



**Health
Innovation**
Oxford & Thames Valley



**Surrey and Borders
Partnership**
NHS Foundation Trust



Surrey and Northeast Hampshire

Trauma-informed service

Health Education England E-Learning Pilot

2024

Overview

The trauma-informed team working within Surrey and Borders Partnership NHS Foundation Trust (SABP) was approached by Health Education England (HEE) in 2023 to support the evaluation of a coproduced e-learning training package on trauma-informed approaches for all staff in social care as one of ten pilot sites.

The training was developed by HEE in response to recognition that people who work in social care often work with people who have experienced significant trauma but have not always had consistent access to training to help them develop the knowledge, skills or confidence related to trauma and trauma-informed approaches to support them.

The training comprised of five modules, each module was estimated to take between 40 minutes and 1 hour to complete:



Overview

The team at SABP commissioned Health Innovation Oxford and Thames Valley to support with an external evaluation of the e-learning. Evaluation activities consisted of an internal HEE feedback form immediately after training (not reported on within this paper), an online evaluation questionnaire and invitation to participate in an online evaluation interview. All participants were provided with an information leaflet and those who participated in interviews completed an online consent form.

Participants for training were recruited via an expressions of interest email sent out via the SABP team to local stakeholders and contacts in social care to disseminate to colleagues. Training was available to anyone working in social care in Surrey and North East (NE) Hampshire who completed the registration form.



The pilot and evaluation ran from February to July 2024.

Registration for training



Individuals registered for training from 7 different organisations, the majority of whom worked within Surrey County Council, see Table 1.

Organisation - Number of individuals registered for training

Hampshire County Council	4
Limpfield Grange School	1
Spurgeons	1
Surrey County Council	76
The You Trust	1
Welcare	1
Woking Borough Council	4

Table 1.

Individuals reported the service in which they worked, of which over 50 different services in social care were provided. Services with the largest number of individuals were; fostering (n=11), targeted youth support (n=10) and Ruth House (n=6) (a specialist residential home for autistic children and young adults). See Appendix 1 for a full list of individual reported services.

Of the 88 individuals who registered for training, 78 reported that their role involved working directly with people who use services.

