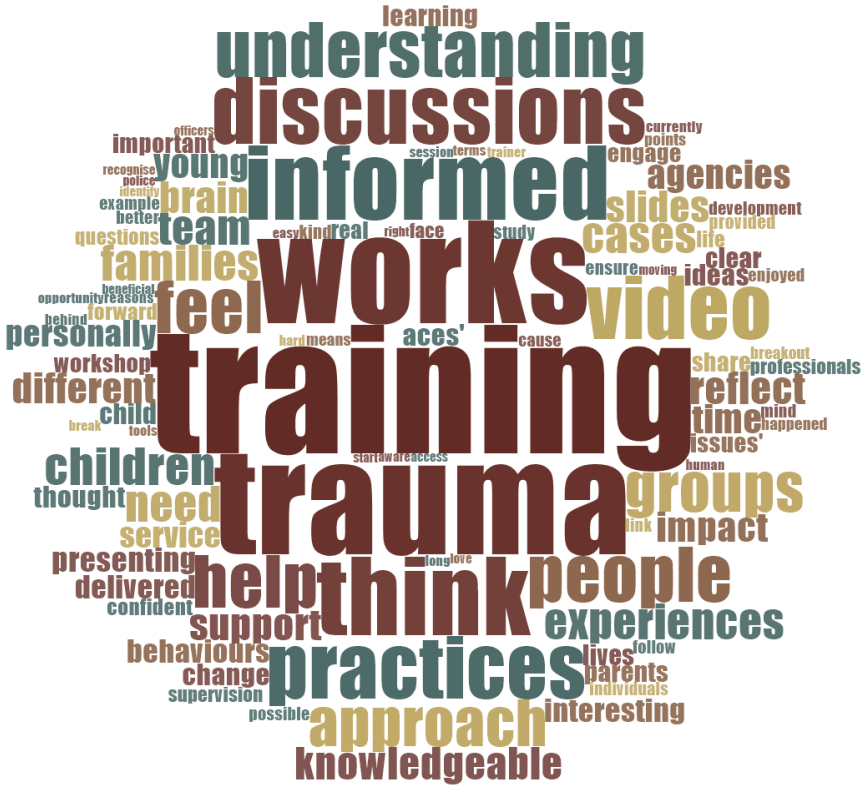
Trauma-Informed Training in Lancashire:

An Evaluation

January 2021



Evidence-based policing team:

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Acknowledgements

The Lancashire Violence Reduction Network

Established in 2019, the Lancashire Violence Reduction Network (LVRN) is a collaboration of public, private, third sector, community and lived experience organisations and individuals, which aims to prevent and reduce violence.

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EXECUTIVE SUMMARY

Trauma-informed training was delivered to a sample of neighbourhood police officers (NHP), new recruits (PEQF) and social workers (SW) within Lancashire. Training was introduced in March 2020 and continues to be rolled out across the workforce. The aim of this paper is to evaluate the trauma-informed training, specifically to determine: i.) what worked; ii.) what could be improved; and iii.) if/how training impacts on practice.

Method: A mixed methods approach was adopted, to evaluate trauma-informed training through the analysis of quantitative and qualitative data. Primary and secondary data was collected in the format of feedback forms, emails and semi-structured interviews (n=74). Descriptive and thematic analyses were conducted.

Key findings: The descriptive analysis indicated positive perceptions of the training, with the majority of participants agreeing or strongly agreeing that: the objectives and content were clear, and they understood how to apply the trauma lens to their daily practice. Over 90% of participants reported that they would change their practice as a result of the training.

The qualitative analysis is reported in three sections, with key themes and subthemes identified: i.) what worked well; ii.) recommendations for future delivery; and, iii.) changes to practice. In terms of 'what worked well', participants referred to practicalities of the training (i.e. methods used, the trainer) and the increased awareness of how to recognise, and response, to trauma. This encouraged attendees to reflect on their existing practice and identify how they could amend their behaviour in future practice. 'Recommendations for future delivery' related to the delivery of the training (i.e. face to face), the content (i.e. provide prior to training) and clarity regarding what happens next (i.e. further training, practical guidance). In relation to 'changes to practice', participants referred to ways in which the knowledge gained from the training would influence their behaviour, including reflecting on their approach with victims, offenders and service users, being considerate of the language they use and sharing their learning with others (i.e. colleagues, service users).

Recommendations: Based on an analysis of the data collected, the following recommendations are made:

- **Reflect on how training may be tailored to appeal and apply more to the audience:** consider minor nuances in the training delivered to different cohorts, based on cohort preferences and existing knowledge base.
- **Enhance the online learning experience:** there were variations in the receptiveness of participants to online learning, but as the 'new normal' remains unknown and COVID-19 restrictions continue, trainers should consider how best to enhance the online learning experience of attendee's, at least for the short-term. In particular:
    - **Integrate other methods into online training to enhance inclusivity**
    - **Provide information pre-training**

- **Develop and share a post-training toolbox:** the provision of further practical resources was requested by practitioners to assist in their daily practice and to develop countywide trauma-informed networks.
- **Development of a shared language and awareness of other agencies**: it is critical that agencies adopt a consistent trauma-informed approach and are aware of each agency's responsibilities.
- **Regularly review evidence and procedures of agencies:** to ensure practice remains effective and appropriate, it is essential for training to have a current evidence-base and remain up-to-date in relation to 'what works'.
- **Establish an approach to evaluation:** it is critical to evaluate future training to ensure it is fit-for-purpose, meets the needs of practitioners and achieves the intended learning outcomes. To support training evaluations, an evaluation and data collection plan should be determined at the outset.
- **Assess practical application:** evaluate the application to practice by conducting follow-up work with attendees between three and six months after completing training.

INTRODUCTION

Research has established the negative impact adverse experiences have on an individual throughout their life (e.g. Bateson et al., 2020; Becker-Blease, 2017; Bloom, 2013; The Institute of Trauma and Trauma Informed Care, 2015; Ko et al., 2008;). Whilst trauma is not a new concept, recent attention has assisted in increasing awareness and extending the existing knowledge base on childhood trauma and future negative outcomes (e.g. violence, poverty, poor health) (Becker-Blease 2017; Branson et al. 2017; Hanson & Lang 2016; Wade et al., 2014), particularly amongst practitioners (Bunting et al., 2018). Purtle (2020) states *"enthusiasm for trauma-informed practice has increased dramatically"* (p.725; Becker-Blease, 2017), noting a rise in organisations training staff on trauma-informed practice (TIP) across various disciplines (see Purtle, 2020).

