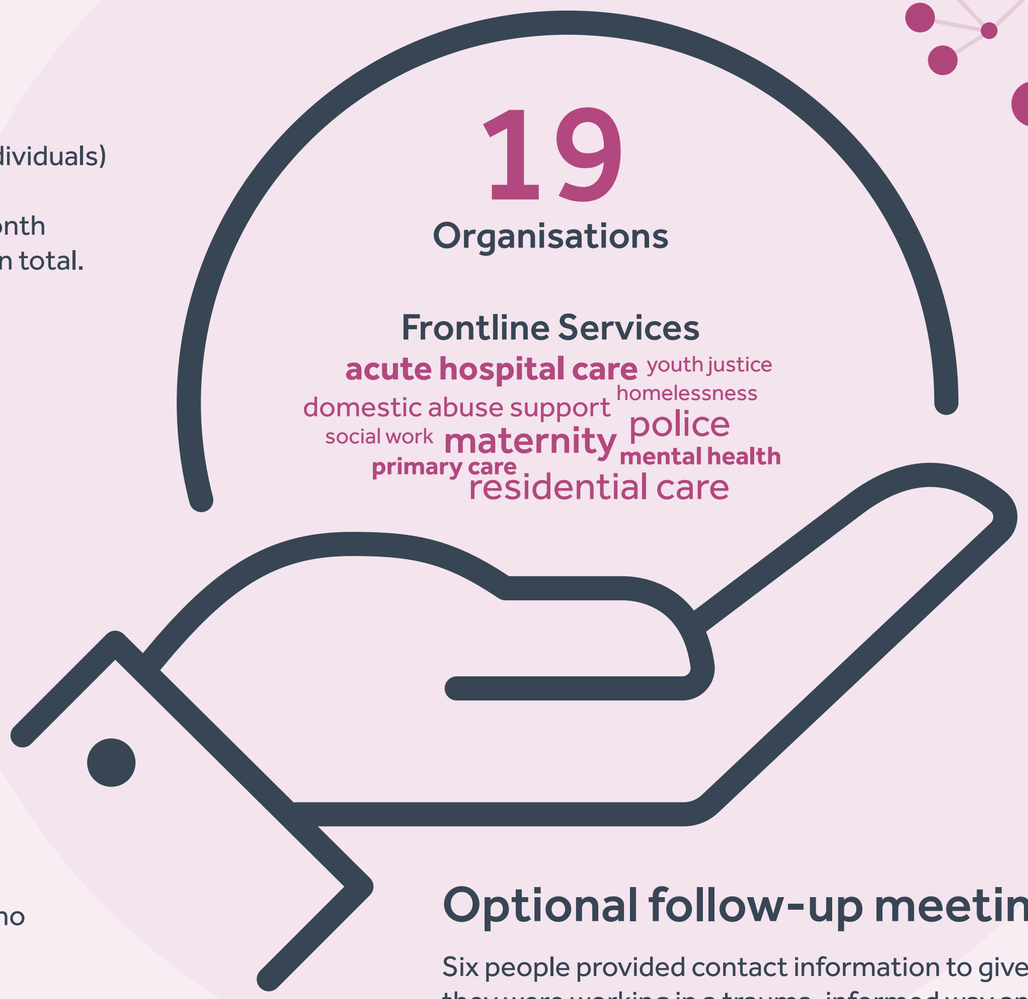
  A wide range of frontline services including – acute hospital care, domestic abuse support homelessness, maternity, mental health, police, primary care, residential care, social work and youth justice.

  A variety of job roles including – administrators, allied health professionals, midwives, nurses, peer support workers, project managers, psychologists, service managers, social workers and support workers.

Participants were asked who they mainly work with:

- 46% of participants reported mainly working with people who use services, 42% of participants reported working with both people who use services and staff
- 12% of participants reported mainly working with staff

  Participants reported working with a wide range of people who use services across all age ranges with a wide range of needs; physical health, neurodiversity, pregnancy and birth, domestic abuse, housing, social care and mental health.



Optional follow-up meetings

Six people provided contact information to give further information on how they were working in a trauma-informed way and were emailed to arrange a meeting. Only one person responded and was interviewed, they were given a participation information leaflet and completed an online consent form prior to the meeting. The meeting was recorded using Microsoft Teams and then transcribed. Excerpts/results from the interview are reported with the identification [from interview].

Module Attendance

Responses to the follow-up survey included participants from all 14 modules (Figure 2). All modules had been delivered online, except for the one day face to face training which included the modules Understanding Trauma and Understanding Trauma-Informed Care. Participants selected the modules they had attended, 46% of participants reported attending one module, 54% of participants reported attending two or more modules, two participants reported attending 10 modules. One participant did not remember which module they had attended. Understanding Trauma (n=33) and Understanding Trauma-Informed Care (n=55) were the modules with the highest reported attendance by participants to the follow-up survey.

