



Cymru sy'n Ystyriol o Drawma
Trauma-Informed Wales

Trauma-Informed Practice Skills and Strategies (TIPSS) training for those working with adults in Cwm Taf Morgannwg University Health Board: Summary Report for the Pilot (2025)

January 2026



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1. Overview

This summary report presents emerging findings from the proof-of-concept delivery of the Trauma-Informed Practice Skills and Strategies (TIPSS) training for Health Care Support Workers (HCSWs) working with adults in Cwm Taf Morgannwg University Health Board (CTMUHB). The training, developed by Traumatic Stress Wales is a resource to support people and organisations working with adults at Trauma-Skilled and Trauma-Enhanced practice levels of the Trauma-Informed Wales Framework. The aim of this training is to support the development of Trauma-Skilled and Trauma-Enhanced level practical skills to support people who are likely to have experienced, or have disclosed that are experiencing trauma, and the confidence among frontline staff in doing so. The proof of concept involved two cohorts and included both Trauma-Skilled and Trauma-Enhanced modules. Pre- and post-training confidence trackers and qualitative feedback were used to gather information around the experience of delivering and receiving this training. Early findings show that following the training, participants felt more confident in putting the techniques into practice, and the exercise highlighted several areas to explore in the pilot phase of the delivery.

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.

2. Introduction

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 Adverse Childhood Experiences (ACE) Hub Wales and Traumatic Stress Wales (TSW).

ACE Hub Wales was founded by a collaboration of organisations in 2017 and is funded by Welsh Government, hosted 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, 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. Traumatic Stress Wales developed Trauma-Informed Practice, Skills, and Strategies (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.

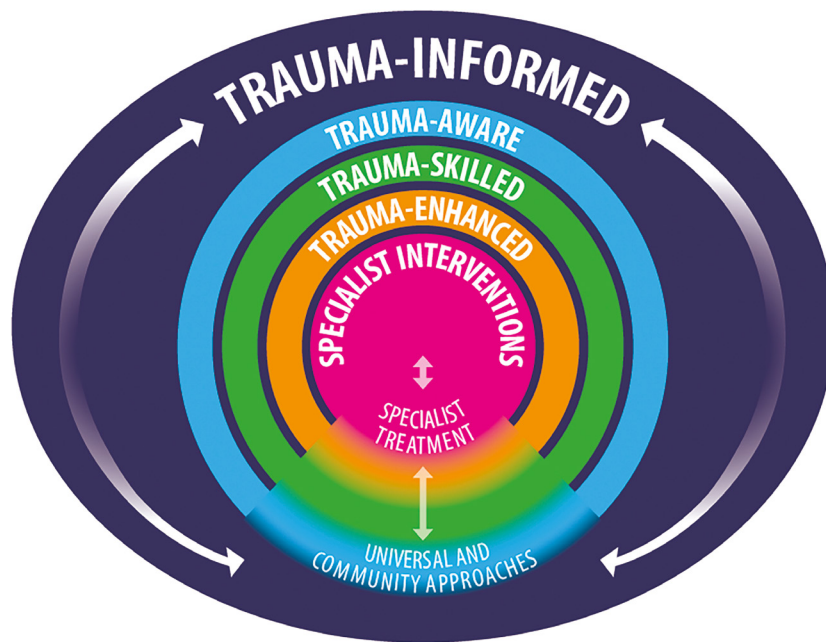


Figure 1. - Practice levels of the Trauma-Informed Wales Framework (Public Health Wales NHS Trust, 2022)

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.

Objectives

The objective of this project was to assess a proof-of-concept for Adult TIPSS. TIPSS training and supporting digital tools are being piloted with organisations delivering support and services to children and young people in pilot sites across Wales. We wanted to establish whether the concept could also be delivered to people who are working with adults in a setting where we know that people who are experiencing complex distress and are likely to have experienced traumatic events requiring at least a Trauma-Skilled response; and in many cases will have disclosed that they have experienced specific trauma, requiring a Trauma-Enhanced response. The proof-of-concept pilot required a workforce that will be helping people at both of these levels but may not have received training on how to deliver the support their roles required in a trauma-informed way as set out in the Trauma-Informed Wales Framework.