Traditionally, policing adopted a reactive approach with a focus on enforcement, which has been criticised for failing to understand the effect of past trauma on victims and offenders alike (Bateson et al., 2020; Jones et al., 2019). Misperceptions about the impact of trauma amongst police officers are reportedly a result of a lack of adequate training and thus limited understanding (e.g. Campbell, 2005; Franklin et al., 2020). Given the adverse effect such misperceptions and negative interactions could have on a victim or offender, it is critical to *"educate police personnel on the nature of trauma and the multifaceted ways trauma survivors respond to victimization"* (Franklin et al., 2020, p.1057). Adopting a trauma-informed approach may be of even more significance in light of the current global pandemic: Jones (2020) highlights how COVID-19 restrictions, namely staying home and self-isolating, are associated with additional stressors (i.e. job loss, Ichino et al., 2020) that are linked to adverse experiences, such as concerns surrounding unsafe home environments, child abuse (Abel & McQueen, 2020) and a rise in intimate partner violence (Campbell, 2020).

Trauma-Informed Practice (TIP)

TIP is underpinned by the belief that "any person seeking services or support might be a trauma survivor" and therefore, the response must "recognise, understand, and counter the sequelae of trauma to facilitate recovery" (Goodman et al. 2016, p. 748). The core assumptions of TIP are based on the four 'Rs':

- **realisation** of trauma and its impact;
- **recognising** signs and symptoms of adverse experiences;
- **responding** by applying evidence and understanding of trauma to policy and practice; and,
- resisting **re-traumatisation** (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014).

The fundamental principles, which are thought to provide the service user with surroundings that differ to the adverse conditions they may have experienced (e.g. Becker-Blease 2017; Goodman et al., 2016; Hales et al., 2017; Knight, 2019), focus on:

- **Safety**: physical, such as the service location, and emotional, such as positive working relationship;
- **Trust**: confidentiality, clear boundaries, honesty and open communication;
- **Empowerment**: enabling control and achievement of goals;
- **Choice**: respect for individual identity and consent;
- **Collaboration**: supporting and empowering the service user and their choices.

TIP therefore recognises how adverse experiences could impact an individual (e.g. regulation of emotions) and encourages practitioners to consider the individual's past as an explanation for their behaviour (Bateson et al., 2020; Bunting et al., 2018). An improved awareness of trauma and adoption of TIP could not only assist in mitigating the impact of such adversity (see Champine et al., 2018; Wade et al., 2014), but also in enhancing the legitimacy of the agency (Love-Craighead, 2015; Jones, 2020).

Trauma-informed training

Trauma-informed training develops practitioner awareness of trauma and vulnerability, particularly in terms of the impact of trauma in later life, which in turn increases compassion, confidence and their ability to positively respond to, and interact with, vulnerable people (Barberi & Taxman, 2019; Barton et al., 2019; Engel et al., 2019; Ford et al., 2019; Jones, 2020). Although there have been encouraging findings on applying TIP (see Hanson & Lang, 2016), Franklin and colleagues (2020) report mixed results of training on practitioners regarding their perceptions and behaviour towards victims, offenders and other members of the community. Difficulties in translating theory to practice have also been noted (Cook et al., 2017; Courtois & Gold, 2009; Knight, 2018; Layne et al., 2011), in addition to limited practitioner engagement (e.g. Berger & Quiros, 2016; Knight, 2018) and a scarcity of resources (Knight, 2019), with Bateson and colleagues (2020) arguing that a "greater awareness about how trauma impacts upon children and adults is required to aid the identification of vulnerability and develop a trauma-informed workforce" (p.132).

Trauma-informed training in Lancashire

A trauma-informed training package, developed by Lancashire Constabulary, Lancashire's Violence Reduction Network (LVRN) and partners, was rolled out in early 2020. A group of Neighbourhood Police Officers (NHP) from Lancashire Constabulary were the first cohort to receive training; NHP experienced the face-to-face delivery of the training, yet as a result of the Covid-19 pandemic, subsequent training moved to online delivery (via Zoom) for the police recruits currently completing the Police Education Qualifications Framework (PEQF) and social workers[1] (SW).

The objectives of the training include:

- To explore how to become 'Trauma-Informed Lancashire' as individuals, services and within multi-agency working;
- To build a simple understanding of the brain and how Adverse Childhood Experiences (ACEs) and trauma affects it;
- To be able to recognise how trauma may present in service users;
- To consider how to apply a trauma-informed lens to become trauma-informed, both individually and in practice;
- To begin to think about changes that can be made to working practices and multi-agency working.

The training covered topics such as: the impact of trauma on the brain and body; recognising and responding to trauma; and barriers to engaging in trauma-informed practice.

[1] The social workers (SW) cohort included front line children and family SW (managers, newly qualified and experienced SW), and family support workers from children's social care.

METHOD

Trauma-informed training was rolled out to three cohorts in Lancashire: neighbourhood police officers (NHP), police recruits currently completing the Police Education Qualifications Framework (PEQF) and social workers (SW). The aim of this research is to evaluate the trauma-informed training, specifically to determine: i.) what worked; ii.) what could be improved; and iii.) if/how this may impact on practice.

Design and procedure

The evaluation adopted a mixed methods research design, utilising both quantitative and qualitative data. Due to extenuating factors (i.e. timing), there was a variation in the format that feedback was given; this included feedback forms (n=46), email (n=23) and semi-structured interviews (n=5).

Feedback forms were disseminated by the trainer and provided to the researcher for analysis; the forms measured the individuals agreement with four statements and asked if their behaviour would change based on the input, in addition to collecting qualitative content regarding what worked and what could be improved. In other instances, a general feedback summary was provided by email or a semi-structured interview was conducted by the researcher, via Microsoft Teams.

Sample

Table 1 outlines the cohort, the type of training and the data collection method for attendees who submitted feedback[2].

