

Blw Bo.

TrACE Toolkit Evaluation

In the Substance Misuse Sector

Final Report

June 2023



Table of Contents

1	Foreword.....	3
2.	Introduction & Context.....	4
	Research Method.....	4
3.	Context.....	6
	The TrACE Toolkit & Substance Misuse Sector Pilot	8
4.	Core Rationale, Aims and Objectives	11
5.	Project Implementation.....	14
	General Progress & Momentum	14
	Core Toolkit Process.....	15
	Governance and Wider Engagement	18
	Wider Promotion, engagement and support activity	20
6.	Pilot Outcomes.....	23
	Success Indicators	28
7.	Key Lessons & Next Steps	31
	The Toolkit and the support process	31
	Strategic & Policy Considerations	33
	Shared Learning & Collaboration	34
	Success Factors.....	34
	Training & Skill Development	35
	General Observations & Next Steps.....	36
8.	Conclusions & Recommendations.....	38

1. Foreword



Dr Joanne Hopkins, Programme Director for ACEs, Criminal Justice, and Violence Prevention

“The Adverse Childhood Experience (ACE) Hub Wales has been privileged to work collaboratively with wonderful people in the Substance Misuse sector working in the community and in clinical settings. We have developed a comprehensive training package, fundamentally enhanced with incredible films from Eternal Media to bring the importance of taking a Trauma and ACE informed approach, and the positive outcomes that can be achieved for people accessing services and providing them. We have worked with colleagues in Welsh Government, Substance Misuse Policy, to develop this approach and are grateful for funding from them to secure a position in the ACE Hub Wales to lead this work for us.

We really welcome this evaluation of the work to date, and the acknowledgement throughout of the hard work and commitment of all those involved. We encourage and embrace all constructive feedback; not only to improve the work in this sector, but to also take the learning into our Community of Practice to benefit all those working with us to implement the TrACE Toolkit in their organisations or sectors; and ultimately to contribute to our collective ambition that Wales becomes a trauma-informed Nation. This work will directly support the implementation of *Trauma-Informed Wales: A Societal Approach to Understanding, Preventing and Supporting the Impacts of Trauma and Adversity* which is our coproduced, co-delivered framework with people and organisations in Wales, to achieve this.”

2. Introduction & Context

In August 2022, The Adverse Childhood Experiences (ACE) Hub Wales commissioned BlwBo Limited to independently evaluate a pilot of the TrACE (Trauma and ACE) Toolkit¹ within the Substance Misuse sector.

The purpose of the evaluation was to enable the ACE Hub Wales to review how Substance Misuse organisations were using the Toolkit, inform further development of the Toolkit resource, and make recommendations to inform the ACE Hub Wales future support offer. The evaluation team were also to observe the progress of the Pilot, providing formative feedback to the ACE Hub Wales, and track the interactions of the Expert Reference Group² and Community of Practice³ Groups. This work allowed data and evidence to be collected over the course of the Pilot, and for evaluators to offer insight on emerging findings as the Pilot progressed.

This evaluation report provides an overview of the Pilot scheme, describing:

- Implementation arrangements for the Pilot Process.
- Levels of engagement and interaction.
- Progress made and key achievements, including contribution to stated outcomes.
- Barriers to progress.
- Feedback on the Toolkit resource and wider TrACE support structure.
- Lessons learned and suggested next steps.
- Conclusions and recommendations.

In framing this report, we have sought to contextualise the pilot in terms of the wider policy and implementation landscape around trauma-informed practice in Wales, including the Trauma Informed Wales Framework⁴, which provides a Wales definition of trauma-informed approach, and a set of five principles that underpin four practice levels that describe the different roles people and organisations may have when supporting people affected by trauma. Clearly embedding the principles and approaches outlined in the Framework is going to be a long term project that is going to demand sustained engagement from multiple stakeholders. Understanding how this Pilot has contributed to that wider strategic mission has therefore been part of our overall analysis.

Research Method

The evaluation team have applied a formative approach to the evaluation exercise, tracking implementation and offering feedback to the project team on progress, challenges, and broader

¹ <https://acehubwales.com/trace-Toolkit/>

² Expert Reference Group was set up to advise and support the roll out of the Toolkit and was made up of Area Planning Boards and Substance Misuse Sector representatives, as well as ACE Hub Wales staff and WG representatives.

³ The Community of Practice provided a forum for TrACE practitioners from different sectors to come together to share best practice and discuss areas of common interest.

⁴ <https://traumaframeworkcymru.com/wp-content/uploads/2022/07/Trauma-Informed-Wales-Framework.pdf>

emerging themes. This approach sought to offer ‘check and challenge’ support for the delivery team as they delivered the Pilot.

As you would expect with a Pilot scheme evaluation, there was a strong process component to the research. We have sought to understand implementation, engagement and governance arrangements, with a view to identifying what has worked well, and how future delivery can be improved. We have also sought feedback on the Toolkit itself, considering its effectiveness and looking at whether there are ways in which it can be improved. The research team also looked to evaluate the extent to which the project has made progress against its stated outcomes, namely:

Outcome 1	Develop ACEs knowledge and skills. Greater awareness of ACEs can help organisations to adopt a whole-service approach, involving all their staff, to support vulnerable service user (through existing targeted and specialist support) and take a universal approach to wellbeing and building resilience.
Outcome 2	Embed ACE/Trauma-informed practice - e.g., providing safe and nurturing environments, establishing a culture of trust, collaboration, choice and empowerment - with all members of the workforce playing a part.
Outcome 3	Create a clear, shared understanding of what a trauma-informed Substance Misuse organisation looks like, as a model, against which organisations can evaluate and improve their current practices.
Outcome 4	An emphasis on supporting the wellbeing of staff and the provision of training and additional support; recognising the widespread prevalence of trauma and that working with vulnerable people can be emotionally demanding.
Outcome 5	Development understanding of what additional support and training staff across the sector might need to meet the requirements of the co-occurring issue of Substance Misuse and mental health diagnoses and the provision of more targeted, specialist work with Trauma Stress Wales to support this.
Outcome 6	Enabling workforce to connect with other trauma informed sectors to support the development of a whole system approach with service users at the heart.

To advance this work and fully meet the requirements outlined in the original Research Specification, a staged methodology was developed. The methodology included:

- A full desk review of project documentation and management information.
- Semi-structured qualitative interviews with ACE Hub Wales Staff and key internal stakeholders.
- Semi-structured qualitative Interviews with external stakeholders, including practitioners with relevant experience of the TrACE Toolkit and wider trauma-informed practice.
- Observation of Expert Reference Group and Community of Practice group meetings and facilitation of themed discussions
- Detailed consultation interviews with TrACE Pilot organisations.
- Regular update and feedback meetings with Project Team.
- Analysis of evaluation data and reporting.

This report summarises the findings of the evaluation and addresses the core research questions. We have also interrogated all available data and policy documents to contextualise our findings, explore

a range of key issues and provide a series of practicable conclusions and recommendations. All contributions to the research have been anonymised and we extend our thanks to all who have contributed to this evaluation process.

3. Context

The TrACE Toolkit forms part of a much wider effort to promote and develop ACE aware and trauma-informed practice in Wales. ACE Hub Wales was set up in 2017 with a specific remit to create an ACE Aware Wales and make Wales a leader in tackling, preventing and mitigating ACEs. This work was to be taken forward through:

- **Spreading information** and knowledge enabling the voices of communities, children and families to co-design solutions that will work for them.
- **Sharing evidence** about what organisations can do differently to help prevent and mitigate Adverse Childhood Experiences.
- **Developing knowledge and skills** amongst professionals, providing training for them to enable themselves and their organisations to grow their internal and external networks to change practice.
- **Pulling learning** from individuals, communities, organisations and the wider system and sharing it through a range of action learning sets and communities of practice.
- **Driving change** and system transformation at local and national levels.

The formation of the ACE Hub Wales (and its funding by Welsh Government) came off the back of a growing body of research that highlighted the damaging impact of ACEs and the need to address the issue in policy and practice. The first Welsh ACE Study identified the strong relationships between childhood trauma and poor health across the life course in Wales, including increased risk of health harming behaviours, low mental wellbeing and early development of chronic disease.

Further studies and reviews reinforced the evidence base and emphasised the need for ACEs (and increasingly trauma) to become important considerations in the way that policies and services were designed and delivered in Wales. A 2021 review of Welsh Government's ACE Policy⁵ recognised the progress that had been made and highlighted the need for a continued, system-wide commitment to prioritising action on ACEs. The review also endorsed the important role of the ACE Hub Wales as a resource to drive and support the development of good practice across Wales; working with organisations from across different sectors to ensure services are ACE aware and trauma-informed.

As part of its effort to promote ACE aware and trauma-informed approaches, ACE Hub Wales developed the Trauma and ACE (TrACE) Informed Organisational Toolkit, which was launched in July 2020. The Toolkit, which was developed collaboratively with other stakeholders, provided a practical resource and guide to support organisations to embed ACE Awareness and Trauma-Informed Practice. The Toolkit process challenged organisations to reflect on current culture, practice and process and

⁵ <https://www.gov.wales/sites/default/files/pdf-versions/2021/3/3/1615991408/review-adverse-childhood-experiences-ace-policy-report.pdf>

identify activity to implement more trauma-informed and trauma responsive approaches, resulting in increased ownership for transformational change within their setting. The end goal was to achieve better outcomes for individuals affected by ACEs, reducing the risk of re-traumatisation, increasing resilience, and addressing barriers to engagement with service providers.

The Toolkit was initially piloted with a small number (six) of organisations across the further education, housing and substance misuse sectors, to test the approach and develop learning on how the process and the support could be incrementally improved. The work was voluntary in nature and the process in effect sought to ‘work with the willing’ and develop positive practice through building a cohort of committed, enthusiastic service providers. The ACE Hub Wales has also actively provided packages of training across Wales, featuring a strong ‘train the trainer’ component to introduce organisations to key principles, encourage workforce development, and promote best practice within service delivery.

In addition to its core Toolkit offer, the team at ACE Hub Wales were successful in securing additional resource from Welsh Government to develop practice and pilot the Toolkit within specific sectors, firstly within Further Education, and then within the Substance Misuse sector – which is of course the point of focus for this evaluation piece. The team are also working with the Higher Education sector in Wales, specifically Glyndwr University who have committed to becoming a flagship institution for trauma-informed practice in Wales.