3. Methodology

Participants

Health Care Support Workers (HCSWs) working in adult acute inpatient wards, Crisis Resolution and Home Treatment Teams (CRHTTs) work primarily with Service Users who are experiencing complex distress. This workforce group were identified by TSW as working at Trauma-Skilled and Trauma-Enhanced levels, but without significant training or confidence in the competencies identified by Trauma-Informed Wales.

People working at a Trauma-Skilled level will:	People working at a Trauma-Enhanced level will:
<ul style="list-style-type: none"> • Work in a way that understands the central importance of relationships and provides a sense of safety and trust, interacting with people in a way that prevents re-traumatisation • Provide compassionate, person-centred and individualised support and care in language people understand and help the individual or family to make their own decisions about the care and support that is offered to them and feeling safe to do so • Be able to recognise the impact that life experiences and social factors have on people • Understand the importance of trauma-informed environments and organisations • Prioritise self-care and supporting staff to work safely and within appropriate personal and professional boundaries. 	<ul style="list-style-type: none"> • Work to provide individuals or families a consistent approach across the range of organisations that they access, to ensure that there is no wrong door to accessing helpful support and recognising when an individual or family are overwhelmed by trauma related responses • Understand when it may be helpful to ask about a person’s experiences and feeling confident about how to ask about traumatic experiences or adversity, and how to helpfully respond to this • Collaboratively support people to use a range of grounding and other individually tailored techniques to enable them to return to within their window of tolerance • Collaboratively consider the ways in which coping strategies may no longer be helpful/have become actively unhelpful • Support people to develop an individualised approach to understanding their strengths and trauma-related responses, and coping strategies.

Facilitation Team

The Adult TIPSS training was delivered by Traumatic Stress Wales.

Recruitment

In total 60 HCSWs are employed within adult acute inpatient wards and CRHTTs across these services. Room capacity limited the delivery to 16 -18 participants per session; therefore, ward and line managers were asked by TSW to nominate staff for the training sessions and share information about the training sessions to the HCSWs. The training was integrated into each of the attending HCSW's shift rota as appropriate.

Cohort 1: Nine HCSWs attended the Trauma-Skilled training delivered over two half days. Four HCSWs attended Trauma-Enhanced delivered over one full day (see Table 1). In addition, training Cohort 1 HCSWs were also invited to one hour, online monthly reflection sessions. One HCSW attended the first session, none attended the second session. Following two sessions, this was cancelled due to lack of attendance.

Cohort 2: Six HCSWs attended the Trauma-Skilled training, delivered over one full day. In total, across the two cohorts, 15 HCSWs attended Trauma-Skilled training, and four of those attended Trauma-Enhanced.

The table below sets out the numbers who were invited to attend training against who attended.

Just over half of the total cohort invited (29 invited, 15 attended) attended the training. Future pilot sites should investigate the reasons for non-attendance so that any barriers can be addressed.

Table 1: Number of participants invited and attended.

Number of HCSW staff = 60		
	Invited	Attended
Trauma-Skilled Training Cohort 1	15	9
Trauma-Skilled Training Cohort 2	14	6
Trauma-Skilled Training Total	29	15
Trauma-Enhanced Training Total	9	4

4. Pilot delivery

The training included presented information, interactive and experiential activities and discussion around the content and case studies. In addition to the face-to-face training, six digital toolkit modules were developed (bilingually) which provided further information, links to resources and points of reflections for participants to access independently (see Figure 2). Links to the digital toolkit modules were included in the calendar invite for participants to access before the training. Unfortunately, where TSW did not receive email addresses of participants Wales, they could not access the toolkit. The links were again provided by the facilitator post-training. Participants from cohort one were also invited to online monthly reflection meetings following the Trauma-Skilled training, where they could reflect on implementation of the learning within their role and further embed information from the training. The pilot of this work must consider the registration process, considering information governance and the requirements of General Data Protection Registration (GDPR), so that participants have the information they need prior to attending. Given that training had been identified as limited prior to the sessions, the pilot might also need to consider the mandatory requirement of completing the Trauma-Aware level E-learning course provided by Trauma-Informed Wales as a pre-requisite of attendance to ensure participants are building knowledge from the same base.

