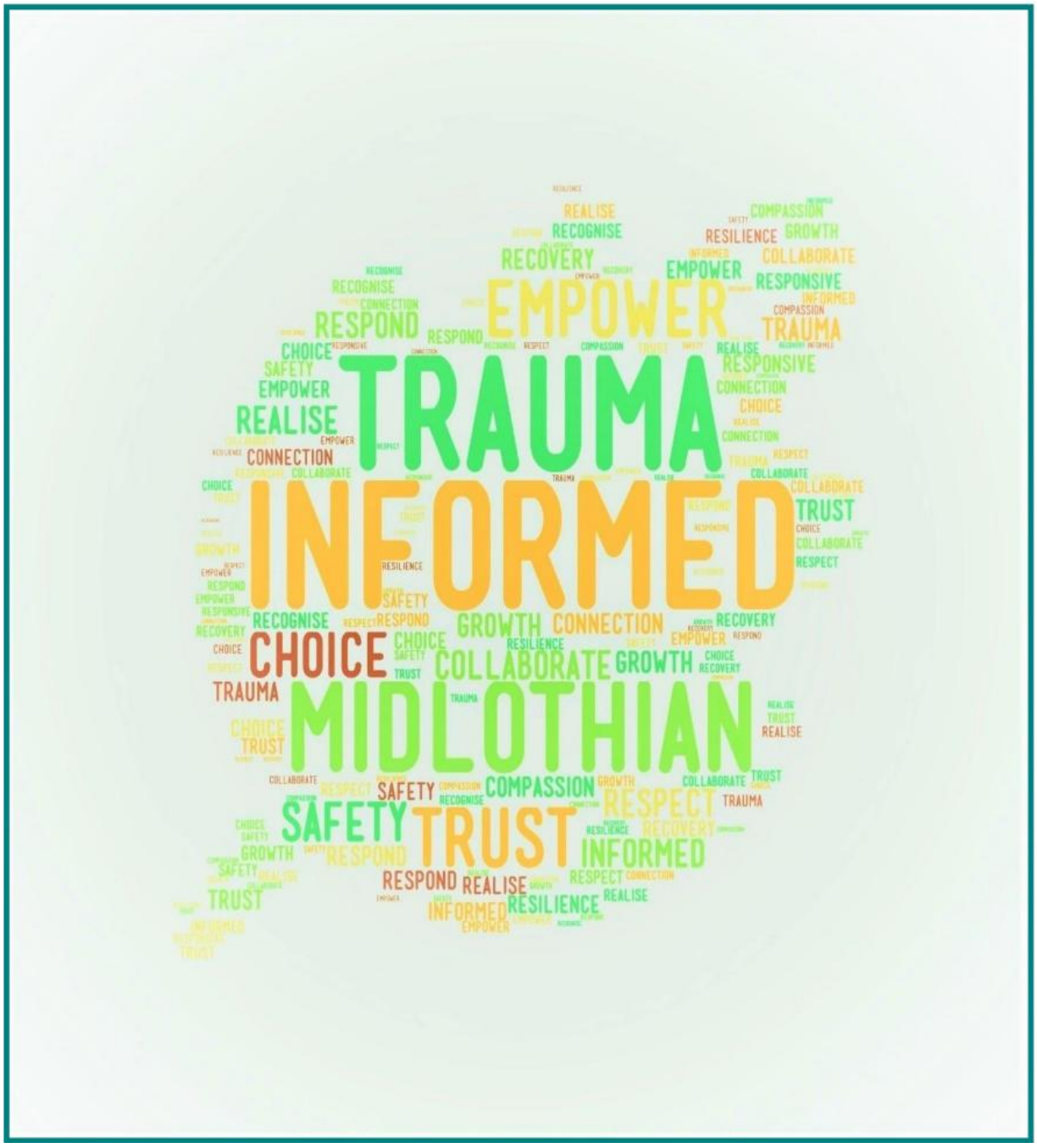
# Midlothian Trauma Training Pilot



**The work described in this report would not have been possible without the enthusiasm and contributions of a wide range of partners. The Midlothian Trauma Training Steering Group would like to thank:**

The Lothian Transforming Psychological Trauma Implementation Coordinators; Dr Suzie Black and Dr Gillian Radford, for their support and guidance, allowing us to use their training resources and for providing training for our Trauma Trainers.

CAPS Collective Independent Advocacy, Ele Davidson and the Lothian People with Lived Experience Group for their enthusiasm for the pilot, observations, ideas and useful feedback.

The Midlothian Trauma Trainers; Lorraine Chapman, Arab Chaudhry, Jackie Davidson, Sarah Fletcher, Gemma Goodwin, Kirsten Kidd, Gillian MacDonald, Rowena Macintosh, Joe Riba Segues Ewan Ross, Ann Marie Sheerer, Martin Sweeney for their support and commitment to delivering the training.

The Midlothian Trauma Training Administrators: Liz Sinclair and Jennifer Aliscio for their support with the administration tasks.

The Midlothian Council Learning and Development Team; Christine Dunn, for her guidance and collaborative working.

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# INTRODUCTION

In Midlothian, the Health and Social Care Partnership (Midlothian HSCP) and third sector organisations are committed to creating a culture that is trauma informed. The vision is for a whole system, multi-level approach to workforce training and development.

Leaders in Midlothian Community Planning Partnership, including service areas within both Midlothian Council and Midlothian HSCP, identified that an understanding was required by the workforce of trauma, adversity and its impact on health, learning and wellbeing. The 'workforce' referred to is multi-agency, and includes a range of roles – from receptionist in universal services to clinical specialists across the lifespan.

A brief scoping exercise identified gaps in Trauma Informed Practice training for people in client-facing roles across Midlothian. Staff in council contact centres, schools, early years centres, housing services, the revenues service, homeless services, primary care, third sector programmes, libraries, adult social care, children's services and leisure services all expressed a desire for their practice to be better trauma informed.

In June 2018 the Scottish Government committed £1.35 million over three years, to design and deliver a National Trauma Training Programme (NTTP), to be coordinated by NHS Education Scotland (NES). The aim is to develop and support a consistent, trauma-informed workforce across all frontline services. In addition to developing a National Trauma Training Framework and Training Plan, one of the core elements of the NTTP was to establish Pilot Delivery Trial Sites, to test the implementation of trauma training for priority public sector frontline workers.

Following the release of the NES Trauma Training Framework (2017), it was identified that there were a limited number of professionals within Midlothian with the knowledge and skills to deliver the volume of training required across levels 1 – 3.

Working with the local NES Transforming Psychological Trauma Implementation Co-ordinators (TPTICs), it was agreed that a helpful pilot site for trauma training would be the new Recovery Hub - Number 11, a one-stop shop for people with experience of substance misuse, criminal justice, mental health challenges and/or other aspects of social inequalities.

In September 2019 the bid to NES from Midlothian HSCP was successful and Midlothian was allocated £40,000 to deliver Trauma Training to the Midlothian workforce. The training model proposed was an open access one. The aim was to provide:

- Level 1 (Trauma Informed) Training to 400 frontline workers and volunteers in a range of public facing Services
- Level 2 (Trauma Skilled) Training to 110 people, initially focusing on the services and partner agencies associated with the new Recovery Hub, Number 11.
- Level 3 (Trauma Enhanced) Training was to be provided by the local TIPTICs.
- To ensure full engagement and ongoing sustainability, key leaders and managers would be expected to attend Scottish Trauma Informed Leadership Training (STILT) which was provided by NES. This was to ensure that they had a good understanding of the Transforming Psychological Trauma agenda and their responsibilities in supporting staff to undertake training and implement learning in their day to day work.
- To build on existing good practice of staff supervision and to support local service areas to embed this within their practice as appropriate to the staff group.

## APPROACH

### Midlothian Trauma Training Steering Group

A multi agency steering group was established to provide overall support and direct the pilot. The steering group, with representation from Midlothian HSCP, included mental health, substance misuse, criminal justice, learning and development and psychology colleagues. Children and adult services were represented.

### People with Lived Experience Involvement

The expertise of people with lived experience was sought through the Collective Independent Advocacy (CAPS) People with Lived Experience Group to inform the approach through representation at the Steering Group.

### Scottish Trauma Informed Leadership Training (STILT)

Having commitment from leaders and managers is vital in any process that involves significant organisational change.

Senior organisational leaders, senior operational managers, service leads and team leads from Midlothian Health and Community Partnership (MHSCP) and third sector organisations were invited to attend the Scottish Trauma Informed Leadership Training (STILT). This was delivered by the NHS Education Scotland Transforming Psychological Trauma Team. The intention being to ensure:

- A shared understanding of trauma informed practice
- Full engagement
- Ongoing sustainability
- Consideration of how to embed trauma informed practice into the workplace
- Staff are supported to undertake and implement trauma training across their organisation

STILT was held locally over 1.5 days with 25 team leads and managers attending from a variety of services including; Midlothian Council, NHS Lothian, Sure Start, CAPS, Women's Aid, The Thistle Foundation, Health in Mind and Mid and East Lothian Drugs (MELD).

