

National Training in Trauma Enhanced Practice

An evaluation – stage 1

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Executive summary

1. Epione Training and Consultancy delivers one- and two-day trauma training to frontline workers in Scotland. Epione's two-day trauma enhanced practice (TEP) training aligns to level 3 of the NES Trauma Training Framework.¹ This training includes both theory (on day 1) and practice-based exercises (on day 2). Trainees work together through group-based exercises which aim to (i) develop their skills in both responding to and working with traumatised individuals, and (ii) identify ways of creating trauma informed and responsive practices within their organisations. To-date, the two-day training has been targeted mainly at criminal justice social work teams (including managers and senior staff) in local authorities around Scotland.
2. Epione's one-day (multi-agency) training is aligned to level 2 of the NES Trauma Training framework. This training is targeted at professionals from various disciplines and aims to help trainees understand childhood adversity and developmental trauma and related theory; and how trauma impacts on individuals neurologically, psychologically, socially and relationally.
3. Since April 2018, Epione has delivered 11 two-day training events and two one-day events. Training venues and catering have been provided by the local authorities which have hosted the events.
4. At the end of each training session, participants were given a feedback form and invited to evaluate their experience of the training. The feedback form contained six questions asking participants about: (1) the extent to which their expectation of the session was met; (2) the aspects of the training they found most useful or enjoyed most; (3) things they thought could be improved; (4) their rating for their overall learning experience; (5) how they might use the learning in practice; and (6) if they had any further feedback. Questions 1 and 4 were closed (tick-box) questions, and the remaining questions were open questions.
5. The purpose of this study was to conduct an analysis of the participants' responses to the feedback form. Frequency analysis was carried out in relation to the closed questions, and thematic analysis was carried out in relation to the open questions. This project comprised the first stage of a larger evaluation of the training delivered by Epione. Stage 2 will involve follow-up discussions with training participants and managers to assess the impact of the training on (i) participants' practice and (ii) on the organisations they work for.

Main findings

About the training participants

6. The analysis was based on 192 completed feedback forms. An analysis of participants' names (where given) showed that most participants (79%) were female. Just over three-quarters (76%) were non-managerial staff / workers (e.g. social workers and others who have direct contact with clients, patients or members of the public). One-fifth of the participants (19%) were managers or other senior staff, and the remaining 5% were paraprofessional staff (including

¹ NHS Education for Scotland (2017) *Transforming Psychological Trauma – a Knowledge and Skills Framework for the Scottish Workforce*.

social work assistants and students). Most training participants (86%) were local authority and / or health and social care partnership employees. Two-thirds of the participants came from criminal justice or community justice services.

Response to the training

7. The vast majority of participants (96%) reported that **all their expectations had been met** in the training.

8. Participants were invited to list three things about the training that they found most useful or enjoyed the most. All but one of the participants answered this question, and there were three main themes in the responses, relating to:

- **The content of the course:** Some participants made general (positive) comments about the content (e.g. *'Content – very informative', 'Content – useful, practical'*). However, they also highlighted specific aspects of the course that they found useful and / or enjoyed learning about. Participants particularly appreciated that the training included both theoretical and practical aspects.
- **The delivery style:** Participants commented that the course was relaxed / informal, welcoming, interactive, motivational, well-structured, well-paced and well-balanced in terms of the focus on theory and practice.
- **The facilitators:** Participants appreciated the knowledge and experience of the facilitators; they also described the facilitators as 'great speakers' and perceived them to be approachable, easy to listen to, and clear.

9. Participants were invited to list three things about the training that they thought could be improved. Slightly less than half of the participants (89 out of 192, 46%) answered this question, and there was considerable variation in the number of suggestions for improvements made by participants from different sessions. This variation was often associated with complaints about training venues. The three main themes in the comments related to:

- **Problems with the training venue:** Where a relatively large proportion of the training participants made suggestions for improvement, the comments generally included specific complaints about the training venue.²
- **Issues with the handouts (take-home materials):** Comments on the course handouts also appeared to be clustered within certain sessions. Participants in these sessions wanted (i) the size of print on the handouts to be larger; (ii) the handouts to include a copy of the slides presented by the facilitators; and (iii) the development of a workbook that they could take away.
- **Suggestions about course content and delivery:** Some participants offered suggestions for improving different aspects of the course content and / or delivery. However, such

² It should be noted the trainers have little control over the quality of the venue or catering arrangements, as these aspects of the training are organised entirely by the host local authority.

comments were highly individual, with little consensus among participants about the changes suggested.

10. When participants were asked to rate their overall learning and development experience, **96% said that the training had provided valuable learning and / or development.**

Intentions to use the training in practice

11. Participants were asked about how they would use the learning in practice. This was an open question and most respondents (182 out of 192) replied. Participants often made two, three or even four different points in their comments. The Kirkpatrick model of training evaluation provided a useful framework for analysing these.³

- **Kirkpatrick level 2: learning:** Although participants were asked to comment on the changes they anticipated would take place **in their future practice**, it was also relatively common for people to say that the training had given them '*a better [or deeper] understanding and knowledge*', '*more insight*', '*greater awareness*' and '*increased confidence*' or that it had changed their attitudes towards their clients' behaviours, and would make them more sympathetic (or empathetic) in the future. Such comments relate to level 2 of the Kirkpatrick model – i.e. changes in knowledge / learning / attitudes / confidence.
- **Kirkpatrick level 3: behaviour change:** However, the main theme in participants' comments related to the issue of behaviour change (Kirkpatrick level 3). Within this broad theme, participants expressed their intentions to: (i) work with clients in a different way; (ii) share their learning with colleagues; and (iii) undertake future research and / or professional development on the subject of trauma.
- **Kirkpatrick level 4: organisational / community change:** The final main theme which arose in participants' comments about how the training would be used in their practice related to changing organisations, policies and systems. Some participants suggested that they would take responsibility for disseminating information about the things they learned, not only within their own team of colleagues, but also more widely across the organisation and to colleagues in other disciplines. These types of comments were often made by senior / managerial staff, who also saw opportunities to use the training in staff supervision sessions. In addition, some non-managerial workers suggested that the learning had prompted them to challenge certain existing practices and priorities within their discipline. Occasionally, participants suggested that, for them, the training would be able to be applied beyond the workplace – in their lives outside work.

Other comments

The final question in the feedback form provided a space for participants to make additional comments about any aspect of the training. There were three main themes in these comments: (i) participants expressed their overall satisfaction with – and enjoyment of – the training and the facilitators; (ii) participants offered additional suggestions – often with a view to increasing the

³ DL Kirkpatrick (1959) Techniques for evaluating training programmes, *Journal of American Society of Training Directors*, 13, pp. 3-9 and 21-26; 14, pp. 13-18 and 28-32.

impact of the training; and (iii) participants shared their reflections on aspects of their personal practice, experience and life.

Conclusions

12. The findings indicate that participants in both the one-day and two-day training courses clearly enjoyed the training and found it useful and beneficial. Theory, tools, techniques and having the time in the course to practice skills were all seen as interesting and valuable. Participants particularly appreciated the interactive and relaxed delivery of the courses, the knowledge and experience of the trainers, the opportunities to engage in group discussions, and the learning that they acquired. It was common for participants to highlight specific aspects of the course that they would use in their day-to-day work with people who had experienced trauma or adversity in their lives. Further follow-up evaluation (Stage 2 of the current evaluation) will be able to assess the extent participants have been able to carry through on these intentions, and what (if any) wider impact there has been from the training with their clients and within their organisations.

