NHS Education for Scotland

Qualitative Impact Review of the Scottish Trauma Informed Leaders Training (STILT)

Summary Report

December 2021

Contents

Executive summary

The National Trauma Training Programme (NTTP) was formed with the ambition of a trauma informed and responsive workforce which recognises the effects of trauma, responds in ways that prevent further harm and support recovery, addresses inequalities and improves life chances.

The qualitative impact review commissioned by NES strongly suggests that the Scottish Trauma Informed Leaders Training (STILT) was seen by delegates as a major contributor towards achieving this ambition through:

Improving understanding and awareness

- Helping delegates to achieve an understanding of what trauma-informed change involves, the research evidence underpinning it and what leaders / managers can do to drive forward change
- Helping leaders identify how to make systems and services more responsive to people's needs and experiences

Increasing confidence to act

- Providing leaders with validation and reassurance, confidence to embrace shared responsibility for managing trauma-informed practice, and exploring how to prioritise individuals affected by trauma over operational boundaries, practicalities and performance matrices

Focussing on areas for service and system improvements

- Improving communication and listening skills amongst all staff, and inviting individuals to more openly express feedback on interactions
- Challenging staff practice and enabling a continuous reassessment of the way in which staff are working, both operationally and strategically

Making leaders more workforce aware

- Clarifying expectations around appropriate awareness for different staff levels / grades, enhanced by the workforce tiers framework; and widening understanding of the scope and applicability of trauma-informed principles and practice within and between organisations
- Increasing confidence, empowering staff at all levels, offering a robust evidence base and clear framework, informing decisions around distribution of funding and reducing repetition and the retelling of personal stories
- Focussing attentions on promoting and protecting staff wellbeing in potentially difficult environments and providing support for vicarious trauma

Exploring challenges, barriers and mitigating measures

- Uncovering and providing an opportunity to explore the challenges of resistance, cynicism, and perceived lack of responsibility amongst some workforce members; the risks of adopting a tokenistic approach to trauma informed practice; and of political agendas, and changed national policies or funding priorities undermining the momentum of the trauma agenda

Specific changes resulting from the STILT training

The STILT training was viewed by all who took part in the review as being of immense value, both professionally and personally.

All had reflected on their learning since taking part, and many had retained key messages which they were employing in their strategic thinking and operational practices, albeit to varying degrees.

While most recognised that there was still much work to be done, all were able to evidence starting to create a shift towards trauma informed practice and processes within their organisations.

Attendees also felt empowered and heartened by the national policy focus and endorsement of trauma informed practice which was helping to reassure people about the value of the efforts being made locally.

All conveyed a personal commitment to adopting and disseminating the importance of trauma informed principles at work, recognising that this would contribute to the NTTP ambitions of improved experiences.

The STILT training resulted in changes in:

- Leaders' own practice
- Staff working conditions
- Staff knowledge, skills, training and practice
- Organisation policies and practices
- People with lived experience of trauma's experience
- Monitoring and evaluation of trauma informed practice
- People with lived experience of trauma's involvement in design

> **Effectively, it was of great benefit… it supported me to have an insight into the psychological trauma perspectives that were being taken by and pushed forward by NES... and I was able to come back and translate that into practice and policy.**

Key Findings

Introduction

The aim of the STILT programme is to support leaders to begin the process of creating a shift towards trauma informed practice and processes within their organisations.

This means that those affected by trauma (both workforce staff and those served by such organisations) do not experience barriers to life chances and choices (such as education, employment, housing or healthcare) as a result of the impact of trauma, and that the impact of trauma is recognised and responded to in order to support recovery.

- **Early 2018 and again in early 2019**
  NES and partners delivered STILT training sessions to approximately nine cohorts of leaders and managers from a wide range of public sector organisations

- **Late 2020**
  NES commissioned an independent qualitative review of the STILT training to explore over time what impact and influence STILT had had on delegates, on their organisations / workforces, and on the people they serve

- **Secondary aim**
  To explore how STILT could be adapted to be more effective in the future in supporting leaders to bring about longer-term organisational change

- **Research method**
  A mixed method approach combining desk research, an online recruitment survey and in-depth follow up interviews with a sample of 16 STILT attendees

Aspirations and motivations for attending training

Few were completely new to the concept of trauma informed leadership or practice and their main aspirations were to achieve an understanding of what trauma informed change involved, the research evidence underpinning it and what they, as leaders and managers, could do to drive forward change in their organisations.

An opportunity to progress, enhance and consolidate existing knowledge and professional interests was also cited by respondents.

