



Nicholls Free Range  
Business Services



Hyb ACE Cymru  
ACE Hub Wales

# Trauma-Informed Training & Resources: Mapping & Gapping

Findings following Phase 1 & 2 research



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# Executive Summary

The Trauma-Informed Wales Framework was developed to provide a coherent, consistent approach to developing and implementing trauma-informed practice across Wales. The Framework provides a set of five principles, that underpin four practice levels that describe the different roles people and organisations may have when supporting those affected by trauma. This covers a continuum from universal societal awareness and preventative approaches, through to specialist clinical interventions and approaches.

Following its publication, one next step was to identify what trauma-informed training and resources exist and are available in Wales, and how they map to and contribute to the Framework. Trauma-informed training forms one component of a trauma-informed system of support, thus by identifying this, the Framework delivery leads, ACE Hub Wales and Traumatic Stress Wales can begin to understand what practice exists, and what more may need to be done.

To begin this process, research was undertaken via an online survey to capture information on what trauma-informed training and resources were currently available. This collated information about the provider organisation, training content and delivery, and an opportunity for respondents to self-assess how the training mapped to the Framework practice levels and principles.

The research identified gaps within identified provision in terms of how it mapped on to the Framework practice levels and principles. Particularly, gaps were identified in applicability to trauma-enhanced and trauma-skilled practice levels; and there was a limited volume of accessible trauma-aware and specialist intervention courses. Analysis of training content and audience indicated differences in self-assessment to the Framework, raising questions as to why this was the case, what challenges people faced in undertaking this assessment and what further support was needed.

To further understand this and to pose these questions, the research was expanded to interview training providers. This was undertaken both with some of those who had already responded to the survey, and largely to additional providers. This second phase of research had the dual purpose of identifying further trauma-informed training and how it mapped to the Trauma-Informed Wales Framework; and to consider barriers and challenges to undertaking this assessment and aligning it to the Framework.

This presented a good range of trauma-informed training across all practice levels, including that classed as generic and trauma-informed training that targets the whole workforce.

There are gaps identified with current provision, specifically in terms of trauma-aware courses that target the general public and communities. The greatest challenges however are in terms of understanding the practice levels and principles, understanding and consistency in how to assess meeting them, and general awareness and need for wider promotion of the Framework as a whole.

Future research needs have been identified based on these findings, including understanding specific trauma focus' in Wales to identify training needs alongside ongoing mapping of training/ resources. In addition, an assessment of the impact of trauma-informed training, understanding what works to achieve desired impacts and outcomes, which in turn could contribute to the development of a set of standards for trauma-informed training within the Framework.



# 1. Introduction

## 1.1 Purpose

This report identifies what training and associated resources are currently already available that contribute to trauma-informed approaches in Wales, and how they map to the Trauma-Informed Wales Framework principles and practice levels.

It also seeks to understand the challenges to providers in understanding the Framework and assessing how their materials fit within this, and how these could be overcome.

Trauma-informed training forms one component of a trauma-informed system of support that includes evidence-based practice and trauma-specific services.<sup>1</sup> By identifying what already exists and where and how it maps across to the Trauma-Informed Wales Framework principles and practice levels, a picture can be provided of where good practice exists and what more may need to be done to ensure that people who have experienced adversity and trauma are able to access the support they need.

The intention is to utilise these findings to establish a set of exemplar resources, as part of a repository for people, organisations, and sectors to consider when supporting themselves and their workforce as part of developing trauma-informed practice at every level. Findings from this research, notably providers' understanding and ability to map materials to the Framework, will inform the development and design of this repository, and also future development work to support this process, enhance awareness and understanding of the Framework.

## 1.2 Background

### 1.2.1 The Trauma-Informed Wales Framework

The Trauma-Informed Wales Framework<sup>2</sup> (the Framework) provides a coherent, consistent approach to developing and implementing trauma-informed practice across Wales. It establishes how all sectors of society take account of adversity and trauma and recognises the strengths of individuals to overcome this experience in their lives; and the support they can expect to receive. The Framework aims to create the best conditions possible for people to receive timely support that is done with, rather than done to people, and is based on individual needs to prevent suffering and aid healing and growth.

The Framework provides a set of five principles, that underpin four practice levels that describe the different roles people and organisations may have when supporting those affected by trauma. This covers a continuum from universal societal awareness and preventative approaches, through to specialist clinical interventions and approaches.

The Framework has been developed in co-production with people and organisations across Wales and supported by Welsh Government. The co-leads for this work were the ACE Hub Wales and Traumatic Stress Wales.

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- 1 Wilson, H., Santana de Lima, E., Davis, G. & Preece, C. (2022) Understanding the potential of trauma-informed training in Violence Reduction Units. Early Intervention Foundation
  - 2 Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity (2022) ACE Hub Wales & Traumatic Stress Wales



## 1.2.2 Practice Principles & Levels

The Framework identifies that a Wales trauma-informed approach is underpinned by a set of five practice principles.

# THE 5 PRACTICE PRINCIPLES

**A universal approach that does no harm,** proactively supports and encompasses community-led approaches, prevention initiatives and specialist therapies to enable transformation within systems.



**Person centred:** the person is always at the centre of a trauma-informed approach. It takes a co-productive, collaborative cross-sector approach to identifying, understanding and supporting the person's needs. It promotes psychological and physical safety by promoting choice, collaboration and transparency.



**Relationship-focused:** safe, supportive, empathic, compassionate and trusting relationships are central to a trauma-informed approach.



**Resilience and strengths-focused:** a trauma-informed approach builds on the natural resilience of individuals, families and communities.



