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Understanding the potential of trauma-informed training in Violence Reduction Units

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Summary

Increasing practitioner awareness of trauma and developing services and frontline practice to become 'trauma-informed' has become increasingly popular in recent years. These approaches are being taken forward in a range of settings, including as part of work to tackle and prevent youth violence. Trauma-informed training is often delivered as part of broader attempts to develop services to be 'trauma-informed', which can include trauma-informed leadership, adopting strengths-based practice models, screening individuals for trauma, increasing the safety of the physical environment, redesigning services in order to increase client choice, and taking steps to prevent and reduce the potential for causing retraumatisation in services.

The Home Office has recently made funding available for Violence Reduction Units (VRUs) to invest in trauma-informed training.

Trauma-informed approaches were initially developed in mental health services to increase engagement in evidence-based, trauma-specific treatments. There has, however, been a lack of research to evaluate the specific impact of trauma-informed practice or training models on outcomes. In light of the growing investment in these approaches, it has been argued that the evaluation of trauma-informed practice and training is needed to establish its specific benefits.[1] This study aims to understand the specific activities being delivered as part of trauma-informed training by a number of VRUs, and to provide recommendations for future evaluation and delivery of this training.

Aims and methods

The Home Office commissioned the EIF and Dartington Service Design Lab to understand how trauma-informed training is being approached within VRUs. This study has involved a review of the existing literature and fieldwork with VRUs to explore the approaches currently being taken and the theory behind them. It makes recommendations for the future use and evaluation of trauma-informed training.

We address the following specific questions:

- What are VRUs currently delivering through the Home Office trauma-informed training grants?
- What outcomes are VRUs trying to deliver through trauma-informed training, what is their theory of change, and how will the training achieve this?
- To what extent are VRUs' theories of change for trauma-informed training plausible and grounded in evidence?
- What evaluation of trauma-informed training are VRUs conducting, and what can this tell us?
- To what extent have VRUs considered equality and diversity issues within the design and delivery of trauma-informed training?

[1] Asmussen, K., Masterman, T., McBride, T. & Molloy, D. (2022). *Trauma-informed care: Understanding the use of trauma-informed approaches within children's social care*. Early Intervention Foundation. https://www.eif.org.uk/report/trauma-informed-care-understanding-the-use-of-trauma-informed-approaches-within-childrens-social-care

What are VRUs currently delivering through the Home Office trauma-informed training grants?

VRUs are delivering a wide range of training approaches through the funding they have received from the Home Office. The specific workforces being trained varied considerably, with some VRUs focusing primarily on the police, while others were training a range of professionals who interact with young people in schools, community and healthcare settings. The content that was included and the depth of the training also varied. Some workforces were offered a two-hour training session, while others had much longer sessions with extensive follow-up engagement, such as one-to-ones with training providers or reflective sessions with senior leaders to consider how new knowledge could be applied to their practice.

VRUs identified a range of factors that affect the impact of training on frontline practice. These include senior leadership buy-in, having sufficient time and resources, and the availability of post-training supervision for the workforce to embed training and reflective practice principles into their work with young people and communities.

What outcomes are VRUs trying to deliver through trauma-informed training, what is their theory of change, and how will the training achieve this?

While the primary aim of the trauma-informed training for all VRUs was to improve young people's experiences of interacting with staff and services, within this broad objective VRUs are trying to deliver a range of both short- and long-term outcomes relating to their workforces, services and systems, and young people's outcomes. These included:

Short-term outcomes:

- **Improving workforce understanding of trauma:** All VRUs focused on increasing awareness and knowledge of trauma and its long-lasting impacts on children and adults, and on helping the workforce to recognise signs of trauma in their interactions with young people and communities.

Medium-term outcomes:

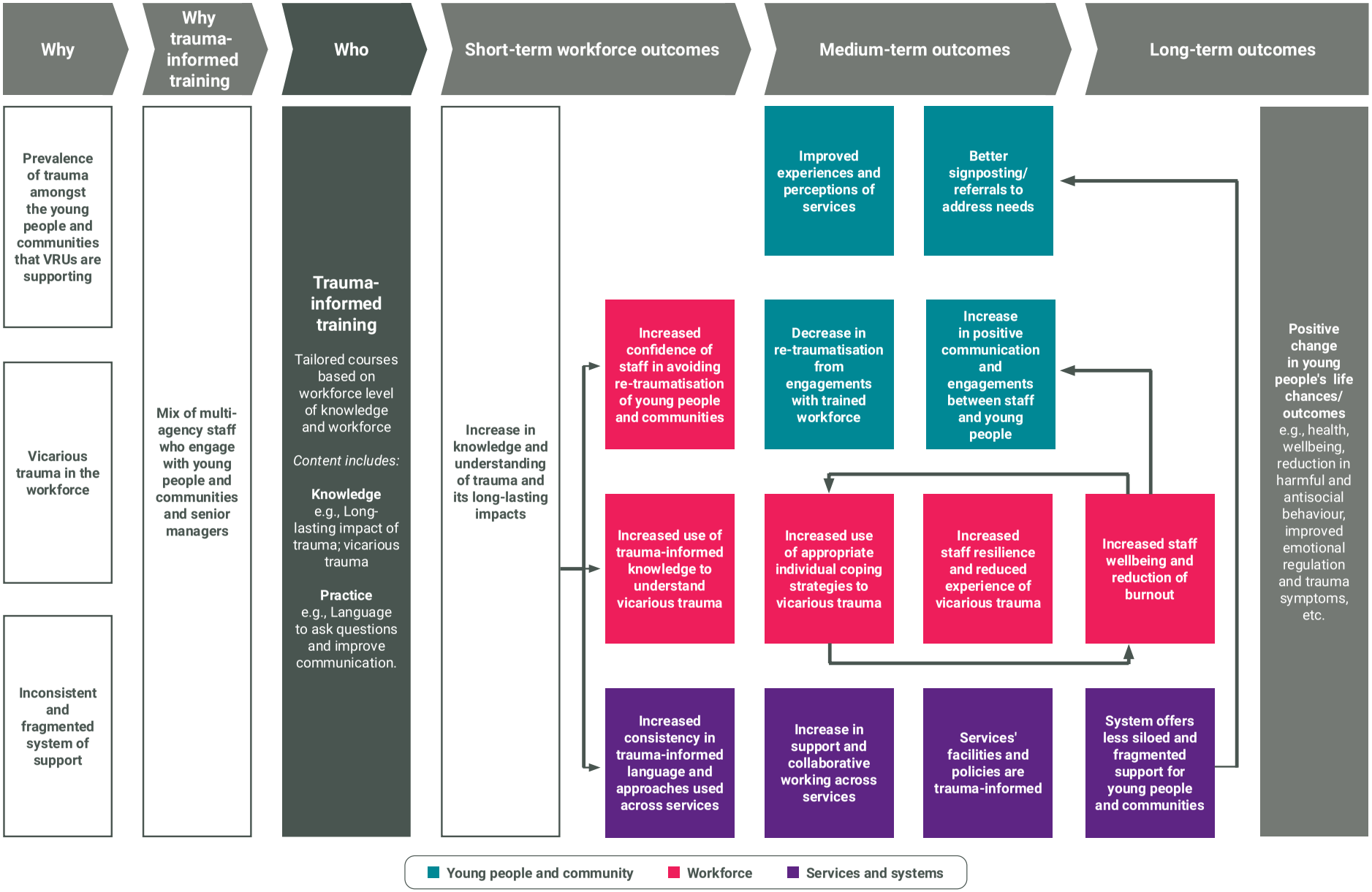
- **Reducing retraumatisation of young people in specific settings**: Some VRUs intended their training to help practitioners, through more sensitive interactions, to avoid further retraumatisation of young people.
- **Staff wellbeing and reducing vicarious trauma within the workforce:** Some VRUs intended trauma-informed training to help practitioners to cope with the vicarious trauma experienced through their work, in order to improve workforce resilience and wellbeing.

Longer-term outcomes:

- **Improving services and systems:** Some VRUs intended trauma-informed training to contribute to more consistent language and service responses across the local system, which would improve multiagency collaboration.
- **Improved child outcomes:** Some VRUs were explicit in their theories of change that trauma-informed training would contribute to demonstrable improvements in children and young people's life chances.

FIGURE 1

Overarching theory of change for trauma-informed training across VRUs



To what extent are VRUs' theories of change for trauma-informed training plausible and grounded in evidence?

VRUs are trying to deliver a range of outcomes through their trauma-informed training. Some of the outcomes that it is hoped trauma-informed training and practice will deliver are more feasible than others, when considered in the light of the wider evidence base.

Short-term outcomes:

- **Improving workforce understanding of trauma:** The objectives articulated by VRUs of improving staff understanding of trauma, how it affects behaviour and the principles of trauma-informed practice, are plausible. The existing evidence (mainly drawn from other settings such as social care and health services) indicates that training can improve practitioners' knowledge of trauma. Trauma-informed training, therefore, has the potential to improve knowledge and awareness of the impact of trauma.

Medium-term outcomes:

- **Reducing retraumatisation of young people in specific settings:** It is also plausible that the training could improve interactions between young people and staff, and reduce the risk of further traumatisation of young people. The literature provides some preliminary examples which suggest that training can contribute to changes in practice, leading to more sensitive interactions and reduced violence within specific service settings, when implemented alongside other trauma-informed components. Training that encourages staff to approach young people's past trauma sensitively may reduce the likelihood of further traumatisation. Further research is needed to test the wider factors that might facilitate this in the youth justice system.
- **Staff wellbeing and reducing vicarious trauma within the workforce:** It is plausible that the training could increase staff understanding of vicarious trauma. While it might be logical to assume that this might contribute to healthier coping mechanisms, there is limited evidence for the idea that increased knowledge and awareness of trauma will, *on its own*, improve workforce resilience and wellbeing. The wider literature emphasises the extent to which organisational culture affects trauma workers' wellbeing, suggesting that trauma-informed training is unlikely to improve staff wellbeing in isolation, although it may contribute alongside other organisational factors.

Longer-term outcomes:

- **Improving services and systems:** It is also plausible that trauma-informed training may *contribute* to improvements in services or local systems, for example, through improving staff or agency collaboration (as per the overarching theory of change presented in figure 1). The evidence does, however, suggest that a range of other factors present in the local system are also needed to achieve this goal, such as effective strategic leadership, multiagency working arrangements, strong information governance arrangements, etc. Again, trauma-informed training *alone* is unlikely to achieve this in isolation but *may* potentially contribute, alongside other factors.
- **Improved child outcomes:** While trauma-informed training *may* contribute to more positive interactions between practitioners and young people and to better onward referrals, there is currently no empirical basis to suggest that trauma-informed training on its own can result in improvements in young people's longer-term life chances. It is possible that trauma-informed training may help to enhance the impact of evidence-informed trauma-specific interventions, but this would require testing in future evaluations.

What evaluation of trauma-informed training are VRUs conducting and what can this tell us?

There is significant variation in VRUs' approaches to evaluating their trauma-informed training. All VRUs were collecting information about the training sessions delivered and the workforces attending. The majority of VRUs were also undertaking pre- and post-surveys with staff that sought to capture information about the short-term outcomes that the VRU was aiming to achieve.

The evaluations of trauma-informed training being conducted by VRU's are likely to provide useful information, but will not allow for comparisons of the effectiveness of different approaches. Current evaluations are not designed to provide evidence of medium or longer-term outcomes for young people, staff or services and systems.

To what extent have VRUs considered equality and diversity issues within the design and delivery of trauma-informed training?

All VRUs' trauma-informed training courses focus on and explore dimensions of inequality. However, there is significant variation in how this has been incorporated into the training and the specific inequalities considered. Further use of local data to understand who is over-represented within the criminal justice system would help VRUs to consider what is most relevant in their context.

Key messages

1. Some of the outcomes that it is hoped trauma-informed training and care will deliver are more feasible than others when considered in the light of the wider evidence base.

This study has found that VRUs were hoping to deliver a range of outcomes through their investments in trauma-informed training and practice. As set out above, some of these outcomes are plausible when considered in the context of the wider evidence about the types of activities shown to improve outcomes including those for children and young people, and others less so.

2. The contribution of trauma-informed training is best understood as part of a wider trauma-informed system of support.

There is clear potential for trauma-informed training to contribute to a reduction in further traumatisation of young people and improve relationships, but only when used as one component of a wider trauma-informed system of support for young people that includes evidence-based practice and trauma-specific services.

Trauma-informed training should not be seen as a route to reducing youth violence in itself, but rather as a contributory factor to an effective evidence-informed system of support for young people. The experience of trauma is intertwined with other factors that may contribute to violent behaviour. This reinforces the need to deliver and test the impact of trauma-informed training, principles and practice when integrated into a system of interventions with good evidence of either preventing or reducing youth violence. These might include focused

deterrence, mentoring, pre-court diversion or social skills training,[2] alongside wider system-change activities.

3. The evaluations of trauma-informed training being conducted by VRUs are likely to provide useful information but will not allow for comparisons of the effectiveness of different approaches.

