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 two: Self-assessment

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Step one: Readiness checklist

Research tells us that to successfully implement a trauma-informed and responsive approach, an organisation needs to have a competent and confident workforce, organisational support and effective leadership. Without having these in place, trauma training or any other intervention aimed at trauma-informed and responsive change is unlikely to result in sustainable improvements. If you find that there is not sufficient leadership commitment or positive staff wellbeing, you may wish to focus on developing these before embarking on the next steps, including training your staff about trauma. Training staff about trauma in the absence of a supportive culture, opportunities to apply the training in practice and leadership commitment to adapting policies and systems runs the risk of creating frustration and burnout for staff.

The brief checklist below provides some questions that can help you consider whether your organisation is ready, willing and able to do this work safely and effectively.

For any organisation, regardless of purpose, looking to embed a trauma-informed and responsive approach, you may find it helpful to consider these questions before you begin this work.
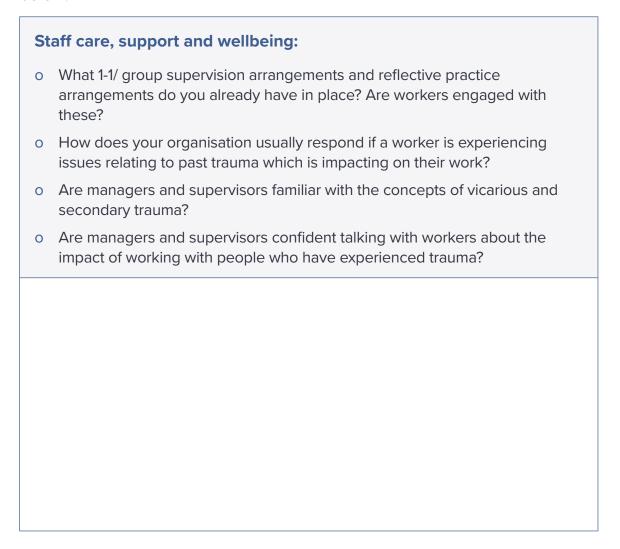
Organisational culture and leadership:

o   Is there agreement amongst strategic and operational leaders in your organisation that embedding a trauma-informed and responsive approach is important and is in alignment with existing priorities? Is there agreement and momentum that this is the right time for the organisation to begin this work? Do leaders have capacity to engage with this work?

o   Is your organisation ready and able to ensure staff have the capacity to complete the self assessment and identify what strategic and operational changes might be necessary to sustainably implement a trauma-informed and responsive approach within their work?

Staff care, support and wellbeing:

o   What supports are already in place for staff wellbeing?

o   What do you know about current workforce pressures in your organisation (e.g., workloads, absences, retention, recruitment, skill mix)?

Staff knowledge, skills and confidence:

o   What opportunities/ structures exist for staff to consolidate new knowledge and successfully implement new skills within their workplace?

o   Have any staff in your organisation already attended trauma training? Are any staff already championing a trauma-informed and responsive approach? What awareness is there of trauma-informed and responsive practice and the National Trauma Transformation Programme?

o   Are there existing groups or forums you could use to promote a trauma-informed and responsive approach?

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If your service/ organisation has a specific remit to support people affected by trauma, you may find it helpful to consider these additional questions below.

Staff care, support and wellbeing:

o What 1-1/ group supervision arrangements and reflective practice arrangements do you already have in place? Are workers engaged with these?

o How does your organisation usually respond if a worker is experiencing issues relating to past trauma which is impacting on their work?

o Are managers and supervisors familiar with the concepts of vicarious and secondary trauma?

o Are managers and supervisors confident talking with workers about the impact of working with people who have experienced trauma?

Staff knowledge, skills and confidence:

o   Do you have workers within your organisation who are trained to the appropriate level to provide post training support?

o   Do supervisors and line managers feel confident and able to talk about trauma-informed practice within their line management sessions?

What is in place now to support change? What gaps have you identified?