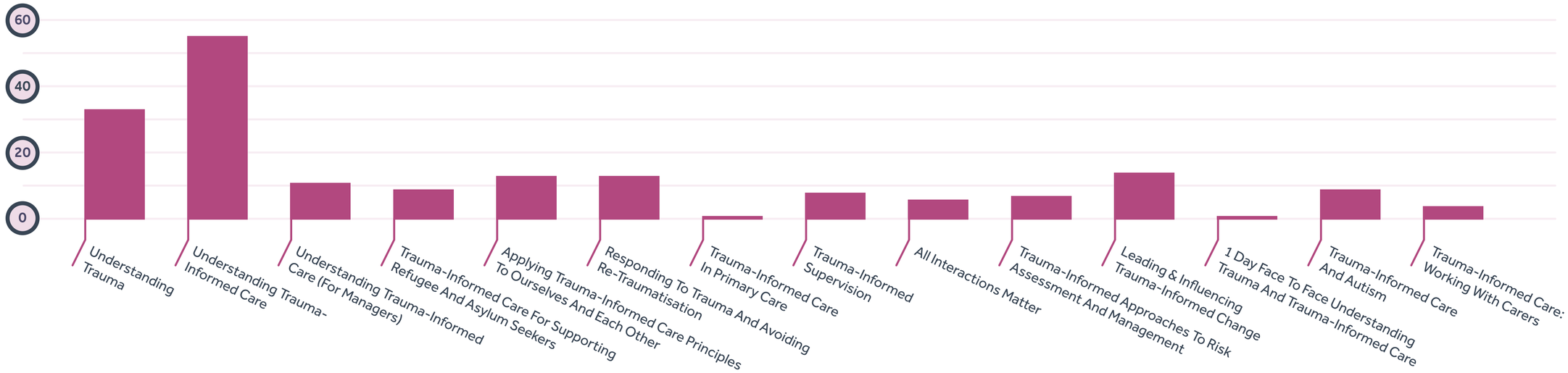


Figure 2. Modules attended by participants who responded to the follow-up survey

Results

Behaviour (Level 3)

Level 3 of the Kirkpatrick model seeks to determine the behavioural changes that result from training. These are demonstrated through critical behaviours and required drivers.

Critical behaviours are specific actions, which, if performed consistently in practice will have the biggest impact on results after training. Required drivers are described as the processes and systems that reinforce, monitor, encourage, and reward performance of critical behaviours (Kirkpatrick and Kirkpatrick, 2021).

In the context of evaluating the trauma-informed training, critical behaviours are the reported individual changes in behaviour made by staff, such as application of the concepts taught in day-to-day work and changes in thinking and approach to people who use services, colleagues and themselves.

Required drivers in the context of evaluating the trauma-informed training are the changes made as a team that act to reinforce and encourage the training such as meeting as a team, revisiting training in conversation, and reminding each other and challenging old behaviours.

Behavioural changes were evaluated within the follow-up survey through participant responses of agreement to the following two statements using the 5-point Likert scale:

- I feel more confident about working in a trauma-informed way since attending the training
- I have been able to apply the training to my work

And through participant responses to two free text questions:

- What (if anything) have you been able to apply from the training in your day-to-day work?
- If you can, please give an example of how you have applied the training with a person who uses services or staff member (please do not use names or other identifiable details)

65 out of 76 participants provided examples of what they have been able to apply from the training in their day-to-day work. 64 participants provided an example of how they have applied the training with a person who uses services or staff member.

Appendix 2 provides full examples of participant behaviour changes through how they have applied the training in practice.

Confidence to work in a trauma-informed way

86% of participants agreed or strongly agreed that since attending the training they feel more confident about working in a trauma-informed way.

One participant disagreed that since attending the training they feel more confident about working in a trauma-informed way, they did not provide any further information within the free-text questions as to why they chose this answer.

Responses around increased confidence often reflected having a more solid knowledge base, increased awareness and understanding of what trauma is, how it impacts people and what trauma-informed approaches are. Specifically, participants felt their confidence had increased due to feeling more educated and reassured they have been working in a trauma-informed way, that they are being sensitive to an individual's history, and have been able to hold this in mind when considering a person's reaction. Increased confidence was also referenced in relation to specific areas of work such as assessment skills, and feeling able to approach things that an individual may find difficult to express or when a person is feeling stuck. Participants also described feeling able to pass on knowledge and understanding to colleagues and people who use services as a result of increased confidence.

"Gives me **greater confidence** about working sensitively with individuals with trauma history."

"I was able to **share my learning** at a team meeting so my colleagues benefited."

"Boosted my confidence that **I've been doing it right.**"

Applying the training

83% of participants agreed or strongly agreed that they have been able to apply the training to their work.

Two participants disagreed that they have been able to apply the training to their work. One participant did not provide any further information within the free-text questions as to why they chose this answer. The other participant commented that as the training was introductory, they did not feel that they had had the opportunity to since consider how to apply the training in their workplace.

One participant reflected that despite trying to be trauma-informed within their work, the pressure of their environment and lack of support meant this can be difficult to sustain.