## Midlothian Trauma Training Pilot Coordinator

A Clinical Associate in Applied Psychology was seconded to the 0.5 WTE role of Midlothian Trauma Training Pilot Coordinator (TTPC) to implement the Midlothian trauma training plan. The role of the Pilot Co-ordinator was to:

- Co-ordinate and manage the local delivery of Trauma Informed (Level 1) and Trauma Skilled (Level 2) Trauma training.
- Facilitate and co-facilitate the Level 1 and Level 2 trauma training to workers in Midlothian.
- Support the identified local network of Level 1 and 2 trauma trainers.
- Contribute to the development of the Midlothian trauma training evaluation.
- Co-ordinate and implement the trauma training evaluation.
- Communicate through written reports and verbal feedback the outcome of training.

An administrator from Midlothian Psychological Service's was seconded 0.25 WTE to support the pilot coordinator in organising the trauma trainings across Midlothian. The administrator's role included:

- Setting up a Midlothian Trauma Training email account and monitoring and responding to emails for bookings and enquiries.
- Identifying and booking rooms for training events.
- Managing the training bookings and waiting lists.
- Sending emails to lists of delegates including appropriate resources.

## The Midlothian Trauma Training Team

The Midlothian Trauma Training Team was recruited from 26 members of staff from Midlothian Council, NHS Lothian, Midlothian Sure Start and Women's Aid. They had all previously attended a Level 1 or Level 2 Train the Trainer event. These were facilitated by the Lothian TPTICs. Across September – November 2019 a total of 26 people were trained, 15 people were trained to deliver the Level 1 trauma training and 11 people were trained to deliver both the Level 1 and Level 2 trauma training.

At the start of the pilot, the Midlothian trainers were invited to an event organised by the Midlothian Trauma Training Co-ordinator. This was an opportunity to introduce the pilot, discuss the materials and how we could co-ordinate and work together.

In terms of retention, 11 trainers did not take part in the pilot for various reasons:

- 5 did not respond to emails
- 1 person opted out
- 3 people moved on to other jobs
- 1 person did not have capacity to deliver the training
- 1 person went on maternity leave.

Of the 15 people who remained:

- 12 delivered level 1 and/or Level 2 trainings.
- 3 trainers remained involved but were unable to deliver the training due to capacity issues and also identifying a suitable date and time.

## The Training Packages

The Level 1 and Level 2 Training Packages were developed by the Lothian TPTICs. The Training Packages had been designed using the NES Knowledge and Skills Framework, to ensure that they met the competencies that were required for the training at each level. Level 1 training was designed to be delivered in 1.5 hours and the Level 2 training over one day. Both packages are for colleagues working with clients across the lifespan.

## Awareness Raising Activities

The Midlothian Training Co-ordinator presented at several local events. The aim of these was to inform people about the NTTP, available resources and, to promote the Midlothian Trauma Training Pilot. These included presenting at the Midlothian Voluntary Sector Summit, a Midlothian Health and Social Care Partnership Senior Management meeting, and the Midlothian Council Services with Communities meeting.

The Level 1 training events were advertised widely by email through Midlothian HSCP and Midlothian Voluntary Action. As there were fewer Level 2 training events, emails advertising events were initially targeted to managers who had attended the STILT training and staff at Number 11, before being advertised more widely. Emails advertising the training events included information about the levels of training and who the training was appropriate for, as well as attachments and links to the NES Transforming Psychological Trauma Knowledge and Skills Framework and Training Plan documents. The emails were also an opportunity to include links to the range of freely available trauma training resources from the NES Transforming Psychological Trauma website. During the pilot, additional emails were sent to senior managers to advertise the NES Deep Dive events. These explored how adopting a trauma-informed approach could support key community planning priorities, and help professionals to identify tangible steps towards ensuring that this approach is embedded in policy and practice moving forward.

## Audit of STILT and Number 11 Managers: Staff Training Needs

Building on the STILT training, and focusing on Number 11 as a Recovery Hub, team leads and managers, who attended the STILT training, and/or were based at Number 11, were emailed to inform them about the Midlothian Trauma Training Pilot. A document was attached which was adapted from the NES National Trauma Training Plan. This document asked them to assess their staff training needs, so that their staff could be targeted for the training.

Unfortunately, COVID-19 significantly impacted on the number of responses that were received. Responses were received for 43 (36%) of members of staff working at Number 11. Of those respondents:

- 12% had no previous trauma training
- 33% had completed training equivalent to Level 1.

The majority of staff had completed training equivalent to Level 3 (40%) and 16 % had completed Level 4. Previous training included: Trauma Enhancement Training (provided externally by Epione Training and Consultancy, to the Midlothian Council Criminal Justice Service), Safety and Stabilisation Training, and Trauma Focused CBT provided by the TPTICs and NES respectively. Of the 40 members of staff who were identified as requiring further training, the training required was at Level 2 or above.

## The Impact of COVID-19.

The training was designed and organised to be delivered face to face. The initial focus of the pilot was to deliver the Level 1 Trauma Training. Fourteen Level 1 events had been organised to be held in various community settings across Midlothian. There was a high demand for the training with 193 people booking a place in 3 weeks. Two Level 1 training events took place, however due to COVID-19 the remaining 12 events had to be cancelled and the Pilot put on hold. In addition, a presentation to the Elected Members of Midlothian Council also had to be cancelled.

As the situation developed it became clear that for the pilot to continue the training would need to be delivered remotely. The Lothian TPTICs adapted their training packages so that they could be delivered on-line. Level 1 remained a 1.5-hour training session and the Level 2 training was adapted into 3 modules each lasting 2.5 hours. These were to be delivered in sequence after participants had completed the NES emodule 'Developing Your Trauma Skilled Practice' which was available through TURAS (NES's digital learning platform).

The Midlothian Trauma Training team were encouraged to attend one of three online Top Up training sessions facilitated by the TPTICs between August and October 2020. The aim being the up skilling trainers to deliver the Level 1 and 2 packages remotely.

Moving to online delivery meant that we could offer less places at each event. It was decided to limit this to 20 places per event, and extend the Level 1 training to 2 hours, as this felt manageable when delivering training in this format. To make maximum use of the training capacity, the pilot co-ordinator facilitated at each event, with one other co-facilitator from the Trauma Training Team. Prior to each event, the pilot coordinator and co-facilitator met remotely to discuss and practice on-line delivery. There were also opportunities for co-facilitators to observe the remote training prior to delivering it. As a large proportion of the pilot coordinator's time became focused on delivering training, and because the priority within services became on managing the pandemic, there was less opportunity to offer and provide consultation to services regarding the implementation of trauma informed service delivery.

# EVALUATION

## Reach of the Trauma Training

### Level 1 and 2 Training Delivery Attendance Numbers

**LEVEL 1**

A total of **359** people were trained at **Level 1**.

39 Level 1 training events were organised to be delivered remotely via MS Teams, 461 people booked a place and 338 people attended the training.

**LEVEL 2**

A total of **107** people were trained at **Level 2**.

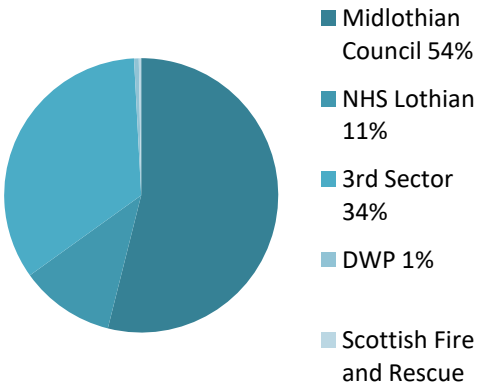
9 events were organised to be delivered remotely via MS Teams, 152 people booked a place to attend and 107 people competed the training.

30 people who booked a place did not attend or cancelled, 6 people attended only 1 session and 9 people attended 2 sessions

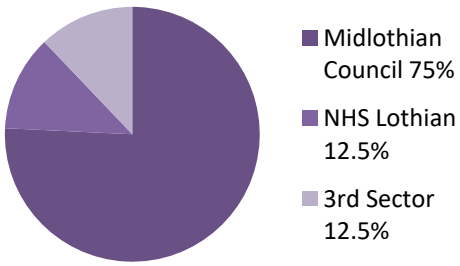
### Organisation representation at Level 1 and Level 2 Training events

In terms of reach, staff with a variety of different job roles within Midlothian HSCP and the Third Sector, accessed the training.