**Inclusive:** a trauma-informed approach recognises the impact of diversity, discrimination and racism. It understands the impact of cultural, historic and gender inequalities and is inclusive of everyone in society.





These principles underpin all four practice levels, which together detail an integrated, Trauma-Informed Practice Framework that provides a coherent and joined-up way of working within organisations, systems and the community. They describe the different roles people may have within a variety of contexts and represents a spectrum rather than a hierarchy.

- 1** **Trauma-aware** is a universal approach that emphasises the role that we all have as members of Welsh society, personally and professionally, and seeks to raise awareness and understanding. It challenges perceptions that maintain oppression and inequality, and highlights that people in all communities have a role to play in preventing ACEs, adversity and traumatic events, providing community-led responses to the impact of ACEs and trauma, and supporting resilience through connection, inclusion and compassion
- 2** A **trauma-skilled** approach is embedded within the practice of everyone who provides care or support to people who may have experienced trauma, whether or not the trauma is known about. This applies to most organisations and services in Wales, and many working in and with the community.
- 3** A **trauma-enhanced** approach is used by frontline workers who are providing direct or intensive support to people who are known to have experienced traumatic events within their role, and encompasses ways of working to help people to cope with the impact of their trauma.
- 4** **Specialist interventions** may be formal personalised and co-produced interventions that are offered within a range of settings, or specialist input to support organisations and systems to be trauma-informed.

## 1.3 Scope

This project sought to gather information from any organisation or individual (from here known as the provider) about any training and associated resources that they had developed, that aim to increase understanding, knowledge and/or skills development of trauma-informed practice in Wales, or that is available to organisations and people in Wales.

It also sought to understand the challenges providers face in understanding and mapping materials to the Framework, and how these could be overcome.

It is recognised that there are a range of individuals, organisations and programmes offering trauma-informed, or similar, training and resources within Wales, and that there will be a lot of variation between these including how they are described, the approaches used and the resources available. As such the project sought to capture as much information as possible about what is available that describes itself as trauma-informed and exclude as little as possible.

The review does not include any assessment of quality or impact of these training and resources; but identifies their existence and how they do or do not fit within a Trauma Framework for Wales.



## 1.4 Methodology

Phase 1 of this research utilised a survey for providers to complete. This enabled respondents to share information about their organisation and the training they provided and its associated resources. This asked them to self-assess and determine how their training/resource would 'rate' against the Framework practice levels and principles, based upon the definitions and explanations within the [Trauma-informed Wales Framework guidance document](#). The response data was subsequently analysed to enable the high-level identification of how aligned each resource is with the Framework.

Phase 2 looked to build on this research. It sought to interview additional providers of training and resources, and to conduct follow up interviews with some who had completed the survey in Phase 1. The intention was to identify more materials and how they mapped on to the practice levels and principles; to better understand the challenges to undertaking this mapping; and to understand how these challenges could be overcome in the future and support needed to do so.

Phase 1 survey was open for a 16-day period from the 15<sup>th</sup>-31<sup>st</sup> March. After which time, respondents known to deliver training/resources but who had not completed the survey were directly targeted with invitation to complete the survey by an extended deadline, 19<sup>th</sup> April.

Phase 2 interviews were completed both online and in person, between November 2023 and January 2024. Interviews were conducted by the ACE Hub Research Officer, and anonymised transcripts provided to the consultant for analysis.

## 1.5 Limitations

Despite significant and ongoing efforts to engage with and identify potential providers, it is highly likely that there are many more trauma-informed training and resources not identified. Those that have been able to respond have spoken of capacity issues to be involved in a relatively time-consuming process.

It has in large part, involved a network of respondents from predominantly the 'trauma-informed sector' and is therefore not inclusive of potentially relevant alternative resources e.g. those related to strength-based training, asset-based community development, co-production.

Despite being invaluable to understand the challenges faced by providers, use in phase 2 of an interview method alone, has resulted in inconsistency in data capture. This is across the board for mapping training and resources, but particularly for data collated on evaluation, accreditation, delivery, availability, adjustments for accessibility and cost. As such there is arguably not enough data consistently available within these categories to enable further reliable analysis of the results.





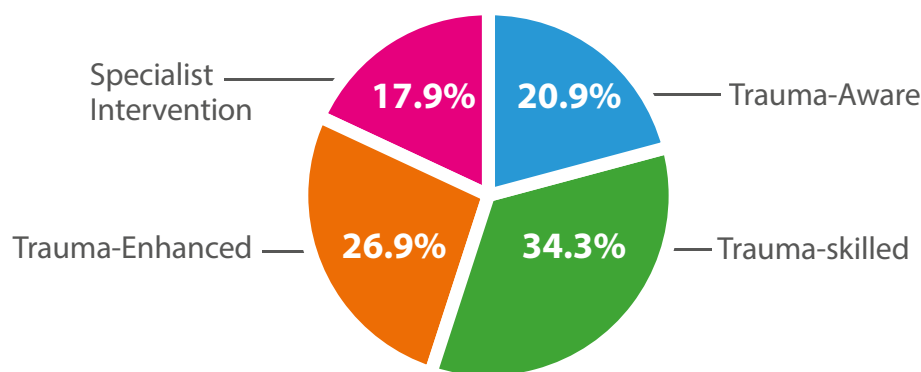
## 2. Identified Training & Associated Resources

Through the process of surveying and interviewing training providers, the research has identified 77 separate training courses/programmes, from 32 organisations. Of those identified 16 are identified as being delivered as part of a wider programme of work. 51 are individual training courses with associated resources; 5 of which can also be included as part of a wider programme. Some responses indicated that the training or resource they reported on, was just one of many more trauma-informed training courses that they provided.