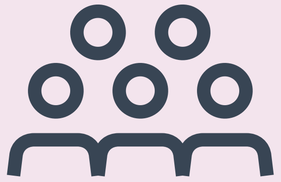
Responses detailing how training has been applied to day-to-day work were grouped into changes made on an individual and group level.

Individual level behaviour change:

- Knowledge, awareness and attitude
- Interactions and building relationships
- Changes in language
- Providing choice

Team level behaviour change:

- Team processes and policy
- Training



Individual level behaviour change

Knowledge, awareness and attitude

Responses around application of training were often centred around maintaining ongoing knowledge and awareness of trauma-informed approaches such as continuing to be aware of the impact of trauma, being aware of a person's window of tolerance, using the 6 principles of a trauma-informed approach, being mindful of context and history, and being aware of re-traumatisation as well as vicarious trauma. Specific behaviours referenced at follow up included, being mindful of language, displaying warmth and empathy, and reinforcing person-centred interactions.

"Understanding more about how to help someone whilst seeking to minimise the effect of reliving the trauma by talking about it."

Interactions and building relationships

Participants reported interactions and building relationships as key elements of the training they have applied to their day-to-day work. This included common factor skills to build trusting therapeutic relationships, such as active listening, displaying empathy, warmth, being non-judgemental and mindful of their tone of voice. Participants also recognised the importance of truly understanding an individual's experiences by allowing space to tell their story without making assumptions and being mindful of the risk of re-traumatisation.

For those working in supervisory roles, there was personal reference to considering whether the supervision they are providing is trauma-informed, recognising potential triggers, being more of a two-way process and allowing processing time. Participants reported tailoring their supervision to individual needs of staff, ensuring discussion of wellbeing, and using open questions to explore how staff wish to be supported. Some responses also reflected using a trauma-informed lens in supervision as a helpful way of reducing assumptions, whilst others reported direct use of trauma-informed models as tools for supervision sessions.

"I have used this training in supervision sessions to support staff and ensure that their wellbeing is good as they work with service users with complex needs and multiple disadvantages."

"I have been able to allow more time to listen to patients and for them to build up a trust and to allow them to express what **makes them feel safe** and have tried to make the environment as safe as possible."

"Ensuring **wellbeing** is at the top of the list for staff, asking open questions about how people choose to be supported that works for them."

"Observing my own and others behaviours and responses ensuring they are not triggering for anyone impacted by trauma."

"Support practitioners to consider different approaches with children who have experienced trauma and think about their responses within a **trauma-informed lens** rather than make assumptions."

Changes in language

For some participants their answers described attending the trauma-informed training had provided a language to better equip clinicians in describing the work they do. Additionally, participants reported a sense that they had always been working in a trauma-informed way and the training they attended had affirmed this for them.

Participants referenced specific sustained adaptations to their language since attending training. For example, being curious and using the sentence "what happened to you?" to support insight into a person's (was this in relation to anyone or specifically a person who uses services) presentation. Participants were also mindful of how their language could potentially contribute to re-traumatisation of people and that being person centred and mindful of language can help with this.

Providing choice

Providing choice and flexibility was referenced as something participants have used in their day-to-day work.

Environmental choices

Some participants provided specific examples of this such as offering alternative venues or methods of assessment and a variety of appointment times. During group work, providing choice has helped attendees feel more comfortable.

Choice in intervention

In some settings, participants referred to being an advocate for those who use services, ensuring choice of intervention is offered to support where appropriate, ownership and autonomy over their care.

"Understanding the theory and language of TIC [trauma-informed care] has given us **tangible ways to articulate** to clinicians what we do and how this helps young people."

"Using wording in questions carefully - **being mindful of re-traumatisation.**"

"**Advocating for choice** when women are choosing interventions."

"The **small practical changes** were the most useful for me... e.g. offering someone an appointment time, printing out wordsearches or sudoku for people to complete during break times instead of having to 'mingle."

Team level behaviour change

Team processes and policy

Some participants identified service level changes because of attending training. These included changes to meeting formats, redesigning forms and ensuring lived experience is an integral part of any policy and process changes. Trauma-informed principles were reported as important and had been used to support developing service guidelines and information leaflets and a small number of participants recognised the importance of holding trauma in mind when writing service specifications.

Training

Participants reported incorporating trauma-informed approaches into their own pre-existing training packages such as Safeguarding and Domestic Abuse training. Some participants also reported direct dissemination of training content to their team, or where possible sending members of their team on trauma-informed training modules themselves.

There were reports of using trauma-informed training at all levels, including those in leadership roles to ensure awareness of the impact of trauma across all levels. One participant reported they had included training on trauma-informed approaches in service specifications.

"Changing structures of meetings and language used."

"...paperwork changes in language, **more of a choice and voice** for the patient to have more input in their plans. To use the plans to help front line officers better understand the person."

"I have used some of the videos and information slides as part of my training package. It has also been shared at our Safeguarding Group to ensure that those in **leadership** are aware of the impact of trauma when delivering healthcare."