Table 1. Type of training and data collection method, according to cohort

Cohort	*n* (%)	Type of training		Data collection method	
		Face-to-face *n* (%)	Online *n* (%)	Feedback form *n* (%)	Email or interview *n* (%)
NHP	6 (8.1%)	6 (100.0%)	-	1 (16.7%)	5 (83.3%)
PEQF	22 (29.7%)	-	22 (100.0%)	1 (4.5%)	21 (95.5%)
SW[3]	46 (62.2%)	-	46 (100.0%)	44 (95.7%)	2 (4.3%)
Total	**74 (100.0%)**	**6 (8.1%)**	**68 (91.9%)**	**46 (62.2%)**	**28 (37.8%)**

Analysis

Due to the variations in sample size and data collection methods between the three cohorts, it is not possible to conduct a statistically reliable and valid comparison to determine if there are differences in how the training was perceived by NHP, PEQF and SW. However, descriptive statistics will be provided to present an overview of the quantitative information collected in the feedback forms, with thematic analysis conducted to obtain a deeper, contextual understanding of how the training was perceived.

[2] Not all attendees of the training provided feedback

[3] A total of 140 SW completed training in 2020 (feedback response rate = 33%). This figure is not available for the NHP and PEQF cohorts.

RESULTS

Quantitative Analysis

Figures 1 to 4 illustrate the levels of agreement to statements presented to individuals in the feedback forms (n=43). In relation to the utility of the training, the clarity of the objectives and the understandability of the content, the highest proportion of attendee's strongly agreed (74.4%, 62.8% and 58.1%, respectively). In terms of understanding how to apply the trauma lens to their daily practice, the majority of participants stated that they agreed (65.1%) or strongly agreed (25.6%). Smaller proportions of attendee's demonstrated disagreement with each of the statements.

Figure 1. The training experience will be useful in my work

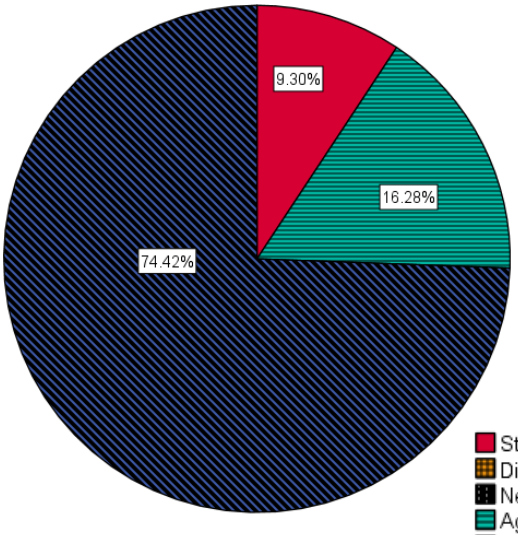
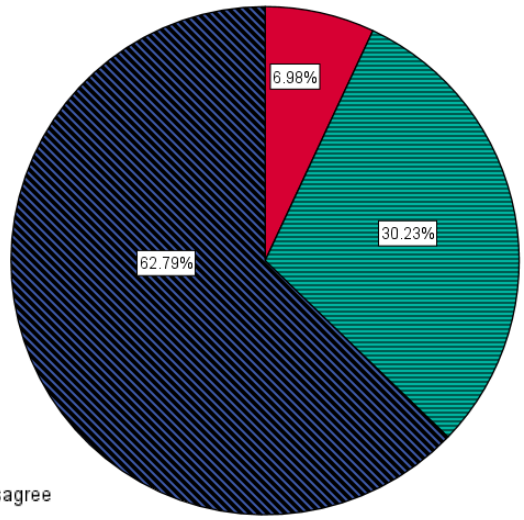


Figure 2. The objectives of the training were clear



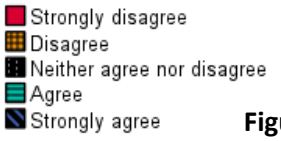


Figure 3. The content was easy to follow

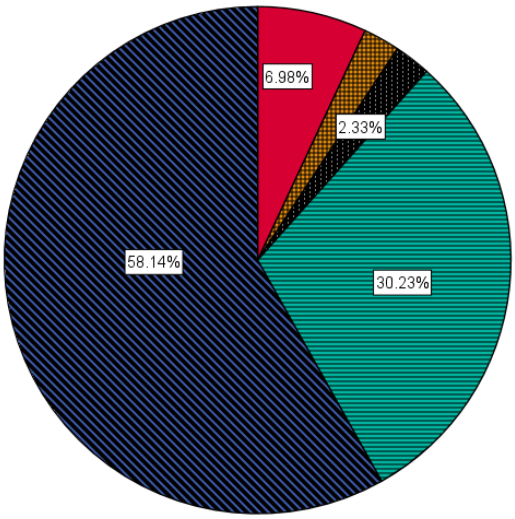
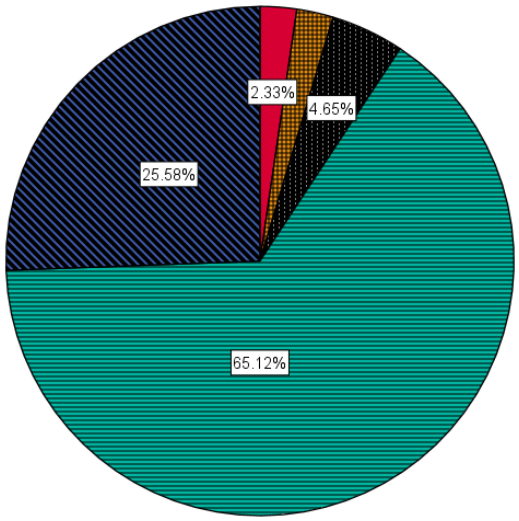


Figure 4. I understand how to apply the trauma lens to my daily practice



When asked if they would change their practice as a result of this training, 93.0% (n=40) of the sample indicated that they would, with only three participants indicating they would not (7.0%).