There was evidence that the trauma informed change agenda was attracting growing national policy attention and momentum, and delegates recognised the importance of being on board from the start.

There was also a desire to adopt more strategic approaches to trauma work, and to be more influential and attract influential others to better engage with the work already being done.

From a workforce perspective, clarifying expectations around appropriate awareness for different staff levels or grades was something that was sought from the training as well as scoping and adding more systematicity to existing trauma training that some of the organisations were already offering to their staff.

Relevant links with other related workstreams was also cited with several respondents seeing the training as a natural progression of some of the work that they were already doing, for example work linked to understanding Adverse Childhood Experiences (ACEs).

Several respondents, who were already working in, or were very familiar with, the principles of trauma informed practice in their own personal roles, saw the training as a means of exploring ways of widening understanding of the scope and applicability of trauma informed principles and practice within their organisations.

Others spoke of the training as being pathway training – something that they were attending to assess its suitability for other staff within their organisations. Indeed, a pleasant surprise for some attending the training was that the focus had been broad and organisation wide, instead of focussing solely on the role of leaders.

Comments were also made that the STILT training had allowed even those practitioners with good awareness of trauma informed practice to think more operationally, as well as strategically, about how services may be insensitive or re-traumatising.

Another common theme was to make systems and services more responsive to people affected by trauma and to deliver better experiences for them as users of the service. New ways of looking at, up-dating and re-evaluating existing practice was also cited as a reason for attending, including identifying gaps in existing practice but also identifying strengths and what services were already doing well to support trauma survivors.

A more general intention was the desire to learn more about trauma informed practice to inform policy setting, direction (both national, where appropriate, and local, as well as within and between different departments) and implementation.

Changes resulting from the STILT training

Respondents were asked whether the training had prompted them to make any strategic or operational changes which they would describe as being trauma informed.

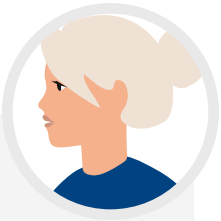
Changes to their own practice

STILT training had been part of a triangulation of learning and research activities focussed on trauma informed change, wider engagement with NES and broader learning / research in the field. The training had helped consolidate, validate and support learning and research from other fields and make tangible and more explicit some of the concepts associated with trauma.

A key theme to emerge in personal practice was achieving validation and reassurance. Managers spoke of being confident to embrace shared responsibility for managing trauma informed practice with their staff. The need to put the the needs of people affected by trauma first and to deprioritise operational boundaries, practicalities and performance matrices was cited as essential.

The training had also allowed leaders and managers to move beyond the idea that 'all good practice is trauma informed practice' and to recognise what sets aside systems and responses that are empathic and responsive from those that are wholly trauma informed.

In a word, that's the biggest difference the STILT training made to me was... it sort of lifted my head up from looking downwards and operationally to more upwards and strategically how I could influence things and that's really what I've been doing for the last – well, particularly in the year or so since doing the STILT training while everything was still normal.



I guess what this programme of work and the evidence that underpins it has given me, is that knowledge and awareness that what I'm doing was the right thing to do… that possibly for the first sort of 15, 20 years of my career I didn't have.

Changes to staff knowledge / skills / training or practice

While some services/organisations already had a fairly well trauma informed workforce, most wider staff teams were new to the field and leaders/managers who attended used the training to better understand what staff at different levels needed to know and be able to do, and to understand how their organisations could implement that in practice. The workforce tiers framework had been invaluable in informing this. There was also evidence from across the interviews that STILT training materials had been used directly by leaders after the event to share with wider staff, and to encourage them to reflect on their own trauma experiences.

Changes to staff working conditions

Several respondents noted that one of the main added value components of the training had been the focus on promoting and protecting staff wellbeing, helping attendees to consider ways of protecting staff through potentially difficult environments and providing support for vicarious trauma, to which the STILT training had given new ideas and fresh impetus. Delegates reported introducing increased opportunities for coaching and debriefing within their respective workforces and more open discussions between managers and junior team members, which created more accepting and tolerant cultures, and helped to support staff with issues both personal and professional.

…a lot of the resources that were used were created by NES for professionals. I started using them with people like myself, people who had experienced trauma, who had lived experience of trauma in a very different way, in a different setting, with a different context, but I used them as a tool to begin a conversation around how our trauma stops us engaging in services. What it can feel like to engage in a service when you've experienced trauma. So, flipped it right on its head.

I think if you think about the key components of the trauma informed practice, that whole idea of building sort of trust and giving people some control or empowerment is really important for a staff team, just as much as it is for the people that they support.