1. Introduction

1.1 This report presents an analysis of comments made by participants attending one-day multi-agency trauma informed and trauma skilled practice training (NES level 2) and two-day training on trauma enhanced practice (TEP) (NES level 3). The analysis was commissioned by Epione Training and Consultancy, who delivered the training. The analysis was carried out independently by research consultants, Griesbach & Associates.

Trauma and adverse childhood experiences (ACEs)

1.2 Over the past 20 years, there has been a growing body of international research evidence which has demonstrated that the experience of trauma and adversity in childhood can have a long-term negative impact on a wide range of health and social outcomes.

1.3 Trauma has been described as ‘an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening’.⁴

1.4 Living through abuse and trauma is more common than often previously recognised. Research suggests that many people will experience events described as traumatic including rape, assault, or a traffic accident, at some point in their lives.⁵

1.5 The Mental Health Foundation (2000) suggests that the rate of mental health problems for young people in the criminal justice system tend to be three times greater than that of the general population; falling between 25% and 81%, with those in custody having the highest rates.⁶

1.6 Within some services there are particularly high rates of people who have lived through trauma: 75% of women and men attending substance misuse services, for instance, report abuse and trauma in their lives.⁷ Among adults in prison, studies have found 94% of people report a history of trauma⁸ and in inpatient mental health services 60% of women and 50% of men report being sexually or physically abused in childhood.⁹

⁴ Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) *SAMHSA’s Concept of Trauma and Guidance for a Trauma Informed Approach*, SAMHSA Trauma and Justice Strategic Initiative, July 2014. U.S. Department of Health and Human Services, Office of Policy, Planning and Innovation. See page 7.

⁵ DG Kilpatrick, HS Resnick, ME Milanak, MW Miller, KM Keyes and MJ Friedman (2013) National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-V criteria. *Journal of Traumatic Stress* 26(5): 537-547.

⁶ Mental Health Foundation (2002). *The Mental Health Needs of Young Offenders*. The Mental Health Foundation Updates, 3(18). <https://www.mentalhealth.org.uk/publications/mental-health-needs-young-offenders-update>

⁷ EG Krug, LL Dahlberg, JA Mercy, AB Zwi and R Lozano (2002) *World Report on Violence and Health*, WHO Geneva. https://www.who.int/violence_injury_prevention/violence/world_report/en/

⁸ IR Komarovskaya, A Booker Loper, J Warren and S Jackson (2011) Exploring gender differences in trauma exposure and emergence of symptoms of PTSD among incarcerated men and women. *Journal of Forensic Psychiatry and Psychology* 22(3), 395-410. <https://doi.org/10.1080/14789949.2011.572989>

⁹ J Read, J van Os AP Morrison and CA Ross (2005) Childhood trauma, psychosis and schizophrenia: A literature review with theoretical and clinical implications. *Acta Psychiatrica Scandinavica* 112, 330-350.

1.7 A survey carried out in Wales,¹⁰ which replicated international research on child adversity, found that those with four or more experiences of adversity in childhood were:

- 14 times more likely to have been a victim of violence over the last 12 months
- 15 times more likely to have committed violence against another person in the last 12 months
- 16 times more likely to have used crack cocaine or heroin times
- 20 more likely to have been incarcerated at any point in their lifetime.

Policy responses to childhood trauma

1.8 In Scotland, policy makers have begun to acknowledge the significant impact that childhood trauma and adversity can have a person's life chances. For example, the Scottish Government's community justice strategy (*Justice in Scotland: Vision and Priorities*) states that the population in contact with the criminal justice system is vulnerable in terms of health and well-being, with people experiencing high levels of mental health problems and trauma.¹¹ Similarly, Community Justice Scotland, the body responsible for promoting standards across community justice services, has stated that '*we are trauma-informed with a public health perspective, recognising that poor health and trauma, in particular adverse experiences in childhood, impact on life chances and future behaviours*'.¹²

1.9 The strategy for supporting survivors of childhood abuse and neglect,¹³ and the current mental health strategy¹⁴ also highlight the importance of skilling-up those who work with and support survivors, victims and offenders.

National Trauma Training Programme

1.10 In response to the growing recognition of the impact of trauma on children and adults, in 2018 the Scottish Government committed to developing 'an adversity and trauma-informed workforce'.¹⁵ This commitment involved: (i) implementing national trauma training, (ii) testing potential approaches for enquiring with adults about Adverse Childhood Events (ACEs), and (iii) supporting schools to embed trauma-informed and nurture approaches in response to ACEs.

¹⁰ Public Health Wales NHS Trust (2015) *Adverse Childhood Experiences (ACEs) in Wales*. <http://www.wales.nhs.uk/sitesplus/888/page/88504>

¹¹ Scottish Government (2017) *Justice in Scotland: Vision and Priorities*. <https://www.gov.scot/publications/justice-scotland-vision-priorities/>

¹² Community Justice Scotland (2017) *Community Justice Scotland, Corporate Plan 2017-2020*, page 6. <https://communityjustice.scot/wp-content/uploads/2018/01/CJS-Corporate-Plan-2017-2020-website.pdf>

¹³ Scottish Government (2015) *Survivor Scotland Strategic Outcomes and Priorities (2015-2017)*. <https://www.gov.scot/publications/survivorscotland-strategic-outcomes-priorities-2015-2017/>

¹⁴ Scottish Government (2017) *Mental health strategy (2017 – 2027)*. <https://www.gov.scot/publications/mental-health-strategy-2017-2027/>

¹⁵ Scottish Government (2018) *Delivering for Today, Investing for Tomorrow: the Government's Programme for Scotland 2018-19*. See page 14, <https://www.gov.scot/publications/delivering-today-investing-tomorrow-governments-programme-scotland-2018-19/>

1.11 NHS Education for Scotland (NES) was subsequently commissioned to lead the development of a National Trauma Training Programme, to give frontline workers – such as social workers, police officers, teachers and health visitors – a better understanding of the needs of children and adults who have been affected by traumatic experiences. As part of this work, NES produced a knowledge and skills framework which specifies four practice levels: trauma informed (level 1), trauma skilled (level 2), trauma enhanced (level 3) and trauma specialist (level 4).¹⁶ The level of skill and knowledge required by individual workers would depend on (i) the level of contact they have with trauma-experienced people and (ii) the responsibility they have to respond to this.

1.12 As of May 2019, 3,000 frontline workers have been trained under the National Trauma Training Programme.¹⁷ In addition, in 2019 the Scottish Government made a further commitment to expand the programme of training over the next two years to provide training to a further 5,000 frontline workers.¹⁸ This training will be targeted specifically to staff who support looked after children, and women receiving maternity care who have experience sexual violence and abuse.

