

**Evaluation of trauma informed training  
commissioned by Avon and Somerset Violence  
Reduction Unit and its Trauma informed  
Approaches steering group.**

**By**

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## EXECUTIVE SUMMARY

Avon and Somerset OPCC & Violence Reduction Unit (VRU) Hub commissioned this evaluation research to understand the training delivered through 2022. Rockpool was commissioned to produce 4 training courses (*Working with Trauma; Creating a Trauma Informed Workplace; Understanding Trauma: A Three Day Train the trainer, 9 day Trauma-informed informed Educator*) to a multi-agency audience (i.e., *Police, Health, Education, Local authority, voluntary sector*) to develop a better shared understanding of trauma and trauma informed practice. The VRU Hub was funded by the Home Office to provide a tiered multi-agency offer of trauma informed training for professionals across Avon and Somerset involved in supporting young people at risk of involvement in serious violence.

The research took place online in the second half of 2022. The evaluation takes a mixed methods approach, using qualitative and quantitative data, as this allows us to triangulate the data better and to get a clearer understanding of the nuanced and complex understanding of trauma, as well as trauma-informed practice in Avon & Somerset. The research has two parts,

- **A process evaluation**, based on data supplied by Rockpool from their internal training evaluation. (n=554)
- **An outcome evaluation** based on interviews (written and oral) and focus groups with participants who had attended the training. (n=39)

It is important to note that Rockpool designed, collected, and collated the data for the process evaluation and the UWE research team analysed the data after Rockpool completed the training courses. UWE was not involved in the planning, design, or rollout of the process evaluation.

Based on the Rockpool data, the process evaluation indicated that participants thought the training was engaging, the trainers good and the content fit for purpose, resulting in significant effect sizes across most measures of pre and post courses attitudes and beliefs around trauma. The participants in the qualitative research, the impact evaluation, also felt positive about the delivery of the training courses, which also added nuance by showing the importance of understanding trauma and trauma informed practice in supporting staff and that all training should be multi-agency moving forward. The biggest criticism of the training was that it was online and that this triggered some participants, and they didn't feel supported, that there was no follow up engagement post training to build on it.

Which is significant not only in terms of the training delivered but also in respect to participants ability to do their daily work post training, for if they feel that they are now trauma aware but not supported in responding to the trauma (clients and their own) by their employer this could impact job satisfaction, health, and wellbeing. While some staffing groups (mainly police colleagues) did not always see the relevance of it in their day to day working the results highlighted that most participants felt that attending had tangible benefits to their working practices, improved their ability to do their role and, therefore, they would recommend the course to others.

Outcomes from the evaluation lead to recommendations linked to further development of trauma informed practice including, better partnership working, improved referral pathways for those impacted by trauma, the need for agencies to develop a trauma informed frame for their work, more bespoke, role specific, trauma informed training, better staff support in respect to working with trauma; and better follow-on multi-agency training/development.

# CONTEXT

The Office of the Police and Crime Commissioner for Avon and Somerset commissioned the current piece of work to see the impact and outcomes of a recently commissioned piece of trauma informed training conducted by Rockpool. Agencies involved in this project include the Police, health education, social care, Housing and the voluntary sector. Each is on their own journey to becoming a trauma informed service in line with the Bristol, North Somerset, and South Gloucester Integrated Care Board (BNSSG ICB)' trauma informed principles and the Avon and Somerset Violence Reduction Unit/s' goals.

In May 2021, the Home Office announced it would be investing an additional £17 million in early intervention and preventative activity to support young people at elevated risk of involvement in serious violence. The development of a workforce interacting with young people at risk of serious violence that is trauma informed, required a series of training and development activities to occur across all elements of not only the police but all partner agencies, as policing is a multi-agency activity that includes health care, social work, education, and psychological services. The Avon and Somerset OPCC and VRU successfully won **£305,000** to implement a programme of tiered training for frontline professionals to help them improve support for young people by developing a greater understanding of different types of trauma that may have been experienced by the children and young people they work with. Additionally, the OPCC and VRU decided that training should be ran in a multi-disciplinary way involving all organisations that collaboratively worked with young people.

In August 2021, the OPCC produced a tender to co-design, coordinate and deliver a training package as well the development and facilitation of a network for practitioners. The Rockpool contract was costed at £215,000 and ran from 1st October 2021 to 31<sup>st</sup> March 2022. Rockpool agreed to deliver 4 workshops/training courses over the life of the contract, including,

- Frontline professionals training (1 day course) was advertised as **Working with Trauma** and was framed as *“The 1 Day training will explore trauma theory and how the acceptance of a trauma model offers the potential for recovery. By exploring the behaviors that result from trauma it is possible to understand that it is ‘what happened’ to Children and young people that resulted in coping strategies that can be destructive to the individual, family, and society. We are building professional’s resilience and prioritizing their own wellbeing so that they can respond with empathy and emotional intelligence.”*

- Managers and Supervisors training (1/2-day course) was advertised as **Creating a Trauma Informed Workplace** and was framed as *“The ½ day training will explore trauma theory and how managers and supervisors can create trauma informed work environments which are crucial for trauma informed practice. The session will provide tools and resources to help managers and supervisors work with staff to implement best practice, not only for those accessing the service, but also for practitioners. The session will examine the benefits of self-care and reflective practice as well as how vicarious trauma can be addressed as an organisation.”*
  
- Train the trainer (3-day course) was advertised as **Understanding Trauma: A Three Day Train the Trainer Course** and was framed as *“The 3-day training equips delegates to become a ‘Trauma trainer’ within their organisation, allowing them to deliver lasting and sustainable change and move towards trauma informed understanding. It will provide delegates with a thorough understanding of the prevalence and impact of complex and developmental trauma building on what they have already learned and will explore in more depth the theory and research underpinning trauma informed practices as well as providing additional local resources trainers can signpost colleagues to. Attendees will be provided with basic training skills, including how to promote learner participation, evaluating personal training strengths and areas to work on and will be supported to deliver a 2 hour ‘Understanding Trauma’ bitesize course commissioned by Avon & Somerset Police and Crime Commissioner and will spend time preparing and delivering the session”.*
  
- **A Trauma Informed Educators** (9 days course) was framed as *“Our Trauma-Informed Educators training equips delegates to become the lead ‘Trauma-Educator’ within their organisation, so they can deliver lasting and sustainable change as organisations move towards trauma-informed understanding. It provides delegates with a thorough understanding of the prevalence and impact of complex and developmental trauma. The training includes inputs from experts including those with organisation and cultural change knowledge. We will share evidence based best practice from international research on what works. The training provides participants with the skills and information. They need to enable them to advocate for trauma-informed practice and advise on approaches to trauma-informed work within their organisations. This will include:*
  - *how to deliver a trauma-informed audit*

- *advice on policies and procedures*
- *better understanding of how to support staff and deliver supervision*

*In addition, participants will be supported to deliver the Rock Pool Bite Size Trauma Introduction training. By the end of this training, we want to inspire and motivate delegates to facilitate the organisations they represent in becoming truly trauma informed.”*

Also, these activities Rockpool stated that they would upskill staff from across the Avon and Somerset footprint on trauma, making them trauma informed and work with senior staff to enable the creation of a trauma informed, Inter-connected services for young people.

In the commissioning of the Rockpool work, the tender made clear that the evaluation of the training would be completed by another party and that they would need to share their evaluation and feedback data. In the evaluation research tender it stated that the aim of the current research, is twofold,

- Firstly, to assess the initial impact on the individual participants, their teams and wider organizations and the potential impact on young people accessing services and their vulnerability to serious violence; and
- Secondly, to advise on next steps required to build upon momentum and developments achieved during the project. This will involve a handover of findings from the work and consulting with the project funded Coordinator.

The tender asked the research evaluation to examine the process of the Rock Pool training against a series of key performance indicators, including,

- Is there increased knowledge of how trauma impacts on behaviors and life choices.
- Is there increased knowledge about trauma, attachment, behavior, and triggers.
- Is there increased knowledge of complex and developmental trauma, toxic stress, and adverse childhood experiences.
- Is there increased knowledge of tools to develop resilience.

- Is there increased understanding of the principles and practices of trauma informed approaches.
- Is there increased understanding of the impact of vicarious trauma.
- For managers, is there increased understanding how they can best support their colleagues and team members.
- For trainers, is there increased confidence in being able to deliver high quality trauma-informed training.

We were commissioned in early 2022 to complete and evaluation of the Rockpool training (a process evaluation based on the data that they provided) and its impact on those who attended and their future practice (an outcome evaluation based on new data created via semi-structured interviews, written and oral, and focus groups of people who attended the training). The research will evaluate the trauma informed training delivered by Rockpool across the calendar year 2022 to understand if it has enabled staff to better understand trauma, enabled them to think about their work in a trauma informed way, and enable the organisation, and their partners, to move forward in their journey to be a trauma informed, and trauma responsive, organisation.

# **STUDY 1: A PROCESS EVALUATION OF THE ROCKPOOL TRAINING.**

## **CONTEXT**

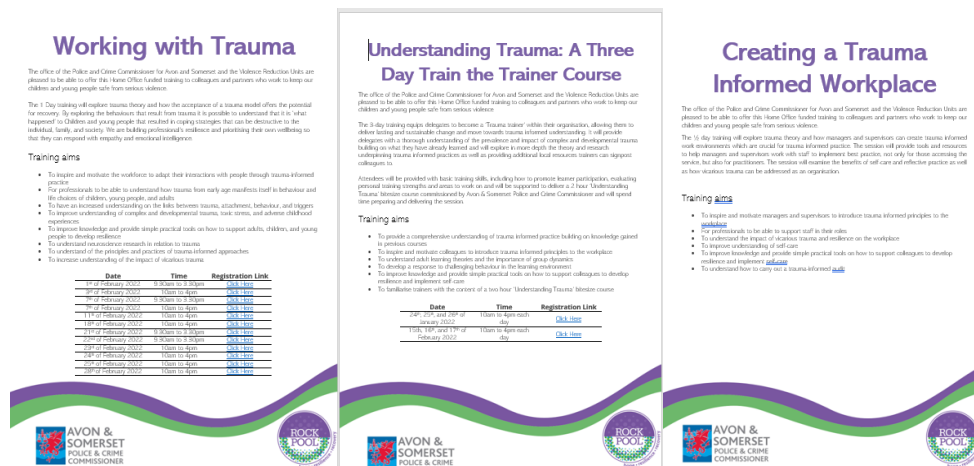
The current study is a process evaluation of the Rockpool training, the main aim of which is to understand the experience of the participants that attended the three sets of training and its immediate impact upon them, especially in respect to their levels of engagement, trauma knowledge and benefits for practice. The research is inductive and scoping in nature, and therefore better suited to a qualitative methodology. This section will report of the aims and objectives of the research, the methodology used, the results and findings, ending with a series of conclusions and recommendations. It is important to note that all the quantitative data used in this study collected by Rockpool as part of their standard training feedback loop; the team from UWE had no say in the development or roll out of the data collection tool.

## **METHOD**

It is important to be clear on how participants were able to access and join the four training courses before we examine the data and review the outcomes. A steering group was established with representatives from the key agencies working with young people involved or at risk of serious violence and exploitation. The steering group was supported by an Academic Consultant and a Community Consultant. The steering group worked to identify key agencies and departments across the VRUs, Police, Education, Health, Local Authorities, and the Voluntary sector to participate in this training. Spaces on the training courses were allocated via the steering group to the identified teams. The principle being that whole teams would receive the training to maximise the impact and avoid issue of self-selection (or avoidance). Spaces were allocated via the steering group to the identified teams. The principle being that whole teams would receive the training to maximise the impact and avoid issue of self-selection (or avoidance). Flyers with booking instructions were sent to each of the teams via email and disseminated via line management (see figures 1- 3).



**Figures 1-3: The recruitment posters for the Rockpool training**



The current research is based on feedback and evaluation questionnaire developed by Rockpool, the aim of which was to understand the participants engagement and learning through the training exercises and workshops. Prior to the start of the workshop the participants were asked by Rockpool to complete a pre-training survey to understand their levels of trauma awareness and engagement, and then again after completing the workshop. The post workshop survey asked related questions to the pre workshop one but also added additional ones (i.e., on quality of training, engagement with the trainer, etc). The data collected was quantitative based on 10-point scales that went from low (1) to high (10) understanding, impact and/or engagement. It is important to note the questions asked included varied between the four workshops and aligned to that workshop and its requirements.

## PARTICIPANT SAMPLE THAT ATTENDED THE COURSES

In the dataset provided to the research team at UWE there were 960 recorded participants across the three courses that they ran as part of the commissioned work.