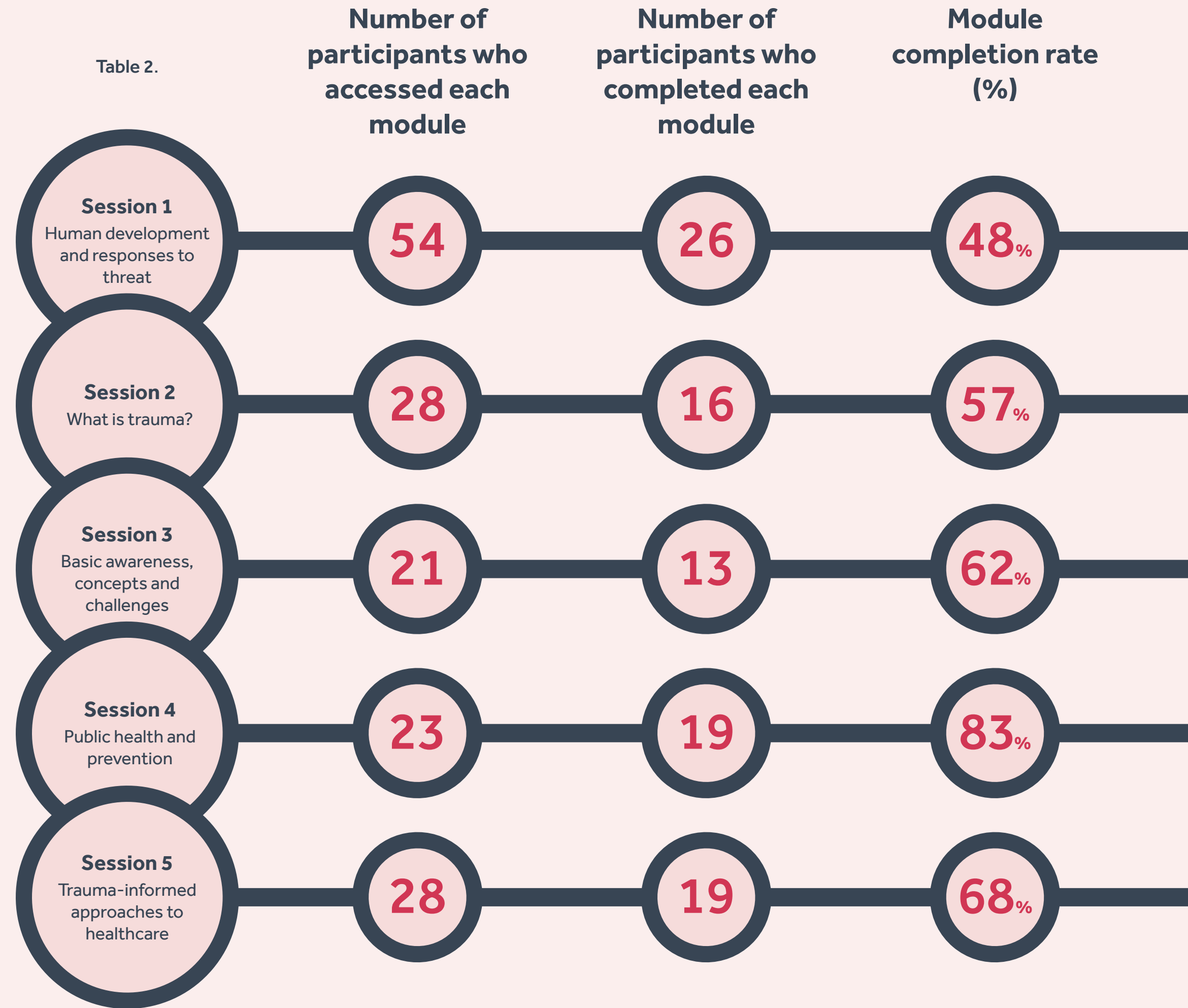
Training completion

Data was provided by HEE on the number of participants who accessed each module and the number of modules completed.

The number of modules each participant accessed or completed was not available. For example, a participant may have completed all five modules but this data is not available.

Overall, between February and July 2024, 93 training modules were completed resulting in a 60% completion rate across the modules.

Session 1 - Human development and responses to threat had the highest number of participants (n=54) who accessed the module, however had the lowest completion rate (48%), whereas Session 4 - Public health and prevention had one of the lowest number of participants (n=23) who accessed the module but had the highest completion rate (83%). See Table 2. For a breakdown of each module.



Evaluation

Evaluation responses

There were 10 responses to the online evaluation questionnaire, of those six individuals consented to be contacted by the evaluation team for further feedback about the e-learning module. Five individuals participated in an online interview.

Demographics of online evaluation questionnaire participants

Organisation

Nine participants worked for Surrey County Council and one participant worked for Spurgeons Charity.

Service and Job role

Participants reported working across a wide range of services in a variety of job roles.

Eight participants reported working directly with people who use services. All eight reported working with children and young people ranging from 0 years to 25 years old, and their families and carers.

Ruth House Residential Home
Safeguarding / Criminal Justice
Childrens Services
CWD (Children With Disabilities) outreach service
REMA (Race Equality and Minority Achievement team)
Service
Safer Communities
Emergency Duty Team
Fostering Service
Edge of Care Service
Elmbridge Family Centres



