



**National Trauma  
Transformation  
Programme**

Responding to Psychological  
Trauma in Scotland

# **A Roadmap for Creating Trauma-Informed and Responsive Change**

**Guidance for Organisations, Systems and  
Workforces in Scotland**

**Part one: Why are trauma-informed  
and responsive organisations,  
systems and workforces important  
and what does “good” look like?**



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**is.**  
improvement service

# 1. Organisational culture

## Why is organisational culture important in creating and sustaining trauma-informed and responsive organisations, systems and workforces?

“**Culture** represents an organisation’s fundamental approach to its work. It reflects what is considered important and unimportant, what warrants attention, how it understands the people it serves and the people who support them, and how it puts this understanding into daily practice. In short, culture expresses core values. Culture extends well beyond the introduction of new services or the training of a particular group of staff members; it is pervasive, and includes all aspects of an organisation’s functioning.”

Trauma-informed Care and Practice Organisational Toolkit

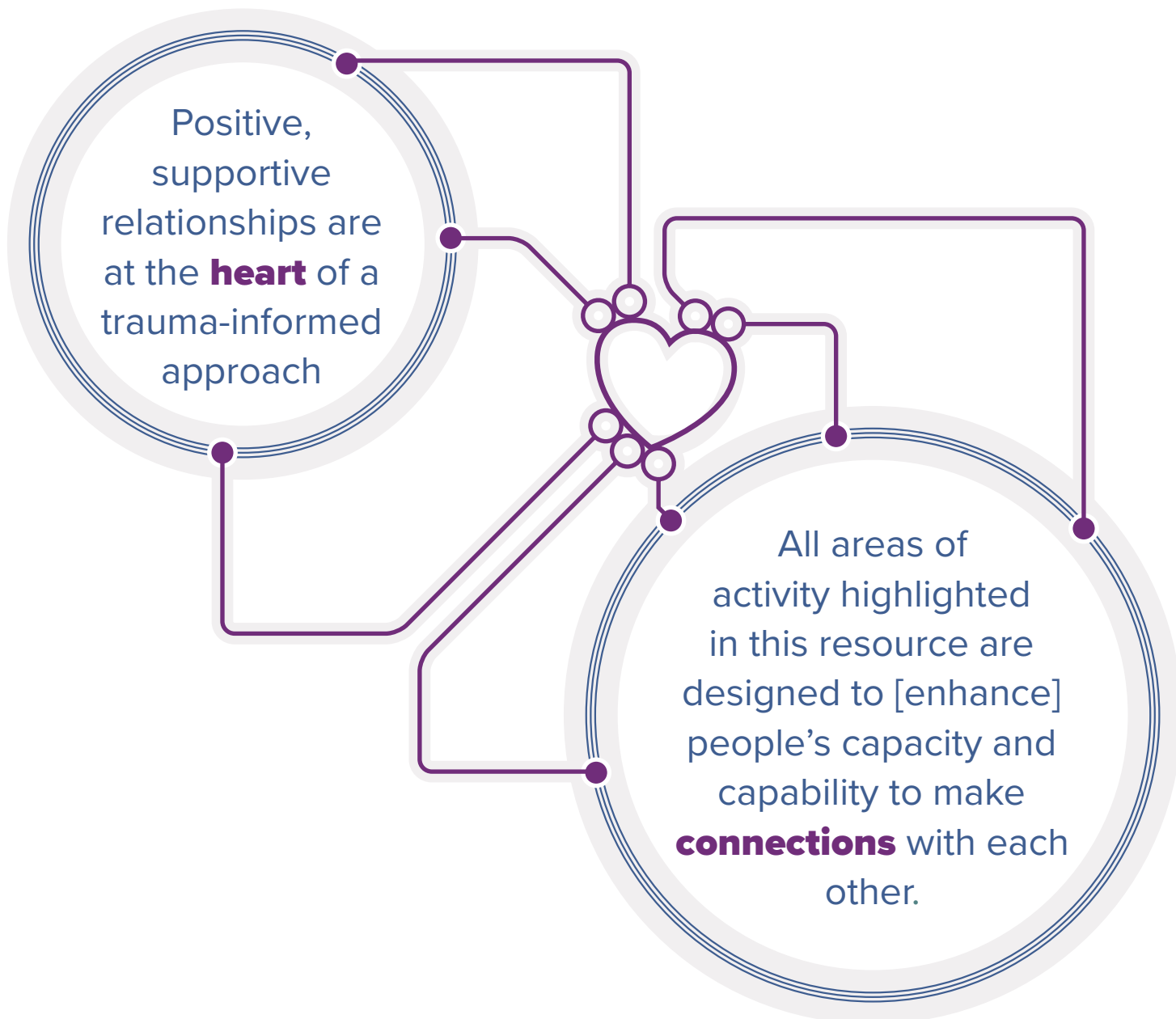
Each organisation’s culture will look and feel different, but it is important to consider how trauma-informed and responsive principles, values and ways of working are inherent across and within an organisation; how an understanding of the prevalence and impact of trauma and the key principles of safety, trust, choice, collaboration and empowerment are hardwired into day-to-day work, decision making, policies and practice; and how balancing a trauma-informed and responsive approach with other demands and priorities in our daily work can become second nature to everyone in the organisation.

Organisational culture is often difficult to quantitatively measure, but it is embodied by people working in an organisation, felt by people working in or coming into contact with an organisation, and is shaped by the wider community. It is about the skills we actively value, such as empathy, the ability to connect with people and the ability to self-reflect. It’s also about what we choose to celebrate as organisations. Some of the key ways we experience a trauma-informed and responsive organisational culture is through relationships and the language we use.