**LEVEL 1 Attendees**




**LEVEL 2 Attendees**



The majority of attendees for both the Level 1 and Level 2 training were from Midlothian Council followed by NHS colleagues and finally the Third Sector, 2 people attended the Level 1 training from the Department of Work and Pensions and 1 person from Scottish Fire and Rescue. 43 staff attended the training from Number 11, 16 of them attended Level 1 training and 22 attended Level 2 training. Number 11 staff were from a variety of job roles and services including administration, criminal justice social work, the community and joint mental health teams and MELD.

The higher proportion of Midlothian Council employees may be due to the pilot being a Midlothian Council initiative. Most of the awareness raising activities were aimed at and delivered to Council staff, and the advertising was through the Midlothian Council networks.

For the Level 1 training, 34% (n=122) people attended from twenty seven Third Sector organisations in Midlothian. The highest representation came from Women's Aid 15% (n=19), Scottish Autism 11% (n=14), and Health in Mind 10% (n=12). For the Level 2 training 11% (n=12) attended from 5 Third Sector organisations in Midlothian, most commonly Sure Start 50% (n=6), Partners in Advocacy 17% (n=2) and VOCAL 17% (n=2).

**Figure 1: Examples of departments, services and job roles represented at the Level 1 and 2 Trainings**

A significant majority of attendees, at both the Level 1 and Level 2 trainings, were frontline staff. Also attending an event were 57 staff, with senior positions. These included team leaders, management and senior management from statutory and third sector services. A further 27 staff with senior positions within MHSPC attended one of the three Level 1 events which were held specifically for them. These events were organised as a way of keeping Trauma Informed Organisational Change on their agenda. In addition it gave them an opportunity to experience the training for themselves, to help them promote and support their staff to attend an event.

## Evaluation of the Training

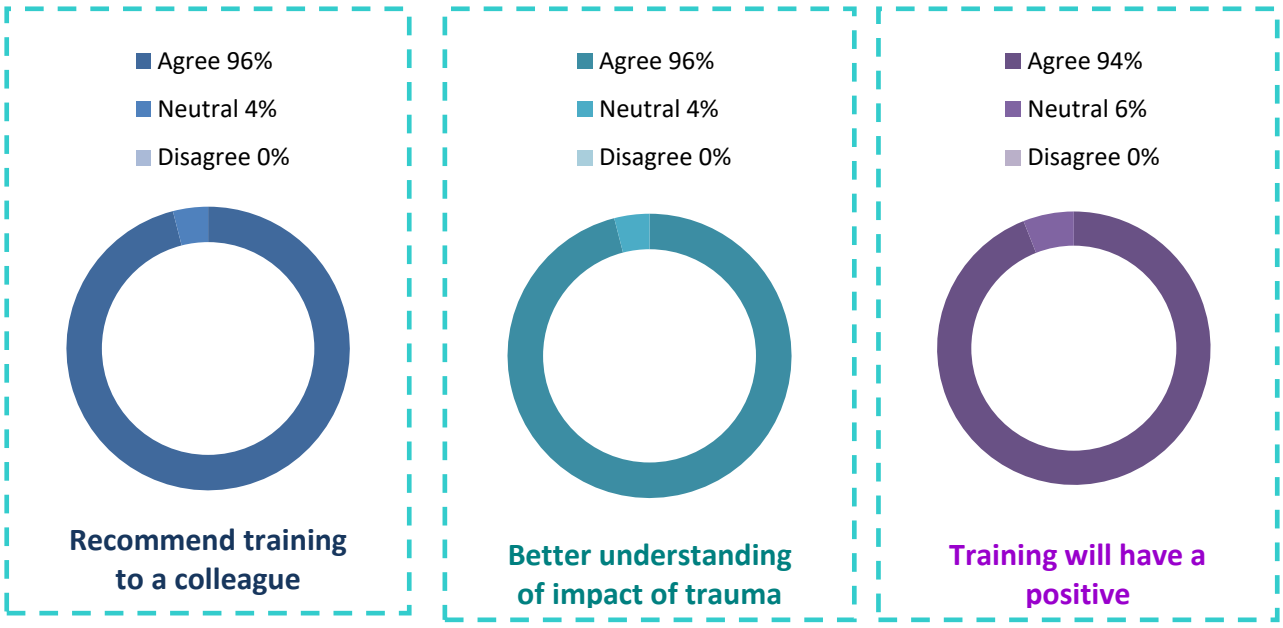
Participants were asked to complete an on-line evaluation questionnaire via the JISC Survey Platform, before and immediately after the training and at 6 weeks and 3 months post training. Partly due to the timescale of the pilot and participants only having recently completed the training and also the difficulty of getting people to complete post training follow-up surveys only a small number of people had completed the 3 month follow up evaluation survey at Level 1 and the 6 week and 3 month evaluation survey at Level 2 (Appendix 1).These therefore are not included in the following analysis. Results from statistical analysis comparing pre and post training mean values, for the questionnaire items for each package, are displayed in Appendices 2,3,4,6 and 6.

### Perceptions of Acceptability and Usefulness of the Training

Participants rated the Level 1 and Level 2 trainings highly. 96% (n=339) agreed that they would recommend it to a colleague, 96% (n=333) of the attendees agreed that the training gave them a better understanding of the impact that trauma can have, and 94% (n=331) agreed that the training would have a positive impact on their job.

**Figure 2: Level 1 and Level 2 Attendee Feedback.**

**Percentage who Agree with Statement**




## What was most useful about the Level 1 training?

“ It was a really useful and insightful course. The most useful comment I took away was in thinking not 'what is wrong with you' but 'what happened to you'. I found this a really simple way of rethinking my approach when dealing with service users. Anonymous

It was really interesting, and thought provoking. I found the statistics pretty eye-opening. I think I have a greater understanding of the links with trauma and the way people can present to the service. Any training that can break down barriers is such a positive thing. Customer Service Advisor.

The training as a whole was very good and useful. I found the examples of how trauma can affect people's everyday lives and practical steps one can take to be more trauma informed particularly helpful. Monitoring and Evaluation Officer.

I found the questions relating to our practice useful as we were using the information from the training and putting it into context. Children’s Services Practitioner

Hearing about other services and the changes they have made to try to be more trauma informed. Psychological Therapist. ”

## What was most useful about the Level 2 training?

“ Being able to recognise that people have different levels of tolerance and how the brain reacts to memories. Social Work Practitioner.

The training is very informative, great to hear other professionals talk about their own experience of dealing with service users who present with traumas. Foster Carer.

The overall course has been useful on both a personal and practical level. Realising the significance a positive relationship with one person can have on people we work with and how valuable these relationships are. Youth worker.

Thinking about self-care and strategies which workers can use to promote own wellbeing. Social Worker.

Tips on how to respond to disclosures - quite actionable in terms of our procedures. Chief Executive.

It made me think differently about the responses to situations from the people I work with and ways of creating environments where people who have experienced trauma feel safer and more supported. Social Worker.

The opportunity to think about the concepts as a manager. Manager.

It was useful to consider strategies to build trust with people and how to support someone who has experienced or may be experiencing trauma. Social Worker. ”

# Impact of the Training

## Perceived increase in confidence, knowledge and skills

For the Level 1 training, 9 items on the evaluation questionnaire assessed participants perceived confidence, knowledge and skills in terms of responding to and supporting people who have been affected by trauma.

A One-Way, Repeated-Measures analysis of variance (ANOVA), showed **highly statistically significant** increases in participants **perceived confidence in their ability to apply trauma informed principles to their job** at pre and post. This **was maintained at 6 week follow up** ($F=48$, $df=2$, $p<0.000$) (Appendix 2). Paired Samples T tests comparing means for the remaining9 items pre and post training, further demonstrated that training resulted in **a statistically significant increase in understanding, confidence and knowledge** post training (Appendix 3).

For Level 2, 22 items on the evaluation questionnaire assessed changes in participants' perceived confidence, knowledge and skills, in terms of responding and supporting people who have been affected by trauma. The same analysis was used for the Level 2 training. A One-Way, Repeated-Measures ANOVA, between each of the 3 modules, showed **statistically significant** increases in participants **perceived confidence in their ability to apply trauma informed principles to their job** ($F=8.7$, $df=3$, $p<0.000$) (Appendix 4). Paired Samples T tests comparing means for the remaining 21 items, pre and post training, further demonstrated that training resulted in **a statistically significant** increase in understanding, confidence and knowledge (Appendix 5).

## Self Care

In addition to increases in understanding, confidence and knowledge, a key aspect of the Level 1 and 2 training is to raise awareness of the importance of practicing self care especially, in the context of supporting people who have been affected by trauma. For both Level 1 and Level 2 training, Paired Samples T tests comparing means pre and post training, indicated **statistically significant** increases ($p<.000$) (Appendix 3 and 5) in the following questionnaire items:

- I understand importance of self-care and support when working with people who may have been affected by trauma Level 1
- I am aware of strategies to look after my wellbeing

- I know how I can access further support in order to look after my wellbeing, should I need to.