In examining the demographics of the data set we can see that,

- **Gender:** 69% (663) identified as Female, 20% (189) identified as male, 0.4% (4) identified as non-binary and 0.1% (1) identified as Trans.
- **Race & ethnicity:** 82% (798) identified as white, 2.4% (23) identified as Black/African, 1.3% (12) identified as Asian, and 1.7% (16) identified as having a mixed ethnicity.

In respect to their area of work, we can see,

- **Area of Employment:** 27% (259) worked for the police, 24% (229) worked in health, 15% (142) worked for one of the five local authorities, 7% (71) worked in education, 6% (62) worked in housing, 4% (40) worked in the voluntary sector and 5% (49) stated that they worked for another organization.
- **Role in the organisation:** 64% (611) were frontline staff, 18% (172) were managers, 4% (38) were senior managers, and 3% (28) were trainers.
- **Length of time in role:** 31% (297) were in their role 10 years plus, 17% (164) were in their post 3-5 years, 16% (154) were in their post less than 1 year, 15% (144) were in their post 1-2 years, and 9% (90) were in their post 6-9 years.

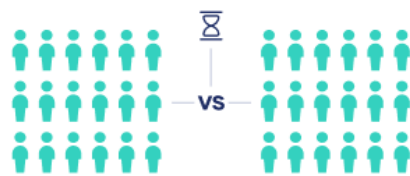
In respect to **the course attended** 89% (856) attended the working with trauma course, 8% (77) attended the trauma informed workplace course, 1.6% (15) attended the understanding trauma: a three day train the trainer course, and 1.1% (11) attended the trauma informed educator's online course.

Which means that most of the people were reached by the trauma informed workforce course and that there were mainly police, health, local authority employers who were in their role for a long period of time (i.e., this is important as it means that a lot of the participants were established members of staff). Interestingly most participants who attended the workshops were white females which raises the question of representation and the cultural diversity of the recruitment and/or staff pool that could access the courses.

## DATA ANALYSIS & INTERPRETATION

The bulk of the data collected was Nominal data, (i.e., a variable with mutually exclusive categories, for instance, yes/no, Male/Female. etc), or ordinal data (i.e., a number of categories within the sample variable that are mutual exclusive a natural rank order, for instance, strongly agree – strongly disagree on a Likert scale of a scale of 1-10), which means that the data analysis is limited to certain tests. With the nominal data we conducted frequency analysis (i.e., mean/average) while with the

### Paired-samples t test



Investigate whether there's a difference within a group between two points in time (within-subjects).

ordinal data we conducted both frequency analysis and before and after analysis on the same question, for the same participants (i.e., Paired Sample T-test). The paired samples T-test allows us to look at the average ordinal score for each participant on the questions that were asked in the pre and post surveys to see the impact of the intervention (i.e., the Rockpool training) on individual participant and group (i.e., the overall group or subgroups) understanding of trauma and trauma informed practice.

To run a paired samples T-tests all the participants have to complete the pre and post questionnaires and then their

data was paired, doing this can change the sample size. Although T-tests do not have a minimum threshold, or sample size, generally the smaller the sample size the more problematic or unreliable the data will be, as such we will be working with the minimum threshold of 25 participants (which is the commonly agreed minimum threshold for statistical significance) before running the paired sample T-Test. Where we cannot run a T-test we will compare frequencies pre and post training.

In the understanding the analysis of the T-test some important descriptions are

**Pre-training Mean (SD):** The average score on a scale from 1 – 10 for the pre intervention questionnaire, with a score closer to 10 indicating better understanding/awareness.

**Post-training Mean (SD):** The average score on a scale from 1 – 10 for the post intervention questionnaire, with a score closer to 10 indicating better understanding/awareness.

**t score:** The difference between the pre and post survey means are greater or less than the pooled standard error, indicating a significant difference between the groups based on the intervention.

**p score:** The likelihood that the result is done to chance with  $P=0.005$  (95% chance that finding did not happen by chance) or  $P=0.01$  (99% chance that finding did not happen by chance) being commonly reported statistics.

**Effect Size (Cohen's d):** The effect size tells you how meaningful the relationship between variables or the difference between groups is. The Cohens d score indicates the effect size for the intervention, with small effect size being 0-0.2, medium effect size being 0.3-0.5, and large effect size being 0.8 and higher.

## RESULTS

### WORKING WITH TRAUMA

#### OVERALL FINDINGS

There were 554 participants that completed the working with trauma course pre and post surveys, this was the largest sample, but interestingly there were 856 participants who attended this course, meaning that 37% (302) of those that attended the course did not complete the questionnaires which is on par for response rates to online questionnaires (i.e., typically 40%).

We have not broken down the gender, ethnicity, employer, role, or length of service here as we are going to do this by job role in the following section as it yields more interesting and applicable data.

#### ***Evaluation of the Utility of the Training***

The response to the training was generally incredibly positive with 90% of participants reporting that they felt the training was useful. When asked to rate the utility of the training

on a scale of 1-10, 90% of participants rated it at =>7/10 or above, 64% of respondents rated it at either a 9 or 10/10.

When asked to rate whether they felt it would improve their ability to do their job, 85% of participants rated the training at =>7/10 or above, with 49% rating it at 9 or 10/10 in terms of the impact on their ability to do their job.

**Rock Pool and Trainer Evaluation**

Rock Pool administration was rated favourably with 89% of participants rating it =>7/10 or above, and 64% rating either 9/10 or 10/10.

When asked if the trainer had delivered the material effectively, 90% rated the trainer =>7/10 or above, 72% at either 9/10 or 10/10. Additionally, 90% of participants rated the trainer’s ability to create interest at =>7/10, and 65% at 9/10 or 10/10. The ability of the trainer to answer questions effectively was rated highly with 94% rating at =>7/10 and 74% at 9/10 or 10/10.

**Specific Outcomes of the Training**

The participants were asked several questions relating to specific aspects of trauma-informed knowledge and practice. On a scale of 1-10 participants were asked to rate their understanding. Table 1 below shows the pre-training and post-training ratings. Inferential analyses (t-tests) revealed significant self-rated increases in participants’ knowledge on all aspects of the training. The final column indicates the effect size of the training based on participants’ ratings.

**Table 1:** all Participants’ Pre- and Post-training ratings of trauma-informed understanding

	Pre-training Mean (SD)	Post-training Mean (SD)	Significant change? (t =, p =)	Effect Size Cohen’s d	Outcome
I understand how trauma impacts on behaviours and life choices	6.74 (1.69)	8.76 (1.13)	↑ (t = 22.7, p =.000)	0.965	A significant increase in understanding because of the intervention with a large effect size
I understand the link between trauma, attachment, behaviour, and triggers	6.36 (1.92)	8.76 (1.16)	↑ (t = 25.4, p =.000)	1.079	A significant increase in understanding because of the intervention with a large effect size

I understand developmental trauma, toxic stress, and adverse childhood experiences	6.25 (1.82)	8.76 (1.16)	↑ (t = 26.7, p =.000)	1.135	A significant increase in understanding because of the intervention with a large effect size
I understand how to support children and young people to develop resilience	4.92 (2.15)	7.67 (1.64)	↑ (t = 27.5, p =.000)	1.167	A significant increase in understanding because of the intervention with a large effect size
I understand the principles and practices of trauma-informed approaches	5.49 (1.92)	8.24 (1.41)	↑ (t = 34.3, p =.000)	1.459	A significant increase in understanding because of the intervention with a large effect size
I understand neuroscience research in relation to trauma	4.13 (2.22)	7.86 (1.54)	↑ (t = 31.7, p =.000)	1.346 (Large effect)	A significant increase in understanding because of the intervention with a large effect size
I understand the impact of vicarious trauma on a professional who works with victims of trauma	4.66 (2.16)	8.55 (1.32)	↑ (t = 35.9, p =.000)	1.527 (Large effect)	A significant increase in understanding because of the intervention with a large effect size
I am conscious of the impact of intersectionality, discrimination and racial trauma on children and young people with whom I work	5.22 (2.07)	8.54 (1.271)	↑ (t = 31.8, p =.000)	1.350 (Large effect)	A significant increase in understanding because of the intervention with a large effect size

### **AVON & SOMERSET POLICE**

There were 132 participants from Avon and Somerset Police that attended the training. Across the sample 67 were female, 58 were male, 1 identified as non-binary, and 6 did not disclose their gender. Over ¾'s of the [participants (77%) described themselves as front line staff and 21% described themselves as managers. In terms of race and ethnic identity, 123 participants (93%) participants identified as White, with four identifying as Black or mixed heritage, one trainee as 'Other 'and six did not disclose their ethnicity. Participants had a range of service duration, including less than a year (5%); 1-2 years (19%); 3-5 years (14%) and 6-9 years (8%). Fifty percent of the participants had been in the police for 10 years or more.

### ***Evaluation of the Utility of the Training***

The response to the training was generally positive with 89% of participants reporting that they felt the training had met its aims. When asked to rate the utility of the training on a scale of 1-10, 81% of participants rated it at 7/10 or above, 53% of respondents rated it at either a 9 or 10/10.

When asked to rate whether they felt it would improve their ability to do their job, 70% of participants rated the training at 7/10 or above, with 33% rating it at 9 or 10/10 in terms of the impact on their ability to do their job.

When asked if they were likely to inform others about the content of the training, 73% of participants rated this likelihood at 7/10 or above, with 39% rating this likelihood of informing others at 9 or 10/10.

### ***Rock Pool and Trainer Evaluation***

Rock Pool administration was rated favourably with 82% of participants rating it 7/10 or above, and 46% rating either 9/10 or 10/10.

When asked if the trainer had delivered the material effectively, 89% rated the trainer 7/10 or above, 59% at either 9/10 or 10/10. Additionally, 86% of participants rated the trainer's ability to create interest at  $\geq 7/10$ , and 52% at 9/10 or 10/10. The ability of the trainer to answer questions effectively was rated highly with 91% rating at  $\geq 7/10$  and 61% at 9/10 or 10/10.

### ***Specific Outcomes of the Training***

The participants were asked several questions relating to specific aspects of trauma-informed knowledge and practice. On a scale of 1-10 participants were asked to rate their understanding. Table 2 below shows the pre-training and post-training ratings. Inferential analyses (t-tests) revealed significant self-rated increases in participants' knowledge on all aspects of the training. The final column indicates the effect size of the training based on participants' ratings.

**Table 2.** Police Participants’ Pre- and Post-training ratings of trauma-informed understanding

	Pre-training Mean (SD)	Post-training Mean (SD)	Significant change? (t =, p =)	Effect Size Cohen’s d	Outcome
I understand how trauma impacts on behaviours and life choices	6.51 (1.86)	8.39 (1.37)	↑ (t = 9.62, p =.000)	0.83	A significant increase in understanding because of the intervention with a large effect size
I understand the link between trauma, attachment, behaviour, and triggers	5.83 (2.05)	8.32 (1.33)	↑ (t = 11.81, p =.000)	1.02	A significant increase in understanding because of the intervention with a large effect size
I understand developmental trauma, toxic stress, and adverse childhood experiences	5.71 (2.08)	8.38 (1.35)	↑ (t = 12.68, p =.000)	1.10	A significant increase in understanding because of the intervention with a large effect size
I understand how to support children and young people to develop resilience	4.92 (2.15)	7.67 (1.64)	↑ (t = 12.89, p =.000)	1.11	A significant increase in understanding because of the intervention with a large effect size
I understand the principles and practices of trauma-informed approaches	4.49 (2.18)	7.92 (1.57)	↑ (t = 16.03, p =.000)	1.39	A significant increase in understanding because of the intervention with a large effect size
I understand neuroscience research in relation to trauma	3.37 (2.22)	7.33 (1.67)	↑ (t = 16.96, p =.000)	1.47	A significant increase in understanding because of the intervention with a large effect size
I understand the impact of vicarious trauma on a professional who works with victims of trauma	4.47 (2.21)	8.20 (1.47)	↑ (t = 15.79, p =.000)	1.38	A significant increase in understanding because of the intervention with a large effect size
I am conscious of the impact of intersectionality, discrimination and racial trauma on children and young people with whom I work	4.64 (2.20)	7.95 (1.58)	↑ (t = 13.47, p =.000)	1.17	A significant increase in understanding because of the intervention with a large effect size

### **LOCAL AUTHORITY**

There were ninety-one participants from local authority teams. Participants came from BANES Council (n=10), Bristol City Council (n=14), and North Somerset council (n=20) and Somerset County Councils (n=24), and a range of council teams (e.g., Family Intervention Services) who indicated they were affiliated to a local authority but did not state which. In terms of gender 87 (were female, 1 was male, and 3 were either non-binary or did not disclose their gender). Approximately 2/3’s (74%) of the participants described themselves as front line staff and 22% described themselves as managers, with the remaining participants being either an either a trainer (n=1) or did not disclose their position.



