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# Domestic Abuse Trauma Informed Training Evaluation:

A trauma sensitive practitioner led  
approach to support children and young  
people affected by domestic abuse

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## This paper brings together the work Innovating Minds has carried out since 2016 with supporting children and young people affected by domestic abuse.

In 2017, Innovating Minds offered the Healing Together programme for children in Birmingham using its surplus resources and partnership with the charity WE:ARE. Quite quickly Innovating Minds was not able to meet the demand for its service. In 2020, the Healing Together programme was revised and transformed so Innovating Minds could train front line professionals to deliver the programme. This transformation has led to children being able to access the programme nationally and public services making strategic commissioning decisions to ensure sustainable, scalable and cost effective strategies are adopted.

**The authors would like to give a special thank you to the children and families** that have attended the Healing Together programme and placed their trust in the programme and the facilitators.

**The authors would also like to thank the Healing Together facilitators** for supporting children and families affected by domestic abuse and embracing the Healing Together programme and ethos.

**And finally, thank the team at Innovating Minds** for ensuring facilitators are supported every step of the way and contributing to the vision to ensure ALL children and families are able to access trauma informed interventions that are evidence based.

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## Introduction

In the UK, children and young people (CYP) are victims of domestic abuse in their own right. It has taken many years for CYP to be recognised as victims and not witnesses of domestic abuse, but there is a lack of confidence and knowledge among practitioners in their ability to understand the impact of domestic abuse on children and young people (CYP) and offer trauma informed interventions for CYP.

**This paper aims to highlight the evidence base of the Healing Together domestic abuse trauma informed training developed and facilitated by Innovating Minds.**

### Trauma Informed Training

The trauma-informed approach is becoming the preferred approach within the public sector and is gradually creating cultural and systemic changes. There is no set definition to being trauma informed however there are principles that underpin the practice ([Office for Health Improvement and Disparities](#)).

The implementation of these principles is critical for supporting CYP impacted by domestic abuse accessing and engaging with services and interventions. The implementation of these principles requires the current system to be modified and most importantly it requires the front-line practitioners that are working with the CYP to adapt their approach and practice.

Typically front-line practitioners have received training on cognitive based approaches, or they have received basic trauma aware training that is theory focused. This means that practitioners are unsure how to implement the theory into their practice. Therefore the training is unlikely to have had a significant impact on their practice with children and families affected by domestic abuse.

Our work within over one hundred local authorities has informed us that typically front line practitioners do not have access to evidence-based resources or ongoing support following the training they have accessed. This means that practitioners are creating their own resources to support children affected by domestic abuse. Typically, these resources are not evidence based or created by qualified professionals.



## Healing Together Model

Innovating Minds views training as just one of the important elements that a practitioner requires to successfully work with CYP affected by domestic abuse.

The Healing Together model was developed by Dr Asha Patel (Clinical Psychologist & Founder) on behalf of Innovating Minds so practitioners are best placed to provide a trauma sensitive practitioner led approach to support children and young people affected by domestic abuse. **Each element of the model is described in detail below.**



1. **The core training** is focused on understanding and implementing a trauma sensitive practitioner led approach.
2. **The specialist training** is delivered via online learning modules. This helps practitioners to understanding the initial and ongoing impact of domestic abuse on CYP.
3. Following the training, practitioners get access to the **Healing Together programme resources**. These are trauma informed and trauma sensitive resources that support the Healing Together practitioner to offer targeted support for CYP affected by domestic abuse.
4. **Coaching and support sessions** are designed for practitioners to access coaching and support from experts and peers. The aim is to enable practitioners to deliver the Healing Together programme with CYP whilst also staying true to the trauma sensitive practitioner led approach.
5. **Access to on demand CPD** is readily available to support with ongoing skill and knowledge development.
6. Innovating Minds are keen to develop **evidence-based practitioners** therefore it is encouraged that practitioners submit core outcome measures and case studies to measure the impact of the Healing Together programme on children and young people affected by domestic abuse. Impact reports are shared with practitioners, so their practice is informed by impact and evidence base.

In essence, this model provides **wrap around support** and enables front line practitioners to implement their training, modify their practice and be in a position to offer targeted support for CYP affected by domestic abuse.





## Healing Together Domestic Abuse Trauma Training

The trauma informed training was developed by Dr Asha Patel and Jane Evans (Childhood trauma expert) in 2020.

Since 2020, Innovating Minds has been delivering remote trauma informed training to front line practitioners to provide a strong foundation of knowledge and enhance their ability to implement a trauma sensitive practitioner led approach. This training is also a part of the accreditation process for front line practitioners to become Healing Together facilitators. This means they can deliver the Healing Together programme with CYP affected by domestic abuse after attending their training.

**Originally the training was delivered remotely over three days and then the training was developed into an online training course following the feedback from delegates and an expansion in the training offered by Innovating Minds.**

### Evaluation Methodology

The Healing Together programme has been evaluated using a mixed methods design.