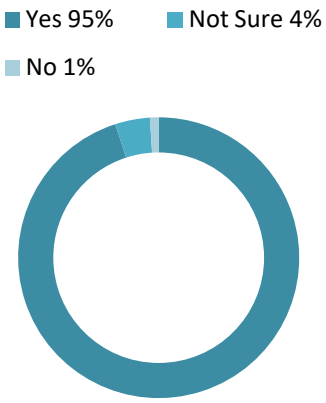
## Implementing Trauma Informed Practice

### Intention to apply training to job

Post Level 1 and Level 2 trainings, participants were asked if they intended to apply the training to their jobs. Of the 322 people (69% of total attendees) who responded, 95% of people indicated that they planned to apply the training in their work.

Qualitative feedback was invited for both trainings to gather data on participants intended trauma informed practice changes. Data was analysed for themes.

**Figure 3: Level 1 and Level 2 Attendee Feedback. Plans to apply training to job.**




**I plan to apply training to my job. Post Level 1 and Level 2 training**

**Themes for intended changes post Level 1 and Level 2 training**

- changes to own practice (81%)
- changes to service procedures (7%)
- use of self care strategies (5%),
- sharing knowledge (5%)
- ensure other staff are trained (4%)
- supporting and supervision other staff and team (4%)
- access further training (1%)

"I will be more aware when patients arrive at reception and are not being pleasant that they are probably out with their Window of Tolerance and this will help me to be more empathetic. Administrator.

Review our systems to ensure that we operate in a trauma informed manner. Social Worker.

The importance to remember 'self care', not only for myself, but also for my team. I will aim to use the self care tool with my staff in support and supervision. Manager.

Ensure all colleagues in the team complete Trauma awareness training and embed this in to their approach with learners Career Support Worker.

Bring this up in conversation more often when discussing cases. Add notes from this training to my bulletins to highlight the benefits. Take topic to team meetings as a discussion point. Manager.”

## Examples of how participants applied the Level 1 training to their work at 6 and 3 month follow up.

Participants were asked at the 6 week and 3 month follow up if they had been able to apply the training to their jobs. Importantly at Level 1, 52% of the 65 respondents said that they had been able to apply the training to their work.

### Trust

“ When I was working with a person who was frightened by past traumatic experience becoming more vivid, I was able to apply learning from the training to gain trust to support her. Occupational Therapist.

I try to make sure clients/other employees are well informed about every step of the process, eg. what paperwork and why it is needed. Administrator.

### Safety

I offer a safe environment and working remotely I ask young people if they have a safe space at home or school to talk, if they do not I can rearrange to make sure it is at a suitable time or help them to gain access to a private space. Counsellor.

I ensure women have a quiet comfortable space to talk ensuring they feel safe at all times. Support Worker.

### Choice

The young people get to choose what we discuss each week, when they want a meeting. Youth Worker.

I re-evaluated my contact method and suggest different options to families (emails, phone calls, texts, Zoom, Skype, or face to face meeting in a community centre). Development Worker.

### Collaboration

I work in my job role by collaboration with other professionals, which includes my clients. We work together ensuring the client has the best opportunities given to them to live life to full. It is important that the client feels part of this. Peer worker.

Collaboration with the families I work with - working together as equals. Family Support worker.

### Empowerment

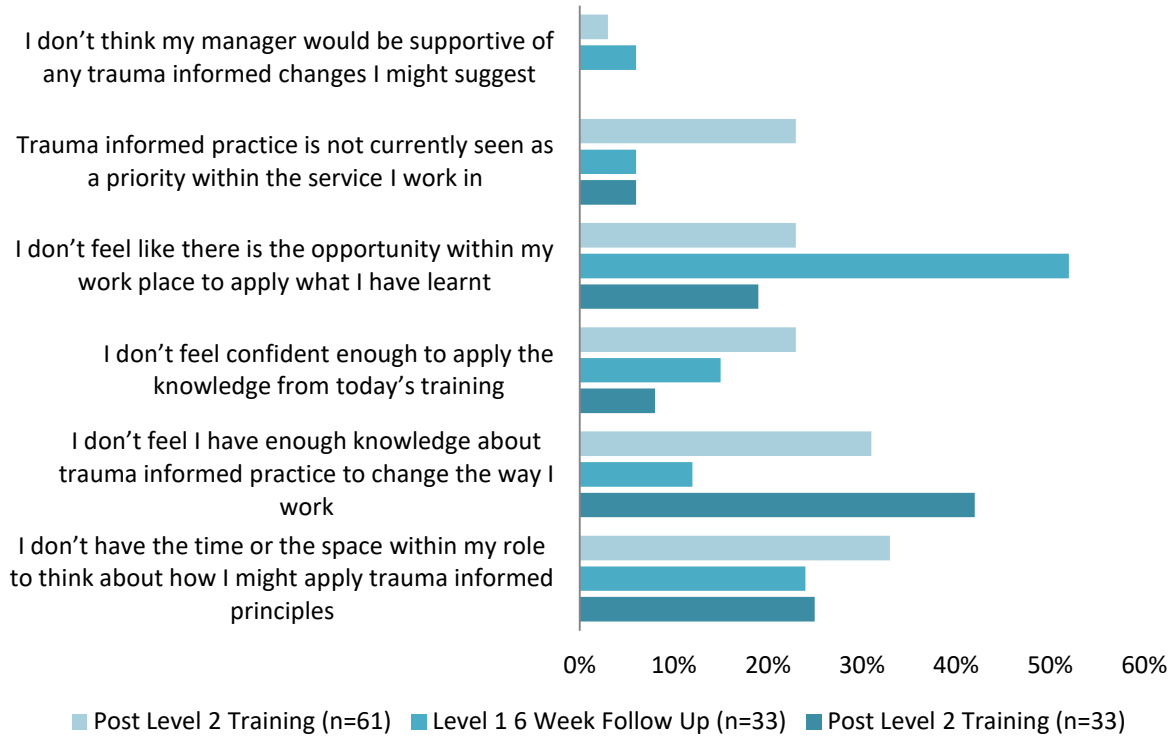
I support them to make contact with other departments themselves so that they can have control of the information passed on. Library Assistant. ”

## Barriers or Challenges to Implementing Trauma Informed Practice Changes

Post training and at follow up, participants were asked to select from a list of perceived and then actual challenges and barriers to implementing trauma informed care.

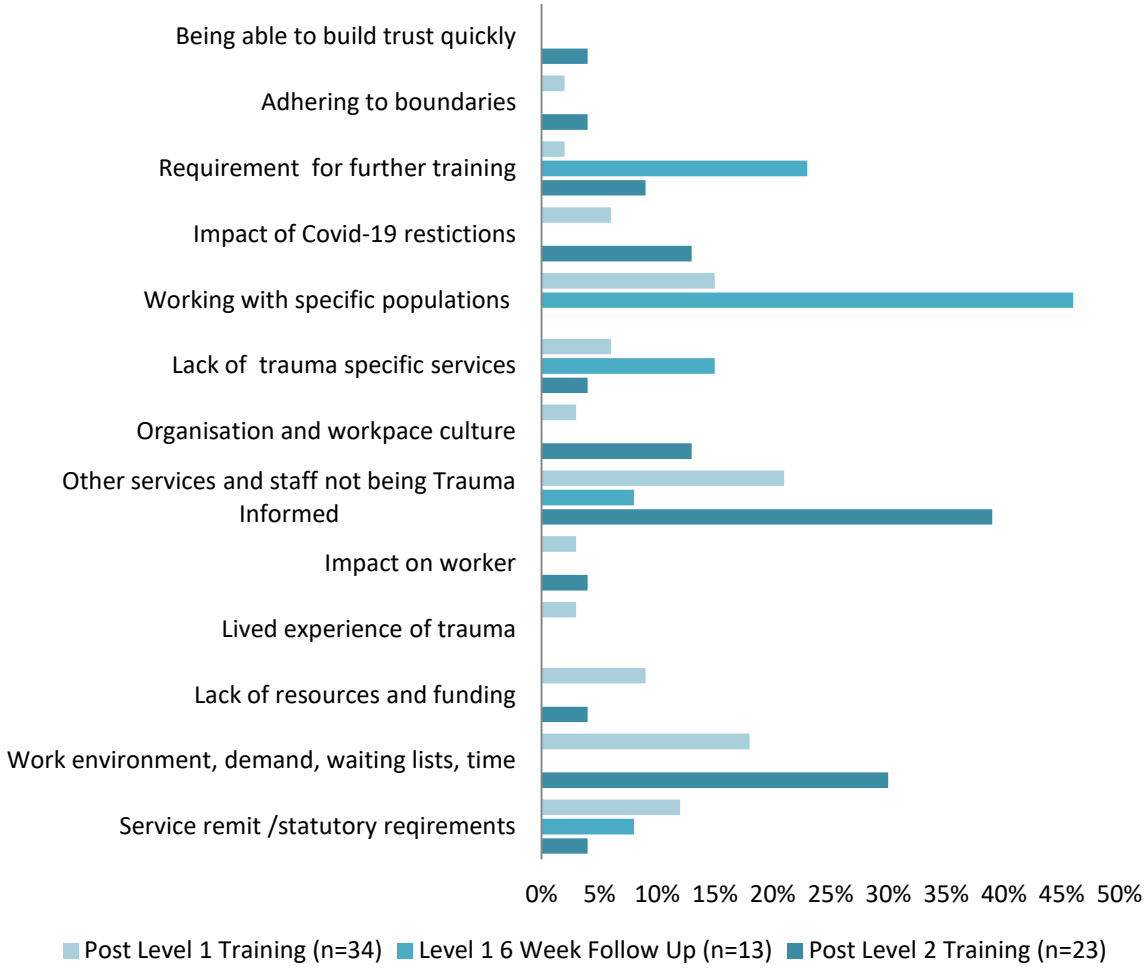
The most common choice post Level 1 and 2 training, and at the Level 1 six week follow up, was that people did not think that they had the opportunity in their work. This was often linked to the impact of COVID including changes to role, working remotely and high demands in terms of workload.