Language matters. Language is a part of everything we do in an organisation—from how colleagues speak to each other, to letters and emails we send and phone calls we make, to how we interact with people coming into contact with our organisation. Inclusive language can help people to connect and make sense of the world and their experiences. Language can also make people feel judged and blamed, excluded, mis-understood and not listened to when the immediate focus is on what is wrong with, rather than what has happened to someone. For example, our use of language can create barriers (e.g., if we use “attention seeking behaviour” or “manipulative” to describe someone) or it can create opportunities to build a more compassionate relationship (e.g., if we reframe our description as “connection

seeking behaviour”). In some [research](#), small changes to the language used by staff were identified as making a significant positive difference to the experience of people accessing services.

Positive, supportive relationships are at the heart of a trauma-informed and responsive approach, whether that is between staff and people they are supporting, colleagues within and across organisations, and the supportive relationships people develop in their communities. All areas of activity highlighted in this resource are designed to support the development of a trauma-informed and responsive organisational culture, through enhancing people’s capacity and capability to make connections with each other, ultimately strengthening people’s resilience and supporting recovery.



## What does a trauma-informed and responsive organisational culture look and feel like?

The [key principles](#) of a trauma-informed and responsive approach are inherent across and within our organisation. Our organisational culture understands being trauma informed and responsive is a way of working and an approach to everything that we do rather than a specific intervention or project. This includes:

- Recognising the prevalence and impact of trauma on staff and people coming into contact with the organisation, and embedding ways of working that link past experiences to current behaviours, recognise and reduce barriers created by the impact of trauma, support people’s recovery and resist re-traumatisation;
- Recognising the value of relationships, and ensuring staff have the space, time and skills to build meaningful, trusting relationships with colleagues and people they are supporting;
- Empowering staff to work in ways that embody the principles of safety, trust, choice, collaboration and empowerment, where they feel able to implement changes when required and feel safe to raise concerns;
- Using language that reflects an understanding of the impact of trauma, and frames traumatic responses as a result of what’s happened to someone, rather than what’s wrong with them;
- Using language that is accessible to everyone, supporting collaboration and empowerment; and
- Being open, transparent and reflective about when working in a trauma-informed and responsive way may be more challenging. For example, addressing power imbalances, needing to balance priorities or identifying policies/processes that may impact some aspects of the delivery of a trauma-informed and responsive approach. This might include aspects of policies/processes that limit individual choice and control (e.g., safeguarding procedures, seclusion and restraint) or instances that some might feel are potential breaches of trust, such as when information might need to be shared around child or adult protection, self-harm and suicide ideation, detention under the Mental Health Act, restriction of choices for the sake of public protection or a decision to accommodate a child.

**“ I think we’ve realised, as we have been developing our trauma-informed practice...that it’s so much more than simply attending a training course and the need to embed it across our whole organisation, in our recruitment, in our management and our policies, in our ways of working is...absolutely the priority. ”**  
**Senior leader, homelessness charity**

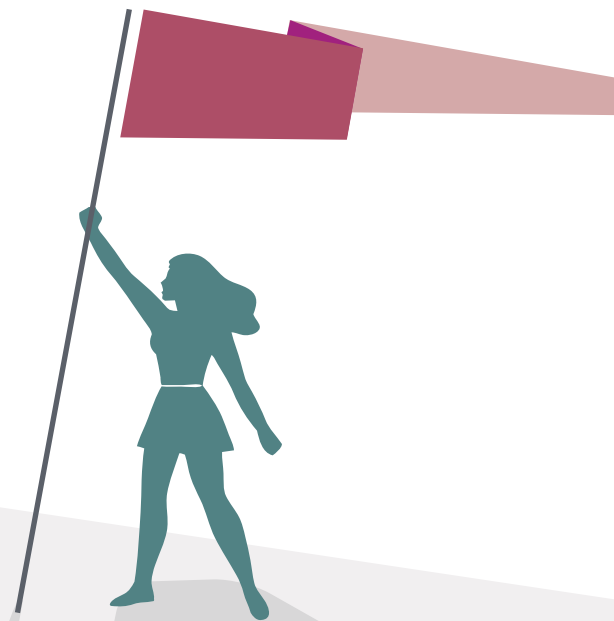
## 2. Leadership

### Why is leadership important in creating and sustaining trauma-informed and responsive organisations, systems and workforces?

The evidence<sup>1</sup> suggests that for any organisation to become trauma informed and responsive takes committed leadership. Leaders at all levels have a key role to play in setting the culture, priorities and values of an organisation aligned with those of a trauma-informed and responsive approach. This includes embodying the key principles of safety, trust, choice, collaboration and empowerment within our leadership practice, and making efforts to reduce power differentials and empower people at all levels in the organisation to take ownership of this work.

“...it’s really important that we don’t see this as a single issue item and really join this up with our...real intent to tackle inequalities and health outcomes that we see across our system. And I really believe that trauma-informed responses is a...key enabler... for how we tackle health inequalities. Because if we deliver care in a way that helps people who have experienced complex trauma, if it helps them engage and connect better with support, then that’s going to lead to better outcomes for them, which is what we’re all about...”

Chair of Integration Joint Board




Research tells us that for changes to be implemented into practice, there needs to be effective leadership to support the embedding of new skills and ways of working. This includes ensuring the organisation has the necessary scaffolding and accountability for progressing this work, recognising that this takes time, resource and commitment. It also means supporting the capacity of those who have oversight over systems, policies, and environments to review and adapt these through a trauma-informed and responsive lens.

1. Bryson et al ( 2017) What are effective strategies for implementing trauma-informed care in youth inpatient psychiatric and residential treatment settings? A realist systematic review. Int J Ment Health Syst. DOI 10.1186/s13033-017-0137-3

Leaders play a key role in helping everyone in the organisation understand how a trauma-informed and responsive approach can support existing priorities, such as strengthening people's engagement with services, supporting staff wellbeing, reducing inequalities, and providing services that uphold human rights and deliver person-centred care.