### ***Evaluation of the Utility of the Training***

The response to the training was positive with 96% of participants reporting that they felt the training had met its aims. When asked to rate the utility of the training on a scale of 1-10, 93% of participants rated it at 7/10 or above, 71% of respondents rated it at either a 9 or 10/10.

When asked to rate whether they felt it would improve their ability to do their job, 92% of participants rated the training at 7/10 or above, with 55% rating it at 9 or 10/10 in terms of the impact on their ability to do their job.

When asked if they were likely to inform others about the content of the training, 94% of participants rated this likelihood at 7/10 or above, with 66% rating this likelihood of informing others at 9 or 10/10.

### ***Rock Pool and Trainer Evaluation***

Rock Pool administration was rated favourably with 99% of participants rating it 7/10 or above, and 67% rating either 9/10 or 10/10.

When asked if the trainer had delivered the material effectively, 95% rated the trainer 7/10 or above, 71% at either 9/10 or 10/10. Additionally, 93% of participants rated the trainer's ability to create interest at  $\geq 7/10$ , and 67% at 9/10 or 10/10. The ability of the trainer to answer questions effectively was rated highly with 95% rating at  $>7/10$  and 75% at 9/10 or 10/10.

### ***Specific Outcomes of the Training***

The participants were asked several questions relating to specific aspects of trauma-informed knowledge and practice. On a scale of 1-10 participants were asked to rate their understanding. Table 3 below shows the pre-training and post-training ratings. Inferential analyses (t-tests) revealed significant self-rated increases in participants' knowledge on all aspects of the training. The final column indicates the effect size of the training based on participants' ratings.

**Table 3.** Local Authority Participants' Pre- and Post-training ratings of trauma-informed understanding

	Pre-training Mean (SD)	Post-training Mean (SD)	Significant change? (t =, p =)	Effect Size Cohen's d	Outcome
I understand how trauma impacts on behaviours and life choices	7.04 (1.47)	8.90 (0.88)	↑ (t = 11.30, p =.000)	1.19	A significant increase in understanding because of the intervention with a large effect size
I understand the link between trauma, attachment, behaviour, and triggers	6.76 (1.57)	8.89 (0.96)	↑ (t = 12.94, p =.000)	1.36	A significant increase in understanding because of the intervention with a large effect size
I understand developmental trauma, toxic stress, and adverse childhood experiences	6.78 (1.62)	8.98 (0.96)	↑ (t = 13.40, p =.000)	1.40	A significant increase in understanding because of the intervention with a large effect size
I understand how to support children and young people to develop resilience	6.03 (1.64)	8.40 (1.21)	↑ (t = 14.01, p =.000)	1.47	A significant increase in understanding because of the intervention with a large effect size
I understand the principles and practices of trauma-informed approaches	5.46 (1.80)	8.66 (1.09)	↑ (t = 15.87, p =.000)	1.66	A significant increase in understanding because of the intervention with a large effect size
I understand neuroscience research in relation to trauma	4.92 (2.03)	8.19 (1.15)	↑ (t = 15.36, p =.000)	1.61	A significant increase in understanding because of the intervention with a large effect size
I understand the impact of vicarious trauma on a professional who works with victims of trauma	4.85 (1.95)	8.74 (0.94)	↑ (t = 18.58, p =.000)	1.95	A significant increase in understanding because of the intervention with a large effect size
I am conscious of the impact of intersectionality, discrimination and racial trauma on children and young people with whom I work	5.38 (1.81)	8.65 (1.00)	↑ (t = 16.84, p =.000)	1.77	A significant increase in understanding because of the intervention with a large effect size

## **HEALTH SECTOR**

There were 143 participants from across the health sector. Participants came from Sirona (Contracted provider of school nurses) (n=70), Avon & Wiltshire Mental Health Partnership (n=18), Virgin Care (n=7), and a range of Bristol and Somerset commissioners and NHS partners. Across the sample 128 were female, 4 were male, 3 non-binary, and 1 who identified as Trans. Of the participants sampled 80% described themselves as front line staff and 14% described themselves as managers, with the remaining participants either being a trainer (n=2) or did not disclose their position.

### ***Evaluation of the Utility of the Training***

The response to the training was positive with 97% of participants reporting that they felt the training had met its aims. When asked to rate the utility of the training on a scale of 1-10, 97% of participants rated it at 7/10 or above, 80% of respondents rated it at either a 9 or 10/10.

When asked to rate whether they felt it would improve their ability to do their job, 95% of participants rated the training at 7/10 or above, with 55% rating it at 9 or 10/10 in terms of the impact on their ability to do their job.

When asked if they were likely to inform others about the content of the training, 96% of participants rated this likelihood at 7/10 or above, with 67% rating this likelihood of informing others at 9 or 10/10.

### ***Rock Pool and Trainer Evaluation***

Rock Pool administration was rated favourably with 98% of participants rating it 7/10 or above, and 75% rating either 9/10 or 10/10.

When asked if the trainer had delivered the material effectively, 97% rated the trainer 7/10 or above, 94% at either 9/10 or 10/10. Additionally, 96% of participants rated the trainer's ability to create interest at  $\geq 7/10$ , and 71% at 9/10 or 10/10. The ability of the trainer to answer questions effectively was rated highly with 99% rating at  $\geq 7/10$  and 79% at 9/10 or 10/10.

### ***Specific Outcomes of the Training***

The participants were asked several questions relating to specific aspects of trauma-informed knowledge and practice. On a scale of 1-10 participants were asked to rate their understanding. Table 4 below shows the pre-training and post-training ratings. Inferential analyses (t-tests) revealed significant self-rated increases in participants' knowledge on all aspects of the training. The final column indicates the effect size of the training based on participants' ratings.

**Table 4.** Health Sector Participants’ Pre- and Post-training ratings of trauma-informed understanding

	Pre-training Mean (SD)	Post-training Mean (SD)	Significant change? (t =, p =)	Effect Size Cohen’s d	Outcome
I understand how trauma impacts on behaviours and life choices	6.79 (1.49)	8.97 (0.95)	↑ (t = 18.57, p =.000)	1.55	A significant increase in understanding because of the intervention with a large effect size
I understand the link between trauma, attachment, behaviour, and triggers	6.57 (1.59)	8.97 (0.94)	↑ (t = 19.05, p =.000)	1.59	A significant increase in understanding because of the intervention with a large effect size
I understand developmental trauma, toxic stress, and adverse childhood experiences	6.62 (1.70)	9.02 (0.94)	↑ (t = 18.26, p =.000)	1.53	A significant increase in understanding because of the intervention with a large effect size
I understand how to support children and young people to develop resilience	5.77 (1.71)	8.51 (1.05)	↑ (t = 20.84, p =.000)	1.74	A significant increase in understanding because of the intervention with a large effect size
I understand the principles and practices of trauma-informed approaches	4.83 (1.81)	8.59 (0.98)	↑ (t = 26.29, p =.000)	2.20	A significant increase in understanding because of the intervention with a large effect size
I understand neuroscience research in relation to trauma	4.68 (2.07)	8.09 (1.29)	↑ (t = 20.99, p =.000)	1.76	A significant increase in understanding because of the intervention with a large effect size
I understand the impact of vicarious trauma on a professional who works with victims of trauma	4.92 (2.19)	8.64 (1.21)	↑ (t = 22.16, p =.000)	1.85	A significant increase in understanding because of the intervention with a large effect size
I am conscious of the impact of intersectionality, discrimination and racial trauma on children and young people with whom I work	5.47 (1.74)	8.76 (1.00)	↑ (t = 24.22, p =.000)	2.03	A significant increase in understanding because of the intervention with a large effect size

## **EDUCATION SECTOR**

From the survey responses, there were 34 participants from across the education sector. Participants came from a range of schools across Bristol, Banes, and Somerset. Across the participants sampled 24 were female, 8 were male, and there was 2 who did not disclose or identified as non-binary. Half of the participants (56%) described themselves as front line staff and 27% described themselves as managers, with the remaining participants were either trainers (n=5) or did not disclose their position.

### ***Evaluation of the Utility of the Training***

The response to the training was positive with 94% of participants reporting that they felt the training had met its aims. When asked to rate the utility of the training on a scale of 1-10, 94% of participants rated it at 7/10 or above, 73% of respondents rated it at either a 9 or 10/10.

When asked to rate whether they felt it would improve their ability to do their job, 88% of participants rated the training at 7/10 or above, with 53% rating it at 9 or 10/10 in terms of the impact on their ability to do their job.

When asked if they were likely to inform others about the content of the training, 91% of participants rated this likelihood at 7/10 or above, with 62% rating this likelihood of informing others at 9 or 10/10.

### ***Rock Pool and Trainer Evaluation***

Rock Pool administration was rated favourably with 100% of participants rating it 7/10 or above, and 73% rating either 9/10 or 10/10.

When asked if the trainer had delivered the material effectively, 100% rated the trainer 7/10 or above, 85% at either 9/10 or 10/10. Additionally, 100% of participants rated the trainer's ability to create interest at  $\geq 7/10$ , and 73% at 9/10 or 10/10. The ability of the trainer to answer questions effectively was rated highly with 100% rating at 7/10 and 85% at 9/10 or 10/10.

### ***Specific Outcomes of the Training***

The participants were asked several questions relating to specific aspects of trauma-informed knowledge and practice. On a scale of 1-10 participants were asked to rate their understanding. Table 5 below shows the pre-training and post-training ratings. Inferential analyses (t-tests) revealed significant self-rated increases in participants' knowledge on all aspects of the training. The final column indicates the effect size of the training based on participants' ratings.

**Table 5.** Education Sector Participants’ Pre- and Post-training ratings of trauma-informed understanding

	Pre-training Mean (SD)	Post-training Mean (SD)	Significant change? (t =, p =)	Effect Size Cohen’s d	Outcome
I understand how trauma impacts on behaviours and life choices	6.29 (2.13)	9.06 (0.92)	↑ (t = 7.61, p =.000)	1.31	A significant increase in understanding because of the intervention with a large effect size
I understand the link between trauma, attachment, behaviour, and triggers	5.85 (1.93)	9.06 (0.89)	↑ (t = 9.03, p =.000)	1.55	A significant increase in understanding because of the intervention with a large effect size
I understand developmental trauma, toxic stress, and adverse childhood experiences	5.68 (2.24)	9.03 (0.83)	↑ (t = 8.24, p =.000)	1.41	A significant increase in understanding because of the intervention with a large effect size
I understand how to support children and young people to develop resilience	5.68 (2.00)	8.50 (1.19)	↑ (t = 7.11, p =.000)	1.22	A significant increase in understanding because of the intervention with a large effect size
I understand the principles and practices of trauma-informed approaches	4.35 (2.30)	8.74 (0.96)	↑ (t = 10.23, p =.000)	1.75	A significant increase in understanding because of the intervention with a large effect size
I understand neuroscience research in relation to trauma	3.76 (2.41)	8.09 (1.00)	↑ (t = 11.00, p =.000)	1.89	A significant increase in understanding because of the intervention with a large effect size
I understand the impact of vicarious trauma on a professional who works with victims of trauma	3.74 (2.05)	8.76 (1.13)	↑ (t = 12.19, p =.000)	2.09	A significant increase in understanding because of the intervention with a large effect size
I am conscious of the impact of intersectionality, discrimination and racial trauma on children and young people with whom I work	4.59 (2.31)	8.71 (0.91)	↑ (t = 10.53, p =.000)	1.81	A significant increase in understanding because of the intervention with a large effect size

## **CHARITABLE SECTOR**

### **YMCA**

There were 43 participants from the YMCA, with participants from YMCA Dulverton (n=30), YMCA Brunel (n=4) and 9 who did not disclose their group. Across the participants sample 27 participants identified as female, 11 as male, and there was 3 who did not disclose or identified as non-binary. Most participants (81%) described themselves as front line staff and 12% described themselves as managers, with 3 participants not disclosing their position.

### ***Evaluation of the Utility of the Training***

The response to the training was generally positive with 95% of participants reporting that they felt the training had met its aims. When asked to rate the utility of the training on a scale of 1-10, 93% of participants rated it at 7/10 or above, 73% of respondents rated it at either a 9 or 10/10.