Results (Level 4)

The intended purpose of level 4 evaluation within the New World Kirkpatrick Model is to measure one singular outcome, which pertains to the purpose of the organisation undertaking training. However, it is acknowledged that relating a single training to a high-level organisational outcome can be problematic, and so results may be measured through leading indicators. "Leading indicators are defined as short-term observations and measurements that suggest that critical behaviours are on track to create a positive impact on the desired results" (Kirkpatrick and Kirkpatrick, 2021). Leading indicators are closely linked to behavioural changes described in the previous section, however, focus on the impact of learning and behavioural changes in practice.

This section of the report will discuss findings in relation to the following leading indicators:

- Sustained awareness and understanding of trauma
- Increased staff confidence and wellbeing indicators
- Improved relationship building with people who use services and staff
- Assessment and engagement skills
- A shared language and culture

Appendix 2 provides full examples of participants perceived benefits and impacts to making changes as a result of trauma-informed training.

Sustained awareness and understanding of trauma

When asked about the benefits of attending trauma-informed training, responses often described a continued awareness and understanding of trauma and the use of regular reflection on the impact of trauma becoming routine practice. Many participants reflected that the result and impact of this awareness and understanding of trauma was reduced conflict and increased collaboration with people who use services, which contributed to greater confidence in their way of working.

"...being more aware of trauma and how it could impact people - e.g. someone may not be reacting to the situation in front of them, and instead could be triggered by something that's caused them trauma in the past."

"Training delivered to ward staff has meant they are able to understand that past trauma may impact on healthcare delivery, and to consider the environment may risk re-traumatisation."

"...to think about how to start and have conversations."

"For clients to know that professionals have a better understanding of trauma processes and are supportive of their experience and journey."

"I am very conscious not to re-traumatise service users when working with them on sensitive issues. Working with them to help build their skills and recognise their self-worth and being mindful of the language we use to ensure our interactions are always person centred."

Awareness of trauma was not only referenced with regards to working directly with people who use services, but also with carers and families.

"Training enabled me to work more sensitively with carers, using trauma as the basis for certain questions, leading to a more tailored type of support for the service user and carer."

Benefits of sustained understanding and awareness of trauma were demonstrated across many services.

"Postnatal debriefs looking at what occurred, looking at wider context of the story but also looking at plan for either the current or future pregnancies, listen, hear and respond hopefully in a way that is empathic but views the whole story."

"...helping the police to understand how their experiences of trauma will be impacting on their behaviours and that we need to take a non-criminal justice approach in order to reduce the likelihood of this reoccurring."

Experiences raised at follow up interview

Continued awareness of re-traumatisation outside of mental health settings was further demonstrated through follow up interview.

The participant also spoke about being mindful of the challenging balance of gathering information that may be required in their professional role, whilst remaining aware of the risk of re-traumatisation.

"I'm very aware that a lot of experiences are so traumatic for people they just don't want to revisit them and it's such a fine balance really to work out what's going on... because obviously the risk is of re-traumatisation or them just blanking it out or not wanting to talk about it." [from interview]

"Just being aware of this sort of balance and the curiosity of OK, this is how they are presenting, but where does it come from? And yes, we may not want to revisit where it's come from, but how can we interrupt this... how to do that in a way that's not going to re-traumatise them... this is like, reactive, emotional, almost nonverbal responses, and then you need to think about ways to make it conscious. Make it a cognitive process which is then more easily directed and controlled than this emotional reaction." [from interview]

Increased staff confidence and wellbeing indicators

Confidence in identifying and working with trauma

Participants frequently reported that continuing to be aware of the impact of trauma had provided sustained confidence in working in a trauma-informed way. Staff reported feeling they had permission to manage difficult topics sensitively, whilst others reflected on the positive affirmation they received that their existing approach was already trauma-informed.

Some participants also reported that because of attending the trauma-informed training they continue to be more confident in addressing trauma with carers.

"Training enabled me to work more sensitively with carers, using trauma as the basis for certain questions, leading to a more tailored type of support."

"Gives me greater confidence about working sensitively with individuals with trauma history, and holding this in mind when considering how people react in the present. what can the service do differently when the person seems to be 'stuck'?"

Prioritising wellbeing

One participant reflected that as teams felt better able to deliver care that was person-centred, staff stress levels had reduced. An example was also provided of how some teams have prioritised team wellbeing by incorporating time for meaningful de-brief.

"After a meeting, holding some **space for people to de-brief and check in**, instead of just leaving quickly."

"Person centred care was delivered, **stress levels on staff were reduced.**"

"The entire team is more understanding of the trauma processes, and that the work we undertake with our client group is likely to increase the incidence of 'burn out'. We are supportive of each other."

Improved relationship building with people who use services and staff

Therapeutic relationships

Several participants reported a positive impact on building trust within their therapeutic relationships because of working in a trauma-informed way.

Participants demonstrated their continued understanding of trauma through the benefits described in their therapeutic relationships. For example, multiple participants referenced remaining mindful that an individual's behaviour or response might be due to trauma. Participants were able to provide examples of taking things at an individual pace and guiding rather than dominating a conversation.

