The Lines Between

Accessible Social Research

Evaluation of Online Training in Trauma Enhanced Practice

Final report

Epione Training and Consultancy

COMMUNITY JUSTICE SCOTLAND

EXECUTIVE SUMMARY

i. Epione Training and Consultancy (Epione) are committed to achieving the Scottish Government vision of creating a trauma aware, informed, and responsive workforce. As such, they deliver trauma-informed training aligned to the NHS Education for Scotland (NES) Trauma Training Framework and is approved by the British Psychological Society. The level 3 trauma pilot training was comprehensively evaluated in 2018 by Community Justice Scotland, both pre and post training, and positive findings led to the national roll out of the programme.

ii. Previously delivered as a two-day face-to-face training programme, which was further independently evaluated in 2019 consistently showing positive outcomes, Covid-19 restrictions led to the programme being adapted to be delivered online. While it was acknowledged that the online delivery format increased the accessibility and reach of the training, it was unclear what impact the new online delivery format had on participant learning experiences and outcomes.

iii. Epione wished to capture the learning generated from the shift to online delivery to inform future decisions on training. They also wanted to explore if the new approach achieved the intended learning outcomes and supported participants to become trauma-informed and responsive in their practice. The Lines Between, an Edinburgh based social research agency, was commissioned to evaluate the online delivery of Epione's trauma-informed training.

iv. The following sections provide an overview of the key findings from the evaluation.

Participant experience

v. Participant feedback demonstrates a very positive training experience. The facilitators were reported to have contributed significantly to this with participants highlighting their knowledge, skills, and expertise in the subject area. Their passion and delivery style were reported to be engaging, inclusive and effective. Participants valued the balance between presentations and interactive segments, which provided the opportunity to reflect, share, discuss and interact with other training attendees.

vi. The majority of feedback relating to the online delivery format was positive, with many participants reflecting that online activity had become more common and familiar. Those that were less positive about the online format expressed experiencing their own technical issues or that they simply prefer face-to-face interaction.

vii. The content of the training was reported to be pitched at the right level with the knowledge, concepts, techniques, and skills imparted in a way that was understandable, but more importantly relatable, to participants' roles. Only a small number of suggestions for how the training could be improved were made. These included more frequent breaks being built into the day, the addition of a further follow up session to explore changes to practice, and the inclusion of testimonials from past participants describing the changes they had made to practice.

Learning outcomes

viii. The vast majority (93%-100%[1]) of respondents fully agreed or agreed to some extent that the learning outcomes related to **knowledge and understanding of trauma** have been achieved. Most participants (96%-100%) also reported an increase in their understanding of **the neurobiology of trauma** which included gaining a greater understanding of trauma's impact on the brain, and why people who have experienced trauma have difficulty with emotional dysregulation, addiction, relationship difficulties and offending behaviour, as well as being able to explain the different defence mechanisms used by trauma survivors. Participants also learned about different models to guide their practice.

ix. Almost all participants (98%) agreed that the training helped them to better understand the importance of personal wellbeing and to gain insight into better practices of **self-care**. Similarly, in relation to **technique and practice (being trauma responsive)** the majority (95%-100%) of respondents agreed that the training enhanced their knowledge of approaches to working with people who have experienced trauma. This included various models to support these individuals effectively. The extent to which the learning outcomes in this category were fully achieved varied.

x. The final learning outcome relates to **creating a trauma-informed team**, and again most (92%-100%) participants reported that the learning outcomes had been met to fully or to some extent. However, this is the only learning outcome where a greater number of respondents reported that the learning outcomes had been met to some extent rather than fully. Encouragingly though, there have already been several examples of participants influencing change across their team or service more widely.

Skills knowledge and confidence

xi. The survey data about the achievement of learning outcomes provides strong evidence of participant knowledge, understanding and skills development. This was reinforced through the participants' examples of the learning they had gained and how it is informing what they do and how they approach their role. In interviews and survey responses participants reflected on and discussed the different skills, tools, and techniques they had gained through the training.

xii. A common theme among survey respondents, reinforced by interviewees, was that the knowledge they had gained through the training had improved their confidence to work in a trauma-informed manner. A few noted they had already been working consciously or unconsciously in a trauma-informed manner, but the training helped to validate this approach and enhanced their confidence to work in this way.

xiii. Some participants acknowledged there was scope for them to further improve their confidence. A few said that this might occur as they gained more experience of implementing trauma-informed practice, but a few others noted they would welcome the opportunity to access further training or learning opportunities.

[1] Percentages related to the achievement of learning outcomes are presented as ranges. This is because each overarching category of learning outcome has a number of detailed outcomes which are individually rated by respondents. The percentages provide the range across the detailed outcomes from the lowest to the highest.

Changes to personal practice and wider changes

Most participants gave examples of how they have applied their learning from the training. They can be summarised as:

- Using the knowledge to better understand service users' behaviour and to formulate person-centred and trauma-informed approaches to support them;
- Helping services users to understand their own emotions and better manage their own behaviour; and
- Changes to the way in which they gather information from service users.

xiv. The main enablers for change were participants' belief that a trauma-informed approach was the best way to be working with their clients and having the support and encouragement of their line manager. Another critical component was the suggestions and ideas for change that were included and discussed during the training with the belief these could be introduced relatively easily and would quickly make a difference.

xv. Fewer participants reported changes being made across their wider team or service as a result of the training. Of those that did, examples included:

- Discussing the training with colleagues to encourage a more trauma-informed approach across the team.
- Making practical changes to the environment in which they interact with service users (e.g., making meeting areas more welcoming or changing the layout to offer greater privacy), and to written communication with service users (e.g., the wording of letters and exit questionnaires).
- Discussing practices and policies that could be improved from a trauma-informed perspective with other colleagues.
- Encouraging a more compassionate approach among team members, using the resources discussed during the training to enhance colleagues' interactions with service users.
- Using the learning from the training to enhance colleagues' understanding of why service users can display certain behaviour, and to remind them to take a more understanding and patient approach.

xvi. Participants acknowledged challenges in making wider change and recognised that it was a longer-term process. Participants reported that it is still too early to have achieved substantial changes among their teams, and change has initially been focussed on smaller quick wins.

Conclusions

xvii. There is no evidence to suggest that online delivery has detracted from the training experience for most participants, or the achievement of learning outcomes. The evidence relating to the achievement of learning outcomes is very positive and provides a strong indicator and demonstration of knowledge and skills development for participants.

xviii. Evidence of knowledge and skills development is further strengthened through the examples of learning being applied to inform changes to practice. This demonstrates that the learning has been absorbed and understood, participants see its value and relevance and have the confidence to apply it.

xix. Almost all respondents were able to provide examples of individual changes to practice as a direct result of their participation. The extent to which the training has resulted in changes to individual practice should be seen as a significant indicator of success.

1. Introduction

1.1. Epione Training and Consultancy (Epione) are committed to achieving the Scottish Government vision of creating a trauma aware, informed, and responsive workforce. As such, they deliver trauma-informed training aligned to the NHS Education for Scotland (NES) Trauma Training Framework and is approved by the British Psychological Society. The level 3 pilot trauma training was initially evaluated in 2018 by Community Justice with positive results and led to the national roll out of the programme.

1.2. Their two-day, face-to-face, level three training programme, which includes a one-day follow up session, was independently evaluated in 2019. The findings, based on 192 completed participant feedback forms, were very positive.

National context

1.3. The independent evaluation delivered by Griesback and Associates in 2019 included the findings from desk research conducted that explored research evidence about the impact of trauma, and the wider policy context in which it sits. We re-present this below for additional context, and include additional information about the National Trauma Training Steering Group (NTTSG).

Trauma and adverse childhood experiences

1.4. 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.

1.5. 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'[2]. 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[3].

1.6. 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.[4]

1.7. 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

[2] 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

3 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

4 Mental Health Foundation (2002). The Mental Health Needs of Young Offenders. The Mental Health Foundation updates, 3(18). https://www.meantalhealth.org.uk/publications/mental-health-needs-young-offenders-update

abuse and trauma in their lives[5]. Among adults in prison, studies have found 94% of people report a history of trauma[6] and in inpatient mental health services 60% of women and 50% of men report being sexually or physically abused in childhood[7].