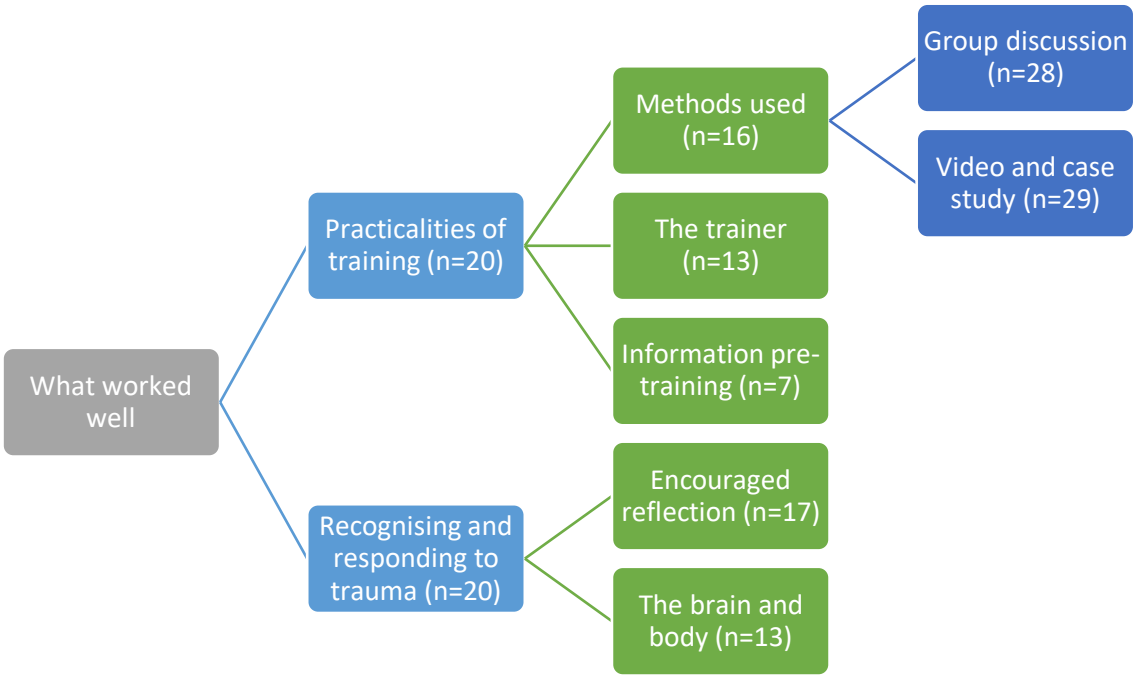
Qualitative Analysis

The thematic analysis identified seven core themes throughout the data (n=74), across three specific areas: i.) what worked well; ii.) recommendations for future delivery; and, iii.) changes to practice. The themes and subthemes are illustrated in Figures 5 to 7, in which the number of references made to each (sub)theme are stated.

i.) What worked well

Overall, participants of the training reported that they found it *"effective"* (SW3), *"informative"* (SW51), *"engaging"* (PEQF50), *"thought provoking"* (PEQF63), *"interesting and useful"* (PEQF48). The value of the training was recognised across the cohorts, as an existing officer noted that *"it's always good to be refreshed on things like that"* (NHP54), with a new recruit stating *"this is an area I had no experience in and now feel I understand trauma"* (PEQF60). Specific elements of the training were categorised into one of two themes: i.) practicalities of training, and ii.) recognising and responding to trauma (see Figure 5).

Figure 5. Themes and subthemes: What worked well



Practicalities of training

Practical aspects of the training that were identified as working well included the timing and structure of the session, in addition to the ease in understanding the content:

> *"it was not too long, with well-timed breaks"* (SW23);
>
> *"structured training helped with understanding it better"* (SW38);
>
> *"the message behind the training was very clear"* (NHP46);
>
> *"the information was clear and easy to follow"* (PEQF49);
>
> *"The presentation itself was easily to follow and very thorough"* (PEQF57)

The training was deemed to be an *"important input and reinforced block one learning"* (PEQF60). Further strengths of the training were reported and were categorised into three subthemes: i.) methods used; ii.) the trainer; and iii.) information pre-training.

Methods used

Participants liked the variations in methods used to deliver the training. In particular, the group discussions and the use of both video and case studies were positively highlighted by many:

> *"Having a combination of slides and the trainer delivering the course"* (SW12);
>
> *"Slides that were used to explain in more depth"* (SW22);
>
> *"good mixture of powerpoints, discussions and videos"* (SW23);
>
> *"The visual learning, through videos, powerpoint and case study"* (SW32);
>
> *"Excellent delivery using a variety of method*" (SW51).

Group discussion: Participants reported that they enjoyed the group discussions (held via breakout groups for the online sessions) and found them *"beneficial for learning"* (SW15), as they felt it enabled them *"to take on perspectives and ideas from different teams"* (SW5) and to *"learn from each other's experiences",* as well as *"having the opportunity to share [their] own experiences and knowledge"* (SW12). Further benefits of the group work included helping to *"solidify the content discussed"* (SW19) and to initiate *"reflective discussions"* (SW21).

Video and case study: In addition to other methods used during the training, the use of videos and a case study were highlighted by numerous participants as a way to apply the content to their practice, in addition to being *"a useful tool for [their] understanding"* (SW42) (see Box 1).

Box 1. Video and case study

"The case study was really interesting – I feel it helps to link the topics to a real life case study as it makes me consider it on a more personal level" (SW7)

"Case summary/video… [I] was able to relate to cases that I currently have on my caseload and how I could put this approach in to practice" (SW25)

"The case study was informative to relate this training with" (SW33)

"the [videos] were very emotive and demonstrated the importance of the training very well" (NHP46)

"the video… that speaks to you a little bit more as a human being really" (NHP52)

"I'm a visual learner so I think the videos were great" (NHP56)

"The video is helpful in cementing the need for the 4 Rs, especially the 'Response'" (PEQF58)

"The videos themselves were really helpful and definitely put the theory into context and show why it is so important to look at the bigger picture" (PEQF63)

The trainer

The importance of the trainer was acknowledged by participants, in terms of their engagement, knowledge and delivery:

> *"I thought [trainer] delivered it really well because it were boring"* (NHP54);
>
> *"[Trainer] is clearly very knowledgeable and therefore it didn't feel like [trainer] was talking at us"* (SW15);
>
> *"[Trainer] showed a lot of experience in the training and this was a very useful perspective"* (SW42);
>
> *"The content was…very clearly explained"* (PEQF57).

Information pre-training

Participants highlighted the benefits of receiving information prior to the training, in terms of preparation and consolidation of learning:

> *"Providing information before the training gave a better understanding of the impact of trauma"* (SW1);
>
> *"The video's sent prior to the training also prepared me for the training today"* (SW34);
>
> *"Being able to watch the videos prior to the session to have a better understanding coming into the session of what we will be looking at"* (SW36).

However, there may have been some inconsistency in the delivery, based on varying feedback between the cohorts (see Recommendations for future delivery: Content: Information pre-training).

Recognising and responding to trauma

It was evident throughout various responses that the session had informed participants of how to recognise trauma, in addition to providing an understanding of how to respond to trauma (see Box 2). Further to this, two subthemes were identified: i.) encouraged reflection; and ii.) the brain and body.