Training Materials

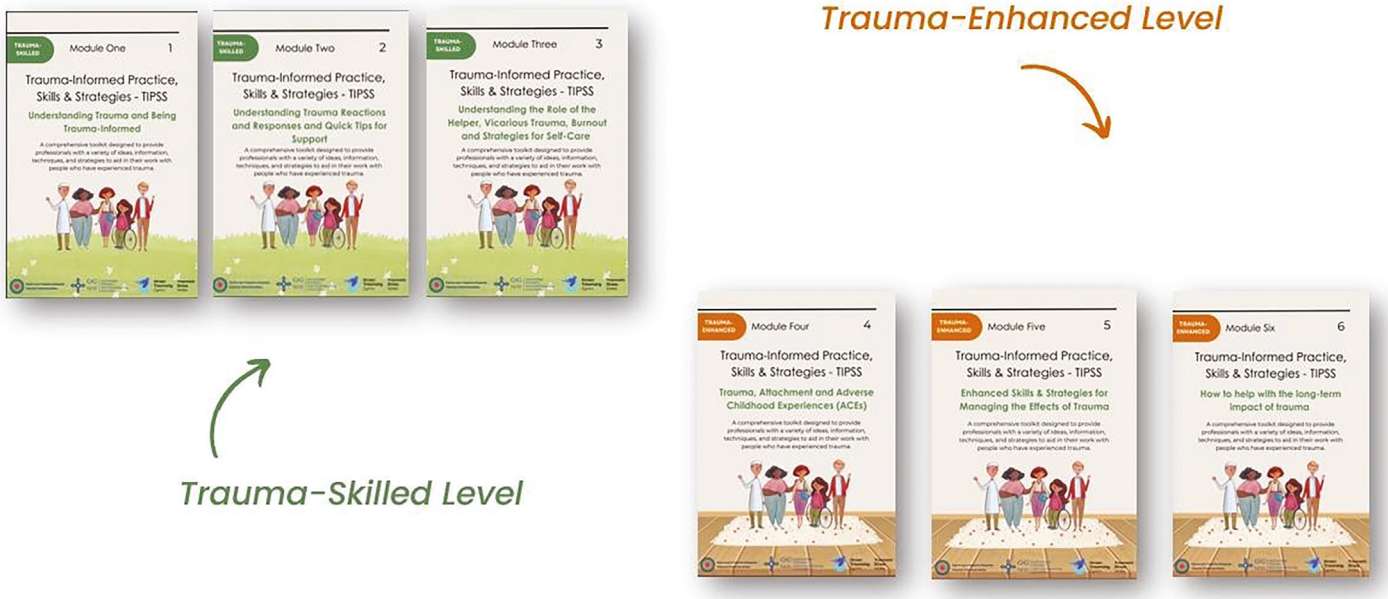


Figure 2. Modules 1-6 of the digital toolkit

Trauma-Skilled level training and digital toolkits include:

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 training and digital toolkits include:

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

Adult case studies were included throughout the training and digital toolkits to reflect a diversity in experiences, responses, and support from others (see Figure 3).