Following the review of survey responses, follow up research was prioritised with 9 providers who had indicated in the survey that they have more courses not yet identified. This was achieved with 4. Despite efforts, this was unsuccessful with the remaining 6. So, it must be acknowledged that there are many more trauma-informed training and resources currently available that have yet to be identified as part of this research.

### 2.1 Practice Levels

In total 77 training courses/programmes have been identified that are trauma-informed. Of these courses, 14 are identified as being trauma-aware, 23 trauma-skilled, 18 trauma-enhanced, and 12 specialist intervention (see figure 1). The practice level was not identified for 10 courses at interview.

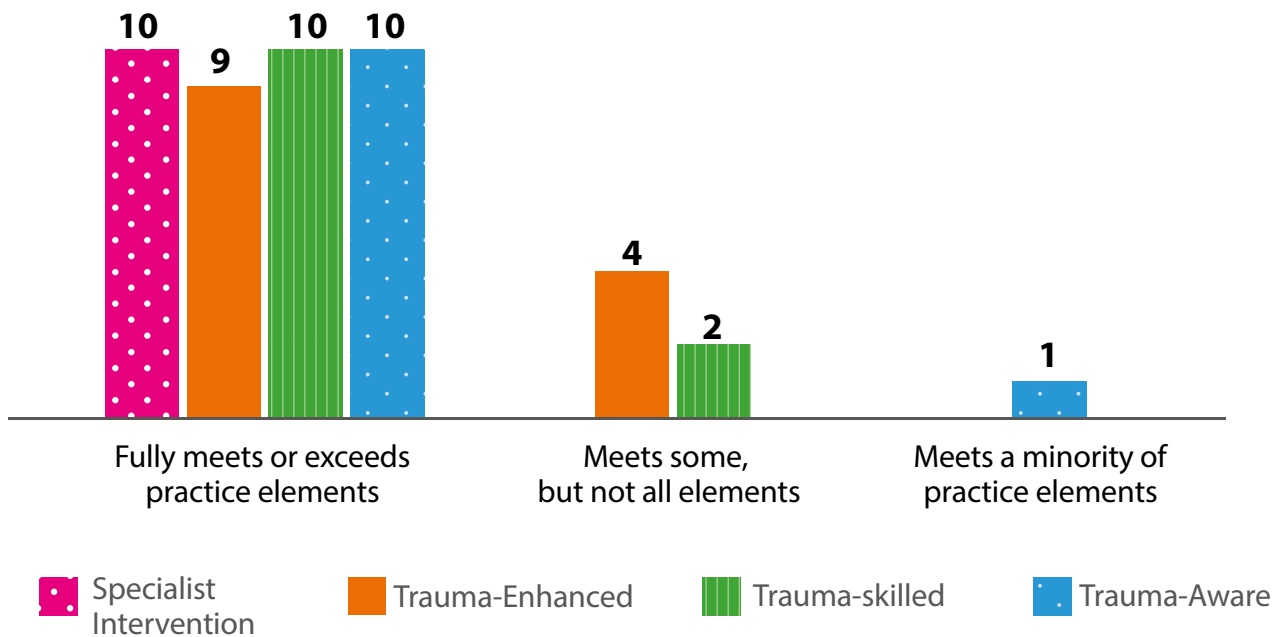


**Figure 1:** Trauma-informed training practice levels.



Providers were also asked to self-assess how well they met the practice levels. They scored this on a scale of 1 to 5, where '1 - Meets a minority of practice elements', to '5 - Significantly exceeds practice elements'.

Within these practice levels, of those that self-assessed 85% identify as fully meeting or exceeding the practice elements for that level. 13% meet some, but not all elements; and only 1, 2% meet only a minority of practice elements, see figure 2.



**Figure 2:** Achievement of practice elements by practice level.

The majority of training and resources self-assess as meeting the practice elements identified for the relevant practice level. There is no significant correlation between practice levels and achievement of the principles.

It is of note, that all newly identified training and resources captured through the interview process have self-identified as fully meeting or exceeding the practice elements. This indicates that the process by which the information was captured seems to have had a bearing on self-assessment levels.



## 2.2 Practice Principles

Providers were asked to self-assess how well they met each of the practice principles identified within the Framework. They scored this on a scale of 1-5, where training '1 – Does not meet', to '5 – Exceeded' the principles.

Of the 60 providers that reported this information, 100% stated that all five of the principles which underpin the four levels of the Trauma-Informed Wales Framework were incorporated into their courses/materials.

When responding to what extent the training met each separate element of the principles, the vast majority of courses were identified as fully meeting or exceeding all elements. This was particularly the case for Principle 2 - Person Centred; Principle 3: Relationship focused; and Principle 4: Resilience and strengths-focused which are predominantly well met by all courses.

When it was reported that a principle did not meet, or was only met in part, this was mainly when assessing against Principle 1: A Universal Approach (10%), and Principle 5: Inclusive (13%). No one reported that they did not meet a principle at all however. This had been the case during Phase 1 of the research, but those providers had re-assessed this rating during interview at Phase 2.

## 2.3 Target Audience

Across all practice levels, when considering their target audience 48% (37) of courses/programmes identify that the training targets a whole system/workforce approach. Some respondents have identified that this can include senior and middle managers, some practitioners / direct care / clinical staff, some office workers and in some cases the community and public. As such this indicates that there is a good provision of trauma-informed training for the whole workforce, and this provision is available across all practice levels.