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 on 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[8]. 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.*[9]

1.9. In 2019, the National Trauma Training Steering Group (NTTSG) was established to oversee the National Trauma Training Programme. It was noted that the extent to which public services recognise and respond to trauma was a priority to help promote better outcomes for people accessing services.

1.10. The overarching vision[10] of the NTTSG is to develop a trauma-informed and responsive services and workforce, that:

- Are informed by people with lived experience
- Recognises the importance of wellbeing in the workforce
- Recognises where people are affected by trauma and adversity
- Responds in ways that prevent further harm
- Supports recovery
- And can address inequalities and improve life chances

The influence of Covid-19 on Epione's training delivery

1.11. From the initial pilot of the training in April 2018, and through to March 2020, 500 community justice professionals participated in Epione's Training in Trauma Enhanced

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

6 R 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 Forensice Psychiatry and Psychology 22(3), 395-410* https://doi.org/10.1080/14789949.2011.572989

7 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 Scandivica* 112, 330-350

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

9 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

10 https://www.gov.scot/publications/adverse-childhood-experiences-aces/pages/trauma-informed-workforce/

Practice. During this time, all training was delivered in a face-to-face format. Due to restrictions associated with COVID 19, the training programme was adapted to be delivered online from December 2020 rather than face-to-face. This online delivery increased the accessibility and reach of the training, with approximately a further 600 community justice professionals participating within a 12-month period (**in total representing around 70% of Justice Social Work being trained to level 3 enhanced**). However, the impact of the new delivery format on participant experience and outcomes required further evaluation to understand and evidence this.

1.12. Epione wished to capture the learning generated from the shift to online delivery to inform decisions on any future training. They also wanted to explore if the new approach achieved the intended training outcomes and supported participants to become more trauma-informed and responsive in their practice.

1.13. The Lines Between, an Edinburgh based social research agency, was commissioned to evaluate the online delivery of Epione's trauma-informed training.

Purpose of the evaluation

1.14. The primary purpose of the evaluation was to understand participant experience and outcomes. Key evaluation tasks were to:

- Assess the extent to which key learning outcomes, aligned to NES framework have been achieved through this new delivery model.
- Understand how any learning gained has led to changes in knowledge, skills, behaviour, and practice.
- Explore the enablers to changes in behaviour and practice, and factors that impede change.
- Draw comparisons in results from the previous 2019 training evaluation to understand differences in experience and outcomes for those receiving face-to-face training compared to those that received the training online.

2. Evaluation methodology

2.1. The evaluation approach and activity delivered are summarised below.

Development and administration of online survey

2.2. Two post training online surveys were developed. The questions in each survey were identical, though completion formats differed. One version used the typical online format in which all responses are typed; the other version allowed respondents to answer open ended questions via video. This provided respondents with a choice in how to provide feedback.

2.3. The surveys had two main sections:

- The first half of the survey presented statements about the achievement of each identified learning outcome. Respondents were asked to rate the extent to which they agreed with each statement (response options were 'don't agree at all', 'agree to some extent' and 'fully agree'). Both versions of the survey required typed responses to this section.
- The second half of the survey asked open ended questions covering the following areas:
    a. Participant experience of the training
    b. Confidence in applying their learning to practice.
    c. Examples of individual and wider team changes to practice
    d. Enablers and barriers to applying learning and changing practice

2.4. The survey was sent to 173 past participants who had completed the training online with 60 responses being received, giving a response rate of 35%. This is slightly above the average response rate for an online survey and provides a 95% confidence level with a 10% error margin. Only two participants opted to provide video responses.

Transfer and analysis of existing survey data

2.5. After the shift to online delivery, Epione continued to administer their own feedback survey which participants completed at the end of the training programme. The completed feedback forms were provided to The Lines Between in word document format and transferred into SNAP survey for analysis.

2.6. This feedback supplemented the evidence gathered specifically for this evaluation, but there were limitations in the extent to which the feedback data could be used. The closest areas of alignment covered participant experience, suggestions for improvement and some data relating to knowledge and skill development. However, the previous survey did not specifically contain direct questions linked to the learning outcomes and as the previous survey was administered immediately post-training it captured intended changes to practice rather than actual changes.

Review of previous evaluation report

2.7. Our team reviewed the findings of a previous survey which assessed the impact of face-to-face delivery, to explore whether online delivery influences experience or impact. Again, this former survey contained different questions and there was no capture of learning outcome data, which limited the extent of comparison possible.

Follow up interviews with survey respondents

2.8. Survey respondents were invited to opt in to have a short follow-up interview with a member of the evaluation team to explore in more depth their experience of the training, and the difference it had made in practice. In total 13 respondents opted in, and 10 (17% of all survey respondents) participated in a follow-up discussion. This is a particularly good response and has provided the evaluation with rich and insightful qualitative data.

3. Participant experience

3.1. In this chapter we discuss the participant experience, exploring the online delivery format, effectiveness of facilitation, content, and delivery structure.

Facilitation

3.2. Participants provided very positive feedback about the online learning environment and their experience of the training. They highlighted the skills, knowledge, and delivery style of the facilitators, noting that training was delivered effectively, and in a welcoming and inclusive way. The trainer's expertise in the subject matter was recognised by participants, and their evident passion was described as a factor that helped participants to engage with the content.

> *"Facilitation was delivered in a confident and competent manner. Facilitators modelled appropriately warmth, compassion, and acceptance of group members; I was made to feel included. The ambiance set by facilitators was informative and educational; their knowledge and competence came through."*

> *"[The facilitators] were so engaging and the way they deliver makes it really interesting. It's clear they are experts in their field and able to refer to so many practice experiences."*

> *"I was amazed that I felt so engaged on the training – [the facilitators are] so passionate about the subject with vast amounts of knowledge and experience."*

Delivery structure

3.3. Participants valued the opportunity to reflect, share, discuss and interact with other training attendees, and reported that the balance between presentations and interactive segments was struck well. Enough time was given for knowledge and learning to embed, supplemented with opportunities to explore real world application.

> *I really enjoyed the training session. It had a great balance of information given, interaction and group work.*

> *The group break out rooms, exercises and multimedia all helped the learning process which was very positive."*

> *There was lots of opportunity to engage, and they used that by asking questions of us getting us to challenge our own thoughts and views pulling in experiences from everybody."*

> *"I was amazed, it was great that with each input we got the chance to use breakout rooms to discuss and share learning which I really liked."*

Online delivery

3.4. There were mixed opinions about the online delivery of the training, though most were positive. Many reflected that online activity had become much more common. Those that were positive about online delivery valued the convenience and comfort of taking part in their own environment, while also reflecting that they do not feel that anything was lost

– in terms of experience and learning – through online rather than face to face delivery. A large part of this was credited to the skills of the facilitators.

> *"I am finding learning more enjoyable and effective online. Being in your own home (for me) fosters a more relaxed environment conducive to learning. Simple things such as no commuting stress, the room temperature is at your personal preference (I'm always freezing otherwise!!) and it's simply infinitely more comfortable in your own seating. You still feel connected to the facilitator and other participants through the online platforms."*

> *"There is a trade-off, where you don't have the same social interaction, but I tell you what, [the facilitators] are really good at what they do, and they are able to grab everybody, and they compensated the best they could for the online method. They did pull you in and they did keep everybody engaged, my experience was really positive. I would even suggest the delivery done online is a better alternative to meeting face to face, because I didn't have the same logistical challenges."*

> *"I did not feel that the online learning proved to be a barrier to the training, and it is more convenient for me because I usually have to either stay overnight prior to training events or travel very early on the morning of the event because Training events are usually held in Inverness when COVID 19 restrictions are not being applied."*

3.5. Among those who would have preferred face-to-face training, the most common issues were participant's own technical problems affecting their experience and engagement with the training. Some expressed a preference for face-to-face contact and interaction with other participants, feeling that the same connections cannot be made online.

