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# What are you hoping to get out of this event today?

Learn about professionals experience of adopting trauma informed practice.

Learn more about how trauma informed practice has been implemented locally

Sharing of best practice

To learn more about different approaches when working with children and families experiencing trauma

Are there hidden areas (in services, buildings etc) people don't typically think are relevant to trauma informed practice?

For people to have a better understanding of the importance of Lived Experience in a Trauma Informed Scotland

A feedback survey will be available after the event

Press ENTER to pause scroll

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#traumadeepdive



How can adopting a trauma-informed approach to working with children and families help drive forward improved outcomes as part of Scotland's roadmap for COVID-19 recovery, renewal and transformation?



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Iona Colvin  
Chief Social Work Advisor, Scottish Government

**John Swinney**  
**Deputy First Minister and**  
**Cabinet Secretary for Education and Skills**



**Scottish Government**  
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# Councillor Alison Evison President of COSLA



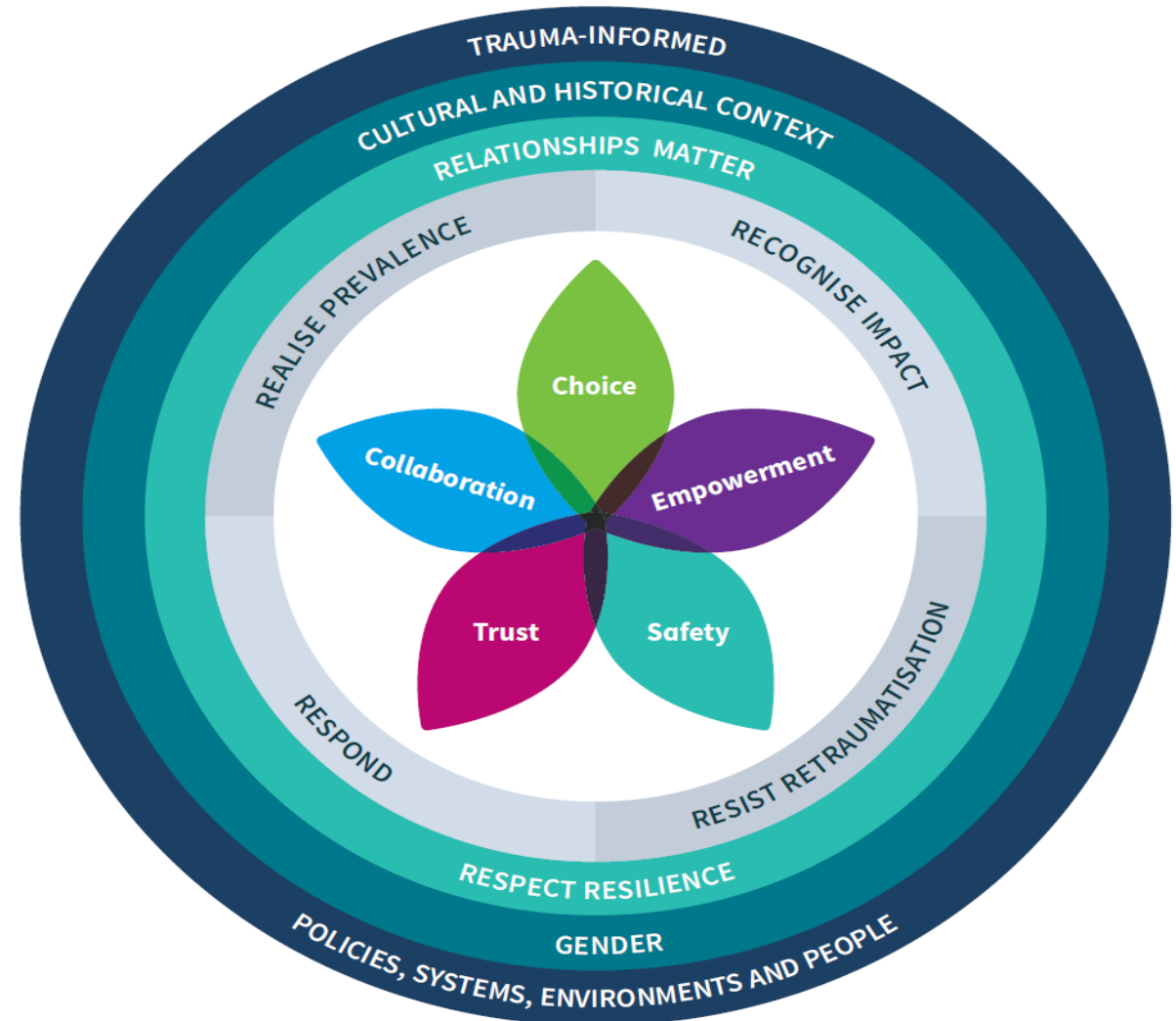
**Dr Sandra Ferguson**

Associate Director: Psychology

NHS Education for Scotland

Please visit

[www.transformingpsychologicaltrauma.scot/](http://www.transformingpsychologicaltrauma.scot/)