Comments indicate that for some, a whole system approach predominantly targets a whole workforce approach and is less so targeting the community and public also. There are however 15 courses which claim to be available for the community. 5 of which are at the trauma-aware level; 4 are trauma-skilled; 2 trauma-enhanced; and 2 specialist interventions. This in itself demonstrates a challenge with the self-assessment/reporting process, as within the Framework a specialist intervention would not be appropriate for delivery within the community. Further, on reviewing the aims of the training, it indicates that only 4 of this 15, are in reality targeted at communities, and only 1 at a trauma-aware level.

For a whole system approach to be effectively implemented this needs to include the public and communities whether general or targeted through specific groups and community leaders or networks. With the majority of courses identifying as targeting a whole workforce approach, consideration should be given to where that resource already available can be further developed to truly incorporate targeting to communities, or if new approaches are needed to achieve this aim.

At the specialist intervention level, 66% (8) of courses identify as being targeted at practitioners/ direct care/clinical staff/counsellors – as would be expected at this level. However given that the expectation, Specialist Intervention level is for *'Practitioners/services who provide low or high intensity, formal evidence based or evidence informed interventions for people impacted by traumatic events'* it questions if all have been appropriately assessed as suitable for this practice level, as one third of respondents state the course is also targeted at e.g. senior leaders, middle managers, community, and the board of directors.



It is also unclear from responses if there is a consensus on what constitutes a whole system approach, with a shared understanding from all stakeholders on what this means and how it can look within the Framework, and as such, how these models can contribute to this.

### *Findings:*

- There is a good provision of trauma-informed training that targets the whole workforce, and this provision is available across all practice levels.
- There are fewer trauma-aware courses that target the general public and communities.
- Clearly defining what a whole system approach means within the Framework will enhance a shared understanding from all stakeholders, regarding what it constitutes, and how it contributes to the Framework.

## 2.4 Target Focus

The majority, 65%, of trauma-informed training courses identified in this report, are trauma generic – that is, they do not focus on a specific traumatic experience. These are available throughout all trauma practice levels.

There are however a significant number of training courses/programmes that do focus on a specific need or experience. These include:

- Violence against women and girls – total of 9 across all practice levels. Trauma-aware (2), trauma-skilled (3), trauma-enhanced (3), specialist intervention (1).
- Education – total of 5 at trauma-aware (1) and trauma-skilled levels (2); practice level not identified (2).
- Asylum seekers / refugees / people seeking sanctuary – total of 3 at trauma-aware (1), trauma-skilled (1) & specialist intervention (1).
- Problematic substance use – total of 2 at trauma-aware (1) and trauma-enhanced level (1).

Other courses are also specifically targeted at persons with mental ill health & learning disabilities, persons at suicide risk, women who are in or at risk of entering the criminal justice service (CJS). These fall predominantly within a trauma-skilled or trauma-enhanced level.

It is beyond the scope of this research to determine what priority focus areas should or need to be in Wales. The training and resources are still too limited to give more than an indication of the proportions of training available that target specific need. It is however clear that there is scope for a wider breadth of focused courses to meet the needs or communities and practitioners at a range of levels.

### *Findings*

- Further research to identify specific trauma need within Wales, alongside continued ongoing mapping of available trauma-informed training, would help to prioritise efforts to develop training/resources to meet this need.



## 2.5 Training Attributes

### 2.5.1 Delivery

Delivery of all training courses/programmes are a mix of online provision and in person regardless of practice level.

Typically, length of delivery increases with practice level from trauma-aware to specialist intervention. The vast majority however are 1-3 days with wider programmes being delivered over longer time frames. See figure 3.

<b>Trauma-Aware</b>	90min-2 days.
<b>Trauma-Skilled</b>	Majority are 1-2 days. Three are longer at 6-9 days potentially delivered over multiple years. The longer delivery model tend to be wider programmes rather than individual courses.
<b>Trauma-Enhanced</b>	Majority are ½-3 days. Three are longer and delivered over the course of 1-3 years. Again the longer delivery model tends to be part of a wider programme.
<b>Specialist Intervention</b>	Vary from 2 days to 30 days delivered over a year.

**Figure 3:** Delivery timeframes

### 2.5.2 Accreditation & Evaluation

Of those providing information on this criteria, 42% (19) of courses are accredited, or are currently applying for accreditation. Accrediting bodies include Agored Cymru, OCN NI, Institute of Arts & Therapy in Education (Academic partner of University of East London), CPCAB (Counselling and Psychotherapy Central Awarding Body) and 6 identified as Continuing Professional Development (CPD).

Participants responding to the survey (this was not consistently captured at interview) identified that the majority of training courses have been evaluated, internally (58%) or externally/independently (39%), across all practice levels. Only 1 is identified as having not been evaluated, which is an OCN level 4 in Trauma-informed Organisations, so it is likely that this is at least evaluated internally following each delivery session.



### 2.5.3 Cost

The cost of training varies across all courses – see figure 4. It also varies within courses where for example, it is free to access for clients, members, NHS staff, but not for other organisations, or where there are varying numbers of delegates, and if for example it is commissioned by an organisation.

Cost of Training	% (no) of training	No. at practice level				
		Trauma-Aware	Trauma-Skilled	Trauma-Enhanced	Specialist Intervention	Unknown
Free	41.2% (14)	4	7	3	3	1
<£500	35.3% (12)	3	6	5	2	-
£500-£1000	8.8% (3)	-	1	2	-	-
£1000+	8.8% (3)	-	-	-	2	-
Other/Unknown	5.9% (2)	7	9	8	5	11

**Figure 3:** Cost of training courses

Based on the providers that have given this information (39),

- 46% of training is free to access and is available across all practice levels.
- 41% of training is less than £500 per participant, and again, is available across all practice levels.
- Those training courses that cost the most, £1000+ are at the most specialist end of the practice levels.