> *"Ideally the training would have been delivered face-to-face. Internet issues prevented me from fully engaging in some of the group exercises."*

> *"I massively struggle with online learning and more so training. A massive plus for me of this type of training is being surrounded by colleagues and like-minded people and connecting. I find it hard to connect with people via computer screen. You also lose the lovely part of training which is the discussions that happen over breaks and lunches. These are more natural conversations, and you are always drawn towards certain individuals. This is not possible on 'break out rooms.'"*

> *"I'm an extrovert … seeing people online is better than not seeing people for me. But it'll never be good enough for me, compared to like an in-person training. So, I think it was as good as it could be, it was better than not having it. But it's still really frustrating for me to not be able to get into rooms with people."*

Content

3.6. Responses indicate that previous knowledge and experience of trauma-informed practice varied, from those that had undertaken trauma training in the past to those that were coming to it with very little existing knowledge. Feedback on the content suggests that the training is pitched at the right level for enhanced; not too basic for those with existing knowledge and experience, while making the content accessible and less intimidating for

those with less knowledge and experience. The knowledge, concepts, models, techniques, and skills were imparted in a way that were understandable, but more importantly relatable to participant's roles with recognition of the applicability of their learning.

> *"I just felt like it was a really comprehensive training, you know, it covered everything that you would want, and I felt confident taking that out into my practice."*

> *"I think it was pitched at the right level. It wasn't too complicated. It wasn't too dry. It was kind of, it was detailed enough for people to get it. And yet it wasn't kind of overly complicated if that makes sense. And I think that that added justice angle really helped because you were getting the information, but then able to apply it to the specific setting that you were working in.'"*

Comparisons with other Trauma training

3.7. We did not specifically explore participants' experiences of previous trauma training, but unsolicited a small number of survey respondents and interview participants drew their own comparisons. Overall, Epione's Trauma-informed Practice training is viewed favourably.

> *"The team successfully explained what trauma was in a way that lay people could understand, like myself. And that's been missing in almost every other bit of trauma training. It [previous training] would tell us what the signs and symptoms of trauma are, but it's never been explained what the causes of trauma are."*

> *"The best trauma training that I have participated in. I have now engaged in 3 different seminars/training, and this is the only one so far that has explained how the brain copes with a trauma and how that can manifest later. I felt this was a critical element to adapt one's own approach to dealing with someone that has suffered trauma."*

> *"It just seems quite different to the trauma training that I'd done before, there is a lot more of the theory behind it, rather than just looking at this is how you support someone who's showing, you know, various kinds of signs, but also thinking about how to improve as an organisation to make yourself a more trauma-informed service."*

3.8. This aligns with findings from the evaluation conducted in 2019, where similar unprompted feedback was received from a small number of participants.

Areas for improvements

3.9. Most participants did not offer any suggestions for improvement, instead re-iterated the positive aspects of the training. However, a small number of suggestions were made:

- More frequent breaks built into the day.
- While Epione provides a follow up third day, a further follow up session for participants to share experiences of implementing change, the challenges and how

they have been overcome. This person also suggested that an alternative to this could be to establish a virtual peer network.

- Testimonials where past participants describe the changes they have made and the difference they have observed.

Participant expectations

3.10. The immediate post-training survey used by Epione prior to this evaluation asked participants whether their learning expectations had been met. This was a closed question with three response options: (i) all my expectations were met; (ii) my expectations were somewhat met; and (iii) none of my expectations were met. Response data is available for those that had participated in face-to-face training (from the 2019 evaluation report), and for those that participated in the online delivery of the training, as shown in the figure below:

Figure 1: Extent to which participant training expectations were met - face to face and online delivery formats

	Face to face delivery format (n=183)	Online delivery format (n=241)
All my expectations were met	96%	95%
My expectations were somewhat met	4%	5%
None of my expectations were met	0%	0%

3.11. The above demonstrates that online delivery is as effective in meeting participant training expectations as face-to-face delivery.

Experience of participating in face-to-face delivery

3.12. When reviewing the findings from the 2019 evaluation of the training when it was delivered in a face-to-face format there was strong alignment in feedback and experience relating to the facilitators, delivery style and structure, as well as content. This would suggest that the training experience does not differ whether participation is online or face-to-face.

3.13. Interestingly, while there was feedback from those that participated online expressing a preference for face-to-face delivery, there were as many that participated in face-to-face training that reported aspects of the venue had detracted from the experience (e.g., room not at the preferred temperature, room too small).

3.14. Another area of suggested improvement from the face-to-face training related to the handouts, with feedback suggesting the text was too small or that electronic version should be provided. With online delivery, these issues were not identified, due to online delivery requiring course handouts to be provided electronically.

3.15. Other areas of suggested improvement related to the time spent on each topic area (though feedback was mixed with some suggesting more time, and others suggesting less,

on different areas), and more mixing of groups during break out discussions. Neither of these were highlighted by participants of the online training.

4. Achievement of learning outcomes

4.1. The post-training survey used by Epione prior to this evaluation did not include any questions that enabled an assessment of the extent to which learning outcomes had been achieved by participants. However, it did include a question which asked participants to rate their overall learning and development experience. This was a closed question with four response 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.

4.2. Response data is available for those that had participated in face-to-face training (from the 2019 evaluation report), and for those that participated in the online delivery of the training (prior to this evaluation), as shown in the figure below:

Figure 2: Overall learning and development

	Face to face delivery format (n=190)	**Online delivery format (n=241)**
Provided valuable learning and/or development	96%	88%
It was a much-needed reminder	12%	12%
I learned very little	0%	0%
Not really worth my while	0%	0%

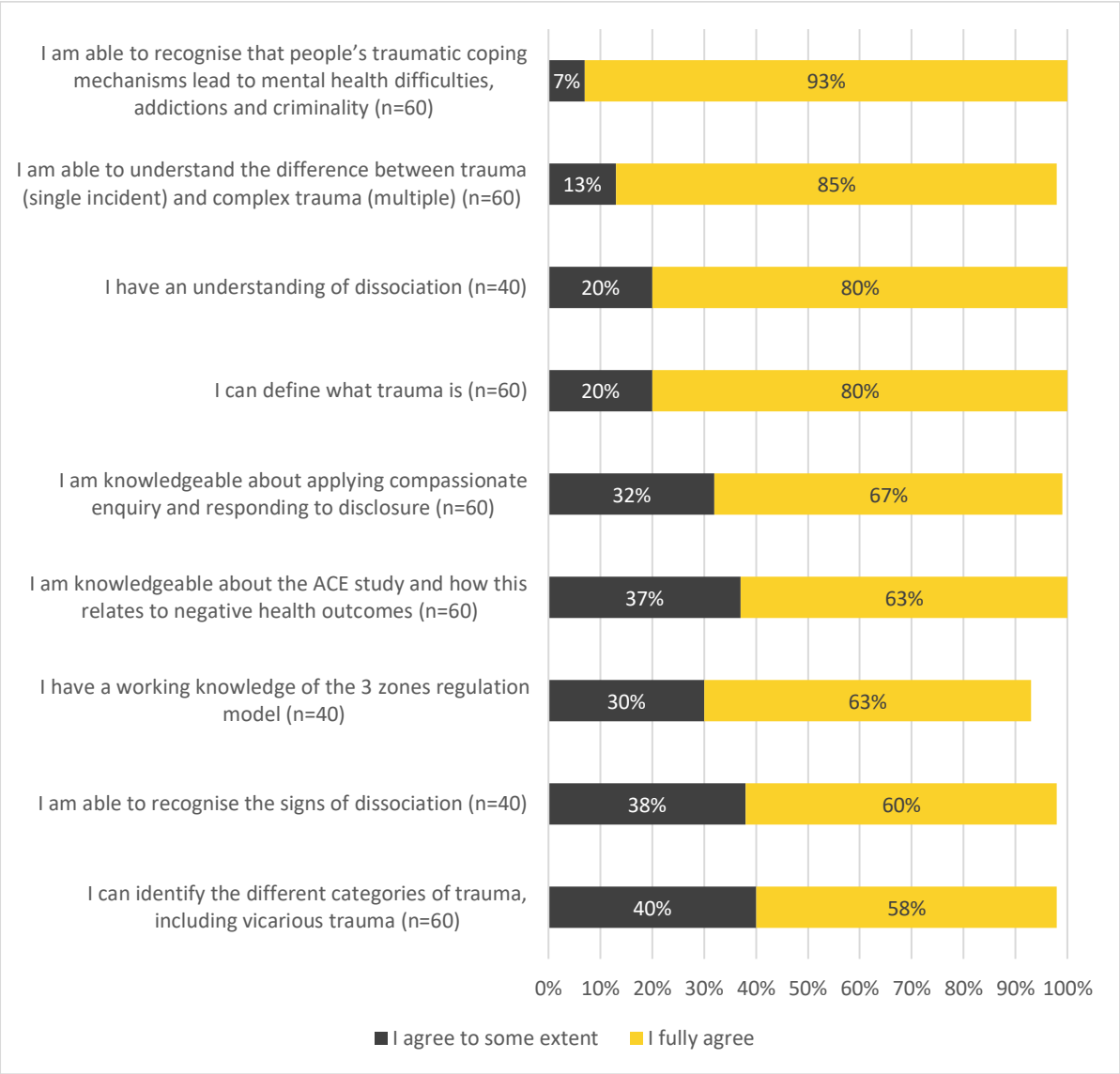
4.3. 14 survey respondents that participated during face-to-face training delivery selected two option responses which is why the total exceeds 100%.