The current evaluation methods VRUs are using will provide useful information, but will not provide robust data about the impact of the training. Some VRUs were capturing information on measures related to the learning outcomes of the training, which will provide an insight into whether the current approach *within* each VRU is resulting in immediate shifts in workforce capability, attitudes or motivation. In cases where VRUs were using follow-up surveys with staff, this will also provide helpful insight into whether any such outcomes are sustained. Overall, however, the variability in measurement tools used by VRUs means that comparison *between* VRUs will not be possible.

4. There is a lack of evidence about the application of trauma-informed training within the criminal justice system generally, and further research is needed to confirm the impact of trauma-informed training on the knowledge and attitudes of staff towards trauma.

Although trauma-informed practice and training have been widely used, there has been little robust evaluation of their impact. This is particularly the case in relation to the use of these approaches in the criminal justice system, as much of the evidence that is available is from health and social care settings.

5. Trauma-informed training has the potential to improve the experiences within the criminal justice system of those disproportionally impacted by trauma.

The role of the criminal justice system in causing trauma for vulnerable groups should not be underestimated. Despite recent efforts from the Home Office and VRUs, young men from minoritised groups are still disproportionately impacted by trauma and over-represented in the criminal justice system. VRUs could ensure training has a sufficient focus on the experiences of young men from minoritised groups, who are more likely to experience violence as victims and perpetrators.

Recommendations

1. There is a need for impact evaluation of trauma-informed training and related activities to confirm if the short- and medium-term outcomes aimed for by VRUs are being achieved.

Given that most research to date has focused on trauma-informed training in a health and social care context, further research is needed to improve our understanding of trauma-informed training within the criminal justice system.

[2] For examples of evidence-based approaches, see the Youth Endowment Fund (YEF) Toolkit: https://youthendowmentfund.org.uk/toolkit/?evidence-min=4&reduction-min=4

Specifically to:

- improve understanding as to whether trauma-informed training is feasible and acceptable in this context, and of the barriers and enablers to effective implementation
- explore the short-term impact of the training on staff knowledge and awareness of the impact of trauma
- test whether trauma-informed training programmes can deliver on the short-term and medium-term outcomes that are most plausible, such as increasing knowledge and understanding of trauma, shifting perceptions and changing practice
- in turn, if the evaluation of the short-term outcomes provides promising results, the next stage of research should look to test medium-term outcomes (including the impact on young people's experiences and perceptions of services).

Any research looking at changes in the medium and longer term should consider the contribution of trauma-informed training alongside other components of trauma-informed practice and interventions that support child outcomes at a local level.

Some of these recommendations are being taken forward as part of the grant round currently being run by the Youth Endowment Fund (YEF) which plans to carry out impact evaluation of up to three promising models of trauma-informed practice.[3]

2. Future research could also usefully build knowledge about which models of trauma-informed training most effectively improve outcomes.

Given the variety of trauma-informed training approaches being used, attention could also usefully be focused on building our understanding of *which* models of trauma-informed training most effectively improve short- and medium-term outcomes for staff and, potentially, for young people.

3. In order to support local decision-making, it may be helpful to provide guidance for VRUs and other organisations seeking to implement a trauma-informed approach within the criminal justice system.

The provision of clear information about what can and cannot feasibly be expected from trauma-informed training and how best to maximise its contribution could be helpful in supporting decision-making among VRUs and wider partners involved in tackling serious youth violence.

Any guidance should make clear that trauma-informed training has the potential to add significant value to staff understanding of trauma and to encourage person-centred, empathetic practice within the criminal justice system. On the basis of current evidence, however, trauma-informed training should not be seen as a primary prevention method to reduce youth violence. If combined with high-quality evidence-informed services with good evidence of preventing or reducing trauma, however, trauma-informed training may be an important part of an evidence-informed system of support that seeks to improve young people's outcomes.

It is important that the messages about what it is feasible to expect to achieve through trauma-informed training are communicated to and within VRUs to support decision-making about how best to reduce serious youth violence. Work is also needed to develop understanding about the impact of trauma-informed training, and VRUs have an important role in taking this work forward. VRUs should continue to reflect and learn from their experiences of implementing the training, considering the barriers and enablers identified within this report.

[3] See: https://youthendowmentfund.org.uk/grants/trauma-informed-care-and-preventing-young-people-from-becoming-involved-in-violence/

Introduction

Over the past decades, the concept of a trauma-informed approaches has gained momentum in the fields of psychology, psychiatry, developmental science, education, public health, criminal justice, and social work (Champine et al., 2019). Increasing practitioner awareness of trauma has become a growing area of workforce development, often as part of broader attempts to develop services to be 'trauma-informed', which includes screening individuals for trauma, redesigning services in order to increase client choice, and preventing and reducing the potential for retraumatisation.

These approaches have become increasingly popular in a range of settings, including as part of strategies developed to tackle and prevent youth violence. The Home Office has recently made funding available for Violence Reduction Units to invest in trauma-informed training.

Violence Reduction Units

In the summer of 2019, the Home Office announced grant funding for 18 police force areas with the highest levels of serious violence across England and Wales to establish (or develop existing) Violence Reduction Units (VRUs). VRUs bring together multiple actors – including police, local government, health professionals, community leaders and other key partners – to identify local drivers of serious violence and take coordinated action to address these.

In July 2021, the Home Office launched a £17 million investment for VRUs, focused on early intervention and preventive activities to support young people at risk of serious violence. The investment was used to fund three types of serious violence youth interventions: high-intensity therapeutic interventions (such as cognitive behavioural therapy), teachable moments (a preventative intervention designed to encourage voluntary participation in support) and trauma-informed training for frontline professionals. This report focuses on this final element of the fund: trauma-informed training.

Research aims and questions

The Home Office commissioned this study to understand how trauma-informed training is being delivered by the VRUs, and what the intended outcomes of this training are and for whom. This work looks at the existing literature, explores the approaches taken by VRUs and the theory behind them, considers the feasibility of the intended outcomes, and makes suggestions for future evaluation of trauma-informed training.

The specific questions this review addresses are:

- What are VRUs currently delivering through the Home Office trauma-informed training grants?
- What outcomes are VRUs trying to deliver through trauma-informed training, what is their theory of change, and how will the training achieve this?
- To what extent are VRUs' theories of change for trauma-informed training plausible and grounded in evidence?
- What evaluation of trauma-informed training are VRUs conducting, and what can this tell us?
- To what extent have VRUs considered equality and diversity issues within the design and delivery of trauma-informed training?

Methodology

The following methodology was used to address the research questions:[4]

Document review

Documentation relating to the VRUs' Home Office bids, training provider information, training materials, and plans for evaluation were reviewed, to explore what the VRUs were delivering. The findings were used to develop the question structure for VRU workshops.

Brief literature review

A high-level literature review was conducted to assess existing key theories, exploring the use of trauma-informed approaches to youth violence. The literature reflects growing contemporary interest, implementation, and design of trauma-informed interventions and practices, with the majority coming from the last 10 years.

Review of trauma-informed training models

A review of training models based on the documentation received from VRUs was conducted, to explore the commonalities and differences between the seven VRUs' approaches to trauma-informed training.

This review shows the variation in what is being delivered under the banner of trauma-informed training. Understanding this variation allows us to make recommendations in this report about which of the current approaches may be most amenable to future evaluation and to suggest what that means for how future trauma-informed training should be funded and delivered.

Understanding VRUs' theories of change

Theory of change workshops and interviews were conducted with seven of the VRUs: Avon & Somerset, Hampshire, Lancashire, Leicester, Greater Manchester, Sussex, and West Midlands. The workshops were structured to help clarify the rationale behind each VRU's work, their anticipated short-and long-term outcomes from the training, and how this is progressing within their workforces and localities.

The structure of this report

This report examines:

- what is meant by trauma, 'trauma-informed', and trauma-informed practice, care and training
- the effectiveness of trauma-informed training
- a theory of change for trauma-informed training in VRUs
- enablers, assumptions and barriers in VRUs
- research and evaluation of VRUs' trauma-informed training.

It then sets out some key messages, recommendations and conclusions.

[4] See appendix B for more information on all aspects of the study.

1. What do we mean by trauma, 'trauma-informed', and trauma-informed practice, care and training?

There is substantial variation in the terminology and definitions of trauma-informed approaches in the literature (Addis et al. 2022, Champine et al., 2019). Terms such as trauma-informed practice, approaches, training and care are used throughout the literature to broadly refer to a programme or system designed to promote the understanding and treatment of trauma-involving experiences (Champine et al.; 2019, p. 2). The interchangeable use of these terms, coupled with the scarcity of research and measurement of practices, presents difficulties in defining the overall concept and evaluating which approach is most effective as a trauma-informed intervention (Hanson et al., 2018).

However, some experts contest the need for a consistent definition, encouraging open-ended definitions and stating that trauma and its proposed treatment practices are too complex to be defined. They raise concerns that many who would benefit from trauma-informed practices may miss the opportunity to access them if they are excluded by a definition which is too narrow (Menschner and Maul, 2016, p9).

What is trauma?

Although definitions in the literature vary, consistent features of a definition of trauma include an individual's emotional response to the experience of intense and distressing events, including exposure to neglect, abuse, violence and discrimination, which can contribute to long-lasting health and psychological issues (Liddle et al., 2016; SAMHSA, 2014; Bowen and Murshid, 2016).

The US Substance Abuse and Mental Health Services Administration (SAMSHA 2014) offers the following definition:

'Trauma is defined as an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual wellbeing.'

See appendix A for more on the prevalence of trauma in the criminal justice system.

What is 'trauma-informed'?

The concept of being 'trauma-informed' refers to an understanding of trauma through cultural and environmental insights and acknowledging the impact it has across settings, services and populations (SAMHSA, 2014). The aim is to prevent retraumatisation by providing a safe space that encourages collaboration and learning between staff and clients, whereby professionals can address the consequences of traumatic experiences and act to reduce the risk of future negative impacts on health (Di Lemma et al., 2019, p21).

What is trauma-informed practice?

Trauma-informed practice aims to prevent retraumatisation by developing awareness of trauma among practitioners and service providers.

Over the past 10 years, trauma-informed activities have increasingly been adopted by schools, child protection services and the criminal justice system as a means for identifying practices that might inadvertently traumatise children (such as school exclusions or the use of police cells), so that they can be eliminated or changed to reduce vulnerable children's experiences of trauma. These approaches are informed by a set of principles that recognise that experiences of trauma are prevalent and can negatively impact the daily functioning of many individuals. This is seen to help practitioners offer more welcoming services that are less likely to inadvertently retraumatise service users.

Trauma-informed practice, care and approaches are terms used broadly and interchangeably to refer to models of practice, programmes, services or systems designed to promote the understanding and acknowledgment of the long-lasting implications of traumatic experiences and of how staff and professionals can reduce the risk of retraumatisation among clients and service users.

Generally, trauma-informed practice adheres to a set of principles to be implemented as guidelines for practitioners and professionals to follow to become trauma-informed: safety, trustworthiness, collaboration, empowerment and choice (Center for Preparedness and Response, 2020).

Trauma-informed practice differs from trauma-specific service models, which offer therapeutic interventions involving practitioners with specialised skills. These include interventions such as cognitive behavioural therapy (CBT), used in the treatment of trauma and substance abuse (SAMHSA, 2014).

A range of activities are implemented as part of trauma-informed practice, including trauma-awareness training, trauma screening, and service redesigns aimed at increasing client choice.

What is trauma-informed care?

The term 'trauma-informed care' is narrower than the broader notion of 'trauma-informed practice'. Recent EIF work on trauma-informed care in children's social care found that 89% of responding local authorities (50 out of 58) reported that they engaged in at least one element of trauma-informed care, but only 11 (22%) said their team had a shared definition of trauma-informed care (Asmussen et al., 2022). This is understandable, given the nascency of the field and associated research and evaluation (Champine et al., 2019).

Studies explored in the EIF research on trauma-informed approaches within children's social care (Asmussen et al., 2022) found 15 trauma-informed components identified by SAMHSA, which are set out in table 1.1.

However, these components are rarely delivered in a manner consistent with the SAMHSA protocol. Of the 15 trauma-informed care components, training is by far the most prevalent – and, in many cases, it is the only trauma-informed care activity (Bunting et al., 2019; Lowenthal, 2020).

TABLE 1.1

Common components of trauma-informed care within the children's social care

Workforce development	Trauma-specific services	Organisational environments & practices
Training of all staff on the impact of abuse or trauma	Use of standardised trauma screening/assessment measures	Within agency collaboration/ service coordination
Measuring staff knowledge/ practice	Availability of evidence-based trauma-specific practices	Outside agency collaboration/ service coordination
Strategies/procedures to address/reduce traumatic stress (secondary trauma) among staff	Trauma history is always included in case/service plan	Positive, safe physical environment
Knowledge/skills in accessing evidence-based services		Reduce risk of retraumatisation
Defined leadership position for trauma services		Strengths-based/promote positive development
		Written policies that include trauma

Adapted from Bunting et al., 2019

What is trauma-informed training?

Trauma-informed training is one of the main components of trauma-informed practice. It aims to teach workforces how to recognise and sensitively interact with individuals who have been exposed to trauma, building knowledge and awareness around the issues.

