



Cymru sy'n Ystyriol o Drawma
Trauma-Informed Wales

Trauma-Informed Practice Skills and Strategies for Children and Young People (TIPSS-CYP): Summary Report for Phase One Pilot Implementation (2024-2025)

January 2026



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Executive summary

Introduction

The report is an initial assessment of work led by Traumatic Stress Wales (TSW) between 2023 and 2025 to develop and implement a training programme to support people and organisations working with children and young people who are likely to have, or have, experienced adversity and trauma. The report is not an evaluation, but it does draw on data and information collected as part of this initial implementation of the approach with seven identified pilot sites during 2024-2025. The report serves as a desk top overview, and will inform the development of a robust implementation and information governance model to support a data led and confident evaluation of this work, which as this review shows, is showing real promise and green shoots in providing resource and support for organisations working with children and young people. The report was completed by colleagues from the NHS Wales Joint Commissioning Committee, TSW and Adverse Childhood Experiences (ACE) Hub Wales, in partnership with the pilot organisations.

Background

In July 2022, Wales launched the national Framework 'Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity.' This is a co-produced, all age, all of society, Framework developed by people and organisations across Wales and supported by the Welsh Government. The Trauma-Informed Wales Framework is now being implemented with the support and guidance of a national Implementation Steering Group co-led by ACE Hub Wales and TSW.

The Trauma-Informed Wales Framework is underpinned by five Practice Principles which are: A universal approach that does no harm, person centred, relationship-focused, resilience and strengths- focused and inclusive. The Framework has four Practice Levels which together set out how we can provide support to people in Wales that meets their needs.

TSW developed Trauma-Informed Practice, Skills, and Strategies for Children and Young People (TIPSS-CYP) training to provide information and assistance for those collaborating with individuals impacted by trauma. This training is designed for use by those working with CYP at both a Trauma-Skilled and/or Trauma-Enhanced level, as defined by the Trauma-Informed Wales Framework. This report provides an initial reflection on the early findings of a review of the development and pilot of this training (Phase One) and will directly inform work to scope the development of an evaluation Framework to support the further roll out of the approach to wider organisations across Wales. It will also inform the development of Adult TIPSS, which will also commence as a pilot programme supported by an evaluation Framework, in 2025/26.

TIPSS-CYP Development and Pilots

Lilith Gough, Clinical Practitioner at TSW, was commissioned to develop this training for initial pilot by the end of March 2024. The development of the training approach and resources at both Trauma-Skilled and Trauma-Enhanced levels was supported by an initial scoping exercise conducted using a survey of existing stakeholders. The development process involved children and young people with lived experience and an expert reference group of clinical practitioners. A test and learn approach was put in place to quality assuring the model development using lived experience and expert experience focus groups and partner organisations.

The module development was completed in spring 2024 and roll out with seven pilot sites. These were identified via expressions of interest following presentations at existing TSW workstreams. Three initial sites were identified, which then increased to seven as the pilot developed. TIPSS-CYP training consultation events began in July 2024, with full pilots commencing in September 2024. Pilot site facilitators were provided with a half-day session by TSW on how to deliver the training and provided access to the materials. The pilot site leads then developed their roll out plan for delivery of the training. The plan included identification of additional facilitators, attendees, locations, and outcome measurement. Across the seven pilot sites, attendees ranged from clerical and admin roles, teaching staff, governors, counselling, pastoral and wellbeing roles in education and managers, counsellors and support workers and more specialist roles in other settings. All training in the education pilot sites was delivered by educational psychologists.

Some measures were put in place to provide initial feedback to the TSW Hub, who provide central oversight to the work across TSW, on the experience of delivering and accessing the training. This included a confidence tracker, using the Likert scale to measure improvement pre and post attendance across a range of areas, and some qualitative feedback. Due to limitations to data collection and methodology, the information gathered can only be used for illustrative purposes to show green shoots of possible confidence increases – a scoping exercise evaluation of the TIPSS pilot process has been commissioned and this will establish the methodology approach and Framework to measure success going forward.

Purpose of Report

This report is a rapid review of the TIPSS-CYP Phase One pilot. The purpose of the review is to provide an overview of the approach, and from the limited pre and post measures in place, identify areas that show promise, and green shoots to support further investment in the approach and in the development of an evaluation Framework to support and measure the success and impact. The report is not intended to be an evaluation, but uses the information and data collected as part of the process to understand what might be needed for the future roll out. The report sets out what areas might need further consideration to provide a robust, evidence-led evaluation of the approach. It provides interim findings on what might be needed to ensure a systematic and reflective review process to identify learning and ensure integrity and consistency of the delivery of the training.