Recognising the prevalence of trauma means recognising that many of us in leadership roles may also have experienced trauma. With this lived experience, we bring valuable expertise and knowledge to our leadership practice, whether or not we publicly speak about this. As leaders, we take responsibility for, and use our role, to create spaces and places for power sharing with people with lived experience of trauma across the organisation. A trauma-informed and responsive organisation values professional and personal expertise.



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“...it's really clear that leadership is essential...we know it has to happen at grassroots level and at leadership level. But I think the evidence over recent years really shows us that no matter how much we do at grassroots level, the leadership is crucial. And for me, it comes down to this idea that it's never me over here in my comfortable leadership role. And you over there with your family and your mess, and your trauma, it's got to be us together in the middle working together. And those relationships at the heart of everything have to be at leadership level as well. So if we want people to trust our systems, if we want people to trust our schools, our NHS, our social work supports, we have to be there as people, as leaders, we have to be authentic.”

Headteacher

## **What does trauma-informed and responsive leadership look and feel like?**

In our organisation, leadership at all levels understand, drive and inspire working in a trauma-informed and responsive way, embody the key principles and build accountability for long-term improvement. This includes leaders who:

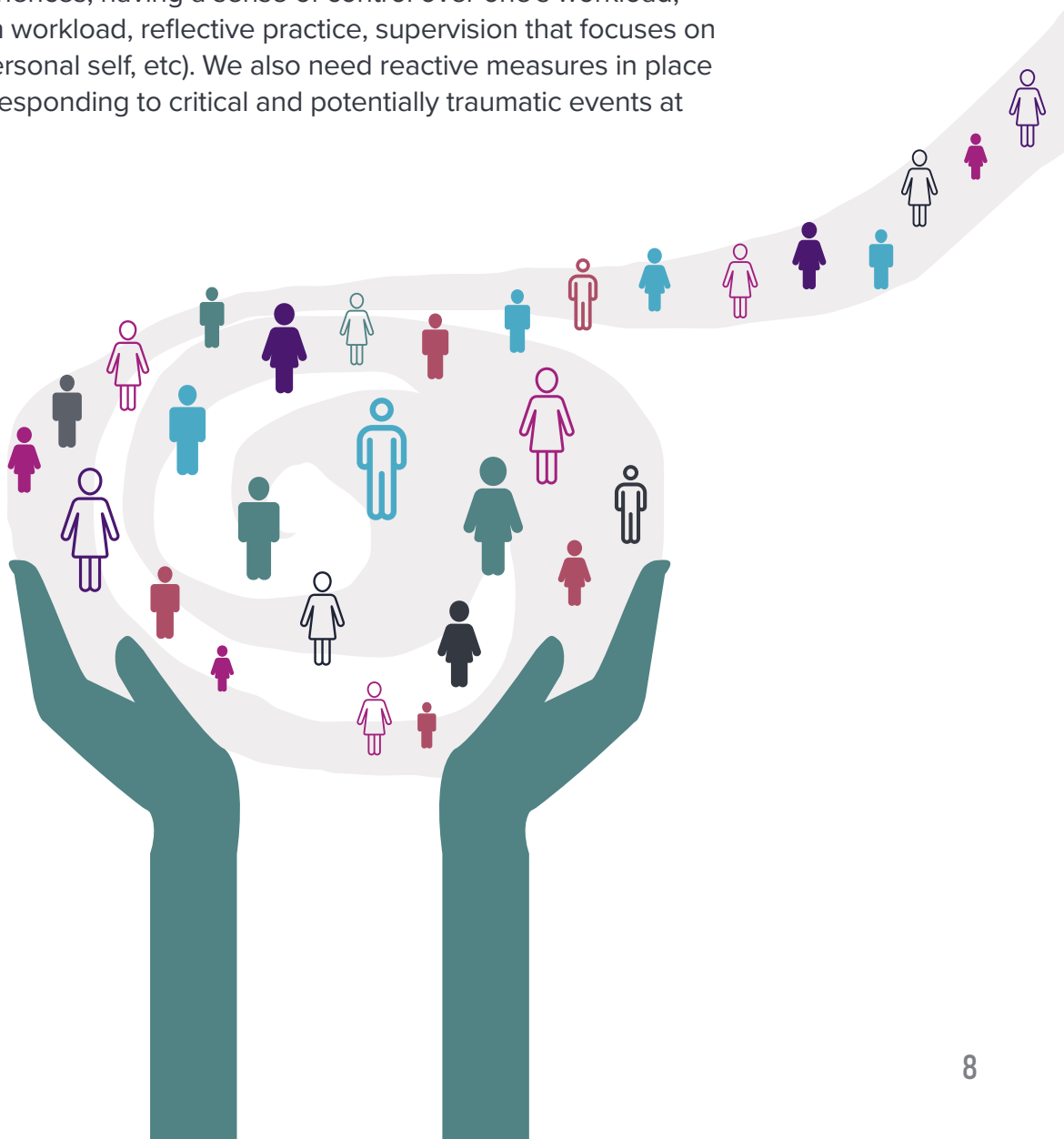
- Understand the prevalence and extent of the impact of trauma on people and organisations;
- Create and actively sustain accountability, scaffolding and implementation support for embedding a trauma-informed and responsive approach across the organisation and take a joined-up approach with partners; and
- Model and embody a culture of choice, empowerment, collaboration, trust and safety through our own behaviour, attitudes and leadership practices, pro-actively celebrating work that supports a trauma-informed and responsive culture in the longer term, even where this can pose challenges in the short term.

### 3. Staff care, support and wellbeing

#### Why is staff care, support and wellbeing important in creating and sustaining trauma-informed and responsive organisations, systems and workforces?