### What are the Barriers of Challenges to Implementing the Level 1 and 2 Training?




Training attendees were also asked whether there were any additional barriers to implementing the training. Interestingly, a number of participants who worked for services for specific populations, including learning disabilities and autistic spectrum disorders, identified that they would benefit from follow up training specifically tailored for people working with these groups.

## Additional barriers or Challenges to Implementing the Level 1 and 2 Training




A few respondents gave suggestions for how the barriers could be overcome:

"The best solution would be for more resources for expert trauma work so people are seen in a timely way. Health and Wellbeing Practitioner.

I think the principles of this training when we are out of Lock down will be used more when we are seeing clients normally again. I think a lot of people - Clients and workers will have been traumatised by Covid 19. Occupational Therapist.

Refresher sessions/ emails could be a good reminder to implement the trauma informed principles into one's practice. Monitoring and Evaluation Officer.

Keeping an open mind and keeping "trauma informed thinking" as a daily reminder to oneself. Early Years Family Practitioner. "

## Additional Participant Feedback

### Level 1 Training

Participants were asked if there anything that you would change about the training?

The majority of the Level 1 participants, who fed back, commented that they found the training useful, they liked the training packages including the slides and animations and that they thought the training was well presented. Several people commented that they would have preferred to attend a face to face training, more interaction between participants and the addition of practical examples and case studies. Several people commented that they felt that the training was at a level that was too basic for them and a few people commented that not being able to see the other participants due to the format of teams to be off-putting.

### Level 2 Training

Similarly to the Level 1 feedback, the majority of Level 2 participants commented that they found the training to be useful, engaging and pitched at the right level of information. There were many positive comments about the quality of the training and the knowledge and experience of the Trainers. Again, there were a number of comments that it would have been helpful if the training had been tailored towards their particular staff groups, so as to make it more relevant to the particular issues that they experienced in their workplace. A number also commented that the first session felt like a repetition of the TURAS emodule that they were asked to complete prior to the training. Some also commented that although a lot of the information was familiar to them, they found the training to be a good refresher.

## Level 3: Safety and Stabilisation Training

Level 3, Safety and Stabilization training was provided by the Lothian TPTIC's in November 2019. Fourteen people were trained from Midlothian, including 10 people from the NHS, 3 people from Midlothian Council and 1 person from the third sector.

## Feedback from CAPS People with Lived Experience Group

The Trauma Training Pilot Coordinator met the CAPS People with Lived Experience group on 3 occasions. Initially discussions centred on how they could be involved in the delivery of the pilot. Their ideas included:

- Observing the training packages
- Attending Train the Trainers and then co delivering the training
- Involvement in the evaluation
- Linking in with work already being developed within their group. For example incorporating short videos about peoples lived experience into the training.

Due to the impact of the pandemic there was less opportunity to develop these ideas further at this point. However several members of the People with Lived Experience Group were able to attend a Level 1 training event. The Group also met after the pilot had finished and were able to provide feedback which is summarised below.

### Feedback on the Training and Training Packages

As the understanding of trauma and its impact is rapidly developing, the group felt that it is vital the materials and training is regularly reviewed, including by People with Lived Experience, in order to reflect this.

### Language

- The group commented on the importance of the use of language in all aspects of the training.
- The importance of the facilitators' language being inclusive and normalising.
- Updating the language used, for example in the "Opening Doors" animation from "sex of worker" to "gender" of worker.
- The training refers to the 'workforce'; this could be reworded to workforce and including some people with lived experience.

### Self Care

- Being more explicit about using self care strategies at the start of the training.

### Length of Training

- Extending the length of the training to include the opportunity for participants to introduce themselves so that participants knew who was attending.

### E-learning

- Opening access to the TRURAS e-leaning modules, which are recommended and also a pre-requisite to the Level 2 Training, to make them accessible to training participants who are not in paid employment for example volunteer's and people with lived experience.

### People with Lived Experience as Trainers

- The involvement of Lived Experience was highlighted by the group in relation to trainers themselves. The group commented that although the pandemic is likely to be have been, in part, the cause of the relatively high level of dropout in trainers, the group believed that offering these opportunities to a more diverse range if people, including people with lived experience, would not only have the potential to decrease the level of drop out but also provide a more balanced approach to the training being delivered.

### Evaluation

- The group noted that at the start of their involvement they had discussed being involved the evaluation and highlighted that this would still be extremely beneficial to allow for more qualitative responses. Whilst they understood the need for the statistical data, it was felt the qualitative aspect required development around what people wanted, what they had learned and what improvements could be made in the future. It was also suggested that the follow up feedback time frame could be extended and how requests for feedback are communicated to participants requires further consideration so that is does not feel tokenistic.

### Training Target Groups

- The group commented that, in terms of future planning, it would be important to ensure that key services, which would benefit from using a trauma informed approach, are targeted for Trauma Training in the future. In particular the services which had a low uptake for the training for example; the Department of Work and Pensions, Job Centre Staff, Housing and Homeless Officers and other similar services.

### The Trauma Co-ordinator Role

- The post of co-ordinator was thought to be important and it was thought that this should be someone who was embedded in the community and was keenly aware of the make-up and structure of the community with good links to organisations and businesses in the area.

### Future Investment

- The Group feedback about the importance of ensuring there are adequate resources/funding to support the ongoing development of this national initiative at a local level.

In response to the feedback that was received from the group during the pilot, the Level 1 training length was increased from 2 to 2 ½ hours, to allow time for participant introductions. To highlight the importance self care, the wording on the introductory email was adjusted with more explicit direction about the use of self care during and after the training. This was reinforced at the start of each training event. In the future, further consideration can be given to how this can be developed, perhaps by changing the order to include the self care section at the beginning of the training rather than the end and by including a self care activity at the start of each event. Feedback about the use of language during training was fed back to the facilitators and the wording on the introductory email was changed to make it more explicit as to the number of people who may be in attendance and that the training was open broadly to people, whether paid or unpaid who were working in Midlothian.

One member completed an online evaluation (Appendix 7) which was circulated to the People with Lived Experience Group at the end of the pilot. They suggested the following developments which were supported by others from the group.

- "Dynamic involvement of people with lived experience at all stages
- More opportunity for peer to peer education
- Develop a national network of peers/groups perhaps connecting through existing peer networks or trauma champions
- Explore how peer values such as mutuality, reciprocity and equality can exist with changing hierarchical power dynamics and support collaborative approaches in communities".

## Feedback from the Midlothian Trauma Training Team

At the end of the pilot the Midlothian Trauma Training team were asked to complete an anonymous online survey (Appendix 8) to gather their thoughts about the pilot, training and their thoughts and ideas going forward. Ten out of the 12 trainers responded (excluding the Co-ordinator).

### Experiences of delivering the training

The Trauma Training Team rated the training packages favourably, with 40% of them agreeing that they were “excellent” and 60% “good”. Feedback included:

- The training was set out clearly.
- Easy to follow.
- Opportunities to share examples of trauma informed practice with participants was helpful.

One trainer noted that there was feedback from some participants suggesting that the language in the Opening Doors animation could be updated, from “sex of the worker” to “gender of the worker”, as some participants may have found this triggering. One trainer commented that it was important to include more explicit references to social workers as helping professionals in relation to trauma. Several trainers fed back the challenges of delivering trauma training remotely, in particular ensuring the engagement and participation of attendees.

The team were asked what barriers they had to overcome to deliver the training.

- 66% found it difficult to find the time within their role
- 33% said that they had not felt confident in delivering training remotely.

Additional barriers included:

- The long gap between completing Training for Trainers and delivering the training
- The challenges of delivering good quality training remotely including engaging participants and the technical challenges of remote delivery.