Negative encounters were also reported by training participants to have reduced and a perceived improvement in the quality of interactions. This was also noted across work with families, being able to take a trauma-informed perspective.

"Patients are readily coming to find me on the ward as they know that I have the patience and will listen to them."

"Trust has been built quickly with service users and their caseworkers, and this has led to better engagement with service users and better outcomes for them."

"Reduced for some service users and staff having negative encounters and perceive it has improved the quality of interactions with both service users and team members."

"I can apply another perspective to all my patient encounters and consider how some behaviours/communication style/coping strategies can be due to trauma response. I feel that I pause more with my communication to allow patients space to process things."

Staff and team relationships

As well as relationships with people who use services, some participants also reported benefits to staff collaboration, management approaches and performance in a way that promotes psychological safety.

"Using a supportive management approach, providing space to listen, work together and ensure voices are heard and actions carried out... Ensuring boundaries have been set in meetings so people feel safe and can speak out. Working through tensions in a constructive way, non blame."

Strong opinions were held by participants that in order for teams to function successfully the training is applicable to all, including those in management and leadership roles.

"...all levels of staff should understand the impact of trauma and how to work with people who have trauma... it is also important that managers and leaders understand that they may have staff who have experienced trauma and how best to work with them."

"It's a training that I will recommend to everyone. It does help to improve communication between staff and our client group who can sometimes be perceived as "difficult or hard to engage."

Experiences raised at follow up interview

At follow up interview, one participant described training having lasting impact in terms of how they approach team members within their working environment, particularly in relation to being mindful of vicarious trauma and staff support.

"We need to be aware of that sort of emotional and psychological and physical drain."

"Working in a team, you're aware that a lot of the cases, particularly with mental health issues, they are emotionally draining for us, **recognising that vicarious trauma**."

Assessment and engagement skills

Feedback from those who use services

Assessment was often stated as an area of work where trauma-informed approaches could be applied. Participants reported that this was also reflected in direct feedback from those who use services, that they felt better supported and understood, with collaborative, exploration of difficult issues led by those who use services.

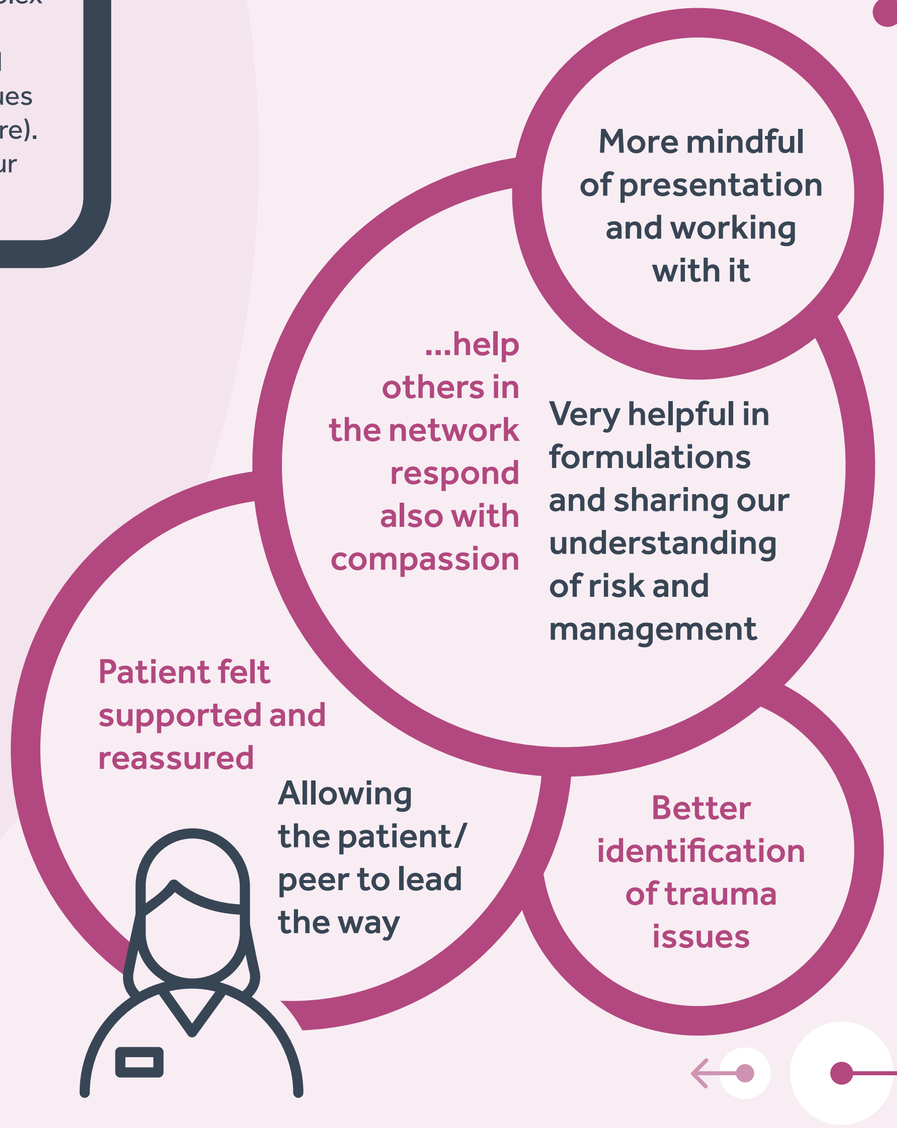
> "Staff were struggling to manage a complex person who uses our services. Applied the principle to break down the case and formulate a plan than addressed the issues in a trauma-informed way (triangle of care). Staff felt supported, person who uses our service felt validated."