Whatever the purpose of an organisation, the wellbeing of our staff is critical. By staff, we mean everyone in an organisation, including paid employees, volunteers and peer mentors. Creating a healthy workplace culture is an ethical imperative and requires planning and consistency, as this will not only impact on our staff, but also their families and the people they work with. There is no “them” and “us”—our colleagues are people. Many of us will have experienced trauma ourselves, either in our personal lives, through our professional roles, or both.

In addition to positive and supportive working conditions, our wellbeing can be supported by a range of proactive measures for the workforce (e.g., clear delineation of work role, appropriate training, clear boundaries at work, connecting with people who share similar experiences, having a sense of control over one’s workload, diversity and balance in workload, reflective practice, supervision that focuses on the professional and personal self, etc). We also need reactive measures in place (e.g., a clear policy for responding to critical and potentially traumatic events at work).





**“ I mean, I think all healthcare professionals should have [an understanding of trauma], from... if anything just from a professional wellbeing point of view, it means if you understand why some of those difficult consultations that don't seem to make sense happen...if you're able to understand what that is, then that reduces burnout, increases professional wellbeing, all of those things. ”**

**GP**

Care and support is particularly important for those of us responsible for directly supporting or coming into contact with people affected by trauma, or where we work in roles where we may be exposed to traumatic experiences. Working in these roles means we may face an increased risk of experiencing vicarious trauma, moral injury and compassion fatigue. This can affect us in many ways—physically, emotionally, cognitively, interpersonally and behaviourally. Without the necessary knowledge and skills to understand the impact of trauma and those we are supporting, and without the necessary care and support in place, repeated exposure to traumatic experiences can often leave us feeling disconnected from our values as practitioners and can impact our safety and wellbeing. We all need to feel safe, supported and well to be able to support others.

Basic working conditions can have an impact on staff wellbeing and how supported we feel in doing our job. For example, where we feel overwhelmed by workload, don't feel safe at work and/ or feel powerless to change the situation, we are at higher risk of experiencing burnout and chronic stress. This may result in sickness, absence, reduced job satisfaction and reduced staff retention rates. Poor working conditions may also exacerbate the impacts of trauma staff have experienced within or out with work.

**“ Team management introduced the use of Wellness Action Plans...All staff reported how helpful they found the questions and team management reported that they felt more equipped to allocate work appropriately and to be able to offer extra support where they felt staff might need it. It also allowed for frank and open discussions about mental health, a topic which can be really difficult to approach. ”**

**Local authority housing team**

## **What does trauma-informed and responsive staff care, support and wellbeing look and feel like?**

In our organisation, staff feel their wellbeing is valued, prioritised, and have time and space to access relevant proactive and reactive support. This includes:

- Ensuring basic working conditions, such as workload, variety of work and safety, meet staff needs;
- Creating a shared understanding of wellbeing across our organisation. Proactively protecting and de-stigmatising wellbeing, positive modelling by our leaders, and ensuring our staff are in an environment where we all experience the five key principles of trauma-informed and responsive practice at work; and
- Putting in place a range of appropriate measures to ensure proactive prevention of vicarious trauma, chronic stress and burnout, and reactive measures to support staff when needed.

## 4. Feedback loops and continuous improvement

### Why are feedback loops and continuous improvement important in creating and sustaining trauma-informed and responsive organisations, systems and workforces?

Everyone brings different knowledge and expertise about their lives, their needs and their experiences of services and organisations. Quantitative data can tell us “what” is happening, but often can’t tell us the “why”. Feedback loops are vital in helping us develop a richer understanding of what’s working well, what could be improved upon and the impact of the changes we make in our ways of working.

Feedback loops help to create an ongoing dialogue between an organisation and people who access, work in and work with our services. Creating safe, trusting relationships is vital in helping people to share what’s working well and what could be improved in our organisations. Meaningful feedback often emerges through informal conversations among staff and people accessing our organisations, as well as through other kinds of more formal feedback methods, such as questionnaires, surveys, panels, focus groups, exit interviews and complaints processes. It could also be helpful to consider what existing feedback loops there are with our partner services/ organisations, as this can help inform improvements in our own service/ organisation.

“ we get women’s stories, we get their versions of what their experience of our service has been, and then we try to use that to [...] create a kind of service improvement plan.”

Justice social worker



Feedback needs to be pro-actively welcomed and routinely collected from people accessing, working in and with our organisations. We need to consider how we're asking for feedback, taking into account issues like confidentiality, power imbalances, timing and accessibility. Where appropriate, we also need to consider how people with lived experience of trauma who are not able to advocate for themselves, including babies, children, people whose first language is not English, people with learning difficulties or dementia, have representatives who are able to advocate for and provide feedback on their behalf.

Robust mechanisms to collect and understand feedback need to be in place alongside safe and meaningful power sharing processes and regularly completing a trauma-informed lens walkthrough of services. Doing so will help us to:

- Develop a rich, detailed picture of what improvements can be made as to how services are designed and delivered that will help continue to reduce barriers to accessing support, resist re-traumatisation and support people's recovery. This supports a cycle of continuous improvement;
- Strengthen understanding about the extent to which progress is being made in embedding a trauma-informed and responsive approach across all aspects of our organisation, how this is supporting our identified outcomes for this work, and helps us identify good practice examples of where changes that have been made are having a positive impact for people accessing, working in and with our organisation;
- Provide richer detail about the progress we are making in working towards our organisation's existing wider priorities. The aim of embedding a trauma-informed and responsive approach is to support every organisation with the work we are all already doing. For example, if your organisation supports people with their housing needs, some of your priorities may include strengthening people's engagement with your services, reducing missed appointments, increasing sustained tenancies and ensuring people have access to support for other needs that may impact on their housing needs, such as mental health, substance use and gender-based violence. In addition to any data you collect and report on, what feedback loops do you have in place that might help you understand why you might be facing challenges with some of this work and what improvements does this feedback suggest?