Changes to their organisation's practice / operation

The main changes for organisations had been those made to internal policies and practices as well as to recruitment policies and procedures to make them more trauma informed and to encourage appropriate attitudes, communications and ethos among staff. Another specific change that had been made by a few respondents was that the training encouraged organisations to work more closely together (both between different organisations, between staff, and between staff and users of the service).

Changes to the users of the service

The main changes for people affected by trauma linked to the training were improved communication and listening skills among service providers, including encouraging all staff to engage in more and better active, reflective and empathic listening; using language and communications more effectively as a means of reaching out to individuals; and inviting people affected by trauma to more openly engage and express feedback on interactions. The training encouraged more responsive care, support and interventions and helped develop an understanding of the origins of people's presenting issues, rather than trying to resolve or address behaviours that were emerging as a result. Means of preventing trauma and retraumatising were learnt through the training, such as creating spaces that were more appropriately designed and welcoming, including redesigning reception areas and interview rooms.

I think there is much more now awareness within the organisation of the need to become more trauma informed. So, we've changed attitude... I think for that to then to start changing the fabric of the organisation and the way that staff work and the way that they're managed and the physical environments we work in and all of that, I think is going to happen – I hope will happen over the next few years.

...stop asking someone what's wrong with them; start asking people what happened to them. For many of the people we were working with, that really screamed out as the bit that we weren't doing. What we were trying to do was suppress symptoms or to enable people to manage the symptoms that they were presenting. Now, actually, then thinking about, 'How did we get here in the first place?' ... So, it started us to change our way of thinking.

Changes to people with lived experience of trauma involvement in design

There were few instances of explicit changes that had been made to involve people affected by trauma more in service design, policy change and evaluation to ensure that services were trauma informed, mainly due to COVID-19 restrictions. That being said, steps were being made in the right direction.

Empowering staff at all levels to know that their own interactions with people affected by trauma can make a difference to the overall experience of those individuals was seen as a clear impact.

I think one of the key things... we did was involve our service users and previous service users more in decision making… So, we've always been quite good at tenant participation stuff, but that is largely sort of older tenants with a bit of time on their hands who are well informed and well invested in what they're doing. The more complex, with multiple needs service users coming through, are much more difficult to engage, so we started what we called 'chips and chats' sessions where basically we would bring in fish suppers so we could just sit in and have a general chat about their experiences. So, trying to bring that lived experience more into the fore on decision making was certainly part of it.

Changes to monitoring and evaluation of trauma informed practice

There were no explicit examples of changes to monitoring and evaluation, again because of COVID-19, but several viewed this as essential once change had become more embedded. The importance of monitoring and evaluation was nonetheless recognised.

A point of note is that some of the more senior participants explained that they had delegated onward dissemination of the key lessons from the training to junior colleagues (including those with management responsibility of other staff). This meant that, in some cases, they were unaware of exactly how the secondary training had been taken forward and translated into practice or policy change as well as not knowing if practice change was being monitored or evaluated.

I suppose we were trying to think about how can we make people feel as safe as possible, in terms of choice… we are trying to focus on that conversation in more of a collaborative way to try and empower the service user to have a think, 'Is this something that they definitely want?'… once they've built up that relationship with the service and they feel more trusting in the service, they've been able to come back.

Impacts and outcomes

Despite the limitations of Covid 19 and general challenges to attributing and measuring change, the main impact for trainees had been a challenging of their own practice and a continuous reassessment of the way in which they were working, both operationally and strategically.

Respondents also commented on being able to solidify existing trauma-awareness, to raise the profile of trauma informed practice, to use the training as a platform to inform change, to better understand the role of NES and their national trauma remit, and to access evidence and research which delegates had been able to return to post-training to facilitate their own trauma informed change.

The main impacts on staff had been a notable increase in confidence that had come directly from the upskilling that followed the training. Empowering staff at all levels to know that their own interactions with people affected by trauma can make a difference to the overall experience of those individuals was seen as a clear impact.

For organisations, the main impact appears to have been that STILT had provided a robust evidence base and clear framework on which policies and practices can be developed. It had also provided a way of deflecting resistance from staff by evidencing that trauma is the business of everyone.

Some respondents, who held roles with national responsibilities, also spoke of using the training to help them inform decisions around distribution of funding to different service areas, including more funding being made available to support opportunities for trauma informed training across the work force.

There was little evidence of widescale impacts on people affected by trauma, mainly because leaders and managers were too far removed from day-to-day interactions to be able to provide reliable evidence in this regard.