The review is a desk top review with the authors drawing upon the existing information provided by the lead developer, data collected from the pilot sites, and analysis of that data where was is available. The review is limited as an evaluation Framework was not in place at the start. The report will contribute to knowledge, including recommendations to support robust information governance, and the development of the scope of an evaluation Framework, currently being undertaken by colleagues at the World Health Organization Collaborating Centre on Health and Wellbeing at Bangor University.

Background

In July 2022, Wales launched the national Framework 'Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity.' This is a co-produced, all age, all of society, Framework developed by people and organisations across Wales and supported by the Welsh Government. The Trauma-Informed Wales Framework is now being implemented with the support and guidance of a national Implementation Steering Group co-led by ACE Hub Wales and TSW.

ACE Hub Wales was founded by a collaboration of organisations in 2017 and is funded by Welsh Government, led by Public Health Wales in the Policy and International Health Directorate, and part of the World Health Organization (WHO) Collaborating Centre on Investment in Health and Wellbeing.

TSW is a national quality improvement initiative, funded by Welsh Government since 2020 and currently hosted by NHS Wales Joint Commissioning Committee. It has a focus on people of all ages at risk of developing or with post-traumatic stress disorder (PTSD) or complex PTSD.

The Trauma-Informed Wales Framework is underpinned by five Practice Principles which are: A universal approach that does no harm, person centred, relationship-focused, resilience and strengths-focused and inclusive. The Framework has four Practice Levels which together set out how we can provide support to people in Wales that meets their needs. TSW developed TIPSS training to provide information and assistance for those working with individuals impacted by trauma. This training is designed for use by those working with adults at both a Trauma-Skilled and/or Trauma-Enhanced level, as defined by the Trauma-Informed Wales Framework.

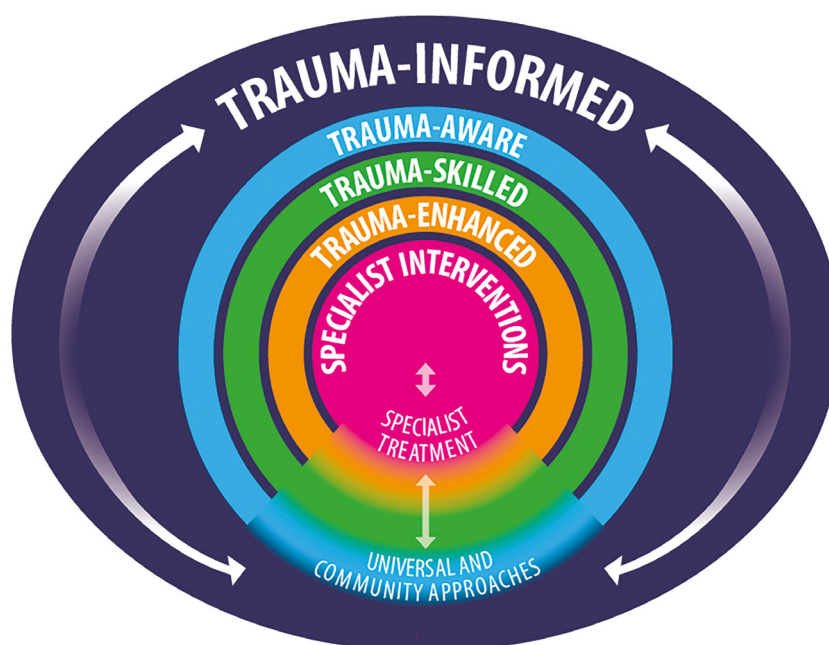


Figure one. - Practice levels of the Trauma-Informed Wales Framework (Public Health Wales NHS Trust, 2022)

Trauma-Skilled: A Trauma-Skilled approach is embedded within the practice of everyone who provides care or support to people who may have experienced trauma, whether the trauma is known about. This applies to most organisations and services in Wales, and many working in and with the community.

Trauma-Enhanced: 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.

Staff working across all sectors such as education, local authorities, health care and third sector often work with children and young people who experience complex distress and are likely to have experienced traumatic events, yet training in working in a trauma-informed way is mixed and often must be bought in by services.