## Quantitative Data Analysis Methodology:

### Participants and Sampling

The delegates that attended the Healing Together domestic abuse training were working within education, community settings, health, and social care. The facilitators were not necessarily clinical professionals, but they have experience of working with children, young people and parents/carers affected by domestic abuse.



A total of 565 delegates completed the 3-day training course, and 133 completed the online training course. A calculation (power analysis) was conducted to assess the minimum sample size required to reach adequate statistical power. The results of this was 50.

### Materials and procedure

To measure the impact of the training, Dr Asha Patel (Clinical Psychologist) developed a set of Likert scale questions for the pre and post training questionnaire. The post questionnaire also included experiential questions to gather qualitative feedback.

A Cronbach's alpha was calculated to measure internal consistency of the Likert scales to ensure the questionnaire measures what we intended to measure. The result for the 3-day training course was  $\alpha=.87$ , which demonstrates high validity. The result for the online training course was  $\alpha=.93$ , which demonstrates very high validity.

### Data Analysis

The data was analysed using paired t-tests to focus on the mean difference in:

- ✓ Confidence in supporting children affected by domestic abuse.
- ✓ Knowledge and understanding of the impact of domestic abuse on children.
- ✓ Confidence of working with children using a trauma informed approach.

### Results

The results from the t-tests demonstrated that there is a statistically significant ( $p<0.001$ ) increase in facilitator's confidence in supporting children affected by domestic abuse, knowledge and understanding of the impact of domestic abuse on children and confidence in working with children using a trauma informed approach. This statistically significant difference applies to both training courses. See means tables below for differences.



### Table 1: Means Table - Three Day Training Course

Means table:

| Questions  | Pre-Mean | Post-Mean | Mean Difference |
|--|----------|-----------|-----------------|
| On a scale of 10, how confident do you feel about supporting children impacted by domestic abuse?                  | 6.19     | 8.51      | +2.32           |
| On a scale of 10, how would you rate your knowledge and understanding on the impact of domestic abuse on children? | 6.67     | 8.74      | +2.07           |
| On a scale of 10, how confident do you feel about working with children using a trauma-informed approach?          | 6.24     | 8.57      | +2.33           |

### Table 2: Online Training Course

Means table:

| Questions  | Pre-Mean | Post-Mean | Mean Difference |
|--|----------|-----------|-----------------|
| On a scale of 10, how confident do you feel about supporting children impacted by domestic abuse?                  | 7.10     | 8.59      | +1.49           |
| On a scale of 10, how would you rate your knowledge and understanding of the impact of domestic abuse on children? | 7.47     | 8.72      | +1.25           |
| On a scale of 10, how confident do you feel about working with children using a trauma-informed approach?          | 7.00     | 8.66      | +1.66           |

## Training Recommendation



98% of delegates said they would recommend the training. The result is not dependent on the training course.



## Qualitative Data Analysis

In the post training questionnaire delegates were asked who they would recommend the training course to. The content analysis demonstrates that most of the delegates would recommend the training to colleagues (including new starters). Other recommendations included partner organisations such as social workers, family workers, police, GPs, foster carers, and domestic abuse organisations. Many delegates also recommended schools and anyone working in a wider context with children and young people. See table 3 below for tally percentages.

41%

Colleagues

25%

Wider  
Context

19%

Partner  
Organisations

15%

Schools

In the post training feedback, delegates were asked to describe the training to a colleague.

*"A really comprehensive and engaging course in the effects of domestic abuse on children and young people as well as strategies for how to help empower those children and young people to co-regulate. It is fantastic!"*

*"A way of helping young people who have experienced trauma and domestic abuse to feel more regulated and self contained. A no pressure, no expectation way of educating young people with resources and strategies to manage big emotions and start on the journey towards re-grounding themselves to manage in everyday situations."*

*"I would describe this training as being a totally different and interesting approach on working with children who have been affected by domestic abuse. I would also describe this as being an extremely nurturing process which will help the child to feel safe."*

*"This training offered me a very extensive explanation of domestic abuse and how children are by it. It has explained well the different feelings and thoughts a child might experience. The program is well structured and gave me all the information and tools I needed to start working with these children."*





**In the post training feedback, delegates were asked to describe the training to a colleague. (continued)**

*“Very insightful and thought provoking. Particularly reflective for me as a practitioner to be mindful of a child’s body language and safety in relation to their lived experiences.”*

*“I have loved every second of this course. I really, truly have. I cannot wait to begin delivering the Healing Together sessions to the young people that I work with because I believe it will have such a hugely positive impact. I found the course itself and Jane’s delivery to be truly inspirational and it warms my heart to know that this course exists and that there are many more people that will be inspired by it, taking the skills that it teaches to better support our children and young people.”*

*“It is a resource that is needed and appreciated, as a professional who supports children effected by domestic abuse something like this has been needed for a while and I look forward to using this with many of the children in our care.”*

*“Yes! This training hasn’t just helped me professionally, its changed my personal life, I am now more present emotionally for my children and invite them to do the breathing exercises with me. Jane said to me during a break when talking about my 4 year old ‘there’s not such thing as ‘deliberate’, children are curious’ and this really resonated with me and honestly has changed the way I parent, so thank you!”*



# Interviews with Healing Together facilitators

## Introduction

The researcher was keen to understand the impact of the Healing Together training. They were interested to explore how the training impacted overall clinical practice, understanding and engagement with helping children, young people and families affected by domestic abuse.