Validation

Participants were also able to provide examples to illustrate how they have been able to apply training skills within assessment formulation.

The impact of training on assessment skills was also demonstrated through the described shift in staff reactions and responses.

> "Validating the client's feelings whilst working together to find a solution or a better way forward."



A shared language and culture

Participants reflected on how trauma-informed approaches have helped teams to articulate the work they do and provide a narrative for a team culture and approach to work. Some participants described that because of this they have observed a reduction in negative talk and improved communication between clinicians from different services.

"Helped us to **articulate** and be confident in what we do as youth workers as the principles and practices are aligned."

"Prevented some of the more negative talk about individuals by **reframing behaviour** in line with life experiences."

"Understanding the theory and language of TIC [trauma-informed care] has given us tangible ways to articulate to clinicians what we do and how this helps young people, resulting in **improved referral rates**."

Applying a trauma-informed lens was frequently referenced by participants as a term that has been **adopted into team vocabulary.**

"It's helpful to **apply the trauma-informed lens** during encounters with patients... helpful to provide language and framework around trauma-informed care."

Changes for Year 2 Training

- Training feedback questions have been tailored to each module to better understand the learning from individual modules.
- Module names and describing language have been changed in line with up to date trauma-informed literacy.
- Module content has been reviewed and updated in line with most recent evidence base.
- Module workshops have been extended by 30 minutes in response to participant feedback.

References

Kirkpatrick J and Kirkpatrick WL, (2021). An Introduction to The New World Kirkpatrick Model. Kirkpatrick Partner:Georgia.

Appendix 1

Count of follow-up survey participants' organisation

Organisation	Number of Participants
Action for Carers	1
Andover Mind	2
Buller Court	1
Catalyst	3
CSH Surrey	2
Emerge Advocacy	1
Epsom and St Helier University Hospitals NHS Trust	1
First Community Health and Care	2
Frimley ICB	2
Learning Space	1
Mary Frances Trust	4
Richmond Fellowship	2
South West Surrey Domestic Abuse Outreach	2
Surrey and Borders Partnership NHS Foundation Trust	32
Surrey County Council	14
Surrey Heartlands ICB	3
Surrey Police	1
The Hope Hub	1
The Source Young People's Charity	1

Appendix 2

Table of full examples of the application and benefits of trauma-informed training in practice

Please note that the table contains raw data extracted from survey responses which has not been edited, and therefore may contain acronyms, typing errors and abbreviations.

What (if anything) have you been able to apply from the training in your day-to-day work?

Changing structures of meetings and language used, collaboration with stakeholders, redesigning forms, assessments, ensuring lived experience are part of policy and process changes, supervision being more of a two way process. Being aware of trauma and trauma responses in staff. Ensuring wellbeing is at the top of the list for staff, asking open questions about how people choose to be supported that works for them.
Understanding the theory and language of TIC has given us tangible ways to articulate to clinicians what we do and how this helps young people, resulting in improved referral rates. Training the wider team in TIC has helped them better understand the experiences of those we support.
Also useful to look at the services that we offer and how we can use the concepts for developing guidelines, leaflets, staff awareness to make these more informed. Where you can influence making a change across the service.
I have always been trauma informed as I have come from a lived experience of trauma, it is harder to do in the ever changing NHS now which I am now having to be more curious and not reactive as it goes against what I believe in my heart and what I am passionate about. Trying to be trauma informed now and apply that training in the work environment with all the pressures and the lack of care and support is very testing.
Recognising that some responses from clients are not being driven by cognitive processes. All clients in the group I work with have experienced significant trauma and I have been able to acknowledge this and reduce the risk of re-traumatisation through my involvement.
It's raised my awareness about having trauma informed approach to supporting people where trauma is a significant part of their life experience. it supports formulation of risk and provides context for understanding their current presentation. it also contributes to diagnostic understanding where there is diagnostic complexity especially where there has been childhood trauma.
Whenever people I work with show scepticism of mental health teams, or seem to be unmotivated to engage with something that I think might be helpful, I remind myself that they have a long and difficult history of having their agency removed by mental health teams, and they therefore have a right to be sceptical and standoffish. And that it will take time for them to see me as separate from those past experiences.
Providing bespoke supervision / support for staff in my team allowing them to lead on what would work well for them. Support practitioners to consider different approaches with children who have experienced trauma & think about their responses within a trauma-informed lens rather than make assumptions.

If you can, please give an example of how you have applied the training with a patient/client or staff member.