Subsequent to the launch of the Toolkit, ACE Hub Wales collaborated with Traumatic Stress Wales, Welsh Government and an Expert Reference Group to co-produce a National Trauma Practice Framework for Wales⁶, which was published in July 2022. The ‘Wales Trauma Framework’ was developed to help people, organisations and systems to prevent adversity and trauma and their associated negative effects. It aims to facilitate the development of a whole systems approach to supporting the needs of people who have experienced adversity and trauma, introducing a consistency and coherence to support wider effort in this area.

The Framework has been supported and endorsed by Welsh Government, who now view it as being central to their ACEs plan and to achieving the actions set out in their ‘Together for Mental Health’ Strategy. The Framework also has direct relevance across a range of wider policy areas, particularly those that support vulnerable people and communities.

The Trauma Framework set out a Wales definition of a trauma-informed approach, and details five guiding principles that underpin four defined Practice Levels, ranging from ‘Trauma Aware’ to ‘Specialist Interventions’. Crucially, the Framework specifically references the TrACE Toolkit as a useful mechanism for progressing this work. Therefore, not only has the Framework firmly stated the Welsh Government’s commitment to ACEs and trauma-informed practice, but it has also highlighted the Toolkit as a mechanism for reflective practice and change.

This development of the Framework has provided an important context for the Toolkit pilot, and the research team have been able to explore the perceptions of stakeholders on the wider direction of travel around trauma-informed practice in Wales, and how this has shaped their engagement and

⁶ <https://traumaframeworkcymru.com>

broader practice. The ACE Hub Wales team welcomed the introduction of the Trauma Framework and pointed to the speed with which it was co-produced and approved (September 2021- July 2022) as evidence of the political will and energy that has started to build in this space.

More broadly, the Trauma Framework, the TrACE Toolkit, and wider efforts to promote ACE aware and trauma-informed practice in Wales, clearly has a strong crossover with other key strategic policy areas. Whilst a full assessment of this contextual backdrop is beyond the scope of this exercise, it is nevertheless important to frame this pilot within that broader landscape. All the stakeholders interviewed spoke positively about the progress that is being made at a strategic and delivery level in Wales and viewed this pilot as a stepping-stone to achieving much broader goals. Many stakeholders also linked the pilot (and the Toolkit) to the wider efforts of the ACE Hub Wales to promote trauma-informed practice in Wales – so again, this project is seen part of a bigger picture.

The TrACE Toolkit & Substance Misuse Sector Pilot

The TrACE Toolkit provides a mechanism for organisations to undertake a reflective process that considers existing practice and capacity across six key domains, namely:

1. Governance and Leadership.
2. Policies and Procedures.
3. Workforce Development and Support.
4. Physical Spaces.
5. Service Design and Delivery.
6. Evaluation and Monitoring.

The Toolkit is designed to be used flexibly by different types of organisations across different sectors. Therefore, whilst this pilot has focussed on applying the Toolkit in substance misuse settings, the core resource used is largely the same as has been deployed in other settings (Further Education, Housing, Higher Education). This generic model is very much a design feature of the Toolkit, and the relative merits of this approach are considered later in this report.

The guidance that accompanies the Toolkit outlines a staged process with an emphasis on an initial ‘Preparation Phase’ and ‘Self-Assessment Process’; this allows organisations to consider their readiness, before moving on to take stock of their current practice, skills and competencies. The infographic on page 12 summarises the key steps in the Toolkit process and outlines associated resources and outputs.

It is important to note that the Toolkit was developed before the introduction of the Trauma Framework, and before plans for the Substance Misuse Pilot were developed. The ACE Hub Wales had also delivered a significant amount of training across the sector (and to others) before launching the Toolkit. In reflecting on the progress and effectiveness of the Pilot, there was some commentary on the sequencing of events, and how in ‘an ideal world’, the Framework would have been in place before the development and launch of the Toolkit. This sequencing is considered later in the report; however, it does highlight the iterative (and organic) way that policy and practice have developed in this area.

Having undertaken sectoral focussed work with the Further Education sector in Wales, the ACE Hub Wales were invited to develop a proposal for a pilot of the Toolkit with the Substance Misuse Sector. Support was secured from the Substance Misuse team at Welsh Government, and an initial funding package was put in place for 2022/2023 to enable a designated Project Manager to be appointed to lead the project in the ACE Hub Wales. It was decided that effort would be made to find candidates with direct experience of working in the sector, and the ACE Hub Wales team were successful in appointing a secondee from a third sector Substance Misuse provider.

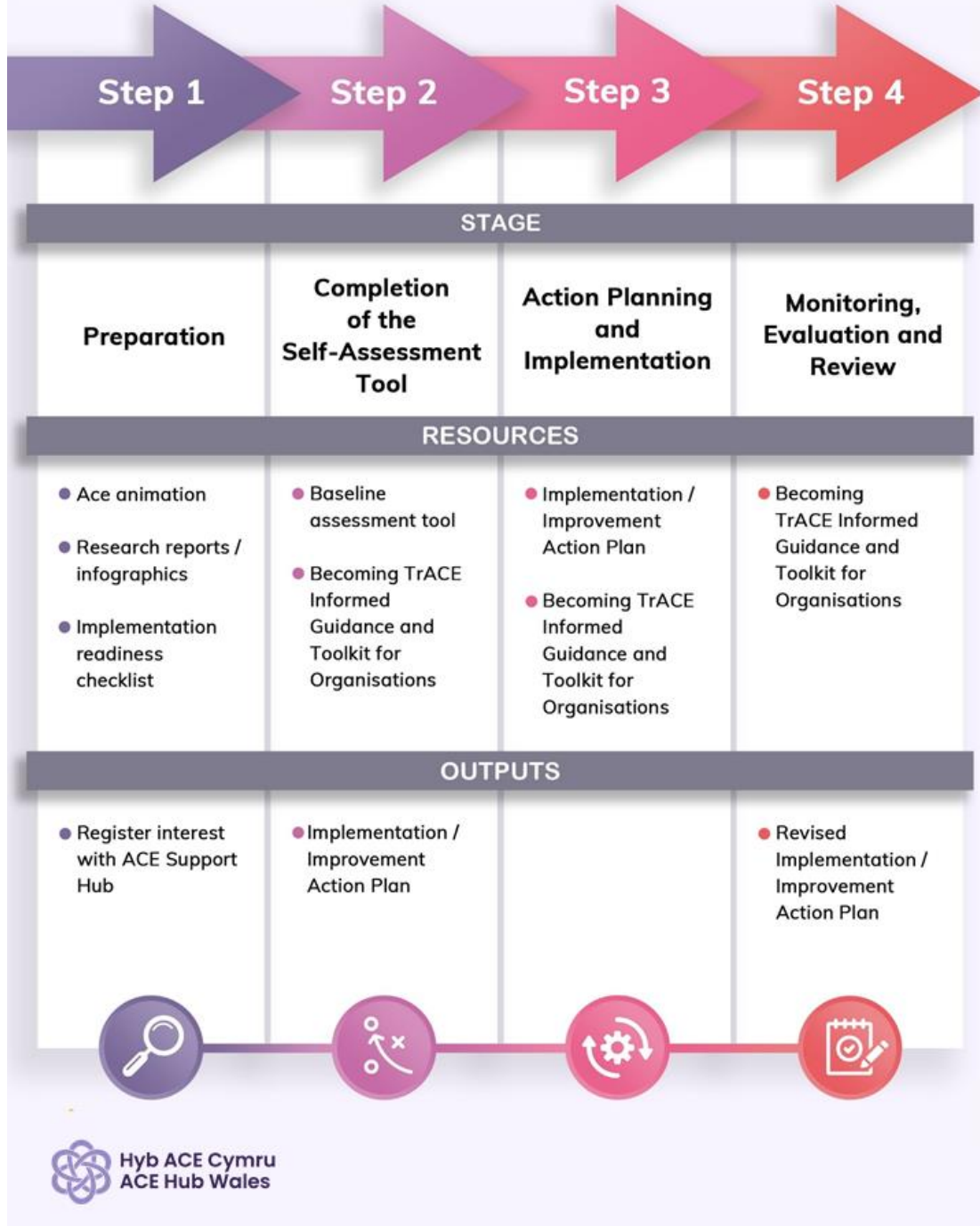
In addition to encouraging organisations to pilot the Toolkit, this project has sought to build connection and best practice across the sector and provide opportunities for wider learning. The Substance Misuse Pilot model therefore included:

- Promotion of TrACE Toolkit across the Substance Misuse sector, with a view to encouraging organisations to engage with the Toolkit process.
- Active support for organisations considering/undertaking the Toolkit process.
- Engagement with an Expert Reference Group to guide the process and build engagement with Area Planning Board (commissioners), Welsh Government and other strategic stakeholders.
- Establishment of a Practitioners Forum to provide a space for Substance Misuse organisations to come together to discuss, develop and share emerging practice.
- Connection of practitioners to the wider Community of Practice group, which includes representation from other key sectors.
- Bottom-up/Opt-in approach with a focus on co-production.

The pilot has been running since the beginning of April 2022, and in June 2022 BlwBo Limited were appointed as independent evaluators to track progress, draw out relevant learning, and provide practicable conclusions and recommendations to inform next steps. In the following sections of this report, we undertake a thematic analysis of the Pilot, before presenting our assessment of the extent to which the project has delivered against its original objectives/outcomes and presenting our conclusions and recommendations.

TrACE (Trauma and ACE) Informed Organisations

Becoming a TrACE informed organisation



4. Core Rationale, Aims and Objectives

The TrACE Toolkit pilot has sought to build on the work that the ACE Hub Wales had already been doing with stakeholders across Wales. The aims and rationale for the intervention therefore closely aligned to the wider mission of the ACE Hub Wales, namely, to create an “ACE aware Wales and make Wales a leader in tackling, preventing and mitigating ACEs”.

The underlying rationale for the TrACE Toolkit is that it provides a mechanism (and process) for organisations that want to reflect on their existing practice and consider what actions they need to take to embed a more trauma-informed approach across the different strands of their operation. The decision to specifically focus pilot activity on the Substance Misuse Sector arose from discussions with Welsh Government (Substance Misuse Team), who made additional funding available to resource a one-year pilot and help ensure that all organisations working with vulnerable people in the sector had access to a range of training, tools and resources to embed Trauma and ACE aware approaches.