When asked to rate whether they felt it would improve their ability to do their job, 83% of participants rated the training at 7/10 or above, with 51% rating it at 9 or 10/10 in terms of the impact on their ability to do their job.

When asked if they were likely to inform others about the content of the training, 83% of participants rated this likelihood at 7/10 or above, with 61% rating this likelihood of informing others at 9 or 10/10.

### ***Rock Pool and Trainer Evaluation***

Rock Pool administration was rated favourably with 91% of participants rating it 7/10 or above, and 68% rating either 9/10 or 10/10.

When asked if the trainer had delivered the material effectively, 90% rated the trainer 7/10 or above, 75% at either 9/10 or 10/10. Additionally, 85% of participants rated the trainer's ability to create interest at  $\geq 7/10$ , and 66% at 9/10 or 10/10. The ability of the trainer to answer questions effectively was rated highly with 95% rating at  $\geq 7/10$  and 80% at 9/10 or 10/10.

### ***Specific Outcomes of the Training***

The participants were asked several questions relating to specific aspects of trauma-informed knowledge and practice. On a scale of 1-10 participants were asked to rate their understanding. Table 7 below shows the pre-training and post-training ratings. Inferential analyses (t-tests) revealed significant self-rated increases in participants' knowledge on all aspects of the training. The final column indicates the effect size of the training based on participants' ratings.

**Table 7.** YMCA Participants’ Pre- and Post-training ratings of trauma-informed understanding

	Pre-training Mean (SD)	Post-training Mean (SD)	Significant change? (t =, p =)	Effect Size Cohen’s d	Outcome
I understand how trauma impacts on behaviours and life choices	7.02 (1.54)	8.73 (1.43)	↑ (t = 5.64, p =.000)	0.89	A significant increase in understanding because of the intervention with a large effect size
I understand the link between trauma, attachment, behaviour, and triggers	6.51 (1.66)	8.88 (1.29)	↑ (t = 8.49, p =.000)	1.33	A significant increase in understanding because of the intervention with a large effect size
I understand developmental trauma, toxic stress, and adverse childhood experiences	6.37 (1.58)	8.78 (1.33)	↑ (t = 8.93, p =.000)	1.39	A significant increase in understanding because of the intervention with a large effect size
I understand how to support children and young people to develop resilience	5.12 (1.58)	8.54 (1.34)	↑ (t = 12.42, p =.000)	1.94	A significant increase in understanding because of the intervention with a large effect size
I understand the principles and practices of trauma-informed approaches	4.73 (1.60)	8.54 (1.40)	↑ (t = 12.40, p =.000)	1.94	A significant increase in understanding because of the intervention with a large effect size
I understand neuroscience research in relation to trauma	3.49 (1.85)	8.22 (1.65)	↑ (t = 13.55, p =.000)	2.12	A significant increase in understanding because of the intervention with a large effect size
I understand the impact of vicarious trauma on a professional who works with victims of trauma	4.12 (1.81)	8.80 (1.42)	↑ (t = 14.10, p =.000)	2.20	A significant increase in understanding because of the intervention with a large effect size
I am conscious of the impact of intersectionality, discrimination and racial trauma on children and young people with whom I work	5.46 (2.03)	8.76 (1.34)	↑ (t = 9.51, p =.000)	1.49	A significant increase in understanding because of the intervention with a large effect size

### **COMPARING THE DIFFERENT EMPLOYMENT GROUPS**

We then compared the different effect sizes (Cohen D) across the six main professional groups that took part in the training. It is interesting to note though, that relative to other client groups, the police showed the lowest effect sizes and training approval ratings (Tables 8 & 9). Which highlight that the training was not as positively received by the police compared to some other groups, particularly the local authority, health, and education.



**Table 8.** Effect sizes for attitudes and beliefs to trauma broke down by employer.

	Police	Local Authority	Health	Education	Charity	YMCA
I understand how trauma impacts on behaviours and life choices	0.83	1.19	1.55	1.31	1.18	0.89
I understand the link between trauma, attachment, behaviour, and triggers	1.02	1.36	1.59	1.55	1.21	1.33
I understand developmental trauma, toxic stress, and adverse childhood experiences	1.1	1.4	1.53	1.41	1.4	1.39
I understand how to support children and young people to develop resilience	1.11	1.47	1.74	1.22	1.37	1.94
I understand the principles and practices of trauma-informed approaches	1.39	1.66	2.2	1.75	1.67	1.94
I understand neuroscience research in relation to trauma	1.47	1.61	1.76	1.89	1.61	2.12
I understand the impact of vicarious trauma on a professional who works with victims of trauma	1.38	1.95	1.85	2.09	1.36	2.2
I am conscious of the impact of intersectionality, discrimination and racial trauma on children and young people with whom I work	1.17	1.77	2.03	1.81	1.27	1.49

**Table 9.** Attitude to training broke down by employer.

% rating = > 7/10	Police	Local Authority	Health	Education	Charity	YMCA
Training has met its aims	89	96	97	94	98	95
Utility of training	81	93	97	94	94	93
Training will improve ability to do job	70	92	95	88	89	83
Likely to inform others about training content	73	94	96	91	90	83
Rockpool administration rating	82	99	98	100	94	91
Trainer effective delivery	89	95	97	100	95	90
Trainer ability to create interest	86	93	96	100	92	85
Trainer ability to answer questions	91	95	99	100	95	95

## **DISCUSSION**

The results from the analysis of the data provided by Rockpool for the working with trauma course indicates that the course was well received, and that most participants recognised the importance of the training in helping them understand trauma and trauma informed practice, as well as how it could help them improve and develop their daily working practices. The participants believed that the content and delivery of the training was good, and that Rockpool did a good job. Although, the data indicates an overall positive reception to the content and delivery of the material, which was not as well received across all participant groups with the police indicating poorer engagement, a less positive experience, and indicating that they valued the course less, by comparison to the other groups. This

begs the question of is there something unique about policing that needs a different approach to trauma informed practice, both in terms of training and roll out.

## **THE TRAUMA INFORMED WORKPLACE COURSE**

There were 47 participants that completed the surveys from the 77 participants that attended the trauma informed workplace course, which meant that 39% (30) of those that attended the course did not complete the questionnaires. This course was specifically for Managers of the teams that had been invited to participate in the training.

We have not broken down the gender, ethnicity, employer, role, or length of service here as the participant sample is smaller. We are going to look at the sample population.

### ***Evaluation of the Utility of the Training***

The response to the training was generally positive with 95% of participants reporting that they felt the training had met its aims. When asked to rate the utility of the training on a scale of 1-10, 88% of participants rated it at 7/10 or above, 74% of respondents rated it at either a 9 or 10/10.

When asked to rate whether they felt it would improve their ability to do their job, 87% of participants rated the training at 7/10 or above, with 51% rating it at 9 or 10/10 in terms of the impact on their ability to do their job.

When asked if they were likely to inform others about the content of the training, 94% of participants rated this likelihood at 7/10 or above, with 65% rating this likelihood of informing others at 9 or 10/10.

### ***Rock Pool and Trainer Evaluation***

Rock Pool administration was rated favourably with 91% of participants rating it 7/10 or above, and 68% rating either 9/10 or 10/10.

When asked if the trainer had delivered the material effectively, 94% rated the trainer 7/10 or above, 66% at either 9/10 or 10/10. Additionally, 96% of participants rated the trainer's ability to create interest at  $\geq 7/10$ , and 62% at 9/10 or 10/10. The ability of the trainer to answer questions effectively was rated highly with 100% rating at  $\geq 7/10$  and 65% at 9/10 or 10/10.

### ***Specific Outcomes of the Training***

The participants were asked several questions relating to specific aspects of trauma-informed knowledge and practice. On a scale of 1-10 participants were asked to rate their understanding. Table 10 below shows the pre-training and post-training ratings. Inferential analyses (t-tests) revealed significant self-rated increases in participants' knowledge on all aspects of the training. The final column indicates the effect size of the training based on participants' ratings.

**Table 10.** All participants Pre- and Post-training ratings of trauma-informed understanding

	Pre-training Mean (SD)	Post-training Mean (SD)	Significant change? (t =, p =)	Effect Size Cohen's d	Outcome
I understand how trauma impacts on behaviours of staff in the workplace.	6.77 (1.709)	8.70 (1.06)	↑ (t = 7.38, p =.000)	1.433	A significant increase in understanding because of the intervention with a large effect size
I understand how I can support staff in their roles in trauma-informed way.	5.94 (1.64)	8.40 (1.05)	↑ (t = 9.57, p =.000)	1.796	A significant increase in understanding because of the intervention with a large effect size
I understand what reflective practice is and how its might benefit staff.	7.38 (1.62)	8.83 (1.03)	↑ (t = 5.61, p =.000)	1.145	A significant increase in understanding because of the intervention with a large effect size
I understand the personal and professional impacts of vicarious trauma.	8.70 (1.06)	8.70 (0.97)	█ (t = 0.00, p =1.00)	0.286	A non-significantly increase in understanding because of the intervention with a small effect size

## **DISCUSSION**

The results from the analysis of the data provided by Rockpool for the trauma informed workplace course indicates that the course was well received, and that most participants recognised the importance of the training in helping them understand trauma and trauma informed practice, as well as how it could help them improve and develop their daily working

practices. The participants all saw the benefits of working in a trauma informed way, the effectiveness and utility of reflective practice and learned how to better support their staff in a trauma informed way. Interesting, there was no significant change in their understanding of the personal and professional impacts of vicarious trauma, the score on this measure was practically the same pre and post the training which suggests that participants had a good understanding of this already and that the training did not necessarily change this. It would be interesting to learn how to engage with those participants who did not see it as important or understand it. The participants believed that the content and delivery of the training was good, and that Rockpool did an excellent job. Which highlights how important managers saw understanding trauma and trauma informed practice in the daily work that their teams were involved in.

## **UNDERSTANDING TRAUMA: A THREE DAY TRAIN THE TRAINER COURSE**

There were 7 participants that completed the surveys from the 15 participants that attended the trauma informed workplace course, which meant that 53% (8) of those that attended the course did not complete the questionnaires.

We have not broken down the gender, ethnicity, employer, role, or length of service here as the participant sample is smaller. We are going to look at the sample population.

### ***Evaluation of the Utility of the Training***

The response to the training was generally positive when asked to rate the utility of the training on a scale of 1-10, 100% of participants rated it at 7/10 or above, 98% of respondents rated it at either a 9 or 10/10.

When asked to rate whether they felt it would improve their ability to do their job, 100% of participants rated the training at 7/10 or above, with 75% rating it at 9 or 10/10 in terms of the impact on their ability to do their job.

When asked if they were likely to inform others about the content of the training, 100% of participants rated this likelihood at 7/10 or above, with 100% rating this likelihood of informing others at 9 or 10/10.