Step two: Self-assessment

Once you've completed the readiness checklist to support reflective, collaborative discussions about whether your organisation is ready to start this work, your next step is the self-assessment. The self-assessment provides a suggested roadmap of activities to support sustainable and effective progress towards becoming trauma informed and responsive, recognising that this is a journey and this work won't all happen at once. The roadmap is broken into six stages, starting with initial activity to help create the right conditions to support this work, through to activities to support long-term sustainability. Each stage includes activities from across the key themes outlined in part one (e.g., leadership, staff care, support and wellbeing, policies and processes, etc).

o For each group of activities, please rate the extent to which you agree/disagree as to where your organisation is currently at using the following scale: 1=Strongly Disagree; 2=Disagree; 3=Neither Agree nor Disagree; 4=Agree; 5=Strongly Agree. You'll be asked to provide evidence and reflections that support your views as to the extent to which these activities are happening in your organisation and identify any areas for improvement. This is designed to support you to collectively develop an action plan for your organisation. An action planning template is provided in Appendix C.

o The self assessment is designed to be **flexible**. You can use it to suit your needs. Depending on your team/service/organisation, some of the questions might not be relevant, so please adapt/omit as needed. Recognising that trauma is everybody's business, the self-assessment is designed to support a whole-organisation approach. If you're a smaller organisation, you may wish to use the self-assessment to reflect on your entire organisation. However, if you're a large and complex organisation, you may feel that it's more realistic to focus on specific directorates/ services/ policy areas. If that's the case, what specific directorates/ services/ policy areas might it be useful to prioritise?

o The self-assessment includes a **mix of strategic and operational questions**. Which staff will need to be involved so that you have robust and meaningful insight across all of the questions?

o What are the opportunities for **people with lived experience of trauma to be safely and meaningfully involved** in the self-assessment, if you already have established forums/panels/feedback loops in place?

o **Consider logistics**. Will you complete the self-assessment individually or as a group? What time, capacity and support do staff have to complete the self-assessment? How will findings be collated? What additional information might you need to complete the self-assessment? It might be that you don't have access to some of the information you might need or feel unable to answer some of the questions—don't give up. Fill in what you can and discuss as a group.

o When completing the self-assessment, **remember this is a journey.** You will likely identify progress for some of the suggested activities and less for others.

Creating the right conditions	Rating (1-5)
Our leadership makes a long-term commitment to this work, we assess organisational readiness, enhance staff working conditions and develop a safe and supportive organisational culture to begin this work 1=Strongly Disagree; 2=Disagree; 3=Neither Agree nor Disagree; 4=Agree; 5=Strongly Agree	
Leadership Our organisation has: **Completed the organisational readiness checklist** to reflect on whether our organisation is ready to begin this work. We have listened to our staff to understand the capacity of our organisation and staff to create and sustain change at this time. (For example, feedback loops with our staff highlight that our staff feel safe, supported and have the capacity to engage with training and implement new knowledge and skills. We have considered any current challenges or external pressures that mean that changes to how they work might impact staff further). **Ensured leaders have accessed high-quality, relevant training and follow-up support,** including training on trauma-informed leadership and organisations and the impact of trauma on staff wellbeing. This also includes follow-up reflective sessions that allow leaders to consider strengths, challenges and opportunities for this work within the current culture of the organisation and to map how a trauma-informed and responsive approach supports existing practice and organisational/local/national priorities. **Established appropriate scaffolding** to support this work in our organisation, including a steering/ implementation group with a Terms of Reference and appropriate governance routes to support long-term accountability. Membership reflects the ambition to sustainably embed a trauma-informed and responsive approach across all parts of our organisation. All steering/implementation group members have accessed high-quality, relevant training for developing their knowledge of trauma-informed leadership and organisations. This group will look different depending on the size, purpose and scope of your organisation, but it may be helpful to consider the following members: representation from across different professions/roles/departments, executive and senior management, middle management/supervisors/team leaders, frontline staff,	

clinical practitioners, support staff (e.g., security, administration), peer workers, training and education staff, volunteers, finance, communications, HR, estates and elected officials.

Where in post, Trauma Champions, Transforming Psychological Trauma Implementation Coordinators (TPTICs) and Trauma Lead Officers are members of this group.

Collaboratively developed a long-term shared vision and commitment to embedding a trauma-informed and responsive approach. Leaders have communicated this across the organisation (e.g., via awareness raising sessions, team meetings, videos, podcasts, newsletters, etc.). We are clear what "good" looks like and the tangible outcomes we seek to achieve through embedding a trauma-informed and responsive approach, for our organisation and the people and communities we serve. We understand that success will be reflected in measuring these outcomes, rather than only activities or outputs.

Staff care, support and wellbeing

Our organisation has:

Recognised and communicated that there is no "them and us". The prevalence of trauma means it is likely many of our staff will be affected by trauma and that those of us coming into contact with people affected by trauma, or where we work in roles where we may be exposed to traumatic experiences, means we may face an increased risk of experiencing vicarious trauma, burnout, chronic stress, moral injury and compassion fatigue.

Reviewed information gathered from existing feedback loops from staff about their wellbeing and working conditions, and/ or engaged with staff to review current working conditions and to what extent we have a healthy workplace culture, where staff feel safe, supported and valued. This review has informed an **organisation-wide wellbeing needs analysis** that identifies staff wellbeing needs depending on role.