There is significant variation in the information that studies have provided about training content and teaching approaches. Course content may vary both depending on organisational objectives and across sectors and workforces. Some of the most common course content themes include (i) trauma-informed principles, (ii) the long-lasting impact of ACEs (adverse childhood experiences), (iii) strategies to avoid retraumatisation, (iv) tools to develop a common language among practitioners, and (v) strategies to prevent vicarious trauma and improved self-care for training attendees (Purtle, 2018).

Studies have shown that trauma-informed training has started to emerge within a range of settings, including psychiatric hospitals, mental health services, social care, youth custody, child welfare and education, and primary care clinics.

Trauma-informed training is often implemented concurrently with other trauma-informed practice components, such as strengths-based approaches, increasing the safety of the physical environment, trauma-informed leadership, and screening individuals for trauma[5] (Asmussen and McBride, 2021; Asmussen et al., 2022).

[5] The use of ACE screening (including routine enquiry) in order to identify children with symptoms of trauma has been increasingly challenged. Few evaluations have rigorously considered whether ACE screening is an effective method for identifying vulnerable children, and we do not know whether these activities could inadvertently retraumatise children or cause other forms of harm. Recent work has said that universal ACE screening activities should be stopped entirely until a validated measure of childhood adversity has been developed and there is clear evidence of it leading to effective treatment (Asmussen & McBride 2021, p17; Asmussen et al., 2022, p5).

Terminology used in this report

Throughout this report, we use the terminology 'trauma-informed practice' and 'trauma-informed approaches' interchangeably; both refer to working in a 'trauma-informed' way, which the 'trauma-informed training' implemented by the VRUs aims to achieve. The VRUs also use these terms interchangeably.

2. The effectiveness of trauma-informed training

A literature-based theory of change

The theory of change on the following page (figure 2.1) summarises what was found in studies evaluating trauma-informed practice, including trauma-informed training for staff. This provides an overview of the outcome measures relevant to trauma-informed practice that are included in the existing literature.

There are significant variations in the settings, training attendees/workforces, training content and evaluation methods (including single pre-test and post-test designs, multiple post-test, and randomised control trials) used in these studies. Although a number of positive outcomes were observed, some studies are limited through the predominance of pre-and post-test designs and single group studies, coupled with relatively short follow-up periods and a dependency on self-report measures.

Areas of preliminary evidence

Preliminary evidence suggests that:

- **Trauma-informed training can increase staff awareness and knowledge of trauma-informed practices** (Raja et al., 2015; Kramer et al., 2013; Conners-Burrow et al., 2013; Choi & Seng, 2015; Brown et al., 2012).
- **Trauma-informed training improves staff understanding of how to make appropriate referrals and treatment decisions** (Maynard et al., 2019) and allows a more user-centred approach, increasing the perception of shared decision-making between users and providers (Green et al., 2015; Green et al., 2016). However, the literature suggests this is only possible if the training is combined with other elements of a trauma-informed approach: that is, within a system that supports trauma-informed policies and practices.
- **Trauma-informed training could contribute to more positive experiences for young people during their contact with staff.** The literature did not include any evidence to support the claim that trauma-informed training reduces youth violence at a community level. However, there was preliminary evidence on the potential to reduce the incidences of violence within specific settings. One study provided introductory evidence indicating that trauma-informed training had significantly reduced violent occurrences between staff and young people at one residential facility (Baetz et al., 2019). An additional study by Elwyn, Esaki and Smith (2015) utilising 'The Sanctuary Model' – a trauma-informed, evidence-supported, whole-culture approach to formulating and developing organisational culture – had shown similar beneficial impacts for both youth and staff, including reductions in youth misconduct, and fights among youth within the residential facility, as well as a reduction in injuries, assaults and grievances among staff. A study by Blair et al. (2017) concluded that delivery of multiple trauma-informed components resulted in a significant reduction in the rate of seclusion events in a psychiatric hospital setting.

FIGURE 2.1

A trauma-informed theory of change drawn from the literature

Why	Why trauma-informed training	Who	How	Short-term outcomes	Medium-term outcomes	Long-term outcomes	
						Services	Children and young people
Existence of trauma histories are more common in justice-involved youth samples. [1] Traumatic events occurring in childhood are linked to a higher prevalence of long-term, chronic offending in adolescence and adulthood. [1] Research shows that a high proportion of children involved with the criminal justice system have been subject to severe levels of disproportionate disadvantages and ACEs, such as neglect and abuse. [2]	Trauma-informed staff training was the only unanimous recommendation within a review of publications concerning trauma-informed care. [3] There is an increased need to build on institutional/ practitioner awareness of the impact of trauma. [4]	Practitioners: professionals working with young people in the criminal justice system. Practitioners: specialists within health and social care institutions. Young people involved in the criminal justice system.	Formulating Trauma-informed training for staff within these institutions. [5] Trauma-informed training for young people in the criminal justice system and patients in other sectors. [6] Evidence-based trauma-informed interventions designed for service users.	Increase in knowledge. [7] [8] [9] [10] [11] [12] More positive attitudes towards trauma. [12] Increased confidence in using trauma-informed skills. [8]	Increased frequency of practitioners and professionals inquiring about patients'/young people's exposures to trauma. [12] Increase in positive attitudes towards the use/integration of trauma-informed practices. [10] [17] [20] Increase in shared decision making between patients and providers. [5] [18] Increased use of trauma-informed tools/methods. [11] Increased use of self-reported trauma skills. [9] [10] Increased empathy/compassion from practitioners towards clients. [15] Number of staff grievances filed reduced. [16] Number of assaults on staff by young people reduced. [16] Improved knowledge on referrals and treatment decisions. [14]	Asking patients about exposure to traumatic events. [12] Increase in a patient-centred approach. [13] Increased service engagement and knowledge/skill retention. [16] Reduction in violent incidents and behaviour. [16] Decreased exposure to re-traumatisation in services. [19] Use of punishments such as isolation/ confinement reduced within services. [16] Use of physical restraints reduced within services. [16]	Youth misconduct reduced within services. [16] Youth grievances reduced within services. [16] Young people feeling unsafe reduced within services. [16] Assaults/fights among young people reduced within services. [16]

Note: Most RCT findings reflect only a few studies, and all the findings in the children and young people outcomes section are drawn from a single pre-test and multiple post-test evaluation (Elwyn et al., 2015).

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- **Trauma-informed training may lead to changes in practice if combined with other trauma-informed care components**. While it is clear that practitioners are often quite enthusiastic about trauma-informed training and frequently learn new information through it, studies suggest that training in the absence of other trauma-informed care components rarely leads to practice improvements (Kenny et al., 2017; Conners-Burrow et al., 2013; Kerns et al., 2016; Marsicek et al., 2019; Williams & Smith, 2017).

Gaps in the literature

Some gaps in the literature have been identified:

- **The potential for training to impact overall staff-wellbeing is not well explored in the existing literature.** It does, however, explore how psychological and physiological characteristics can be transferred to professionals from clients exposed to trauma (Handran, 2015). Relatedly, there is a considerable amount of theoretical literature on organisational culture and its effects on practitioners' wellbeing, suggesting that training alone is unlikely to impact staff wellbeing without wider organisational structures to support this (ibid).
- **The literature did not explore the role of training in improving cohesion between services and improving systems.** Instead, these were described as components of trauma-informed practice (see table 1.1 above), rather than outcomes of the training alone.

A lack of impact evaluation

Although trauma-informed practice and training have been widely used, at the time of writing there has been little robust evaluation of the impact of these approaches.

Without robust evaluation, which involves a control group, it is not possible to determine whether the outcomes identified within the literature are attributable to trauma-informed training alone or are due to other factors.

The emerging evidence is not yet sufficient to provide information on the extent to which trauma-informed training can improve outcomes, particularly in criminal justice settings. This is because:

- There are limited examples from the criminal justice sector, and much of the literature looks at children's social care, healthcare or other clinical settings.
- Many evaluations had significant methodological weaknesses (use of single-group designs and lack of community-based application), which decreased the representativeness of the findings. This means these studies are not reliable enough to infer the impact of trauma-informed training (Elwyn et al., 2015).
- Where methods are robust, studies include the delivery of training concurrently with other trauma-informed components. This includes therapeutic approaches (such as the routine use of the Brøset violence checklist, a short-term violence prediction instrument used to measure and assess negative behaviours), enhancing environments (such as utilising comfort rooms to promote sensory processing), and strategies to influence organisational culture change (such as the use of the Sanctuary Model) which had the potential to promote a supportive and understanding social climate, promote positive relationships and increase resilience (Esaki et al., 2013; Elwyn et al., 2015; Blair et al., 2016; Woods & Almvik, 2002).

3. A VRU theory of change for trauma-informed training

This section explores the most common elements of a theory of change articulated by VRUs, which are represented in an overarching theory of change (see figure 3.1 on the following page). This includes the rationale for the training, who is taking part, key training elements and desired outcomes.

There was considerable variation in how VRUs conceptualised their work and route to impact, which means not every aspect described below was present in all VRUs' theories. However, many elements of the overarching theory of change that emerged are broadly consistent with the existing trauma-informed training literature.

The diagram was developed through a collective assessment of the theories of change described by VRUs. A further review of the theories of change was conducted throughout the workshops with VRUs, allowing exploration of various questions connected to how the theory of change was established, the local rationale behind this, who was involved, and the proposed outcomes from implementing trauma-informed training.[6] In the next section, we will take each of these, in turn, exploring the findings from this research.

Rationale for trauma-informed training

The most common rationale underpinning VRUs' trauma-informed activity is a high prevalence of trauma among the young people (and communities) that they support. An implicit assumption here is that the experience of trauma causes or contributes to violent behaviour and increases the risk of further victimisation.

Trauma-informed training was seen as improving staff knowledge and understanding of the long-lasting impact of trauma on young people's lives and its potential to increase victimisation and violent behaviour. VRUs felt that greater awareness of the trauma experienced by these young people and the recognition that their behaviour was shaped by experiences outside of their control would enable staff to provide more empathetic, person-centred support.

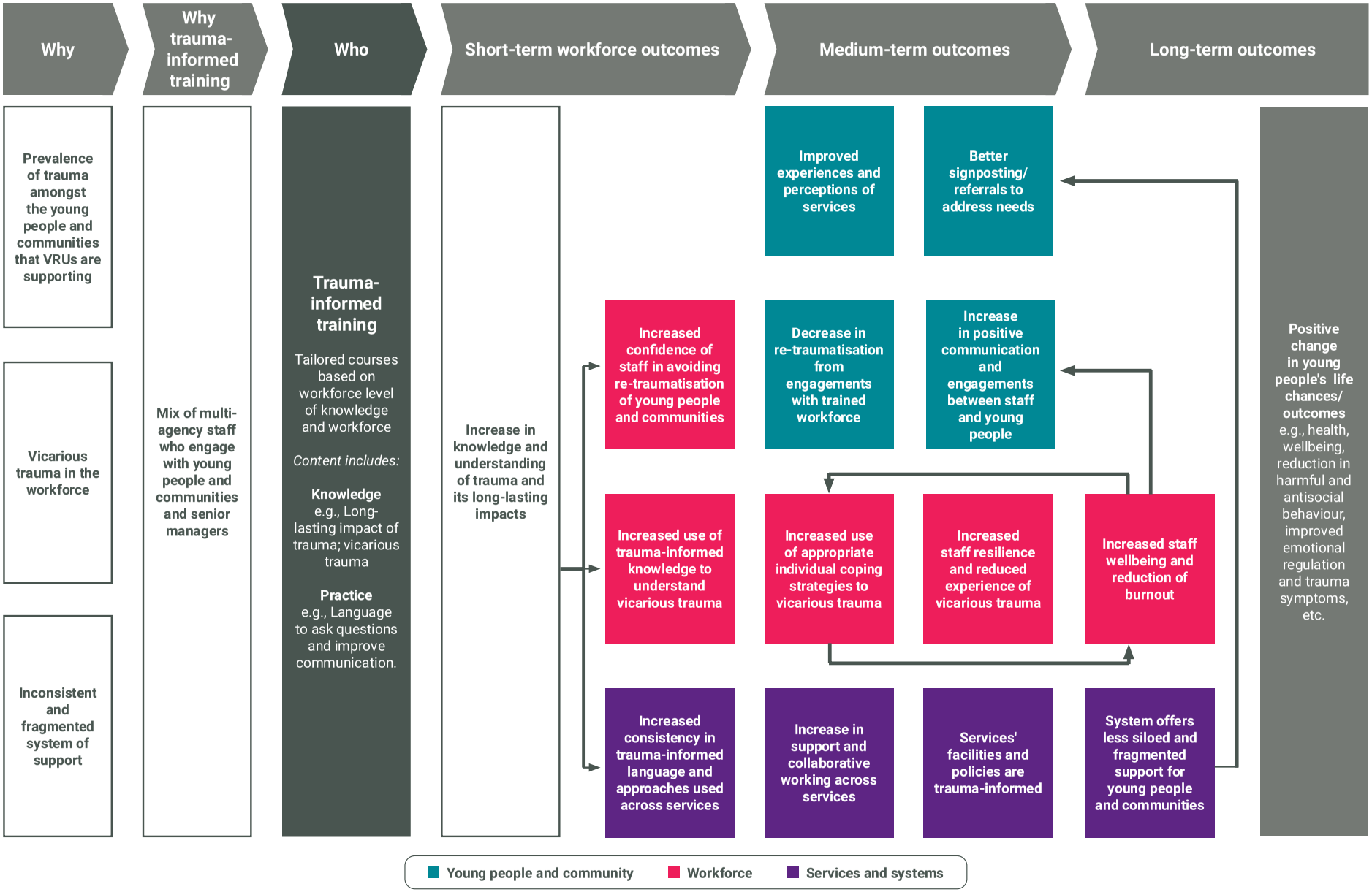
The secondary rationale provided by VRUs was that their workforces experience vicarious trauma as part of their roles, and that the training can offer approaches to staff to manage the impact of this on their own wellbeing. This is consistent with the literature, which suggests that staff may experience burnout, compassion fatigue, loss of job satisfaction, and vicarious trauma as a result of working with individuals affected by trauma (Purtle, 2018; SAMHSA, 2014). Further exploration of what this looks like across sectors and at a local level would strengthen this element of the VRU theory of change.