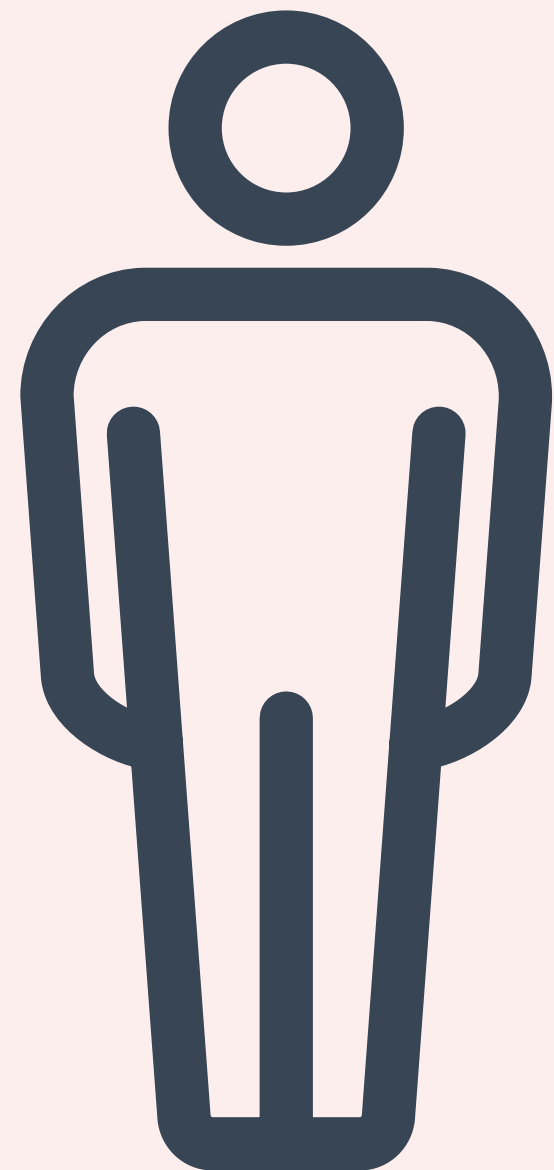
Job Role

- Team Manager
- Supported Lodgings Officer
- DSL (Designated Safeguarding Lead)/ Deputy Manager
- Senior Support Worker
- REMA Bilingual Support Coordinator
- Duty Team Manager
- Qualified Hub Worker
- Education Coordinator
- Project Support Officer
- Waking Night Support Worker

E-learning training

Five of the participants completed all 5 e-learning modules, one participant completed 4 modules, two participants completed 2 modules and two participants completed 1 module.

The individual e-learning modules completed by participants are below.



Number of participants completed



Evaluation Results

Overall participant responses to the online evaluation questionnaire indicated that they thought the training was relevant to their roles and that they were satisfied with the training (Table 3.). One participant did not feel that the training was relevant to their role, however, did not provide any further feedback within the free text questions.

Number/10 of agree or strongly agree responses

The training content was relevant to my role	8
I gained new knowledge and skills	10
I feel that I can apply what I learnt to my work	9
It was worth the time investment to complete the training	9
Overall I would recommend this training to other people in my role	9

Table 3.

"I really liked the layout and the pace. The links to websites and references was helpful I also liked the quizzes."

"I enjoyed the training, it was clear, concise and flowed very well from section to section."

This was also reflected within participant responses at interview where all five interview participants reported that the training was informative and two participants reported really enjoying the training.

"Just that I've really enjoyed the training. I've really enjoyed the interface. I think you captured a lot in what is actually quite a short piece of training to be fair. But not in a way that it was information overload It was just really well structured, really well thought out. And I did really enjoy it for a solo e-learning." [Interview Participant 1]

Training Delivery

In terms of training delivery and engagement, most participants in the online evaluation questionnaire (n=8) agreed or strongly agreed that the delivery of e-learning was appropriate for the training content.

"E-learning saves time on travel, you can pause it as you wish and come back to it later, it can be done in 'chunks'. **You can come back to certain parts if you need to**, take a screenshot of parts that you want to keep for later for a reference etc. etc. You can google any new words that you're not familiar with (good for participants where English is not their first language). I would have liked more audio input rather than reading a lot or even better, a combination of both, some parts to be read + parts with sound."

"E-Learning was appropriate for the subject as it allows people to access it at different points/ times which means that should they struggle to process the information they can come back to it another time and revisit it or move onto the next module."

One participant at interview also highlighted the benefits of training delivery through e-learning.

"I think virtual e-learning is actually a really good way to access it, because I mean in this day and age everyone is so busy, has so many meetings getting to a physical place to a complete training, it's hard... I did like you know I logged on one day and completed an hour of training and then the next day I came in and did 45 minutes it was nice in that it gained time, **gave time to reflect and process on the learning.**" [Interview Participant 2]

Participants suggestions for training delivery

However, a number of participants would have also preferred a more engaging delivery of either face to face (n=6) or live online training (n=6) and highlighted the need for training to be more interactive and further use of audio and video resources opposed to reading large amounts of text.

"I think the only thing that would make it more engaging is if it were a group setting."