The trauma training delivered by Epione Training and Consultancy

1.13 Epione Training and Consultancy provides one- and two-day trauma training to frontline workers in Scotland.

1.14 Epione's two-day trauma enhanced practice (TEP) training aligns to level 3 of the NES Trauma Training Framework. The training includes both theory (on day 1) and practice-based exercises (on day 2). Day 1 of the course (the theory day) covers topics such as the definition and categories of trauma, the sequelae and neurobiology of trauma, the window of tolerance, compassion-focussed mindfulness principles, resilience, ACE research, routine enquiry, dissociation and formulation. The second day is focussed on putting theory into practice, as well as examining the various principles associated with 'trauma informed practice' as defined by Harris and Fallot (2006).¹⁹ Trainees work together through group-based exercises which aim to (i) develop their skills in both responding to and working with traumatised individuals, and (ii) identify ways of creating trauma informed and responsive practices within their organisations. There is also an emphasis on personal self-care, well-being and health.

1.15 Epione's one-day (multi-agency) training is aligned to level 2 of the NES Trauma Training framework. This training is targeted at professionals from various disciplines and aims to help trainees understand childhood adversity and developmental trauma and related theory; and how

¹⁶ NHS Education for Scotland (2017) *Transforming Psychological Trauma – a Knowledge and Skills Framework for the Scottish Workforce*. <https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx>

¹⁷ Scottish Government (2019) *Trauma training programme extended*. News release. See <https://www.gov.scot/news/trauma-training-programme-extended/>

¹⁸ Scottish Government (2019) *Protecting Scotland's Future: the Government's Programme for Scotland 2019-20*. See pages 112-113, <https://www.gov.scot/publications/protecting-scotlands-future-governments-programme-scotland-2019-20/>.

¹⁹ R Fallot and M Harris (2006) *Trauma-informed services: A self-assessment and planning protocol*. Community Connections: Washington, DC.

trauma impacts on individuals neurologically, psychologically, socially and relationally. Participants work in multi-agency groups to identify ways of creating more trauma informed and responsive organisations, and to consider ways of responding to individuals who have a history of trauma. There is also a focus on self-care to ensure optimum well-being and healthy communities.

1.16 Epione's trauma training courses has been assessed and approved under the British Psychological Society's Continuing Professional Development (CPD) Approval Scheme.²⁰

1.17 Since April 2018, Epione has delivered 11 two-day training events and two one-day events. (See Section 2 for details.) The two-day events have been targeted mainly at criminal justice social work teams (including managers and senior staff) in local authorities around Scotland, although some workers from other local authority services (children & families, addictions, adult mental health, etc.) and from non-local authority services (prisons, NHS) have also attended. The training venue and catering have been provided by the local authorities which have hosted the events.

Participant feedback

1.18 At the end of each training session, participants were given a feedback form and invited to evaluate their experience of the training. The feedback form was printed on two sides of A4 paper and contained six questions asking participants about:

- The extent to which their expectation of the session was met – mutually exclusive tick-box options were: (i) *all my expectations were met*; (ii) *my expectations were somewhat met*; and (iii) *none of my expectations were met*.
- The three things they found most useful or enjoyed most about the training – this was an open question and participants were given three lines to write their comments. The question prompted participants to think about the course content, delivery style, etc.
- The three things they thought could be improved – this was an open question and participants were given three lines to write their comments. Again, the question prompted participants to think about course content and delivery style.
- Their rating for their overall learning and development experience – non-mutually exclusive tick-box options were: (i) *provided valuable learning and/or development*; (ii) *it was a much needed reminder*; (iii) *I learned very little*; (iv) *not really worth my while*. Those who selected the second, third or fourth options were invited to provide further comment in a space at the end of the form.
- How they might use the learning in practice – this was an open question with space for comments.
- If they had any further feedback – this was an open question with space for comments.

²⁰ BPS Learning Centre (2011) CPD Approval Scheme. See www.bps.org.uk/sites/bps.org.uk/files/Professional%20Development/CPD%20Approval%20Scheme.pdf

1.19 In addition to these six questions, participants were also asked to provide details of their name, their job title and the name of the service / agency they worked for. A copy of the participant feedback form is shown in Annex 1 of this report.

The purpose of this study

1.20 The purpose of this study was to conduct an analysis of the participants' responses to the feedback form. This project comprises the first stage of a larger evaluation of the training delivered by Epione. Stage 2 will involve follow-up discussions with training participants and managers to assess the impact of the training on (i) participants' practice and (ii) on the organisations they work for.

About this analysis

1.21 The Kirkpatrick model is generally used as a framework for the evaluation of training interventions.²¹ According to the Kirkpatrick model, a training intervention can be evaluated on four levels:

- **Level 1 – Participant reaction:** Did the participants enjoy the training?
- **Level 2 – Participant learning:** Did the participants learn anything new?
- **Level 3 – Participant behaviour:** What changes have there been in the participant's behaviour? Has the participant applied the training, and if so, have they done so in the way anticipated?
- **Level 4 – Organisational / community change:** Did the training lead to any changes in organisations, communities or society more widely?

1.22 This analysis was based entirely on post-training feedback provided by participants immediately after the training. Thus, the findings relate primarily to Kirkpatrick Level 1 (participant reaction). However, in undertaking a thematic analysis of the feedback, reference has been made to the wider framework to interpret participants' comments on (i) (self-reported) changes in their knowledge and skills (level 2), (ii) their intentions for using their (new) knowledge and skills in their own practice (level 3), and (iii) their thoughts about the need for wider changes to organisational structures or ways of working (level 4).²²

²¹ DL Kirkpatrick (1959) Techniques for evaluating training programmes, *Journal of American Society of Training Directors*, 13, pp. 3-9 and 21-26; 14, pp. 13-18 and 28-32.

²² Note that a previous evaluation commissioned by Epione Training and Consultancy attempted to measure self-reported changes in participant knowledge before and after training and found positive changes. However, information about the sample size for these measures was not included in the evaluation report. See: <https://www.epione-training.com/wp-content/uploads/2019/06/Evaluation-of-East-Dunbartonshire-Pilot-trauma-Informed-Practice-2-day-course-final-Anonymised-Version.pdf>.

2. Description of the participants

2.1 This section provides information about the training participants – i.e. the individuals who attended the training. This information is taken from the first three data items in the feedback form: (i) participant name, (ii) participant job title; and (iii) participant service / agency. Note that not all participants provided information for all three of these three data items – and in some cases, the information provided was illegible. Therefore, different totals are shown in the tables below.

Total number of participants

2.2 The analysis was based on 192 completed feedback forms. Table 2.1 shows the number of completed forms received for each training event. The number of participants in the two-day events ranged from nine (Midlothian) to 16 (Dundee City, North Lanarkshire and Angus). The average number of participants across the 11 two-day events was 13.