We need to consider how we're asking for feedback, taking into account issues like confidentiality, power imbalances, timing and accessibility.

“ Incorporating feedback responses into regular staff communications and quarterly reports has also been key to building staff understanding and easing any anxieties. As the majority of feedback gathered through the process has been positive, this has had an uplifting and motivating effect on staff, who see that their efforts in supporting patients at a difficult time has been appreciated. ”

Specialist sexual assault referral centre

### What do trauma-informed and responsive feedback loops and continuous improvement look and feel like?

We encourage feedback from people accessing, working in and with our organisation and continually use feedback to improve how we design and deliver our services, ultimately helping to remove barriers to accessing support, reduce re-traumatisation and support people’s recovery. This includes:

- Creating a culture where people with lived experience of trauma, including staff, feel safe, confident and encouraged to give feedback about their experiences of the organisation through a variety of in/formal processes;
- Feedback is meaningfully analysed, supports constructive discussion and decision making, and informs plans for continuous improvement around how we design and deliver our services; and
- Our organisation uses feedback to measure our progress in embedding a trauma-informed and responsive approach and to build a rich picture of the impact of this work for people accessing, people working in and with our organisation.

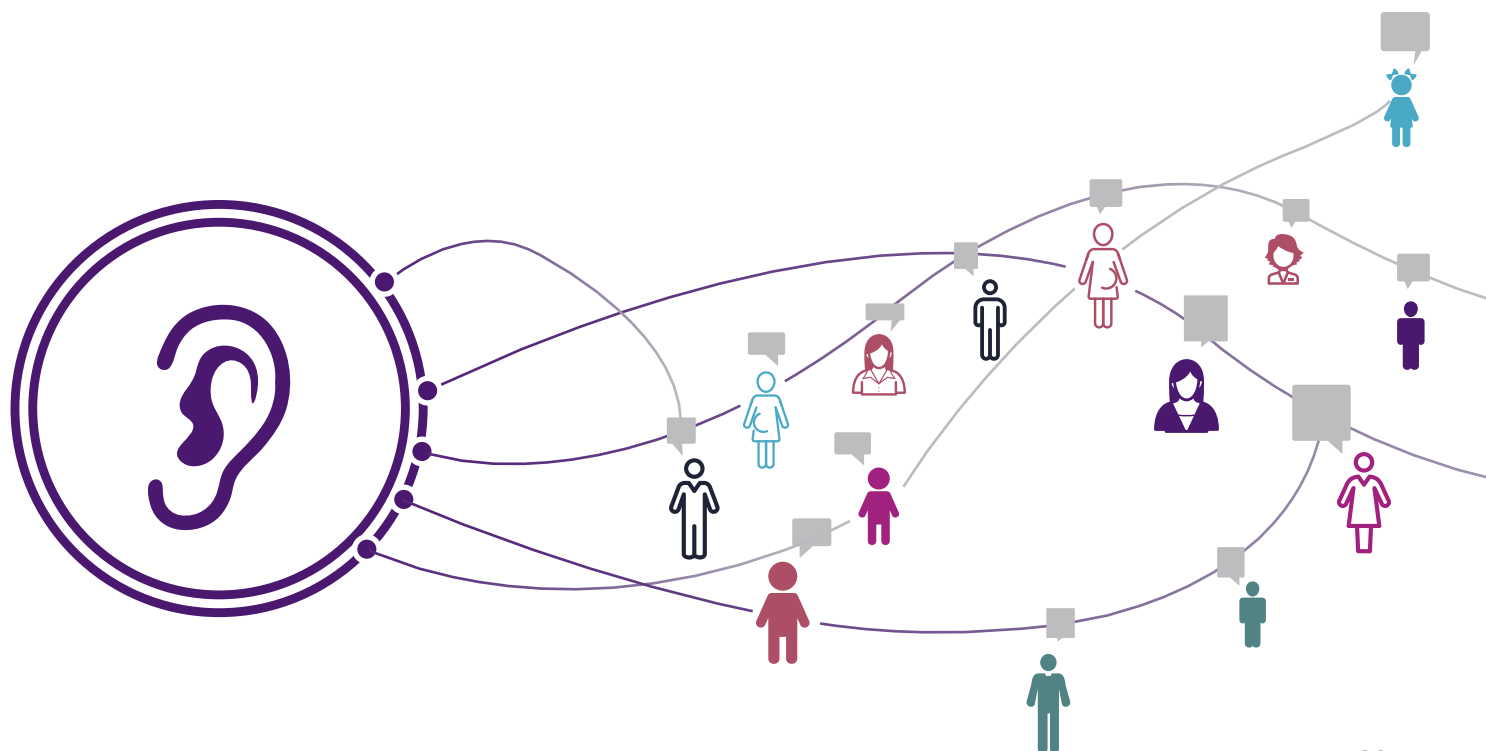
## 5. Power sharing with people with lived experience of trauma

### Why is power sharing with people with lived experience of trauma important in creating and sustaining trauma-informed and responsive organisations, systems and workforces?

Power sharing is about collaboratively developing routine, safe and meaningful processes so that those of us who are affected by trauma are, when we wish to be, involved in decision making about how services and systems are designed and delivered. This builds on the [Scottish Approach to Service Design](#) by creating services and systems that are more likely to be designed around people's needs. This can help reduce barriers for people to access the support they need, ensure those services and systems are seen as safe, supportive and trusted resources for those of us affected by trauma, and ultimately contribute to improved outcomes for people and communities. [No service](#) or system can be trauma informed and responsive if it is not informed by people with lived experience of trauma.