Box 2. Recognising and responding to trauma

"Recognising trauma in the people we work with, children and parents" (SW1)

"the training provided a clear, step by step guide to understanding the key principles of trauma informed approaches" (SW30)

"I have further developed my existing knowledge of adverse childhood experiences and trauma which I can now identify with more certainty within my role" (SW44)

"Knowledge of procedures – this is always a tricky one in MA training… What's important is safe, evidence based, good practice, not getting hung up on single agency policy and this came across strongly" (SW47)

"It has taught me a different way to Police and interact with those people" (PEQF62)

"The 4 R's are a good basis of knowing what to do rather than going in blind" (PEQF68)

Encouraged reflection

Whilst informing participants of how to recognise and respond to trauma, the training also encouraged individuals to *"reflect on their own practice"* (SW38) and enabled them to consider how they could apply their learning to their existing cases:

> *"It has got me thinking… how I can change my approach in understanding children / young people's behaviours"* (SW11);
>
> *"[I] was able to relate to cases that I currently have on my caseload and how I could put this approach in to practice"* (SW25);
>
> *"The training was very useful in reflecting on my own practise and how i support trauma"* (SW31);
>
> *"This has given good insight into how to move forward and provide further support to the family"* (SW33).

The brain and body

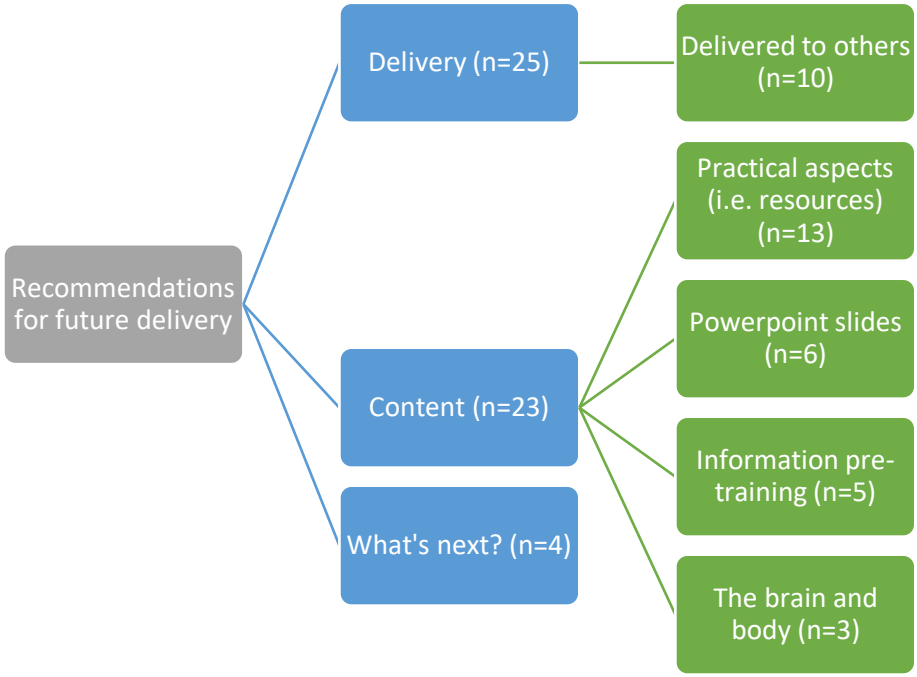
Participants gave positive feedback about the content relating to the brain and body. Whilst it was acknowledged that such content does not interest all of those who attended the training, others reflected on its value ("*it's still information and it's still valuable to know it"* [NHP53]) or noted their general enjoyment of the topic: *"I love the psychology around it as well, what parts of the brain does what, that absolutely fascinates me"* (NHP56). Specifically, the training provided an awareness of the *"impact of trauma through childhood development*" (PEQF45), as well as an understanding of *"the fight/ flight process and how trauma impacts an individual"* (SW33). Participants also noted how they would share their learning with the service users:

> *"Understanding brain development/brain builders and thinking about how this could be used I practice with Parents to make them more aware of the impact of good stress and toxic stress on their children's development"* (SW25);
>
> *"the NSPCC video was a simplistic but very good introduction to the brain formulation and the comparison between brain forming and framework for a house is something that can be used with parents rather than jargon terms"* (SW26).

ii.) Recommendations for future delivery

Participants of the training were asked to identify which elements they thought could be improved upon in future sessions. The responses were categorised into one of three themes: i.) delivery; ii.) content; and iii.) what's next? (see Figure 6).

Figure 6. Themes and subthemes: Recommendations for future delivery



Delivery

Attendees of the training commented on ways in which they felt it could be improved in future sessions. Although participants appreciated why the training was delivered online (due to Covid-19; SW and PEQF cohorts), they noted their preference to participate in face-to-face training:

> *"Always good to have face to face training, but obviously cannot be helped at this time"* (SW5);
>
> *"we liked the approach but imagine it would have been delivered better in person"* (PEQF48);
>
> *"the session itself was a little confusing, although I think this was made worse by Teams (in person I think it would flow better)"* (PEQF63).

In relation to the online training, participants reported experiencing *"technical difficulties"* (SW26; PEQF71), such as *"internet issues"* (SW32); whilst acknowledging that *"the trainer managed it"* (SW26), this made the training *"harder to follow and engage with"* (PEQF48). However, another participant reflected how it is *"difficult via virtual [means] to… keep everyone actively engaged"* (SW34), with further reference made to online etiquette: *"If all microphones were muted when watching videos, that would be beneficial"* (PEQF49).

Moreover, participants noted finding it *"hard doing [training] online"* (SW10) and drew attention to the platforms used in its online delivery:

"From a perspective of someone with Dyslexia it's hard to focus over Zoom due to extra distractions of chat box and people's camera / movements" (SW11);

"*More alternative participation methods for people who don't like speaking on Zoom"* (SW17).

Further feedback related to the length and dynamics of the session:

"It went on a bit long… with police officers, you're always going to get somebody who goes into a conversation… they basically just needed reigning in a little bit when people started going off on a tangent" (NHP54);

"*it's all about the dynamics. In training, you know years ago you could tell who was comfortable to be there and wanted to engage and it be that most boring subject on the planet, but they just knew how to deliver it"* (NHP56);

"I think having a discussion around the videos would make things clearly and maybe promote more questions" (PEQF67);

"*The lesson may benefit from being more interactive eg testing our prior knowledge, asking opinion etc*" (PEQF73).

In addition, a subtheme was identified: i.) delivered to others.