Finally, a small number of VRUs described challenges around inconsistent and fragmented support systems and felt that trauma-informed training could increase consistency in practice across different workforces and improve partnership working.

[6] See appendix B for more information on the workshops conducted with VRUs.

FIGURE 3.1

Overarching theory of change for trauma-informed training within VRUs



Recipients of trauma-informed training

The recipients of training varied across VRUs. Some VRUs focused primarily on the police, others on a broad range of professionals interacting with young people in schools, community and healthcare settings at different seniority levels (frontline practitioners, managers and senior leaders).

It was felt that the value of the training for different groups was linked to the extent to which a trauma-informed approach was significantly different to standard ways of working. For example, workshop participants suggested that the police workforce gained the most from the training, because some of the principles of trauma-informed practice were less familiar to this group. By contrast, EIF's work on trauma-informed practice in children's social care concluded that it was difficult to distinguish trauma-informed practice from standard social work (Asmussen et al., 2022). The extent to which this training can reduce police practices that can cause trauma is worth future exploration.

Intensity of trauma-informed training

There was significant variation in the intensity of the training being provided. Courses ranged from half a day to three days in length, according to the level and depth of the content. Some VRUs also had 'train the trainer' courses that included more in-depth content to equip participants to train others. Some VRUs had courses with different levels of specialism, such as introductory courses for whole teams and more specific content for workforces interacting with children and young people. Some courses were focused on knowledge and others on practice and skills. These were tailored to the level of pre-existing knowledge of trauma-informed practice among staff. This tailored approach was often used by VRU partnerships who had an ambition to become more trauma-informed.

Content of trauma-informed training

VRUs' individual aims determined the content of the training. These aims included focusing on the long-lasting impact of trauma on young people, the vicarious trauma experienced by the workforce and/or building a shared language and communication skills among multiagency staff.

There was significant variation in how the training content explored the differential impact of trauma on different groups. One VRU assessed local needs in their situational analysis, considering differential effects in the community before developing their theory of change, giving particular consideration to the history and diversity of the area and recent Black Lives Matter protests. Another VRU discussed the importance of recognising trauma and its role in young people's lives, while also acknowledging that trauma does not define young people. Another VRU described trauma-informed practice/principles as universal, with a bespoke application for specific individuals and groups. One VRU told us that they are focused on challenging systemic racism in different dimensions of their work.

Training in some of the VRUs included content on how a young person's identity and their lived experience of different forms of oppression can affect how they interact with professionals and services. Others explicitly included the concept of intersectionality, with a small number including separate content on antiracism. There were also some examples of alignment with broader equality and diversity strategies and specific training on antiracism.

The workshops suggested some variation within and between VRUs in their conceptualisation of what it means to be trauma-informed. For some, the focus was on a 'way of being' or set of beliefs, with less emphasis on specific techniques or practices.

For others, it also included elements of amending service design and practice to better support staff and service users to avoid retraumatisation.

Content of training in relation to minoritised groups

Some VRUs articulated the need to consider implicit bias in relation to minoritised groups and included content on this in the training. Some talked about the potential for trauma-informed practice to promote positive practices (which avoid traumatisation) within the police and to contribute to improved relationships between police within certain communities.

However, in other VRUs these challenges were not articulated. The extent to which this type of training contributes to improved community relationships or contributes to a reduction in harmful practices is not well explored within the existing literature and would benefit from further research.

Some training considered lived experience views in course design, aiming to understand and make changes in practice based on the needs of young people in custody, for example. Working with young people and communities to design aspects of the training could contribute to the quality of the content and help facilitate the alignment of the content with young people's needs. This aligns with the principles of empowerment and choice reflected in the training itself.

What outcomes are VRUs trying to achieve through trauma-informed training?

VRUs are attempting to deliver a wide range of outcomes through their trauma-informed training programmes. This includes (i) outcomes for the practitioners attending the training, (ii) outcomes for children, young people and communities resulting from contact with these workforces and their services, (iii) children and young people's broader outcomes and life chances, and (iv) outcomes for wider services and systems.

These outcomes are explored in greater detail below, as well as the extent to which they are supported by current and emerging evidence.

Intended outcomes for practitioners

Improving staff understanding of trauma

In the short-term, all VRUs aimed to increase staff knowledge of the principles of trauma-informed practice and how trauma affects behaviour.

The literature supports these short-term outcomes, which suggested that training has the potential to provide significant improvement in staff knowledge, attitudes, and behaviours relating to trauma and trauma-informed practice (Elwyn et al., 2015; Purtle, 2018; Glendinning et al., 2021).

Changes in practice

All VRUs talked about the changes in attitude they expected to see in staff because of an increased understanding of trauma-informed principles. It was felt that a better understanding of trauma and how it affects people would mean that staff were more resilient, more confident in supporting young people who have experienced trauma, likely to be more motivated and inspired to adapt their interactions with service users, and more cooperative with colleagues.

In combination with increased skills, the training was expected to positively impact the quality of interactions between staff and young people. This was based on the idea that the training encourages empathetic, person-centred interactions and communication between staff and young people. These interactions were based on the principles of safety, trust, collaboration and empowerment, and variations on these were described in the training content.

This was consistent with findings from the literature, which suggest that increased compassion towards clients and expressed confidence in perceptions, understandings, and working with children who have experienced traumatic events was shown in both criminal justice studies and other residential settings (Purtle, 2018).

The literature has explicitly explored how increased staff knowledge about trauma and trauma-informed practices can lead to increased support for and use of trauma-informed communication and tools. VRUs also reflected this.

Improving staff wellbeing and capability

After changes in practice, the second most common aim described by some VRUs was to improve staff capability and wellbeing and to increase the ability of the workforce to use appropriate coping mechanisms in their work.

The VRUs described how working with highly vulnerable populations who have often experienced high levels of trauma and adversity can have a cumulative impact on staff, creating stress and affecting mental and physical health. This is often referred to as secondary or vicarious trauma. These concepts were explored in the literature which describes the concept of secondary trauma and how psychological and physiological characteristics can be transferred to professionals from clients exposed to trauma (Handran, 2015).

VRUs emphasised the potential for training to promote self-care techniques as a way of reducing the potentially harmful impact of the work. In the longer term, they saw this as a way of improving the resilience of staff and their wellbeing. It was also felt that improved staff resilience could lead to more positive interactions with young people and improve outcomes. Understanding the contribution of training to these longer-term impacts on staff wellbeing was not explored in the literature. However, there is a considerable amount of theoretical literature on the way in which organisational culture affects trauma workers' wellbeing (ibid), which suggests that training alone is unlikely to improve well-being without wider organisational structures to reinforce and support this.

Outcomes for young people

As their primary objective, most VRUs focused on improving outcomes associated with young people's experiences of services, such as increased self-esteem, reduced stress and aggression, increased feelings of safety, and improved communication and relationship with services. VRUs described trauma-informed training as a mechanism to improve outcomes for young people in specific service settings (such as custody) rather than at a community or population level.

VRUs suggested that the improvements in communication between staff and young people would directly impact on young people's behaviour, for example, by positively affecting young people's emotional regulation, reducing (re)traumatisation, and promoting healthy coping mechanisms.

There are some preliminary findings to support the short-term outcomes described by VRUs. A 2015 study by Elwyn et al. showed a decrease in particular types of violent interactions (such as youth misconduct and punishment) in a juvenile justice facility after implementing multiple trauma-informed practice components concurrently with training.

However, the impact of training on longer-term outcomes and on improving young people's life chances, improving the wellbeing of staff, and reducing violence were not explored in the literature. Instead, existing studies looked at the impact of training alongside other activities and focused on residential and care settings (which are sufficiently different to the community settings, which were the focus of this funding).

Outcomes for services and systems

Some VRUs intended trauma-informed training to contribute to changes in their local system, as well as improvements to frontline practice. These VRUs felt that consistency in language and use of trauma-informed approaches used across services could improve multiagency collaboration. This consistency in approach was sometimes also reinforced by the introduction of common trauma-informed policies and procedures across agencies. In this sense, the training was seen to support collaborative and cohesive support systems for young people in the longer term, with more effective signposting between agencies and an increased likelihood that young people would receive support that meets their needs.

Improved multiagency working and collaboration was not explicitly mentioned in the existing literature as an outcome from training, as existing studies were more focused on the impact of training within individual settings rather than between organisations. While trauma-informed training may contribute to improved systems, evidence suggests that a wide range of other factors in the local system are required to achieve this goal, including strategic leadership, effective multiagency working arrangements and frameworks, and strong information governance arrangements. Further research is needed to understand the potential contribution of trauma-informed training as a facilitator for improved local systems.

Areas of significant difference in VRUs' theories of change

In this section, we discuss some of the key differences in the approach taken by VRUs.

- **There was variation in the relationship between trauma-informed training and other trauma-informed practice components.** All VRUs have incorporated other trauma-informed practice components into their training programmes. However, there are variations in which other components have been included and the structure in place to support these components. For example, some VRUs have commissioned evaluations and measure staff knowledge, skills and practice. Others have gone further and have started thinking about collaboration across the partnership, to build networks of trauma-informed practitioners, and ways of connecting trauma-specific approaches with the training programmes.
- **There was variation within and between VRUs in their conceptualisation of what it means to be trauma-informed.** This was reflected in variations in the training content. Some VRU's had focused on increasing awareness, with training focused on understanding trauma; others were more focused on changes in practice. Training that focused on supporting practice changes tended to be more interactive, using role-specific examples or role-play exercises. The latter approach appeared to support engagement from staff.
- **There were important differences in VRUs' expectations of the role of trauma-informed training within their local context.** For some, the training was the first step toward becoming a trauma-informed area or organisation. In these cases, there was often a more comprehensive set of activities happening at a local level to support some of the longer-term outcomes within the VRU's theory of change (such as referral to staff wellbeing support or follow-up training). In other cases, however, trauma-informed training was seen as a movement away from the medicalisation or criminalisation of young people, which some VRUs saw as unhelpful in improving young people's outcomes.

- **There were significant differences between VRUs in who received the training.** Areas focusing on broader system-level outcomes were more likely to take a multiagency approach, with a broad range of professionals interacting with young people in schools, community and healthcare settings. Others focused primarily on the police, seeing trauma-informed practice as adding particular value to improving practice in policing.

4. Enablers, assumptions and barriers for VRUs

In this section, we discuss reflections that emerged from assessing VRUs' theories of change, focusing on key factors that might support or hinder the outcomes VRUs have set out to achieve through their trauma-informed training strategies and adoption of trauma-informed practice more widely. Firstly, we consider the views of VRUs on some of the key enablers and mechanisms of change, including the resources, approaches and structures needed to support the outcomes VRUs expect to achieve. Secondly, we explore some of the assumptions VRUs have made, which may be challenged and are not always explicitly surfaced in their theories of change. Finally, we explore key barriers faced by VRUs in adopting trauma-informed practice and in achieving their desired outcomes.

Enablers and mechanisms of change

To further explore how VRUs expect to achieve the outcomes and impact described by their theories of change, it is useful to consider the wider conditions likely to contribute to realising (or hindering) these outcomes. Table 4.1 provides a list of key enablers and mechanisms of change identified by VRUs and trauma-informed training providers in our interviews and workshops.[7]

TABLE 4.1

Enablers identified in workshops and interviews with VRUs

Enabler	Examples and implications
Promote a safe working environment	A key enabler identified by VRUs for the successful implementation of trauma-informed principles and supporting staff is to promote a safe working environment: a psychologically safe space for staff to reflect and discuss their trauma, and any struggles they may have had in talking to or working with children and young people with trauma experiences.
Model trauma-informed practice in the training	Good practice by training providers in modelling trauma-informed approaches in training sessions, using sensitive and motivational language to empower participants and encourage communication.
Having trauma-informed trainers and champions within workforce	Developing members of the workforce as specialists in trauma-informed practices. VRUs described relying on those attending to be champions for trauma-informed practice within their organisations. It was felt to be important that strategic leaders locally provided the support needed for the champions to fulfil this role, for example, by providing a clear mandate and the resources and time needed to support their activities.