Working conditions include:

o   people's basic needs for hydration and access to food, a safe physical work environment that isn't overcrowded, has good lighting and temperature and access to bathroom facilities, clear and manageable working patterns/hours, flexible working where possible and reasonable adjustments, access to IT and communications systems, safe number of working hours, sufficient staffing levels, and ensuring staff are paid on time and correctly;

o   Exploring ways to ensure staff can express safety concerns without worrying that they will be seen as unwilling and unable to do their job. This includes clear governance and processes for staff to raise concerns;

o   Leaders modelling self care and de-stigmatising talking about wellbeing and mental health;

o   Discussing wellbeing at staff meetings, having protected time for wellbeing, facilitating wellbeing sessions;

o   Addressing unhealthy practices and unspoken norms (e.g., working late, not taking a lunch break, working when on annual leave);

o   Capacity for people to take regularly scheduled breaks, ensure people can take annual leave, time for personal development reviews, 1-1s; and

o   Creating opportunities to collectively recognise and celebrate successes, achievements and good practice

Please provide evidence that supports your views on your organisation's progress in **creating the conditions for this work** and identify any areas for improvement.

Understanding experiences of our organisation, systems & how we currently work	Rating (1-5)
We support all staff to develop a baseline knowledge of trauma and collaborate with people accessing, working in and with our organisation to identify strengths and opportunities for improvement 1=Strongly Disagree; 2=Disagree; 3=Neither Agree nor Disagree; 4=Agree; 5=Strongly Agree	
Feedback loops and continuous improvement Our organisation has: **Identified the existing ways we gather feedback from people accessing, working in and with our organisation to ensure that feedback informs the development of our action plan.** This could be through staff surveys, exit interviews and staff suggestion boxes. For people accessing our organisation, this could include feedback forms/ boxes, satisfaction questionnaires, focus groups/ forums/ panels, complaints processes and surveys. If relevant, it may also be helpful to consider the range of traumatic experiences we are providing care/ support for (e.g., bereavement, gender-based violence). These feedback loops have helped us to: o build a picture of people's experiences of accessing, working in and with our organisation, what is working well and what could be improved. o assess to what extent we are achieving the outcomes we have identified in our aims and vision for this work and identify our strengths and opportunities for further embedding a trauma-informed and responsive approach across policy and practice.	
Power sharing with people with lived experience of trauma Our organisation has: Ensured leaders and **all members of our steering/implementation group have accessed high-quality, relevant training** for developing knowledge of trauma-informed leadership and organisations to strengthen their understanding of what power sharing is and why it is vital for developing a trauma-informed and responsive organisation.	

Scoped current examples of good practice in power sharing in our organisation. We have identified any existing groups/forums that represent people with lived experience of trauma in our community with whom to initially collaborate in creating safe and meaningful membership of people with lived experience of trauma in the steering/implementation group.

Staff knowledge, skills and confidence

Our organisation has:

Completed a workforce training needs analysis in relation to the Transforming Psychological Trauma: A Knowledge & Skills Framework for the Scottish Workforce to identify who needs to know and do what proportionate to their role in relation to trauma. This includes all members of staff (paid, volunteer, peer support) in our organisation. The training needs analysis also considers:

o   what training staff may need around wellbeing;

o   what implementation supports and structures exist and/ or will be needed to translate training into practice (e.g., peer support, reflective practice, coaching or supervision);

o   what training managers/ leaders may require around reflective practice/ supervision; and

o   what training staff may require around developing safe and meaningful power sharing with people with lived experience of trauma.

Released all staff, including support and administrative staff, to access initial training so they have a baseline knowledge of trauma (e.g., the Informed level). All staff have received information about why they are being asked to complete the training and have had opportunities to discuss with peers and managers existing good practice, any concerns/ challenges and how a trauma-informed approach can support their existing work.

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Please provide evidence that supports your views on your organisation's progress in **understanding experiences of our organisation, systems and how we currently work** and identify any areas for improvement.