A staff member was bereaved of a sibling when growing up, I was not aware. We were discussing a client who she thought had ND needs who has historically lost a sibling, and I mentioned about needing to factor in the impact of trauma of the sibling. She told me what happened with her sibling, and it evoked some of her needs. I was able to respond with compassion, and allowing space for her, we actually decided that she may need to think about her needs and her clients needs and how they may entangle, and I was gentle in the topic as we discussed client over the next few weeks.

This helped us to care for her, and her client.

Diverted a child from the criminal justice system by helping the police to understand how their experiences of trauma will be impacting on their behaviours and that we need to take a non-criminal justice approach in order to reduce the likelihood of this reoccurring.

Recognising that someone's 'rudeness' was a self-defence mechanism and changing my response to it. Allowing her to push the boundaries safely without me retreating, in order for her to begin to form a relationship where the other person doesn't leave.

Young person, no eye contact, highly anxious - The referral indicated bullying.

Took a few sessions to build up trust, offering validation and cheerleading on what they shared.

Being empathetic and showing a genuine interest in their worries allowed the young person to share their difficulties.

I have utilised the principles of the training with a client presenting with low mood and anxiety following the hospitalisation of their son for their mental health. Though the client doesn't present with mental illness, I have taken the time explore carer support options and encourage self-compassion, acknowledging the intensity of the parent carer role.

I have a member of staff who was troubled by a number of difficulties she was managing in her personal life, for whom a relatively minor organisational change was then the tipping point to reliving a traumatic experience working for another employer/ organisation several years previously. I referred to Occ Health for support. They identified a form of unresolved PTSD, with anxiety and depression. I needed to support her, as line manager, and still do - in addition to the clinical support and counselling she received, her GP's inputs etc. Having seen the TIC training advertised, I attended the two TIC webinars to get some insights about how best to help.

The staff member was upset and had not been sleeping due to concerns about work. We talked about what was troubling her and slowly made a plan to look at the problem objectively and had some steps to put in place over next few weeks to see how things looked once those were done.

Validating and acknowledging how life experiences can affect people physically and emotionally and reflecting this back and naming this to a patient can be helpful.

Formulating how life experiences can cause reactions in us physically and emotionally - normalising this experience for people.

We use an 'emotional thermometer' tool with young people to help them identify their felt levels of distress at the start and end of our time with them in hospital. On average, this reduces from an 8 to a 4 out of 10. This allows us to help a young person see that they have achieved a level of emotional regulation (although we don't use this language) and we can communicate to other professionals that the young person is now in a place where they will be more able to engage with clinical care.

Postnatal debriefs looking at what occurred, looking at wider context of the story but also looking at plan for either the current or future pregnancies, listen, hear and respond hopeful in a way that is empathic but views the whole story so can be select elements that are important to that person and enables them to move on at the speed and pace of their choosing with the elements for change that are accepted and chosen by them as the important points.

I have used some of the videos and information slides as part of my training package. It has also been shared at our Safeguarding Group to ensure that those in leadership are aware of the impact of trauma when delivering healthcare.

I work holistically and to the needs of the individual, so I carry fidget toys and I do my homework so each person I see I provide a tailored individualised approach and I listen.

Recently, I have as an example a young person would not leave the room or engage, I have sent my photo and a brief message so she can read, I am now going to meet and she is aware if its only she steps on the stairs I will validate and next time she might get to the bottom of the stairs but it is slow and at their pace, I am focused on what she needs and building trust. She likes art so I have put a pack of art supplies and fidget toys so when she does get to the point to be in the room with me it can be a task of fun rather than talking and difficulty.

With a clients who reported incidents of abuse, being able to offer an approach where they were able to speak freely. I already had knowledge of the incidents, so I was able to suggest they did not need to recount these to me, unless they wanted, and unless they thought it would enable them to move on.

In patient staff were struggling to manage a complex person who uses our services. Applied the principle to break down the case and formulate a plan than addressed the issues in an trauma informed way (triangle of care). Staff felt supported, person who uses our service felt validated.

I feel I have more empathy and compassion particularly for those who self-harm by any means - alcohol, overeating, addictions. I help patients to recognise the drivers and help encourage them to seek support for these.

Diverted a child from the criminal justice system by helping the police to understand how their experiences of trauma will be impacting on their behaviours and that we need to take a non-criminal justice approach in order to reduce the likelihood of this reoccurring.

What (if any) have the benefits been to you and your patients/clients, staff or colleagues of working in a trauma-informed way?

Working alongside clients, enabling their voice to be heard and be led by their wants/needs within safe boundaries. Developing relationships that are safe, collaborative and meet client needs.

Staff, working together, using a supportive management approach, providing space to listen, work together and ensure voices are heard and actions carried out. Changing language of meetings to feel positive rather than performance, change to best practice. Ensuring boundaries have been set in meetings so people feel safe and can speak out. Working through tensions in a constructive way, non blame. Using the principles in TIA to embed into meetings and facilitate participation

By allowing the patient/peer to lead the way in which they can communicate their feelings and trust their environment to relax and be confident that they are listened to and respected

hHelped me in formulation and planning, recognise 'stuckness' and explore different avenues of work.