[7] Conducted between March and May 2022. See appendix B for more detail on the workshops and other aspects of study methodology.

Engagement of senior leadership	The engagement of senior leaders was identified by VRUs as crucial enabler of system change. An emphasis was placed upon managerial training, highlighting that the influence of managers would enable the further implementation of trauma-informed work among teams. Senior buy-in will also ensure that resources are allocated so that trauma-informed practice is adopted in sustainable ways.
Whole team engagement	VRUs described the increased traction achieved when whole teams were invited to be involved in the training. This allowed a more consistent understanding to be achieved between workforces with different levels of knowledge of the impacts of trauma and trauma-informed practice. VRUs described whole-team training being more effective when content was tailored based on different individuals' or teams' levels of knowledge and practice areas. The involvement of whole teams was also felt to be helpful in ensuring that trauma-informed principles were used in practices and policies across individual organisations.
Multiagency engagement	VRUs felt that a more consistent approach across different agencies and sectors can benefit whole communities, as different agencies provide consistent support and are able to share expertise and knowledge. This might also include a system-wide commitment to trauma-informed practice across VRU partnership teams.
Reflective practice and focus groups	VRUs described how reflective practice, peer learning and focus groups can aid positive discussion and identification of practical examples of trauma-informed approaches. It may also benefit staff wellbeing, for example, via debrief sessions with the trauma-informed practitioners who support frontline workforces.
Co-produced training	Some VRUs and training providers highlighted the benefits of co-produced training, which allowed training providers to better understand the needs and challenges of different workforces when attempting to adopt trauma-informed approaches in their practice. This allowed training providers to provide bespoke training tailored to the needs of recipients, particularly those who were not used to working in trauma-informed ways.

Considering positive and safe working environments, and involving all staff in the training and collaborating within and outside VRUs, are enablers that are likely to strengthen components of trauma-informed practice (Asmussen et al., 2022). These enablers can lead to better outcomes than training alone.

VRUs also mentioned other activities which they intended to implement alongside their training once partnerships and language are embedded. For instance, some VRUs:

- had commissioned evaluations to measure staff knowledge and outcomes
- were thinking about how to embed trauma-informed practice in their written policies
- had assigned defined leadership positions for their trauma-informed practice efforts
- created strategies to ensure evidence-based trauma-specific interventions are associated with trauma-informed practice.

Assumptions

There were several assumptions underpinning the theories of change presented by VRUs. Some were explicit in the bids sent to the Home Office, others surfaced through workshop discussions, or were implicit and not actively surfaced. A common assumption, explored in the table below, is the expectation that there would be an automatic cause-and-effect

relationship between specific inputs and various short- and longer-term outcomes. However, some of these relationships are not direct, particularly in the complex context of responding to trauma.

TABLE 4.2

Assumptions identified through theories of change, workshops and interviews with VRUs

Assumption	Example and implications
Knowledge leads to motivation and buy-in	Assumption that the acquisition of knowledge about trauma will increase the support of professionals for trauma-informed practice and motivate them to implement changes to their own practice. The theory of change is limited in examples of how motivation leads to behaviour change in direct practice. This would require training attendees to be open to considering new knowledge and receptive to challenging their own assumptions. Studies have explored how workforces receiving training might develop more favourable attitudes towards trauma-informed practice (Weiss et al., 2017; Lotzin et al., 2017) and confidence in using trauma-skills (Raja et al., 2015; Lotzin et al., 2017). The key components identified in achieving this mainly revolved around the implementation of a 'culture of care', with existing literature highlighting that an organisational care for the health, wellbeing and safety of staff will ultimately improve the ability of professionals to provide the most impactful trauma-informed practice (SAMHSA, 2014). This also applies to the assumption below.
Knowledge leads to changes in practice	Assumption that there is a linear progression from knowledge acquisition to change in workforce behaviour, leading to use of trauma skills in practice. Most VRUs weren't explicit about what behaviours might change or the specific trauma-informed skills practitioners might adopt after attending the training sessions. These skills would have to be associated with specific content included in the training. For instance, during training participants might learn about questions they can ask to improve knowledge of a client's situation, and start using these questions in their practice in order to make better decisions about what support is needed and to aid signposting and referrals (Lotzin et al., 2017).
Practitioners and services provide safe spaces for young people	Assumption that staff practice (which might change after training) is the primary driver in creating safe spaces for children, young people and the community. The existing literature (Asmussen et al., 2022, p18; Layne et al., 2019) suggests that the physical environment, workplace structure and organisational policies are all key to the ability of staff to create safe spaces.
Increased resilience of staff to trauma will lead to improved wellbeing and outcomes	Assumption that improved 'resilience' in staff when faced with traumatic work situations will lead to improved staff wellbeing. Resilience is a contested term, and it is not always clear from the theories of change what is explicitly meant by it. Furthermore, there is little mention of additional contextual factors, which are well documented as likely to impact on staff wellbeing, such as limited resources, time constraints and large caseloads.
Change in workforce behaviour and attitudes leads to better outcomes for clients	Assumption that changes in workforce behaviour and attitudes towards trauma will lead to positive outcomes for young people and communities. Only some VRUs clearly outlined how changes in workforce attitudes might first lead to better communication, and in turn to better decision-making about clients' cases and eventually to a positive impact on their outcomes.

Young people feeling safe leads to better emotional regulation	Assumption that there is linear progression from a young person feeling safe within an environment to improvements in their emotional regulation and engagement. Supporting a young person to acquire better emotional regulation might require intensive support and treatments which go beyond what practitioners can offer even after receiving trauma-informed training.

Barriers

In the workshops and interviews, VRUs discussed the barriers to implementing trauma-informed practices following trauma-informed training.

TABLE 4.3

Barriers identified in workshops and interviews with VRUs

Barriers	Details
Lack of resources	Most VRUs questioned whether the resources available to deeply embed and scale up trauma-informed training across their areas were sufficient. In some areas the training was not being reinforced by appropriate policies, systems and resources. As a result it was felt that there was a lack of capacity to build trauma-informed relationships and rapport with young people and members of the public, and so approaches were more reactive rather than preventive.
Lack of service consistency and wrap-around support	Some VRUs reflected that while workforces receiving trauma-informed training might improve their own practice, service users referred or signposted to alternative services may not receive support that was trauma-informed. There are also challenges in engaging lots of different organisations who are at various stages of the trauma-informed 'journey'.
Lack of support from senior leadership	It was felt that successfully implementing a trauma-informed approach required a 'top-down' change in attitude, with clear support from managers for practitioners to be proactive in how they interact with individuals who have experienced trauma.
Mistrust towards the police and criminal justice system workforces	VRUs reflected that distrust and negative interactions with the police and other criminal justice system practitioners are an obstacle to effectively engaging young people in services. The question of how far a trauma-informed approach can go in mediating this feeling and impacting on engagement is unclear and would need to be tested.
Lack of quality assurance for 'train the trainer' models	VRUs described challenges in training their workforces in trauma at the scale and to the depth that they wanted. Train-the-trainer approaches were seen as one way to work towards this. However, some VRUs had reservations about the quality of training delivered through train the trainer models, particularly in whether there was consistency in the training format being used and the information being provided by trainers across the different workforces.
Challenges in engaging workforce	It was noted by some VRUs that there was resistance from a minority of staff to the training. This was mostly due to assumptions about what the training might include and views about the likely effectiveness of the training in some settings.
Trauma-informed training becoming a tokenistic exercise	Concerns were raised by some VRUs as to whether trauma-informed training might become a 'tick-box' exercise, without sufficient support to embed the approach into practice.

Virtual delivery	In part due to Covid-19 restrictions, many of the training sessions were delivered virtually, and consequently there was some concern by VRUs and training providers about the level of engagement with the course content that was achieved (despite efforts to make virtual training as interactive and engaging as possible). There were concerns expressed about the effectiveness of wholly virtual delivery by some training providers. On the other hand, others felt that virtual delivery was an enabler, as it allowed more staff across multiple locations to attend the training.

5. The use of trauma-informed training: research and evaluation conducted by VRUs

VRUs' approaches to evaluation

There is significant variation in the approaches VRUs are taking to evaluating trauma-informed training. All VRUs were collecting information about the sessions delivered and the workforces attending. The majority of VRUs were also undertaking pre- and post-surveys with staff, which aimed to capture information about the short-term outcomes aimed for by the VRU.

Some VRUs have commissioned independent evaluations, looking at both implementation and the short-term outcomes included within their theories of change. These included pre- and post-training surveys, focus groups, semi-structured interviews or observations. Other VRUs appeared to have less comprehensive evaluation plans and were focusing on outputs (such as numbers of staff trained) rather than a wider set of implementation or impact questions.

The current evaluation methods VRUs are using will not provide robust information about the impact of the training. This is not surprising, and given the early stage of implementation, undertaking robust impact evaluation at this stage is unlikely to have been appropriate. This was also not specified as a requirement during commissioning.

Below are a number of observations about the evaluations being carried out by VRUs.

- **VRUs that are seeking to measure outcomes are using a wide variety of measures, which does not allow comparisons between approaches to be made.** The wide variety of measures being used means it will not be possible to compare the training approaches between VRUs, or to make any judgments about which models of training might be strongest. For example, some evaluations focused on measuring attitudinal shifts in staff views towards service users, some on motivation to change behaviour, and others included broader statements about changes in staff knowledge.
- **The focus on evaluating implementation by some VRUs offers the potential to capture important learning about the delivery of trauma-informed training within the criminal justice system.** This information is not available at the current time. Some VRUs included questions related to implementation, asking for staff feedback on logistics, quality, acceptability, accessibility of content and demographic characteristics of those completing training. Where VRUs hold this information, this may provide insight into the implementation of this training within a particular VRU.
- **Future research should move towards more standardised research questions in relation to both implementation and short-term outcome measures across VRUs.** Using more standardised questions would provide an opportunity to build generalisable knowledge in a nascent field. The next section suggests some questions that could inform further research and evaluation. These are relevant both to work conducted centrally, as well as work taken forward by individual VRUs to better understand their trauma-informed practice programme and its outcomes.

Questions for future research

These questions for future research could be used by organisations or services who are currently adopting, or considering the adoption of, trauma-informed approaches. Some of these questions need to be considered *before* the implementation of trauma-informed training and other approaches. Others could be explored or revisited *during* implementation of trauma-informed training, to generate learning about aspects of delivery that could be improved, and could form part of feasibility or pilot evaluation.

Overarching questions

Overarching questions which would enhance our understanding of the particular components and 'added value' of trauma-informed practice compared to other approaches could include:

- How is trauma-informed practice different from other practices adopted by frontline workforces for professional development?
- What is the added value of trauma-informed practice compared to other approaches aiming to address serious violence?
  - Future research would require an assessment of what is already being implemented and how it might be related to the outcomes and impacts aimed for through the implementation of trauma-informed practice.

Questions relating to trauma-informed training content

Understanding which areas of training content are most relevant to achieving the objectives aimed for by implementing trauma-informed training is key. The questions below could be used to better understand what needs to be included in the training and how, as well as to inform feasibility and impact evaluations.

- What changes do training providers and VRUs want to see in participants' attitudes towards trauma and perceptions of trauma?
- What content is most important to include to achieve the outcomes and impact VRUs present in their theories of change? This should include knowledge and practice outcomes.
- What is the optimum duration of trauma-informed training to help realise these outcomes?

Questions relating to outcomes

The questions below are based on the outcomes VRUs described in their theories of change. These could be used by VRUs to better understand the outcomes of the training programme currently implemented and inform future decision-making.

Staff outcomes: knowledge and practice

- Has the training impacted on staff attitudes towards children and young people with trauma histories?
- What have participants learned as a result of the training?
- What have training participants adopted in their practice after attending the training?
- Has the training changed practitioners' confidence levels in working with children and young people and communities with trauma histories?

Staff outcomes: wellbeing

- What have participants learned about vicarious trauma?

- Has the training changed attitudes towards vicarious trauma and healthy coping mechanisms?
- What resources are available to participants from the training to help maintain positive wellbeing?
- What effects does the training have on wellbeing, job satisfaction and burnout?

Outcomes for children, young people and communities

VRUs explored three types of outcomes for children, young people, and communities.

- experience and attitudes to interactions with staff (such as serious behaviour incidents, improved emotional regulation)
- longer-term life and health outcomes (such as improved life chances, health and wellbeing)
- longer-term reduction in serious violence reduction (such as criminal outcomes, offending and recidivism).

As mentioned, these longer-term outcomes are not explored in the existing literature. Questions and approaches could include:

- How might changes in staff knowledge and practice alter clients' experiences and perceptions of interactions with staff?
- Have clients perceived any changes in interactions with staff who attended the training?
  - Have relationships with the workforce, services and systems improved?
  - How might service engagements have increased?

Outcomes for services and systems

Trauma-informed training on its own has not currently been associated in the literature with service and systems outcomes (such as increasing collaboration between services or adoption of trauma-informed policies). It can contribute to services and systems becoming more trauma-informed, but other intervention components would have to be adopted to realise these outcomes (see table 4.1 above).