The following Interpretational Phenomenological Analysis was submitted as part of a research master's thesis to the University of Birmingham by Katie Cunneen. This data is owned and copyrighted by Katie Cunneen.

## Methodology

Facilitators that had returned child outcome data (acting as proof they have implemented the programme at least once), were invited to take part in an interview.

As this analysis was Interpretational Phenomenological Analysis (IPA), a small sample of N=6 was collected (Alase, 2017, Smith & Osbourne, 2007).

**The interviews were semi-structured in nature.** These were carried out as E-interviews, which have become a popular method with the advancement in ICT, and especially in the era of COVID-19 (Braun et al., 2020; Salmons, 2015). There also appears no mean-difference between physical and e-interviews for level of self-disclosure, formality of interview or depth of information discussed (Shapke et al., 2016). These benefits combined with the ease involved when interviewing in a nationwide study, like this, is why they were chosen.

These interviews were recorded with the built-in 'record meeting' features of the platforms used and later transcribed. Once recorded, data was saved under a pseudonym to protect participants confidentiality/anonymity. Participants could withdraw data up until two weeks after data collection.

## Analysis

Interview transcripts were analysed using IPA, a method congruent with the existential-phenomenological-paradigm, meaning it offers an ideographic-perspective, focusing on insights into how a given-person, in a given-context makes sense of phenomenon (Shinebourne, 2011). Using this analysis, we can delve into the impact and understanding of the Healing Together training and implementation of training on the experiences of facilitators. The process of analysing data using IPA followed the four-steps outlined by Pietkiewicz and Smith (2012).



## Results

The following core themes and sub-themes were developing following the analysis.

| Theme                               | Operationalisation  | Sub-theme(s)         | Operationalisation   |
|-------------------------------------|---|----------------------|--|
| Embedment of Trauma-Informed Values | The explicit and implicit recognition and application of trauma-informed values to facilitators work individually and /or within their services as a whole.       |                      |  |
| Broader Clinical Impact             | Elements, skills or knowledge gained from either the training or application of the programme where clinical impacts have been noticed, monitored, or alluded to. | Services             | How the Healing Together training/ programme has had a clinical impact on the service according to the facilitators interviewed.                 |
|                                     |   | Families             | How the Healing Together training/ programme has had a clinical impact on the families they work with according to the facilitators interviewed. |
|                                     |   | Longitudinally       | Facilitators perceived longitudinal effects of the programme.  |
| Personal Learning and Development   | Where facilitators feel they have gained, knowledge, skills, confidence or developed in some way as a result of the training or application of the programme.     |                      |  |
| Facilitator Evaluations             | Remarks, language and given evaluations offered by facilitators regarding the training and/or programme.  | Positive Evaluations | Facilitators positive remarks and language about the training or programme.  |
|                                     |   | Developments         | Elements where facilitators feel the training and/or programme can develop.  |



## Embedment of Trauma-Informed Values

During the interview, facilitators were directly asked what they believed trauma-informed entailed. Although initially used to ensure appropriate levels of technical knowledge, all facilitators discussed various other values throughout their interviews.

Examples of trauma informed values discussed can be found in the table.

| Trauma-Informed Value                        | Reference Quote(s)  | Explanation   |
|--|---|---|
| Trauma at the service level                  | <b>S:1:30:31:</b> “we can see how the way we work impacts directly on their experiences. And that includes with professionals as well”  | Understanding and recognising how these experiences can impact professionals as well as service-users   |
| Person-centred care                          | <p><b>S:3:92-93:</b> “the way that we can use the videos to adapt our language, to reach a wider audience”</p> <p><b>N:2:54:</b> “very individual and unique to every child, every person”</p> <p><b>B:4:154-155:</b> “and we’ve all got different things that we’re afraid of and we respond to differently”</p>   | <p>Adapting language to better connect with certain groups, recognises the individual differences present</p> <p>Accepting the existence of individual differences open-up the ability to deliver care in a person-centred manner</p>   |
| Children’s choices, voices and collaboration | <p><b>B:2:71:</b> “so we’re doing it with them, we’re not doing it to them”</p> <p><b>N:5:197-198:</b> “Just being quiet and listening to children ... just sitting back and listening”</p> <p><b>B:5:199-202:</b> “ok, that child’s not ready. ... that’s ok, that child is telling us they’re clearly not in the right space yet”</p> <p><b>P:5:181-202:</b> “you know, destructive and difficult, he was still doing what I’d asked ... well he actually got the angry and the sad feeling ... not to raise my voice, not to tell him off, it’s just to say, you know, thank you for sharing his feelings ... he just wrote ‘blood’ all the way down the activity. Um, so we talked about the blood”</p> | <p>Developing a collaborate environment whereby facilitator and children engage together</p> <p>Listening to what children have to say, and not interrupting or trying to rationalise them</p> <p>Anecdote shared about listening to the child and allowing and understanding the ways they choose to communicate</p> |