2.3 A larger number of participants attended the one-day events (24 in East Renfrewshire and 25 in East Dunbartonshire).

Table 2.1: Number of participants, by training event

Training location and type of event (1 day or 2 day)	Dates	Number completing feedback form
East Dunbartonshire - 2 day	16-17 Apr 2018	10
West Dunbartonshire / Argyll & Bute - 2 day	7-8 Jun 2018	10
North & East Ayrshire / Dumfries & Galloway - 2 day	16-17 Jul 2018	15
Dundee City - 2 day	20-21 Sep 2018	16
Scottish Borders - 2 day	6-7 Dec 2018	14
East Dunbartonshire - 1 day	05 Feb 2019	25
North Lanarkshire - 2 day	11-12 Mar 2019	16
East Renfrewshire - 2 day	28-29 Mar 2019	10
Inverclyde - 2 day	25-26 Apr 2019	13
East Lothian - 2 day	27-28 May 2019	14
Angus - 2 day	2-3 Sep 2019	16
Midlothian - 2 day	18-19 Sep 2019	9
East Renfrewshire - 1 day	23 Sep 2019	24
Total		192

Note: No separate information is available about the number of people attending the training, and it is assumed by the trainers that the number of feedback forms received reflects the number of people who attended.

Sex of participants

2.4 An analysis of participants' names (where given) showed that most participants (79%) were female (Table 2.2).

Table 2.2: Number of participants, by sex

Sex	n	%
Female	144	79%
Male	39	21%
Total	183	100%

Participant job role

2.5 Information provided by participants about their job titles was highly variable. A three-way classification was therefore created to summarise this information as follows:

- **Managerial / senior staff:** includes service managers, team managers, team leaders, senior social workers, supervisors, project managers, coordinators, and others with responsibility for managing staff and/or projects.
- **Non-managerial staff / workers:** includes social workers, case workers, support workers, throughcare workers, housing advisors, money advisors, careers advisors, welfare rights officers, prison officers, police constables, occupational therapists, and others who have direct contact with clients, patients, or members of the public (e.g. in the case of a police constable).
- **Paraprofessional staff:** includes social work assistants, social work students, support assistants, and others in training.

2.6 Table 2.3 below shows that, among those who provided details of their job role, just over three-quarters of participants (76%) were non-managerial staff / workers, one-fifth (19%) were managers or other senior staff, and the remaining 5% were paraprofessional staff.

Table 2.3: Number of participants, by job role

Job category	n	%
Non-managerial staff / workers	140	76%
Managerial / senior staff	35	19%
Paraprofessional staff	10	5%
Total	185	100%

Percentages do not total 100% due to rounding.

2.7 Information provided by participants about their service / agency was also highly variable and Table 2.4 below provides a summary of this information. Most training participants (86%) were local authority and/or health and social care partnership employees. Within this group, the largest proportion of staff (two-thirds of the total number of participants) came from local authority criminal justice or community justice services. These individuals worked with adults in the criminal justice system, prisoners, people with drug / alcohol problems, people with mental

health issues, female victims of domestic violence, male perpetrators of domestic and sexual violence, and young persons.

2.8 Local authority participants also included those working in children and families services (n=7); welfare, advice and rights services (n=6); and housing services (n=5). Fewer than five participants came from addiction services, community mental health teams; education and skills; learning, development and innovation; and environment services.

2.9 Participants also attended the training from other public sector services (Police Scotland, Scottish Prison Service, Scottish Fire and Rescue, and NHS) (9% in total).

2.10 Finally, a further 7% comprised eight individuals from third sector organisations and three from the organisation responsible for skills development in Scotland, Skills Development Scotland.

Table 2.4: Number of participants, by service / agency type

Participant department / agency	n	%
Local authority / HSCP		
Criminal / community justice (CCJ) service	100	66%
Children and families service	7	5%
Welfare, money advice and rights	6	4%
Housing	5	3%
Addiction services	4	3%
Community mental health team	3	2%
Education and skills	2	1%
Learning, development and innovation	2	1%
Environment service	1	1%
Total, local authority / HSCP	130	86%
Other public sector		
Scottish Prison Service	4	3%
Police / Fire and Rescue	4	3%
NHS	2	1%
Total, other public sector	10	7%
Other		
Third sector	8	5%
Skills Development Scotland	3	2%
Total, other	11	7%
Total, all participants	151	100%

Percentages do not total 100% due to rounding.

3. Response to the training

3.1 This section presents an analysis of participants’ responses to the first four questions on the feedback form. It discusses the extent to which their expectations were met by the training, aspects of the training which they found useful or enjoyed, aspects of the training which they thought could be improved, and their assessment of their overall learning experience.

3.2 All of these questions are relevant to Level 1 in the Kirkpatrick model (as discussed in Section 1) although, as will be seen below, some participants referred in their comments to changes in their knowledge and skills (Kirkpatrick model, level 2).

Participants’ expectations

3.3 Participants were asked, ‘Were your expectations of the session met?’ This was a closed (tick-box) question with three mutually exclusive response categories: (i) all my expectations were met; (ii) my expectations were somewhat met; and (iii) none of my expectations were met.

3.4 Altogether, 183 of the 192 participants answered this question. Table 3.1 shows that the vast majority (96%) reported that **all their expectations had been met**. Just eight participants (4%) said that their expectations had been somewhat met. None of the participants said that none of their expectations had been met.

Table 3.1: Were your expectations of the session met?

Participant job category	All my expectations were met		My expectations were somewhat met		None of my expectations were met		Total	
	n	%	n	%	n	%	n	%
Non-managerial / worker	133	96%	6	4%	–	0%	139	100%
Managerial / senior staff	33	94%	2	6%	–	0%	35	100%
Paraprofessional staff	9	100%	–	0%	–	0%	9	100%
Total	175	96%	8	4%	–	0%	183	100%

3.5 Of the eight participants who said their expectations were ‘somewhat’ met, two individuals were from Children and Families Services and one was from a Housing Service. In some cases, these participants explained (elsewhere on their feedback form) why they expectations of the course had not been fully met. These reasons included that:

- The participant had only been able to attend one day of a two-day training session.
- The participant had not expected (what they perceived as) a clear focus in the training on criminal justice clients.
- The participant would have liked more practical information about how to support a client to move on from their experience of trauma.
- The participant would have liked the opportunity to mix up the discussion groups during the training, rather than staying with the same group throughout.

- The participant had expected a wider range of multi-agency staff to be attending the training.

Aspects of the course that participants found most useful / enjoyable

3.6 Participants were invited to list three things about the training that they found most useful or enjoyed the most. They were prompted to think about the course content and delivery, in particular. This was an open question, and the form included three lines for participants' comments. All but one of the participants (191 out of 192, 99%) answered this question. Participants' comments were typically very short – often just a word or a few words on each of the three lines – nevertheless, there was clearly a great deal of agreement about the most useful / enjoyable aspects of the course.

3.7 There were three main themes, focusing on (i) the content of the course (including both the theoretical and practical aspects), (ii) the delivery style and (iii) the facilitators.

Content (both theoretical and practical aspects)

3.8 The most common theme in participants' comments related to the content of the course. While some made very general comments about the content (i.e. '*Content – easy to understand*'; '*Content- very informative*'; '*Content – useful, practical*'), more often they identified specific topics that they found useful and / or enjoyed learning about. There was also a great deal of consensus among respondents in relation to these specific topics, which included:

- **Theoretical aspects:** neurobiology of trauma / brain development and function, ACEs, impact of trauma on behaviour, window of tolerance, dissociation, zones / traffic light system, mindfulness, triggers, importance of relationship / communication, case studies, etc.²³
- **Practical aspects:** group discussions and group exercises, hearing about the experiences of other practitioners, principles of trauma informed practice, balloon exercise, breathing techniques, exercise on thinking about how to explain concepts to clients, links to LSCMi / court reports, interventions / tools / techniques which can be used directly with trauma experienced people, ways of adapting services, and focus on self-care.