The team at the ACE Hub Wales and colleagues at Welsh Government had felt that the Substance Misuse sector would be a good fit for the TrACE approach, given the levels of trauma that service users typically experience, and the pressures faced by frontline staff as they respond to the trauma of clients on a daily basis. Whilst the pilot represented an enhanced support offer for the Substance Misuse sector, the core Toolkit resource was already established, and had already been piloted with a sample of other organisations (including the Gwent Drug and Alcohol Service (GDAS). This allowed the team to ‘hit the ground running’ and promote a resource that was in effect ‘fully formed’, whilst also drawing on the learning that had already been generated by other organisations.

Over and above the Toolkit process, the Pilot set out to connect substance misuse providers and provide opportunities for the development of practice and for shared learning. The Expert Reference Group and Community of Practice Groupings were therefore seen as integral to the wider objectives of the Pilot. The Expert Reference Group predated the Pilot project, having previously been established to consider the development and roll out of ACEs training for the sector. Training had previously been coproduced with the Sector and the TrACE Toolkit had emerged as the logical next step for developing/ embedding trauma-informed practice.

In considering the rationale, aims and objectives of the Substance Misuse Pilot, a number of stakeholders observed that many within the substance misuse sector had likely considered themselves to be trauma-informed even before the launch of the pilot. Many practitioners would have received some level of training on ACEs or trauma-informed approaches (often from the ACE Hub Wales), whereas others may have simply held an intuitive belief that this was how people in the sector tend to work. Having this mindset and foundation of practice within the sector clearly aided the Pilot in many ways, as the team were effectively preaching to the converted. That said, some interviewees pointed out that this it also brought a challenge in terms of having to ‘unpick’ existing practice and consider how best to encourage and embed more formal approaches at an organisational level.

Nevertheless, what was evident from interviews across all stakeholder groups, was the high level of support that existed for trauma-informed approaches in general, and for the Toolkit as a mechanism for helping organisations to develop and adapt their practice. At no point over the course of the evaluation did any stakeholder at any level question the logic of the Pilot or the value of the Toolkit as a resource, which indicates that (a) the initiative made sense to stakeholders, and (b) that the team managed to build positive engagement and sentiment from the sector.

When asked about the aims of the Pilot, many stakeholders tended to view it through the lens of service improvement and felt that it was a natural next step for the sector given the progressive work that has been done in Wales around ACEs and adopting a social justice approach. One strategic stakeholder observed, *“The aim was to help the sector on their journey. The work that was done on training provision before the pandemic was well received and everyone wanted to engage. This next phase was always going to be more challenging. It requires self-reflection and a real investment of time and thought, and the Toolkit provides a basis for doing that work at an organisational level”*.

The focus on supporting change at an organisational and system wide level was also popular, and many of those involved with leading the Pilot accepted that progress would likely be incremental and that it would take time to embed changes in culture and practice. Managing expectations and providing reassurances around the expected pace of progress were therefore seen to be important features of how the Pilot needed to be explained to the sector. Whether this message landed successfully with all stakeholders is considered later in this report, as there appeared to be a hesitancy to engage in some quarters due to concerns over how much work might be involved, capacity to resource the work, and what was expected of organisations taking on the Toolkit process.

Reflecting on this theme of managing expectations, one Strategic Stakeholder commented, *“We need people to understand that we don’t expect them to be trauma informed tomorrow, but we’d like them to be able to reflect on their approach and describe where they are on the journey. Tell us what you can do with the resources you have and then we can have that conversation and develop a way of taking this forward”*.

The staff at the ACE Hub Wales were very supportive of the Pilot and saw it as a natural extension to their existing mission, as well as an opportunity to focus additional energy and support on the Substance Misuse Sector. Given that engagement with the Pilot was to be entirely voluntary, the team recognised from the outset that progress was going to depend on positive engagement and ‘buy in’ from the sector. As such the aim was to ‘work with the willing’ and gradually build wider engagement over time. One strategic stakeholder described wanting to build a social movement around trauma-informed practice, using the Toolkit as a mechanism for supporting that shift. *“We wanted to offer people a blueprint that shows them the sort of considerations they need to keep in mind as they try to introduce these principles into their organisational culture. This is a journey and there isn’t really an end destination – we have to help people move along the curve”*.

On a practical level, the ACE Hub Wales team also viewed the Pilot as another opportunity to test the Toolkit and use feedback from stakeholders to refine and strengthen the TrACE offer. The need to help organisations through the process was built into the Pilot model, and the Ace Hub Wales team offered guidance, support and challenge as required. Given the modest size of the team this was always an ambitious goal. One consultee commented, *“We knew this would be a big ask, and as such we wanted to put support and structures in place to underpin the effort”*. Another stakeholder noted, *“There is limited resources to drive this work, but it is linked to some big ambitions. The idea is for organisations to use the Toolkit and commit to the process, so they can then bring their own resources to the table”*.

Other key features of the model that stakeholders welcomed, were the focus on supporting staff to better deal with trauma, and efforts to involve service commissioners through having Area Planning Board Leads sit on the Expert Refence Group. This inclusive approach was seen to have helped drive cultural change at an organisational and sectoral level.

In considering the aims of the Pilot, all stakeholders felt that the headline Outcomes set out in the original proposal were relevant and representative of the key areas of progress that needed to be addressed by the work. The focus on developing awareness, shared understanding and good practice were clearly fundamental to the Toolkit model, and the emphasis on supporting staff trauma, workforce development and connecting practitioners, aligned with the wider mission of the ACE Hub Wales. Stakeholders acknowledged the level of ambition of these outcomes, identifying that they were long-term goals that would likely take some time to achieve. Nevertheless, they were seen to offer a clear structure for the project and were themes that stakeholders felt the Pilot could make a meaningful contribution to over the project period.

Given the longer-term nature of these Outcomes, we also asked stakeholders to consider specific ‘shorter term’ success indicators for the Pilot. Most stakeholders suggested that indicators needed to focus on realistic progress around key observable metrics, such as engagement, awareness, participation and skills. However, other stakeholders expressed a hesitancy to propose indicators until they had been through the process. This sense of ‘we don’t know what we don’t know’ was something that appeared to take time to break down in the initial stages of the Pilot.

One Pilot organisation reflected on what success might look like for them from engaging with the process. *“What would success look like in the short term? If we can get through 50% of evidencing the six domains in the next few months, I’d be happy. We are confident that we have the evidence to address all the domains, but we also know that it is about more than that - we want to build real momentum and energy around the process”*.

We revisit success indicators later in this report and we also reflect on the extent to which the pilot has delivered against the rationale, aims and objectives set out at the beginning of the process. In the next section we look at how the different strands of delivery have unfolded over the course of the Pilot and the level of progress made.

5. Project Implementation

The TrACE Toolkit Pilot has been running since April 2022, with the ACE Hub Wales team working extensively with stakeholders to encourage and support engagement with the Toolkit, and offer wider opportunities for collaboration, training and the development of good practice.

The delivery model has largely followed the structure set out in the original proposal, using the existing TrACE Toolkit resource as a mechanism for organisations wanting to undertake reflection and planning around their trauma-informed practice. Alongside this the Expert Reference Group was used as a forum for wider discussion with Service Commissioners and other experts, whereas a Providers Forum group was initially set up to ensure collaboration with Substance Misuse provider services.

More broadly the ACE Hub Wales team have tried to adopt a flexible and proactive approach in promoting the Pilot, engaging with any stakeholders that have expressed an interest. This has led to the delivery of wider activities that went beyond the original workplan. As one Team member stated, *“We have had to be nimble and try to spot opportunities to push the work forward wherever we can”*.

It is also important to highlight the natural level of crossover there has been between the Pilot and the ACE Hub Wales wider core mission, including activities targeted at other sectors (such as Further Education). Being able to interact with, and learn from, this broader community of stakeholders was felt to have delivered benefits for the Pilot and the organisations involved. For example, to support wider interdisciplinary learning, the team have continued to facilitate the Community of Practice group, bringing practitioners from a range of sectors together to have conversations about their experiences and share ideas on how best to inform emerging trauma-informed practice. Many of the Substance Misuse organisations that have engaged with (or shown interest in) the TrACE Toolkit have also interacted with the Community of Practice group. Whilst elements like the Community of Practice are not exclusively part of the Pilot, they have clearly contributed to progress made.

General Progress & Momentum

The TrACE Toolkit Pilot has successfully developed positive engagement from a range of stakeholders across the Substance Misuse sector. With many in the sector evidently being supportive of the shift towards greater focus on trauma-informed practice, there was perhaps always going to be willingness to engage in the conversation and consider the Toolkit as a mechanism for organisational development and cultural change. Over the evaluation period, we have observed a high level of enthusiasm and commitment from many stakeholders who have clearly welcomed and benefitted from the Pilot process.

That said, it is also important to recognise that the sector, like many others, has faced significant strains and challenges. The impact of consecutive crises such as the COVID

pandemic, the cost-of-living crisis, etc.; have inevitably taken a toll and meant that organisations came to the Pilot with a degree of fatigue ‘baked in’. The issue of limited capacity has therefore been raised as a barrier that has limited the level of engagement with the Toolkit and slowed the pace of progress of the Pilot. However, what is also clear from our conversations with consultees, is that the Pilot has managed to steadily build positive engagement and momentum over time. Whilst there were some frustrations expressed about the pace of progress, there was also a clear sense that momentum was now building, and that a structure had been put in place that could sustain progress going forward. There was also a strong view expressed by many that the Pilot (which was always designed to be a short intervention) was just the beginning of a much longer process, and as such success should be assessed on that basis.

In considering the implementation process more broadly, we thought it might be useful to look at each component strand in turn, accepting that there has been strong interaction and crossover between each part of the pilot process.

Core Toolkit Process

At the heart of this Pilot was an effort to encourage Substance Misuse organisations to engage with the TrACE Toolkit and use it as a basis for reflection, planning and embedding trauma-informed practice at an organisational level. The Toolkit was therefore actively promoted and explained through a range of channels, in the hope that organisations would come forward to begin the process.