4.4. The remainder of this chapter utilises data from the new post-training survey developed for this evaluation and focusses on the extent to which respondents felt the identified learning outcomes for the training programme had been achieved. We discuss each category of learning outcome below.

Knowledge and understanding of trauma

4.5. Survey responses demonstrate that the training was successful in enhancing participants' knowledge and understanding of trauma (Figure 3). The vast majority of respondents fully agreed or agreed to some extent that the learning outcomes related to knowledge and understanding of trauma had been achieved.

Figure 3: Knowledge and understanding of trauma: as a result of participating in Trauma-informed Practice Training…[11]



4.6. It is highly encouraging that the majority of respondents fully agreed with the statements across all learning outcomes in the knowledge and understanding of trauma category. However, there was some variance in agreement for ability to recognise the signs of dissociation and identifying the different categories of trauma.

4.7. Achievement of these learning outcomes was evident in examples of learning that participants provided during interview or in their survey response:

> *"The training gave me a better understanding of trauma and how this impacts on the people I work with."*

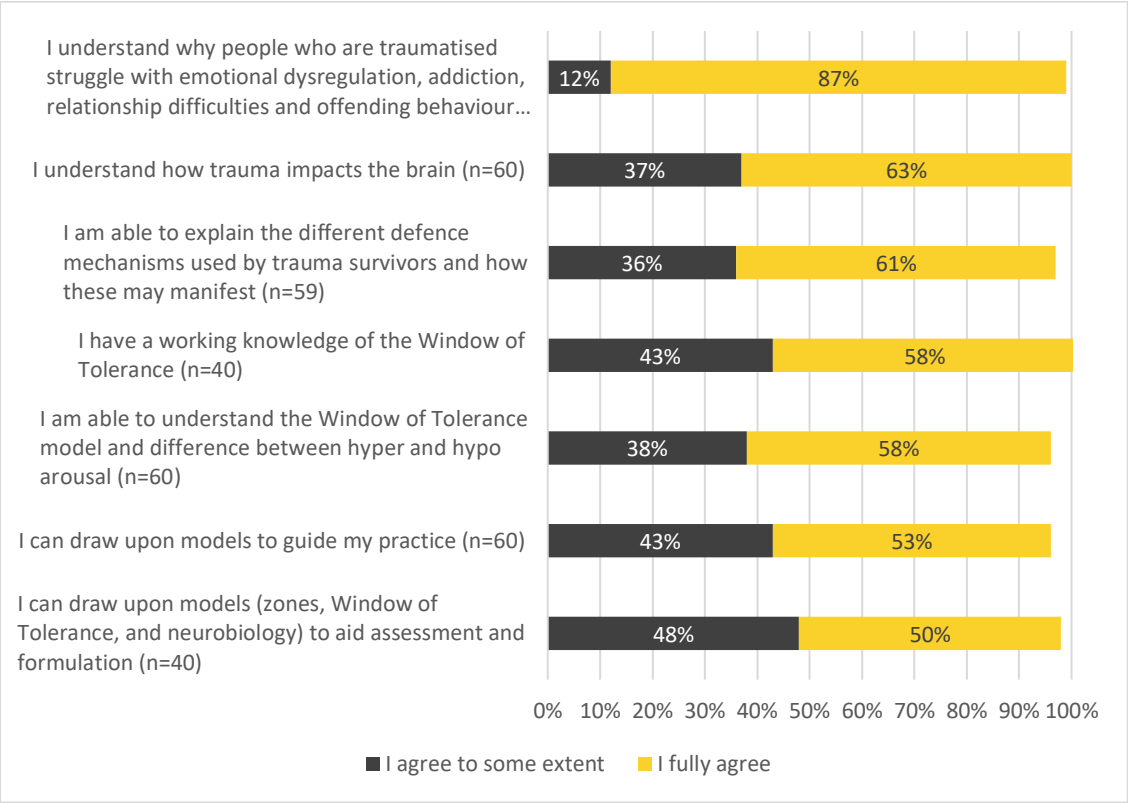
> *"I gained a great deal of knowledge about the causes of trauma and the trajectories out of it."*

[11] In Figures 1-5, we present the percentage of respondents who stated 'I fully agree' or 'I agree to some extent' with each statements. There were two other answer options: 'I don't agree' and 'I don't know/not sure'. We have not presented these options in these charts because very few respondents selected these.

Neurobiology of trauma

4.8. Participants also reported an increase in their understanding of the neurobiology of trauma as shown in Figure 4. Respondents reported gaining a greater understanding of trauma's impact on the brain, and why people who have experienced trauma have difficulty with emotional dysregulation, addiction, relationship difficulties and offending behaviour, as well as being able to explain the different defence mechanisms used by trauma survivors. Participants also learned about different models to guide their practice such as the Window of Tolerance [Dan Siegel, 1999].

Figure 4: Neurobiology of trauma: as a result of participating in Trauma-informed Practice Training…[12]



4.9. While the results remain positive, the difference between respondents that 'fully agree' and those that agree 'to some extent' are closer than with learning outcomes related to knowledge and understanding of trauma. This would suggest that participants find it more difficult to fully grasp the content that underpins these learning outcomes.

4.10. Even with a lower proportion that fully agree with the statements, there were still several examples of how the training had contributed to participants' understanding of the neurobiology of trauma.

> *"And then suddenly you can relate, you can see why the response to that trauma is in a certain way. Police officers, probably see that the aggressive outbursts that people have are as the result of trauma, nobody's ever said that."*

[12] Some percentages add up to more than 100% due to rounding.

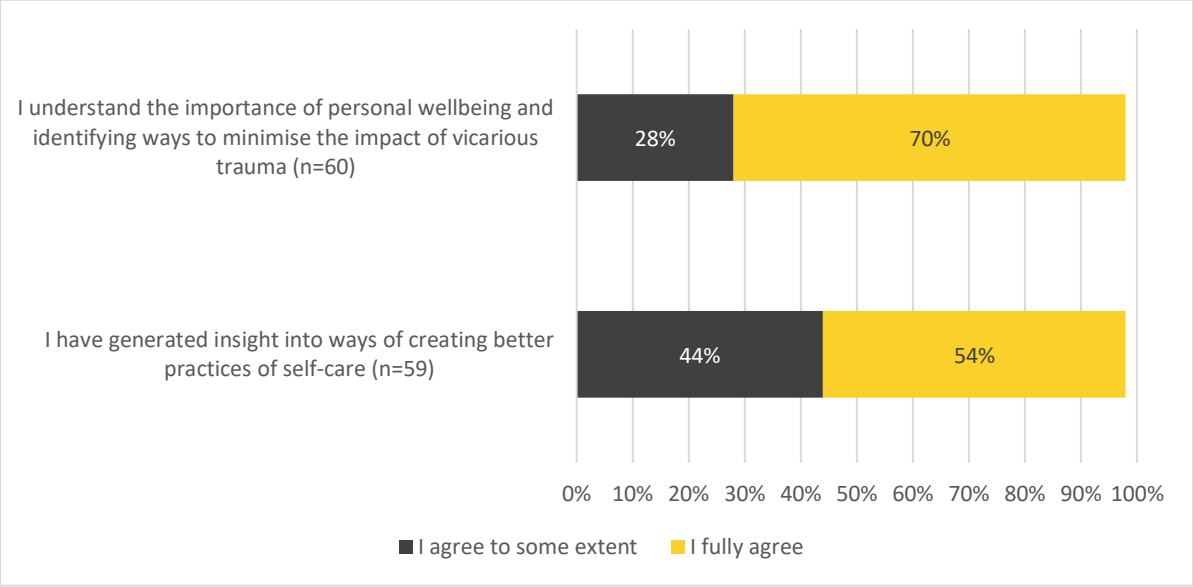
4.11. One respondent also reflected that this aspect set the Epione training apart from other Trauma training they had completed in the past.