3.9 Note that discussion about the 'window of tolerance' and compassion-focused mindfulness were included in **both** the **theoretical** and **practical** training aspects of the course. Occasionally, participants also said that they enjoyed the video clips that were presented in the course.

Delivery style

3.10 The second main theme in participants' comments related to aspects of the delivery of the course. Once again, some people simply made a general statement about the delivery (i.e.

²³ Note that the discussion of 'zones', the 'traffic light system' and 'mindfulness' were all part of a wider discussion about compassion-focussed mindfulness.

'Delivery style'; 'Delivery excellent'; 'Delivery perfect'). However, others provided further details about what, exactly, they enjoyed about the delivery of the course, including that it was:

- Relaxed / informal
- Welcoming
- Interactive
- Engaging
- Motivational
- Well-structured
- Cohesive
- Well-paced, using different methods
- Balanced well between theoretical information (power point) and practical aspects (group discussions, exercises, opportunities to practice).

Facilitators

3.11 The third main theme in participants' comments related to the knowledge and experience of the facilitators. Participants appreciated the fact that the presentations given by the facilitators were *'rooted in experience'*, that they had a *'deep experiential knowledge of practice'*, that they were *'great speakers'* and that *'they worked well as a team'*.²⁴

3.12 Other participants described the facilitators as *'approachable'*, *'easy to listen to'*, *'open and honest'*, *'informative'* and *'clear'*. Some said that they enjoyed hearing about the examples given by the trainers of their own experiences.

Other useful / enjoyable things about the training

3.13 Some participants highlighted other things that they enjoyed about the training – which did not relate specifically to the content, the delivery, or the facilitators. These comments were sometimes personal in nature and related to the participants' response to the training. The following examples illustrate the kinds of comments made:

'Ideas for moving forward.' (Senior social worker)

'Not to shy away from trauma' (Social worker)

'Reminder of being confident to ask about trauma' (Social worker, criminal / community justice)

²⁴ Note that most of the sessions were delivered by two facilitators. However, one session was delivered by three facilitators.

'Use in my day-to-day work' (Community payback work supervisor, criminal / community justice)

'The enthusiasm it built amongst social workers' (Social worker, criminal / community justice)

3.14 Other participants emphasised that they simply appreciated having *'time out'* to learn something new, to think about putting it into practice, to reflect on their own work and service, and to discuss and share practice with colleagues.

Aspects that participants thought could be improved

3.15 Participants were invited to list three things about the training that they thought could be improved (other than the car parking arrangements – which were not within the trainers' ability to control). This was an open question, and the form included three lines for participants' comments. Slightly less than half of the participants (89 out of 192, 46%) answered this question. Moreover, there was also considerable variation in the number of suggestions for improvements made by participants from different sessions. At some sessions (for example, the two-day sessions in Angus, East Renfrewshire and Midlothian), very few participants had any suggestions for improvement. By contrast, at other sessions (for example, the two-day sessions in Dundee and East Lothian), nearly every participant made suggestions for improvement. This variation was often associated with complaints about the training venue. Other common themes related to the course hand-outs, and aspects of the course content or delivery. Each of these is discussed below.

Problems with the training venue²⁵

3.16 As noted above, where a relatively large proportion of the training participants made suggestions for improvement, the comments generally included specific complaints about the training venue. For example, in the two-day session held in Dundee (20-21 September 2018), 13 out of the 16 participants made suggestions for improvement. Of these, more than half (7 out of 13) complained about different aspects of the venue:

'Room a little small – no break-out rooms.' (Social worker, criminal / community justice)

'Acoustics made learning difficult, visually challenging.' (Domestic abuse social worker, children and families)

'Better venue – room temperature.' (Social worker, criminal / community justice)

3.17 Similarly, in the two-day session held in East Lothian (27-28 May 2019), 13 of the 14 participants made suggestions for improvement. Six of these individuals made one or more

²⁵ It should be noted the trainers have little control over the quality of the venue or catering arrangements, as these aspects of the training are organised entirely by the host local authority.

complaints about the venue (specifically, about the temperature in the room on the second day of the training).

3.18 Only occasionally did participants in other sessions make comments about the training venue. For example, at the one-day session in East Dunbartonshire (5 February 2019), one individual thought that the *'table set up was quite uncomfortable and squashed'*. At the one-day session in East Renfrewshire (23 September 2019), one individual thought the lunch offered to participants could be improved. A second individual at this session thought the room was too warm. This same individual also would have liked to have had coffee at 10.30.

Issues with handouts (take-home materials)

3.19 Comments on the course handouts also appeared to be clustered within certain sessions. Participants in these sessions wanted:

- The size of print on the handouts to be larger (two-day sessions in Dundee, East Lothian, North Lanarkshire and Scottish Borders; and one-day session in East Renfrewshire).
- The handouts to include a copy of the slides presented by the training facilitators (two-day session in East Dunbartonshire)
- The development of a workbook that they could take away (two-day session in Inverclyde).

3.20 One participant suggested that the slides for the training should be emailed to all participants (thus allowing participants to print them one slide to a page, rather than having printouts with multiple slides on a page). In addition, one participant suggested that it would have been helpful to have a copy of the training manual **before** the training, since the facilitators referred to the manual throughout the session.

Suggestions about course content and delivery

3.21 Participants across a range of sessions offered suggestions for improvement to different aspects of the course content and / or delivery. Such comments were highly individual, with little consensus among participants about the changes suggested. However, there were two main themes in these suggestions. These related to (i) the amount of time spent on certain topics or exercises and (ii) suggestions relating to group discussions. A small number of 'other suggestions' relating to the course content or delivery – made by just one or two respondents – is given at the end.

Comments on the time spent on topics or exercises

3.22 Most often, participants thought there was too little time spent on certain aspects of the training; less often, they thought that too much time was spent. Such views were often expressed in a general way:

'Additional time for processing info.' (Service coordinator, criminal / community justice)

'Perhaps could have been over three days (content excellent and deserves more time).' (Justice officer, criminal / community justice)

3.23 It is worth noting that, of the eight participants attending the two-day session in Ayrshire / Dumfries & Galloway (16-17 July 2018) who offered suggestions for improvement, five wanted an extra day for the training. One of these suggested a *'follow-up day for sharing practice and progress'*. A recurring theme among the participants attending the two-day session in the Scottish Borders was that aspects of the course felt *'rushed'*, that some slides were *'spoken through a bit too quickly'*, and that it felt like there was *'a lot to take in'*. One participant from this session suggested that the *'breaks felt quite long – especially lunch'*.²⁶

3.24 Among those who offered suggestions about extending the two-day course (and occasionally, the one-day course) and wanting more time for **specific** aspects of the training, a recurring view was that more time was needed for discussion, for exercises or for learning practical techniques. For example:

'More time to do more exercises.' (Social worker)

'Role plays to practice how to manage trauma' (Support worker, criminal / community justice)

'More practical examples' (Careers advisor, Skills Development Scotland)

'I would have liked to have spent more time learning about and practising the techniques – hand breathing, etc. This was rushed through at the end.' (Social worker, criminal / community justice)

'More in-depth techniques for engaging difficult service users.' (Supported accommodation worker, homeless service)

'More practical discussion re: dialogue between staff and clients wishing to discuss trauma they have experienced.' (Housing advisor, homeless service)

'I felt some content was rushed, particularly the skills and techniques to use.' (Social worker)

3.25 There were also a small number of suggestions (usually made by one or two participants in each case) that more time (or additional content) was needed for specific aspects of the course (e.g. case studies, tips in relation to stabilisation when people are anxious, self-care, etc.).