"I found the e-learning helpful and the content seemed good, but sometimes **live face to face or live virtual training allows for more space to ask questions** and apply learning to specific contexts."

"More visuals and audio... perhaps a few videos with actors to demonstrate certain real life traumatic situations?"

"Some more interactive features throughout the videos/training modules."

Participants suggestions for training delivery continued

Participants at interview expanded on these points. Four interview participants spoke about the need for further interactivity and the use of audio, videos and lived experience, two of those participants also advocated for delivering the training face to face or as live virtual training highlighting accessibility and interactivity.

Use of audio, video and lived experience resources

"I mean, it was the content was really good and it was very informative. But because of the lack of that audio recording or whatever audio basically. I don't know whether it's because I'm used to it or whether it's because I'm EAL, English as an additional language and I just like to hear as well the English version rather than just read it." [Interview Participant 3]

"A person's perspective on. Would have been really useful...It was really interesting, very useful, but very dry and impersonal at times. And I know that obviously talking about trauma, you're not always going to get that first person experience. **But I do think it helps bring things to life** sometimes and give context, which I think is really useful, especially for something like trauma, which can be so hard hitting it and devastating for people." [Interview Participant 2]

Accessibility

"I'm severely sight impaired, so it can make doing certain training a little bit more difficult. One of the issues is around text on colours. So when you have black text on colours that makes it really difficult to see and also with the software, how the software then reads it out to me...
...And sometimes with this online training, when it's very dynamic and things kind of move free the system that I have sometimes struggles to keep up. And sometimes there was like boxes or pictures needed to click on to then see the information. And I sometimes missed those, but it did always to give me a reminder I've missed something. I could go back up and check." [Interview Participant 4]

Face to face or live online training

"I think it just makes training a lot more dynamic in terms of the conversations between two halves and it becomes more like a group supervision type arena where people say "OK, this is how I embed it" and then **you can learn from each other** or "I have this issue in embedding" and someone else can have a solution. So in my experience people take away more from that." [Interview Participant 4]

"Ideally I think it should be a face to face type training. I think that would be something that is a bit more personal. I think having people e-learning is definitely important maybe as awareness, it was very detailed and it was a really, really good sort of package. But I think there was lots and lots of reading and it wasn't very vocal like the audio wasn't as strong." [Interview Participant 5]

How the training fits within social care

The majority of participants felt that the training would best fit at numerous training opportunities for others in their social care role. One participant felt that the training would not fit at all. The most frequently selected option was as part of continuing professional development (CPD) (n=9), followed by at induction (n=6), mandatory training (n=5), alongside face to face or live online training (n=4) and optional for those with an interest (n=1).

At interview all five participants stated that they thought the training was appropriate to their job role and others working in social care. Participants advocated for everyone to have access to the training, recognising that anyone can experience trauma and the probability and likelihood that those they work with will have experienced trauma.

One participant highlighted that they would like the training to be available to share with the parents and carers they work with.

“And I think when you work in healthcare and social care and frontline services, the likelihood of coming across someone who’s experienced trauma is more possible than in other kind of areas of work per se. And I think we need to be mindful of how we interact with people because actually we could, you know, we could inadvertently trigger a memory or something for them without knowing about it.

“I mean, in an ideal world, I think everyone should do it because trauma can affect every single one of us, and actually probably every one of us in a different way.”
[Interview Participant 2]

“I think I would definitely be recommending more carers to attend this course if possible, or similar courses if this wasn’t available to carers and do some background reading. Especially for those carers who tend to fixate on the kind of the negative presentation of emotions in young people and as I said they said they can write our teenagers off as being, you know, challenging behaviour, etcetera when it may not be that, that animation has been the expression of their internal trauma and emotional response. And how to support as well as opposed to just ignoring or writing off.” [Interview Participant 2]

Participant learning takeaways

Participants highlighted learning about the types of trauma and reported that they intend to share the training and seek out further training opportunities.

"I've learnt further information on trauma, in particular the **3 main types**... I was not aware of the third type: Vicarious Trauma!"

"By looking for further trauma training to enhance my knowledge & understanding."

"Sharing the details of the training within the team."

At interview participants also highlighted and expanded on their learning takeaways from the training.