There is a good range of training that is available both externally, and at under £500 per participant or free.

### 2.5.4 Provider Organisation

The majority of trauma-informed training and resources included in this study are developed within and are from the Third Sector. Half of respondents are from the Third Sector from registered charities, with just over a quarter (28%) from the Public Sector, and under a quarter (22%) from the Private Sector.



## 2.6 Challenging Previous Findings

Previous research identified that specific elements within the practice levels that most need addressing / potential gaps within courses were:

- The need for support within the workplace for anyone experiencing adversity / trauma including vicarious trauma, and practice guidance and mechanisms to identify need and access support; and the prioritisation of self-care, personal and professional boundaries.
- How organisational culture, systems and decision-making considers the impacts of adversity and trauma, and how barriers to access can be reduced.

Following this second round of research, these findings no longer appear to be valid.

With the additional training and resources identified and further information captured, 57%, to some degree, incorporate support in the workplace for anyone experiencing adversity / trauma including vicarious trauma, and practice guidance and mechanisms to identify need and access support, and the prioritisation of self-care, personal and professional boundaries. This is predominantly at the trauma-skilled, and trauma-enhanced level – but does appear to be included in training and resources spanning both trauma-aware, and in two cases, specialist intervention levels.

To some degree, 35% of training and resources incorporate how organisational culture, systems and decision-making considers the impacts of adversity and trauma, and how barriers to access can be reduced. This training and resources are predominantly at the trauma-skilled level.

## 2.7 Associated Resources

Respondents also provided information about the trauma-informed resources produced and associated with each training course. The majority of which are only available to those completing said training. Predominantly these have been identified as slides, exercises, and additional information for use throughout the programme such as videos and participant workbooks. Additional noted resources available beyond this have however been provided in Appendix A.

Whilst the resources available upon completion of the training should be identified within any future repository alongside the course information, consideration could be given to a resource specific section of the repository for publicly available resources that meet the Framework practice levels.

Any future prioritisation, support for and development of trauma-informed training, particularly that which is targeted to the public and community groups, could incorporate the development of associated resources, free to use and publicly available reducing any barriers to access for the public, community groups and smaller organisations.

*Findings:*

- Further research and scoping will be required of available trauma-informed resources for the creation of any resource specific section of a repository for publicly available resources.
- Future support and development of trauma-informed training could incorporate the development of resources, free to use and publicly available reducing any barriers to access.



## 3. Understanding Challenges & Barriers

Analysis during research Phase 1 found that up to a third of training and resources may have mis-identified during self-assessment, the most appropriate practice level they delivered to. This indicated that a greater understanding by providers is required on each practice level.

Analysis also indicated that greater understanding is needed by providers regarding the principles that underpin the Framework – to understand what these mean and how these apply to each practice level; with particular focus on Principles 1 and 5 as the least met elements from self-assessment.

Phase 2 of the research enabled us to test and better understand these findings, through direct interview with providers, and the identification of additional information available.

### 3.1 Assessment of Practice Levels:

#### 3.1.1 Programmes and Multiple Practice Levels

##### **Programmes:**

Almost a third of providers deliver multiple training courses with associated resources as part of a whole programme approach to implementing trauma-informed practice. In some cases these can be completed individually, and lead into a wider programme, but in many cases they are embedded within and part of a whole programme approach.

As an example, some providers have multiple training programmes that are delivered alongside each-other as part of a wider programme – targeting different practice levels delivered to different audiences as part of a whole workforce approach.

Alternatively, some programmes are progressional, beginning with a trauma-aware element and progressing on to trauma-skilled, and in some cases progressing further to trauma-enhanced once these are completed forming a progressive pathway for a whole organisation.

As such, assessing what practice level whole programmes work to has proved to be a challenge for some providers, as in reality it delivers to a range of practice levels. This challenge continued in terms of being able to assess ‘how well’ training and resource met a practice level as multiple training courses combined as part of a whole programme would deliver the expectations of a practice level, but individually, they would not.

A programme needs to be able to demonstrate that it can meet multiple practice levels in its approach, meeting the requirements of the Framework and bringing about trauma-informed communities and organisations.





### Multiple Practice Levels:

For multiple providers, the core of a training course may be used but is adapted, varied, made bespoke to the needs of the audience, frequency/level of trauma they deal with and the sector. As such it may be delivered as a trauma-aware or skilled, skilled, or enhanced course.

*“If we’re working with a leadership team – it may be trauma-aware – that may be enough. If we’re working with social care team, working with children and parents each day – we’d be aiming for trauma-skilled/enhanced. It depends on the team.”*

- Provider

### 3.1.2 Understanding & Subjectivity

During interviews with providers, it was evident that knowledge of the Framework, practice levels and principles varied. Some had limited knowledge of the practice level definitions prior to interview and undertook considerable debate to determine where their training and resources best delivered. It is anticipated, and even stated by some being interviewed, that determining what practice level a training and resource meets, will differ depending on what personnel are undertaking the self-assessment due to levels of understanding, and as the self-assessment process itself is too subjective. One provider stated that when discussing this internally prior to interview, different staff members placed the same materials, at different practice levels.

How a provider assessed meeting a practice level varied, with some assessing against content, others sector, or audience. For example, some assessed their training as trauma-enhanced because this was the expectation of the sector, when the content was potentially more appropriate at a trauma-skilled level.