## Embedment of Trauma-Informed Values (continued)

| Trauma-Informed Value                      | Reference Quote(s)   | Explanation  |
|--|--|--|
| Non-judgemental approach                   | <b>42-45:</b> “when you are approached with this behaviour to think about possible trauma, rather than ‘oh this is a nightmare child’ ... just wanting to get more information really”   | Thinking about children’s responses as potentially being trauma related and wanting to find more information demonstrates an open-minded initial approach  |
| Safety needs                               | <b>N:5:190-191:</b> “there’s a connection there and there’s much more of a positive relationship being formed from the session”<br><br><b>B:2:52-54:</b> “engage with these children a safe place ... you’re safe adult, this is a safe place. I can be me”  | Positive relationships, allude to having a safe connection<br><br>Understands the importance of having a sense of safety in both physical environment and relationships to allow children to be able to open up and feel more comfortable            |
| Recognises the widespread impact of trauma | <b>T:4:157-160:</b> “including umm anxiety ... there’s a real connection there with domestic abuse”  | Acknowledges the links between trauma (domestic abuse) and the onset of anxiety related symptoms   |
| Peer support                               | <b>P:4:123-130:</b> “They just love-and I think that’s when they actually talk, that’s the bit where all the emotions and the experiences from school come out ... sharing their feelings”<br><br><b>B:4:167-168:</b> “they’re there for similar reasons to themselves. And it’s like ‘I’m not the only one that’s struggling with these things” | Allowing the breaks to function as informal peer-support sessions to allow children to share their feelings and experiences in a way they feel most comfortable<br><br>Enabling the group to act as a support system, where children feel less alone |
| Developing self awareness                  | <b>T:5:197-198:</b> “reminding me a facilitator-as a facilitator, how important it is for me to be ready, and if know and I can recognise it more if I’m not ready”<br><br><b>B:2:43-44:</b> “It’s really important that I’m in the right place”   | Important to understand your own feelings and emotions to ensure you are in the correct place to deliver the programme   |





## Broader Clinical Impact

Many facilitators continuously expressed how the Healing Together programme and/or their training helped others around them, usually through their direct intervention. This theme is split into three sub-themes, reflecting the areas mentioned by facilitators. These are the broader clinical impacts seen from within the services; the families, and the longitudinally noticed effects.

### Services

When discussing how the skills they gained from training can be used, Bruce considered the 'broad-spectrum' of trauma, stating:

*"So it helps me work with parents to pick apart where some of those traumas could have originated from so even though I only deliver it, the programme, um for children impacted by domestic abuse, we know that children have been impacted by the Covid, you know, Covid trauma, um missing out on school and social trauma: (B:3:118-121)*

Due to training, not only can Bruce recognise the variability of trauma and its effects, but that as a service-provider he is better able to provide support for these varying traumas. Although attending training specifically for DA, they have been able to adapt the trauma-informed elements and practically apply them to the situations/scenarios they face, such as the recent concerns of Covid-19 on the younger generation. For instance, emotional impacts of grief, disrupted schooling, changes to social interactions, and altered family dynamics can be traumatic for children (Fitzgerald, Nunn & Isaacs, 2021).

Other facilitators discussed similar abilities, for instance Natasha uses their training about **"calm breathing" to help staff who go to them "quite distressed"** (N:4:153-155). This allows for the service to recognise the impacts of their work on staff, potentially through vicarious-trauma, and allow healthier environments where all staff can be in a better position for themselves and their service-users (Slattery & Goodman, 2009).

Additionally, Peter notes how elements of the Healing Together (Healing Together) programme such as **calm "breathing" are their new go-to when conducting non-Healing Together sessions for instance, when "assessing family's needs"** (P:3:103-106). Again, this demonstrates the adaptability of the programme/training as well as the facilitators abilities.