Delivered to others

One participant referred to a perceived difference between those who have been *"in the job for so long and might have forgotten a little bit the emotional side of things"* (NHP52), with a few participants indicating that other teams within the organisation would find the training more beneficial, due to identifying TIP as being an existing part of their role:

"*I think neighbourhood have the time to do that sort of thing more, but I think where you have your response officers, they don't… The response might get more out of it than what we did to be honest with you. They might not think about it that much, like we do"* (NHP54);

"it's something that in this team we kind of do anyway, so I think it would have been better with someone from like an immediate response team, rather than us" (NHP55).

Furthermore, attendees praised the training and suggested that it should be rolled out more broadly:

"To be delivered to our partner agencies and foster carers" (SW9);

"I… hope it is rolled out across all our services" (SW12);

"Target kids homes, prisons, and schools that specialise in behavioural issues" (PEQF45);

"I don't know why this training isn't delivered for most jobs if I'm honest- it could definitely be helpful in other sectors or even for victims" (PEQF50);

"Can't wait for this to be rolled out across workforce" (SW51).

Content

Several comments were made in relation to the content focussing on information that was already known by the attendees, with recognition that whilst *"it was just a little bit more of a repeat as such, but still informative'"* (NHP52):

> *"some of it was previously covered by other lectures where this didn't add any further learning to existing knowledge"* (PEQF48);
>
> *"it's things that we do anyway, but it's obviously noted down as opposed to it being just what we do"* (NHP53);
>
> *"I thought it was stuff that we already knew. I thought it was be pointless to be honest with you. Well, it were because it's something that we do on a daily basis"* (NHP54).

Repetition of content was also noted by those in the PEQF cohort:

> *"I felt like I had already gained a lot of the information form the first input in Block one of the study"* (PEQF60);
>
> *"I enjoyed the lesson although I felt that it was a repeat of the initial lesson we had during block one. If it was titled as a recap I think that might have been a bit more fitting rather than part 2 as I didn't think it built on the initial input much"* (PEQF72);
>
> *"the Part 2 session could be combined with Part 1 that was delivered in Block 1. We were advised to watch a video that we had already watched in Block 1"* (PEQF73);
>
> *"we watched the 18 minute video on 'Rose' during the first session in block one so I didn't feel we needed to watch this again. I'm not sure if this was intentional or an oversight"* (PEQF74).

In terms of content that could be included, suggestions related to:

- Mental health input:
  - *"having more of an input on… mental health and things like that … just having more of a deeper understanding"* (NHP52);
- Realistic content:
  - *"A lot of times, sounds awful, but the more realistic you can make the content, the more impact it's going to have*" (NHP56);
- Varied cases:
  - *"Interview a younger victim as Danny and Rose are both victims of older style policing, lots of things have changed since then"* (PEQF45);
- Advice to new practitioners:
  - *"Advise new recruits in particular that they won't be able to fix everyone, as those that are keen in this area could be setup to fail or be overwhelmed"* (PEQF45).

Further to this, feedback was categorised into three subthemes: i.) practical aspects; ii.) PowerPoint slides; and iii.) the brain and body.

Practical aspects

Practical aspects that participants of the training recommended for future training sessions and practice include:

- The inclusion of additional case studies:
  - *"Some more case studies could be useful"* (SW15);
  - *"more discussion time to reflect on real cases/experiences"* (SW29);
  - *"Maybe bring in a case study to work on a team"* (NHP56).
- A list of contact details for agencies, to assist in signposting:
  - *"add a list of agencies and their contacts"* (PEQF45);
  - *"a long list of partner agencies was talked about but we are yet to receive a list"* (NHP46);
  - *"we were told that we would be given a list of all of these agencies to contact … it helps the workload of other people as well and it might mean that they get the public help a little bit quicker… that's a very good tool… we're lacking the knowledge of everything that's out there for us… who to signpost them to, where to signpost them"* (NHP52);
  - *"it's that signposting and knowing you know how you can help an individual or where the best support system is for them is definitely valuable"* (NHP53).
- Practical tools, details about procedure and takeaway resources:
  - *"More actual tools on how to discuss trauma with children and adults and how to do that in a sensitive manner, maybe some actual words and a video example of how someone has discussed trauma with a service user"* (SW18);
  - *"It would be beneficial to have to further reading to take away, research in practice, useful links etc to further underpin the training and future learning/knowledge"* (SW27);
  - *"Add a slide that shows the route from initial contact through the agencies and potentially an outcome"* (PEQF45);
  - *"A brief chat about submitting a PVP, what happens to it, the importance of consent, what the MASH does, etc., in my opinion, would be extremely beneficial"* (NHP46);
  - *"protocol… add in about just how many hoops you have to jump through to get these children to safety… break it down in simple sections, like the first meeting will probably be the police, we'll put in a vulnerable person form, where does that go? 'cause I don't really know after that"* (NHP56).

PowerPoint slides

The PowerPoint slides were critiqued for being *"very wordy"* (NHP46) and *"repetitive"* (NHP52; PEQF68). Attendees suggested that *"simple terminology"* should be used, as well as a *"reduction of slides"* (PEQF45). The slides themselves would reportedly benefit from *"refining"* (NHP55) and the addition of *"a link to the evidence base"* (SW47).

Information pre-training

A degree of inconsistency was evident between the cohorts, with some participants highlighting the benefits of receiving resources prior to the training (see What worked well: Practicalities of the training: Information pre-training), yet others indicating they had not received such content. Due to

technical issues, and to enhance group discussion, participants suggested that access to training materials before the session would be useful:

> *"it would have been good to watch some of the videos in advance as they were quite long and broke the flow of the lecture and possibly added to the tech issues"* (PEQF48).
>
> *"it may have been good to have watched them prior to the session so a bigger discussion could have been had between the group"* (PEQF60);
>
> *"I think we would have benefited from being given an hour before the session to watch the two videos then use the session time to be able to discuss it with [trainer] as a group"* (PEQF68);
>
> *"I would have liked to have been given the link the Daniel's story earlier so we could have watched in our own time then had a discussion about it during the lesson"* (PEQF72).

The brain and body

Although information relating to the brain and body was noted earlier as a strength of the training, this was also identified as a limitation by a couple of participants:

> *"the stuff about brain research and about ACEs is a bit of a challenge for some people, have had feedback from some workers who have trauma background that it's hard to feel like you are on a trajectory that you can't change and it has made them a bit frustrated"* (SW10);
>
> *"with regard to like the higher brain and the needs and stuff, I don't think that's really needed to be honest"* (NHP55).