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Developing our aims	Rating (1-5)
We collaboratively develop an action plan to support our long-term vision for becoming trauma informed and responsive, focusing on supporting staff wellbeing and practice, power sharing with people with lived experience of trauma and adapting policy, service design and delivery. 1=Strongly Disagree; 2=Disagree; 3=Neither Agree nor Disagree; 4=Agree; 5=Strongly Agree	
Leadership Our organisation has: **Developed an organisation-wide action plan** to support our long-term shared vision for and commitment to this work. To create the action plan, we have drawn on: o Learning from this self-assessment to help us understand current progress with this work across our organisation, our strengths and areas for improvement; o Learning from feedback loops with people accessing, working in and with our organisation, of the extent to which we are achieving the outcomes we have identified in our aims and vision for this work; and o Our collaborative discussions among staff, people with lived experience of trauma and leaders (recognising that we often fall into more than one of these categories) involved in our steering/ implementation group. **Put processes in place to ensure continuous review, accountability for and implementation of this action plan**, clearly identifying how this work supports existing relevant organisational/ local/ national priorities.	
Staff care, support and wellbeing Our organisation has: Used our wellbeing needs analysis to identify key priorities for the action plan around staff care, support and wellbeing. These priorities may include: o **Developing staff wellbeing plans** at individual and organisational levels, in alignment with any relevant local and national guidance/policy	

o **Identifying what proactive prevention measures to support staff wellbeing are already in place in our organisation and what gaps there might be**. For example: breaks are valued, safe spaces for pause are provided, reflective practice and/ or supervision processes are in place that take explicit account of the interpersonal impacts of trauma, there is time and capacity for staff to engage in support and appropriate training and onsite support for people providing supervision, and staff are in a safe environment with no fear of bullying/ harassment.

o **Identifying what policies and processes our organisation has in place for how to respond to critical events** that may be experienced as traumatic by staff (individuals or multiple people) and what gaps there might be in support. This could include, for example, serious injury or death of a colleague or person supported by our organisation. Key priorities may include: developing a clear policy and plan for response to crises; ensuring managers are trained to identify and respond to additional wellbeing needs of staff (including vicarious trauma, burnout and chronic stress); identifying what psychological support should be available to staff following a work-related traumatic incident beyond an initial de-brief; considering a peer support network that can facilitate further support if required, recognising line managers many not always be the most appropriate colleague for workers to reach out to; and identifying processes for strengthening understanding of workforce wellbeing through existing data, e.g., absence, retention and recruitment.

Feedback loops and continuous improvement

Our organisation has:

Developed our action plan based on our vision and aims for this work. We are clear what "good" looks like and the tangible outcomes we seek to achieve through embedding a trauma-informed and responsive approach, for our organisation and the people and communities we serve. **We understand that success will be reflected in measuring these outcomes, rather than only tracking the progress of activities or outputs.**

Used our initial earlier scoping to identify any gaps in and opportunities to strengthen our feedback processes to prioritise within the action plan. This includes considerations around:

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o multiple ways for people to provide feedback (e.g., written, online, hard copies) and have clear processes for welcoming, collating and responding to unsolicited feedback, for example in conversations with a staff member or peers;

o opportunities that ensure anonymity and confidentiality if required;

o flexibility around what kind of feedback is sought, e.g., open-ended questions;

o consideration around when people are asked for feedback and how often;

o developing relationships—feedback will be offered routinely and informally if these relationships are meaningfully developed; and

o consideration around the types of questions being asked (e.g., could they cause distress or harm?).

Power sharing with people with lived experience of trauma

Our organisation has:

Worked collaboratively with existing groups/ forums that represent people and communities with lived experience of trauma to develop processes to ensure **people with lived experience of trauma have been involved in the development of our organisation's action plan**.

Identified key priority areas in our organisation for collaboratively creating safe and meaningful processes for power sharing. Recognising that safe and meaningful power sharing takes time, this could be in specific priority services, projects or work identified through feedback loops from staff and people affected by trauma, where it is felt power sharing among people with lived experience of trauma, staff and leaders could have the most positive impact.

Staff knowledge, skills and confidence

Our organisation has:

Used our training needs analysis and the Scottish Psychological Trauma Training Plan to **develop a workforce trauma training plan**, which includes:

o Identifying staff to prioritise for trauma training (e.g., particular groups of staff, teams, services);

o   Identifying high-quality trauma training and effective trauma trainers who demonstrate evidence they possess a high level of knowledge and skills relevant to the area of trauma they are providing training in, including demonstrable experience of having applied trauma-related knowledge and skills in a relevant real – world setting (for trainers training staff at trauma skilled, enhanced and specialist levels);

o   Identifying how people with lived experience of trauma will be involved in the delivery of training; and

o   Identifying what is needed so that staff have the time, space, capacity and implementation support to attend training, consolidate new skills and translate trauma-informed learning into practice.

Developed an evaluation plan to understand whether the training is well-received by staff, has met the intended learning outcomes, brings about change in what staff do in practice, the impact of these changes for people accessing, working in and with our organisation, and the impact of the changes on the outcomes we identified in our vision and action plan.