TIPSS-CYP Development

The TIPSS-CYP training was developed for those working with children and young people at a Trauma-Skilled and/or Trauma-Enhanced level of the Framework. Lilith Gough, Clinical Practitioner at TSW, was commissioned to develop this training for initial pilot by the end of March 2024.

Evidence Base

The development of the training approach and resources at both Trauma-Skilled and Trauma-Enhanced levels was supported by an initial scoping exercise via survey of existing stakeholders. The survey was distributed to over partners and practitioners registered on the TSW stakeholder list. The completion time frame was over a two-week period and the survey was emailed out in both English and Welsh. The survey captured 184 responses; 6 of these were in provided in the medium of Welsh.

Survey Findings

22% from primary schools

19% from NHS

16% from local authority

Respondents were asked if they understood the ways in which children and young people are affected by trauma, to which 92% responded yes. When asked for examples of how they may know this 36% responded 'behaviours,' 11% responded impact on CYPs Self-esteem, and 8% cited mental health. Despite this high rate of knowledge within the survey group of reported understanding, when asked to rate understanding of the impact of trauma there was a bigger variance with 31% of people responding with three and below (out of five, with five being an understanding of impact).

A further question on confidence in supporting children and young people, and offering this information to parents and carers, identified that 30% did not feel confident. In response to the question what would improve confidence and knowledge, training was the highest response (40% of those who responded to this question) and although many did feel they have support and time to undertake professional development, there was also a clear response to indicate a need for more organisational leadership in this space. Key findings from the survey were identified as crucial outcomes for the training delivery: confirmation of a need for a training resource and consistency of knowledge at each practice level; confidence in delivering this knowledge to others; context of an organisational commitment to trauma-informed practice to support it.

Resource Development

The development process of the training and resources themselves involved children and young people with lived experience, and an expert reference group of clinical practitioners and test and learn approach to quality assuring the module development using lived experience and expert experience focus groups and partner organisations. During the development phase 40 people were consulted, with roles including CYP psychiatrists, psychologists, educational psychologists, third sector stakeholders, Independent Sexual Violence Advocates (ISVAs), Sexual Violence support workers, management, and residential care home managers. The TIPSS-CYP training and supporting resources was developed as a 'train the trainer' pilot model to train staff members working in a range of children and young people's services in Wales, with the objective of increasing their knowledge and confidence of working in a trauma-informed way.

Pilot Sites

Eight pilot sites expressed interest in the TIPSS-CYP pilot, with seven progressing to becoming sites. They were identified following presentations at existing TSW workstream meetings. Three initial sites were identified, which then increased to seven as the pilot developed. Pilot sites each identified local leads. These leads had previous training and skill in understanding and working with CYP who had experienced trauma as part of their substantive roles. They attended a half-day session led by TSW to:

- Explain the background to the TIPSS package
- Introduce them to the training materials and method of recommended delivery
- Introduce them to the evaluation element of the training

Following the training, the pilot site leads then developed a roll out plan for their pilot site which included:

- Identifying additional local facilitators
- Identifying who would access the training
- Identifying where and when they would deliver the training
- Clarifying how they would maintain trauma-informed practice across their pilot site
- How they would measure the impact of the training

Pilot Sites

Flintshire County Council (Children's Residential Service)

Foster Wales (Cardiff)

Merthyr Tydfil Educational Psychology Service

Monmouthshire Educational Psychology Service

New Pathways (Swansea)

Resilient Families EPS (Rhondda Cynon Taff)

Rhondda Cynon Taff Educational Psychology Service

Resources

The TIPSS learning resources were developed by TSW and designed by contracted independent designers. Pilot sites identified facilitators who received half day session from TSW on how to deliver the training and provided access to the materials. All the trainers were provided with a training resource package in the form of a Padlet. A Padlet is an online space that allows users to post and share information interactively. The TIPSS-CYP Padlet consists of six bilingual interactive modules and links to wider resources:

Trauma-Skilled level

- **Module One:** Understanding Trauma and Being Trauma-Informed
- **Module Two:** Understanding Trauma Reactions and Responses and Quick Tips for Support
- **Module Three:** Understanding the Role of the Helper, Vicarious Trauma, Burnout and Strategies for Self-Care

Trauma-Enhanced level

- **Module Four:** Trauma, Attachment and Adverse Childhood Experiences (ACEs)
- **Module Five:** Enhanced Skills and Strategies for Managing the Effects of Trauma
- **Module Six:** How to Help with the Long-Term Impact of Trauma

Resource Packs

Trainers were provided access to the Padlet with all training materials which included.