"I think the big one for me was around the attachment and just a reminder about with the parents that we work with and the adults that we work with in terms of where those behaviours are coming from and how they can exhibit and **how we can use trauma-informed practice** in terms of working with people. So it's really kind of around that was the big one for me."
[Interview Participant 4]

"It has brought it all back to the forefront of my mind and just reminded me of the responsibility that we have really as professionals to conduct ourselves in a way that is helpful. Almost, you know, therapeutic at times, even though there's a completely separate skill. And I guess just **not judging a book by its cover**. You can't tell by looking at somebody that they've been traumatised. And remembering the behaviours, comments, et cetera come from something. And what is it that is being conveyed? What's the underlying message for me to think about and not just looking at things at face value." [Interview Participant 1]

"I think it's that importance of **recognising the secondary trauma**, and the importance of supporting the people who are going through the secondary trauma, so professionals."
[Interview Participant 3]

Applying the training in practice

Participants reported in the online evaluation questionnaire that they planned to apply the training in interactions with both people who use services and colleagues.

"I plan to use this in my work with clients on a daily basis, in supervision with my staff and in terms of my own wellbeing - reflecting on my own experience of trauma."

"Questions and understanding that families have been through to understand how to help them."

At interview participants were asked how they have applied the training to their work and if they were doing anything differently. Four participants gave examples of how they are doing things differently as a result of the training, one participant reported that they had not done anything yet but was intending to take the learning to their team to think about how they can be mindful of and support professionals around secondary and vicarious trauma.

Within participant examples of how they have applied the training a prominent theme was looking beyond behaviour and more deeply as to what has happened or is happening for someone, alongside refreshing previous learning and awareness.

"Reflecting on it, reflecting on interactions during phone calls during face to face discussions but also recording as to why people are responding or reacting or behaving in certain ways. I think it's, a lot of it is reminding about language and about responding to people's behaviours or outbursts and a lot of aggressive and angry reactions that we get from people we work with where that is coming from, and that's normally from a different emotion that's normally coming from a place of fear of anxiety. And it's just reminders about being able to think in that moment where is this coming from and actually, how do we need to change our approach?" [Interview Participant 4]

The impact of a trauma-informed approach

At interview participants were asked what they thought the impact of working in a trauma-informed approach was for people who use services, their families and staff. All five interview participants reported that working in a trauma-informed way would have positive impacts for both people who use services and their families and staff.

Impact for people who use services and their families

“Well, hopefully they’ll be listened to and they’ll be heard and **their voice will be very much at the centre of everything**, and we’re sort of believing what they’re saying. We’re supporting them and hopefully it might make them open up a bit more and receive that support and that help that they might need because it might, it’s very hard and also to realise that they might not think or might not be ready or will realise what they’re going through is traumatic. So everybody’s different and I think that’s key as well. One trauma is not the same as the next person’s trauma so.”
[Interview Participant 5]

“I think a lot of it is this greater level of empathy and understanding and therefore better relationship building. So feeling more able to trust professionals feeling more in control, feeling more understood, **not feeling like people are doing things to you**, which I know can trigger a lot kind of fear and anxiety and anger, etc.”
[Interview Participant 4]

Impact for staff

“It’s an acknowledgement of the fact that it does exist [secondary trauma]. It’s not just something that they are perhaps feeling that they are going through and they might not be able to identify but it is not identifiable. You know they can put structure there is a name for it. So it’s the awareness on their side. It’s also the fact that it should be supported or they [staff] should be supported if they are going through something like that. So for them it’s to ask for support from the managers or manager like myself. **For the manager like myself it’s also to know and to be aware that secondary trauma exists and we need to support people who are going through.**” [Interview Participant 3]

Barriers to implementing the training

Three participants reported no barriers to implementing the training. Barriers that were reported included; a lack of time to do further research, ability to remember everything and remembering the right language, resistance to change and engagement from children and families and a lack of continuity and understanding across teams.

Participants' suggestions to overcoming these barriers included; time management and diary calendarisation, building relationships and rapport, sharing the training and ensuring understanding and a short fact sheet summarising the training that participants could refer back to.

At interview participants expanded on what they thought could be barriers to implementing the training. In response to the barrier of remembering everything participants at interview highlighted that being able to revisit training was helpful and that having resources to share and refer back to after training would support overcoming this barrier.