Policies and processes

Our organisation has:

Identified existing examples of good practice in our organisation in terms of trauma-informed and responsive policy, processes and/ or guidance and, as part of our action plan, identified priority policies, processes and/ or guidance for review through a trauma-informed lens. To identify good practice and priorities for review, we have considered any positive/negative feedback about existing policies, processes and/or guidance, any concerns that have been highlighted by people accessing, working in or with our organisation about specific policies, and identified any gaps in current policies that are needed to support this work. We have considered where adaptations to policies, processes and/ or guidance are most likely to positively support the outcomes identified in our vision and where changes could most likely positively impact people accessing, working in or with our organisation (for staff, this could be policies around bullying and harassment, lone working, for example).

Budgets

Our organisation has:

Identified costs associated with remuneration for people with lived experience of trauma to be meaningfully involved in initial activity for this work (e.g., membership of the steering/ implementation group, contributing to the development of our action plan) and have collaboratively identified how people can be remunerated (e.g., taking into account the impact of payment on people's specific circumstances).

Determined the in/direct costs, time and resources required to implement and sustain our action plan. Our organisation has allocated resources to support priority areas of this work that will have the most impact for people accessing, working in and with our organisation.

How we design and deliver services

Our organisation has:

Identified a small number of priority services/teams to complete a trauma-informed lens walkthrough (see Appendix A). To help us identify priority services/teams, we have used feedback loops, our engagement with people with lived experience of trauma and any other data and information to reflect on where a walkthrough could have the most positive impact for people accessing, working in and with a service, and where this will help us achieve our aims and outcomes for this work.

This may look different depending on the size and remit of your organisation. If you're a small organisation, you may be able to complete the walkthrough collectively as an entire organisation. If you're a large and complex organisation, it may be helpful to identify a small number of services/ teams as "tests of change" for this piece of work. Teams across departments/ services could come together for a trauma-informed lens walkthrough workshop to support shared learning but work within their own teams to review and develop their own specific plans.

Please provide evidence that supports your views on your organisation's progress in **developing aims** and identify any areas for improvement.

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Implementing and testing change across our organisation and practice	Rating (1-5)
We support wellbeing, knowledge, skills and confidence of staff through training and implementation support to adopt trauma-informed and responsive practices 1=Strongly Disagree; 2=Disagree; 3=Neither Agree nor Disagree; 4=Agree; 5=Strongly Agree	
Leadership Our organisation has: **Ensured leaders have access to coaching, peer support and/ or collaborative learning support networks** with other leaders, and opportunities for reflective learning and reflective practice supervisions, as required.	
Staff care, support and wellbeing Our organisation has: **Developed staff and organisational wellbeing plans**, in alignment with any relevant local and national guidance/policy. **Ensured that any gaps identified in our wellbeing needs analysis around our organisation's proactive and reactive supports are being addressed**. The role of those supports in strengthening staff wellbeing are widely communicated across our organisation. **Mechanisms to regularly review feedback loops from staff** to ensure they feel their general working conditions support their wellbeing, they have the space and time to access what they need to stay well and feel able to effectively engage with training and new practices that will support our vision and outcomes for this work.	
Power sharing with people with lived experience of trauma Our organisation has: Ensured that, for the teams/services identified in the action plan as priority areas for developing power sharing mechanisms, **all relevant staff have accessed high-quality, relevant training for developing knowledge and understanding of power sharing with people with lived experience of trauma**, that is co-delivered with people with lived experience of trauma.	

Staff knowledge, skills and confidence

Our organisation has:

Released all workers to access the appropriate trauma training relevant to their role (if they require anything beyond initial training they have received). Staff have received information about why they are being asked to attend the training and how a trauma-informed approach can support their existing work, and there is a clarity of expectations around what this means for them before, during and following training.

Ensured all workers receive ongoing implementation support relevant to their role to develop confidence and support them to apply their knowledge and skills into practice in line with pp.33-36 of the Scottish Psychological Trauma Training Plan. This may include:

o   Depending on staff role, structured implementation support could include discussions at team meetings, 1-1s, de-briefs, peer support, coaching, clinical supervision and reflective practice, provided by suitably trained supervisors.

o   Ensuring staff have opportunities to identify and discuss any tensions between working in a trauma-informed way and the core functions of our organisation, as well as discuss any concerns and challenges around trauma-informed practice.

How we design and deliver services

Our organisation has:

Supported the teams/services we identified as a priority for completing the trauma-informed lens walkthrough to complete this activity. This will provide a baseline audit of strengths and opportunities for strengthening how we deliver a trauma-informed and responsive service. The walkthrough has helped priority teams/services to develop their own individual action plans around service design and delivery. Appendix A provides more detail on the walkthrough activity, along with some initial questions to consider when planning these walkthroughs.