Some VRUs are already incorporating wider strategies, including training individual trauma-informed champions or whole teams and senior leaders to get more consistent language and approaches across workforces and services. The literature did not explore the role of training in improving cohesion between services and improved systems. Instead, these were described as components of trauma-informed practice (see table 1.1 above), rather than outcomes of the training alone. This could indicate that, when implemented in isolation, training is likely to be insufficient to lead to less siloed and fragmented support systems for young people.

However, questions to start exploring within research and evaluation could include:

- What enablers need to be in place for trauma-informed training to improve service and system outcomes?
- What are the other components – such as agency collaboration and service coordination, safe physical environment, written policies that include trauma – which need to be embedded alongside trauma-informed training to deliver service and system outcomes?

6. Key messages and recommendations

Key messages

1. Some of the outcomes that it is hoped trauma-informed training and care will deliver are more feasible than others when considered in the light of the wider evidence base.

This study has found that VRUs were hoping to deliver a range of outcomes through their investments in trauma-informed training and practice. As set out above, some of these outcomes are plausible when considered in the context of the wider evidence about the types of activities shown to improve outcomes including those for children and young people, and others less so.

Improving workforce understanding of trauma: Trauma-informed training has the potential to add significant value to staff understanding of trauma and encourage person-centred, empathetic practice within the criminal justice system. The existing literature provides promising evidence to suggest that trauma-informed training has the potential to improve staff understanding and awareness of the impact of trauma.

Reducing retraumatisation of young people in specific settings: There is some preliminary evidence suggesting trauma-informed training can contribute to changes in practice, improve young people's experiences of services and reduce violence within specific service settings, when combined with other components of trauma-informed practice. Trauma-informed training is unlikely to achieve this in isolation.

Staff wellbeing and reducing vicarious trauma within the workforce: While trauma-informed training may increase staff understanding of vicarious trauma, there is limited evidence that this will improve workforce resilience and wellbeing on its own. The evidence consistently highlights the impact of wider factors such as organisational culture on trauma workers' wellbeing.

Improving services and systems: It is also plausible that trauma-informed training may *contribute* to improvements in services and systems, such as improved collaboration between agencies. The evidence suggests, however, that a range of other factors relevant to the local system are also needed to achieve this goal – and so while trauma-informed training is unlikely to achieve this aim in isolation, it may potentially contribute, alongside other factors.

Improved child outcomes: While trauma-informed training *may* contribute to more positive interactions between practitioners and young people and to better onward referrals, there is currently no empirical basis to suggest that trauma-informed training on its own can directly result in demonstrable improvements in young people's longer-term life chances. It is possible that trauma-informed training may help to enhance the impact of evidence-informed trauma specific interventions, but this would require testing in future evaluations.

2. The contribution of trauma-informed training is best understood as part of a wider trauma-informed system of support.

There is clear potential for trauma-informed training to contribute to a reduction in further traumatisation of young people and improve relationships, but only when used as one component of a wider trauma-informed system of support for young people that includes evidence-based practice and trauma-specific services.

Trauma-informed training should not be seen as a route to reducing youth violence in itself, but rather as a contributory factor to an effective evidence-informed system of support for young people. The experience of trauma is intertwined with other factors that may contribute to violent behaviour. This reinforces the need to deliver and test the impact of trauma-informed training, principles and practice when integrated into a system of interventions with good evidence of either preventing or reducing youth violence. These might include focused deterrence, mentoring, pre-court diversion or social skills training,[8] alongside wider system-change activities.

3. The evaluations of trauma-informed training being conducted by VRUs are likely to provide useful information but will not allow for comparisons of the effectiveness of different approaches.

The current evaluation methods VRUs are using will provide useful information, but will not provide robust data about the impact of the training. Some VRUs were capturing information on measures related to the learning outcomes of the training, which will provide an insight into whether the current approach *within* each VRU is resulting in immediate shifts in workforce capability, attitudes or motivation. In cases where VRUs were using follow-up surveys with staff, this will also provide helpful insight into whether any such outcomes are sustained. Overall, however, the variability in measurement tools used by VRUs means that comparison *between* VRUs will not be possible.

4. There is a lack of evidence about the application of trauma-informed training within the criminal justice system generally, and further research is needed to confirm the impact of trauma-informed training on the knowledge and attitudes of staff towards trauma.

Although trauma-informed practice and training have been widely used, there has been little robust evaluation of their impact. This is particularly the case in relation to the use of these approaches in the criminal justice system, as much of the evidence that is available is from health and social care settings.

5. Trauma-informed training has the potential to improve the experiences within the criminal justice system of those disproportionally impacted by trauma.

The role of the criminal justice system in causing trauma for vulnerable groups should not be underestimated. Despite recent efforts from the Home Office and VRUs, young men from minoritised groups are still disproportionately impacted by trauma and over-represented in the criminal justice system.

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[8] For examples of evidence-based approaches, see the Youth Endowment Fund (YEF) Toolkit: https://youthendowmentfund.org.uk/toolkit/?evidence-min=4&reduction-min=4

VRUs could ensure training has a sufficient focus on the experiences of young men from minoritised groups, who are more likely to experience violence as victims and perpetrators. The training could include dedicated time to discuss the experiences of these groups, and the changes to practice or wider organisational policies that might reduce the likelihood of causing trauma. It may be helpful to have a dedicated space for reflection and discussion with the specific workforces whose interactions run the greatest risk of causing trauma or retraumatising individuals. This could include reflections on their role in potential traumatisation and retraumatisation of young people, how they might be viewed by children, young people and communities, and how to change their practice.

Recommendations

1. There is a need for impact evaluation of trauma-informed training and related activities in the criminal justice system, to confirm if the short- and medium-term outcomes aimed for by VRU's are being achieved.

Given that most research to date has focused on trauma-informed training in a health and social care context, further research is needed to improve our understanding of trauma-informed training within the criminal justice system. A centrally commissioned independent evaluation exploring the implementation and short-term outcomes of this training could therefore be helpfully prioritised. This is currently being planned by the Youth Endowment Fund, which plans to carry out impact evaluation of up to three promising models of trauma-informed practice.[9]

Future evaluation should:

- Explore the degree to which trauma-informed training is feasible and acceptable when implemented within a criminal justice system context, and seek to better understand the barriers and enablers to effective implementation.
- Seek to develop a consistent set of measures that can be used to measure progress against the outcomes aimed for through implementing trauma-informed training and approaches across VRUs. Currently, the variety of measures being used in evaluations makes it impossible to compare the impact of different training approaches being delivered.
- Test whether trauma-informed training programmes can deliver on the short-term and medium-term outcomes that are most plausible, such as increasing knowledge and understanding of trauma, shifting perceptions and changing practice.
- Given that a primary aim of the training was to improve young people's experiences within services, further research could also fully explore the feasibility of this outcome. If the evaluation of the short-term outcomes provides promising results, then the next stage of research should look to test the medium-term outcomes (including the impact on young people's experiences and perceptions of services) presented in the theory of change in figure 2.1. This research should explore how trauma-informed training and care may add value or optimise the impact of existing evidence-based interventions with the criminal justice system (rather than evaluating the impact of trauma-informed training on child outcomes in isolation).
- Any research looking at changes in the medium and longer term (such as improved relationships, reduced retraumatisation or improvements in child outcomes) should consider the contribution of trauma-informed training alongside other components of

[9] See: https://youthendowmentfund.org.uk/grants/trauma-informed-care-and-preventing-young-people-from-becoming-involved-in-violence/

trauma-informed practice and interventions that support child outcomes at a local level. This is likely to require investment in place-based evaluation over at least two years, and comparison between models or system components to explore the contribution of training within this wider picture.

Some of this could be usefully tested as part of the evaluations that are now being taken forward by the YEF.[10]

2. Future research could also usefully build knowledge about which models of trauma-informed training most effectively improve outcomes.

Given the variety of trauma-informed training approaches being used, attention could also usefully be focused on building our understanding of *which* models of trauma-informed training most effectively increase the short- and medium-term outcomes for staff and potentially young people.

Understanding how training content, length, audience and delivery mode affect the potential impact of trauma-informed training would be helpful as a next step. One other area that could be considered is the extent to which trauma-informed training has a different impact on different workforces.

3. In order to support local decision-making, it may be helpful to provide guidance for VRUs and other organisations seeking to implement a trauma-informed approach within the criminal justice system.

In light of the variation in activity being undertaken to implement a trauma-informed approach in services across VRUs and partners, there could be an important role for clear central guidance that sets down clear definitions of trauma-informed training and practice, summarises the evidence about the potential impact of these approaches, and provides advice on how these approaches might be most effectively used as part of attempts to reduce serious youth violence.

This could include some of the messages identified within this report, such as the importance of seeing training as one component of a wider trauma-informed system of support for young people that includes evidence-based practice and trauma-specific services. Any new guidance could clearly lay out what it is feasible to expect trauma-informed training to achieve, and what it is less likely to achieve, to set realistic expectations about the role of training as part of efforts to reduce serious youth violence.

Guidance could also highlight the characteristics or types of trauma-informed training that are likely to have the most impact, such as identifying specific behaviours that the training is looking to influence over and above knowledge acquisition.

Conclusion

Trauma-informed training has the potential to add significant value to staff understanding of trauma and to encourage person-centred, empathetic practice within the criminal justice system. On the basis of existing evidence, however, trauma-informed training should not be seen as a primary prevention method to reduce youth violence. If combined with high-quality evidence-informed services with good evidence of preventing or reducing trauma, however,

[10] See: https://youthendowmentfund.org.uk/grants/trauma-informed-care-and-preventing-young-people-from-becoming-involved-in-violence/

trauma-informed training may be an important part of an evidence-informed system of support that seeks to improve young people's outcomes.

It is important that the messages about what it is feasible to expect to achieve through trauma-informed training are communicated to and within VRUs to support decision-making about how best to reduce serious youth violence. Work is also needed to develop understanding about the impact of trauma-informed training, and VRUs have an important role in taking this work forward. VRUs should continue to reflect and learn from their experiences of implementing the training, considering the barriers and enablers identified within this report.

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Appendix A: The prevalence of trauma in the criminal justice system

There is strong evidence indicating a high prevalence of trauma among young offenders (Zettler, 2020, p1; Branson et al., 2017, p2) and studies suggesting that childhood exposure to trauma is associated with adverse long-term health outcomes and the adoption of risky and detrimental behaviour in adolescence and adult life (ibid). Research into ACEs (adverse childhood experiences) also consistently shows that a set of 10 adverse experiences in childhood are associated with an increased risk of poor health and other problems in later life (Asmussen et al., 2020).

In 2020, a study observing the relationship between childhood trauma and violence found a 'high prevalence of trauma histories amongst juvenile youth samples' (Zettler, 2020, p1). Similar studies of this relationship have estimated that 70–90% of young offenders have experienced one or more types of trauma within their lives (Branson et al., 2017, p2). The current evidence does not allow for a reliable comparison between the prevalence of trauma among young offenders and the overall population.

One explanation for a relationship between trauma and being in the justice system is that the behavioural and emotional responses to trauma result in unhelpful coping mechanisms, resulting in irrational or harmful behaviours (Levenson, 2017). These responses can result in unintended consequences for young people and those around them, including criminal behaviours. Internalised 'trauma-related' symptoms, such as repression and avoidance of memories as a way of coping, can present as externalised behaviours, such as aggression and impulsivity, when triggered. There is evidence to support the idea that trauma has a relationship with the future perpetration of particular types of violence (including community and domestic violence), although it is important to note that whether there is a causal link is contested (Pingley, 2017; Gravel et al., 2018).

There is some evidence to suggest that children and young people who witness or experience violence (especially within the context of exposure to community violence) have an increased chance of becoming involved in criminal violence and offending behaviour compared to those who haven't witnessed or experienced the same events. There is a suggestion that those exposed regularly to violence during childhood may normalise their experiences. This can result in the reframing of violent acts as something positive, inevitable or to be valued (such as status or a sense of community belonging). This change in thinking surrounding violent behaviours may make perpetration, and thus involvement in violence, more likely, contributing to an increased chance of entering the criminal justice system (Dragone et al., 2020; Walsh et al., 2020).

In addition to violent behaviours, many children and young people do not feel able to disclose harm following a traumatic event (for a range of reasons including feelings of stigma, shame and guilt), leading to internalisation of their feelings and unhealthy coping strategies in adulthood (Shorey et al., 2011). The literature provides some insight into how a trauma-informed approach has the potential to provide a relationship that is supportive of disclosure. This is a prerequisite for help-seeking behaviours, allowing the young person to access

appropriate information and services that address the trauma and aid the development of healthy relationships and coping strategies.

While overall there appears to be a high prevalence of trauma among young people at risk of serious violence, certain groups are disproportionately represented within the criminal justice system, and specific groups that disproportionally experience certain types of trauma.

Trauma is one among a group of risk factors that influence the likelihood of serious violence, including poverty, gender, ethnicity, adverse childhood experiences or educational status. Individuals experiencing poverty, and particularly low-income minority ethnic groups (particularly Black men), are disproportionately over-represented in nearly all areas of the criminal justice system, with the most significant disparities appearing within the statistics of stop and search, custodial remands, and prison populations (Branson et al., 2017).