Much of the impact on individuals using services was anecdotal, rather than evidence based, and included general feedback from users of the service around understanding and creating a safe space and feeling understood by the professionals that they interacted with. Reducing repetition and negating the need to retell personal stories was also a direct and positive impact of the training.

Effectively, it was of great benefit. It supported both, it supported me to have an insight into the psychological trauma perspectives that were being taken by and pushed forward by NES through their work and research and I was able to come back and translate that into practice and policy.

Key challenges

One of the main challenges to effecting change for respondents was the existence of some entrenched resistance, cynicism and perceived lack of responsibility for trauma among some workforce members.

Maintaining momentum and preventing fatigue among staff was also potentially challenging.

Obstacles were also cited in ensuring that different organisations that work closely together, especially with the same individuals, have an aligned and collaborative approach.

There were also concerns that some organisations may adopt a more tokenistic approach to trauma informed practice, rather than fully embedding the principles and practice.

Some of the freedoms that respondents would wish to see in adapting and making trauma informed practice truly localised and responsive to individual needs were restricted by political agendas, national priorities and guidance which may run counter to individual ways of thinking.

Similarly, while government prioritisation of trauma had been useful for galvanising and empowering people to discuss trauma and make informed progress in recent years, there were some concerns that the trauma agenda may be replaced by new government priorities in policy and funding.

Several respondents suggested that properly designed procedures and processes take time to embed and need suitable staff for training, coaching, support and debriefing.

Training modifications

The main modifications required appear to be linked to post-training follow-up and support to ensure that delegates maintain momentum and continue to share their learning from their respective fields of application.

Onward monitoring and evaluation of the impact of changes to ensure that organisations remain responsive to need and are producing meaningful and desired outcomes also seems key.

Conclusions

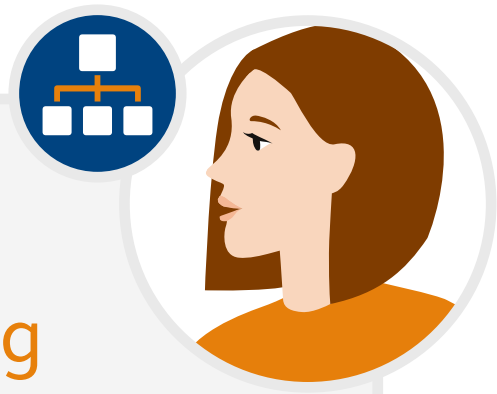
Respondents spoke confidently about being more able to recognise and respond to the impact of trauma, and to build systems and structures that were more resilient and supportive.

For those working in multi-agency teams, the training had helped them to move towards more collaborative decision making and introduce processes which enabled people affected by trauma to have smoother and more positive experiences across services.

Overall, leaders and managers highlighted that they were now more aware of the questions to be asking of their workforces, services and organisations in order to drive forward trauma informed change.

Further monitoring and evaluation following STILT training may be required in order to independently verify and substantiate the changes reported here, and this should necessarily involve the direct experiences of the workforce, including experts by experience and their families.

Appendix
Case studies



Case study 1:
Promoting staff wellbeing

One health service manager described how the training had provided enlightenment on different leadership approaches and styles. This learning had been used to convey back to fellow managers the need to put structures in place that would support staff wellbeing.

> I guess, within the health service – and within all organisations – you've probably got two types of managers. You've got the managers who are autocratic and manage, and are quite prescriptive. And you've got managers who know that there's a requirement for them to take those roles on but actually are more aligned to a leadership role, that they want to build and develop their staff team and the organisation and their part of the organisation in a more collaborative way. So, I guess, for me, that was where, again, some of the learning, the benefits of working in that more collaborative approach and building that trust and safety within your staff team to get the best out of them. And also, I suppose, as well, when you do work in particularly areas that have got high expressed emotion, which mental health does have at the best of times, it's also really important to make sure that your staff feel safe and they feel comfortable about approaching you if they're not having [a good day] – cos we're not robots. So, if they need support and if they need help as well, that they can access that from you… and also from the rest of their team as well.

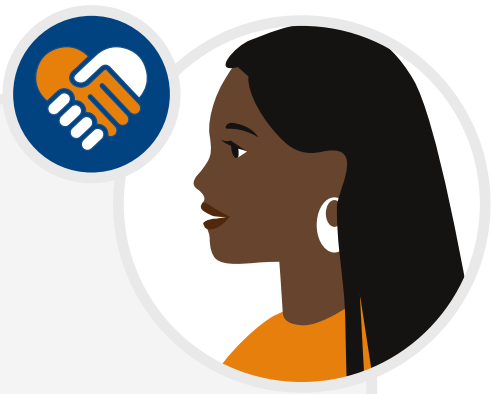
The training directly resulted in systems to make staff feel more empowered, trusted and protected.