By the end of the initial Pilot period, two Substance Misuse organisations had come forward and started work on the Toolkit process. In addition, conversations had also taken place with a range of other organisations that had expressed an interest in engaging with the Toolkit – some of which are now actively making plans to embark on the TrACE process. There has also been some interesting practice emerging regionally/locally through Area Planning Boards. Some Area Planning Boards have started to facilitate conversations and the development of good practice across their provider networks, using the TrACE Toolkit as a development tool.

Reflecting on direct levels of engagement with the Toolkit resource, some stakeholders did express disappointment that more organisations hadn’t come forward. However, others felt that this level was “*about right*” given the scale of the Pilot and the capacity the ACE Hub Wales had to actively support organisations going through the process.

Moreover, most stakeholders felt that despite the modest take up of the Toolkit, the Pilot project had helped identify some of the key barriers to engagement for the Substance Misuse sector, developing greater clarity on how further engagement can be built over time. As one stakeholder put it, “*Ideally, you’d want more than two, but it’s a start, and we can build from there. This is something that needs to be embedded and not viewed as an add-on. If we can convey that, we’ll get more people on board*”.

Importantly, all stakeholders viewed the Toolkit resource as being 'fit for purpose' and they valued the flexibility of the tool and how it allows users to apply the approach in a way that works for them. When asked for feedback on the Toolkit, stakeholders were able to offer a range of suggestions on how the resource could be further improved. These included:

- Scope to simplify the language used in the Toolkit. *"Maybe rework some of the terminology to simplify and deal in language that means something to staff and service users. Need to think through how we engage with people and the language we use"*.
- Need for additional guidance on what evidence can be used by organisations when working through the various domains of the self-assessment process.
- Further strengthen guidance around the Domains. *"The self-assessment is a good starting point, but there is plenty of scope to develop the tools further"*.
- Opportunity to draw from the experience of others and develop examples and possibly templates to help organisations understand how others had approached the process.
- Resolve IT issues linked to submitting documents to ACE Hub Wales as examples of practice across domains.

The ACE Hub Wales team recognise that the Toolkit is a resource that will need to continually evolve and be improved over time, so one of the key goals for the Pilot has been to develop learning from those Substance Misuse organisations that have engaged with and used the resource. *"We are looking to create additional tools that will support organisations, this will be something that will be raised at the TrACE Community of Practice an opportunity for attendees to highlight tools they feel will help, before setting up tasks & finish group to co-produce these resources"*.

It is important to flag that the ACE Hub Wales have already been actively working with stakeholders over the course of the Pilot to refine the Toolkit and strengthen some of the aspects mentioned above. Pilot Organisations have been able to offer feedback directly to ACE Hub Wales staff during regular meetings and there have been opportunities to discuss different aspects of the Toolkit during Expert Reference Group/Community of Practice meetings. In addition, the ACE Hub Wales team have been revisiting guidance notes and developing new resources to guide organisations through the Toolkit process. For example, staff have been co-producing a Policy Guidance resource with colleagues from Further Education and Higher Education and work is underway to co-produce a new resource to support the 'Physical Spaces' domain with members of the Community of Practice over recent months.

The work on the Policy Guidance is an example of how the ACE Hub Wales team have responded to feedback they have received. Toolkit users had flagged that the Policy Domain was causing some headaches, so the team have sought to draw learning from other sectors and offer additional guidance. A team member stated, *"This is challenge for organisations. How can organisations prioritise, update, and embed changes across all policies. The hope is that this document will help organisations tackle this work, providing pointers on who needs to be involved from across the organisation to deal with different policy areas. This will then be accessible for all sectors"*.

Reflecting on the process more broadly, several organisations and stakeholders stressed that engaging with the Toolkit requires significant resource commitment at an organisational level, as well as 'buy in'/ownership from key staff (at the right level within the organisation). This later point was echoed by ACE Hub Wales staff and other strategic stakeholders who noted that engagement from organisations had sometimes faltered due to the work being allocated to just one person or to junior members of staff. *"What tends to happen is that a senior person will sign up and then they will allocate the work to a more junior staff member. They then struggle to generate a sufficient level of engagement and momentum to affect meaningful change. It needs to be a team effort, and done in the right way, with proper support. It is not a task; it is a culture change"*.

Those organisations that actively engaged with the Toolkit as part of the Pilot were able speak about how they had approached the process and what plans they had put in place to move the work forward. In both cases work was allocated to a lead individual, who then set up an internal working group to undertake the self-assessment process across the domains.

The two service providers have made varying degrees of progress in terms of completing the self-assessment and tackling the Action Planning Stage. One organisation reported that were still in the early stages of structuring their reflection work, having struggled to build and sustain momentum. The other organisation reported that they had made good progress, having initially looked for 'quick wins' before adopting a *"slow and steady approach"*. This organisation has set up a Trauma-Informed Committee to lead on the TrACE work and develop a team of champions across the organisation. They noted that a big part of the self-assessment process has been looking at what evidence already exists across key domains, which in itself has been a big task. Reflecting on the work, the Organisational Lead stated, *"Making change in a big organisation is challenging, so it is important to look at what is achievable, and what can be done in the short term to generate momentum"*.

Both Pilot organisations stressed that the process has been a significant undertaking that has required a lasting commitment to change. One of the organisations stated, *"This approach requires long term commitment, and we need to approach this in a patient and gradual manner and consider how can we bring others along with us on this journey"*.

One of the Pilot organisations spoke of how well the TrACE process had aligned with wider efforts to embed coproduction and lived experience throughout their work. They also mentioned how the 'self-reflection' process had helped spark some consideration of wider issues, such as cultural competency.

The experience of the two organisations involved in the Pilot has therefore generated some important learning that will hopefully inform ongoing work to promote the Toolkit and trauma-informed practice.

The Pilot has also generated learning for the ACE Hub Wales. When asked to reflect on the process they acknowledged that the model asks a lot of stakeholders. That said, they made

the point that there had always been an expectation that achieving meaningful progress would likely take time and be a gradual journey. Whilst the team felt that they had made good efforts to stress that point, they recognised there would likely be a need to continue reiterating the message that TrACE is a journey rather than an event. As one consultee put it, *“This is a process not a destination. It will take time for practice to become embedded”*.

Finally, a number of stakeholders praised the quality of support provided by the ACE Hub Wales team. Staff were seen to have been positive, proactive, flexible and committed in the way they delivered their support. As one consultee put it, *“It has been brilliant to have that contact with the team. They have been really responsive, and there appears to have been recognition from the ACE Hub that they are on this journey as well, and that no one person has all the answers”*. Consultees also valued having a team with direct experience of the Substance Misuse sector, *“...the experience of working in the sector has been helpful, because it means they grasp how things work in the real world and understand some of the challenges we face”*.

Governance and Wider Engagement

The Expert Reference Group has met regularly over the course of the Pilot, providing a forum for discussions on the development of trauma-informed practice across the sector. The meetings have also offered a basis for promoting the Toolkit, sharing best practice and reflecting on barriers, opportunities and key themes. Crucially, these sessions have had strong involvement from Area Planning Boards and other strategic stakeholders (including Welsh Government), giving the team a useful bridge to service commissioners and allowing more strategic issues to be considered.

Expert Reference Group sessions have been well attended and all of the stakeholders consulted reported that they had found the meetings useful and felt that the grouping had performed an important role as part of the effort to move the conversation forward around trauma-informed practice in the sector.

During the early days of the Pilot, some stakeholders felt that the Expert Reference Group had struggled to grasp/develop a sense of its own role and what was expected of attendees in relation to the Pilot. As one consultee noted, *“Initially, the Expert Reference Group failed to understand what their role was. Whereas their previous work on training was quite straightforward and tangible, this phase involved taking a broader look at how to engage with services to embed trauma-informed practices. They couldn’t see what their role was or what was being asked of them”*.

These early frustrations were felt to be partly down to the workload pressures and ‘meeting fatigue’ of Expert Reference Group attendees. Others argued that perhaps greater clarity has been needed on the status and direction of travel of work to promote trauma-informed practice. For example, one consultee called for stronger leadership from Welsh Government, suggesting, *“Perhaps there is a role for Welsh Government to energise and convene groups like this by offering more clarity on how they feel the work fits with the wider agenda”*.

Despite this slow start, the group became more established over time and there appears to be positive momentum around the work of the Expert Reference Group. Most stakeholders now see the group as a valuable mechanism for developing and sharing good practice across the sector.

The ACE Hub Wales team have used Expert Reference Group meetings to provide updates and get feedback on the Toolkit Pilot, as well as running themed discussions on different aspects of trauma-informed practice. For example, members of the Expert Reference Group were asked to contribute their thoughts on possible success indicators for the Toolkit as part of a facilitated workshop.

Meetings have also involved presentations from organisations who have used the Toolkit or undertaken broader work to embed trauma-informed practice. This work to share learning has sparked conversations and allowed the group to develop their thinking around next steps and how positive practice can be nurtured across the sector. The meetings have also facilitated contact between different organisations, helping create a community of trauma-informed practitioners across Wales. One stakeholder commented, *“We had GDAS come in to an Expert Reference Group meeting to talk about their piloting of the Toolkit, which was really helpful. Conversations around journeys will be key to this process, including discussions of ‘bumps in the road’”*. Another stakeholder commented, *“Effort to share learning have been well received and it helps others get it and want to be part of the process”*.

A key feature of the Expert Reference Group has been the involvement of Area Planning Boards and having this direct link with service commissioners was seen to have been invaluable. Most stakeholders believe that strong involvement from Commissioners is going to be central to achieving progress towards a whole system approach, so the Expert Reference Group has a big role in moving that work forward.

Alongside the Expert Reference Group, the Pilot planned to develop a Providers Forum to ensure a clear link to service providers and to further promote engagement with the Toolkit. In an effort to recruit organisations to this grouping, Expert Reference Group members were asked to make suggestions for contact that might want to get involved. An initial Providers Forum meeting was convened, but it became evident that many attendees didn't have a proper sense of what their role might be or have the level of authority within their organisations to initiate work with the Toolkit. It was therefore decided that the Providers Forum would be paused until a time when there was greater awareness and understanding of the Toolkit across the sector.