3.26 Very occasionally, participants (usually just one or two in each case) suggested that **too much time** was spent on certain topics or other aspects of the session (e.g. small group exercises, 'too much technical talk', etc.).

²⁶ Note that, for all the training events, the amount of time for the lunch break is decided by the participants as a group.

Suggestions relating to group discussions

3.27 As discussed above, participants often expressed a desire for more time (or occasionally, less time) for group discussions. However, they also made other types of suggestions relating to the conduct of the group discussions. The one mentioned most often related to a desire to change groups, rather than staying with a single group throughout the session. For example:

'I would have liked to go into other groups, but recognise working in one group has its benefits.' (Team manager, children and families)

'Changing of groups – more discussion' (Work coach, Skills Development Scotland)

'Mix groups around more.' (Throughcare worker, Criminal / community justice)

3.28 The desire by some participants to change groups may have simply related to a desire to hear other perspectives. However, there may also have been a problem within the group they were assigned to. For example, one participant identified a need for greater intervention in group discussions by the course facilitators.

'Facilitators may try to limit the amount of time some participants talked (often irrelevant to the theme / topic!)' (Social worker, criminal / community justice)

Other suggestions about the course content or delivery – perceived missing topics

3.29 As discussed above, most of the suggestions made by participants in relation to course content or delivery focused on the amount of time spent on certain topics, or on aspects of the group discussions. However, very occasionally, participants made comments about other things which they would have liked the course to cover, but which they thought were not covered. In particular, one participant (a social worker) wanted to know about how to support the client to move on after a client has revealed a history of trauma. Another participant (a community payback worker) thought the course should *'look much wider than just CPO [community payback order] with supervision'*.

Other suggestions – not related to the content or delivery of the training

3.30 Participants sometimes offered other suggestions which were not related either to the content or the delivery of the training. These focused **who** should (be invited to) attend the training:

- Have whole team and better representation of managers
- Involve different agencies / invite multi-agency practitioners (including mental health colleagues) – this view was particularly common among participants in the two-day session in North Lanarkshire; however, participants from other sessions also made this suggestion.
- Have service user input.

3.31 Note, with regard to the last point, it was not clear from the comment what type of ‘input’ the participant thought service users should have in the training.²⁷

Assessment of overall learning and development experience

3.32 Participants were asked, ‘How would you rate your overall learning and development experience?’ This was a closed (tick-box) question with four options: (i) provided valuable learning and/or development; (ii) it was a much-needed reminder; (iii) I learned very little; and (iv) not really worth my while. The options were not necessarily mutually exclusive, although most participants did, in fact, select only one.

3.33 Altogether, 190 of the total 192 participants answered this question. Table 3.2 shows that the vast majority (182 out of 190, 96%) **reported that the training had provided valuable learning and/or development**. Twenty-two (22) participants said that the training provided a ‘much-needed reminder’. Fourteen (14) participants ticked both these options on their forms.

Table 3.2: How would you rate your overall learning and development experience?

Participant response	n	% (of 190)
Provided valuable learning and / or development	182	96%
It was a much-needed reminder	22	12%
I learned very little	–	0%
Not really worth my while	–	0%

Note that a total is not shown in the table because participants could tick more than one option. Altogether, 14 respondents ticked both the first and second choices.

3.34 **None** of the participants said that they ‘learned very little’ or that the training was ‘not really worth their while’.

3.35 Of the eight participants who ticked only the second option (‘it was a much-needed reminder’), two were senior managers (one working in justice and one in a children and families service), one was a supported accommodation worker, and one was a social worker in a community mental health team. The remaining four were social workers in criminal or community justice services. Although the response from these eight individuals suggests some previous knowledge and experience of trauma informed practice, all but one of the eight said, in the first question on the form, that all their expectations of the training session were met. Only one of the eight said that their expectations were ‘somewhat met’.

²⁷ Note that the course itself was developed with input from people who had lived experience of trauma.

4. Intentions to use the training in practice

4.1 This section presents an analysis of the comments made by participants to the fifth question on the feedback form: *'How might you use the learning in practice?'* This was an open question and most respondents (182 out of 192) replied. Participants often made two, three or even four different points in their comments. A thematic analysis was undertaken of the responses, and a number of clear themes emerged. The Kirkpatrick model provides a useful framework for exploring these. However, it is acknowledged that the Kirkpatrick framework is generally used in evaluations that would involve an assessment of **actual** (i.e. not just self-reported) changes in knowledge (level 2), behaviour (level 3) and organisations (level 4). The scope of the present study involved exploring participants' **intentions** to use the skills they developed in the training, in their practice.

Kirkpatrick level 2: learning

4.2 Although the fifth question on the feedback form asked participants to comment on the changes they anticipated would take place **in their future practice**, it was relatively common for people to say that the training had given them *'a better [or deeper] understanding and knowledge'*, *'more insight'*, *'greater awareness'* and *'increased confidence'* or that it had changed their attitudes towards their clients' behaviours, and would make them more sympathetic (or empathetic) in the future. For example:

'I will be more understanding and confident to work with people on an equal partnership basis'. (Community learning and development worker, education)

'Will feel more confident and competent to work with people (not scared to open 'that can of worms')' (Social worker, criminal / community justice)

'I now feel confident around talking about the trauma and not being scared about re-traumatisation.' (Social work assistant, criminal / community justice)

'Gained a better understanding and knowledge of how trauma affects people's relationships.' (Social work assistant)

'I have gained knowledge and insight into the key areas of initial engagement.'
(Social worker)

'Hopefully will enable me to have more insight into how to work safely and effectively with the person....' (Senior social work practitioner, criminal / community justice)

4.3 Participants made these types of comments repeatedly. However, such comments relate to level 2 of the Kirkpatrick model – i.e. changes in knowledge / learning / attitudes – rather than behaviour change, or changes in practice (level 3), which are discussed below.

Kirkpatrick level 3: behaviour change

4.4 In Kirkpatrick model, level 3 in a training evaluation involves exploring the extent to which behaviour change has occurred among those who took part in the training.

4.5 In the current study, the main theme in participants' comments related to the issue of behaviour change. Within this broad theme, there were several clear sub-themes which related to participants' intentions to: (i) work with clients in a different way; (ii) share learning with colleagues; and (iii) undertake future research and / or professional development. Each of these is discussed briefly below.