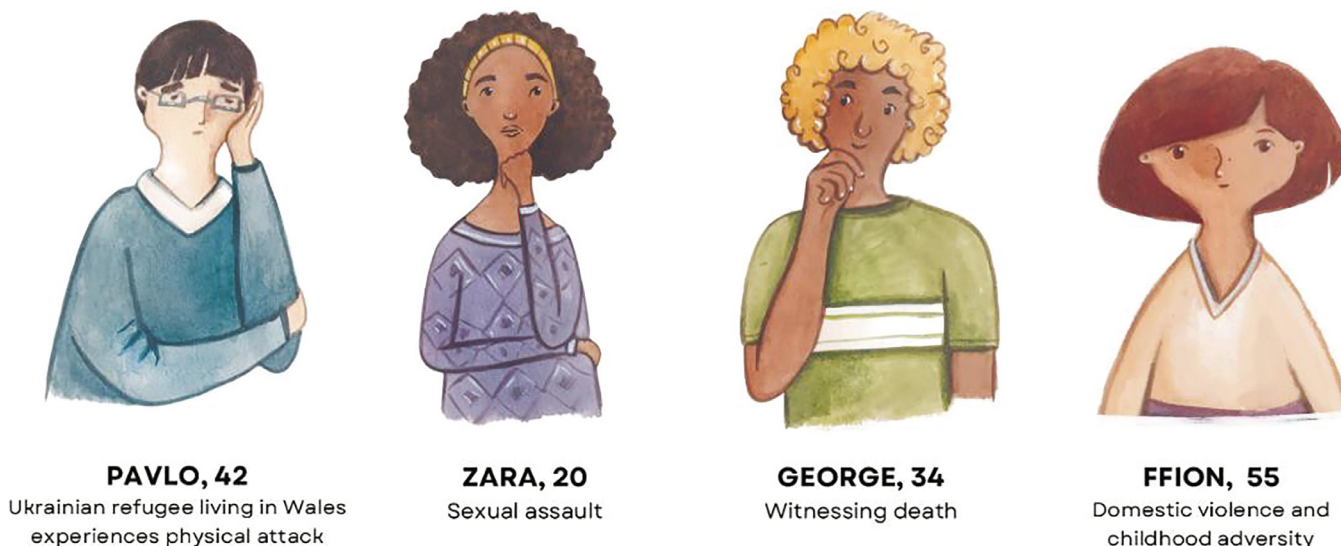


Figure 3. Case studies included in TIPSS training and digital toolkit



Figures 4a. Sensory soothe box activity set up and 4b. Facilitator example of sensory soothe box.

Outcome measures

All participants were made aware at the outset that they were participating in a proof-of-concept pilot. Consent was obtained during this process for the collection, analysis and storage of data pertaining to their participation (anonymous) and responses to pre- and post- questionnaires for analysis. Measures for the pilot were confidence levels pre- and post-participation. More general feedback was also sought via a survey. A recommendation for the pilot of Adult TIPSS is to define outcome measures in relation to the training itself (content and delivery) against success indicators, and a Framework for measuring impact 6 and 12 months after completing the training and putting it into practice.

Confidence tracker

Using a five-point Likert rating scale (one being the least confident and five being the most), attendees were asked to rate their confidence in several areas relating to their practice both before and after the Trauma-Skilled and Trauma-Enhanced training:

- 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?

Key learning for any pilot approach will be to extend this approach to broaden understanding of the starting point of participants. To receive training at skilled and enhanced levels requires a foundation at the Trauma-Aware level. If that foundation is provided by the completion of the Trauma-Aware E-learning, we can then accurately assess confidence in working at Trauma-Enhanced and Trauma-Skilled levels rather than a general response. Confidence post training may also be high, but it is important to reassess when this training is put into practice by attendees. To be able to assess impact, understanding of what level of confidence is seen as successful immediately post-training, and then how this translates into meaningful outcomes in practice. These outcomes need to be agreed through a developmental process, and measured over a 12-month period, with consent obtained at the initial participation point.

Feedback

Feedback was also sought from participants via a set of qualitative questions. Participants at Trauma-Skilled and Trauma-Enhanced levels were asked:

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

There were also 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?

Analysis

Attendees were also asked to complete a feedback form following 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.
- Completing training with colleagues.
- The main takeaways, what they would like to see more or less of.
- Their use of the digital toolkit, and the usefulness of the modules.

5. Initial Findings

Pre and Post Confidence Tracker Questionnaire (Trauma-Skilled)

The confidence trackers were completed by participants at the beginning and end of the training. The pre-Trauma-Skilled confidence tracker received responses from 12 HCSWs. The post-Trauma-Skilled confidence tracker received responses from 15 HCSWs. Learning for the pilot may be to consider making completion of the measures identified as 'pre' a pre-requisite of attending the training to ensure take-up. A systematic post training process would also be beneficial with completion of the post training feedback a pre-requisite of 'completing' the training.

The data from completed trackers shows improvement in average confidence scores relating to all areas of the training. The largest gains were in confidence to offer quick strategies (such as supporting people with flashbacks or regulating their emotions) for managing the effects of trauma (+0.97) and confidence to find ways to manage their response to helping others who have been impacted by trauma (+0.83). However, this data is caveated by the fact that three more people completed the post training tracker – although the question remains viable the comparison would require the same respondents to pre and post for us to be confident on these figures. Learning for the pilot is to use an ethically approved, and consistent methodology that ensures robust and comparable data, collected and analysed according to information governance, GDPR and following a Data Protection Impact Assessment. With data collected across pilot sites, coding, and analysis software such as SPSS or Stata should be considered and for statistical analysis of quantitative data; and programmes such as NVivo for qualitative data.