"Now that I can always come back and access the training, dip in, refresh my memory, I think is probably the biggest one for me knowing that I have that knowledge now that I didn't have before. It can be difficult sometimes to translate the knowledge that you have into the, how to how does it fit with that person? How does that young person fit with the knowledge that I have and actually being able to re-access and re-see what I've learnt can actually be with the specific person in mind or specific trauma or events, et cetera, can be really key." [Interview Participant 2]

"I don't think that there have been any follow up in terms of any handouts or any presentation. I don't know whether I can access actually any. Any information about that training, like a summary cause usually you know, sometimes there might be slides sent after. Or perhaps just some kind of summary of all those modules. I don't know whether I can actually go back to the training again, even if I've done it so that I can you know, retrospective." [Interview Participant 3]

Barriers to implementing the training continued

Two participants highlighted the skill of staff, particularly around communication as a potential barrier to working in a trauma-informed way, one participant suggested that roleplay within a skilled team could support this.

"I think some of the barriers and challenges might be the **skill of the professional** and how they're able to kind of convey the message and you know. The theories and stuff behind it in a way, you know in layman's terms, essentially. So I think that that could be a barrier. I think if you're the team and you've got a good supervisor and you can, you know, perhaps like role play, have discussions with colleagues have it filter through supervision and management oversight and that is it's always at the forefront really." [Interview Participant 1]

"I think that's our battle as well, is even some of the social workers, unfortunately perhaps don't realise what they're writing in their note contacts or child in need assessments and things like that. Just **slight wording can be so detrimental** and I think someone was saying actually in one of our meetings that like I think it was for court and if they put something in the court and it's not quite worded properly, then that record will follow that person for a long time even if they protest against it. It will still be on their record. I think unfortunately there are some people in some of the industries that won't see it as trauma. They won't see the bigger picture." [Interview Participant 5]

Another participant spoke about how staff not recognising when they need support could be a barrier.

"It might depend on what kind of person or how much they feel that they need to be supported, you know, some people are very much. **Oh, I'll just deal with it my on my own.** I don't really need anybody's support. I'll go through it. Whereas the other ones might be thinking differently and they do need help from someone." [Interview Participant 3]

A challenge identified at interview was the difficult nature of the work within social care and how to be trauma-informed during difficult and serious conversations.

"You have to have very difficult conversations and sometimes you do have to lay out to people, actually this is something that could happen, this is very serious... So, for example, I'm talking about abuse, what has happened is abusive and this cannot continue. And if this continues, this is the consequences of what will happen. And I think you do have to be quite direct and clear in those messages to make sure people do understand. And that can limit how much you can utilise being trauma-informed in terms of your practice because it can obviously increase trauma or cause trauma such as removing children or the fear of a child being removed. That's not to say you can't use elements, but it will make it a lot more difficult." [Interview Participant 4]

Interview Case Study - Apply the training in practice

One participant gave a specific example of how they have changed their approach to supervision since completing the training and how it had reminded them of the importance of self-care.

Applying the training in supervision

"I think that since the training I've been able to use it in my supervision with staff members because I'm very mindful of the vicarious trauma that they experience from what they're dealing with on a day-to-day. And obviously that impacts me as well. So I'm thinking about them and I'm thinking about myself and I'm thinking about how they work with the people that are calling us in those times. So whilst I'm not working directly with service users I think it's very important for me to be aware of, you know, traumatic experience, adverse life experiences and things like that, so that I can supervise my staff and give them clear direction as to how they respond to a certain situation and then to remind them that actually somebody's experienced a trauma and we need to be mindful that we don't exacerbate that.

And actually, if something does come up that we can directly respond to that in that moment. Or, you know soon afterwards, so that we can alleviate and address if we've caused any further harm, which we would try to avoid through working in a trauma-informed way, but also so that I can support my staff so that you know, they can deal with the situation that they've experienced there and then and the aftermath of that."

The impact of trauma is not always in the moment

"Because what I'm quite aware of is if you work in the emergency duty team while you're dealing with something in the moment, it's not that moment that's the traumatic experience for you, it's once that call has ended and you're back at home with your kids and your family, and then the gravity of it hits you. So I'm more mindful that I check in with them and that I, you know, I would talk about what they've experienced and we'll talk about the impact of working with just all of the trauma that we deal with throughout the period of our work."