As a result of this change, greater focus has been placed on the Community of Practice group, which looks at developing TrACE practice at a National Level across multiple sectors. Those Substance Misuse organisations that expressed an interest in joining the Providers Forum were subsequently invited to participate in the Community of Practice instead. A member of the ACE Hub Wales team noted, *“We were always looking to create the national Community of Practice and it just felt appropriate to link those that had expressed an interest in the PF*

and those engaged in the TrACE process to the Community of Practice which has effectively taken up the planned work of the Providers Forum”.

The ACE Hub Wales remains open to supporting a Substance Misuse sector providers group at some point in the future, possibly as a subgroup that drops out of the Community of Practice. They also noted that there has been some activity taking place regionally, linked to the efforts of Area Planning Boards to form groups and networks to discuss trauma-informed practice with their service providers. Staff suggested that this may lead to more regional groupings over time, and that this would then require further thought around how regional and national practice interacts.

The Community of Practice has met regularly over the Pilot period, drawing a strong attendance from a wide range of interested organisations from across the Substance Misuse, Further Education, Higher Education, and other sectors. These sessions have focused on shared learning and the development of trauma-informed practice, with meetings providing a space for stakeholders to talk about their experiences.

Community of Practice meetings appear to have added value and positive impetus to the TrACE Toolkit pilot and the wider mission to promote trauma-informed practice. Being able to interact with practitioners from other sectors has clearly been a popular feature of these sessions and demonstrates that there is an appetite to work together to learn, develop shared approaches and find common solutions. Given the desire to foster a whole system approach, this should be a source of encouragement.

The Community of Practice also appears to have largely covered the role originally intended for the Providers Forum, offering a platform for engagement with Substance Misuse service providers. ACE Hub Wales also feel that the Expert Reference Group and Community of Practice are helping reinforce and improve channels of communication between Area Planning Boards and Substance Misuse service providers across Wales, which again should advance the ambition to develop a whole system approach.

Wider Promotion, engagement and support activity

In addition to the work to support TrACE Pilot Organisations and facilitating the Expert Reference Group/Community of Practice groupings, the ACE Hub Wales have made considerable effort to engage with as many organisations as possible. This has ranged from individual conversations to promote the Toolkit, to running training sessions at an organisational or area-based level.

This work has been part of the wider push to engage the sector and move the conversation forward around the value, and practicalities of embedding trauma-informed practice at an organisational level. Whilst it is difficult to summarise all of this work, it has clearly made a significant contribution to the visibility and recognition of the TrACE Toolkit.

Training has been a big focus for the team, both in terms of delivering ‘mop up’ training to organisations who previously engaged with the initial training development before this pilot began, as well as working on updating the training resources. The ACE Hub Wales have sought to engage with Service Providers to discuss ongoing and future training needs and to consider how it can be rolled out. The ACE Hub Team have recognised the need to update training resource to take account of the new Trauma Framework and embed learning that has emerged since the package was originally developed. A Team member noted, *“Work began with an update of the original training resource as the National Trauma Framework was launched in 2022 and the training preceded this, so it needed to align with the Trauma Framework, the accompanying training manual also needed amending and updating”*.

Interactions with the sector also identified a need for access to Trauma Enhanced ⁷training, as there are staff within many services that support individuals with complex levels of trauma. The ACE Hub Wales members suggested that this is something that can be explored through discussions with Welsh Government and Traumatic Stress Wales, who are responsible for more specialist provision.

There has also been a lot of activity targeted at engaging with Area Planning Boards, both in the Expert Reference Group and through one-to-one conversations. These interactions have considered how trauma-informed practice can be advanced locally through commissioned services. The team have also delivered ‘train the trainer’ sessions for Area Planning Boards. The ACE Hub Wales feel this work is starting to ‘bear fruit’; with several areas actively developing their own plans and approaches. Service providers also report positive dialogue with their local Area Planning Boards about how to develop practice collaboratively.

Area Planning Board leads spoke of some of the positive activity that has taken place in their areas. One spoke of how the Pilot had coincided with a commissioning cycle, leading to a stronger focus being placed on trauma-informed practice as part of the tendering process. This has sent a clear message to providers around expectations, and the Area Planning Boards have observed a lot of interest. They have now set up a local Trauma-Informed Practitioners Forum to share best practice and discuss common challenges, stating this was about, *“Building a supportive community for trauma- informed practice in substance misuse and the broader landscape”*.

There is also evidence that commissioned services are starting to engage with the process and consider how they can utilise the Toolkit to embed trauma-informed practice across their provision. This progress has included some interesting emerging practice relating to alliances of providers, where different organisations have come together to deliver commissioned services. Whilst applying TrACE across an alliance may add a degree of complexity, it also

⁷ Defined in the Trauma Framework document as ‘An approach used by frontline workers who are providing direct or intensive support to people who are known to have experienced traumatic events within their role, and encompasses ways of working to help people to cope with the impact of their trauma’.

carries significant potential for embedding practice over a wider grouping of providers – so supporting and tracking progress in these settings could generate some interesting learning.

Finally, the ACE Hub has actively provided information, updates, and resources via their bilingual website and through social media channels. These platforms have provided a useful source of information for stakeholders on the TrACE Toolkit, the wider policy and other resources. The team are also now looking at new ways of communicating information and sharing learning with stakeholders, for example, *“We want develop video resources to explain this stuff, particularly in terms of talking people through this initial thought process. Our website can cope with this sort of content now, so we are able to be a bit more creative”*.

Looking to the future, the ACE Hub Wales has decided to extend the contract of the Substance Misuse TrACE Lead for a further two years. The funding has been found from their core Welsh Government funding budget, and the ACE Hub Wales Team have also been involved in discussions with the Welsh Government Substance Misuse Team to consider how they can also extend their support for ongoing work. The decision to continue provision can be seen as an important outcome for the Pilot, as it will ensure the sector continues to receive focussed support. Commenting on the decision to extend the Substance Misuse post, a stakeholder stated, *“We felt a need to continue the work we started. We are thinking strategically about the future of this work, using the Toolkit as a resource to implement the ambitions of the Trauma Framework. There’s a lot more learning and progress to come”*.

6. Pilot Outcomes

The TrACE Toolkit Pilot was developed to deliver progress against a series of ambitious headline outcomes. These outcomes related to a longer-term journey to embed trauma-informed practice. Given that the Pilot was to be delivered over a relatively short period it was only ever going to be able to contribute to these outcomes, rather than achieving them outright.

From the outset, the Pilot was viewed by stakeholders as part of a broader ongoing process, and we have sought to frame our assessment to identify both short-term progress, and to explore how the Pilot has ‘moved the dial’ on these longer-term goals. The ACE Hub Wales team were broadly pleased with progress made and felt the Pilot had set strong foundations for future activity. One of the team commented, *“We all would have liked to have achieved more, but I think we’ve done a great deal in a short space of time”*.

In considering the difference this work has made, an obvious starting point is to consider the extent to which the activity has made a positive contribution to the stated target outcomes. We also asked stakeholders for their broader perceptions of how the Pilot has delivered benefits, exploring any unforeseen outcomes and potential ‘success indicators’ for the Toolkit model that may have emerged.

Some of the outcomes that have emerged from the Pilot appear to be quite subtle in nature. Stakeholders spoke of how the intervention has fostered new relationships, developed people’s awareness and understanding of key concepts, and offered a space for new ideas and ongoing plans to be formulated. Whilst it would be easy to overlook some of these less tangible/softer outcomes, stakeholders stressed the importance of these achievements as foundations for ongoing work. Capturing these wider ‘intermediate outcomes’ and understanding how the Pilot has sustained momentum and provided a springboard for ongoing progress has therefore been part of our analysis.

Outcome 1 – Develop ACEs knowledge and skills

The Pilot and the wider process of engaging the Substance Misuse sector has clearly strengthened levels of knowledge and skills around ACE/trauma-informed practice. The organisations that have piloted the Toolkit have had an opportunity to reflect on their current understanding and practice, helping them identify how to further develop trauma-informed approaches moving forward. The learning within these organisations has been significant and they spoke of the value of being able to go on that journey with the support of a dedicated team at the ACE Hub Wales.

Reflecting on what has been achieved, one strategic stakeholder commented, *“They’ve done a great job. Momentum starting to build as pilot draws to a close and the message is getting out there that this is here to stay. The principles are starting to bed in, so there may now be an opportunity to build this into the service commissioning cycle”*.

More broadly, the Expert Reference Group and Community of Practice structure has brought together a wider community of organisations from across the sector to consider, discuss, develop and implement activity on trauma-informed practice. These groupings appear to have been valuable for participants, who have been able to share their experiences, and take learning and ideas back to their own organisations. By providing a space for strategic stakeholders and practitioners to come together, the Pilot was seen to have moved the conversation forward about what ‘trauma-informed’ looks like in the sector, and how it can be done effectively and sustainably.

Not only has the Pilot process advanced the conversation, but it has also brought a wider constituency into the conversation. Stakeholders valued the opportunity to look at this issue alongside their peers, and also to compare and contrast approaches from other sectors. For stakeholders to speak so positively about these groupings, at a time when most people face significant work pressures, speaks to the level of support that exists for this process. For this to become a social movement (as highlighted by some stakeholders), communities like this need to be fostered and built upon.

The ACE Hub Wales team have also busied themselves with efforts to promote the Toolkit, build new connections in the sector, and deliver a programme of training. All of these strands have built knowledge and skills. Similarly, the work with Area Planning Boards appears to have built a positive momentum, helping create a dynamic where Area Planning Boards are starting to engage with service providers to develop more localised approaches. This ‘multiplier effect’ has boosted the overall impact of this work and is one of those subtle intermediate outcomes that would have been difficult to predict beforehand.

Crucially, the Pilot has also allowed the ACE Hub Wales and other strategic stakeholders to develop their own knowledge of how embedding trauma-informed practice may work in this sector. The ACE Hub Wales Team accept that they do not hold all the answers and feel that the process is about collaboratively developing an approach that is consistent, but flexible enough to work across sectors. The Pilot has therefore provided a space to experiment, learn what works well and what doesn’t, and build incremental progress. The work has also highlighted where further revisions may be needed in the Toolkit, and what additional guidance and support is needed to help organisations develop their approach.