“ I think it's that whole process of ensuring that individuals are empowered at every stage of the process. The danger is sometimes I think that professionals start to pay lip service to it or they sometimes look at it as a tick-box thing rather than something that they really need to embed in absolutely everything that they do. ”

Police



We all bring different and valuable knowledge and expertise about our lives, communities and services, and about what can support us to recover from trauma and live our lives how we wish to. Some of us gain this knowledge and insight through our own lived or living experience of trauma and some of us through our training and roles, as workers, experts and leaders—recognising that we often inhabit more than one of these roles. A trauma-informed and responsive organisation values and encourages all of this knowledge and expertise, and ensures that leaders, staff and people with lived experience of trauma have a seat at the table during decision making.

**“ We need organisations to listen at the grassroots and high up. They don’t get it yet. Organisations need to change the narrative, otherwise we [as survivors] don’t feel empowered... ‘No them and us.’ ”**

**Authentic Voice Panel member**

Power sharing will look different depending on your organisation, its purpose and the community/ context within which you are situated. There is no single model for doing this work. Examples of good practice in Scotland include collaborating with existing lived experience groups/ networks and drawing on their expertise, creating opportunities to hear from staff in your organisation who have been affected by trauma and creating panels/ boards who can provide insight and expertise. Some other things to consider include:

- For infants, children and young people, this may include considerations around advocacy and engagement with parents and families, including kinship and foster carers, and considerations around infants, children and young people who are non verbal.
- A gendered approach is also important to understand the unique barriers women and girls may face in engaging in power sharing processes and what is needed to ensure these processes are safe and avoid re-traumatisation.
- Small and/ or rural communities often face challenges around anonymity and accessibility for people with lived experience of trauma who may wish to be involved in this work.

**“ If there [were] more organisations with people with lived experience [of trauma], there would be more empathy and people would get better support. ”**

**Person with lived experience of trauma, Resilience Learning Partnership**

There are lots of existing resources and good practice that can support meaningfully embedding power sharing processes in your organisation. These include, but are not limited to, the [Scottish Approach to Service Design](#), the [Authentic Voice Project](#) and [Education Scotland's resources](#) on learner participation in education settings, for example.

### **What does power sharing with people with lived experience of trauma look and feel like?**

In our organisation, we routinely create safe and meaningful opportunities to share power with people with lived experience of trauma so that our services and systems are collaboratively designed around people's needs. This includes:

- o Routinely and meaningfully integrating power sharing with people with lived experience of trauma into decision-making processes in our organisation;
- o Ensuring there are clear, safe processes and support in place for power sharing to influence change, taking into account the impact of trauma on relationships and power dynamics; and
- o Working collaboratively with people with lived experience of trauma to identify how our organisation's success is determined, measured and progressed.



## 6. Staff knowledge, skills and confidence

### Why are staff knowledge, skills and confidence important in creating and sustaining trauma-informed and responsive organisations, systems and workforces?

A workforce that is able to recognise where a person may be affected by trauma and work in a way that minimises distress and maximises trust can do two things:

- First, it supports the recovery of those of us affected by trauma by providing us with a different experience of relationships. When asked about our experiences of support and using services, people who have experienced trauma often say that the most important part of our recovery was developing a safe and trusting relationship with a worker and that this made us more likely to seek the support we needed, when we needed it.
- Second, it minimises the barriers to receiving care, support and interventions that those of us affected by trauma can experience when memories of trauma are triggered by aspects of a service or interactions with staff. Doing so can help us find it easier to navigate specialist and universal services, reduce barriers for us to access support, strengthen our resilience and ultimately enable us to live the lives we wish to.

“That thing’s happened, that was a physical thing that happened and that’s never going to change. But what can change is the way that we treat people who [...] trauma has happened to because that has had the biggest impact on my life outside the actual physical trauma.”

Witness in the justice system



## What do trauma-informed and responsive staff knowledge, skills and confidence look and feel like?

In our organisation, all staff have the knowledge, skills, confidence and capacity to recognise and respond to people affected by trauma, through training and implementation support relevant to their job role and service remit. This includes:

- Supporting everyone in our organisation to understand why trauma is everybody's business and how a trauma-informed and responsive approach can support all workers in their role;
- Ensuring all our staff have access to ongoing training and implementation support relevant to their role, as outlined in the [Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce](#) and the [Scottish Psychological Trauma Training Plan](#); and
- Evidencing how trauma training and implementation has brought about a change in what we do in practice.

“ I think one of the key benefits is about creating more empathy within staff. For some reason it just really hits a note with people...it seems like quite a powerful way to help staff make sense of people's presentation. ”  
Mental health professional

## 7. Policies and processes

### Why are policies and processes important in creating and sustaining trauma-informed and responsive organisations, systems and workforces?

Policies, guidance, protocols and processes provide clear guidelines to staff and people coming into contact with the organisation about how the organisation operates and its values and culture. [Evidence](#) highlights that successful implementation of trauma-informed knowledge and skills into responsive practice needs to be reinforced by policies and processes that ensure the values and principles of a trauma-informed approach become inherent within the way the organisation works, not solely relying on training workshops or a single, well-intentioned leader. This helps to establish that a trauma-informed and responsive approach is an essential part of an organisation’s mission, that it underpins everything that an organisation does and promotes consistent messages to staff about working in a trauma-informed and responsive way.

No matter how trauma-informed a practitioner may be, if they are constrained by protocols or policies that do not recognise the impact of trauma, they may be unable to minimise the risk of re-traumatisation that their training has taught them to recognise. This can risk moral injury for staff, as well as potentially leaving them feeling disconnected from their work and a sense of helplessness or disempowerment.