A reminder to self-care

"I think it's reminding myself that actually as well as being this professional who's got a professional persona who you know responds to other people's traumas and situations that actually I need to also reflect on I've also been there to some degree along, you know experience similar situations as service users and some of my staff actually.

Just to remind myself that actually it's not just all work I need to take time for myself. I need to look after myself. I need to be doing things outside of work that refresh me and to take care of my mental health, physical health. And I also think as a social worker, sometimes you kind of neglect your, your partner, your child and stuff like that. So just to make sure that they're OK. And that I'm OK and we're all OK then I can deal with work."

[Interview Participant 1]

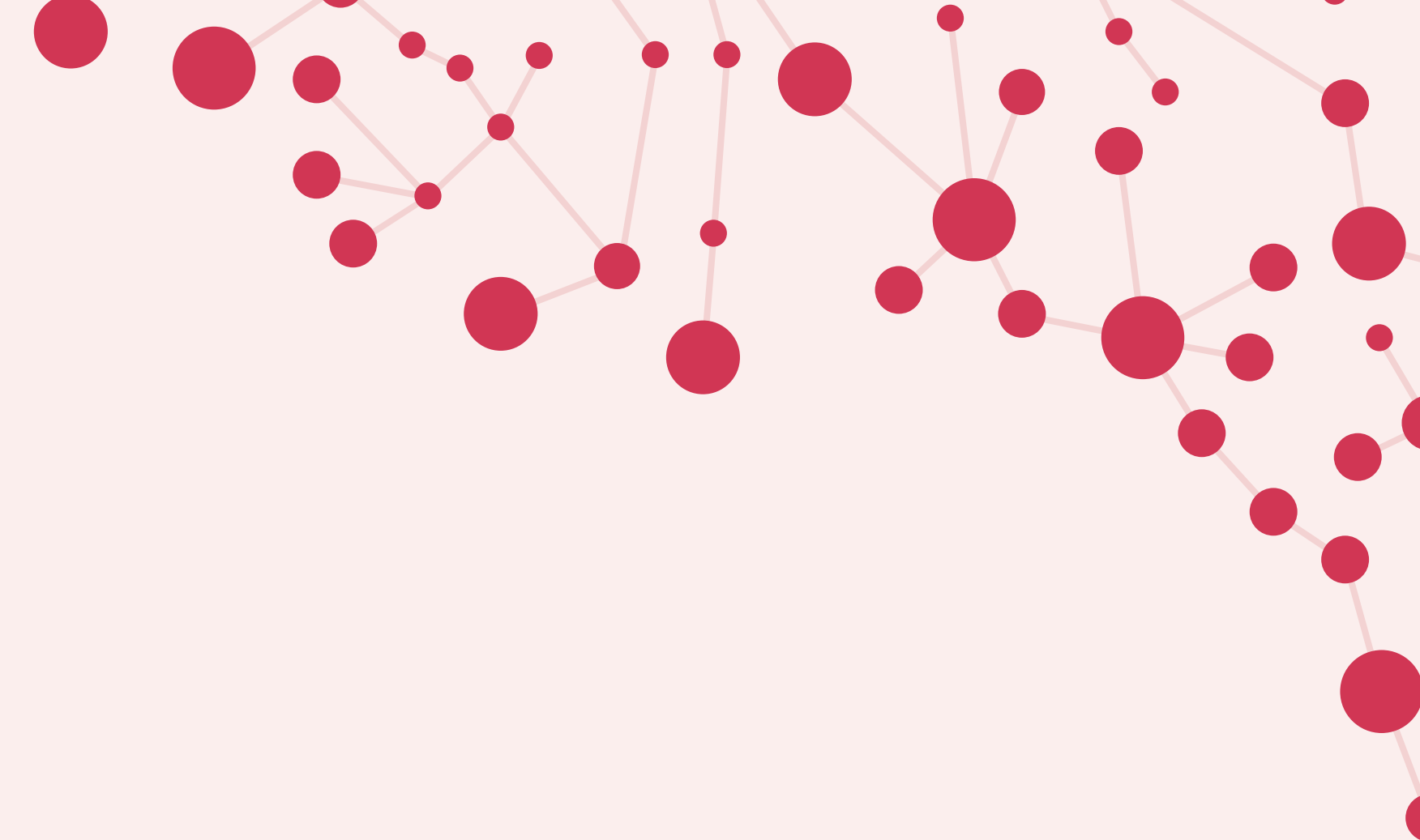
Conclusion

Overall evaluation of the trauma-informed e-learning pilot for social care staff has found that the training is well accepted by social care staff and seen as relevant and the topic pertinent to their area of work.