Ultimately, the challenge and variation for some providers is understanding what they are assessing against. Audience? Content? Practice level of intended recipient? Expectation of organisations after completion of training? All of these things?

The self-assessment process was found therefore to be too open to variation and subjectivity, with those going through the process interpreting parameters in different ways and placing greater priority on some indicators than others.

A defined process, through which an organisation can self-assess and demonstrate how it meets a practice level would aide this, with many also requesting multiple examples of what this looks like in practice at each level. This would enable consistency and support when assessing practice level, and example against which to compare their own materials.

One respondent suggested understanding what skills are needed at each trauma level would be beneficial. This would help people identify what training is needed and what training available will help them to achieve that.



### 3.1.3 Findings

- An assessment matrix with clear guidelines and indicators are needed for providers clarifying what they are assessing against at each practice level.
- Multiple examples should be provided of what meets each practice level e.g. an example of a trauma-skilled programme/resource.
- The ability for programmes and bespoke training courses to meet multiple practice levels must be recognised and built into ongoing mapping and discussions.
- Any repository must have the ability to include wider programmes, and bespoke training, and can demonstrate their achievement of multiple practice levels.
- Consider identifying what skills are needed at each practice level to help people identify what training is needed and what training available will help them to achieve that.

## 3.2 Assessment of Principles

### 3.2.1 Subjectivity

Self-assessment is subjective, and respondents' own parameters used for self-assessment of these principles varied significantly. Some would determine that a principle was met if it was covered on a slide within a PowerPoint, others only considered this met if it was embedded throughout the training content and style. Some assessed a principle was met if it was included within the training, others based on if the training actually was impactful and fostered the principles as behaviours within participants.

As such, this would require evaluation of the training and resources to understand achievement of its intended outcomes and impacts post training, to truly assess that the principles are incorporated. For example, a provider stated that *'you can see that the training itself is person-centred, but whether that actually then translates into an organisation who is practicing in a person-centred way is a very different thing'*.

Some stated it was difficult to assess the principles with *'lighter touch'*, particularly trauma-aware, courses. There is a belief that the principles are there within the trauma-aware course, but as they are not delved into in depth, they are only partially included.

***"It's a struggle to map across to the 5 principles – the fibre of these principles are there, nothing is contradictory to it, but doesn't go into depth on these things."***

- Provider

Understanding each or the principles and exactly how these are interpreted as being met within training/materials was challenging. Providers repeatedly fed back that multiple different examples/ case studies of what meets each principle would be useful. Having greater information about the principles and access to support would enable providers to ensure they are not only incorporating the principles to an appropriate level but are implementing something that is meaningful.

Suggestions included development of a guide, or workshop to aide providers understanding and to see what others are doing, and how they embody the principles in different ways through the different levels.



## 3.2.2 Understanding the Principles

### Principle 1: A universal approach that does no harm

Principle 1 has been reported by some as *'hard to understand'* and hard to understand how training would align to it. The definition has been described as 'very overarching' and 'not as specific as the other principles' and that the materials being assessed are not that broad.

One provider felt that a one-day trauma-aware training course, could never fully meet this principle, for it to be implemented and achieve systems change. For example, if a course is targeted at ambulance service/paramedics *"it doesn't encompass community led approaches or prevention initiatives"* so it will meet this principle far less so.

Some providers felt that no training course or resource alone could fully meet this principle – it requires policy, practice, culture change etc. Others took the view that their training adopts the approach required to meet the principle and so therefore could state that they did meet it.

Participants feedback that there needs to be clarity of what this principle is intended to mean and a clear explanation of what it would look like for each practice level as different organisations are interpreting differently what this means for them and their work.

### Principle 5: Inclusive

Principle 5 has proved to cause confusion for some. This was found to be specifically challenging for more targeted initiatives, and providers questioning how this could fully meet the principle without it becoming more universal.

*"if it is specifically aimed for people with autism – that is then not inclusive to everyone else..."*

Provider

Again, it was questioned to what degree, and how this principle should be incorporated to be fully met. Providers interpreted this differently, for example for some a slide on equality, diversity and inclusion was sufficient, for others this required whole modules on intersectionality; for others multiple diverse examples and case studies used throughout a programme.

In terms of defining this principle, some felt that a wider definition was needed, to include intersectionality, neuro diversity/divergence, and also poverty.

Overarchingly, clarity was requested over what is expected to meet this principle.

### Principle 4: Resilience & Strengths-focused

Clarity was requested over what is meant by resilience, and particularly 'Natural Resilience'. Suggestions to the definition of this principle were also made, to emphasise the need to do no harm in how we talk about resilience. Concern was raised about how it can be used negatively implying someone is not good enough, that a need to build resilience can be presented as a personal flaw. It was fed back that this is too negative, not trauma-informed and should be clarified within the guidance.



### 3.2.3 Findings:

- Clarification, and an assessment matrix of what it would mean/look like, for training and resources to meet the principles at each practice level.
- Provision of multiple examples of what meets each principle at each practice level.
- Consider the definition of Principle 5 to include inclusivity, neuro diversity/divergence and poverty.
- Consider the definition of Principle 4 to define natural resilience, and to ensure there are no negative connotations in its use.
- Create opportunities to network, share ideas, information and examples of what others are doing, and how they embody the principles in different ways through the different levels.

## 3.3 Overview assessment of the Framework

Providers have been very positive about the Framework as a whole, with many citing their use of it within training and resources, and adaptation of their materials to meet it. Those that had viewed it found the online video about the Framework, the accessible version of the Framework and the cases studies used within it, valuable to aide understanding and provide real life applicability.

However, a number of challenges have been fed back in terms of its use.