In response to the qualitative, free text questions asked, responses were able to be grouped into themes.

<p>“What would support you most in reducing your own risk to vicarious trauma and burnout (feeling overwhelmed and unsupported/stressed within your role)?”</p>	<p>Peer support: there were frequent reference to “colleagues” pre and post training, with one participant sharing “support from my colleagues” and another suggesting “working as a team”, highlighting the importance of supportive workplace relationships.</p> <p>Taking Breaks: frequent reference was made to taking time out or having annual leave, and setting boundaries for example, one participant pre training shared “Time out and look after yourself” and post training a participant shared “learning how to separate my work life and from my personal life - not bringing work home with me.”</p> <p>Organisational Support: highlighting formal support structures like “supervision”, “debrief sessions” or “training sessions like I’ve just received today.”</p> <p>Self-care: multiple references to individual wellbeing practices and “self-care.”</p>
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Training Feedback Questionnaire (Trauma-Skilled)

The training evaluation questionnaire following the Trauma-Skilled training received eleven responses. This was a separate questionnaire to the confidence tracker and all HCSWs were asked by the facilitator to complete this electronically by scanning the QR code at the end of the training sessions. Learning for the pilot is that less people completed this that completed the pre- and post- confidence trackers – it may be useful to identify what the barriers to completion were and whether combining this into one return or using different methods at different points in time would be beneficial for greater uptake.

Participants who did complete the questionnaire reported the training had improved their understanding of trauma and trauma-informed ways of working (mean 4.5/5). The data also highlighted that 100% of HCSWs who completed the questionnaire rated the training met their expectations at a highly satisfied level, and that the information was presented in a way that was easily understood and accessible. In addition, 10 out of 11 HCSWs who responded felt it would impact the way they responded to and collaborated with people, and that the training addressed triggers and self-care enough to feel safe during the training and modules.

Participants were asked in this survey to expand on their answer relating to whether the training met their expectations. HCSWs frequently described the training as “informative” and “interesting.”

“I believe we should all be trained regarding trauma; it helps a lot to understand and give you right perspective on the trauma and issues associated with situations our patients are experiencing.”

Participants were also asked in the survey about their ‘main takeaways’ from TIPSS (what they would actively use straight away). The main themes identified by HCSWs were:

Trauma-Informed Understanding and Empathy

“Being more thoughtful.”

“Have a better understanding of trauma.”

Relationships and Person-Centred Approaches

“Approach people differently and get a better understanding off someone’s past” “Maintain a trusting relationship with patients.”

Practical Techniques

“The escalation and de-escalation diagram.” “Grounding.”

Participants were asked what they would like to see more of within the package (further information or things we might have missed out). Many HCSWs felt there was “nothing” to add, however, some were interested in expanding the content to include more practical and “real life scenarios” or specific topics such as “death of a loved one, bereavement.” More practical guidance was also suggested for example “the best approach to deal with an individual who’s having a flash back.” HCSWs felt all the information was relevant and there were no sections/information they would choose to remove/alter, except one comment that suggested the training would be better over 1 day rather than split two weeks apart.

This data was obtained from participants in a statistically small group and as an immediate response to course attendance. The pilot should consider a broader mixed methods approach to collecting this feedback data collection to explore themes in more depth when delivering at greater scale.

Pre and Post Confidence Tracker Questionnaire (Trauma-Enhanced)

The pre-Trauma-Enhanced confidence tracker received responses from four HCSWs. The post-Trauma-Enhanced confidence tracker received responses from three HCSWs. All participants were asked to complete this during the training sessions. These numbers are statistically small, so the findings should not be treated as statistically viable for this cohort. However, they do corroborate, in small numbers some of the themes of the Trauma-Skilled cohort. The pilot site needs to consider how we identify participants who are working at the Trauma-Skilled and Trauma-Enhanced levels (or their role descriptions require them to be) to ensure a robust evaluation of a strong cohort of participants at this level.