### ***Rock Pool and Trainer Evaluation***

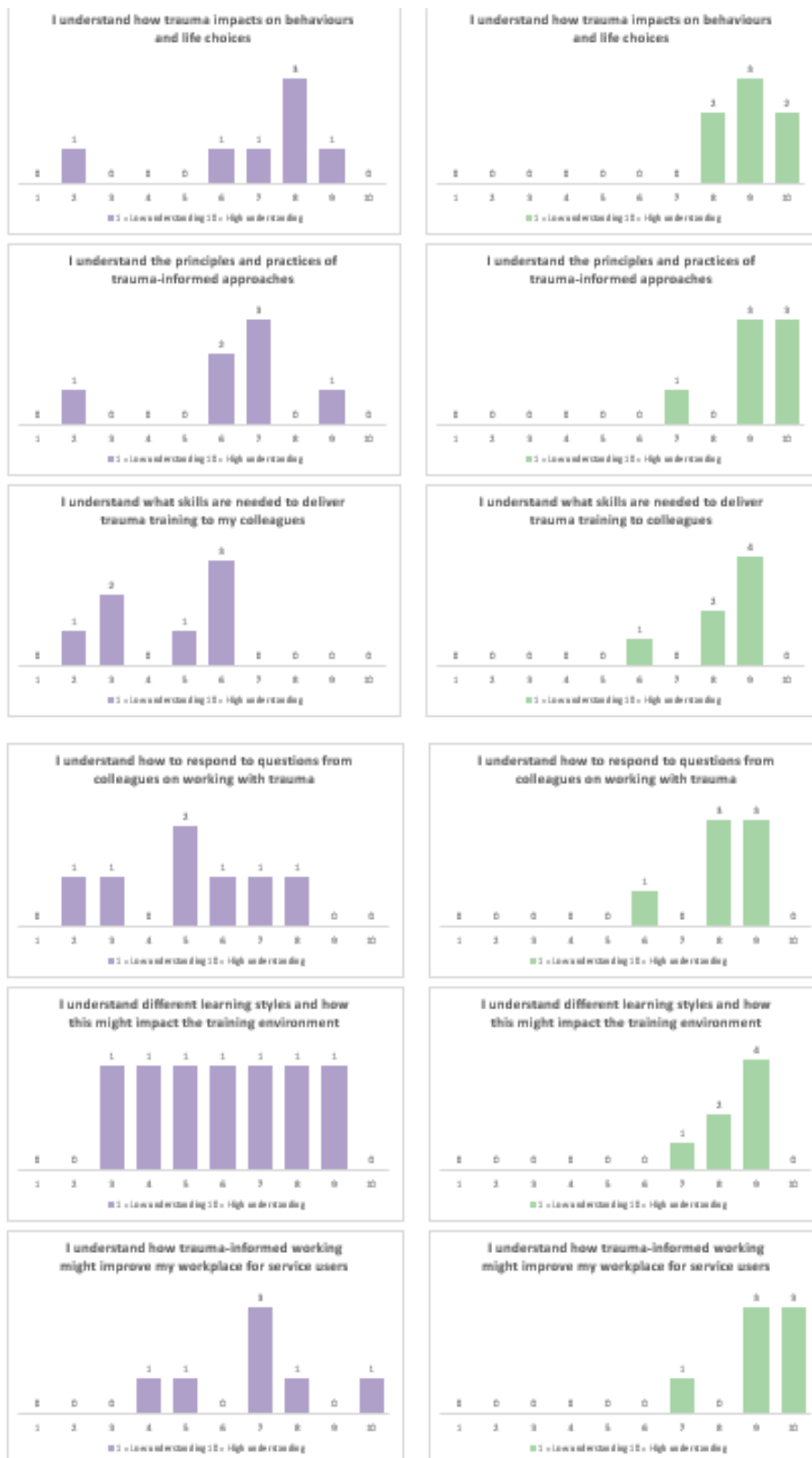
Rock Pool administration was rated favourably with 74% of participants rating it 7/10 or above, and 57% rating either 9/10 or 10/10.

When asked if the trainer had delivered the material effectively, 100% rated the trainer 7/10 or above, 74% at either 9/10 or 10/10. Additionally, 100% of participants rated the trainer's ability to create interest at  $\geq 7/10$ , and 74% at 9/10 or 10/10. The ability of the trainer to answer questions effectively was rated highly with 100% rating at  $\geq 7/10$  and 74% at 9/10 or 10/10.

### ***Specific Outcomes of the Training***

Given the sample size we were unable to run t-tests for the pre and post questionnaires. In the dataset provided to us by Rockpool they had included charts that highlight the basic changes in understanding and attitudes brought about by the course. We have provided these here for your information.

**Figures 1 -12:** Bar charts showing pre and post survey scores on attitudes towards trauma and trauma informed practice on the understanding trauma course.



## **Discussion**

The results from the analysis of the data provided by Rockpool for the trauma informed workplace course indicates that the course was well received, and that most participants recognised the importance of the training in helping them understand trauma and trauma informed practice, as well as how it could help them improve and develop their daily working practice. The sample here was very small, so T-test could not be run, but what a basic analysis indicates that the training improved participants understanding of trauma and trauma informed practice, especially regarding better understanding what skills are needed to deliver effective training, had an improved understanding of how trauma informed practice might benefit service users, better understanding of how to respond to trauma questions from colleagues and the impact of different learning styles and how this might impact training.

## **TRAUMA INFORMED EDUCATOR COURSE**

There were 8 participants that completed the surveys from the 11 participants that attended the trauma informed educator course, which meant that 27% (3) of those that attended the course did not complete the questionnaires.

We have not broken down the gender, ethnicity, employer, role, or length of service here as the participant sample is smaller. We are going to look at the sample population.

### ***Evaluation of the Utility of the Training***

The response to the training was generally positive when asked to rate the utility of the training on a scale of 1-10, 100% of participants rated it at 7/10 or above, 88% of respondents rated it at either a 9 or 10/10.

When asked to rate whether they felt it would improve their ability to do their job, 100% of participants rated the training at 7/10 or above, with 64% rating it at 9 or 10/10 in terms of the impact on their ability to do their job.

When asked if they were likely to inform others about the content of the training, 100% of participants rated this likelihood at 7/10 or above, and in respect to whether they would be likely to inform others 100% of the participants rated this at 9/10 and above.

### ***Rock Pool and Trainer Evaluation***

Rock Pool administration was rated favourably with 88% of participants rating it 7/10 or above, and 72% rating either 9/10 or 10/10.

When asked if the trainer had delivered the material effectively, 100% rated the trainer 7/10 or above, 88% at either 9/10 or 10/10. Additionally, 100% of participants rated the trainer's ability to create interest at  $\geq 7/10$ , and 76% at 9/10 or 10/10. The ability of the trainer to answer questions effectively was rated highly with 100% rating at  $\geq 7/10$  and 76% at 9/10 or 10/10.

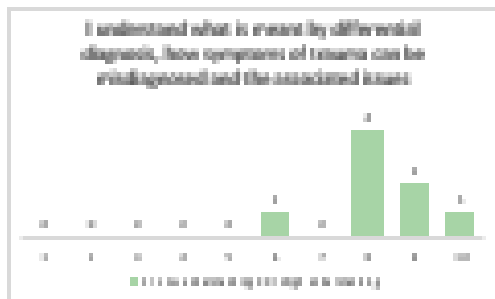
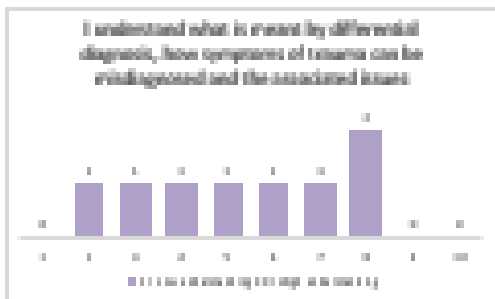
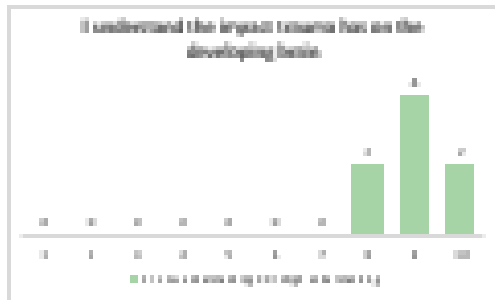
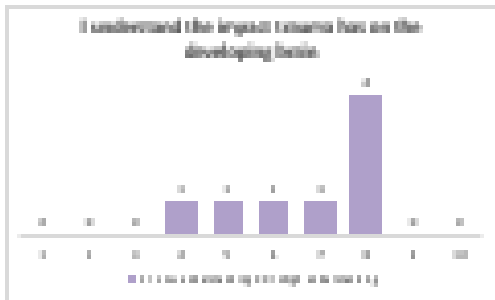
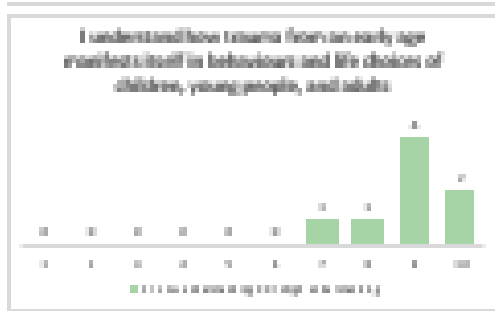
### ***Specific Outcomes of the Training***

Given the sample size we were unable to run t-tests for the pre and post questionnaires. In the dataset provided to us by Rockpool they had included charts that highlight the basic changes in understanding and attitudes brought about by the course. We have provided these here for your information.



**Figures 13 -29:** Bar charts showing pre and post survey scores on attitudes towards trauma and trauma informed practice on the trauma informed educator course.





**Discussion**

The results from the analysis of the data provided by Rockpool for the trauma informed educator course indicates that the participants well received the course, and that most participants recognised the importance of the training in helping them understand trauma and trauma informed practice, as well as how it could help them improve and develop their daily working practices. The sample here was small, so T-test could not be run, but a basic analysis indicates that the training improved participants’ understanding of trauma and trauma informed practice, especially regarding better understanding what trauma is, its links to biology and socio-developmental issues, what is needed to build a trauma informed workforce, an improved understanding of how trauma informed practice might benefit service users, and a better understanding of how to respond to trauma related practice with staff. However, it must be stated that attendees on this course were identified as champions within their organisation so had pre-existing knowledge and commitment to trauma informed working, which will have directly impacted their engagement, motivation, and the outcomes of the training on their attitudes, behaviours, and practice.

## **CONCLUSIONS**

The process evaluation based on the data provided by Rockpool indicated that the four courses were well received across the board, that participants saw the value in the training and how its links to their day to day working and believed the trainers to be skilled and competent in the work. When you drill into the data you see interesting nuances, for instance, that the police were the least receptive group and that they saw less value in the training, compared to the other six employment groups. Also, that managers and leaders on the trauma informed workplace course already had a good understanding of the impact of working with trauma on their staff base and that the course did little to change this. The results showed, across the four courses, that participants felt that attending had tangible benefits to their working practices and that they felt their ability to do their job would improve. Additionally, the positive feeling towards the course and its impact is reinforced by the fact that most participants stating that they would recommend the course to others.

Overall, we can see that the training was viewed as a success by the participants based on the data recorded and shared, however it is important to note that this data was developed, collated, and shared by Rockpool and not by the evaluation team. If the evaluation team was able to design and roll out the quantitative data collection (i.e., process evaluation) they would have asked different questions and used different, more nuanced measures to allow for more between groups data; this should be seen as a learning point for future evaluations.

## **STUDY 2:**

### **QUALITATIVE RESEARCH WITH MULTI-AGENCY PARTNERS THAT ATTENDED THE ROCKPOOL TRAINING (OUTCOME EVALUATION).**

#### **CONTEXT**

The current study is an outcome evaluation of the Rockpool training, the main aim of which is to understand the impact and legacy that the training had on the professionals who attended. The research seeks to understand the personal narratives of the participants, what they gained from the training in terms of their knowledge of trauma and how it contributed to their ongoing practice. The research is inductive and scoping in nature, and therefore better suited to a qualitative methodology. This section will report of the aims and objectives of the research, the methodology used, the results and findings, ending with a series of conclusions and recommendations.

#### **METHODOLOGY**

The current research study is focuses on the legacy and impact of the trauma informed training commissioned by the OPCC and the VRU and delivered by Rockpool across the multi-disciplinary groups; therefore, this is an outcome evaluation. The research team linked in with, supported by the commissioners (OPCC), a pre-existing steering group constructed of relevant professional colleagues who have reviewed the progress of the research, offered advice and direction throughout.

The research team decided to do qualitative research with individuals that attended the Rockpool training courses to understand their perceptions of, experiences of, and reactions to trauma as well as trauma informed working. The research team worked with the steering group and the OPCC to identify people who had been on the four different training courses so that they could be approached by the research team to take part in the focus groups and in the semi structured interviews. Once an extensive list of participants had been identified by the research team the research team wrote to them and asked if they could be willing to take part in a focus group or Interview, this was on some occasions followed up with a telephone call or further emails. This targeted, snowballing approach to sampling resulted in seven focus groups, with a total of 40 professional participants, and 6 semi structured interviews. Although the research team aimed to have between 6-8 people in each focus group this was not always possible. Given the nature and the timeframe of the research we felt that it was important to continue the focus groups even if they had reduced numbers. Additionally, the

research team had four written interview submissions as the individuals in question could not attend a focus group and it was felt that their input was important and relevant. Each of the four focus groups and interviews took place online due to participant availability. Each focus group lasted approximately 1 hour and each interview between 30 - 45 minutes and each piece of qualitative research was chaired by a member of the research team.

Each focus groups and interview aimed to understand participants’ understanding of and engagement with the Rockpool training to bottom out whether it was useful, informative, delivered well and upskilled them in respect to trauma and trauma informed practice. The qualitative research built upon the questions asked in the Rockpool evaluation form, and therefore allowed the team to expand upon the quantitative research and have a more nuanced understanding of the training.

The research team felt that this approach allowed us to understand the reality of cross agency engagement with the issue of trauma and trauma informed working as it engaged proactively with individuals’ personal experience of the training and their professional responses to it.