- Training pack
- Trauma-Skilled Part One PowerPoint presentation
- Trauma-Skilled Part Two PowerPoint presentation
- Trauma-Enhanced Part One PowerPoint presentation
- Trauma-Enhanced Part Two PowerPoint presentation
- Certificates for attendees

The training included presented information, interactive and experiential activities and discussion around the content and case studies. CYP case studies were included throughout the training and digital toolkits to reflect a diversity in experiences, responses and support from others.

Figure 2 - Case studies included in TIPSS training



ZARA, 16
Sexual assault



GEORGE, 11
Witnessing death



PAVLO, 14
Ukrainian refugee living in Wales
experiences physical attack



FFION, 7
Neglect and abuse in
the home

Pilot Delivery

Trauma-Skilled (Modules One to Three) training was recommended to be delivered either as two half days or one full day. Trauma-Enhanced (Modules Four to Six) training was recommended to be delivered as one day (five to six hours training). The training was recommended to be delivered face to face, and for facilitators to consider the number of attendees per session to enable the use of experiential activities. However, pilot sites were able to add appropriate context around delivering the training within their organisation. Facilitators from each pilot site were encouraged to offer ongoing reflective sessions following the training for attendees, where they could reflect on implementation of the learning within their role and further embed information from the training. Any comments or suggestions to improvements on the materials were encouraged to be collected and fed back to TSW to agree, and TSW also facilitated monthly community of practice / networking meetings for pilot site leads with minutes taken for each meeting.

Capturing Feedback

Phase One of the TIPSS-CYP pilot was not accompanied by documented and agreed evaluation Framework. The purpose of Phase One was to identify what might be needed to develop a Framework, taking learning from the smaller numbers involved at this stage. The survey data pre-pilot provided some information about what outcomes might be important to consider; namely whether those receiving training had a better understanding of the practice levels of the Framework and their confidence in supporting CYP and their parents/families. Before any additional pilot sites are brought on board it would be useful to establish a robust process of data collection and analysis, supported by governance and an evaluation Framework. This would provide assurance that all aspects of data capture, analysis and sharing is in accordance General Data Protection Regulation (GDPR) and with informed consent of all participants. In addition, Intellectual Property Rights (IPR) to protect the fidelity and integrity of all creative materials and assets need to be established and agreed before materials are disseminated further, with a clear process to discuss, agree and communicate any alterations and improvements to all those using the materials.

For Phase One, it is not possible to accurately ascertain how many people have completed that training due to gaps in data and the need for a centralised system. However, from numbers provided by pilot sites who were able to report on attendance, we can be confident that over 600 people have been trained in the Trauma-Skilled modules and over 200 in Trauma-Enhanced. The issues around accurate numbers and how the numbers trained relate to the plans developed in each area (it is unclear who has been selected for training under what criteria to support a strategic plan), numbers in relation to the completion of evaluation tools below must also be treated with caution.

Confidence Trackers

Confidence trackers were put in place for attendees of training. Attendees were provided with a Microsoft form and using a five point rating scale (with one being the least confident and five stars being the most) were asked to rate their confidence in several areas relating to their practice both before and after the training.

Trauma-Skilled and Trauma-Enhanced

- Rate how confident you feel on understanding trauma and its impact on people.
- How confident do you feel in supporting those affected by trauma?
- How confident do you feel in being able to offer quick strategies (such as supporting people with flashbacks, or regulating their emotions) for managing the effects of trauma?
- How confident do you feel that you can find ways to manage your own response to helping others who have been impacted by trauma?
- Do you feel like you know how to build trusting relationships with clients/service users and what is needed to achieve this?

Participants were also asked a qualitative question:

- What would support you most in reducing your own risk to vicarious trauma and burnout (feeling overwhelmed and unsupported/stressed within your role)?

Trauma-Enhanced

There were additional questions relating to Trauma-Enhanced:

- Do you feel you would be confident to share information on the impact of trauma with those people you work with and their partners/carers or other professionals working with them?
- Do you feel confident with an understanding of attachment and the link between attachment and trauma?
- Do you feel able and confident to offer (and know when to draw upon) skills and strategies to support people affected by trauma?