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Please provide evidence that supports your views on your organisation's progress in **implementing and testing change across the organisation and practice** and identify any areas for improvement.

Consolidating change across the organisation, systems and practice	Rating (1-5)
We focus on changes required across policy, systems and service design and delivery to support long-term sustainability, informed by feedback loops, safe and meaningful power sharing with people with lived experience of trauma and ongoing implementation support for staff 1=Strongly Disagree; 2=Disagree; 3=Neither Agree nor Disagree; 4=Agree; 5=Strongly Agree	
Leadership Our organisation has: **Leaders who pro-actively support each other to model and develop a trauma-informed and responsive organisational culture as part of their leadership practice** (e.g., reinforcing trauma-informed and responsive ways of working, creating an environment that supports people to try different ways of working, celebrating successes, embodying the five key principles). **Leaders who empower people across the organisation**, including people with lived experience of trauma, to collaborate and lead on this work in their own spheres of influence.	
Feedback loops and continuous improvement Our organisation has: **Robust information systems that give us a clear picture of the extent to which we are achieving or working towards the outcomes set out in our vision/aims and action plan**. This includes drawing on feedback loops with people who access, work in and with our organisation, existing quantitative and qualitative data that we already collect about our services, case studies, case file audits, etc. **Created an organisational culture that creates robust and meaningful feedback loops with staff** so that we can understand the impact on them of any changes to practice and ways of working. These feedback loops are easy, accessible and confidential and help us gather routine feedback from staff about working conditions, their experiences of our organisation and its culture, and the impact of their work on their wellbeing.	

Collaboratively reviewed our complaints process to ensure it is user-friendly, intuitive and easily accessible. This might involve reflecting on the power dynamics within the process and how to minimise these, using non-judgemental questions and responses, acknowledging that people's memories of experiences/ events might be non linear, being transparent about how people's information will be shared and when, and ensuring that the process is timely and clearly communicated.

Power sharing with people with lived experience of trauma

Our organisation has:

Collaboratively developed ways for people with lived experience of trauma to be safely and meaningfully involved in our organisation, reflecting the priority areas we identified in our organisation-wide action plan. This includes considerations around:

Accessibility, logistics and support, such as:

o Accessibility and safe physical environments and settings for meetings/ events, whether online or in person;

o Identifying what practical support is needed for people to be involved (e.g., transport, childcare, refreshments, internet and phone access);

o Methods of participation (e.g., people attending steering/ implementation group meetings, a representative attending, a separate supported group that feeds into the steering/ implementation group);

o Remuneration for people's time and expertise, taking into account the impact of payments on people's individual circumstances;

o Identifying any training, support, coaching and learning and development opportunities that might be needed by people with lived experience of trauma who are involved in this work, such as opportunities to develop transferable skills, if people wish to;

o Providing training and support to staff to ensure they feel confident in collaborating with people with lived experience of trauma, and there are ongoing opportunities to discuss concerns and barriers to implementation;

o Collaboratively agreeing methods of communication, timescales, scope and remit around the work, providing as much detail as possible in advance, agreeing everyone's expectations for the group and members;

o   How can people withdraw if they no longer wish to be involved? What flexibility is there to find alternative ways of participating for people who are facing barriers to engage?; and

o   Identifying opportunities for staff with lived experience of trauma to be involved in this group or through other mechanisms, if this is something staff identify through regular feedback loops as being useful.

Creating safe environments and building relationships, such as:

o   Collaboratively identifying ways to build trusting relationships among everyone involved, recognising that this takes time and collaboratively developing a joint understanding of what power sharing can look and feel like within the group;

o   Collaboratively working with people with lived experience of trauma and experts by profession to consider the impact of trauma on people's experiences of relationships and power dynamics, and that this work may impact on people's wellbeing, mental health and potentially cause re/ traumatisation for anyone involved. What support is needed around this? How will people's different perspectives and experiences be safely heard?; and

o   As a group, working together to address the realities of power dynamics. How are agendas shaped to ensure everyone has a voice? How can quieter/ diverse voices be included and heard? What language might be disempowering and how can we create a shared language, avoiding jargon? How can we create opportunities to draw on different strengths, skills and perspectives?

Staff knowledge, skills and confidence

Our organisation has:

Ensured workers have access to additional training to support working in a trauma-informed and responsive way with the people we support, where relevant (e.g., managing grief, bereavement, violence against women).