### 3.3.1 Understanding

Understanding the Framework, the practice levels, principles and interpreting what they mean and how training and resources relate to it has been challenging. Many providers reported that using the accessible version of the Framework was a useful starting point to aide their understanding. However, understanding exactly what was required to meet levels of the Framework remained difficult and was very subjective.

Having the correct person to undertake the mapping, who understands their own materials, and understands the Framework practice levels and principles was important. Changes in personnel being involved in different phases of the research led to changes in the practice levels and achievement of principles of training and resources being changed. Capacity to understand and reflect on the Framework and how training fits was also an issue, especially where an organisation has a lot of materials.

### 3.3.2 Approach

Providers, particularly those delivering wider programmes or courses which were adapted to each audience, reported the need to demonstrate how it met multiple practice levels.

One organisation in particular felt that the Framework and its definitions were more focused on treatment than prevention, that this was reflected throughout the language used within the Framework and the collation methods of this research. The recommendation was that the focus should also be on prevention and risk assessment, and a better appreciation of the tools needed within organisations and communities for achieving this.



Some providers expressed concern that focusing on training/resources implied, or some others would interpret as such, that attending training was the answer to implementing a trauma-informed approach; not that this was one aspect of delivering a whole trauma-informed approach.

### 3.3.3 Language

Language used still varies across organisations. Training and resources may be trauma-informed at its core but may not be recognised or named as such and therefore get missed. Recognition and examples of how, for example, strength-based training, asset-based community development, co-production would fit into trauma-informed approaches would be beneficial and demonstrate that this comes under the umbrella of trauma-informed. Without this some providers felt that the Framework 'will end up being owned by the therapeutic community', when there are a lot of activities under co-production, community development, relationships & non-judgemental approaches, that should be incorporated.

Multiple respondents spoke of the need for one single definition of what trauma-informed means. There is confusion over what is provided within the Framework and different interpretations still reside as to what this looks like and how it is implemented. Consistency and simplification is needed, in message and use of the definitions related to trauma-informed.

There was consensus of a need to keep promoting and using the Framework definitions and explanations of them aide awareness and understanding.

### 3.3.4 Adaptations

Providers spoke of how they intended to adapt their materials and programmes to better meet the requirements of the Framework. To aide this process examples of evidence-based practice that they could draw upon would be beneficial; also, examples/case studies that demonstrate where and how other training has been adapted to meet the Framework.

The impact of training also needs to be measured and shared – to understand what is/is not working, what next steps are needed to assist wider implementation and adaptations, and to understand what training is being implemented across sectors and how, not only what training is available.

### 3.3.5 Awareness

Feedback was that awareness of the Framework itself is low apart from those in the 'trauma-informed world'. Wider communication about and awareness raising of the Framework itself is still needed. Knowing the Framework exists and an accessible version of it is available. The Framework needs to be more widely promoted, across a broad range of sectors. Perception to date is that this has been primarily through clinical settings, organisations and sectors.

Awareness needs to be raised amongst senior leaders of organisations to bring about systems change and trauma-informed organisations. Providers spoke about how staff attend trauma-informed training but are then unable to enact the learning due to the systems, policies, procedures, culture within their organisations. Awareness raising and promotion of the Framework and its need amongst those senior leaders is therefore necessary for meaningful change.

The way some projects/services/organisations are commissioned can also prevent some services from operating in a trauma-informed way, of accessing trauma-informed training and resources



and can have an influence on what is created and implemented. Greater promotion and understanding of the need for trauma-informed approaches therefore is also needed amongst commissioners and commissioning bodies.

### 3.3.6 Collaboration and Support

The majority of participants who had both previously responded to the survey, and were subsequently interviewed, changed something about their self-assessment. In some cases practice level, in others how well it met practice levels or principles. Many being interviewed vocalised how beneficial it was being able to talk this through with someone from ACE Hub Wales, to aide their understanding of the Framework. Due to the challenges/variations in understanding and adapting to the Framework, a consistent contact would be beneficial, to liaise/engage/consult with when assessing/developing materials.

Many also would find it beneficial to have opportunities for workshops and to network and share information with, other organisations that are also delivering trauma-informed approaches. This would be beneficial to raise awareness and knowledge and give a chance for collaboration between organisations.

## 3.4 Findings

- Providers are very positive about the Framework as a whole, including use of the online video and accessible version of the Framework and case studies within it to aide understanding.
- Consistency and simplification in message and use of the definitions related to trauma-informed is desired.
- Review the Framework itself to ensure the inclusion of preventative approaches and need.
- Consider the development of case studies of how training/resources have been adapted to meet the Framework, and examples of evidence-based practice to support providers to make adaptations.
- Continued promotion of the Framework across a broad range of sectors is required including:
  - Promotion and use of consistent language and definitions to aide understanding and awareness.
  - Promotion amongst senior leaders to understand the need and how to implement trauma-informed approaches/environments.
  - Engagement with commissioners to understand the Framework and how it should work with services being commissioned.
- Consider initiatives that will aide wider discussion and learning between providers to discuss approaches, build relationships, aide co-production and information sharing.
- Consider access to consistent contact to liaise with when assessing/developing materials.
- Over time the impact of training should be measured and shared – to understand what is/ is not working, what training is being implemented across sectors and how, not just what is available, to inform what next steps are needed to assist wider implementation and adaptation.



## 4. Overview of Findings

A good range of training has been identified through this mapping and gapping project, providing an indication of what is currently available within the trauma-informed arena in Wales, and how it potentially fits within the Trauma-Informed Wales Framework.