Despite the additional challenges because of Covid and the extra work having to adapt the training to a remote delivery, 80% of the trainers stated that they intended to continue to deliver the training in the future, and 20% were undecided.

## Views about the role of a Trauma Training Co-ordinator.

As the Midlothian Steering Group chose to use most of the funding for the pilot to employ a Trauma Training Co-ordinator, it seemed important therefore to find out from the trainers their thoughts about having a person specifically employed in this role.

90% of the Training Team said that they strongly agreed and 10% said they agreed that there was a benefit to having a person employed in this role. Comments included that it was an essential role and it was helpful to have a co-ordinator to:

- Drive the training on despite the pandemic
- Engage support and motivate the trainers to deliver the training and to help them to transition to remote delivery
- Have someone consistent and reliable and who knew everything about the pilot.

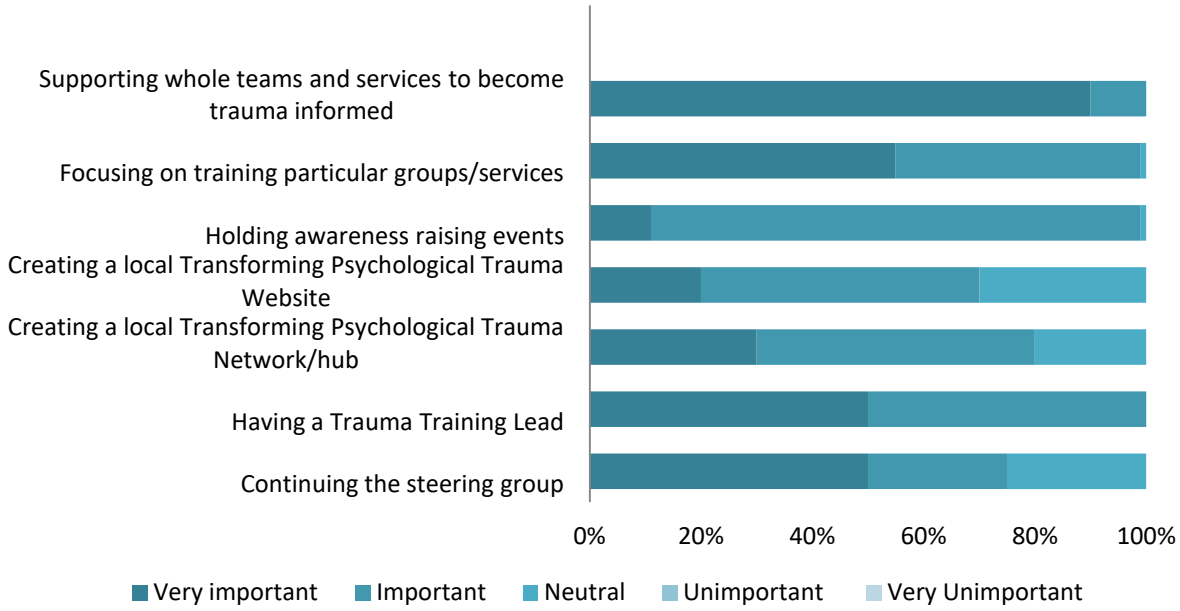
90% of the Trainers strongly agreed or agreed that it would be of value, to have a Trauma Training Coordinator in post once the Pilot is finished. A suggestion was that it would be useful for a coordinator to work closely with the Midlothian HSCP Learning and Development Team, as they have expertise in advertising and promoting courses.

## How Transforming Psychological Trauma Training in Midlothian can become further established.

The Training Team, were asked about how trauma training can become further established in Midlothian once the pilot came to an end.

Trainers were asked to select in terms of importance the priority actions for going forward.

## Priority Actions




The majority to the Training Team (90%) thought that it would be important to focus on offering training to specific teams, and to work with and support whole teams to become trauma informed.

"Having further input for specific teams to support the implementation of the knowledge gained from the training is so important for changing practice and becoming trauma informed."

Interestingly, whilst many participants on the trauma training commented that they found it helpful learning with staff from different services, a few participants who attended the Level 2 training, identified that that they would have benefitted from training that was more tailored to their specific service and client group.

The majority of the Training Team also identified, that they thought that it was very important to continue with a Trauma Training Steering group and also having a person in a lead role to co-ordinate the training.

"Research from recent 'deep dive' events highlights the need for strategic and senior management support, which would be ensured through continuation of the steering group. This also supports joined up practice across teams/agencies and provides opportunities for voices of lived experience to influence strategic aims"

Trainers also commented that it would be important to;

- Train more people to become trainers (there was already an interest from mangers within their service for this)
- Engage more with managers

- Broaden the roll out of the training to ensure that it was available to other services, in particular Adult and Social Care Staff and Children and Families Social Work staff to be trained to at least level 2.

Other comments included: having a mutli-professional training team was a positive learning experience; the level 1 training being included as part of the induction process; and that it is important to ensure the momentum is not lost.

# CONCLUSIONS

Despite the onset of the global pandemic, the Midlothian Trauma Training pilot was successfully adapted and Level 1 and Level 2 trauma training was delivered remotely, to a high volume of staff. This encompassed staff with a variety of roles, representing services which work with people across the lifespan, from statutory and third sector organisations. Both the training Level 1 and Level 2 was well received by the majority of attendees.

The support from the Lothian TPTICs was an important aspect of the pilot. The TPTICs provided access to Training for Trainers, and the use of their training packages and resources which had been effectively adapted to be delivered remotely due to the pandemic.

There was a high demand for the Level 1 and Level 2 training evidenced by the number of bookings during the pilot and enquiries for future training. This demand illustrates an awareness of the value of having a trauma informed workforce within services, and the need for further trauma training in Midlothian.

In terms of the impact of the training, not only did the significant majority of participants gain an increased level of understanding, knowledge and skills, a significant majority of those who attended a Level 1 or Level 2 training, indicated that they planned to apply the training to their work. The Level 1 follow up data showed, that many staff had applied the training to their jobs and were making trauma informed changes to their working practice. This is important; it suggests that offering Trauma Training to staff, with a variety of roles and remits across services, can lead to them making actual trauma informed changes to their working practice.

Consideration needs to be given as to how staff and services, can be further supported to continue to make, and embed trauma informed changes to their work and organisation. In the future it would be important to measure the impact of these changes within services and how the changes are experienced by staff and those who the services.

The open access model to training worked well for the Level 1 trauma training, with some participants commenting on the value of hearing and learning from other professional groups. For the Level 2 training however, some participants and Trainers commented that the training would have been more effective if it had been tailored specific service remits. Trainers and some participants also commented on the benefit of having the experience of a

range of trainers from different professional backgrounds able to bring their expertise and experience.

Whilst training people to increase their knowledge and skills to support people who have a history of trauma is important, training frontline staff in and of itself is not enough to achieve meaningful trauma informed change. This is supported by the feedback from participants which revealed a number of challenges and barriers to implementing trauma informed care. Participants fed back that they did not feel that there was opportunity within their work to apply the training, not feeling that they had enough knowledge, and not having space and time within their job. These barriers illustrate the need for ongoing training and the importance of considering how staff and managers can be supported to make trauma informed changes to their work and organisation culture. This could be addressed by working and supporting services as a whole, to work towards trauma informed organisational change.

This would involve working with managers and teams to ensure staff are:

- Staff are trained to the appropriate level.
- Staff are supported through ongoing training and supervision.
- Staff self care and wellbeing systems are in place.
- Workplace policies and procedures are trauma informed.

There is clearly an interest and need within teams and services in Midlothian for further work in this area. Staff and services are still contacting the Midlothian Trauma Training Co-ordinator with requests for further training. There is also a selection of free resources on the NES Transforming Psychological Trauma website which managers and teams could be supported to use within their service.

Whilst there are staff in Midlothian with experience and expertise in this area, all of the trauma trainers and the People with Lived Experience group agreed, that there was a benefit to having a person employed in a lead role, to drive the training, to provide consistent, reliable knowledge of the training and the broader Transforming Psychological Trauma agenda. The majority of trainers also thought, as a priority going forward, it would be important to focus on offering training to specific teams, and to work with and support whole teams to become trauma informed. This was also suggested by some of the training participants.

# RECCOMMENDATIONS

### RECCOMMENDATION 1: Continue Trauma Training

Whilst a large number of people in Midlothian have attended Level 1 and Level 2 training, there is clearly an ongoing need and demand for trauma training to be continued. Going forward it will be important for the Steering Group to discuss how and which service(s) are best placed to manage this and also to identify services and groups who would benefit from adopting a trauma informed approach.