> *"[This was] the best trauma training that I have participated in. I have now engaged in three different seminars/training and this is the only one so far that has explained how the brain copes with a trauma and how that can manifest itself later. I felt this was a critical element in order to adapts one's own approach to dealing with someone that has suffered trauma."*

Self-care

4.12. Almost all participants agreed that the training helped them to better understand the importance of personal wellbeing and to gain insight into better practices of self-care.

Figure 5: Self-care: as a result of participating in Trauma-informed Practice Training…



4.13. There is a noticeable difference in the proportion of respondents that fully agree they understand the importance of wellbeing and identifying ways to minimise the impact of vicarious trauma, compared to those that fully agree with having insight that enable better practices of self-care. However, we were not able to identify any underlying reasons for this during interviews with participants.

4.14. Several participants reflected on how this aspect of the training had prompted them to reflect on their own wellbeing and their own responses and reactions.

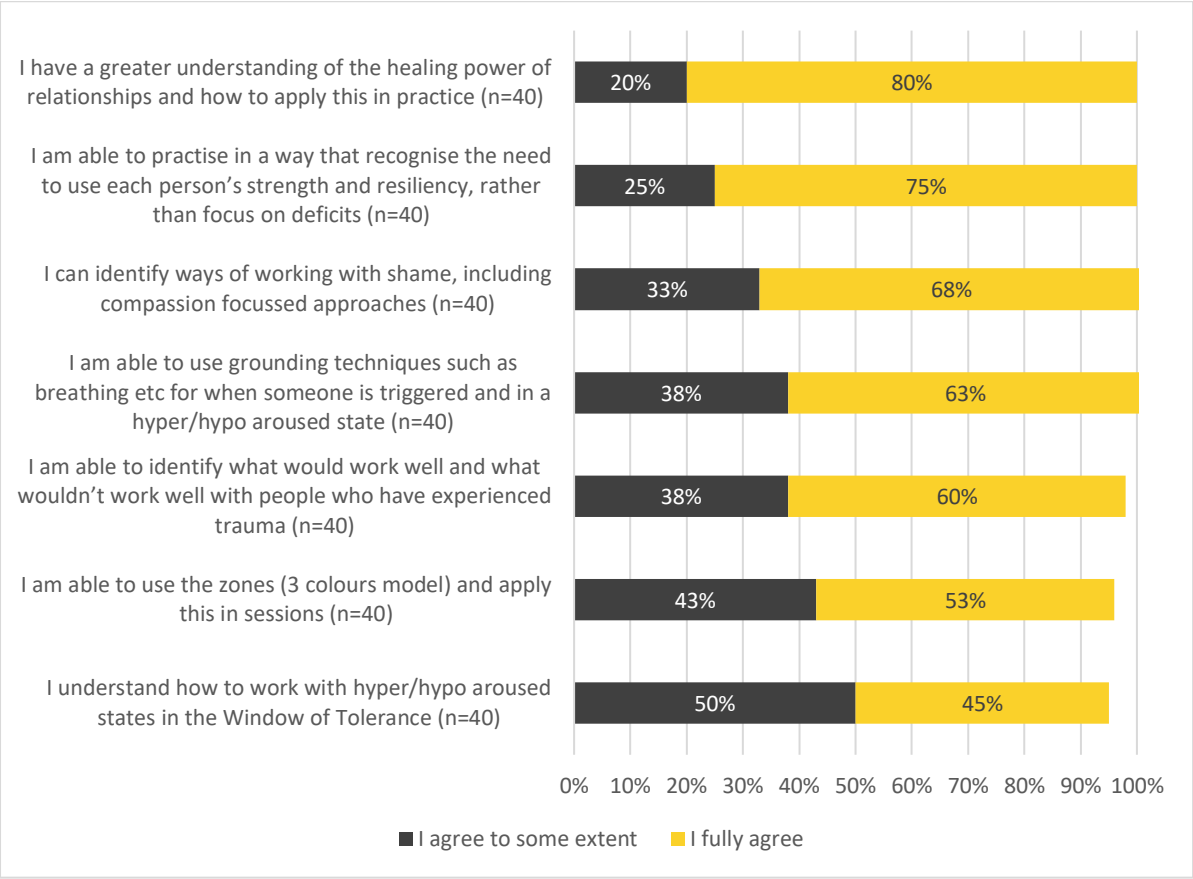
> *"On a personal note, it explained my own responses (as a result of a trauma) to certain things."*

> *"I learned a lot and the training highlighted areas for improvement for myself in my own life and in my working life in helping others."*

Technique and practice (being trauma responsive)

4.15. The vast majority of respondents agreed that the training enhanced their knowledge of approaches to working with people who have experienced trauma, and of various models to support these individuals (Figure 6).

Figure 6: Technique and practice: as a result of participating in Trauma-informed Practice Training…[13]



4.16. The learning outcomes in this category primarily relate to having the knowledge, understanding and skills that can equip someone to implement a trauma-informed and responsive approach. Again, there are areas that have performed less well in terms of full achievement of the learning outcome, but it was also suggested by a few participants that gaining experience in application would continue to build confidence in their ability.

4.17. Later in the survey respondents were asked about their confidence to apply their learning and about any changes to practice they had made. Almost every respondent was able to provide examples of changes to practice that they had made, from small step practice changes through to more significant changes. These examples further support the overarching aim of the learning outcome, which is for participants to become more trauma responsive in their roles.

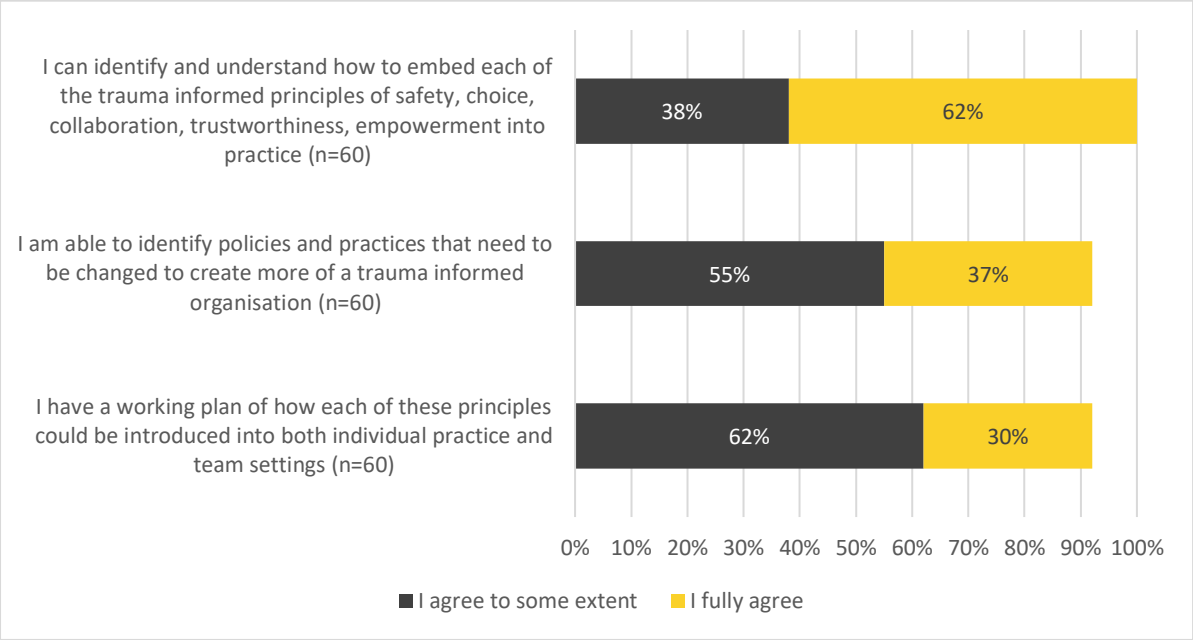
4.18. We discuss the application of learning and changes to personal practice in detail in Chapter 6.