Ensured there are regular opportunities for staff to reflect on their work, in addition to relevant ongoing formal training and implementation support. This may include considerations around:

o   Strengthening a supportive and inclusive organisational culture of reflection and critical thinking that encourages workers to process their personal history, biases and fears with supervisors,

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peers and coaches in a non-judgmental way; encourages open and honest reflection about work, the strengths people bring to their jobs and what keeps the work meaningful;

o   Actively monitoring and responding to feedback from staff about the training and any challenges they may face in practical implementation of knowledge and skills, and making any relevant changes; and

o   Using feedback and evaluation to identify, celebrate and communicate examples of good practice and positive changes to practice following training.

Policies and processes

Our organisation has:

Reviewed the policies, processes and/or guidance that we identified in our action plan as a priority for review through a trauma-informed lens. As part of this,

o   We identified key stakeholders, including people with lived experience of trauma and staff most likely to be affected by the policy, as well as relevant decision makers, who would need to be involved in the review (understanding that there will likely need to be different stakeholders involved for different policies;)

o   We identified who needs to sign off revised/ new policies in our organisation and ensured accountability for who will oversee implementation of recommended changes and ongoing review over time; and

o   Leaders have supported the changes identified through the review. Where relevant, we have communicated to people accessing, working in and with our organisation what those changes are and why they have happened, and we are using feedback loops and data to understand the impact of those changes.

How we design and deliver services

Our organisation has:

Supported the priority teams/services who completed the trauma-informed lens walkthrough to start to implement the changes they identified during the walkthrough. As part of this work:

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o   We identified who needs to authorise those changes and ensured accountability for who will oversee implementation of recommended changes and ongoing review over time.

o   Leaders have supported the changes identified through the review. Where relevant, we have communicated to people accessing, working in and with our organisation what those changes are and why they have happened, and we are using feedback loops and data to understand the impact of those changes. We are actively identifying and celebrating where changes have supported the outcomes that we identified in our vision and action plan.

o   We have mechanisms for sharing learning across our organisation from these "tests of change".

Please provide evidence that supports your views on your organisation's progress in **consolidating change across the organisation, systems and practice** and identify any areas for improvement.

Ensuring sustainability	Rating (1-5)
We create an improvement cycle to sustain changes over time, ensure trauma-informed and responsive principles, values and ways of working are inherent across and within our organisation and can evidence the impact of this work for our staff and the people and communities we serve 1=Strongly Disagree; 2=Disagree; 3=Neither Agree nor Disagree; 4=Agree; 5=Strongly Agree	
Leadership Our organisation has: **Developed the long-term internal infrastructure and support for this work beyond specific individuals in the organisation** (e.g., train the trainers models for training and implementation support, peer learning opportunities, standing agenda item across services). **Embedded relevant trauma training in our organisation's leadership development programmes as routine**. **People with lived experience of trauma in leadership and governance roles in our organisation**, and this expertise through experience is embraced and supported. **Included in our key strategies/ plans a long-term commitment to sustainably embedding a trauma-informed and responsive approach** and we articulate why this is important. **Leaders who can evidence that the outcomes determined by our organisation in our vision and action plan are being worked towards/delivered**, and leaders routinely articulate why being trauma informed and responsive is important for our organisation. **Leaders who champion and encourage partner agencies/ organisations to work in a trauma-informed and responsive way** and help to create a shared understanding and language around trauma across the systems in which we work.	

Staff care, support and wellbeing

Our organisation has:

Collaboratively developed a staff care, support and wellbeing policy that specifically takes into account the impact of trauma and vicarious trauma, experienced within/ out with work, on staff.

Ensured that, whenever our organisation is looking to make changes (e.g., implementing a new policy or changing a rota system), we use staff feedback loops to take into account how well our staff currently feel, we take a collaborative and transparent approach to designing and implementing changes, and we make sure there is relevant support during and after any changes are implemented.

Feedback loops and continuous improvement

Our organisation has:

Created a culture where there is "no wrong door" for people to provide feedback. People accessing, working in and with our organisation feel that their feedback is welcomed and proactively sought.

Processes for routinely collecting and analysing feedback from people accessing, working in and with our organisation. Learning from analysis of feedback influences changes and improvement in our organisation. Changes as a result of feedback are clearly communicated to staff and/ or people in contact with our organisation, where relevant (e.g., "you said, we did"). Where changes can't be made, this is communicated as to why. We have processes for routinely collecting and reviewing staff feedback on working conditions, experiences of the organisation, its culture and their impact on worker wellbeing, and whether workers have the time and capacity to access proactive and reactive supports if required, and what the challenges might be in doing so. Our organisation makes it clear to staff that it values and trusts this feedback, and makes it safe to identify challenges.