Attendee Evaluation Forms

Attendees were also asked to complete a training evaluation form at the end of both the Trauma-Skilled and Trauma-Enhanced training which gathered feedback on:

- Whether the training; met expectations, improved understanding of trauma and trauma-informed ways of working, will change the way they respond and work, addressed self-care and triggers well enough, was explained in a way that was easy to understand
- The experience of completing training with colleagues
- The main takeaways, and what they would like to see more or less of
- Their use of the digital toolkit, and the usefulness of the modules

Trainer Evaluation

Trainers were asked to complete the trainer evaluation form on Microsoft Forms each time they completed the Trauma-Skilled or Trauma-Enhanced training which gathered feedback on:

- The training content
- The training logistics
- Any changes they felt were needed to slides
- Their plans for future delivery

Data Limitations

Due to issues collating numbers of attendees across all sites, the data picture in relation to confidence trackers is also incomplete. Work is required to systematise the confidence tracker process to ensure that only the pre and post training questionnaires completed by the same people are included in analysis. This is essential for the viability of analysis and conclusions. Otherwise, we could be in a position that people who were confident did not complete the pre-training survey, but did complete the post and vice versa, therefore potentially skewing the analysis. The data collected, although mixture of quantitative and qualitative in relation to the confidence tracker, currently cannot demonstrate how the qualitative data was analysed to show the relationship with confidence scores. For example, an attendees may have scored their confidence levels as having increased, but the reasons for this would need to be also attributed to this increase in a robust way. For example, data would need to be analysed to show that of 'x people who reported an increase in confidence x said that this was as a result of'

As a result, the analysis of the data provided below is illustrative of what could be measured with an ethically approved and assured methodology. The monitoring and evaluation process for the wider implementation will need to establish a clear, and independent process for collecting and analysing data which maintains confidentiality, consent and information governance, but which can stand up to robust scrutiny on any conclusions drawn from an agreed and transparent methodology that we are confident in.

Qualitative data collected to understand the experience of the trainees was also limited due to a low level of completion and response to follow up communications. This suggests the need for a more systematised approach making formal data capture an integral part of the process and a requirement for delivering the training. Work should be undertaken to understand what the barriers to completing the feedback questionnaires was to inform the development of the future model; and a discussion around way other methods could be considered. The commitment to processing feedback should form part of the criteria for signing up to being a pilot site and a training lead, and a robust, systematic data capture process developed to make this ask as simple as possible to promote take up.

There is also a gap with regards to understanding the impact of the training. Pilot sites were asked to consider how they might capture impact i.e. what difference has this training made to the service or support that children and young people have received in the organisation,

ensuring their voices are included in any assessment of impact. It would also be important to capture how the training has influenced changes in practice at an individual and organisational level and whether staff who have attended the training see an improvement for their own health and wellbeing for example. This requires the development of a set of agreed key success indicators for the pilot sites and a process for capturing and analysing data that informs progress against agreed strategic outcomes that can be shared across all sectors participating.

There may be a need for some more sector specific outcomes to reflect impacts that are reflective of their contexts and service provision. This will be an important aspect to explore in the scoping of the evaluation Framework, including what and how this can be measured. The scoping exercise will also need to consider value for money, return on investment and social return of investment as ways of demonstrating impact in relation to cost/value benefit which will be important considerations to support how TIPSS-CYP is embedded and sustained as roll out is scaled up.

All work on monitoring and evaluation should be informed by, and support, the Trauma-Informed Wales Framework Theory of Change which supports the mapping of change by linking activities to outcomes and providing the blueprint for evaluation and promotion of reflection and learning.

Green Shoots

Taking the results of the pre and post confidence trackers completed by those who had attended the Trauma-Skilled training (with the limitations above in mind), the comparison of responses to the five key questions does suggest that there may be uplift in confidence around this area post training. This should be treated as a 'green shoot' that will require further analysis (and more robust methodology to given assurance around tracking respondents). Data collected around the Trauma-Enhanced training and confidence also showed an uplift but with less increase. Gaps in data means that we cannot be confident in the figures, but for illustrative purposes this does suggest that this will still be an important area to explore as showing promise to evidence the positive impact on confidence in responding to trauma of attending this training.