The relationships between these factors interact in complex ways throughout the life course. The experience of trauma is intertwined with other factors that may contribute to violent behaviour. Many contextual factors influence whether a traumatic event in a young person's life is identified as traumatising, including the subjective experience of the young person, their social support network, and whether they access support services.

These relationships make measuring any causal connections between trauma and violence extremely difficult. Trauma alone is not the primary driver of violence but should be considered alongside various other drivers identified within the literature.

Appendix B: Methodology

Literature review

Key search terms

- Trauma-informed training
- evaluation of trauma-informed training
- trauma-informed practice/approaches/care
- trauma and youth violence
- trauma and youth justice
- criminal justice and trauma-informed practice
- disproportionate impact of trauma.

Key documents

- Systematic reviews of evaluations of trauma-informed training and practice
- qualitative and quantitative evaluations of trauma-informed training mostly implemented concurrently with other trauma-informed practice components
- SAMHSA reports and guidance on trauma-informed practice
- general guidance on trauma-informed practice implementation (e.g., toolkits of authoritative and adaptable resources on trauma-informed practice implementation).

Study settings

- Youth justice system
- child welfare
- psychiatric/mental health services
- education
- paediatric healthcare.

Studies included in the literature review

The literature included in this work spanned the 10-year period with studies published between 2012 and 2022. Fifteen of the studies that were used to build an initial understanding of the use of trauma-informed practice had been conducted predominantly within the last 10 years or more. Given the rapid development of trauma-informed approaches, this study focused on the most recent insight into trauma-informed approaches (Cohen and Barron, 2021; Maynard et al., 2019; Zettler, 2020; Purtle, 2018).

Overall, 62 studies and pieces of literature were examined, of which 17 were systematic reviews of current trauma-informed components; 22 were generic reports on practice; 13 provided practical organisational guidance for trauma-informed approaches; and 33 were evaluations of particular trauma-informed programmes, some of which were incorporated into the reviews and reports already specified. The evaluation designs in these different studies differed: 21 studies had either utilised pre/post test design, nine had used randomised approaches. On the other hand, one study used a pre-test/multiple post-test or non-randomised approach; and two had not clearly specified their evaluation design.

Throughout the revised literature and studies, 23 had focused upon a general insight into trauma-informed practice, including its implementation throughout various sectors and common terminology used within approaches. Another 23 had specifically explored the impact of trauma-informed staff training being implemented with other practice components used in multiple settings on influencing effective practice. For the specific settings, 24 studies were conducted in either residential or children's social care and welfare environments, and 20 in healthcare settings. Overall, 21 pieces of literature had factors relating to the criminal justice system, yet these readings were mostly generic reports or systematic reviews.

There is a scarcity of empirical knowledge surrounding the effectiveness of training and how this informs best practice of trauma-informed approaches throughout various sectors, including education, wider communities and the criminal justice system; specifically, there is little consensus on the distinct trauma-informed practices and policies for the youth justice system (Branson et al., 2017; Cohen and Barron, 2021; Thomas et al., 2019). As a result of the gaps in evidence and knowledge, the literature is preliminary.

Summary of findings from the literature review

Main questions

- Who is benefiting from trauma-informed training?
- Who is receiving the trauma-informed training?
- Where do those who receive the training work?

Who is benefiting from trauma-informed training?

Out of the 24 studies included, more studies (13 studies) were focused on staff working with children and young people than those working with adults (11 studies).

Of the 13 studies that focused on staff working with young people (see figure B.1), half the studies were conducted within the study area of child welfare (seven studies; 54% of studies), a quarter of studies within children and young people psychiatric healthcare services (three studies; 23%), and a quarter of studies conducted in the youth justice system, education, and paediatric healthcare (one study each).

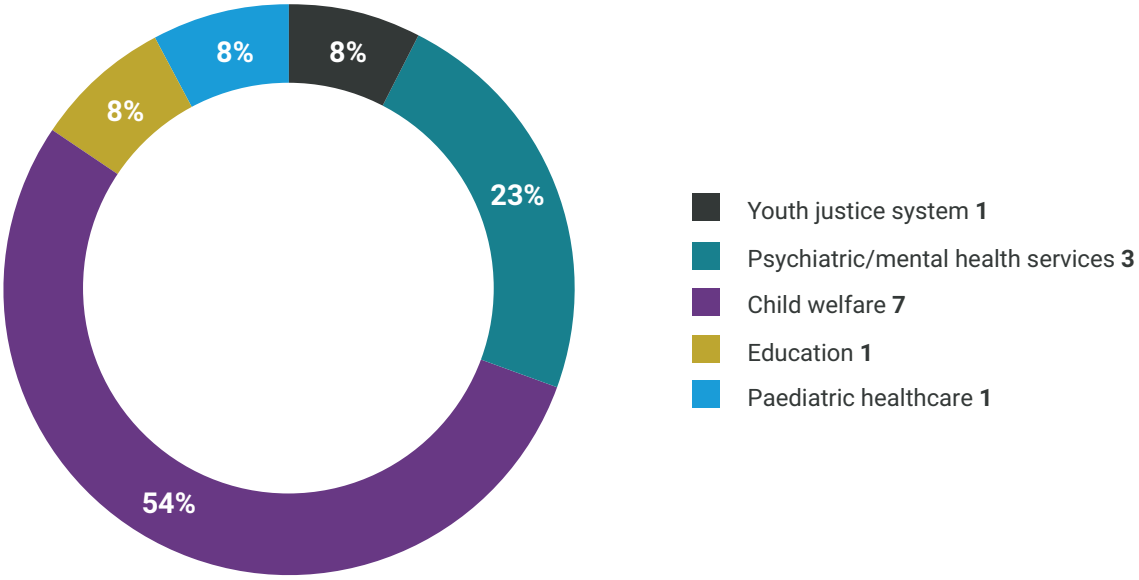
Of the 11 studies that focused on staff who worked with adults (see figure B.2), most studies were conducted within psychiatric healthcare services (four studies; 40%), with the rest of the studies being conducted within perinatal healthcare, dentistry, general healthcare providers (non-specific), addiction services, emergency care, and primary care (one study each; 10%).

These studies can be further categorised into primary care, specialist healthcare and psychiatric/mental health services for ease of reading and consideration (see figure B.3). This changes the proportion of studies, with an equal number of studies being conducted in specialist healthcare services as are conducted in psychiatric services (four studies each; 40%).

Figure B.4 shows the studies sector of focus distribution of adult-targeted and children/young people targeted studies. Adult-targeted studies are exclusively focused on healthcare, mental health, and addiction services, while studies targeting children and young people expand into other sectors as well, such as welfare, crime and justice, and education.

FIGURE B.1

Service area of included studies (focused on children and young people)



Note: Percentages may not add to 100% due to rounding.

FIGURE B.2

Service area of included studies (focused on adults)

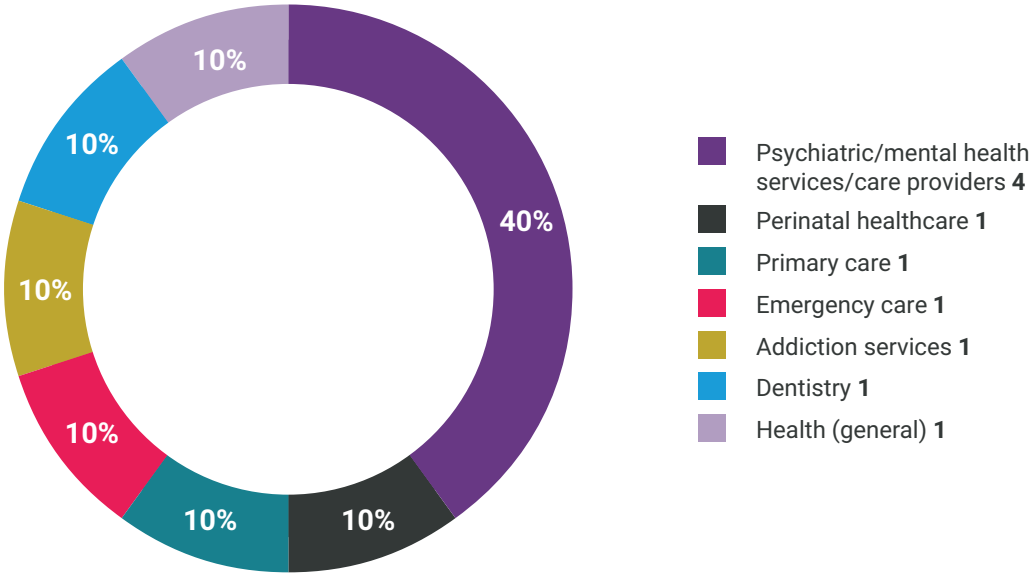


FIGURE B.3

Service area of included studies (focused on adults), by subsector

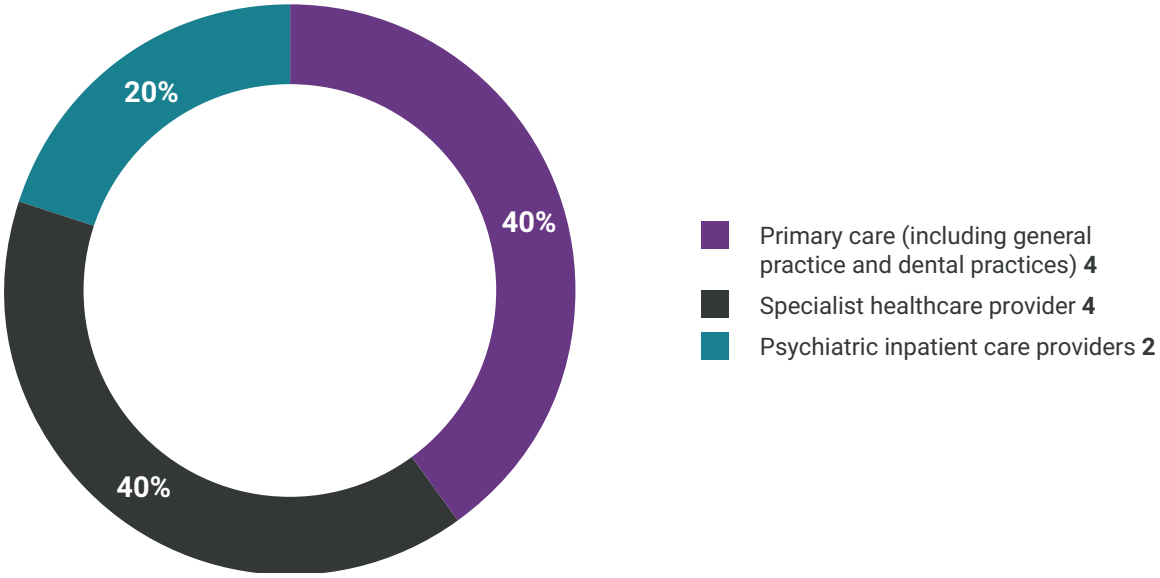
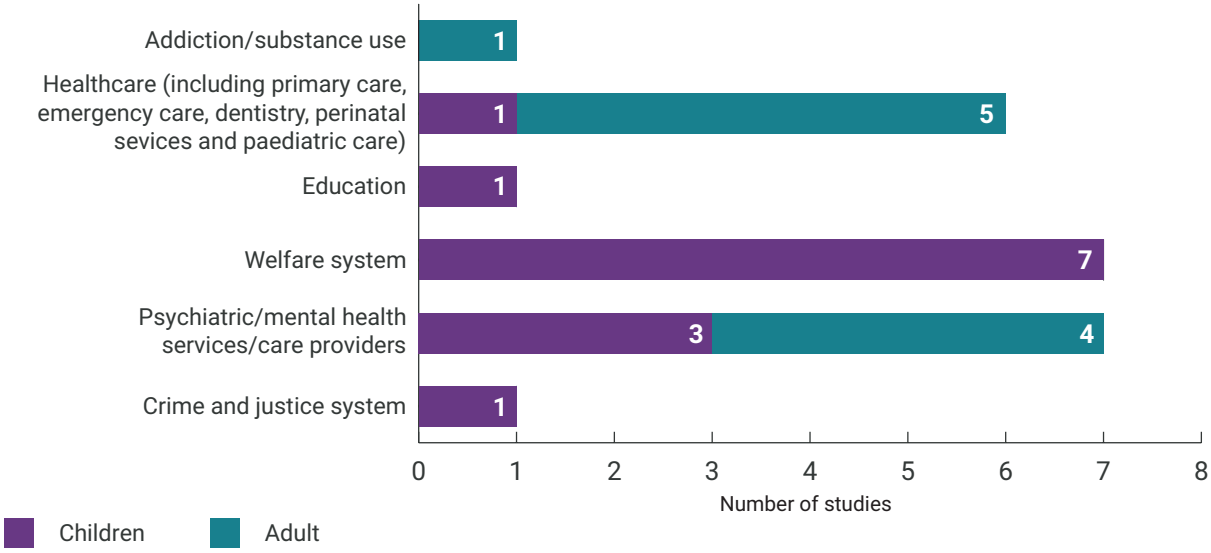


FIGURE B.4

Sectoral focus of included studies (all studies)