## Families

Families are at the heart of the facilitator's work. Steve offered an anecdote about a 'striking' impact on one family:

*"So I asked the little girl who was in my group, how we could deal with that then, and she went 'well we do our breathing' and then her sister went 'oh yeah, I remember'. So she'd obviously gone home and then she'd got them all to practice. So I think it really is quite involved and easy for the younger children ... Meant we were reaching an even wider audience without even trying" (S:5:198-206)*

From attending the Healing Together programme, the child was able to go-home and re-enact the skills/practices, taking the role of 'facilitator'. Steve used the word 'striking', which when approached through a discursive-lens denotes the noticeable and remarkableness of this engagement (Merriam-Webster, 2023).

Other facilitators discussed how the programme impacted the families, but from engagement with parents. Bruce uses their training/knowledge to help teach parents **"why children flip their lid"** (B:3:105-106) so they can develop the parent's awareness of their own children.

Tony had a different approach to elicit a wider impact. They encouraged children to take home their worksheets so they **"could practice together"** which enables the **"sharing of ideas"** and **"responsibility"** (T:6:246-250). This can enable trauma-informed values of collaboration to extend into the home enabling a family-wide impact. These elements note the ease of which the programme itself can be practically replicated by children, as well as aid the understanding of parents.

## Longitudinally

Although Innovating Minds has not directly assessed the longitudinal impact, statements by the facilitators suggests there are positive effects.

Tony noted how children **"comment"** on how **"they will continue to do the calm breathing when they feel they need to"** (T:6:244-245). This suggests children recognise the positive-implications of calming-strategies and have developed better emotional awareness through the body and relationship approaches taught within the programme.

Other facilitators alluded to long-reaching effects. Steve stated that one child **"just blossomed after the course"** (S:1:39-40). Discursively the word 'blossomed' is positively descriptive and semantically related to flourished, which entail development of better-more-successful qualities (Collins Dictionary, 2023; Thesaurus Plus, 2023). This blossoming continued after the course suggesting the sustained development of such quality's over-time.

Additionally, Natasha noted an **"astonishing"** change in one child, who was **"still having the same issues"** but **"the way in which [they were] able to regulate"** (N:6:216-218) had greatly improved. Again, we have a discursively-rich descriptive word of 'astonishing' suggesting great surprise, being synonymous with terms like amazing/astounding (Merriam-Webster, 2023). However, there is also the recognition that positive changes are unique and individual. This child is still struggling with the same issues (school-refusal) however on a deeper level they can regulate their emotions better, a factor which may have been missed had only the quantitatively measurable outcome been assessed.



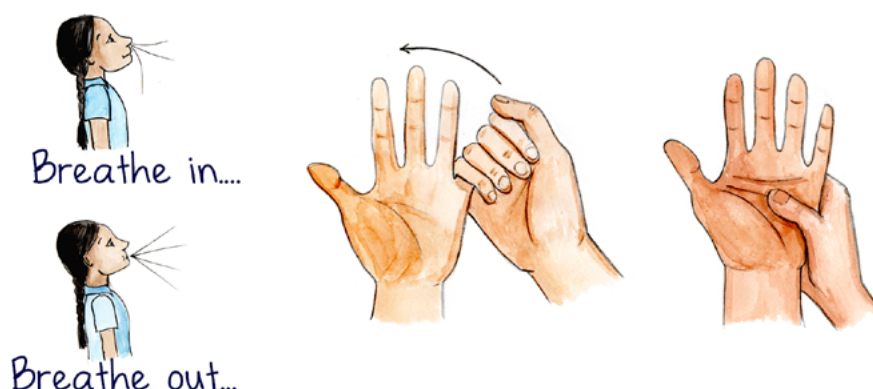
## Personal Learning and Development

The transcripts demonstrated each facilitator used the training in numerous but distinct methods. When directly asked about their knowledge, each of these facilitators stated that they felt their knowledge before training was good, but that their **“approach changed”** (S:2:81) or that training **“brought a lot of different ideas ... together”** (C:2:58-59). Nonetheless, unprompted these facilitators went on to discuss areas where their knowledge or confidence increased.

Via the training, facilitators engaged in personal learning and development. The analysis demonstrated that facilitators saw training as a function of skill and knowledge-acquisition. Steve noted that DA was their **“champion area”** which meant they had **“attended a lot of training”** about DA **“and a lot of anxiety [training] as well”** (S:1:27-29). This denotes that training can offer expertise and development, with knowledge about interconnecting areas.

Tony shared a similar interpretation. Working within a domestic abuse setting wasn't something they had experience with, so it was **“essential ... to absorb the needs”** of their service-users which was achieved through an understanding of the **“theory”** of domestic abuse and learning about the impacts of **“anxiety”** as there is **“a real connection”** (T:4:154-160). Again, this implies that to gain expertise and knowledge, there must be specialised training with aspects of interconnected knowledge. This also suggests that the Healing Together training met this standard, through the development of knowledge, skills and awareness.

This theme has links to the **‘embedding of trauma-informed values’** theme, as the skills and developed awareness and/or knowledge is often related to trauma informed care values. For instance, the practical skills and teachings include psycho-education, and much of the background theory involves person-centred care and an awareness of the widespread impact of trauma.