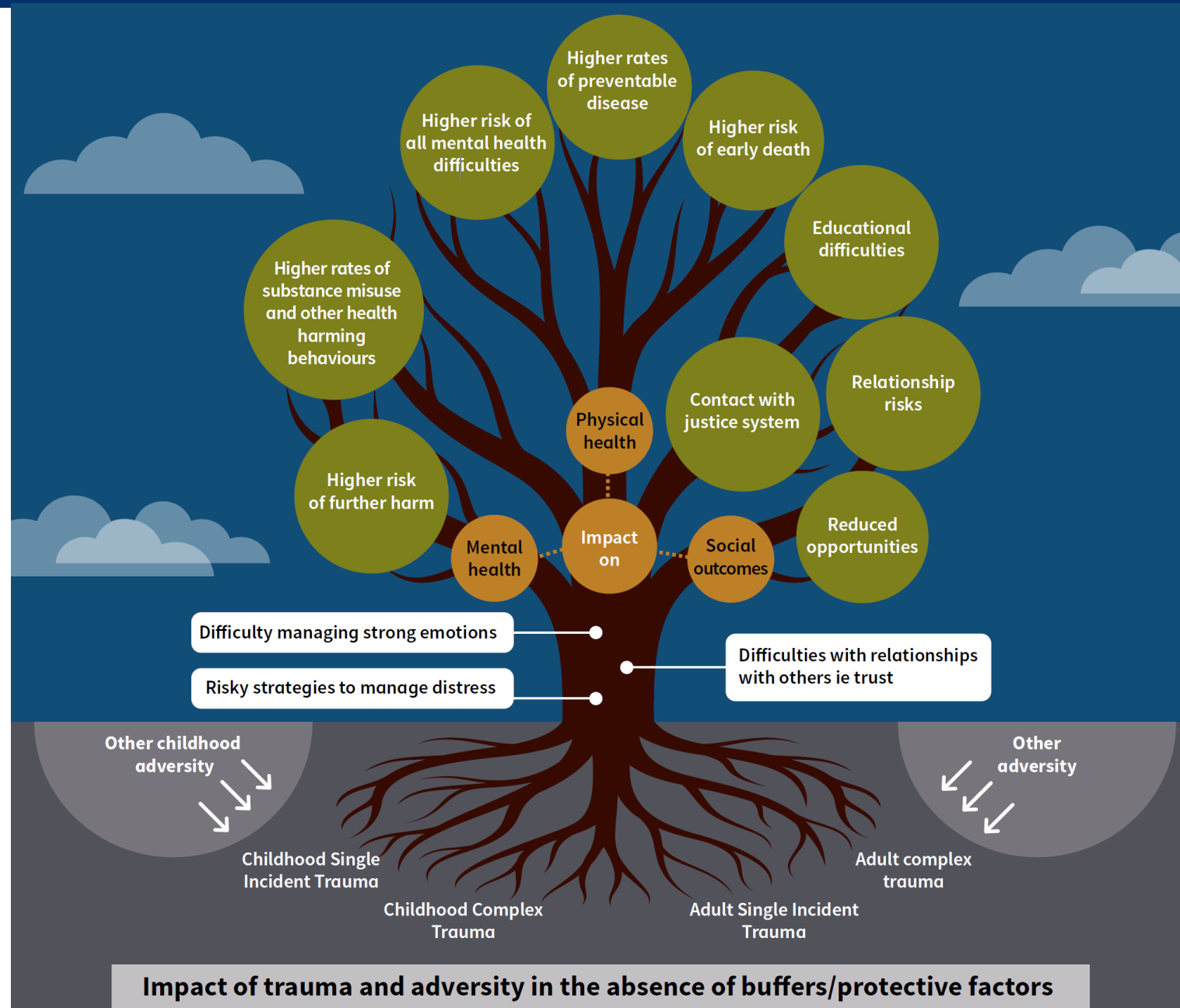
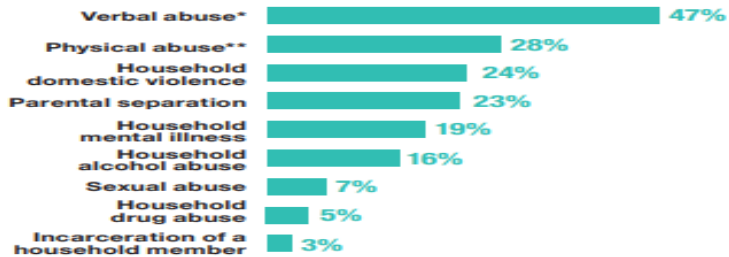