Training Evaluation Questionnaire (Trauma-Enhanced)

The training evaluation questionnaire following the Trauma-Enhanced training received responses from all four HCSWs who attended.

Digital Toolkits

Across both Trauma-Skilled and Trauma-Enhanced, there were mixed responses in the use of the digital toolkit (modules), with most people dipping in and out of the modules after training or not accessing them at all. Participants would have only received the links to these if they had provided email addresses prior to training, which was not always the case.

Participants' feedback varied with some participants' having barriers to accessing, *"Haven't been able to access due to lack of computers in work"* whereas others have found them useful, *"It's useful as a reference for when I'm rethinking about anything I learnt whilst on the training"*, or *"Haven't engaged yet although planning to."* Any pilot will need to consider how digital content is made available, accessed and promoted in the training. A focus group/test group on this aspect before commencing the pilot may be a useful way to establish if any refinement or further support is needed in digital use. The evaluation of the TIPSS CYP pilots will also help to understand what issues participants may face in terms of the digital resources and whether this is unique to this cohort or wider participants.

6. Conclusion

The Adult TIPSS proof-of-concept was an important exercise in ascertaining whether scaling up to a full pilot of the approach is viable. Despite limited participation in the training, and even more limited feedback there are benefits that can be identified as emerging findings or green shoots. These will need to be considered as part of the pilot process and any evaluation Framework that supports that.

Recommendations for Practice

- Consider the learning on recruitment and participation to attending training and participating in providing feedback to ensure that where possible the maximum number of participants are recruited for pilot sites.
- Consider how data is collected, and by whom, to ensure consistency and viability in accordance with information governance and make this clear to the participants as part of the consent process.
- Ethically approved, and consistent methodology that ensures robust and comparable data, collected and analysed according to information governance, GDPR and following a Data Protection Impact Assessment. With data collected across pilot sites, coding, and analysis software such as SPSS or Stata should be considered and for statistical analysis of quantitative data; and programmes such as NVivo for qualitative data.
- Define outcome measures in relation to the training itself (content and delivery) against defined success indicators, and a Framework for measuring impact 6 and 12 months after completing the training and putting it into practice. Consider how evaluation methods are integrated and made simple to improve uptake based on feedback to overcome barriers to completion of any data capture methods.

- Use introductory presentations to share information [Trauma Informed Wales Framework and the TrACE-Informed Organisations Toolkit \(TrACE Toolkit\)](#) through a short introduction presentation. Additionally, ACE Hub Cymru have developed an [Adverse Childhood Experiences \(ACEs\) and Trauma-Informed Practice in Wales: e-Learning Course](#) (1 hour) to enhance staff knowledge at the Trauma-Aware level.
- Identify participants who are working at the Trauma-Skilled and Trauma-Enhanced levels (or their role descriptions require them to be) to ensure a robust evaluation of a strong cohort of participants at this level.
- Consider how digital content is made available by facilitators, accessed and promoted in the training. A focus group/test group on this aspect before commencing the pilot may be a useful way to establish if any refinement or further support is needed by participants. The evaluation of the TIPSS CYP pilots will also help to understand what issues may be in terms of the digital resources and whether this is unique to this cohort or wider participants.

“One more time thank you for a brilliant trauma training, keep going, it is really well designed. As I said I believe it should be obligatory for everyone within NHS, schools, police as it would be beneficiary to all working within those services.”

Health Care Support Worker (Feedback received via email following training)

References and Further Reading

Adverse Childhood Experiences (ACEs) and Trauma-Informed Practice in Wales: e-Learning Course: <https://acehubwales.com/resources/e-learning-course-on-adverse-childhood-experiences-aces-and-trauma-informed-practice-in-wales/>

TrACE-Informed Organisations Toolkit: <https://acehubwales.com/trace-toolkit/>

Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity: <https://traumaframeworkcymru.com/wp-content/uploads/2022/07/Trauma-Informed-Wales-Framework.pdf>

Trauma-Informed Practice Skills and Strategies (TIPSS) training for those working with adults in Cwm Taf Morgannwg University Health Board: Summary Report for the Pilot (2025)