Helped me input trauma informed strategies, and help others in the network respond also with compassion.

The training was excellent, helping me understand better how to approach conversations, what to talk about - and just as importantly what NOT to talk about/ask.

As a more general benefit, I learned from the interactions of others at the sessions and got a greater insight into the perspective of those in the clinical teams and the situations they were dealing with.

I feel I can apply another perspective to all my patient encounters and consider how some behaviours/communication style/coping strategies can be due to trauma response. I feel that I pause more with my communication to allow patients space to process things and I can look out for observable things that could highlight fight/flight response. I try to create safety with my tone of voice.

Understanding better and being more confident in the emotional boundaries which exist between people and remembering that there are underlying reasons why people react the way they do - it's not always because of the situation at hand and that by embodying calm, we can 'lend' that to others in distress - we don't have to join with their stress.

Helpful to think about how to start and have conversations. A lot of the people we see may have had either some prior experience and view their last birth as traumatic or are currently struggling with what is going on with clinical picture. Useful to think about have conversations which reduce triggering elements but also considers all the other factors that may also be contributing.

I get interaction, I take things slow at their pace and I build trust, I learn about others and build on that I do not force or control I walk alongside and I guide.

The benefits is that young people see light at the end of the tunnel, they feel it does not have to stay this way and people do care and that they can move forward. People's progress is individual no one person is the same.

For clients to know that professionals have a better understanding of trauma processes and are supportive of their experience and journey.

For colleagues to be able to express and explore their feelings of vicarious trauma.

Benefits to me - being more aware of trauma and how it could impact people - e.g. someone may not be reacting to the situation in front of them, and instead could be triggered by something that's caused them trauma in the past.

Gives me greater confidence about working sensitively with individuals with trauma history, and holding this in mind when considering how people react in the present. what can the service do differently when the person seems to be 'stuck'?

I came away from the very interesting and enjoyable day much more educated and informed in understanding trauma and mental health related issues. I can pass on my knowledge and understanding to colleagues and service users.

I have become more aware of transference - I am not sure if this came up in the session or if this is from my own reading/learning. But this has a significant mental strain, particularly amongst more highly sensitive professionals. Self-care/work balance helps to keep staff involved in working with trauma well.

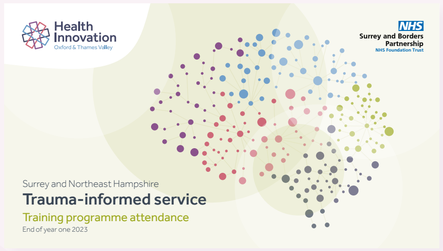
Helps with making a closer trusting relationship and being able to understand the deeper issues that may have been more difficult for the client in the past to express. This then allows the team to work on a more effective plan

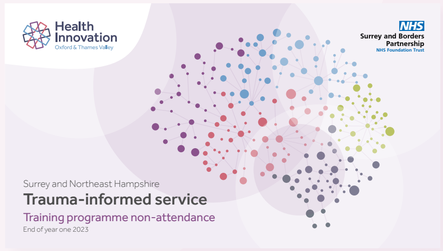
Reduced for some services users and staff having negative encounters and perceive it has improved the quality of interactions with both service users and team members.

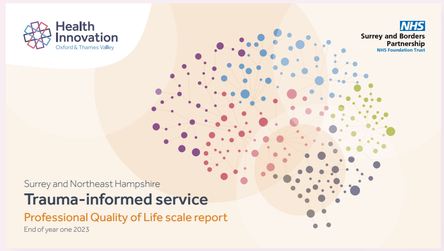
Better understanding of the needs of the children that we work with & making sure that we consider their experiences of trauma in terms of the youth justice outcomes we apply to them as well as adapting our approaches to make it more likely that we can engage them with support.

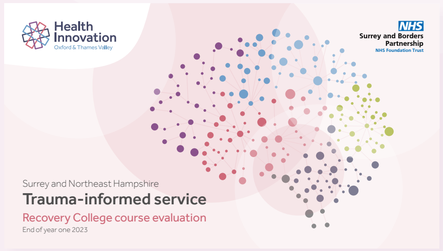
Health Innovation
Oxford & Thames Valley

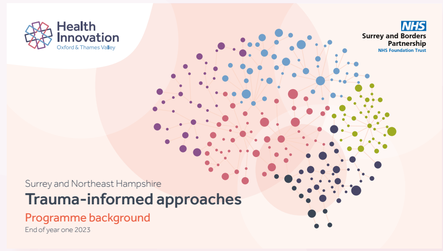
NHS
Surrey and Borders Partnership
NHS Foundation Trust











Surrey and Northeast Hampshire

Trauma-informed service

Training follow-up evaluation

End of year one 2023

SURREY HEARTLANDS
Health and Care Partnership

Frimley Health and Care

CHANGING FUTURES

SURREY
COUNTY COUNCIL