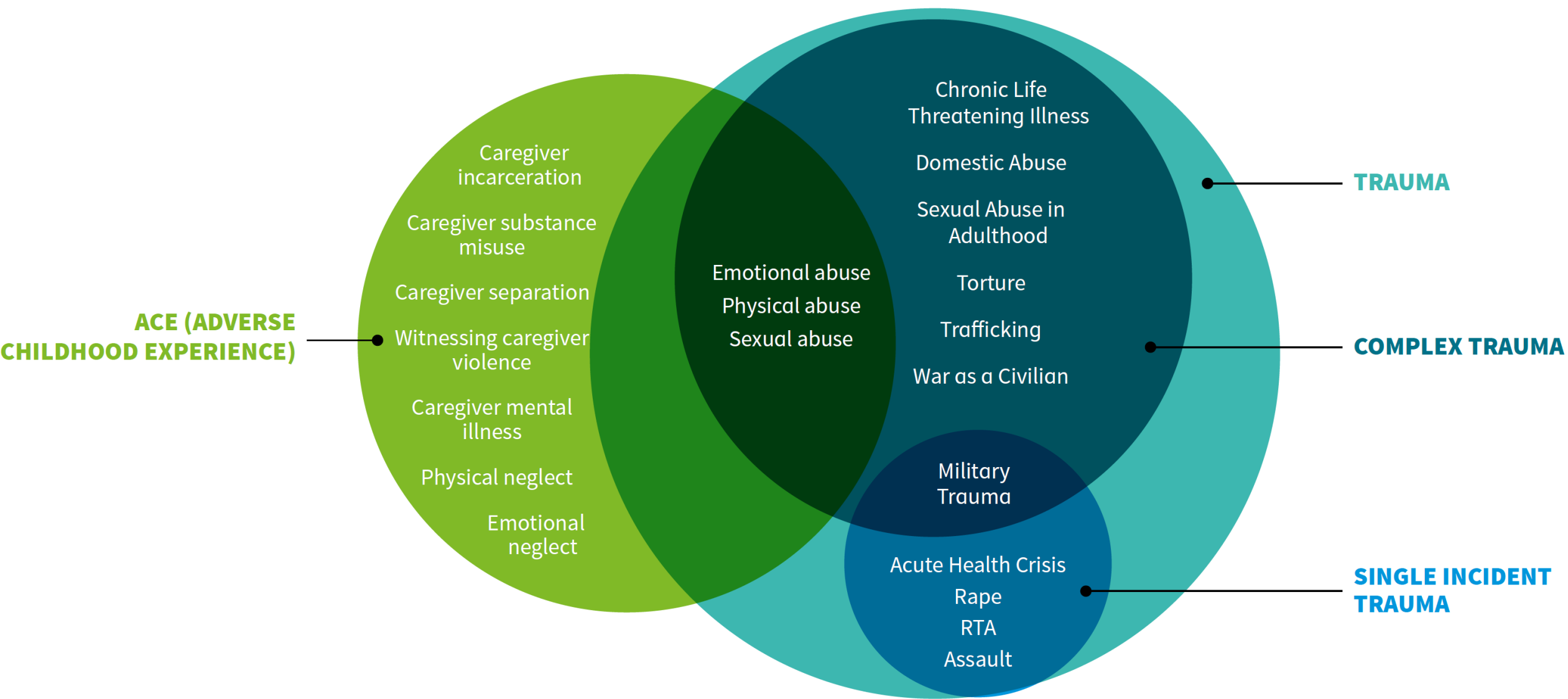
# WHY have a National Trauma Training Programme?

In 2019, just over one in seven adults reported four or more ACEs.



Verbal abuse was the most common ACE reported, experienced by just under half of all adults.