Working with clients in a different way

4.6 Participants discussed a wide variety of ways in which they would change their practice to better align with trauma informed principles and to use the theory, tools and techniques learned in the training when working with their clients. For example:

'I have some very practical tools I can take away and use in sessions (e.g. high/low road).' (DDTO supervising officer, criminal / community justice (addictions))

'Training has highlighted very useful techniques and strategies on how to work with some of our most vulnerable clients. Practice will now be focused on trauma and what interventions will be useful in terms of looking at risks / needs and responsivity issues.' (Team manager, criminal / community justice)

'Application of tools (e.g. zones, window of tolerance) when doing direct work with clients.' (Social worker, criminal / community justice)

'I will look at ways to incorporate these tools (e.g. zones, neurobiology, etc.) during reviews with clients.' (Community payback case manager, criminal / community justice)

'I will be better prepared for working with service users with experiences of trauma. I will use the theory, i.e. zones and window of tolerance, to support service users to better understand what they have experienced and how it is affecting them now – and support them to identify strategies to manage this, i.e. grounding techniques, guided imagery.' (Social worker)

4.7 Some saw clear opportunities to apply their learning in a wide variety of specific situations, such as assessment, review and supervision meetings with clients, when writing reports, when updating LSCMI, and when making decisions in relation to clients.

'I hope I will be able to use this when completing reports or updating LSCMI.' (Social worker)

'Use TIP when reviewing/assessing for UW [unpaid work] placement.' (Community payback worker, criminal / community justice)

'Be more creative with supervision appointments e.g. home visiting/undertaking activities with clients.' (Social worker, criminal / community justice)

'I am going to re-write child protection reports. I am going to evaluate and look at how to do it in a new way.' (Domestic abuse social worker, children and families)

4.8 Some participants suggested that they already had specific individuals in mind (i.e. current clients), whom they thought would benefit from some of the practical tools and techniques learned in the training.

'I will most certainly utilise my learning and knowledge base of trauma informed practice in my relationships with the women and children I am working with.' (Justice officer, criminal / community justice)

'I will use this with all service users who have experienced ACE, particularly, two male service users.' (Social worker, criminal / community justice)

'I've consistently thought about one case throughout the training, rethinking my approach and understanding.' (Social worker)

'I will definitely attempt to introduce this with my clients. I already have in mind one lifer who has just been released from prison.' (Social worker, criminal / community justice)

4.9 Other participants discussed environmental changes that they expected to make in their practice. For example, some suggested they would now give greater consideration to the physical environment when meeting clients and, where necessary, make changes to help clients feel safe.

'I will change aspects of my practice in terms of my expectations of clients as well as the groupwork processes and environment.' (Social worker, criminal / community justice)

'Opportunities to address physical environmental issues in offices.' (Senior social worker, youth justice)

4.10 Others suggested that the course had enabled them to critically reflect and be more aware of how their **own** behaviour and physical presence might affect their clients.

'I will always bring my whole self to the room and be conscious of when I am not in the body for speaking to people.' (Support assistant)

'An excellent 2 days, very well presented which made me more aware of my practice and what I want to change about myself, to help the men I work with.' (Social worker, criminal / community justice)

'[I will] be more aware of how I present to service users.' (Social worker, criminal / community justice)

4.11 Some participants highlighted that they would look for ways to give their clients more choices.

'In groups, be more aware of giving men more choice.' (Social worker, criminal / community justice)

'[I will] make sure I provide true choice and collaboration.' (Social worker)

4.12 Relationship-building and consistency in relationships was also often raised:

'I will focus more on relationship building and safety + stabilisation than just trying to get through the process!' (Social worker, criminal / community justice (women))

'Importance of relationships in the direct work that I do – the importance of consistent responses.' (Family support coordinator, third sector)

'I will be patient with clients and try to create a safe and comfortable relationship to provide the best opportunity possible.' (Social worker, criminal / community justice)

Sharing learning with colleagues

4.13 In addition to the ways in which they expected their work with their clients to change, some participants also expressed the intention to share their learning with their colleagues. This was a very common theme, raised both by managerial / senior staff and non-managerial workers, and demonstrates an intention not only to change their own behaviour, but also to begin to change the culture and wider practice within their organisation (i.e. Kirkpatrick levels 3 and 4).

'I will share with my colleagues in MH team and look at how we can use trauma informed practice.' (Senior social work practitioner / mental health officer, addiction service)

'Learning will be rolled out to team to ensure their engagement and practice with families is informed by their knowledge of trauma and how to adapt their interactions to best engage service users.' (Team manager, children and families)

'As TIP [trauma informed practice] is a relatively new concept in practice, my colleagues and I will take this back to our team via development sessions in order for it to inform all future practice.' (Social worker)

'I will take the new knowledge and skills learnt here back to the rest of my unpaid work colleagues.' (Community payback case manager, criminal / community justice)

Future professional development

4.14 Less often, participants identified other kinds of behaviour change which they anticipated as a result of the training. For example, some participants suggested that the training had prompted them to undertake further reading, training and / or research on the topic of trauma informed practice.

'I will be looking at / purchasing materials recommended.' (Senior social worker)

'Ongoing peer research at team meetings – further exploration of the various texts identified during the two days.' (Team manager)

'As a newly qualified worker, I want to get my head around TIP [trauma informed practice] before using it in practice with service users to ensure it is effective when being used. Further reading and looking over provided materials should achieve this and to give me the confidence to use it with those we work with.' (Social worker, criminal / community justice)

Kirkpatrick level 4: organisational / community change

4.15 The final main theme which arose in participants' comments about how the training would be used in their practice related to changing organisations, policies and systems. Some participants suggested that they would take responsibility for disseminating information about the things they learned, not only within their own team of colleagues, but also more widely across the organisation and to colleagues in other disciplines. These types of comments were often made by senior / managerial staff, who also saw opportunities to use the training in staff supervision sessions. Some non-managerial workers also suggested that the learning had prompted them to challenge certain existing practices and priorities within their discipline. The following quotes illustrate the kinds changes individuals planned to introduce.

'Bigger picture – take the agenda forward along with training colleagues.' (Senior social worker)

'Made me consider some of the policies at my organisation and how basic changes could make a difference.' (Family support coordinator, third sector)

'To influence practice within [X] Council and across partners. Will also use in my own practice and support team in enhancing their practice.' (Service manager)

'Use the learning materials and set up a practice network to better implement trauma informed practice.' (Senior social worker, criminal / community justice)

'I will look at ways to incorporate these tools ... in the new induction process that we are currently working on.' (Community payback case manager, criminal / community justice)

'I will continue to push management about the importance of a trauma informed service and push for change.' (Social worker)

'The possibilities are endless!! Little things like how to engage with clients, any priorities, how I would like co-workers to engage with clients. Bigger things: challenging how the organisation looks and feels for my service users.' (Social worker, criminal / community justice)

Community change

4.16 The Kirkpatrick model recognises that training which may take place in a workplace context may nevertheless have wider impacts – for example on people's personal lives and in communities.

4.17 A small number of respondents alluded to such issues in their comments. Some of these comments described personal situations and circumstances and so they are not quoted here so as to protect the identity of the relevant individuals. However, others made more general statements about their intention to apply the training in their lives outside work.