The research received approval from the UWE research ethics committee. In developing the research, the team took into consideration ethical guidelines from the British Psychological Society, the British Criminological Society, and the Bristol, North Somerset, and South Gloucestershire integrated healthcare board guidance on trauma informed practice. The research paid particular attention to participant wellbeing, safeguarding, and confidentiality to make sure that they were not compromised or traumatized by the research. All the data was stored by the research team on a password protected UWE OneDrive folder only accessible to researchers in compliance with the UWE data storage policy. To enhance trustworthiness of analysis and credibility checks, researchers utilized weekly group supervision with the lead investigator to provide a range of perspectives.

**Table 11:** Qualitative participant sample

Participant	Type of qualitative research	Organisation	Training attended
1	Verbal interview	Keeping Bristol safe	Working with trauma
2		Somerset council	Working with trauma
3		South Gloucestershire council	Trauma informed educators
4		NHS BNSSG	Trauma informed educators
5		Avon and Somerset police,	Trauma informed educators
6	Written interview.	Avon and Somerset police	Working with trauma
7		Avon and Somerset police	Working with trauma

8		Avon and Somerset police	Working with trauma
9		Avon and Somerset police	Working with trauma
10		Avon and Somerset police	Working with trauma
11		Avon and Somerset police	Working with trauma
12	Focus group 1.	NHS	Working with trauma
13		Somerset Country council	Working with trauma;
14		Sirona care & health,	Working with trauma
15		Sirona care & health,	Working with trauma
16	Focus group 2.	Sirona care health,	Working with trauma
17		YMCA	Working with trauma
18	Focus group 3.	Somerset council,	Working with trauma
19		Sanctuary housing,	Working with trauma
20		Somerset council,	Working with trauma
21		Somerset council,	Working with trauma
22		Sanctuary housing,	Working with trauma
23	Focus group 4.	Mentoring plus,	Working with trauma
24		Bristol drugs project,	Working with trauma
25		Avon and Somerset Police,	Working with trauma
26	Focus group 5.	Somerset council,	Working with trauma;
27		Avon and Somerset Police	Working with trauma;
28		West of England sport trust	Working with trauma;
29		Avon and somerset police	Trauma informed workplaces
30		Avon and Somerset Police	Working with trauma;
31		Youth connect southwest	Working with trauma
32	Focus group 6.	Avon and Somerset Police	Working with trauma
33		Avon and Somerset Police	Working with trauma;
34		Somerset county council	Trauma informed workplaces,
35		Avon and Somerset police	Working with trauma
36	Focus group 7.	Somerset council,	Working with trauma;
37		CCP,	Working with trauma;
38		Somerset county council	Working with trauma,
39		Avon and Somerset police,	Working with Trauma

The data was analysed using Thematic Analysis (Braun and Clarke, 2013) by one researcher to create a set of themes to reflect the data. The process of thematic analysis was consistent across all focus groups and semi structured interviews. Please note that because the qualitative research had the same questions regardless of the format the data could be combined and analysed collectively. The principal areas that emerged from the research were.

- Understanding trauma
- How important is in understanding trauma for job roles
- Impacts of the trauma informed training on knowledge of trauma
- Is understanding trauma central to the role of policing?
- The structure, contact and impact of training

- What trauma informed information/ practices have been taken by the participants from the training and been used in daily lives and jobs
- How to further develop trauma informed practice

## RESULTS

### UNDERSTANDING TRAUMA

The term trauma is widely recognised across the participants sampled, including the police, healthcare professionals, and council workers. A commonality in the definition given in the focus groups, based on personal and professional opinions, is that trauma is individualistic. Other definitions given inferred that trauma is something that is because of an event or a series of events, and it is something that is often from childhood experiences such as Adverse Childhood Experiences (ACE's).

*I've been aware there's the ACE model, so the obviously I'm aware that trauma within childhood or events that occur, circumstances usually beyond anyone's control that occur before the age of 16, can have lasting psychological damage, which again, whether it impacts on somebody in their decision-making processes. That varies from individual to individual, but obviously it's really important that professionals working with people who are vulnerable are aware of what is going on behind the scenes* **Participant 23**

*I did do the training a little while ago, but just from my own work experience and type of individuals and service users that we work with, obviously its trauma impacted by childhood experiences could be many different things.* **Participant 26**

*It could be a one-off incident, say like a car accident, or it could be prolonged trauma, which is sort of, you know, sort of abuse like physical or sexual abuse. And what trauma does is it has an effect on how that person may think or feel and how and how they deal with sort of everyday life really* **participant 14.**

The way in which people have experienced and then deal with trauma, is quite different. However, there are common shared behaviours that come about because of experiencing a traumatic event(s).

The professionals from the focus groups suggested that these behaviours may include “distress” “emotional damage” “not being able to verbalize what is going on” “verbally and physically aggressive”.

Many participants recognised causes and triggers to trauma within the professionals in the focus groups. Although there is no one specific experience of trauma, there are shared commonalities to its origins. These include negative life experiences such as living conditions, family relations, and disasters within wider society.

*So, because of any negative life experience. It could be one thing, it could be many things, a collection of things. Umm yeah, it could be anything. It could be the death of a parent it; you know, it could be anything like that at all. Participant 34*

Likewise, the impact of trauma does not always present themselves in the same ways in every individual and can occur any time after experiencing trauma. The professionals within the focus groups inferred that the impacts of trauma have varied durations. The participants stated that the people that they work with and support who have experienced trauma may feel the effects straight after the event, but instead may not experience the effects for many years afterwards. Some participants discussed broader examples of trauma, including trauma inherent in the system linked to class, gender, race and culture. This highlighted the need to understand the impact of intersectionality and the role of personal and social trauma. Although, this was not a core area in the training, it was highlighted and should be built on going forward.

*I think it's very multidimensional because there are individual experiences that can be traumatic. But I think also trauma can come from the environments that people live in. So, poverty and deprivation and lack of opportunity, for example, can both lead to trauma and compound it. I think as well. Participant 38*

Another common impact that trauma has on people, is the individual’s inability to realise that they are experiencing or have experienced trauma, and therefore it may go unnoticed.

*I'm I would think that it's an experience. Mm, not a good experience. It could come at any point. It could come from an immediate effect of something happening, or it could come*



*later. Much later it could. It could lie dormant, and it could. Rear its head a trigger. Something could trigger it off so that's my understanding of trauma. Participant 36*

*How important is in understanding trauma for job roles.*

Understanding how to spot and deal with trauma in professional spheres was important to those who took part in the focus groups. Trauma is something that has been experienced by many of the clients/service users worked with by professionals, but in differing ways, so to be able to know how to approach someone who has experienced trauma, within all job roles is imperative. In understanding trauma, organisations can then implement this into the way they deal with those who have experienced trauma.

One commonality shared by the variety of professionals who took part in the focus groups, was that one of the main importance of understanding trauma within their job is to know a person's background. This is so they are aware of what the people they are dealing have been through, which may have an impact on the way they behave or present themselves.

*So, it's like it It's an added factor that means more time, it means added time that you need to be aware that you're going to have to use to include the awareness of trauma. It means slowing down and being really aware and person in front of you. Participant 17*

*We always, I mean talking about trauma informed care, we always keep that in mind because it does have such a big impact on some people's health and well-being that I have, you have to sort of take that into account and offer, you know, offer services and counselling where appropriate, really. Participant 14*

*Yes, absolutely. We've always..., it was instilled in us the need to get a good history. If you talk to our primary care colleagues, they will say the same history is important and that's not just you know your medical history but your previous experiences because that does obviously help to shape the person that you become and the behaviours that you exhibit.*

**Participant 13**

Many professionals sampled, being trauma informed means that they can make their services as beneficial to their users as possible. When the professionals understand their users' background and

knowledge of their trauma and experiences, they can make their service tailored to the specific needs. However, although there is a need for bespoke services and nuances focused on certain service user needs (i.e., neurodiversity, mental health, culture, etc) this must be underpinned by a solid working knowledge on trauma and trauma informed processes.

One aspect of trauma, that highlights the importance in understanding trauma, is that not everyone who has experienced trauma, knows that they have experienced it. So, for professionals to be able to understand and know the signs of trauma, it is important for those who do not know they have experienced it, especially children.

*I think also trauma for like some of the young people we work with. They may not even realize what they've experienced because they've gone through it at such a young age. Umm, so they're carrying that trauma in their bodies, that they don't actually recognize it as trauma because it's not until they sort of get older that their behaviour is now telling us that they've gone through that traumatic experience and that can be really difficult to try and support that young person. **Participant 21***

*I think a lot of children, because the pandemic is struggling with trauma. It's as simple as that, isn't it? You know, suddenly all the schools were closed. Everything was tipped upside down. You've got young kids who don't understand what's going on. **Participant 33***

Another important aspect of understanding trauma is in relation to the professionals themselves and their colleagues. In dealing with those who have experienced trauma through their professional work, the participants from the focus groups acknowledged that this can have an impact on themselves as human beings. Likewise, the professionals noted that they had also experienced trauma throughout their personal lives and so having colleagues who understand what they have been through is just as important.

*I'm having to not react because I don't want to exacerbate what I know is going to be awful. the other point about not accessing things, I think that sometimes the desensitization that professionals have to get through their working day, they're forgetting the people standing in front of them. **Participant 17***

*And in it may not, you know, for the staff member, because I'm very much aware of health and well-being, you absorb the young people's thoughts, their feelings, their experiences and we just have to be very mindful that there is an outlet through supervision and if that does trigger anything within teams and it can be you can cope, you can go along coping for many years and then it could just be something that could trigger something inside you that you know makes you reflect on a traumatic event that you've had as well. So, we've got to be mindful of the accumulation of trauma experiences that our teams are experiencing here.*

**Participant 15**

*Impacts of the trauma informed training on knowledge of trauma*

Although there was a positive attitude towards the training was felt across most participants sampled this was not felt by all participants with some indicating that they did not believe that the trauma informed training furthered their existing knowledge of trauma.

*It [the training] was really informative, and then when I spoke to one of my colleagues, she hadn't had the same experience and that you always gonna get this out you in training in terms of what deliveries and I think she felt like some of the conversation was stuck and knowledge level in terms of the trainer having to bring up people maybe that had a much lower kind of base level* **Participant 28**

*No. Most of the stuff, and I think it would have been helpful if I perhaps had a, a, I don't know, like a knowledge quiz or something to see what I knew. And then I could have done the half day because the half day for leadership was really useful for my work. I found that there were some really useful resources that I've used since looking at some of the impacts of the work that the staff do and how we manage that. So, I find that useful. But I have to say the first day was probably a bit too basic because we cover awful lot of it in our work already and have a quite a lot of training so.* **Participant 20**

This was an interesting point, as it indicates that the participants although they found the training useful and engaging wanted it to be more interactive. The idea of a quiz to test knowledge, maybe relating to trauma informed practice in general or linking to their area of working/expertise is useful as it allows the participants to understand their knowledge and its applicability. Whether this is part of the rockpool training, is linked to follow up activities by their employer, or to the work of the Violence Reduction Unit is an area for future debate.

Building upon the vast array of information and knowledge that the training provided, it also showed participants that trauma is common and that it can be linked to an array of service users. Which reinforced the importance of the training in shifting participants mindset around trauma, allowing them to see and understand the importance of trauma informed practice in their daily working. For instance, the training helped the participants, in this case police officers, to make links between trauma and missing people and children.

*Only with missing people, especially children and their link with trauma* **Participant 6**

Another example of where the trauma informed training extended upon their knowledge was on what further support those who have been traumatised need. The training has highlighted the services that the police officers can refer to when dealing with individuals who have been traumatised.

*It has helped me understand the services that can be offered to those with trauma*  
**Participant 7**

However, the most common response from the frontline police officers regarding the Rockpool trauma “working with trauma” that it did not have a significant impact on their existing knowledge of trauma and its effects. The police officers from the written interview cohort, which was smaller and more problematic to engage with, noted that the training did not include anything different to what they already knew.

*I do not feel that the training was anything that I have not been informed of before*  
**Participant 9**

*No difference to before the attendance* **Participant 10**

*I do not believe it has benefited my existing knowledge or thought process* **Participant 6**

*Is understanding trauma central to working in the community?*

One aspect of policing that has been mentioned by police officers sampled in the research, is experiencing trauma themselves in the work that they do. Understanding how they can deal with their own personal trauma, because of their work, is as important in recognising trauma in those who come into their service.