Examples include taking a trauma-informed and responsive lens to appointment policies and thresholds for accessing services. For instance, using language such as “no shows” or “failed to attend” may make people feel stigmatised and judged. Constraints such as “three strikes and you’re out” or refusing access to services as a result of someone previously being unable to attend appointments does not reflect an understanding of the impact of trauma. It may be helpful to consider where there might be tension between a trauma-informed and responsive approach and existing organisational policies—for instance, the use of restraint or zero tolerance policies. Where there might be tension, what opportunities are there for flexibility, choice and collaboration to be created?

“ I’ve had other interactions with other organisations where I’ve contacted them by email and... I find it difficult to use the phone, and they’ve insisted that I phone. And I’ve said, well, I’m really not comfortable doing that and it’s basically like too bad, you know, get lost. ”

Person with lived experience of trauma

“...we’ve gone through lots of iterations of how we offer care, so we run drop-in surgeries, we’ve run booked appointments on the day, we’ve run longer booked appointments....so we would tend to frame that within trauma-informed care, ‘cause it’s about trying to be collaborative and meet people where they’re at.”

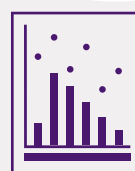
GP

A list of questions to support you in taking a trauma-informed and responsive lens to your organisation’s policies is available in Appendix B.

### What do trauma-informed and responsive policies and processes look and feel like?

Our policies and processes reflect an understanding of the prevalence and impact of trauma and ensure the values and principles of a trauma-informed and responsive approach are inherent within the way our organisation works. This includes:

- Designing/ reviewing all policies, processes and/ or guidance with an understanding of trauma in mind to:
  - a. Maximise the experience of choice, collaboration, safety, trust and empowerment for all
  - b. Minimise barriers to accessing support and improve people’s outcomes; and
- Balancing the organisation’s priorities, demands and duties with the range of needs of people affected by trauma who access, work with and in our organisation, including staff safety.



## 8. Budgets

### Why are budgets important in creating and sustaining trauma-informed and responsive organisations, systems and workforces?

It is difficult to estimate the financial costs of psychological trauma, given that it is often hidden, underreported and misunderstood. However, it is estimated that [as much as 40%](#) of spending on all public services is accounted for by interventions that could have been avoided by prioritising a preventative approach. Evidence suggests that trauma can impact on outcomes across mental and physical health, education, justice and employment, and we know that trauma and vicarious trauma can cause chronic stress and burnout across the workforce. This will translate into significant costs incurred within individual organisations, and at local and national levels.

Many changes to support a shift to working in a trauma-informed and responsive way in your organisation will involve small adaptations with minimal cost. [Small changes](#) can make a big difference to people affected by trauma. Your steering/ implementation group and ongoing feedback loops with staff and people coming into contact with your organisation may also identify activities that could significantly strengthen people's feelings of trust, choice, safety, collaboration and empowerment that do require some financial resource, such as adaptations to your organisation's physical environment or further staff training. At a time when budgets continue to be under pressure, promoting a joined-up, strategic approach to embedding trauma-informed and responsive practice and policy across the organisation can help ensure that best use is made of existing resources.

**“ It’s a five year vision...you’re not going to get the results in the first year or two. It’s a long-term piece of transformational change or culture. ”**

Justice social work service



Consider the [potential contribution of a trauma-informed and responsive approach](#) to your organisation's longer-term priorities. One study highlighted that, following the implementation of trauma-informed care in a residential substance use agency, there was a significant increase in the number of planned discharges, indicating successful treatment completion. Another evaluation found that implementing a trauma-informed approach across city-wide public and third sector agencies significantly improved staff satisfaction, feelings of safety and improved morale. Another study examined the 12-month costs of the range of services used by women affected by poor mental health and substance use. The study found trauma-informed, integrated services to be cost-effective, improving outcomes but not costing more than 'standard programming'.

“...we've had such a difficult time in the public sector over a number of years with budget cuts, the focus has largely been on efficiency, and trying to do things for the for the best value that they can, which is, of course, important, but I think it's sometimes [...] to the detriment of our own compassion and humanity, and allowing those values to flourish within the systems that we work. So for me, the trauma-informed nature of the work that we do, in the practice that we can provide, really gives us a framework to apply that humanity and that compassion to the work that we do every day.”

Senior manager, local authority

### What do trauma-informed and responsive budgets look and feel like?

Our organisation's budget includes a long-term commitment to embedding a trauma-informed and responsive approach and we have sufficient resources for this work. This includes:

- o A trauma-informed approach is included in our organisation's budget agenda, the in/direct costs and resources required to implement and sustain changes have been identified, and resources are allocated accordingly; and
- o Leaders in our organisation recognise the potential long-term savings of investing in a trauma-informed and responsive approach.