[13] Some percentages add up to more than 100% due to rounding.

Creating a trauma-informed team

4.19. The final learning outcome relates to participants being able to identify and influence wider change across their team. Figure 7 demonstrates that a large proportion of participants agreed fully, or to some extent, that the training helped them to make progress towards embedding trauma-informed approaches within their wider team.

Figure 7: Creating a trauma-informed team: as a result of participating in Trauma-informed Practice Training…



4.20. This is the only learning outcome category where we see a higher proportion of respondents only agreeing to 'some extent' rather than fully with some of the individual outcome statements.

4.21. While some participants did report making or trying to influence change across their wider team, feedback through the survey and interviews provides insight into some of the challenges faced. We explore these challenges, as well as successful examples of wider change and what has enabled them in Chapter 6.

5. Impact on knowledge, skills, and confidence

Knowledge and skills

5.1. The survey data about the achievement of learning outcomes provides strong evidence of participant knowledge, understanding and skills development. This was reinforced through the participants' examples of the learning they had gained and how it is informing what they do and how they approach their role.

> *"It's just that new wee seed in the back of your head that's there…I've got a brand new case, he's got no social work history but the nature of the offence and the information that I've got regarding that, which suggests that there's possibly, you know, things going on in his earlier years. So you cannae always assume that either but it's about keeping that in the back of your head. …in time there might be some kinda disclosure so being mindful of that."*

> *"I think for me it was, I mean I quite like the science bits of it, like what actually happens in the brain of a traumatised person."*

> *"It's just so fascinating what it does and to find out what trauma actually does to a brain and that is the effects that you're seeing. You know like when you're with a person it's actually, it's not just physical or emotional it's actually you know, the brain has been affected by this trauma."*

5.2. In interviews and survey responses participants reflected on and discussed the different skills, tools, models, and techniques they had gained through the training.

> *"Thinking about the window of tolerance, and I definitely think I communicate with people more about trauma now than in the past and say to them that you can overcome this…"*

> *"So asking questions like that those open ended questions, motivational questions. Tell me about your experiences as a child. So, you are getting it from them. Their experience rather than me prompting them for answers. So, one of the things was how I approach my questioning and it being based on trauma-informed practice, are they comfortable are they relaxed, are they in an environment where they want to open up."*

> *"The skills, and the approaches were the most important I think, for me, in my head, I can have basic knowledge of trauma, I think every social worker has a basic knowledge of trauma, you know, you're not going to be a perfectly good social worker, if you didn't understand that and you didn't understand that that's why people were in your service in the first place. So, I think more the skills and techniques."*

> *"So, I think before I did the training I would be constantly chatting and stuff and since I did the trauma training I have been a bit quieter. And so just kind of siting back and letting them, you know, not leaving it for too long, where they start to feel awkward silence but just sitting back and letting that silence take place and then see where they want to go."*

Confidence to take a trauma-informed approach

5.3. A common theme among survey respondents, reinforced by interviewees, was that the knowledge they had gained through the training had improved their confidence to work in a trauma-informed manner.

"I feel comfortable and confident in applying what I have learned into practice."

"Epione facilitators for me are approachable, relatable and first class. They have given me the confidence to apply the theory to practice without doubting myself."

"My confidence increased significantly because of the training as I was fearful of re-traumatising clients. Learning about compassionate enquiry and dealing with disclosure was really helpful. Also, the training focused on using the models (neurobiology - window of tolerance and zones) but we got to practice using these in sessions."

5.4. A few noted they had already been working consciously or unconsciously in a trauma-informed manner, but the training helped to validate this approach and enhanced their confidence to work in this way.

"I feel very confident as how I tended to practice now has a name that I can apply should anyone question my practice."

"I already use some of the approaches and techniques in my practice which embraces trauma-informed approaches. The learning from the training has emboldened me toward developing trauma-informed practice both individually and within my team/service."

5.5. Some participants acknowledged there was scope for them to further improve their confidence. A few said that this might occur as they gained more experience of implementing trauma-informed practice, but a few others noted they would welcome the opportunity to access further training or learning opportunities to build on the Epione training and enhance their confidence further.

"This is something that I am not fully confident but will continue to practice and implement into daily practice."

"I am more confident after the training however there are a few areas I would like to learn more about for example, the effect trauma has on the working of the brain."

"I'm still learning about trauma-informed practice and how to apply it, so I am confident to a point, it is something I need to keep working on and learn more about."

6. Changes to practice

6.1. In this chapter we discuss participants' experiences of applying their learning, making changes to personal practice, and wider change to practice across their service and team. We also discuss the enablers to change and what creates challenges.

Changes to personal practice

6.2. Many participants gave examples of ways in which they have applied their learning from the training. They are described below, and can be summarised as:

- Using the knowledge to better understand service users' behaviour and to formulate person-centred and trauma-informed approaches to support them;
- Helping services users to understand their own emotions and better manage their own behaviour; and
- Changes to the way in which they gather information from service users.

6.3. Some explained that the training had led to them taking the time to consider the reasons for a service user's behaviour and to be "even more understanding and more patient". One, for example, explained the importance of taking "a wee step back" to consider the influences on a service user's behaviour.

> *"It was like a lightbulb moment… that's why she [the service user] acts like that, it was so good to be able to understand where she was coming from. And then as the time's gone on since then… to have that extra knowledge, I'm just going to take a wee step back and think about the training and all the things that could have gone on with them."*

6.4. Participants described using this enhanced understanding of the reasons for a service user's behaviour, and their knowledge of trauma-informed practice, to formulate trauma-informed and person-centred approaches to support the service users. Two detailed examples are presented below:

> *"A service user new to the service asked to be sent home on an outdoor placement stating he suffered from agoraphobia. As he did not declare this at sign-up and had travelled to the placement, there was a lot of staff commentary about how he was 'at it'. I met with him on duty and asked him to explain how his agoraphobia feels and affects him. I did not insist that he provide medical evidence (as advised by colleagues) and instead we established that his agoraphobia is variable and can be triggered and this placement triggered his anxieties. He did mention childhood adversities, and these were indeed noted in historical records. We looked through various options and he is now happily working outdoors in a single, small placement (sheltered housing) and all conduct reports are positive. So rather than invalidate his feelings, attempt to question his condition and insist that they had to continue in this placement, we were presented with a problem, and we worked co-operatively to find a solution."*

> *"Being able to focus on relationships and provide nurture to my women I work with is amazing. I have had some excellent feedback about my practice, and this is all because I focused on exploring the woman's trauma and helping her understand how this had impacted her life. For her to understand that there was nothing 'wrong' with her, but there was something wrong with what had happened to her was powerful. She told me 'You must be the only person in the world who can make the worst thing that's ever happened to someone into the best thing that's ever happened to them'. She was suicidal before coming to her first appointment with me, and now she has a bright future and has hope. She has returned to her nursing studies after completing her order with me. Working with her has been a huge learning curve for me and gave me an excellent opportunity to put into practice what I have learned, and see the outcomes of it. Incredible."*

6.5. A few said that the training had enhanced their awareness that they could potentially re-traumatise service users through the way a service is delivered. These participants reported applying this learning to avoid re-traumatising individuals. One, for example, said they were "more sensitive to people's trauma".

6.6. Some participants reported that they had used the models discussed in the training to help service users gain a better understanding of their emotions and to better manage their behaviour as a result.

> *"I use the 'zones' [Paul Gilbert, 2009, emotional regulation model] to check in with service users to ensure they are feeling regulated, discuss difficult emotions and be able to progress with the session."*

> *"I have used the 3 circles [Paul Gilbert, 2009, emotional regulation model] with clients to develop understanding and insights into their thoughts, feelings and behaviour and where trauma and substance use impacts on these related parts."*

6.7. Other participants reported using the learning from the training to enhance their approach to gathering information from service users. One, for example, discovered the value of talking less and allowing silences to give service users the space to think and speak.