What's next?

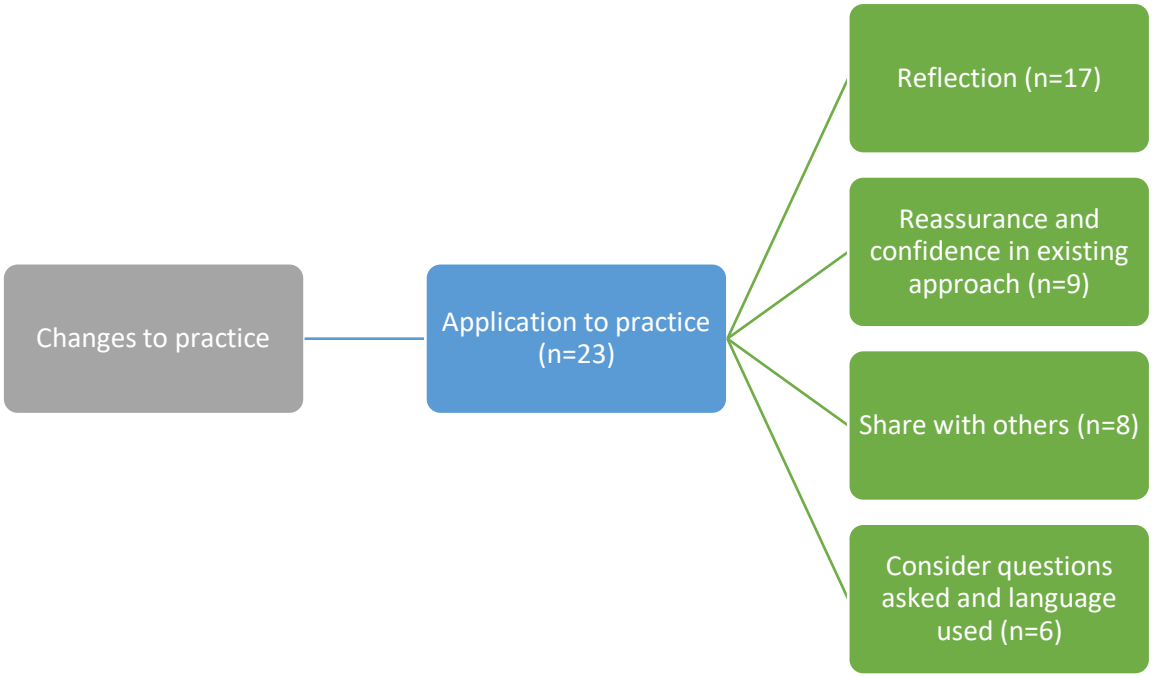
Reference was made to *"looking at service provision for trauma"* and how services could transition to *"working in a trauma informed way"* (SW15), with others noting their intentions to complete further training and expand on their knowledge:

> *"look forward to… engaging in further training"* (SW22);
>
> *"I would welcome further training to look at assessment tools and trauma based approaches in future"* (SW31);
>
> *"Looking at further training and ways in which I can equip myself with the skills to open up discussion about childhood experience without then leaving a person feeling further traumatised"* (SW36).

iii.) Changes to practice

As reported earlier, 93% of the sample said they would change their practice as a result of completing the trauma informed training. Participant's responses fell under one key theme: i.) application to practice (see Figure 7).

Figure 7. Themes and subthemes: Changes to practice



Application to practice

Participants reported how they now had *"more of a foundation to work from"* (PEQF45) and generally referred to applying their knowledge to their daily practice (see Box 3).

Box 3. Application to practice

"To use the knowledge around ACEs when working with parents and children" (SW1)

"I will ensure that I explore any 'behaviour issues' that are mentioned in supervision deeper with the social workers on my team" (SW7)

"I will take a more holistic approach considering all aspects of lived experiences" (SW14)

"Engage with service users more in an attempt to identify any underlying issues" (NHP46)

"if somebody is flying at 20,000 feet…you have to deal with them…using some of the things mentioned in the training with regards to trying to calm him down" (NHP53)

"*I really feel like I took a lot away from the sessions and will apply it to my role*" (PEQF61)

"*The delivery itself is interesting and definitely something that I will be considering when out on shifts*" (PEQF73)

Furthermore, four subthemes were identified in terms of how learning from the training was practically applied: i.) reflection; ii.) reassurance and confidence in existing approach; iii.) share with others; and iv.) consider questions asked and language used (see Table 2).

Table 2. Application to practice: Subthemes with supporting quotes

Subtheme	Supporting quotes
Reflection	*"To be professionally curious"* (SW1) *"It has helped me reflect on how I interact with children, young people and families"* (SW5) *"this workshop has brought [trauma] to the forefront of my mind and I will be consciously thinking about this is my work going forward"* (SW9) *"The workshop has enabled me to reflect on my knowledge and skills and where and how I want to make improvements"* (SW17) *"Being mindful around what the child or parent has experienced, through their own eyes and understandings"* (SW32) *"I will keep in mind what I have learned today and ensure that I bear in mind the impact that trauma can have on a young person and their families"* (SW36) *"it was a bit more at the forefront of your mind when you're interacting with different people"* (NHP55)
Reassurance and confidence in existing approach	*"this training has reinforced my views on this and provided more confidence in working in this way"* (SW4) *"I feel I will be more confident when challenging other agencies when they are raising issue about 'behavioural issues'"* (SW7) *"I feel I already 'bring my human to work' but will now feel more confident and reassured in my approach"* (SW29) *"I feel that I have further developed my existing knowledge of adverse childhood experiences and trauma which I can now identify with more certainty within my role"* (SW43) *"it's something that you can Put into a little area of your policing tactics, as opposed to it just being what you do is actually given some validity and shape to it"* (NHP53)
Share with others	*"I will share the resources within my team as I feel that these are important to support the teams to move forward and feel confident in exploring trauma"* (SW7) *"I will… be able to have these discussions with the team and urge them to ask these questions and understand the history more… whilst it has been beneficial for me it will be further embedded when the team access this"* (SW27) *"Team – to encourage and… to undertake more meaningful direct work using the tools provided in the training / and ensuring this is captured"* (SW34)
Consider questions asked and language used	*"It has helped me reflect on how I interact with children, young people and families. The language that we all use"* (SW5) *"Changing the vocabulary I use. Asking someone, "What happened to you?" not "What is wrong with you?'"* (SW20) *"Consider more explicit discussion with family members around ACE's and trauma rather than 'simply' being aware of it within my work"* (SW24) *"I will ensure that I ask children and young people 'What has happened to them?'"* (SW25) *"I will try to change my language and use more open questions that will allow a person to 'tell their story'"* (SW29) *"being mindful about language, and the right questions"* (SW32) *"it's sort of reminded me to maybe try and ask people, so in that way, yes, that might change my approach"* (NHP52)