Case study 2: Importance of collaborative practice

One leader who attended the STILT training took responsibility after the event for co-locating key services from different agencies within a single shared space, as a way of encouraging more integrated and consistent practice that was trauma informed.

> So, I'd always had an idea that we could work much better together collaboratively… So, basically the idea is that we have one room within the council headquarters and, within that, we have a Police Scotland officer, we have a project manager, a social worker from adult protection and from child protection and a housing manager…And the idea is that we all share information on basically the last 24 hours of all the referrals that have been put in to us or the incidents that have happened in the last 24 hours that have had a vulnerable person; featured a vulnerable person referral from any service. And it meant that, when that came in first thing in the morning, it was reviewed but all services could then review what their information was on that individual… and it would be a much quicker service, much quicker service delivery and the idea would be we would be able to solve the issue or provide support much quicker to the person involved… that was always in my head and then, when STILT came along, it allowed me to progress that and using obviously trauma informed approaches as well and some of the training and we were able to make sure that we had the right people delivering it from that trauma perspective as well when dealing with families and dealing with information we were taking in.

Plans were in place to widen the multi-agency scope, to include education, fire service and third sector in the collaboration, too.



Case study 3:
Empowering individuals

One healthcare service manager described how they had sought feedback from staff and individuals affected by trauma to better inform the experience of visitors to their service.

Based in an old intensive care unit, they became aware, after the training, that the environment may be potentially re-traumatising for some, and so sought to make adjustments to the environment. The key change, however, had been in informing and forewarning visitors of what to expect.

> So, it's quite a strange environment for us, first and foremost, but we don't really see it anymore cos we've been here for so long, so we've still got portholes and various bits where oxygen would attach. And also, what we've learnt through the years is that… our clients have had children here or have known people that have been here in quite traumatic circumstances… So what we have done is we've included a statement in our letters of the ward that we're based in and what it used to be, to be able to help people know the environment that they're coming in to and if they've got any concerns about coming. We haven't had anyone ever phone up and cancel but we have had a few people say that they were glad to know that that was what they were coming in to because I think we've had people in the past that have been quite emotional when they've walked in and it's maybe affected how they engage with the service or how willing they are to come back.

Forewarning, and thus empowering, individuals affected by trauma had been a positive step to improving their journey.

Case study 4:
The feedback loop

One respondent who worked with homeless adults described how the training had provided a fresh eye and motivation to reconsider ways of engaging all stakeholders in service design.

> I think one of the key things I think we did was involve our service users and previous service users more in decision making…So, we've always been quite good at tenant participation stuff but that is largely sort of older tenants with a bit of time on their hands who are well informed and well invested in what they're doing. The more complex with multiple needs service users coming through are much more difficult to engage, so we started what we called 'chips and chats' sessions where basically we would bring in fish suppers so we could just sit in and have a general chat about their experiences. So, trying to bring that lived experience more into the fore on decision making was certainly part of it.

+ Participants had engaged well with the initiative and there was anecdotal evidence of increased trust in the organisation and in its staff, as a result.

Case study 5: Creating familiarity with the language of trauma

One strategic manager described the process of slowly familiarising staff with the principles of trauma informed working by introducing relevant language and concepts in daily briefings with staff.

> I was very keen to change the narrative and how I spoke about things, especially in management meetings and especially every morning, Monday to Friday, obviously we have a morning management meeting…and from that, we task out through the day and deal with whatever needs to be dealt with over that period… So, it was more, for me, having that narrative in the management meetings of when I was told in a morning and… our officers asking those questions in the family and bring in the school based obviously much more into it as well and finding out more of the intelligent information that's happening round about people's lives that's impacting on their decisions to go missing or do what it is, they do. So, I mean, much of the narrative, it actually comes across a lot of the vulnerabilities when you speak about and I found that, from a leadership point of view, that was a very strong focus I had, that I made sure that the narrative I used was very much round about trauma aware and trying to apply those principles when I spoke about it as well.

By subtly breaking down barriers and demystifying the idea of trauma informed responses, staff became more comfortable discussing trauma, its origins, its impacts and ways to respond.

Qualitative Impact Review of the Scottish Trauma Informed Leaders Training (STILT): Summary Report

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email **altformats@nes.scot.nhs.uk**.

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