Outcome 2 – Embed Trauma and ACE Informed Practice

Embedding Trauma and ACE-informed practice within organisations and across the sector was clearly an outcome that was going to take longer to achieve than the lifetime of this Pilot. Engaging fully with the Toolkit takes time and commitment, and even undertaking the self-assessment phase requires sustained and focussed effort. The level of commitment required (or at least organisations perceptions of what might be involved or expected of them) also perhaps led to a modest number of organisations coming forward to directly engage with the Toolkit Pilot. As such, it would be unrealistic to claim that this work has embedded practice at this stage, even within those participating organisations.

However, what is evident is that the Pilot has moved a lot of organisations further along the curve. Pilot organisations now have internal processes in place to review their current practice across Domains and are developing plans to implement new practice in due course. There is also growing interest in the Toolkit and the discussion around trauma-informed practice from a broader community of stakeholders – some of whom either are, or planning to, use the Toolkit as a basis for developing their own practice in this area.

Reflecting on the work to develop and embed positive practice, one of the ACE Hub Wales team commented, *“The pace has been a concern at times, and it was challenging watching on and waiting for momentum to build. However, we are now starting to see positive progress and some valuable learning is starting to emerge”*.

It is important to recognise that the Trauma Framework is likely to prove a powerful motivator as organisations approach this work. With greater clarity emerging on how this work fits at a strategic and policy level, the easier it should be to secure engagement.

Outcome 3 – Create a shared understanding of what a trauma-informed substance misuse organisation looks like

Again, this is an outcome that represents an ongoing process, rather than a short-term destination. Nevertheless, all of the work that the Pilot has facilitated appears to have made a positive contribution here. The efforts of the ACE Hub Wales team have been geared towards developing greater clarity of what this process means for the sector.

The fact that many Substance Misuse organisations would have already considered themselves to be working in a trauma-informed way to some degree, has provided an interesting backdrop for this work. Clearly the positive attitude of the sector to the work is an enabling factor, however unpicking and reformatting existing attitudes and practice is a complex (and potentially fraught) undertaking. As such, the emphasis on working with the willing and building a community of practice, appears to have been an effective approach. The ACE Hub Wales have not claimed that they have all the answers or tried to enforce a ‘one size fits all’ approach, preferring to bring organisations together to develop new ideas. As a result, stakeholders have felt that they are shaping the discussion and helping create a sense of what trauma-informed practice is going to look like within the sector.

The work with Area Planning Boards has also been viewed as important to shaping the way that trauma-informed approaches become integrated into commissioned services. With some Area Planning Boards now starting to have detailed discussions with their local providers on trauma-informed practice, it is likely that ever more detail and design will begin to form around what a trauma-informed Substance Misuse organisation looks like at regional level – so this is likely to be an evolving picture.

The Expert Reference Group and Community of Practice groupings have also helped progress against this outcome, offering a space for learning and the development of ideas.

Outcome 4 – Emphasis on supporting the wellbeing of staff and the provision of training and additional support

The TrACE Toolkit has a strong emphasis on staff wellbeing and this goal has been advanced directly through the Pilot activity and the wider training programme delivered. Moreover, the ACE Hub Wales team have provided wide range of support to organisations over the course of the Pilot, ranging from informal explanatory discussions to more involved, tailored discussions around the technicalities of the Toolkit or other aspects of trauma-informed practice. Throughout all of this work, there has been a focus on staff and how trauma impacts on their wellbeing as they deliver support. Examples of current practice have been shared at various Expert Reference Group/Community of Practice meetings, and stakeholders have been given the opportunity to think through how they might take this aspect of the work forward – either through the Toolkit process or in more general terms.

As more organisations engage with the TrACE Toolkit process, more learning and data will emerge on how support, resources and training can best be configured to maximise positive outcomes for staff. Building mechanisms for securing input and feedback from staff will be key to the success of this work. In addition, a number of stakeholders made the point that the Substance Misuse sector are at the forefront of employing staff with lived experience and utilising peer support – making a careful emphasis on embedding trauma considerations at every level, all the more critical to the organisational health and efficacy of service providers.

The likelihood is that the Substance Misuse sector is largely already alert to the need to look after the wellbeing of staff and protect them from the effects of vicarious trauma. However, the next step will be to further develop good practice and consider how this can become embedded in the policies, operations and cultures of organisations in a way that is consistent and robust. With the Trauma Framework now in place, the role of organisations like the ACE Hub Wales and Traumatic Stress Wales is likely to be of paramount importance as co-leads for the implementation of the framework.

Outcome 5 - Development of an understanding of what additional support and training staff across the sector might need to meet the requirements of the co-occurring issue of Substance Misuse and mental health diagnoses and the provision of more targeted, specialist work with Traumatic Stress Wales to support this

Building on the last outcome, the extensive engagement that the ACE Hub Wales has had with stakeholders over recent months has facilitated discussions around support needs and the training requirements of organisations. The training that the team has delivered has allowed them to assess the focus and efficacy of existing resources and capture feedback from trainees. Off the back of this, work has already gone into refining resources and thinking how training packages need to evolve to reflect the growing ambition of work in this area.

What was evident from our discussions with stakeholders (and our observation of discussions at Expert Reference Group and Community of Practice sessions) was the level of interest that

appear to exist amongst service providers for more specialist training that goes beyond the more rudimentary trauma aware and informed levels. This will offer opportunities for organisations to tap into the training provision offered by Traumatic Stress Wales. A number of consultees pointed to the need for greater coordination and collaboration between provision, and for Welsh Government to take an active role in considering how different parts of the trauma-informed jigsaw fit together moving forward.

One of the Pilot organisations also commented that going through the Toolkit process can highlight skill/training requirements in other areas. For them, the self-assessment pinpointed a need to look more carefully at cultural competency. *“Going through the self-assessment process has led us to question why we don’t see more people from ethnic backgrounds access our services. Also, we have questioned whether we are fully equipped to appreciate and support the sorts of trauma different groups may have faced. If you are going through the self-assessment process, you might as well approach it through the cultural competency lens at the same time”.*

One of the main themes that came through at every stage of the evaluation was the importance of having dedicated resource to drive this work forward and offer impartial, flexible, informed and enthusiastic support to organisations as they go on their trauma-informed journey. Service providers are stretched and at any time are trying to respond to a plethora of different policy initiatives, priorities and challenges. As such, they need to be able to call upon guidance, advice and resource to structure their work and help them maintain momentum. They also need opportunities to meet with others who are going through the same process and this collaborative dimension needs facilitation. Calls for ACE Hub Wales to continue their work in this area were therefore genuine and heartfelt.

Outcome 6 - Enabling the workforce to connect with other trauma-informed sectors to support the development of a whole system approach with the service user at the heart

This is an aspect of the Pilot where stakeholders felt significant progress had been made. The Expert Reference Group and Community of Practice groupings have brought people together to discuss topics of common interest and share best practice across different sectors and settings. It is easy to underestimate the value of these interactions, but this is one of the strands of the Pilot that stakeholders highlighted as having delivered the most value and impetus to the work.

There appears to be an appetite for more peer-to-peer collaboration and cross-sector work and the Pilot has played a part in developing and channelling the enthusiasm that evidently exists across the Substance Misuse sector. Looking at how this can be sustained and further developed will be the next step.

The work with Area Planning Boards and other strategic stakeholders has also helped develop a greater understanding of how trauma-informed practice can be embedded at a whole system level. With some Area Planning Boards now actively discussing the approach with service providers and beginning to introduce trauma-informed practice expectations into

commissioning criteria, there is clearly a shift in ambition taking place. The introduction of the Trauma Framework can also be seen as firm policy statement from Welsh Government and others on to the direction of travel, which should indicate to key sectors that this is an area that is here to stay and requires careful consideration.

Overall, whilst the Pilot took some time to build momentum and direct engagement with the Toolkit has been modest, the wider impact of the work has been positive and significant. Greater clarity is starting to emerge around what being a trauma-informed SM organisation means, and what is expected of organisations as they embark on the process of developing and embedding their approach. A number of stakeholders spoke of how the conversation has now moved on, with ACEs and Trauma increasingly becoming part of everyday discussions around policy and practice. Whilst this process remains at a relatively early stage, positive momentum is building and the work of the ACE Hub Wales in delivering this Pilot has made an important contribution to that progress.

Crucially, stakeholders expressed the view that they want to continue engaging with the ACE Hub Wales team and would welcome any further support they may be able to offer. This points to the potential for developing the role of the ACE Hub Wales and configuring a support structure capable of nurturing a whole system approach to trauma-informed practice. In addition, when asked about the counterfactual of what would have happened without the intervention of this Pilot, all stakeholders were unequivocal in their assessment that nowhere near as much progress or momentum would have been achieved in the Substance Misuse sector without this targeted support. *“We wouldn’t be where we are without the hard work of the team. They have developed interest and momentum and the process is much more mature now”.*

Success Indicators

In considering the Pilot outcomes, which in the main tend to be longer term in nature, we also asked stakeholders about potential short-term success indicators for the pilot. This is a question that the ACE Hub Wales has also tried to explore over the course of the Pilot – inviting the Expert Reference Group and Community of Practice to discuss the theme during meetings. For many, this hasn’t been an easy question to answer, as there is a feeling that you need to go through the process before you can get a sense of what success will look like. Therefore, as more organisations engage with the Toolkit, the more learning will emerge and the easier it will be to define clear indicators.

Nevertheless, most stakeholders still feel that doing further work to develop success indicators/intermediate outcomes would be beneficial. The suggestions that were put forward by stakeholders tended to be about modest observable progress – so seeing more organisations engaging in the conversation, a gradual increase in take up of the Toolkit, steady progress on tackling domains, a continuation of the work of the ACE Hub Wales, etc.

For most Stakeholders however, the ultimate test (or success indicator) for this work will be seeing how it benefits end service users, both in terms of their experience of accessing

services, and their own personal journeys. As one stakeholder put it, *“The anticipated impact of this work would be to create a more flexible, person-centered service that is sympathetic to the challenges that individuals and the role that trauma can play in some of the behaviours that people present”*.