## Facilitator Evaluations

Not once during the interviews were facilitators directly asked to give an evaluation, nonetheless all, either directly or through the language used, offered positives, and sometimes developments informed by their experiences. Two sub-themes were identified, positives and developments.

### Positives

The common positives about training were often expressed using discursively affirmative words like **'valuable'**, **'unique'** and **'calm'**, as well as being generally positive about the trainer and their abilities/approach. Positive evaluations given about the programme tended to include how well children engaged within the sessions as well as the continued confidence given to facilitators through online resources provided by Innovating Minds.

#### Positive experiences for the Healing Together facilitator

| Reference Quote(s)   | Summary  |
|--|--|
| <b>T:5:167-176:</b> "that helps with confidence as a facilitator, it's really well explained and we have videos that we can watch, you know, sort of if it's your first sort of starting to use the programme, which are really really useful. So you see [redacted name] you know, with a young person, actually putting pract-into practice any of the six sessions, if you need to tap in just for the confidence, so how might that actually be done, you know, in reality in a session, you know, rather than just read about it. So the videos are really useful, sort of, umm option, if you ever want to remind yourself ... know and being guided as much as you want to be. To make sure you're keeping you know within the expectation of how it should be delivered, actually, yeah" | The delivery videos help develop facilitator confidence, and the online resources, such as this, allow facilitators to actively remind themselves of elements and practices in an independent manner |
| <b>S:5:202-203:</b> "they couldn't stop talking about it"  | The programme was enjoyable for both children and facilitators   |
| <b>T:5:203:</b> "I haven't looked back really"   | The Healing Together package works well for everyone   |
| <b>T:7:281:</b> "I think the whole package works out really well"  | The Healing Together package works well for everyone   |
| <b>T:8:321-326:</b> "and it actually allows for that creative side, you know, to be noticed, which is a way to compliment them as well, and you know boost their confidence with how good they are at this or that. So, yeah, you know I think the programme does allow for that boosting of self-esteem, and self-confidence, for giving me opportunities, to genuinely sort of be able to say you know 'wow, that's really good I didn't know you could do that'. Yeah, so confidence, you can see confidence developing, from one session to the next a lot of the time as well"  | The creative element of the programme allows for children's skills to be complimented improving their self-esteem and self-confidence  |

Continued overleaf



## Positives (continued)

### Positive experiences for the Healing Together facilitator

| Reference Quote(s)   | Summary  |
|--|--|
| <p><b>B:2:58:</b> "Its amazing, it's really, um it's really given me the confidence"</p> <p><b>B:2:68-69:</b> "Because so much of it, is you know, we're taught to do the breathing ourselves. So we need to model to the children"</p>  | <p>The training developed their confidence as they were taught how to model the behaviours and skills being taught in the sessions</p>   |
| <p><b>B:3:91-93:</b> "easy. It's an easy programme to go out and deliver ... Everything was so organised. It's so prescribed. That's the thing that I thought I could just get up and run with this because it's been so well prepared"</p>  | <p>The programme was simple to deliver, in part due to the organisation and feeling of preparedness given to facilitators through the training and access to online resources</p>  |
| <p><b>P:2:51-58:</b> "really liked the structure of the programme ... the course gave me like a real structure of what I was doing. And then could still have those lovely conversations, you know, in the break with children ... it did give me confidence because I was like right I know what I'm doing, I know exactly what I'm following, but I also know how to talk to children in the breaks, you know"</p> | <p>The programme was well structured but also allowed for facilitators to continue engaging in ways they had before.</p> <p>This structure gave them confidence, ensuring they were performing the programme as intended</p> |
| <p><b>P:3:82-89:</b> "would ask is how we were ... so important part of the course, isn't it, just to check in and find out how someone ... well this happened to me this morning' or you know 'I feel really good today' and it was just a lovely-it just made everyone feel really important. It made me really appreciate that in the course"</p>   | <p>Appreciated the 'check-ins' during the training and felt this aspect 'stood out' from other trainings they had attended</p>   |

### Positive experiences of using the Healing Together programme with CYP

| Reference Quote(s)  | Summary  |
|---|--|
| <p><b>S:5:194-196:</b> "a really good really good programme. I've seen them, not only young children, that we deliver the group to, um really evolve, emotionally and calm down, but they take it home to their families"</p>   | <p>They have seen how the programme has allowed children to develop emotionally and has seen the impacts within the families</p> |
| <p><b>S:5:202-203:</b> "they couldn't stop talking about it"</p>  | <p>The programme was enjoyable for both children and facilitators</p>  |
| <p><b>N:4:132-133:</b> "love the videos, absolutely love the videos, and they for some reason if you produce a worksheet, they just love worksheets"</p>  | <p>The children enjoy watching the videos and are positive about the worksheets</p>  |
| <p><b>N:4:139-142:</b> "Oh yes!. So yeah, they seem to really enjoy, and it doesn't matter whether they're the littlies or the biggies, they kind of just get on with it, and they're quite happy and yeah, generally the videos and worksheets are definitely working"</p> | <p>Feels the programme is effective across all age ranges, and that all ages enjoy videos and worksheets given</p>               |
| <p><b>N:6:221-222</b> "I have seen the positive impact on all children that I've worked with"</p>   |  |