### RECCOMMENDATION 2: Continuation of the Trauma Training Steering Group

The multi-professional steering group, which included representation from a People with Lived Experience Group, was key in the implementation of the pilot. Representation from senior people, with different roles and remits, across services and sectors, meant that consideration could be given as to how the training, could be effectively rolled out to a broad range of staff within Midlothian. Representation from the People with Lived Experience Group focused attention on the training packages, how the training was delivered, how it may be received by attendees. It will be important for the Steering Group to review the feedback from the training in particular the barriers that people identified to making trauma informed change and discuss how these can be addressed.

### RECCOMMENDATION 3: Continue and develop the Trauma Training Co-ordinator Role

A crucial element of the Midlothian Trauma Training was having someone in post as the Local Trauma Training Co-ordination. This is evidenced by the feedback received from the trauma trainers. Going forward it would be preferable if this role was continued and developed further. Consideration needs to be given to the skills and experience required needed for this role. In addition to linking in with local and national developments, awareness raising, coordinating future training events, delivering training, supporting the local trainers, further developments could include:

- Working alongside the local Trauma Champion
- Engaging with services and mangers to help to make and embed trauma informed practice changes within peoples jobs
- Supporting services and managers to make trauma informed organisational changes
- Support and develop meaningful involvement with People with Lived Experience.
- Developing an local on-line platform with Trauma Information and training dates widely accessible to the workforce and general public.

### RECCOMMENDATION 4: Build Capacity of Trauma Trainers

Having a multi-professional training team was viewed positively by the trainers and training participants. Trauma training takes time out of people's busy roles therefore it will be important to increase the pool of available trainers. Over half of those trained to facilitate the training were then unable to go on to deliver the training. This was partly due to the impact of Covid and workplace demands, but it is important to note that trainers self selected without necessarily having a strong commitment from their service manager. It is therefore important that there is management commitment and buy in before people are offered a place on a Train the Trainer event. Future consideration needs to be given to increasing the range of people who are able to deliver the training to include a more diverse range of people including those with Lived Experience.

### RECCOMMENDATION 5: Further Develop Opportunities for People with Lived Experience Involvement

The voice of people with lived experience is important in any initiative. Initial steps were made in terms of engagement with one group of people with lived experience. The group were enthusiastic about being involved with the Trauma Training Pilot, and they generated interesting ideas about how they could further be involved to support this work. Ideas included co-delivering the training, evaluation and incorporating short videos about people with lived experience. Going forward it would be important to develop these ideas to further enrich the training.

### RECCOMMENDATION 6: Management Engagement and Support

Whilst a high proportion of training participants intended to, and then were able to make trauma informed changes to their job, participants also identified a range of barriers and challenges. The best chance of integrating trauma informed practice within peoples work is if managers and leaders fully sign up and engage with this process. There are a number of freely available resources through the NES Transforming Psychological Trauma website and resources developed by the Lothian TPTIC's. A Trauma Training Co-ordinator could usefully support managers to use the resorces within their organisation and staff teams.

**"We are just glad to know that this training is happening and appreciate the opportunity to be further involved"**

People with Lived Experience Group.

## The Midlothian Trauma Training Steering Group.

Margaret Brewer, Linda Clark, Tracey Clusker, Ele Davidson, Sarah Fletcher, Dee Kieran, Andrew Love, Sheena Lowrie, Tracey MacLeod, Joe Riba Segues, Mairi Simpson, Kaye Skey, Dr Massimo Tarsia, Alison White.

## References:


1. NHS Education For Scotland. (2017). Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce. NHS Education for Scotland. Retrieved from nationaltraumatrainingframework.pdf (transformingpsychologicaltrauma.scot)

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## Appendix 1: Summary of Level 1 and Level 2 Completed Questionnaires

| **Level 1** | **Pre** | **Post** | **6 Week** | **3 Month** | |
|---|---|---|---|---|---|
| n | 369* | 241 | 61 | 13 | |
| **Level 2** | **Pre** | **Post Module 1** | **Post Module 2** | **Post Module 3** | **6 week** |
| n | 114* | 74 | 59 | 33 | 8 |

*Not all the people who completed the pre traininq questionnaire went on to attend the training.

## Appendix 2: Results of One-Way, Repeated-Measures ANOVA, Comparing Questionnaire Items 1 and 2, for Level 1 Pre, Post and 6 week follow up Evaluation.

| **Questionnaire Item** | | **Mean** | **SD** | **N** | **F (df)** | **P** | **ES** |
|---|---|---|---|---|---|---|---|
| 1. Being trauma informed is important and relevant in my job. | Pre | 4.37 | .598 | | | | |
| | Post | 4.69 | .471 | | | | |
| | 6-week FU | 4.54 | .561 | | | | |
| | | | | 35 | 6.6 (2) | 0.002 | .163* |
| 2. I feel confident in my ability to apply trauma informed principles in my job. | Pre | 2.94 | .924 | | | | |
| | Post | 4.22 | .54 | | | | |
| | 6-week FU | 4.11 | .575 | | | | |
| | | | | 36 | 48 (2) | .000 | .582* |

## Appendix 3: Results of Paired Samples t Test, Comparing Questionnaire Items 3-13, for Level 1 Pre and Post Training Evaluation.

| **Questionnaire Item** | | **Mean** | **SD** | **T** | **df** | **p** |
|---|---|---|---|---|---|---|
| 3. I understand what people mean when they use the terms trauma and complex trauma. | Pre | 3.28 | .97 | | | |
| | Post | 4.59 | .556 | | | |
| | | | | -21.4 | 212 | .000 |
| 4. I can identify the kinds of experiences that can be traumatic. | Pre | 3.83 | .74 | | | |
| | Post | 4.58 | .523 | | | |
| | | | | -15.5 | 211 | .000 |
| 5. I understand the different ways that trauma can affect people. | Pre | 3.69 | .77 | | | |
| | Post | 4.59 | .51 | | | |
| | | | | -17.0 | 212 | .000 |
| 6. I understand how to respond to the people I am in contact with in order to help them feel safe and supported. | Pre | 3.44 | .77 | | | |
| | Post | 4.42 | .61 | | | |
| | | | | -20.4 | 213 | .000 |
| 7. I understand what the 5 principles of trauma informed care are. | Pre | 2.26 | .88 | | | |
| | Post | 4.51 | .57 | | | |
| | | | | -34.5 | 187 | .000 |
| 8. I feel confident I could use the 5 principles of trauma to support someone affected by trauma. | Pre | 2.33 | .93 | | | |
| | Post | 4.27 | .73 | | | |
| | | | | -27.3 | 185 | .000 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 9. I feel confident I could support people affected by trauma to access appropriate services and supports to improve recovery, where needed. | Pre | 3.1 | .96 | | | |
| | Post | 4.3 | .67 | | | |
| | | | | -19.7 | 214 | .000 |
| 10. I feel as if I understand the different ways in which I can adapt the way I work to reduce the risk of trauma-related distress. | Pre | 3.0 | .90 | | | |
| | Post | 4.35 | .65 | | | |
| | | | | -22.5 | 211 | .000 |
| 11. I understand the importance of self-care and support when working with people who may have been affected by trauma. | Pre | 3.74 | .87 | | | |
| | Post | 4.61 | .51 | | | |
| | | | | -15.3 | 215 | .000 |
| 12. I am aware of strategies to look after my wellbeing. | Pre | 3.82 | .81 | | | |
| | Post | 4.62 | .51 | | | |
| | | | | -14.5 | 213 | .000 |
| 13. I know how I can access further support in order to look after my wellbeing, should I need to. | Pre | 3.83 | .81 | | | |
| | Post | 4.54 | .53 | | | |
| | | | | -13.0 | 189 | .000 |

## Appendix 4: Results of One Way Repeated Measures ANOVA, Comparing Questionnaire Items 1 and 2, for Level 2 Pre and Post Training Evaluation.

| Questionnaire Item | | Mean | SD | N | F (df) | p | ES |
|---|---|---|---|---|---|---|---|
| 1 Being trauma informed is important and relevant in my job. | Pre | 4.82 | .39 | | | | |
| | Post M1 | 4.76 | .44 | | | | |
| | Post M2 | 4.76 | .44 | | | | |
| | Post M3 | 4.88 | .33 | | | | |
| | | | | 17 | 0.5 (3) | .68 | - |
| 2. I feel confident in my ability to apply trauma informed principles in my job. | Pre | 3.71 | .59 | | | | |
| | Post M1 | 4.06 | .56 | | | | |
| | Post M2 | 4.41 | .71 | | | | |
| | Post M3 | 4.65 | .61 | | | | |
| | | | | 17 | 8.7 (3) | .000 | .35 |

## Appendix 5: Results of Paired Samples t Test Comparing Questionnaire Items 3-24, for Level 2, Pre and Post Training Evaluation.