## 9. How we design and deliver services

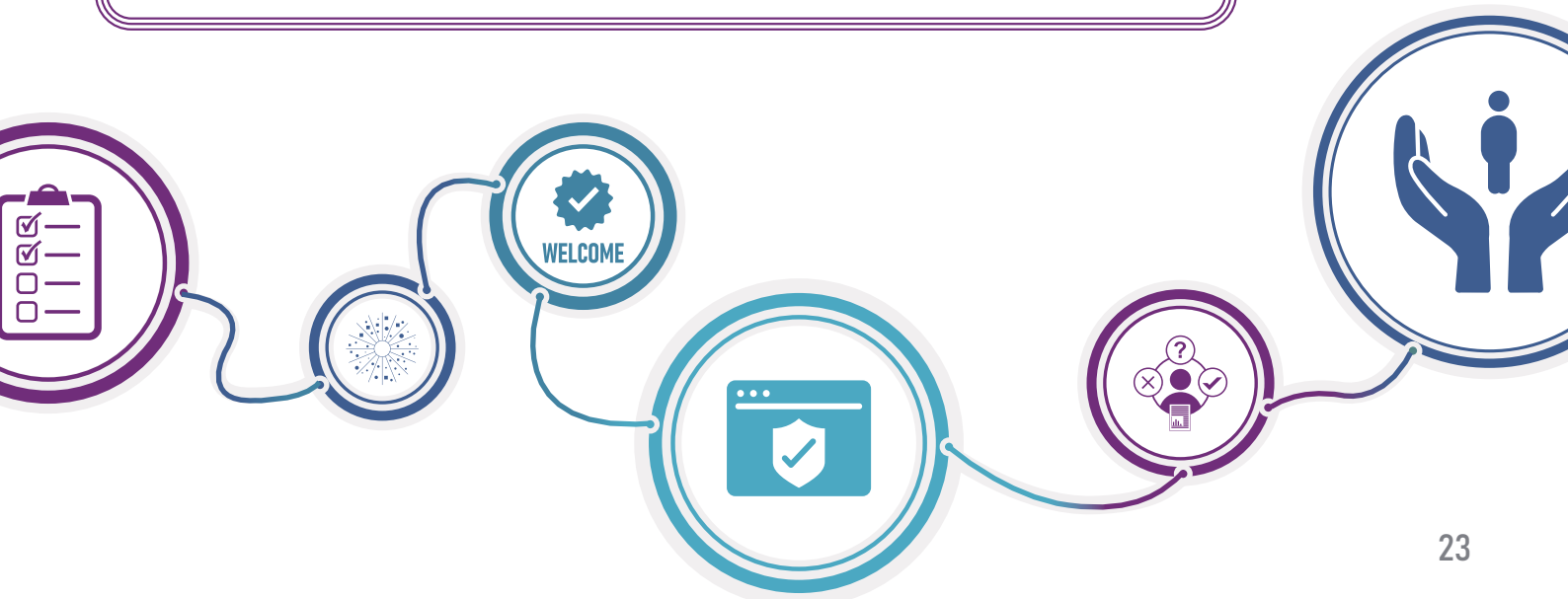
### Why is service design and delivery important in creating and sustaining trauma-informed and responsive organisations, systems and workforces?

For many of us with experience of trauma, there are many aspects of how all services and systems are designed and delivered - from GPs to libraries to schools - that can have as great an impact on us as our interactions with staff.

It may be helpful to think of putting on some 'trauma-informed glasses' and looking at a service or support journey through the eyes of someone affected by trauma. Taking a 'walkthrough' of services provided by your organisation could help staff and people affected by trauma collaboratively identify what they think the service is doing well and where improvements could be made. For all services, regardless of purpose, this can include looking at all aspects of how your service operates, such as access, physical environments, relationships, partnership working, screening and assessments and methods of communication. For services with a specific remit to support people known to be affected by trauma, and who are required to provide advocacy, support or interventions and adapt the way they work to take into account trauma reactions to do their job well, reparative therapeutic alliances will be key to this work. This may also involve not only reviewing the manner in which support and advocacy are provided, but what interventions and treatments are made available.

“ And I know that if a building was frightening to me, or I didn't feel comfortable, or I was spoken to in a way that I felt was threatening, then I just wanted to leave and quite often would leave and didn't want to return to that building. So therefore, I was being excluded from getting the help or support that I needed. ”

Professional working in substance use with lived experience of trauma



There may be times when working in a trauma-informed and responsive way may be more challenging. There might be instances where there are limited choices available to people your service is supporting, or instances that some might feel are potential breaches of trust or an imbalance of power. Working in a trauma-informed and responsive way doesn't mean offering choices and support which are not within the scope of what a worker, interaction or service can realistically offer. In the short term, it is about being clear and transparent about what pathways and options are available and communicating what choices a person has within that context. In the long term, it is about collectively identifying if there are any opportunities to make the day-to-day operation of our services better able to resist re-traumatisation, recognise people's resilience, support recovery and reflect the five key principles.

Appendix A provides a trauma-informed lens tool to support you to take a walkthrough of your service. This is an updated version of the original lens tool walkthrough developed by NHS Education for Scotland.

“ The first time you meet somebody, that rapport isn't there, they maybe don't feel safe coming to a service. And then if you're asking these questions on a questionnaire, that really, it could put the fear into them, and you might never see them again. So it was very much, gauging when the right time is to do that. ”

Substance use professional

“ ...a really simple example is we did a walk round and thought, what is potentially scary here? And an example [...] was a smashed window that nobody had noticed for like six months, just a tiny one. There was burglar-proofing, like barbed wire stuff on a drainpipe. Loads of things like that, and it was like, why are these still here? It was just asking that question and we made some good changes to that ”

Residential care professional



## What does trauma-informed and responsive service design and delivery look like? ?

Every element of how our service is designed and delivered is viewed through a trauma-informed and responsive lens to help us identify ways to resist re-traumatisation, recognise resilience, support recovery and reflect the five key principles. This includes:

- Every element of how our service is designed and delivered is viewed through a trauma-informed lens, from first contact and access, the physical environment, relationships, recovery support, partnership working and methods of communication;
- We take a collaborative approach to service design and delivery in order to balance our service's priorities, demands and duties with the range of needs of people who access, work in and with our organisation; and
- If we directly support people to recover from traumatic experiences, people are able to access appropriate high-quality, evidence-based support when they need it.

“ I was able to have contact with a dentist who accommodated my patient and worked great with her in regards to her trauma to get her along to an appointment and check up of her teeth. The client gave me great feedback on how well the dentist worked with her in terms of not feeling judged about the poor condition of her teeth (she needs a full extraction done upper and lower), taking the consultation one step at a time (She called my client to introduce herself before the appointment was even set), and of working with the client step by step to get into the chair and open her mouth under the light all in the client's own time. ”

Counsellor, mental health service



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