> *"I have been a bit quieter… just sitting back and letting that silence take place and then see where they [service users] want to go. And I think that that's impacted because it's let clients come into their own thoughts and then be like, oh right, I need to tell you stuff now."*

6.8. Similarly, another participant gave a clear example of applying the learning from the training to take a more trauma-informed approach to interviewing service users, and to their approach to writing up court reports.

> *"I'm more aware of when I'm writing down, recognising what's behind that person's life…it's very important because for me when I'm doing social work interviews or court reports… I would say that I now have a much more natural, empathetic approach to the person… I'm much more empathetic in my questioning, much more personalised… so asking open-ended questions, motivational questions – 'tell me about your experiences as a child' - so you are getting it from them - their experience rather than me prompting them for answers… I think it empowers them to come to let you know what they want and when they are ready to talk about it."*

Changes across the wider team or service

6.9. In free-text survey responses and interviews, some participants described the impact that the training had on their wider team or organisation. This included discussing the training with colleagues to encourage a more trauma-informed approach across the team, as well as making practical changes to the environment in which they interact with service users, and to forms of written communication with service users. Examples of these changes are presented below.

6.10. Many participants described feeding back to colleagues about the training and discussing practices and policies that could be improved from a trauma-informed perspective. Some reported encouraging a more compassionate approach among team members, using the resources discussed during the training to enhance colleagues' interactions with service users,

> *"We share ideas regularly across our team but we have bonded recently over the use of certain trauma resources and used these together in appropriate situations."*

6.11. Some participants, particularly those with responsibility for managing staff, reported that it was helpful to use the learning from the training to enhance colleagues' understanding of why service users sometimes display certain behaviours, and to remind them to take a more understanding and patient approach.

> *"They've always been a very professional team and have always tried really hard but there's times where if you've got repeated behaviours that sometimes they just forget that somebody can't help it and that there's various reasons why they're acting in certain ways. So it's been useful during supervision to to sit down [and explain to staff to] remember what somebody goes through and how it impacts their brain development, and how they react to certain situations. So it's very helpful."*

> *"This kind of work can be really, really challenging and really draining on staff, and there's times where you can see, they're really frustrated, and it's being able to say to them, 'look, let's just sit down and think about this. And think about how you who are very well brought up and had no issues - you were never hungry - you were never cold - you were never abused. You can think and act in a certain way'. So it's being able to go back to staff and say, 'people that we're working with, they don't have that they don't have the same resilience' and it's being able*

to back up by saying this is the reasons why. So it's definitely helping to get the staff team more understanding when they're really really frustrated and all they can see is behavioural challenges."

6.12. Another gave an example of designing the content of group work sessions in a trauma-informed way.

> *"It has certainly helped me with my planning of the sessions to think what you would need to put in them and what you need to consider more."*

6.13. A few others reported making some practical changes to written communications with service users. This includes the wording of letters and exit questionnaires.

> *"We discussed the principles of safety and changed the letters we send to people as they can appear quite pointed/distressing and may cause people to dysregulate and disengage."*

> *"[We are] making sure those exit questionnaires are trauma-informed and are not kind of re-traumatising.... just making sure the wording of it is right."*

6.14. Some participants identified making practical changes to the environments where they work with service users. These included changing the decoration of these areas to make them feel more welcoming and altering the layout and lighting of rooms to provide more privacy and a less formal atmosphere.

> *"I have been instrumental in changing the environment in the working area changing away from plain magnolia walls, away from a clinical feel to a warm, inviting, softer environment."*

> *"I am now more conscious about the environment and how it can be trauma inducing, have re-arranged the interview rooms to enhance privacy and tried to make them more inviting and less formal environments."*

> *"So with looking at the things that we can try and do within our the physical environment in the building, but also trying to be more understanding to support the staff to recognise them. Yes, it's a really challenging environment. But to keep focusing on that, and to focus on the positives and try and be more holistic."*

6.15. There was also an example of the training helping to ensure that a participant's organisation's harm reduction strategy is trauma-informed.

> *"We're formulating our harm reduction strategy with trauma, right at the centre of it... So trauma-informed… it's about being human."*

6.16. One participant noted that their management team had incorporated trauma-informed practice into supervision sessions to promote wellbeing among the service's staff. This helps staff to deal with any trauma in their own background, as well as to debrief and cope with distressing experiences that have been disclosed to them by service users.

> *"Our manager is big on it so it filters through to us and we as employees are totally treated in a trauma-informed way you know, where we've been sat down*

and our manager gives us regular supervision, you know, we've got a chance to debrief if there's anything that happens. They get that we have got, you know, some of us have got, you know, complex traumatic events from our childhood or whatever, so, they provide such an amazing support service they've gone out of their way to provide private therapy for us if we want it."

6.17. It is worth noting, however, despite these positive examples of the impact of the training on participants' wider teams, services, and organisations, that influencing change at this level is challenging. Those that participated in interviews that held management roles tended to be more focussed on change across their team and service, whereas those in operational roles tended to see opportunities for wider team and service change when a critical mass of their colleagues has also participated in the training.

6.18. Smaller percentages of survey respondents fully agreed with learning outcomes related to influencing their wider team compared with other questions. Results showed that 37% of respondents fully agreed that they can identify policies and practices that need to be changed and 30% have a working plan of how each of the trauma-informed principles will be introduced. This is perhaps not surprising: as some survey respondents and interviewees commented, it is still too early to have achieved substantial changes among their teams, initially focussed on smaller quick wins, though with a commitment to achieving more substantial change in the longer term.

Enablers of change

6.19. A belief that a trauma-informed approach is the right way to be working is a key enabler for participants in applying their learning. The knowledge and skills that they developed through the training has given participants the confidence to adopt a more trauma-informed approach and better recognise opportunities to utilise the different approaches and tools they have gained.

6.20. It was also positive that the training provided suggestions for changes that could be introduced easily that would quickly make a difference. These include, for example, simple changes to the physical environment to provide more privacy, and changes to the wording of letters for service users to make the tone less punitive and more supportive.

6.21. Another important enabler was participants' managers being supportive of trauma-informed approaches. The support, provided by managers with implementing changes in personal practice includes advice and encouragement and helping to access resources to support a trauma-informed approach.

> *"My managers are extremely on board with the widespread implementation of trauma-informed practice and actively encourage me to explore new ways of working or use development days to explore possible resources to better our practice."*

> *"The fact my team manager was on the training was a huge help. We discussed it in a team meeting."*

> *"My service has bought in a whole heap of resources in terms of providing a gender specific trauma-informed approach…my boss has put a lot of money into*

buying in these resources so we can deliver that programme to our women. So we've definitely taken a lot from that into our service."

6.22. Participants reported that support from managers was particularly important when trying to promote change across their wider team or organisation. Participants said that a team- or organisation-wide trauma-informed culture is necessary to implement trauma-informed practice, with buy-in from all staff. Support of senior managers is crucial in achieving this.

> *"Our whole team and management are very keen to ensure all services working with people are trauma-informed and therefore this is easily done for us, we welcome each other's ideas and thrive on hearing how working a certain way has made such positive change."*

> *"My manager being trauma-informed and there being a trauma-informed culture in justice services as a whole."*

> *"The local authority is keen to create a trauma responsive organisation. Dr Harris and Alex have also provided inputs to senior managers which means it's being supported from above."*

6.23. Another enabler identified by a few participants was the resources that the training provided for future reference. This included the slide deck from the training, which one interviewee identified as an important resource.

6.24. Others reported that the training provided the motivation to find out more about trauma-informed practice as well as suggestions for further reading.

> *"Taking guidance from the trainers and researching this in my own time. I am currently reading through Dr Perry's book 'What Happened To You'. Giving me a lot of 'a-ha moments.'"*

Barriers to change

6.25. Several barriers to change were identified, ranging from issues to do with practical working environments, the different views of people within the system, and a lack of time/size of caseload.

6.26. These mostly related to attempts to make changes at a wider team, service, or organisational level. Participants reported that changes to personal practice were easier to implement, if they were supported by their managers, but there are more challenges to overcome to influence change at a wider level.

6.27. Notably, tensions were described between different parts of the system where one part can be trying to implement and provide a trauma-informed approach while working alongside other services in the same system that are not. This has been a source of frustration for frontline staff.