Continued overleaf





## Positives (continued)

### Positive experiences of using the Healing Together programme with CYP

| Reference Quote(s)   | Summary   |
|--|---|
| <b>C:3:83-84:</b> "the best form of group work that we had access to for the children that we were supporting"   | Believes the Healing Together programme was the best group work the service had to offer for children   |
| <b>C:3:100-101:</b> "So, having a simple tool to help them understand that definitely helps them to better engage"<br><br><b>C:4:124-127:</b> "is physical, where they got to do drawing, or they got to, kind of, you know, like with the hand brain model, do that with their hands [demonstrates flipping the lid hand movement], or anything like that, where they were kind of physically engaged"  | Believes the practical elements of the programme help engage children better and enables a better understanding of their emotions and reactions. This was even more improved by these practical elements being simple to understand   |
| <b>C:2:50:</b> "a structure to group sessions to be able to-to be able to meet the needs"<br><br><b>C:4:137-138:</b> "it was flexible enough to be adapted a bit"  | The programme was both structured to enable there was a set standard of care, but also flexible, to be adapted to meet individual needs   |
| <b>C:4:143-144:</b> "they engaged a lot better with Healing Together than they did with the training we've been doing before"  | Believes the Healing Together programme is the most engaging programme compared to those they had previously performed  |
| <b>B:3:116:</b> "it can be used for a broad spectrum of trauma"  | Believes the programme is adaptable to other forms of trauma, where interconnected knowledge can be applied   |
| <b>B:4:132-134:</b> "and it's a really interactive, child friendly approach to, yeah so things that you've heard or seen get locked away in your bit of your memory, bit in your brain. So um, they really, they really liked that"  | The programme is 'child-friendly' and 'interactive' where children can remember the tools and skills taught in an enjoyable manner  |
| <b>P:5:192:</b> "Because the sections were quite short I was able to get him to do little bits of all of it."<br><br><b>P:6:209-212:</b> "if the course had bigger sections I would have found it much harder to, sort of, rain him in. But because the sections were all really really short, as soon as his interest went I was able to go 'oh we're going to do this now' you know 'let's come back for this' so I think that really helped." | The sections within the programme were designed with children in mind, where they were short but interactive. This enabled continued engagement, where facilitators could re-engage children easier than if the sections were longer and the breaks weren't well spread out within the sessions |
| <b>P:6:233-234:</b> "I find the children are like 'oh we want to come back' or you know 'when are we coming back' because they love it so much"  | The children enjoy the programme so much they want to repeat it over again  |



## Developments

The areas of developments that were shared give an illustration of how the Healing Together programme can be improved. Interestingly, areas of development were not related to their training experience.