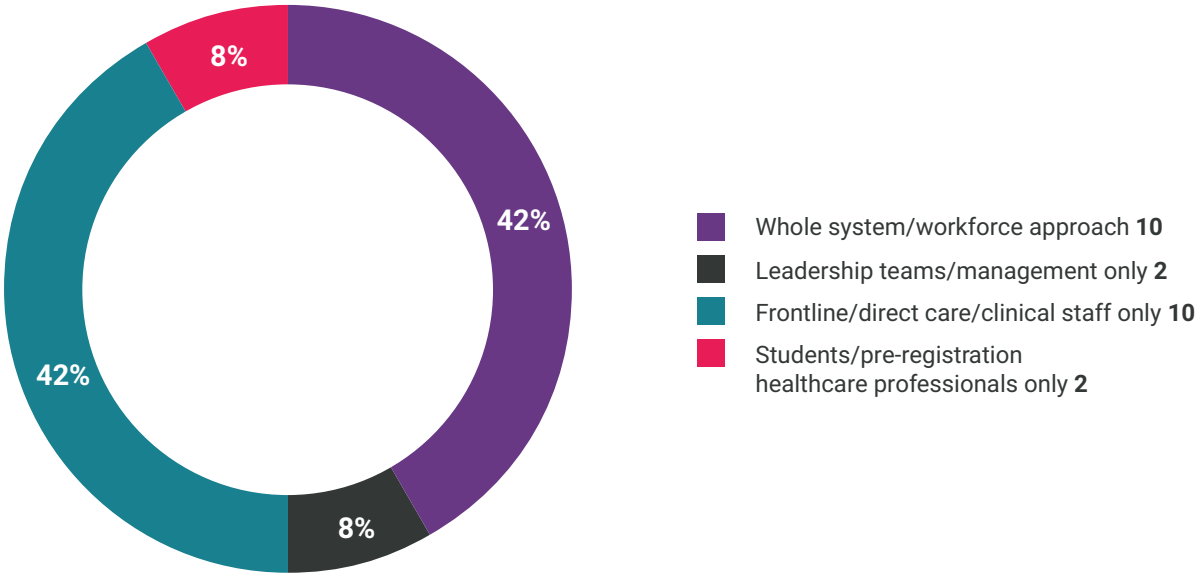


Who is receiving the trauma-informed training?

Most trauma-informed training is provided to frontline staff/clinicians only or as a whole system/workforce approach (both 10 studies each). The minority of studies (two studies each) focused their training on trainees/pre-registration healthcare professionals only or leadership/team management staff only.

FIGURE B.5

Training recipients within included studies (all studies)

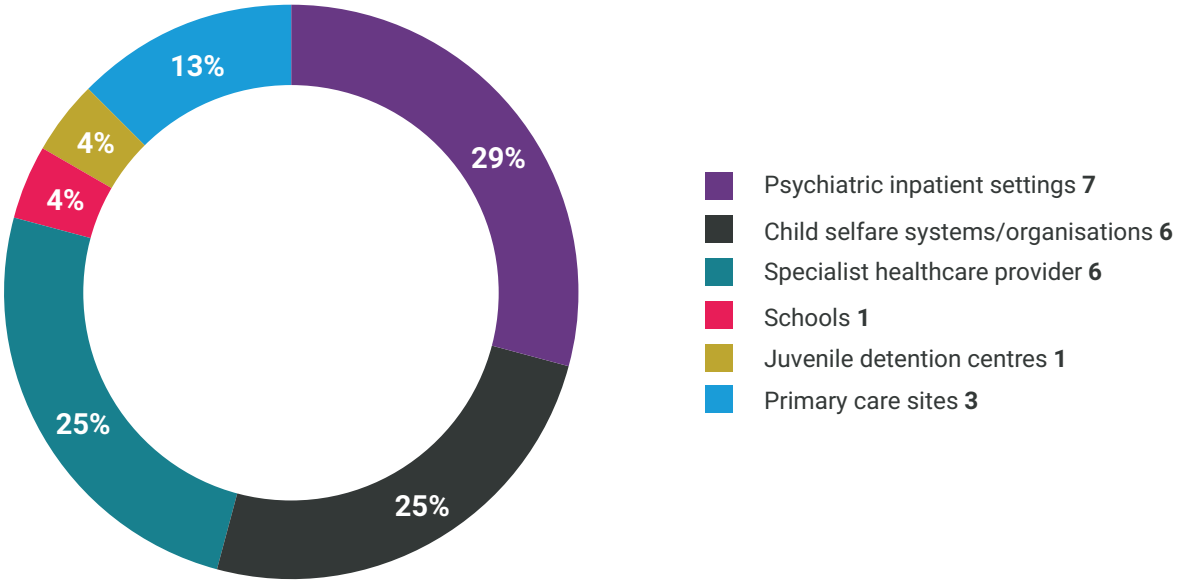


Where do those who receive the training work?

The three main settings where staff who receive trauma-informed training work are psychiatric inpatient units/hospitals (includes both children and young people specialist units and adult units), child welfare systems/organisations, and specialist healthcare providers, e.g., outpatient addiction and mental health services, perinatal healthcare, paediatric healthcare etc), all contributing around a quarter of the studies included within the summary (29%; 25%; 25% respectively). Primary care services, such as general practice and dental practices, contribute another 13% of the studies within the summary, with juvenile detention centres and education settings contributing only one analysis each (4%).

FIGURE B.6

Workplace/setting/organisation of training recipients within included studies (all studies)



Review of trauma-informed training models

Documents included:

- theories of change initially sent to the Home Office
- programme summaries
- delivery plans
- training content documents (e.g., course slides, handout materials, scripts)
- pre- and post-evaluation materials.

The review of the training models sought to answer the following questions:

- What are TI training programmes designed to achieve?
- How consistent is the content and training methods across the different models?
- Are there any significant areas of variation between training offers?
- Does content vary by practitioner being trained?
- Is there a structured framework and timeline for evaluation?
- To what extent have VRUs considered equality and diversity issues within the design and delivery of the trauma-informed training?

Workshops

The following sets out the methodology and content of workshops conducted with VRUs as part of this research.

Workshop structure and guidance

This document sets out practical guidance for the workshops that EIF and Dartington are carrying out with Violence Reduction Units as part of the Assessment of Trauma-informed Training, and advice on progressing towards impact evaluation for the Home Office Trauma-Informed Practice programme. Below you will find an overview of workshop methods, a workshop structure and relevant parts of the VRUs interim report.

Aim

- clarify VRUs' theory of change for the work they are doing this year
- mapping out the intended recipients, beneficiaries and outcomes of the work
- how each practice component is expected to contribute improve preidentified short- and long-term outcomes
- implicit and explicit assumptions
- how trauma-informed care activities are seen to add value over current practice
- capture reflections on how the delivery of training is progressing and the plans for evaluation.

Overview of workshops and interviews

Violence Reduction Unit	Workshop	Interviews
Avon & Somerset	February 2022	2 interviews, January–February 2022
Greater Manchester	March 2022	2 interviews, February–March 2022
Hampshire	February 2022	1 interview, January 2022
Lancashire	*Interviews were conducted instead of workshop*	3 interviews, March–May 2022
Leicestershire	February 2022	1 interview, February 2022
Sussex	March 2022	1 interview, February 2022
West Midlands	March 2022	1 interview, February 2022

Timing: 2.5 hours

Mode: The workshop will take place online.

Facilitators: The workshop will be run by EIF and Dartington staff.

Expected participants: VRU directors, trauma-informed training teams, and training course providers.

VRU background & analysis

[For the relevant VRU]

Theory of change: outcomes and impact

[For the relevant VRU]

Workshop structure

Workshop section	Aim	Content & approach	Questions & prompts
Part 1: Introduction			
Introduction to the facilitators, Dartington, EIF and the project	To introduce the facilitators, EIF, Dartington and the assessment project to participants. Introduce the aims of the workshop and any ground rules around participation.	Facilitators briefly introduce themselves to participants. Lead facilitator presents content using slides and asks for any questions / comments on the aims.	
Introduction of project aims	To provide background information to participants, including the aims of this project.	Project lead / appropriate colleague introduces project and provides relevant background and contextual information. Clarify how are we going to use this data: - Anonymised: views, names etc - For the purposes of this project only - Ask participants whether they have any questions before we start.	

Workshop section	Aim	Content & approach	Questions & prompts
Participant introductions	For participants to briefly introduce themselves to the facilitators and the rest of the group.	Participants briefly introduce themselves (name and job title), detail their relationship to the intervention. Ask participants to share answers to the homework.	
Part 2: Theory of change			
Theory of change	The Home Office's bid proposal requires 'a robust Theory of Change'. Through these questions we will be able to assess how this work came to be and how much the bid guidelines have influenced what the VRUs are doing.	We want to be supportive and we are here to understand what is being delivered, rather than evaluate the impact of what is being delivered. Discussion with key themes captured on Miro board.	What made you bid for this intervention? How was the theory of change developed? Who was in the room?
Situation analysis	To test participants' understanding of the causes of trauma, how it impacts/ relates to offending/serious violence and how TI-Training may help. Surface assumptions about what works, where and how.		Why is the intervention needed/important in the local context? How does the intervention add value (over current provision)?
Target groups 1	To understand the characteristics of the targeted population (course attendees) and what role they are playing in the VRUs, how they relate to the communities and what are the specific groups/populations they are interacting with Surface assumptions about what works for whom. Some of this information is provided in the documents VRUs have sent to us.	Discussion with key themes captured on Miro board.	Who is and who is not receiving the training and why? Why have you chosen these particular professions/groups/ teams? *What service are they providing to the community/young people/ families? AND/OR How do they interact with the community/young people/ families?* Has the training been adapted to different workforces? If yes, how? Did different workforces respond differently to the training? How do the different target groups interact with each other within the training?

Workshop section	Aim	Content & approach	Questions & prompts
Target groups 2	To understand course content and why they might have chosen specific approaches and members of their workforce. Surface assumptions about what works, where, how and for whom.	Discussion with key themes captured on Miro board.	(All VRU-specific) We would like to hear more about your course structure and content for frontline practitioners, managers and supervisors. Why have you chosen this particular structure? Train the trainer course: Could you tell us more about the course content and role of the delegates attending the train the trainer course? What do you think are the different roles of frontline workers and managers in creating a trauma-informed workplace? Could you tell us more about your support and follow up approach/ structure?
Relationship with course provider	To understand how training providers were commissioned and how they have developed their content.	Discussion with key themes captured on Miro board	How have you commissioned your course provider? How did the partnership to deliver the course come about?
Break (if needed): 15 minutes			
Categories of outcomes and impact	To understand why VRUs have selected these categories/areas of outcomes. Testing and identifying mechanisms of change and assumptions. Surface assumptions about what works, where, how and for whom.	Discussion with key themes captured on Miro board.	How and why have you chosen these specific outcome areas? What are the mechanisms enabling these outcomes? How and why have you chosen these? What specific aspects of the training (e.g., content) will contribute to these outcomes and how?

Workshop section	Aim	Content & approach	Questions & prompts
Outcomes and impact *If more detail is required after exploring questions above*	To understand mechanisms of change identified by the VRUs. Surface assumptions about what works, where, how and for whom.	Discussion with key themes captured on Miro board.	*If more detail is required after exploring questions above* Where have you found evidence of this outcome/ impact? *If VRU has community or wider systems outcomes* What needs to happen in the course and as a result of it within the VRU to ensure impact in the community? What are the mechanisms that will enable this outcome? Or What specific aspects of the training will contribute to these outcomes and how? *Exploring specific outcomes:* *How will VRU assess their primary aim of increasing knowledge and understanding?* *How is the VRU thinking about knowledge to practice strategies and mechanisms?*
Equality impact assessment and course content	Some VRUs include dimensions/consideration on diversity, in/equality, poverty and whole communities' experiences in their training. We want to understand why they have chosen specific groups/categories and how they are working towards the aims established by the Home Office. Increase understanding across workforces of how young women and girls present trauma and how their response to this cohort may differ from other cohorts.	Discussion with key themes captured on Miro board.	Have you explored how or which groups are disproportionally impacted by trauma? Or disproportionally exposed to traumatic experiences? Could you tell us more how you are exploring these topics? For example, gender violence for women vs young girls Is there enough diversity in the workforce taking the trauma-informed training? *(consider area population)*

Workshop section	Aim	Content & approach	Questions & prompts
Multiple interventions	Most theories of change suggest a mixed approach: there are other elements/interventions associated to the training. Also, some VRUs are currently managing a few grants from the Home Office under the umbrella of the Serious Violence Youth Interventions Programme mes (2021/22): - high-intensity therapeutic interventions - teachable moments interventions.	Discussion with key themes captured on Miro board.	Are there any other interventions being implemented in the VRU, which could contribute to the impact and outcomes being associated with trauma-informed training? What are these interventions? When were/will they be implemented?
Covid *Not essential if timing does not allow*	Understand to what extent Covid has impacted their delivery, outcomes and engagement with training provider and trainees.	Discussion with key themes captured on Miro board.	Have you had to make any logistical adjustments because of Covid? Has it impacted your training outcomes, attendance or engagement?
Part 3: Next steps and reflections			
Reflections and feedback	Explore key themes that emerged in the session Outline of next steps. Ask if the participants have any clarifying questions.		