Whilst it will undoubtedly take time for work on the TrACE Toolkit to become embedded and deliver substantive benefits to service users, organisations already see ‘green shoots’ from the work that they have already done. For example, one service provider spoke of how a more trauma-informed approach had supported a positive change in one of their clients, *“We have a service user who has been through detox seven times. They’ve tried all sorts of different approaches and they didn’t work. However, we have since sent that person to a psychologist and they have been diagnosed with PTSD, received CBT, and are now off the drugs. That shows the potential of this way of working. Let’s look at what the options are, consider the evidence, and ask service users what they want/what helps”*.

Some other examples of comments from stakeholders on possible success indicators included:

- “Getting trauma informed practice on the agenda of Substance Misuse services would be a solid start. For them to be reflecting on this would be a success”
- “To draw out some learning and make some positive changes that feed into better services – which is the ultimate goal”
- “If we can show and evidence some real green shoots from the organisations who have signed up, that will help bring more people on the journey with us.
- “If we can get a strong group together that champions this work, that will create a powerful movement for change”
- “More people/organisations engaged in the Toolkit”
- “If we can show that the Groupwork has been sustained”
- “The role of Commissioners could be really interesting here – how can they be helped to create a dynamic where this way of working becomes embedded?”
- “Allied services – making sure that we are delivering training and support that is well aligned to other related sectors – homelessness, criminal justice, etc.”
- “If service users telling us that services are getting better. Early days, but this has to be the ultimate success measure”
- “Organisations completing the self-assessment would be a really important first step. If they take an honest, 360 view of their current situation, that’s a great foundation for further work. That would be achievable and measurable”
- “Continued commitment from Welsh Government to sustain momentum”.
- “Identifying what resources can be made available to help those organisations on the ground to maintain progress”
- “Pilot organisations demonstrate changes in the way in which they operate and show that they can identify where they need to do more, and that this then happens”
- “Core outcome could be more organisations committed to do this without PHW”.

In the next section we consider key lessons that have emerged from the Pilot and any suggestions around priorities and points of emphasis moving forward.

7. Key Lessons & Next Steps

A central part of the rationale for the Substance Misuse TrACE Toolkit Pilot was to generate learning and feedback on the Toolkit and consider how best to support and embed trauma-informed practice across the sector. Whilst this has been a short intervention, the experience has helped identify some important learning points and sparked reflection on what needs to happen next.

The Toolkit and the support process

Those organisations that have worked or engaged with the TrACE Toolkit feel it to be a useful resource that is fit for purpose and provides a useful mechanism for reflection and planning. That said, the ACE Hub Wales recognise that the Toolkit could benefit from being updated in line with learning and feedback and will require ongoing refinement. Stakeholders offered a range of suggestions on how the resource might be strengthened going forward, and in some cases the ACE Hub Wales are already working on this.

Levels of engagement with the Toolkit were modest and there was a sense that some organisations had been reluctant to step forward out of a concern that they didn't have the capacity, or because they were uncertain about what would be expected of them. Whilst capacity constraints are of course a very real issue, managing expectations is something that perhaps also needs to be considered. Whilst the ACE Hub Wales accept that the TrACE journey will take time and be a gradually process, they feel that this message perhaps hasn't landed sufficiently across the sector. Considering this theme, one ACE Hub Wales team member commented, *"There has perhaps been a lack of understanding around what is involved, and this has perhaps scared people. Even people on the Expert Reference Group have taken multiple meetings to grasp the concept and it has taken a while for the lightbulb to go off. This is something for us to reflect on in terms of how we explain this stuff"*.

Further reassurances therefore perhaps need to be given that this is a voluntary, collaborative and gradual process, rather than something that is going to be imposed and used as a basis to judge organisations. Identifying, addressing and working past any anxieties that organisations may have about the process should help build positive engagement over time. The introduction of the Trauma Framework should also help in this regard, as it demonstrates a commitment at a strategic and policy level.

Linked to capacity constraints, one service provider organisation highlighted staff turnover as an additional challenge to progress. This can sometimes lead to momentum and knowledge being lost, and staff turnover is a real issue for the sector as a whole. The question was raised, *"How can we embed practice when the faces change so often?"*

In terms of the Toolkit as a resource, some of the language was felt to need upgrading, especially in light of the introduction of the Trauma Framework. Similarly, there were calls for additional guidance for organisations as they take on the process. Providing examples of the

sorts of evidence that can be used was a common theme, and stakeholders expressed an interest in being given ideas, case studies, or templates of how other organisations had approached the work, so as to help them frame their own efforts. This issue about the need for additional resource has already been recognised by the ACE Hub Wales team and they have been working on some new guidance around policies to address those concerns.

It is worth noting that some stakeholders expressed a degree of hesitation or caution about publishing examples and templates, as it was felt this might lead organisations to simply copy others, which would undermine the value of the self-reflection and planning process. However, it was accepted that if done sensibly and framed correctly, that it could make the process easier for organisations.

As with any project, there were some comments on practical lessons, such as the need to address IT issues that prevent Pilot organisations sending documents across to the ACE Hub Wales for review. These have been brought to the attention of ACE Hub Wales and are being addressed, but the example highlights how sometimes minor technical issues can cause frustration and slow progress.

Another common point of conversations related to whether the Toolkit process needed to be formally linked to some form of quality mark or 'trauma-informed' accreditation status. There were mixed views on this issue, but several stakeholders felt that given the work involved, that organisations should receive some level of recognition for their commitment and efforts. On a practical level, organisations argued that this would allow them to evidence their approach when having conversations with funders and commissioners, without having to tell their story repeatedly from scratch.

Other stakeholders were more cautious about this idea, questioning who would 'quality assure' the process (as ACE Hub Wales are not set up or resourced to do so) and ensure that organisations maintained their standards over time. There was also concern that a quality mark might be at odds with the ethos of the approach, which is about continued, evolving commitment, rather than a process that leads to a final destination. There are clearly valid points on both sides of this argument, so this is a topic that will need further careful consideration as part of future plans for the Toolkit. It is also worth noting that the National Core Standards for Substance Misuse Services are currently under review by Welsh Government. These are likely to set out stronger expectations around trauma-informed practice and the Toolkit will provide a mechanism for organisations to work towards those standards. This in turn could drive stronger engagement with the Toolkit over time.

The point about recognition and how you evidence progress links in with a broader conversation about the need to develop success indicators for Toolkit. The ACE Hub Wales are already looking at this issue and hope to bring stakeholders together to co-produce indicators that are sufficiently subtle and flexible to reflect the different ways that trauma-informed approaches can deliver benefits across domains, and to end service users.

Even without these formal success indicators, the Pilot organisations have been able to identify positive benefits from the experience, and these successes need to be properly shared and celebrated. For example, one Pilot organisation stated, *“There is more work ahead and it will be a steady, incremental approach. It is about having lots of conversations across the organisation. Whatever I am doing now – it is there, whether that’s developing a new service, or applying for a new contract - I am always considering the trauma-informed practice angle. It is a test that we are increasingly starting to apply and that is a positive change”*.

Strategic & Policy Considerations

At a Policy/Strategic level, there were calls for greater clarity from Welsh Government (and other strategic stakeholders) on the general direction of travel and how trauma-informed practice fits with other priorities. Organisations know that embedding trauma-informed practice requires a serious lasting commitment; therefore, they need to have confidence that this is going to be part of policy and practice for years to come. Similarly clear and consistent messaging from Area Planning Boards would reinforce this push at a local level and foster commitment from service providers.

Achieving a whole system/cross-sectoral approach is going to take careful coordination and a lot of hard work. Again, stakeholders called for Welsh Government to take a lead on this front, using their convening powers to make the necessary links and provide appropriate ‘nudges’ at the right stages of the process. Whilst some diversity of practice is inevitable (and possibly desirable), achieving broad consistency will also be important. Welsh Government report that they have already been actively speaking with Third Sector Leaders on how best to develop and embed trauma-informed practice. They also noted that they are in the process of finalising revised National Core Standards for Substance Misuse Services, which will provide a further opportunity to clearly set out expectations on embedding trauma-informed practice.

The vital role of commissioners was mentioned time and time again over the course of the evaluation. The Expert Reference Group has now developed positive momentum and there is work being taken forward across different areas to develop positive practice and learning. Nurturing this progress and encouraging constructive and collaborative relationships between commissioner and service providers would likely be a fruitful point of focus going forward. Reflecting on what has been achieved at the Expert Reference Group, one stakeholder commented, *“The Expert Reference Group structure has been great to start the conversation with Area Planning Boards. The work in our Local Authority is very positive and it shows how people can take the Toolkit and apply it in their own way”*.

Looking ahead, there would appear to be general support for commissioning criteria to increasingly feature trauma-informed considerations, and stakeholders noted that they were already starting to see trauma mentioned more explicitly in tender specifications. However, stakeholders hope that this process can be done gradually, consistently and in collaboration with service providers. Also, they argued that greater clarity is needed on how best to evidence trauma-informed practice to Commissioners in a robust and consistent way.

Shared Learning & Collaboration

Building collaboration and providing opportunities for organisations to share learning is also likely to be central to ongoing progress. This is an aspect of the Pilot that stakeholders felt had worked well and added a lot of value. The Expert Reference Group and the wider Community of Practice groupings were well attended and had developed positive momentum by the end of the Pilot. However, it took some time for the Expert Reference Group to find its feet and understand the role that was expected of it. In addition, the planned Providers Forum did not gain traction. Reflecting on some of the lessons that came out of this engagement work, stakeholders stressed the importance of getting the right people involved at the right level, as only then will you have people meaningfully contributing, and have the authority to make things happen. This was an issue with the Providers Forum in particular, and if this process were to be run again, the ACE Hub Wales team would put a greater focus on populating that group correctly.

It was also clear that stakeholders especially value opportunities to learn from the experiences of other sectors. The generic design of the Toolkit appears to lend itself to cross-sector learning, as whilst individual sectors may face specific issues or challenges, the overall TrACE process is the same, allowing meaningful reflection on how different sectors approach the work. Considering how this cross-sector approach can become more integrated in future would likely be beneficial.

Success Factors

The issue of securing buy-in at the right level was identified as a key success factor, with stakeholders pointing out that it was critical to identify appropriate champions to lead and animate the process at an organisational level. The ACE Hub Wales are therefore keen to achieve stronger buy in from CEOs and Senior Management to further drive engagement.