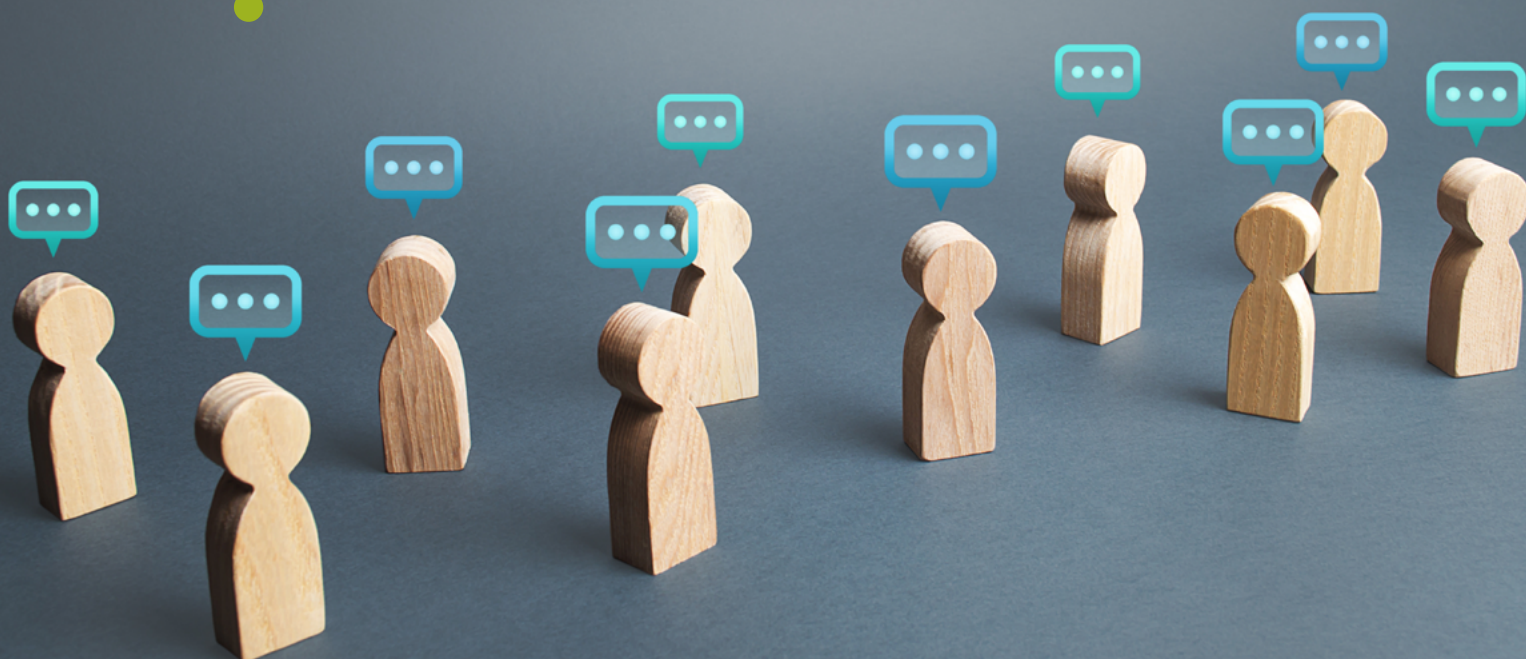
Peter wanted the programme to be longer. ***"I'd like the programme to be longer ... when they've just started sharing their emotions and they've just gotten really comfortable in the group it kind of ends"*** P:226-229:

For Natasha, they thought the Emotional Awareness questionnaires was too complex for younger-children. ***"The questions, I feel, it's quite-quite tricky for some children to understand and a lot of them are very .. very, they just seem to be the same but said in a slightly different way ... it's probably an intention to that"*** N:6:209-213:

Lastly, Steve who noted the older children can find the video animations patronising. ***"sometimes an older child will be feeling a bit patronised by the videos"*** S:3:93-94:

Innovating Minds will review the areas of developments and make any necessary amendments.





## Methodological Limitations

Quantitative limitations include the mode-of-measurement, that being surveys. The debate over their functionality has been long active, with arguments criticising their indirect approach to measuring behaviour. Nonetheless, the survey method is low-cost and a simple tool to collect large-scale samples which was required here.

Qualitatively we can see that the limitations and strengths of the content analysis invert when noticing the strengths and limitations of the IPA study. A content analysis does not allow for deeper analysis and interpretation of the data presented, instead noting the simple occurrence of phenomenon. However, this means the researchers pre-conceptions are not inadvertently and subconsciously intertwined with the conclusions reached.

Within the IPA study, this method does allow for, and recommends, deeper investigation and interpretation of the data, nonetheless, this can open the analysis up to the researcher pre-existing beliefs. Nevertheless, the IPA analysis was conducted reflexively, meaning the researchers pre-conceptions were bracketed-off to some degree through reflection and the use of an emic-etic coding strategy (surface level analysis only then followed by deeper analysis), minimising the impact of the researchers pre-existing beliefs on the data analysis.



## Conclusion

In conclusion, the quantitative data analysis demonstrates that the Healing Together Domestic Abuse Trauma Informed Training statistically significantly increases facilitator's confidence in supporting children affected by domestic abuse, knowledge and understanding of the impact of domestic abuse on children and confidence in working with children using a trauma informed approach. This statistically significant difference applies to both training courses.

The qualitative data analysis demonstrates that the Healing Together training enabled practitioners to embed and apply trauma informed values to their work and the services they worked in. There is a broader clinical impact from the skills and knowledge gained through the training and delivery of the Healing Together programme with CYP. These broader impacts related to service developments, families, and longitudinal benefits for CYP affected by domestic abuse. The Healing Together facilitators that were interviewed felt that they had gained knowledge, skills and/or confidence and this had positively contributed to their practice with CYP. The facilitators spoke very highly of the Healing Together model, using positive remarks and language relating to the training, Healing Together programme resources and the personal impact it had on them.

**The developments relating to the outcome measures, programme duration and the video animations will be reviewed by the team at Innovating Minds**







## Recommendations

The following recommendation is made based on our clinical experience, and experience of delivering evidence based domestic abuse trauma informed training.

Services/organisations to invest in a comprehensive package of support instead of investing in trauma informed training or any other training relating to domestic abuse as a standalone. We have demonstrated that for practitioner's practice to be influenced they need a package of support. They require ongoing access to CPD, resources and support to ensure they can put the training in to practice. Influencing and changing a practitioner's practice is an ongoing process therefore it is naive and costly to only invest in training.



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