Focused on continuous improvement, using feedback, learning from our power sharing work and regular review of services through a trauma-informed lens. This helps us measure our progress in embedding a trauma-informed approach and build a picture of the impact this work and helps us understand to what extent we are achieving the outcomes identified in our vision and action plan.

Developed opportunities to partner with other trauma-informed and responsive organisations for mutual peer review, 'critical friend' input, learning and insight.	
Power sharing with people with lived experience of trauma Our organisation has: **Embedded safe, meaningful and routine processes for power sharing across all areas of our organisation**. This includes: o Evidencing how the voices of lived experience of trauma are at the heart and start of how we design and deliver our services; o Evidencing how people with lived experience of trauma are collaboratively involved in setting our organisational outcomes and performance measures/indicators; o Evidencing how people with lived experience of trauma are in leadership/ governance positions in our organisation; and o Evidencing how people with lived experience of trauma are involved in our recruitment processes. **Included the costs of collaboration on service design, delivery and priority setting with people with lived experience of trauma in our organisation's budgets and funding proposals**. **Developed a policy around collaborating with people with lived experience of trauma and/ or this is woven through existing policies**. We collaboratively and routinely review guidance, processes and policies around power sharing, and proactively identify further opportunities. **Ensured we pro-actively encourage people with lived experience of trauma to apply for roles in our organisation and we value this expertise**. We have adapted our job descriptions to support this commitment. **Identified how to meaningfully collaborate with quieter and diverse voices of lived experience of trauma** (e.g., people who may wish to access services but are facing barriers in doing so, people with protected characteristics).	

Staff knowledge, skills and confidence

Our organisation has:

Identified and embedded trauma training and relevant implementation support as a **routine part of our induction process**es and ongoing workforce development.

Ensured our **recruitment processes** include expectations around trauma-informed and responsive knowledge and skills.

Ensured our workers are released to access **continued training opportunities** to support good practice.

Communicated that supervision/reflective practice is a priority. Leaders see this support as essential and ensure time is protected for workers.

Ensured workers have opportunities to link in with local and/ or national forums and communities of practice to **share learning**.

Policies and processes

Our organisation has:

An ongoing programme of review to ensure all of our organisation's new and existing policies, processes and guidance have been reviewed through a trauma-informed lens.

Clear processes in place around changes to policies and processes following review, including ensuring communication of: a) changes to policy if they affect people with lived experience of trauma coming into contact with our organisation and b) practical implications of changes for staff and identify where training and other additional support might be required as a result of the changes.

Budgets

Our organisation has:

Identified opportunities across different policy agendas/services/ partners to **pool budgets** to support embedding a trauma-informed and responsive approach across our organisation or local area.

Used data, evidence and feedback loops to **build a picture of the possible costs of the impact of trauma** for our organisation and the impact that this is having on our organisation's priorities.

Developed clear guidance around remuneration for people with lived experience of trauma who share time and expertise with us and resources for this work are allocated accordingly.

Identified any financial processes that could be reviewed through a trauma-informed lens. For example:

o If we commission services, our commissioning and procurement frameworks ask providers to indicate how they deliver trauma-informed and responsive services

o If we are a funder, the key principles are embedded in our application and reporting processes. For example, we consider timeframes (e.g., the quick turnaround of applications, the need for funds to be spent by the end of the financial year, how long the funds last); how these timeframes can impact workers and teams (e.g., how long the work/project can last, time spent in writing applications, how timescales can affect the team's capacity, future forecasting and sustainability); and reporting requirements (e.g., what data are we asking organisations to collect and report on and why; how can people accessing, working in and with an organisation we are funding define what "success" looks like?).

Ensured that **our budget setting process is, where possible, informed by people accessing and working in our organisation**, through feedback loops and our mechanisms for power sharing.

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How we design and deliver services

Our organisation has:

Supported every team/service to complete an initial trauma-informed lens walkthrough to provide a baseline audit and help develop an action plan identifying strengths and opportunities for improvement in terms of embedding a trauma-informed and responsive approach.

Supported every team/service in our organisation to develop mechanisms for regular review (e.g., using feedback loops from staff and people with lived experience of trauma to continually identify opportunities for improvement, using the lens walkthrough tool in team meetings to discuss good practice and opportunities for improvement).

Developed meaningful opportunities to bring together key stakeholders—including staff, people with lived experience of trauma and decision makers—to complete a **trauma-informed lens walkthrough of new services** to ensure we are embedding the key principles of a trauma-informed and responsive approach at every stage of the design process.

Please provide evidence that supports your views on your organisation's progress in **ensuring sustainability** and identify any areas for improvement.