Training and resources are available across all practice levels, incorporating the principles of a trauma-informed approach. There is a good provision that targets the whole workforce, although there appears to be fewer trauma-aware courses that target the general public and communities. The majority of training and resources are classed as generic, and there is also some provision for specialist focus or need such as violence against women and girls, education sector, asylum seekers and refugees, and problematic substance use.

From what is known about training available, it appears to be accessible with a spread in terms of cost, delivery style and external availability at all practice levels.

Providers are very positive about the Framework as a whole, including use on the online video and accessible version of the Framework and case studies to aide understanding. There were challenges however to assessing against the Framework.

The greatest challenges identified within this research are in terms of identifying applicability to the Framework practice levels and principles, understanding them, and comprehensively and consistently being able to assess against them. The following presents findings to address these challenges moving forward.

### 4.1 Addressing challenges

Support to adapt or develop training could initially focus on:

- Developing trauma-aware training that targets the general public and communities across Wales. If this is free to access this will help to reduce barriers to the public, communities and smaller organisations to become trauma-informed.
- Future support and development of trauma-informed training could incorporate the development of resources, free to use and publicly available reducing any barriers to access.
- Clearly defining what a whole system approach means within the Framework will enhance a shared understanding from all stakeholders, regarding what it constitutes, and how it contributes to the Framework.

Findings indicate that to truly map, understand and address gaps in provision, there is a need to enhance knowledge and understanding of the Framework and how to assess against it. This includes:

- Development of an assessment matrix with clear guidelines and indicators for providers clarifying what they are assessing against at each practice level and for each principle.
- Multiple examples should be provided of what meets each practice level e.g. an example of a trauma-skilled programme/resource; and of what meets each principle at each practice level.
- The requirement for programmes and bespoke training courses to identify where they meet multiple practice levels.



- Definitions should be reviewed to consider:
  - Principle 5 – to include inclusivity, neuro diversity/divergence and poverty.
  - Principle 4 to define natural resilience, and to ensure there are no negative connotations in its use.
  - Consistency and simplification in message and use of the definitions related to trauma-informed.
- Continued promotion of the Framework across a broad range of sectors including senior leaders and commissioners
- Create opportunities to network, share ideas, information and examples of what others are doing.
- Access to consistent contact and support to liaise with when assessing/developing materials.

## 4.2 Future Research

As a result of this research a number of potential future research activities have been identified for consideration:

- Further research and scoping will be required of available trauma-informed resources for the creation of any resource specific section of a repository for those that are publicly available.
- Research to identify specific trauma need within Wales, to help prioritise efforts to develop training and resources to meet this need.
- Future research could contribute to an assessment of the impact of trauma-informed training. An understanding of what training content works best to achieve the outcomes and impacts of trauma-informed practice; and how it integrates within a wider trauma-informed approach to achieve these impacts. This will contribute to the essential need to evaluate trauma-informed practice, to assess the impact of the approaches and add to the evidence base<sup>3</sup>.
- This could then further lead to a set of standards for trauma-informed training, setting expectation and requirements of what is required to achieve the intended outcomes at each practice level, whilst encompassing the principles of a trauma-informed approach.

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3 Asmussen, K., Fischer, F., Drayton, E & McBride, T. (2020) Adverse Childhood Experiences: What We Know, What We Don't Know, and What Should Happen Next. Early Intervention Foundation





# Glossary

<b>Adversity</b>	A difficult or unpleasant situation, set of circumstances or experiences.
<b>Person Centred Approach</b>	Where the individual is placed at the centre of the service and treated as a person first. The approach takes a co-productive, collaborative, cross-sector approach to identifying, understanding and supporting the person's needs and promotes psychological and physical safety by promoting choice, collaboration, transparency and autonomy.
<b>Recovery</b>	The journey to being able to live in the present without being overwhelmed by traumatic events in the past. Recovery does not necessarily mean the complete freedom from the effects of trauma or adversity.
<b>Resilience</b>	The ability for individuals to overcome serious hardships such as those presented by ACEs or trauma. Resilience is impacted by context.
<b>Strengths Based</b>	A focus on the positive attributes of a person or a group rather than the negative ones.
<b>Trauma</b>	Trauma is defined as any experience that is unpleasant and causes, or has the potential to cause, someone distress and/or anxiety. It is important to note that trauma can also be used to refer to the impact of a traumatic event
<b>Trauma-Aware</b>	A universal approach that highlights that everyone from all communities have a role to play in preventing ACEs and traumatic events, providing community-led responses to the impact of ACEs and trauma, and supporting building resilience through connection, inclusion and compassion.
<b>Trauma-Enhanced</b>	An approach used by frontline workers who are providing direct or intensive support to people who are known to have experienced traumatic events within their role, and encompasses ways of working to help people to cope with the impact of their trauma.
<b>Trauma-Informed</b>	Taking into account that anybody could have experienced trauma and seeking to not retraumatise in our behaviours and interactions.
<b>Trauma-Informed Approach</b>	This approach recognises that everyone has a role in facilitating opportunities and life chances for people affected by trauma and adversity. It is an approach where a person, organisation, programme or system realises the widespread impact of trauma and understands potential paths for healing and overcoming adversity and trauma as an individual or with the support of others, including communities and services.
<b>Trauma-Skilled</b>	An approach embedded within the practice of everyone who provides care or support to people who may have experienced trauma.
<b>Trauma Therapies</b>	Formal, evidence-based psychological, pharmacological or other interventions that are offered within a range of settings.
<b>Vicarious Trauma</b>	Experiencing trauma symptoms from being repeatedly exposed to other people's trauma and their stories of traumatic events.



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