CONCLUSION

Overall, the training was positively received by participants, which was reflected in their recommendations to broaden delivery across the workforce and to other agencies. It was evident that attendees perceived the training to be useful and informative, with references made to how they intended to apply such knowledge to their practice. In particular, participants commented how it either increased their awareness of the type of behaviour that may be exhibited by someone with a history of trauma, or provided them with reassurance and confidence in their approach. The training encouraged practitioners to reflect on their existing practice, with reference made to considering the language they use and the questions they ask victims, offenders and service users. Despite this, limits to applying such theory and learning to practice remain, highlighting the need for follow-up research to explore the longer-term impact of training on behaviour. In terms of additional support and guidance on how to apply the training to practice, participants suggested focusing on the use of additional case studies, clarifying the relevant procedures of the multiple agencies involved and providing takeaway resources, particularly a list of local services for signposting.

Limitations

Whilst this evaluation provides insight into the perceptions of those who attended trauma-informed training, limitations of the research must be considered. Due to the small and varied sample sizes of each group of participants (NHP, PEQF and SW), it is not possible to make meaningful or reliable comparisons between the various groups. The small sample also limits the representativeness of the findings; caution should therefore be taken when generalising the findings to the wider workforce and other agencies. Moreover, inconsistencies in data collection methods and data format resulted in variations in the type of content received, and therefore restricted the use of other analytical techniques (i.e. inferential analysis). For example, it was not possible to compare the quantitative findings from the survey completed by SW (n=44), as only one survey was available for each of the other groups (NHP and PEQF). Feedback was also collected at various timepoints (i.e. immediately upon completion of the training to days or weeks later), which may impact on a participant's ability to recall specific elements of the training.

Recommendations

The following recommendations are based on the suggestions and feedback provided by participants[4]:

1. **Reflect on how training may be tailored to appeal and apply more to the audience:** there appeared to be differences between the perceptions of the various cohorts, such as relating to the length of the training (i.e. too long, appropriately timed), the online delivery (i.e. general preference for face-to-face interaction) and the content (i.e. information about the brain was interesting and insightful to some, unnecessary to others). Whilst individual differences in preferences are expected, due to the limited and varied sample sizes, it is not possible to make assertions with confidence. This would therefore benefit from further exploration to determine if training delivery should – and can – be amended to suit the overall preferences of the specific cohort.

[4] Similar recommendations were reported by Barton et al. (2019)

2. **Enhance the online learning experience:** as noted above, there were differences in the receptiveness of participants to online learning. However, as the 'new normal' remains unknown and COVID-19 restrictions continue, trainers should consider how best to enhance the online learning experience of attendee's, at least for the short-term. For example, to address technical issues, online 'drop-ins' (prior to training commencing) could be offered to give attendees to assess their ability to effectively engage in the session itself (i.e. internet connection, microphone and audio permissions). Additionally, distractions during training could be minimised through the adoption of 'online etiquette', such as turning microphone/video off during content delivery and on during group discussions.
    - **Integrate other methods into online training to enhance inclusivity:** although there are organisational, GDPR-related and technical restrictions to consider, trainers should identify additional tools to support engagement. For example, a recording of the session could be made available to those who experience technical difficulties, or access to an online discussion board for those who wish to continue to engage in discussion following completion of the training.
    - **Provide information pre-training:** a proportion of the sample did receive access to training materials (i.e. link to a video) prior to the training session, yet others did not. Those who did commented on the advantages of this, with others reflecting how they would have found early access to resources useful. Whilst there are implications in requesting attendees to watch a video before attending a session (i.e. limit ability of those who may be unable to preview materials to engage), consistency in the training experience should be maintained. To enhance engagement and discussion during the session, the provision of a 'pre-training package' should be considered. The package could include a 'how to guide for online training' (including online etiquette), links to videos and an overview of the purpose and content of the training to ensure clear expectations are set.
3. **Develop and share a post-training toolbox:** at the time of data collection, participants had not yet received a contact list of relevant agencies. The provision of further practical resources was also requested. Such tools would assist practitioners in their daily practice, as well as developing trauma-informed networks across the county.
4. **Development of a shared language and awareness of other agencies**: associated with the above point, it is critical that agencies adopt a consistent trauma-informed approach, in addition to developing an awareness and appreciation of each agency's responsibilities.
5. **Regularly review evidence and procedures of agencies:** to ensure practice remains effective and appropriate, it is essential for training to have a current evidence-base and remain up-to-date in relation to 'what works'. An understanding of changes and procedures in other agencies is vital to enforce the compatibility of a consistent and efficient approach to trauma. This will also assist in limiting a duplication of efforts (i.e. multiple toolkits).
6. **Establish an approach to evaluation:** similarly to the above, it is critical to evaluate future training to ensure it is fit-for-purpose, meets the needs of practitioners and achieves the intended learning outcomes. To support training evaluations, a data collection plan should be determined at the outset, as opposed to collecting data retrospectively; this will enhance the consistency, integrity and validity of the analysis and subsequent conclusions, enabling meaningful and credible recommendations to be made. It would also enable the ability to make comparisons between various cohorts (i.e. NHP compared to PEQF) and to determine if/how training should be adapted to apply to the audience (see earlier recommendation); for example, a knowledge test pre- and post-training would assess the learning achieved

from the session, and enable comparisons to be made. This in turn would assist in identifying gaps in understanding for further training and development.

7. **Assess practical application:** as reported in literature and evident in this paper, there are difficulties in translating theory and training into practice. Although the knowledge gained during training is crucial, "the more meaningful test of training effectiveness is whether it results in changes in behaviour" (Conner-Burrow et al., 2013, p.1834) and "whether the key messages…are being applied operationally" (Barton et al., 2019, p.7). Research recommends evaluating the impact on practice by conducting follow-up work between three and six months after completing training (Barton et al., 2019; Conner-Burrow et al., 2013).

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