E-learning as a method of delivery had varying degrees of acceptability and highlights individual ways of learning and the need for different delivery methods to be available including face to face and live virtual training. A number of recommendations around training improvement and development given by evaluation participants are below.

Those who participated in the evaluation gave honest and rich feedback and their sharing of applying the training and thoughts around impact demonstrate a need and desire for continued education around a trauma-informed approach within social care. The identification of staff skill and communication as a barrier prompts for mechanisms to be in place to support the embedding and utilisation of training in practice as dynamic skills opposed to theorised learning.

The main limitation of the evaluation is that only those who completed e-learning modules responded to the evaluation and therefore views of those who may have accessed but not completed the e-learning are not represented within this report. Another limitation of the evaluation was the small number of participants, despite 88 individuals registering to access the training only 10 individuals participated in the evaluation and the number of individuals who accessed or completed training is not available to compare. This may have been influenced by long delay in getting access to the platform from initial expression of interest requests alongside many individuals reporting issues being able to access the platform once they had been sent the access link.



Recommendations

- For e-learning to sit alongside face to face or live virtual training to give choice to learners and also provide a space to deepen thinking and learn from others through discussions.
- Ensuring access to the training platform and investigation into access issues.
- Improvement of accessibility of the e-learning particularly for those with visual impairment and consideration and testing for those with a learning disability.
- Development of examples and application within social care contexts, including how professionals can remain trauma-informed even during difficult/serious conversations such as those about abuse.
- Less text reading and more audio and video resources within the e-learning and for these to include more lived experience voice.
- Continued access to training and/or supplemental resources and summaries of training content for individuals to refer back to and reduce memory burden.
- Better data availability and breakdown for further evaluation.
- Follow-up with individuals to understand why modules were accessed but not completed.
- Learning to be available to people who use services, carers and families to support education, understanding and conversations with staff.
- Structure to support embedding and utilisation of training in practice.



Appendix A

Full list of services worked within as reported by individuals registered for training.

Service	Number of individuals
Adoption	2
Adult social care	1
Applewood	1
Burbank Children's Home	1
Children and Families	1
Children with disabilities	1
Children's Academy	1
Children's Home	3
Children's Residential	2
Children's Services	3
Children's services - Safeguarding	1
Children's Services/corporate Parenting	1
Childrens, Families and Lifelong Learning	2
Community Protection & Fire Service - Community Safety and Domestic Abuse Team	1
Clarendon Family centre	1
Corporate Parenting	2
Edge of Care Service	2
Education and Lifelong Learning	1
Education/support staff	1
Elmbridge Family Centre	1
Emergency Duty Team	1
Ewell Family Centre	1
Family Centre	1
Family Safeguarding	1
Family Services	2

Service	Number of individuals
Fostering	11
Frimley Park Hospital Adult Social Care	1
Learning and Development	2
Learning disability	1
Older Adults	1
REMA (Race Equality and Minority Achievement) as part of Children, Families and Lifelong Learning Directorate	1
Residential	2
Ruth House	6
Safeguarding	1
Social Care	2
Social Services Learning Disability	1
Supervised Contact Service	1
Supported Living - Learning Disabilities	1
Surrey Contact Service	1
Surrey County Council	1
Surrey Early Help Service	1
Surrey Heath Locality Team	1
Sycamore House	2
Targeted Youth Support	10
Transition	1
User Voice & Participation	1
Welcare Family Centre Redhill	1
Woking Family Centre	1
Youth Justice Service	1
Youth Offer	1

Surrey and Northeast Hampshire

Trauma-informed service

Health Education England E-Learning Pilot

End of year one 2024