'In day to day life, try to be trauma informed when need be.' (Learning, development and innovation lead; criminal / community justice)

'Everything from the course is transferable into my work life and some of my home life.' (Support worker, criminal / community justice)

'I have taken huge amounts from this training. It will inform my work with staff and clients. I'll try to build this into organisational changes. I will also use it in my personal life. Thank you!' (Senior social worker, criminal / community justice)

5. Other comments

5.1 The final question in the feedback form provided a space for participants to give additional comments about any aspect of the training: *'If you have any further feedback regarding the areas above, please enter it in the box below.'* Two-fifths of respondents (77 out of 192) provided further comments.

5.2 There were three main themes in these comments:

- Participants expressed their overall satisfaction with – and enjoyment of – the training and the facilitators.
- Participants offered additional suggestions – often with a view to increasing the impact of the training.
- Participants shared their reflections on aspects of their personal practice, experience and life.

5.3 Each of these is discussed briefly below.

Participants' overall satisfaction with the training

5.4 Most often, participants who provided further feedback simply reiterated views which they had expressed previously about their enjoyment of the training, the quality of the course content and delivery, and the excellence of the trainers. These participants commonly expressed their thanks to the facilitators for their input. The quotes below illustrate the types of comments received:

'Excellent and very interesting two days! Thanks to all the trainers and look forward to implementing.' (Team manager)

'I thoroughly enjoyed the training and believe it was very relevant to my practice. Thank you!' (Social worker, criminal / community justice)

'Superb course which provides theory then shows you how to use it in practice. This needs to be rolled out [more widely in this area].' (Social worker, criminal / community justice)

'I found the training very enjoyable and extremely informative. The manner in which it was delivered was relaxed and delivered in a way that some heavy material was made very interesting.' (Senior social work practitioner, criminal / community justice)

'Excellent training - revolutionary.' (Support assistant)

Additional suggestions

5.5 It was also relatively common for participants to use the space provided at the end of the feedback questionnaire to make further suggestions. In general, these suggestions did **not** relate to the content of the course, although occasionally, participants reiterated suggestions made previously regarding course handouts or other materials. For example:

'A workbook / sheets on guidance would be useful to help incorporate into practice...' (Unpaid work coordinator, criminal / community justice)

'Would welcome reading list and signposting to supporting papers, research, etc. Created an appetite to learn more.' (Service manager)

5.6 Occasionally, participants also expressed a need for more in-depth information about how to help clients move forward after the disclosure of a previous trauma.

'All learning and input valuable. However, I would like more input on how to support clients after their disclosure of trauma as I feel they will have expectations.' (Social worker)

'I hoped some more information would be provided on how to communicate effectively with a trauma sufferer – i.e. what to say, where to refer to, etc.' (Housing advisor, housing service)

5.7 It is perhaps worth noting that both of the individuals who made the comments above had said in their feedback form that their expectations of the course had been 'somewhat met' (rather than fully met). In addition, it should be noted that the second quote above came from an individual who attended a one-day (rather than two-day) training event.

5.8 Another recurring theme in these additional suggestions related to wider roll-out of the training to staff in other disciplines and bringing back the current group of training participants at some point in the future to share experiences of applying the learning in practice. The following two quotes illustrate these sorts of comments:

'This should be offered to all agencies / organisations that come into contact with our clients.' (Social worker, criminal / community justice (women))

'Will be good to speak with cohort to see how they are managing to implement theory into practice' (Occupational therapist, NHS)

5.9 It is perhaps worth noting that one participant suggested that consideration should be given to the potential for training to have an adverse (or at least, uncomfortable) impact on the participants.

'Perhaps consider impact of talking about ACEs on participants – after time out / support time.' [Community payback worker, criminal / community justice]

Reflections on personal practice, experience and life

5.10 Finally, the last theme in the 'additional feedback' provided by participants related to more personal reflections on the training. Those who made such comments often shared how the training had motivated and inspired them to make changes to their own practice and to look for opportunities to undertake further training / research on the topic of trauma informed practice. Participants' intentions with respect to changes in their practice (and, in a few cases, their lives outside of work) have been discussed at length in Section 4, and so are not repeated here. However, the following quote is an illustration of the types of comments received:

'Really brilliant training. Not often that training offers theory in conjunction with practical skills which are realistic. I'm leaving feeling motivated to integrate what I've learned into practice. It definitely helped with some personal understanding too.' (Social worker)

6. Conclusion

6.1 This study was the first stage of a larger evaluation of the outcomes and impacts of training delivered by Epione Training and Consultancy as part of the National Trauma Training Programme in Scotland. This study focused on training participants' immediate post-training views of the course(s).

6.2 The findings indicate that participants in both the one-day and two-day training courses clearly enjoyed the training and found it useful and beneficial. Theory, tools, techniques and having the time in the course to practice skills were all seen as interesting and valuable. Participants particularly appreciated the interactive and relaxed delivery of the courses, the knowledge and experience of the trainers, the opportunities to engage in group discussions, and the learning that they acquired. It was common for participants to highlight specific aspects of the course that they would use in their work with people who had experienced trauma or adversity in their lives.

6.3 Participants identified a wide range of ways that their learning would be able to be applied in their day-to-day practice, and frequently expressed intentions to change aspects of their practice. Further follow-up evaluation (Stage 2 of the current evaluation) will be able to assess the extent participants have been able to carry through on their intentions, and what (if any) wider impact there has been from the training with their clients and within their organisations.

6.4 Around half of participants made suggestions for improvements in the training. However, a substantial proportion of these related to aspects that the course facilitators have little ability to control (i.e. the venue and catering arrangements). On the other hand, discomfort in the venue can have a significant impact on people's experience of the training and their ability to participate and learn. There may be opportunities for the facilitators to explore whether a more detailed specification can be given to local authorities about the type of meeting space required for the training.

6.5 In terms of other suggestions for improvement, among those who made such suggestions, the comments were often highly individual, with little consensus among participants. However, it was relatively common for participants to express a desire for more time (either for specific topics, or for the course as a whole), and / to suggest that the pace of the training felt 'rushed'.

6.6 On the basis of the feedback from participants received so far, Epione are considering making some changes to future courses. These include the development of a work book that participants could take away at the end of the course. The facilitators are also exploring options for bringing participants back for a day to share experiences of putting the training into practice.

Annex 1: Participant feedback form

Learning & Development Evaluation

Full Name	Job Title	Service/Agency
Name of Trainer (s)	Name of Event	Date of Event

Were your expectation of the session met?	
All my expectations were met	<input type="checkbox"/>
My expectations were somewhat met *	<input type="checkbox"/>
None of my expectations were met *	<input type="checkbox"/>

***(if selected please provide a comment in the feedback box at the end of the form)**

Thinking about the event, please list 3 things that you found most useful or enjoyed the most (e.g. content, delivery style etc.)
1.
2.
3.

Please list 3 things that you think could be improved, other than the car parking arrangements (e.g. content, delivery style.)
1.
2.
3.

How would you rate your overall learning and development experience?	
Provided valuable learning and/or development	<input type="checkbox"/>
It was a much needed reminder *	<input type="checkbox"/>
I learned very little *	<input type="checkbox"/>
Not really worth my while *	<input type="checkbox"/>

***(if selected please provide a comment in the feedback box at the end of the form)**

How might you use the learning in practice?

If you have any further feedback regarding the areas above, please enter it in the box below.

Thank you for taking the time to complete this evaluation.