*Information supplied by the Police Federation has shown that the average member of the public will have 3 or 4 traumatic events in their life the average police officer will have between 400 and 600 traumatic events. I have policed since 2019, and have experienced several traumatic experiences in that time, and will most likely experience many more throughout my career. I am aware that at some point later in life this might have an emotional impact on me and will be able to deal with this as and when it happens.*

#### **Participant 10**

*For me its two-fold, as a first line manager and as a practitioner. I know my staff, I know my people, I know their backgrounds. I know how they work, and I can pick up when something is in the right with them. And instead of just asking that simple question, for example, how are you feeling today? It's actually probing why they're feeling, why they're behaving the way they are. What is the, is there a traumatic incident that's caused this change in behaviour or for the way they're acting? So, it helps me to manage them correctly and support them correctly through the things and identify issues that may not affect you or I but affects them individually. And then when we're dealing with the young people or the partners.* **Participant**

**5**

The participants also highlighted that staff being exposed to trauma could potentially have a negative impact on their attitudes and behaviours in the personal life, as well as work life. Some of the participants recognised, as part of the training, that vicarious exposure to trauma could desensitized staff and put them more at risk of problematic behaviour (i.e., drug and alcohol problems, interpersonal violence); which means that there is a need to develop a more trauma responsive approach to supporting staff.

*It's also about welfare of staff, you know, all of us are really exposed to trauma. I think, you know, if we look to cross the those in in that sort of public facing role, you know you they themselves have real vulnerability to end up using substances, to end up executing domestic abuse because of all the trauma that's built up.* **Participant 24**

Being trauma informed for professionals, gives them the knowledge to be able to recognise those who have experienced trauma, and to know that their own behaviour may have been shaped by their own experiences. Being trauma informed also means for the police that they can guide their service to the individual, based on their knowledge of trauma.

*My role as a front-line officer means that I will on most attendance to an incident be dealing with someone who has gone through traumatic event or have effect of trauma.*

*Understanding how the victim feels and acts is something that will assist me in better dealing with them and offering the correct support as needed. **Participant 9***

*Many people suffer with trauma especially those people who the police deal with on a day-to-day basis. This helps the police understand the reasons people act like they do. **Participant 11***

*There could be several things going on and that could just be one part of what's going on for that person. It doesn't define that child, it doesn't define that family, but it is important to put it into context.. **Participant 4***

Even though being trauma informed is important for police officers, many of the officers sampled in the research reported that they also have policies and laws to abide by. It became evident that their knowledge of trauma cannot override the policies that they have to adhere to, and so the service they deliver cannot always focus on being trauma informed.

*No, I was already trauma aware. In my role as a response officer, I deal with jobs that are ongoing, and although peoples past traumas may affect their behaviour it does not affect how I deal with the situation in the short term. **Participant 8***

*Sadly, it isn't, whilst we can be aware of trauma, I still have to deal with each situation following the national decision model and ensure minimal harm to any persons is caused through my actions. **Participant 6***

This finding highlight what is sometimes seen as a paradox in policing, and criminal justice more broadly, that being trauma informed can mean being lenient, sympathetic, or forgiving. That being

trauma informed means that you lessen the impact of the offence and the victim's journey. Instead, being trauma informed should mean being more compassionate and considering alternatives to traditional justice outcomes, where possible, that is able to take account of past trauma and respond to it while holding people to account for their actions.

The overarching response was that the training was 'a good first step', and that it made participants trauma aware, but it would need to be an ongoing process of development and delivery.

*And but I also think as much as you can do surveys and follow-ups to see what's embedded in practice. I do think there needs to be groups with people that have been trained in there. So, we can follow up and say, "OK, so what next? what's been the impact on your practice?". Be able to review that and be able to come back to the table and have those really, really good discussions are important. **Participant 1***

*I think we had it back in January now. So, I reckon some sort of refresher would have been sort of good again a little bit further on, but all of us from our team that did do it find it really useful. It was quite a like a full day, wasn't it? **Participant 16***

#### The structure, contact and impact of training.

The overall comments and experiences of the trauma informed training provided by Rockpool note that training was a good starting point in becoming trauma-informed, by giving those who took part, the knowledge, and resources to deal with trauma in their work. However, there was evidence that the training needed to be adapted to existing trauma knowledge levels and specific job roles.

Within the professionals, there was a consensus that the Rockpool trauma informed training was a good beginning point in becoming trauma informed. However, this therefore implies that there is room for improvement.

*You know, the police in regard to safeguarding or things like that are always, you know well informed, know exactly what the focus is and how to protect the young person and that's that foremost. So obviously they've gone through some quite specific training for that. I think this is a good first step but there has to be more. **Participant 19***

*So, I knew a lot before I came in, so was covering the basics, but I knew that, and I knew it would be a refresh for me more than anything else. But what was really valuable was talking to the other people in different organizations and understanding. Participant 29*

The professionals noted that the training has helped them to deal with trauma in their job role as a professional but also as a human being. The training on being trauma informed gave them the knowledge to deal with and acknowledge that themselves have either previously experienced trauma, or that they have experienced trauma within their job.

*. how we make the whole organization trauma informed and everything we do, how we make sure, I mean we've mentioned things like vicarious trauma, how we make sure again we're not being traumatized and the work that we're doing. Participant 24*

*I think probably the most interesting part for me, for the group that I was in was it gave everyone in the group an opportunity to think about how trauma affects them and their professional lives, which was really interesting and quite a lot of discussion about how it's affected them and they didn't realize the impact of what they're doing at work was having on their own well-being. Participant 25*

The participants stated that there were useful skills and resources and take aways from the trauma informed training, highlighted by the professionals. These included being able to recognise trauma and know how to approach it within their profession. The training also provided resources that can be used by the participants in their everyday job roles.

*Excellent training that really made you sort of start to think differently about trauma. And I think one of the things that came out for me in this training was not about what's wrong with you, but what happened to you. And that was the sort of underlying thought when I. Practice with my young children and young people who are looked after. You know, they're very traumatized young people sometimes it's not, you know, their behaviour is a response to the trauma. Participant 12*

*It gave lots of tools to sort of take away as well. And again, from our team, we're quite mixed backgrounds of some have worked a lot with trauma before, some haven't at all. Participant 16*



The way in which the Rockpool trauma informed training was delivered to the attendees varied between the different trainers, however there was a common structure in the training.

*There were so many wonderful parts to it, how it was broken down and there were lots of materials. Some of it was reading. Some of it was videos, some of it was talking and I thought, and I came away thinking this is absolutely alongside my mental health first aid qualification. This absolutely runs alongside. It was really good. Participant 37*

The participants noted limitations within the Rockpool trauma informed training. Although important within the understanding of trauma, the narrow focus on childhood trauma and ACEs was by participants within the focus groups as being problematic. The training was praised by participants as a great introduction or starting point, which meant that some of the more knowledgeable or experienced colleagues felt that it did not add anything new to their working practice.

*It just feels like that's already kind of how most of us would approach our work. So, I think for me personally, it didn't have a huge impact on my day-to-day work, but it did, I would say, after I did the three-day training, the trainer training and delved into it more deeply for myself, I would say that my, yeah, my understanding was greater Participant 31*

### Modes of delivery

There was a variety of opinions held among the police officers that took part in the trauma informed training. These ranged from positive experiences of being involved with other agencies and the convenience of working from home. However, there were complaints, and therefore recommendations for future roll out of the training.

Police participants noted that they liked the convenience of it being online and that they were given time to discuss and question what they have learnt.

*Via teams... convenient, we were able to work from home, but discuss things together and ask questions Participant 8*

*I would prefer online training. That's just me. I like, don't mind doing in person, but I like to. I like online. Participant 37*

*Interestingly, in the past I would have always said I want in person training, but I thought issues around what the impact could be on us personally from this training were really sensitively dealt with. Participant 38*

Interestingly, one of the participants discussed the benefit of doing the training online, as it helped them process their personal trauma, which was triggered by the training, in a way that they were comfortable with rather than having to process it a cross-agency setting with other professionals who were unaware of it..

*I turned my camera off because I was getting upset about a personal thing so I could carry on with tears streaming down my face sat here and nobody knew, cause my camera was off. If I was sat in a room, I couldn't do that. Participant 34*

Although not all the participants valued the online nature of the material because they did not feel that it suited the topic of the professional culture the training was trying to develop

*for some people, being online makes it safer and I've read a lot, lots of papers about this lately that actually people have a greater sense of psychological safety if it's online because they can dip in and out, put cameras on cameras off. But you know, I think it's harder for the trainer to read the room It really hard for trainers to read the room and they didn't, and they didn't know so much of the conversations were happening and breakout rooms. Participant 4*

*face to face because you're all sort of be sat in a classroom and you'd be you. You can all of a sudden stand that and say "ohh. Xxxxx. You alright, mate?" You know, I know you've got a few aces in your in your back pocket, but you can't do that online. Participant 35*

One pitfall of the training, that the police officers felt, was that it was too long, with too much information given in one session; however, this was from the written interviews with the participants who found the training challenging. Additionally, there was an was a feeling among some participants in this cohort that the training was too long with one commenting that they felt

there was a lot of information covered but this was superficial leaving them with 'more questions than answers at the end.

*There was a lot covered by not in a lot of detail, I had more questions than answers at the end* **Participant 10**

*The course felt far too long, and my attention span was certainly strained. It seems that lately officers are smothered with training around, vulnerability, diversity and being aware. It is simply too much, and I feel like these courses, including this one can be condensed into a more to the point package* **Participant 7**

*No, the course was irrelevant to my role as a response police officer. The course was too long, and poorly presented. It needs to be more role relevant before being rolled out further.* **Participant 9**

However, this feeling that the training was too long was countered by other participants, from other professions, who thought it was not long enough and need more information and detail.

*Brilliant training. It was so good. And I tried to get so many other people onto the course, and it was just absolutely packed. So, and very well attended, but it needed to be longer. And you needed to have more time to discuss each of those areas because yeah, there's so important.* **Participant 13**

*Yeah, I would agree with everyone else. Yeah, it would be nice to have it. Yeah. To have it a bit more specialised for the course to be longer.* **Participant 14**

What did come across positively was attending the training with other agencies although one participant did comment they felt that other agency members probably found the training more relevant.

*Yeah, I think the upside of the multidisciplinary thing and doing it like this means that he that you're exposed to stories from people who work in different professions. So, I can talk to them, you know, about what health visitors would see in the home or whatever, you know, like. And I think those stories are the things that stick in people's heads.* **Participant 20**

*Took part with other agencies* **Participant 9**

Further recommendations made by the professionals, as a response to their criticisms, include a potential need to do the training in person, not making the training a stand-alone thing and to add it as a part of existing training. Finally, a common recommendation was to make the training relevant to the different agencies that take part in the trauma informed training.

*What information/ practices have been taken by participants from the training and been used in their daily lives and jobs*

The feedback provided by those who took part in the focus groups and semi-structured interviews concerning the Rockpool trauma informed training highlighted that information and practices offered by the training has been used by participants in their daily work lives. The main tools that were mentioned by the participants were checking up on work colleagues and having the knowledge as well as resources to be able to spot and understand trauma inflicted behaviours.

The training gave the professionals better trauma informed knowledge and skills to better identify and work with people who access their services. The skills have allowed for them to see the service users in a different light and now know how to tailor their service to those who have experienced trauma.

*I mean, I'm I think I'm in a bit of a different position perhaps to some of the other people on the call because I'm not operational. So, the reason I accessed all of this training was because I had very little knowledge about trauma informed care.* **Participant 13**

*So actually, it was a reminder to come into that room and go. OH yeah, I know this like things like secondary trauma and compassion fatigue, that stuff I've been teaching on for years. But actually, you just forget as well, thinking I don't know anything. And then you come into room again. Yeah. Well, I taught on that..* **Participant 4**

One major impact that the trauma informed training had on the professionals in their work lives, was being able to notice and acknowledge the trauma that they and their colleagues experience in

their services. The training made the professionals more aware that it is not just those who come into the service who have experienced trauma, but also those who they work with.

*Yeah, just understanding how why people in the workplace behave like they do and looking at triggers in the workplace as well and how to manage those. Participant 13*

*Uh, not underestimating the effect of trauma that trauma has on you know professionals. Looking after these people. So it's been really helpful in, yeah, making me reflect on how what I hear and see and witness and can have an effect and therefore my desire to make to sort of be aware of the impact on everyone and on the organization as a whole and yeah, that's point about working with other groups as well and knowing that they must be knowing that everyone is. Participant 23*

*To focus on ourselves and our colleagues and how we look after ourselves and each other. I think that's the takeaway bit from me and how we're sort of thinking about self-care and what that looks like in the workplace. So, I think we're pretty good when we're working with children and how we think about that and what we do in our approaches. I'm not so sure we're as good at coming back and then thinking about how we look after ourselves and each other. Participant 29*

*We probably do definitely check in with each other more, and also, I think if you sit and chat personally to somebody, I think at the point at which you start talking to people and.... So, you get to know people in general and once that happens, then you can often see also why people are the way they are as well. Participant 39*

### How to further develop trauma informed practice

The overarching recommendations that came about through all the focus groups in response to ways to further the Rockpool trauma informed training were follow-up work, refresher courses, and finally to offer the course to all who wanted to attend.