| Questionnaire Item | | Mean | SD | t | df | p |
|---|---|---|---|---|---|---|
| 3. I understand what is meant by the terms trauma and complex trauma. | Pre | 3.74 | .62 | | | |
| | Post | 4.56 | .60 | | | |
| | | | | -6.88 | 53 | .000 |
| 4.I feel confident I can identify the types of experiences that might be traumatic | Pre | 4.04 | .58 | | | |
| | Post | 4.48 | .72 | | | |
| | | | | -6.70 | 53 | .001 |
| 5.I am aware of the prevalence of trauma in the general population | Pre | 3.63 | .81 | | | |
| | Post | 4.39 | .56 | | | |
| | | | | -6.10 | 53 | .000 |
| 6. I am aware of the types of services where people who have experienced trauma might be over-represented. | Pre | 3.50 | .82 | | | |
| | Post | 4.19 | .56 | | | |
| | | | | -5.43 | 53 | .000 |
| 7. I understand the factors which might influence someone's response to traumatic events. | Pre | 3.76 | .64 | | | |
| | Post | 4.41 | .53 | | | |
| | | | | -5.92 | 53 | .000 |
| 8 I understand the possible long term consequences of experiencing complex trauma. | Pre | 3.79 | .70 | | | |
| | Post | 4.50 | .54 | | | |
| | | | | -6.05 | 51 | .000 |
| 9. I understand the short term impact trauma might have on a person's body and brain. | Pre | 3.69 | .70 | | | |
| | Post | 4.43 | .54 | | | |
| | | | | -6.40 | 53 | .000 |
| 10. I feel confident at using the concept of the window of tolerance as a tool to understand how someone might present to my service | Pre | 2.94 | .80 | | | |
| | Post | 4.29 | .64 | | | |
| | | | | -9.28 | 51 | .000 |
| 11. I feel confident at identifying some of the strategies people might use to cope with traumatic experiences. | Pre | 3.48 | .82 | | | |
| | Post | 4.48 | .66 | | | |
| | | | | -7.25 | 43 | .000 |
| 12. I understand how I might support someone to develop helpful ways of coping | Pre | 3.39 | .78 | | | |
| | Post | 4.36 | .65 | | | |
| | | | | -7.64 | 43 | .000 |
| 13. I feel confident in how to respond to someone who discloses information about a trauma they have experienced. | Pre | 3.57 | .76 | | | |
| | Post | 4.45 | .55 | | | |
| | | | | -8.14 | 43 | .000 |
| 14. I understand the factors which might help someone have a positive experience of disclosing a traumatic event. | Pre | 3.36 | .73 | | | |
| | Post | 4.38 | .76 | | | |
| | | | | -10.3 | 41 | .000 |
| 15. I understand some of the strategies I could use to practice self-care and look after my wellbeing. | Pre | 3.63 | .76 | | | |
| | Post | 4.63 | .49 | | | |
| | | | | -8.68 | 42 | .000 |
| 16. I feel confident I can put some self-care strategies into practice, should I need to. | Pre | 3.84 | .68 | | | |
| | Post | 4.59 | .50 | | | |
| | | | | -7.64 | 43 | .000 |
| 17. I know how I can access further support in order to look after my wellbeing, should I need to. | Pre | 3.84 | .74 | | | |
| | Post | 4.53 | .55 | | | |
| | | | | -5.63 | 44 | .000 |
| 18. I understand what is meant by the term Trauma Informed Practice. | Pre | 3.72 | .65 | | | |
| | Post | 4.76 | .44 | | | |
| | | | | -6.44 | 28 | .000 |
| 19. I understand how I might apply the | Pre | 3.37 | .85 | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 5 principles of trauma informed care in my service. | Post | 4.63 | .56 | | | |
| | | | | -6.42 | 29 | .000 |
| 20. I understand the types of changes that I could make to make my practice more trauma informed. | Pre | 3.48 | .74 | | | |
| | Post | 4.66 | .55 | | | |
| | | | | -7.45 | 28 | .000 |
| 21. I feel confident I could use the 5 principles of trauma informed care to support someone affected by trauma. | Pre | 3.33 | .80 | | | |
| | Post | 4.60 | .56 | | | |
| | | | | -6.62 | 29 | .000 |
| I,22. understand the impact that trauma can have on how someone might experience relationships | Pre | 3.86 | .65 | | | |
| | Post | 4.79 | .42 | | | |
| | | | | -6.86 | 27 | .000 |
| 23. I feel confident in how to trauma inform my professional relationships. | Pre | 3.55 | .63 | | | |
| | Post | 4.72 | .53 | | | |
| | | | | -8.89 | 28 | .000 |
| 24. I understand what the important factors are in supporting recovery from traumatic events. | Pre | 3.32 | .72 | | | |
| | Post | 4.64 | .56 | | | |
| | | | | -8.10 | 27 | .000 |

## Appendix 6: Results of One Way Repeated Measures ANOVA, Comparing Questionnaire Items 25-27, for Level 2 Pre and Post Training Evaluation.

| Questionnaire Item | | Mean | SD | N | F (df) | p | ES |
|---|---|---|---|---|---|---|---|
| 25. The information in this training has given me a better understanding of the experiences of people who have been affected by trauma. | Post M1 | 4.35 | .61 | | | | |
| | Post M2 | 4.59 | .51 | | | | |
| | Post M3 | 4.76 | .44 | | | | |
| | | | | 17 | 3.2 (2) | .053 | - |
| 26. I feel this training will have a positive impact on how I work with service users. | Post M1 | 4.53 | .62 | | | | |
| | Post M2 | 4.59 | .62 | | | | |
| | Post M3 | 4.76 | .44 | | | | |
| | | | | 17 | 1.5 (2) | .242 | - |
| 27. I would recommend this training to a colleague. | Post M1 | 4.88 | .34 | | | | |
| | Post M2 | 4.56 | .63 | | | | |
| | Post M3 | 4.88 | .34 | | | | |
| | | | | 16 | 5.3 (2) | 0.011 | .26 |

## Appendix 7: People with Lived Experience Group Online Survey

Hello, thank you so much for taking a few minutes to complete the **anonymous** survey.

Your feedback is really important to us in terms of how we develop the Trauma Training Programme in Midlothian.

We really want you to have a voice in this.

We can use your **anonymous** feedback in the final report.

1. Did you attend a Midlothian Trauma Training Pilot Event?
2. If you attended an event, overall, what did you think of the training? Excellent/Good/Fair/Poor/Very Poor
    - What do you think was good about the training?
    - What do you think about the training that could be improved upon?
3. What are your thoughts/ideas/suggestions of how People with Lived Experience can be involved with this training going forward?
    - Do you know of any other People with Lived Experience /Service User groups in Midlothian that it would be good to involve? (If yes, please list)
4. Is there anything about the overall National Education Scotland Transforming Psychological Strategy or Training plan that you would like to feedback?
5. Please let us know if there is anything else that you would like to feedback back about the Midlothian Trauma Training Pilot.
6. 

THANK YOU FOR COMPLETING THE SURVEY

## Appendix 8: Trauma Trainers Online Survey

As part of the Midlothian Trauma Training pilot evaluation we are following up on all the staff who delivered the training.
It is very important that we capture this information as this will help us develop the training both locally and nationally.
I would be ever so grateful if you could complete this very short survey. Please be assured that it is completely anonymous. The information that you give will be used in the final evaluation report.

1. What level of training did you deliver?
2. Were there any barriers that you had to overcome to deliver the training?
    -It was difficult to find the time within my role
    -It was hard to get support from management
    -I did not feel confident delivering the training on-line
    -Other.. Please give details
3. If you did experience any barriers is there anything that would have helped you to overcome them?
4. What did you think about the training packages?
    Excellent/Good/Fair/Poor/Very Poor
5. Is there anything that you would change in the training packages?
6. Do you intend to continue to deliver the training after the pilot comes to an end? Yes/No/Undecided

7. The Midlothian Steering Group chose to use most of the funding for the pilot to employ a Programme Lead. We are interested to hear whether you think there was a benefit to having a person in this role?

   Strongly agree (of benefit)/Agree/Neutral/Disagree/Strongly disagree (little benefit)

   Please add comments.

8. Do you see any value of the post of Trauma Training Lead to be continued once the pilot comes to an end?

   Yes, strongly agree/Yes agree/Unsure/No, disagree/ No, strongly disagree

9. We are very interested to hear your thoughts/ideas about how Transforming Psychological Trauma Training in Midlothian can become further established once the pilot ends. Please select from the suggestions (you can select more than 1) and add any other thoughts and ideas below.

   - Continuing the Steering Group
   - Developing stronger links with People with Lived Experience Groups
   - Having a Trauma Training Lead
   - Creating a local Transforming Psychological Trauma network/hub
   - Creating a local transforming psychological trauma website
   - Holding awareness raising events
   - Focusing on training particular groups/services
   - Supporting whole teams and services to become trauma informed
   - Other ideas/suggestions

10. Do you have any other comments/feedback or anything else that you think would be helpful for us to know?