> *"Partner agencies and their approaches to working with our service users. Some attitudes are horrendous and although I am confident in challenging this, this has effected no change and is a full-service issue I believe. Some attitudes are embedded in certain teams."*

6.28. The participant we identified earlier in this chapter, who now takes a trauma-informed approach to writing court reports, expressed frustration that systemic weaknesses in the criminal justice system hinder the impact of the changes that he has made to his practice. He noted that there is a lack of resources in the criminal justice system to support service users to address the impact of their trauma.

> *"I don't think the criminal justice system has the resources or the time to hear what people through their trauma have overcome and [how to] manage their trauma."*

6.29. Some felt that issues around organisational culture can act as a barrier to influencing change. This includes the attitudes of managers and team members, as well as a lack of training among colleagues.

> *"Very few staff in my team have completed the training and so fail to understand from the perspective of the [service user]."*

6.30. Another major challenge identified by participants was a lack of time to apply their learning. Some participants explained that their workload and other demands made it difficult to find the time to plan and implement changes to their practice.

> *"Time!! In an ideal world I would like more time to read, plan and get resources together. Also, the need to 'get things done' in terms of service delivery outcomes. Sometimes I feel that time would be better spent doing relationship building, nurturing etc but we need to complete unpaid work hours as well."*

> *"I think the workloads and lack of time can be a barrier to have time to reflect on my practice and planning for going forward with someone. Even finding time to consolidate learning can be challenging."*

6.31. While some participants reported being able to make changes to the physical environment within which they work, others identified the physical environment, including the design of offices and areas where they engage with service users, as a barrier to trauma-informed practice.

> *"Being comfortable to explore trauma without fear of making things worse working in an environment that is not trauma-informed [is a challenge] - social work buildings with multiple departments generally are not the most therapeutic and welcoming environment."*

6.32. A few commented on the difficulties caused by the Covid-19 pandemic. In particular, this has reduced contact with service users in many sectors, thereby limiting opportunities for workers to apply their learning from the training.

"I think just having limited opportunities to apply it in practice has been a challenge - just due to how we are working just now. I am hoping that those who are more operational will have had more opportunities to do this."

"Working from home and not having as much face-to-face contact with service users [is a barrier]."

Changes to practice and face-to-face delivery

6.33. The previous evaluation of the face-to-face delivery mode explored participants *intentions* to make changes to practice, as the feedback survey was completed very shortly after the end of the training. The survey for this evaluation explored *actual* changes to practice so the findings are not directly comparable.

6.34. However, the findings from the previous evaluation demonstrate that intended changes to practice commonly related knowledge and confidence gained and how this would enable them to change their practice.

6.35. The participants that did provide more direct and specific examples of intended changes to practice generally fell into 3 categories:

- Working with clients in different ways (e.g., incorporating new tools into their work with service users, completing service user reports, when assessing service user needs, greater focus on relationship building, and environmental changes).
- Being more aware of their own behaviour and how they present themselves to service users.
- Share learning with colleagues to influence wider change.

7. Conclusions

Online delivery

7.1. Epione Training previously commissioned an evaluation of their training programme when it was being delivered in a face-to-face format, with the evaluation demonstrating very positive findings. A key aspect of the current evaluation was to explore whether the shift to online delivery had adversely impacted on the participant experience and outcomes generated.

7.2. The evidence strongly suggests that online delivery has not detracted from the training experience for most participants. While a small number experienced their own technical issues, or have a personal preference for face-to-face delivery, many stated a preference for online delivery, due to the convenience of not having to travel and the comfort of being in their own environment.

7.3. Perhaps more importantly, none of the evidence gathered suggests that online delivery has presented any barriers to learning, and nothing to suggest that achievement of learning outcomes would be any different.

Knowledge and skills development

7.4. The evidence relating to the achievement of learning outcomes is very favourable, with almost all participants partly or fully achieving each outcome. Even for those partly achieving the learning outcome, it is still a demonstration of progress and development in the knowledge or skills component.

7.5. Demonstration of knowledge development is further reinforced through the examples of learning being applied to inform changes to practice. This is a strong indication of the learning being absorbed and understood, of seeing its value and relevance and having the confidence to use it.

Changing practice

7.6. Almost all respondents were able to provide concrete examples of individual changes to practice because of their participation in the training. For those that weren't, feedback suggests that this is not a reflection on the training but rather the context and circumstances of working in their role. The extent to which the training has resulted in changes to individual practice should be seen as a significant indicator of success for the training.

7.7. While some examples were shared of wider change having been implemented across teams, this was less common than individual changes to practice. It should not be surprising that team or system wide change is less pronounced than individual change, as it is more complex, influenced by a wider variety of factors, and generally takes longer.

8. Future considerations

8.1. Based on the evidence gathered, and the conclusions drawn above, we would recommend that Epione Training consider responding to the evaluation findings in the following ways:

Review learning outcomes and content

8.2. While the evidence of learning outcome achievement is strong there is room for improvement. The survey data highlights some individual learning outcomes where a higher proportion of participants feel that they have not achieved the outcome to the full extent.

8.3. This insight provides the opportunity to revisit the learning content related to each of those learning outcomes and assess whether it can be enhanced or changed to better meet the requirements of the outcome. A delicate balance is needed, as you must ensure that if you enhance one area, it is not at the expense of another.

8.4. Another option is to accept that the content currently delivered is the best that can be provided in the time available in the session plan for that component. If this is the case, it may be that the learning outcome is too ambitious for the content and needs revised.

Ongoing support, reflection and sharing

8.5. While post-training support was not an area that was explicitly explored in the survey or during interviews, the suggestion of further support was raised by a few participants. This was seen to take the shape of either a follow up session that occurs a few months after the initial training, or the creation of an online practitioner network.

8.6. Given some of the challenges participants face in applying learning and making changes to practice, particularly change across their team or service, there could be value in exploring this. It could also become a vehicle for sharing good practice and tips for influencing and implementing change which could also inform the learning content of the programme.

8.7. This does need careful consideration though. The idea of virtual online networks where practitioners can come to share practice and draw on support to overcome challenges often sounds appealing. However, it usually requires a fairly significant investment of time and resource to set up, maintain and keep people engaged in it.

8.8. A scheduled follow up session that brings participants back to reflect and share may be a less resource intensive way of achieving a similar outcome. However, there remains a resource implication, and likely a cost implication to doing this which will need weighed against the potential benefits. For example, could these workshops be a vehicle that supports participants to influence and achieve change across their teams? Could they be used to identify ways that participants have successfully navigated the tensions and frustrations of inconsistencies in approach across the wider systems they work in?

Format for future delivery

8.9. This evaluation should give Epione the confidence that their online delivery approach and format provides a positive participant experience overall and is effective in participant development against each of the intended learning outcomes.

8.10. For Epione, online delivery is likely the most efficient and cost-effective way to maximise reach and engagement with their training and given it has not had noticeable adverse effect on experience or outcomes, should remain as the primary delivery format going forward. However, choice in delivery mode should remain a feature, with face to face remaining an available option for those that would prefer it.

Tensions in the wider system

8.11. Participants highlighted their frustration and the tension that is experienced when they are applying a trauma-informed approach but are working as part of a wider system where this is not consistent. It can create challenges for the individuals own practice, but another concern is the inconsistency experienced by the service user.

8.12. The extent to which Epione can influence this is limited. However, knowing it is a tension and frustration it is worth highlighting this when exploring training opportunities with clients. Helping them to see the importance of a more strategic and system wide approach to trauma-informed practice may help to encourage a shift in this direction.

Considerations for scaling up

8.13. The facilitation aspect of the training is a major contributing factor in both the experience and the knowledge imparted, and for participants seeing the relevance of the learning to their own role. Epione's facilitators were described as combining to bring together academic expertise and knowledge, with real world social work experience. Their engaging style and passion for the subject were also highlighted.

8.14. It is critical that the importance of the facilitators to the success of the training is recognised should Epione consider scaling up their delivery activity. Currently, all training is delivered by a small team. Achieving scale at a greater pace than is happening currently, would likely require growth in the training delivery team. It is essential that in doing so, the combination of expertise, as well as the delivery style and passion can be replicated by any new members of the team.

Should you wish to discuss any aspects of the report

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Training and Consultancy