One limitation of the trauma informed trauma, for the professionals, was the limited focus on certain aspects or examples of traumatic experiences. The professionals expressed that they wished the training could acknowledge diverse types of experiences and the impacts the trauma can have.

*Yeah, I would agree with everyone else. Yeah, it would be nice to have it. Yeah. To have it a bit more specialised for the course to be longer and. Just so we have a bit more information on, yeah, different types of torment and how these impacts on, yeah, not on just on children, young people, but on yeah, parents and the whole family. Participant 14*

The interest in and desire to understand the links between trauma and intersectionality have come out a couple of times in the outcome evaluation, which is interesting as it was not a direct focus of the training and the research. This highlights that professionals recognise the importance of intersectionality in daily life, and the need to recognise it and respond to it in daily working. Intersectionality and its relationship to trauma, personal and social, is important for cross agency working in Bristol given the historical, culture and social demographics of the city and region.

*There was a bit missing about trauma that's created by neurodiverse conditions and other disabilities. So as a factor of being alive rather than having something happen as well. So, there was perhaps an opportunity to link in with other forms of difference, whether that's hidden disabilities or anything else, and the effect that that has on people as well. There was quite a strong focus on trauma from policing. Participant 25*

Another limitation and therefore a recommendation for the trauma informed training, was that there was a limited number of spaces to take part, and more professionals would have liked the opportunity to take part. Participants noted that the trauma-informed training should be mandatory for professionals in certain fields, such as care and support roles.

*So, I attended myself as well. So going and seeing different levels of knowledge it was kind of nice to see us all get a baseline but also it kind of shows the trouble when you're trying to communicate with other agencies and different services, you're trying to explain something to do, and they can't understand because they've not had the training. So, it was a bit frustrating that we had staff members that wanted to go on the course and then didn't have enough places for them to go on. Participant 39*

*It should be a mandatory training for anybody in a care or a support role* **Participant 13**

A common critique of the trauma informed training was that it was too much information in one training session. Therefore, a recommendation would be to break down the training into smaller sessions, in which the professionals could have the chance to have a break from the information.

*I felt like it was kind of crammed in like what was in the yeah, as I felt like a lot was crammed into a short space, basically. I felt that in order to deliver the training I needed to really feel much more confident with the materials and the and have deeper knowledge in order to be able to deliver it, to confidently, to staff. So that's what drove me to spend more time researching it.* **Participant 31**

*So, a lot of self-realization as well, but yeah, absolutely exhausting day not in a bad way. It's just because of the course content because of what it's about.* **Participant 34**

A shared recommendation among the professionals, was the need for a follow-up training session, or to have a contact from the Rockpool training in which they could contact. As a result of the training running over a vast span of time professionals felt as if they had forgotten some of the information they were given. Therefore, it is suggesting that a follow-up session, or regular training sessions would be especially useful in their organisations to become trauma informed. Likewise, having a contact for the professionals to be able to ask questions or advice on certain situations, either via email or meetings, again would help their organisations to become trauma informed.

*Bearing in mind, and perhaps this is the need for us as an organization to consider other anything else is the impact of that training has on people and now a member of my staff who went away, did the training and they weren't really themselves for two or three days later because perhaps it had opened doors that they weren't necessarily expecting it to in the impact on them and their own well-being was perhaps greater than we expected it to be as well. So, some kind of post course support, signposting maybe or something and probably be quite helpful, I think.* **Participant 25**

*So even I mean we can go on the website and things really good to pull resources and information. But even if it was like a more regular thing that they could do little updates or*

*something it as a possibility I think that's something that certainly our team would enjoy.*

**Participant 16**

**DISCUSSION**

The qualitative research with the participants that had attended the Rockpool training indicated that in the main, they found the training beneficial and that they left with a better understand of trauma, trauma informed practice and how to create a trauma informed workplace. The participants developed a had a good understanding of the varied and complex nature of trauma as well as its links to development, ACE's, and the fact that its non-linear with the impact of trauma playing out at different points in people's lives (i.e., that it is not always immediate).

The participants, in the main, saw understanding trauma as being essential to their jobs as it helped them understanding the behaviours of the people that they worked with. Participants stated that this was particularly important for certain groups (i.e., children or vulnerable populations) as it meant that more care and consideration could be used with these populations. Although not all frontline staff saw being trauma informed as being central to their daily working, with some police officers not seeing it as being important, essential, or useful. Interestingly, police participants where often less receptive to the trauma informed message and training, believing it to be less relevant to their roles. This is further evidenced by the fact that most non police participants (especially those from education, voluntary sector, and health) did not feel that the training added to their knowledge base on trauma and trauma informed practice, rather they saw it as a refresher course at reinforced what they already knew.

The participants felt that the training raised their awareness of the services that are out there that they can refer to when they engage with a traumatized client. Building on this participant felt that the training raised awareness of and contributed to partnership working. Which led participants to question the role of frontline policing regarding trauma informed practice, in that they should refer and signpost rather than engage with it. However, it is important to recognised that being trauma aware and trauma responsive to the needs of the service user is only one step in creating a trauma informed system and therefore the whole system, including staff, organisations and partnership working needs to be addressed as well.



The participants recognized, through the training, the need for reflective and engaged practice as most people have their own traumatic experiences and related issues, separate to their job, that they bring to their role. Which begged the question of how considerations about the trauma histories of staff should be highlighted and supported by organisations in the development of a trauma informed eco-system not only with organisations but across organisations in the Avon and Somerset area.

The participants were divided on the format and the content of the training as well as its delivery, with some stating that it was positive being online and others stating that it would have been better in person. The participants questioned and debated the delivery model because of the content of the training and the fact that it was sometimes harsh, challenging and traumatizing in its own way, both in terms of what it triggered in respect to their working lives but also in their personal lives. The participants felt that more thought needed to go into the delivery model. It is important to state that they recognized that people learnt in different ways but felt the issues and challenges in the delivery of this training went above that.

The participants also felt that the strongest aspect of the training was the multi-agency approach used. The participants really benefitted from being on the courses with colleagues from other organisations as it meant that they could understand trauma and trauma informed working more holistically, see the challenges posed by and for the service users in a different light, and better understand how to work together in a more joined up fashion. Additionally, there were able to learn each other's engagement strategies in dealing with vicarious and personal trauma, and how to best deal with challenging issues. The participants said that they wanted the collaboration to continue both in terms of the trauma training and regarding other training in the future. This was a model of good practice. Which is why the participants felt that the training ended on a cliff edge with no follow up and though that a series of meetings, a network, or an opportunity to engage on the topic again with one another would have been useful. The participants saw the training as a one of piece rather than a step in a larger journey and felt that upon delivering this there should have been other opportunities to engage and collaborate.

In respect to the challenges involved in the research, we were unable to obtain the broad sample that we wanted for the qualitative research (i.e., in terms of course attended, gender, diversity, etc) which is why not all the courses are covered in this part of the research and that there is not proportional representation from all types of participants. As the qualitative research start upwards

of six months after the courses took place it was difficult to recruit participants, therefore the research and evaluation should have been more linked to the courses.

The findings from the qualitative research (outcome evaluation) add to and build on the data provided by Rockpool (process evaluation), indicating that while the courses were successful in terms of delivery and awareness raising more needs to be done, especially with the police, to place trauma firmly on the frontline, workforce agenda.

## **CLOSING COMMENTS AND RECOMMENDATIONS**

The current research evaluation of the Rockpool training indicates that the training was seen as a success by the participants, with all four courses showing positive engagement, improved understanding of trauma and its links to practice (both in terms of working with service users and supporting staff). The process evaluation, based on the Rockpool data, indicated that participants thought the training was engaging, the trainers good and the content fit for purpose results in significant effect sizes across most measures of pre and post courses attitudes and beliefs around trauma. The findings from the quantitative research were replicated in the qualitative research, the impact evaluation, which added nuance by showing the importance of understanding trauma and trauma informed practice in supporting staff and that all training should be multi-agency moving forward. The results highlighted that most participants felt that attending had tangible benefits to their working practices, improved their ability to do their role and, therefore, they would recommend the course to others.

The research has highlighted that there are differences in the understanding and engagement with trauma informed practice across different teams and organisations that took part, which is important. It means that while agencies are becoming more trauma aware as a consequence of the training, more work needs to be done within different organisations to reach equity between regional partners on trauma informed practice, which is particularly relevant for the police in better understanding the role that trauma plays in offending behaviour so to better intervene and stop (re)offending and to better equip their staff in how to be trauma informed in their working practices (i.e., to aid the client and protect themselves. The multi-agency training highlighted a regional parity gap in trauma awareness and trauma informed practice, while highlighting the most effective platform for responding to it.

The most common negative feedback of the training was that it was online and that this triggered some participants, and they didn't feel supported. Also, that there was no follow up engagement post training to build on it. Some staffing groups (mainly police colleagues) did not always see the relevance of it in their day to day working. In future, evaluation should be incorporated in the development and rollout of the training, not conceived afterwards, the approach taken was problematic as it meant that there were two separate, and at times disjointed studies, and that the impact evaluation played no role in the process evaluation.

Moving forward the evaluation has highlighted recommendations for the OPCC and VRU in the continued development of its trauma informed approach.

### **ORGANISATIONAL CHANGE**

- The research clearly demonstrates that agencies working with young people at risk of serious violence in Avon and Somerset are on a pathway towards building a trauma informed approach and culture in line with the BNSSG's core principles and framework. This needs to be built upon and further developed.
- There needs to be a more bespoke framing of the importance of trauma informed practice for multi-agency working, especially in the harm reduction and criminal justice fields, across the Avon and Somerset VRU footprint, especially in respect to policing, crime prevention, deterrence, and community safety.

### **PACKAGE OF TRAINING**

- The research indicates that there should be a reconsideration of the training delivery model used in upskilling staff around trauma, offering a more flexible approach suited to staff needs and learning styles.
- Research identifies the need for preparatory work to assess current need and knowledge. This would allow for tiered training to upskill everyone to an agreed standard and make best use of time. Explaining in advance how trauma informed approaches can be of benefit to specific roles and sectors will enable participants to better understand the relevance to their work.
- In addition to the baseline trauma informed training needed by staff the evaluation of the Rockpool training has highlighted that those individual services, and teams, may need additional framing of trauma informed practice that links the training to their own needs (i.e., linked to their service users, staff, and organisational needs). This is important in that it allows staff to see how the training and related practice relates to their roles and that being trauma informed is at the heart of their organisations current policy and practice.

- Additionally, in person training delivery with an offer of support, should be considered by organisations in respect to all training that could be considered challenging or traumatic in nature (i.e., Domestic Violence, Homicide, sexual abuse).
- The research has highlighted the need for combined, multi-agency training programmes and a network to support that learning. Organisations should consider developing training programmes, or simulations (i.e., working on a practice case or incident), together so that they can learn each other's responses, understand each other's practices, and develop a shared, co-ordinated response to complex issues.
- The research highlighted the need for additional or bespoke training for staff working in more traumatising areas of practice. Specifically outlining what support is offered to specialised staff groups, and the additional resources needed to do their jobs.
- The syllabus should acknowledge intersectionality and complex trauma experienced by specific communities.

#### **SERVICE USER SUPPORT**

- There needs to be a strengthening in partnership working around referrals and signposting so that frontline staff are aware of the resources that are out there and how to obtain them.

#### **STAFF SUPPORT**

- The training highlighted an inconsistency, and therefore a need for, better staff support schemes and the opportunity for staff to come together to discuss and support each other regarding trauma informed working. This need is particularly salient for all frontline services across the Avon and Somerset footprint, but especially the police.
- All organisations across the Avon and Somerset Areas should consider support systems for staff in respect to vicarious trauma acquired through their roles and trauma present in their personal life, as well as how the two interact to impact upon the performance, wellbeing, and mental health.

### **SECTOR SPECIFIC (POLICING)**

- Avon & Somerset police need to develop a strategy to move the force from being trauma aware to being trauma informed and trauma responsive, in line with other services in the VRU footprint.