Qualitative Themes

The qualitative data gathered was themed by question asked. Limitations of this methodology and inability to link respondents to confidence racker returns means this analysis cannot be used to attribute meaning to those scores. However, with robust methodology this mixed methods approach shows promise to triangulate a range of data capture methods to understand how training was received.

Did the training meet your expectations?

Themes: clear and practical; pitched for mixed roles; sensitive handling of triggers; good balance of theory and practice.

- o "Clear, practical and relevant to our setting."
- o "Good balance of theory and real strategies."
- o "Handled difficult topics sensitively."

"Main takeaways (what you'll use straight away)?"

Themes: quick regulation strategies; validating language; noticing triggers and early signs; staff self-care; building trusting relationships.

- o "Quick strategies I can use when a child is dysregulated."
- o "Language to validate feelings without escalating."
- o "Remembering to check my own response first."

"What would you like to see more of?"

Themes: case studies and scenario practice; sector-specific examples (schools, residential, foster); local signposting; peer discussion time.

- o "More case studies for our context."
- o "Examples tailored to residential settings."
- o "Local resources we can share with families."

"What would you like to see less of?"

Themes: minor duplication and repetition; streamline overlapping content; reduce generic background in Enhanced groups.

- o "Less repetition across modules."
- o "Some slides felt duplicated."
- o "Assume prior knowledge in Enhanced."

Trainer Evaluation

Formal trainer evaluation responses were limited in number. Follow-up emails and discussions with facilitators identified further areas for consideration but with the limitation that some of these comments were made by single individuals and do not necessarily demonstrate a consensus. These areas of considerations that suggest changes to the agreed materials should be tested with larger groups of trainers ahead of any roll out of Phase Two or other versions of TIPSS so that the core information is consistently improved where there is consensus to do so.

Content	Training materials were described as well-pitched for mixed staff groups. Enhanced sessions were especially valued for offering greater depth and reflective space.
Logistics	Face-to-face delivery in longer blocks was reported as the most effective format. Mixed cohorts (different roles and experience levels) required active facilitation to balance pace.
Adaptations	Minor local modifications, such as adding role-specific examples or signposting to local resources, had been made. The core content was not substantially altered.
Plans	Trainers who responded intended to repeat Skilled sessions for a wider staff base and to deliver Enhanced to targeted staff groups.
Alignment with attendee feedback	Trainers and attendees both highlighted clarity of content, practical applicability, and the usefulness of strategies. Both also noted requests for more case studies and scenario-based discussion.

Challenges to training

Trainers who responded reported practical constraints including:

- **Timetabling whole-staff sessions** within busy academic/organisational calendars.
- **Varied cohort sizes**, requiring trainers to adapt activities.
- **Limited time for experiential practice** in some settings.

Conclusions and Recommendations for Scoping of the Evaluation Framework

- Before any additional pilot sites are brought on board it would be useful to establish a robust process of data collection and analysis, supported by governance and an evaluation Framework.
- Data capture, analysis and sharing is in accordance General Data Protection Regulation (GDPR) and with informed consent of all participants.
- Intellectual Property Rights (IPR) to protect the fidelity and integrity of all creative materials and assets need to be established and agreed before materials are disseminated further.
- Systematise the confidence tracker process to ensure that only pre and post training questionnaires completed by the same people are included in analysis.
- A clear, and independent process for collecting and analysing data which maintains confidentiality, consent and information governance, but which can stand up to robust scrutiny on any conclusions drawn from an agreed and transparent methodology that we are confident in.
- A more systematised approach making formal data capture an integral part of the process and a requirement for delivering the training.
- The commitment to processing feedback should form part of the criteria for signing up to being a pilot site and a training lead, and a robust, systematic data capture process.
- The development of a set of agreed key success indicators for the pilot sites and a process for capturing and analysing data.
- More sector specific outcomes to reflect impacts that are reflective of their contexts and service provision.
- Consider value for money, return on investment and social return of investment as ways of demonstrating impact in relation to cost/value benefit.
- All work on monitoring and evaluation should be informed by, and support, the Trauma-informed Wales Framework Theory of Change.
- Areas of considerations that suggest changes to the agreed materials should be tested with larger groups of trainers ahead of wider rollout of TIPSS so that the core information is consistently improved where there is consensus to do so.

**Trauma-Informed Practice Skills and
Strategies for Children and Young People
(TIPSS-CYP): Summary Report for Phase
One Pilot Implementation (2024-2025)**