Investing sufficient time and effort into the initial readiness checklist and self-assessment process was another factor that was felt to be key to success. One organisation that has been through the process reflected on the importance of effective reflection and planning, *“The work can feel overwhelming when you first look at the literature – so important to invest some thinking time up front and then chunk the work down into more manageable tasks. This isn’t a task and finish exercise – it requires an on-going commitment”*.

ACE Hub Wales staff however noted that not all organisations had fully appreciated the importance of these steps, commenting, *“Without the readiness checklist, people start to work on domains before inevitably running into difficulties, because they haven’t considered or dealt with those internal structures/done the thinking/got buy in. This need to be a process that tackles organisational culture, and you need a full reflection and readiness process before you start – otherwise likely to falter”*. Considering how to resolve this, the team questioned whether there might be a benefit to being stricter in getting people to take the self-assessment before they can access support or training. A similar approach with Further Education partners has led to self-assessment completion rates climbing from 23% to 77%, so

it clearly is an option that merits further consideration. The team are also revising the guidance to place greater emphasis on the readiness checklist.

Focussing the work at an organisational level was also central to the Toolkit model, but again, ACE Hub Wales observed that not all organisations have appreciated this. Because some organisations run separate service provisions in different parts of Wales (resourced with different staff teams), there is a risk that work might be taken forward in a piecemeal or inconsistent way, unless trauma-informed practice is considered at an organisational level. Reinforcing this message to stakeholders must therefore be a priority in future.

Another success factor identified by stakeholders was the importance of setting up a working group within an organisation to undertake the reflection and planning process, rather than expecting one or two individuals to carry out the work. Building a collaborative working group helps bring in expertise and input from across the organisation and provides a much stronger basis for achieving sustainable whole system change.

Some stakeholders also suggested that there might be some benefits to tackling certain TrACE domains before others, looking at what is achievable in the short term and then revisiting more complex areas of work once momentum has built around the process. For example, one Pilot organisation argued that the Policy domain might be best left until later in the process as that allows the organisation to develop their understanding before trying to tweak policies. Whilst prescribing a fixed order to this work is not necessary, there may be benefit in sharing learning around this topic and exploring it further as more organisations go through the process. Another organisation argued that the Toolkit process can be more demanding for larger organisations, given the scale and complexity of their operations. That said, larger organisations may have more capacity and resource to undertake the work, so the relationship between organisational size, capacity and complexity is probably more nuanced and would likely benefit from further consideration as more learning emerges.

Further consideration of key success factors might offer insight into how to develop the Toolkit resource and what guidance can be offered on making a success of the process.

Training & Skill Development

Training has an important role to play in upskilling the workforce and raising awareness and engagement with trauma-informed practice. The ‘train the trainer’ model appears to have been well received, and the ACE Hub Wales team have recognised the need to revisit training resources to better reflect the Trauma Framework and wider developments. The ACE Hub Wales team noted, *“Running with an out-of-date training package has been a hindrance. It was focussed on the service user, rather than at an organisational level. The training was developed before the Toolkit and framework, and had it happened the other way round, it would have been designed in a different way. Everything has now evolved”*.

A number of organisations have also stated that they have an interest in more specialists training, which will require input from Traumatic Stress Wales (TSW) who are responsible for

this training tier. Stakeholders stressed the importance of ensuring that provision is properly linked up and coordinated, which will require close interaction between ACE Hub Wales and Traumatic Stress Wales. Some suggested that Welsh Government could provide additional leadership on this front, working with key stakeholders to ensure the trauma landscape in Wales is properly aligned and geared towards delivering the ambitions of the Trauma Framework.

There is also recognition that the Substance Misuse sector is bigger than just the third sector providers and Area Planning Boards engaged through the Pilot. Expanding the reach and interaction with NHS colleagues, Mental Health services, etc., would allow for a more connected 'whole system approach' to be properly considered. As one stakeholder noted, *"The Pilot has focused on the third sector, but there are lots of other organisations that deliver drug and alcohol services to clients. Welsh Government need to pitch in on this – how are we going to develop an all-system approach? For example, a client may work with trauma-informed service in an area, and then be referred to a health service that isn't trauma-informed. How do we roll this out in a more connected way"*. Again, the link between ACE Hub Wales, Traumatic Stress Wales, Area Planning Boards, and Welsh Government could be key to making this happen in due course.

General Observations & Next Steps

The Pilot has also highlighted that most stakeholders recognise that this process is going to take time, and that best practice and shared learning is only going to increase as more and more organisations engage. The Pilot has supported this 'snowball effect', but clearly sustained effort will be needed to ensure positive momentum. With the Toolkit resource established, a support and engagement structure up and running, and the Trauma Framework published, the ingredients for continued success would appear to be in place.

Stakeholders made the point that work on trauma-informed practice has often had to be jostled with other priorities and undertaken as part of wider duties. As such there were calls for the ACE Hub Wales, Welsh Government and Commissioners to adopt a gradual and patient approach to this process. Recognising these pressures will also help ensure support is properly framed and targeted.

There was also a broader point made about how the actions that drop out of the Toolkit process are resourced and supported. Expectations need to be managed, as addressing all of the actions identified may not be possible overnight. Where actions are set out, proper action plans need to be developed to outline how progress can be made towards completing that work - whether that's providing training or additional supervision for staff or redecorating a service user space. One Stakeholder commented, *"If we want change, then we need to support staff and think how this can be done in a realistic way. Similarly with capital funding, we need to look at what can be done in the short term and then build on that. Promising the world and then not delivering would be counterproductive"*.

Finally, it is worth acknowledging that the support provided by the ACE Hub Wales has been viewed as effective, and stakeholders particularly value the sectoral knowledge, coupled with a patient and encouraging approach. Having a dedicated officer to lead this work appears to have made a big difference and the overwhelming desire is to see that role and the wider support offer continued. The decision by the ACE Hub Wales to extend the post has therefore been well received and this demonstrates that the work done to date carries promise and is worthy of ongoing commitment. Building on this progress and achieving a step change in engagement should now be the goal.

8. Conclusions & Recommendations

The TrACE Toolkit Pilot has been a short, but significant, intervention that has been well received by the Substance Misuse Sector in Wales. Whilst engagement with the Toolkit itself was modest, broader networking and collaboration activity has successfully built momentum around efforts to improve levels of understanding and develop a sense of what a trauma-informed Substance Misuse sector should look like. The learning from the Pilot is already informing revisions to the Toolkit resource, associated guidance, training provision and activity at a local level, supported by an increasingly proactive network of Area Planning Boards.

The work undertaken over the course of the pilot is clearly geared towards delivering positive changes to culture and practice over time. As such, the Pilot has made a positive contribution towards headline Outcomes set out in the original brief, delivering a range of benefits for stakeholders at all levels. That said, there remains much more to do and the ACE Hub Wales (and other strategic stakeholders) recognise the need to build on what has been achieved to date and effectively plan next steps. The decision to extend the Substance Misuse Sector Lead role reflects the importance of this work for the ACE Hub Wales and confirms the level of promise that they believe exists for achieving further progress with this sector.

Efforts to promote and embed trauma-informed practice are of course far broader than the Substance Misuse sector or the TrACE Toolkit, and the Trauma Framework has offered stakeholders a better sense of the direction of travel in this area of policy and practice. Linking all of these strands together, ensuring clarity of message, coordinating activity and providing opportunities for cross-sector collaboration were all themes that featured strongly in our conversations with stakeholders. Crucially, there is strong support for trauma-informed practice within the sector and the efforts of ACE Hub Wales to facilitate progress through the Toolkit and other mechanisms were warmly welcomed. This offers an opportunity to capitalise on the momentum achieved to date and to use the learning from the Pilot to inform next steps.

The recommendations set out below offer some suggestions on points of emphasis.

Key recommendations

1. Continue to promote the TrACE Toolkit and resource appropriate support across the Substance Misuse sector in Wales.
2. Refine the TrACE Toolkit resource over time as practice evolves and learning emerges from organisations as they apply and develop the approach.
3. Ensure training provision is up to date, fit for purpose and well-coordinated.
4. Manage expectations and provide clear messaging on what is expected of organisations that chose to engage with the Toolkit and wider process. Reassurances should be provided where

appropriate, however it should also be made clear that the work requires resource and commitment, as well as 'buy in' at a whole organisation level.

5. Enhance the guidance available to organisations as they go through the process, specifically offering examples, ideas and case studies of how others have appreciated the work.
6. Continue to stress the importance of the readiness checklist and self-reflection tool. It is the careful thought that goes into these steps that helps organisations unlock the insights and learning needed to plan implementation effectively.
7. Build on the success of the engagement activity and structures established through the Pilot. The Expert Reference Group and Community of Practice groupings have developed positive momentum and clearly have a big role to play moving forward. Consideration should be given to how providers can best be plugged into the process and how cross-sectoral interactions can be maximised.
8. The TrACE approach is seen to align well with the principles and practice of coproduction. Further guidance and support for organisations on how to apply the Toolkit in this way will ensure that the voice of service users is well represented in the way trauma-informed practice develops.
9. Continue dialogue with Area Planning Boards and other service commissioners to look at how trauma-informed practice can be gradually embedded in tender criteria and local service arrangements. Advancing this work in a spirit of collaboration should be a priority.
10. Encourage strategic stakeholders such as Welsh Government to provide leadership and clarity around the direction of travel at a policy level, and to help explain to organisations how trauma-informed practice fits with other priorities.
11. Reflect on how the different parts of the Trauma landscape in Wales fit together, with a view to ensuring that all activity, advice and support is well aligned and properly coordinated. Extending the reach of this work into key sectors such as the NHS will undoubtedly require a coordinated and considered approach. Strong dialogue between Welsh Government, the ACE Hub Wales and key partners like Traumatic Stress Wales would undoubtedly support this effort.
12. Continue to place emphasis on a whole system and organisational approach to trauma-informed practice. There is strong support for progressing this work in a connected way. Reinforcing messages on the importance of whole system/organisational approaches will ensure that the message is conveyed unambiguously.
13. Consider how best to celebrate the commitment and achievements of organisations that engage in the TrACE process. Whether this takes the form of a quality mark, or is done on a more informal basis, a greater emphasis on celebrating good practice and impact, can surely only benefit the movement to embed trauma-informed practice.

Blw
Bo.