# WHAT is a “trauma informed nation”?

**Realises** the prevalence of trauma.

**Recognises** the impact of trauma esp. wrt to barriers it can create to accessing life chances

**Responds** with that recognition in mind  
do no harm, support recovery, create systems, that remove potential trauma related barriers

**Resilience** recognised and supported

**Relationships** matter





The big vision of the National Trauma Training Programme:

*“A trauma informed and responsive nation and workforce, that is capable of recognising where people are affected by trauma and adversity, that is able to respond in ways that prevent further harm and support recovery, and can address inequalities and improve life chances.”*

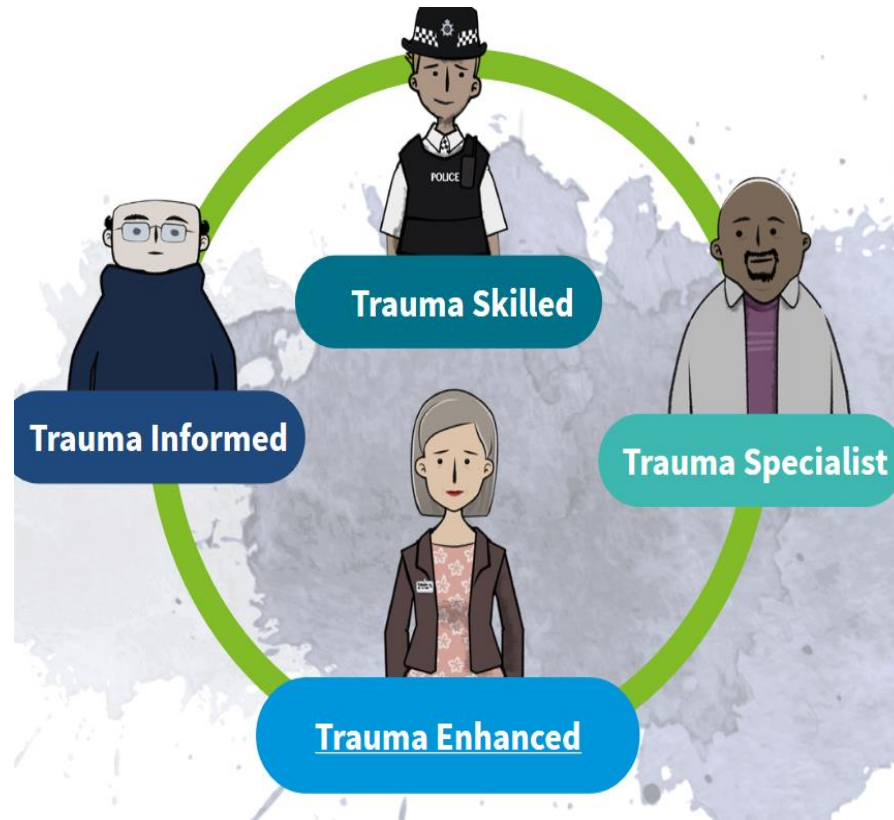
# WHAT is The National Trauma Training Programme?

**NHS**  
Education for Scotland

**TRANSFORMING PSYCHOLOGICAL TRAUMA:**  
A Knowledge and Skills Framework for the Scottish Workforce

In partnership with:  
**Scottish Government**  
gov.scot

The cover features a network diagram of diverse human icons connected by lines, set against a teal background with faint icons of a lightbulb and a gear.



**NHS**  
Education for Scotland

**THE SCOTTISH PSYCHOLOGICAL TRAUMA TRAINING PLAN**  
NHS Education for Scotland (2018)

In partnership with:  
**Scottish Government**  
gov.scot

The cover features a central graphic with the word 'DRAFT' in large, semi-transparent letters. Surrounding it are several circular icons: a woman at a computer, a police officer, a group of people, and a man at a chalkboard with mathematical equations. Other icons include a magnifying glass, a speech bubble, and a paperclip.

# HOW do we implement it?

## National Trauma Training Resources:

Animations and filmed workshops:



E-modules



Films:



A large banner for the 'Transforming Psychological Trauma National Trauma Training Programme Online Resources'. The top left features the NHS Education for Scotland logo. The top right contains the title in bold. Below the title is a large illustration of a diverse group of people, including a man in a dark turtleneck, a woman in a brown jacket, a man in a white lab coat, a woman in a grey suit, a woman in a green scrub top, a police officer, a man in a light blue shirt, a woman in a dark blue scrub top, and a woman in a dark blue dress. They are all standing in a line, holding hands.

<https://transformingpsychologicaltrauma.scot/media/w3hpiif4/national-trauma-training-programme-training-resources.pdf>

# Drivers for Trauma Informed systems:

## System drivers

### Evaluation and Feedback

from people with lived experience of trauma and frontline staff

### Organisation

Network of trauma champions. Policies, environment

### Wellbeing of the Workforce. Organisational window of tolerance

### Shared power

with people with lived experience of trauma meaningful collaboration and co-production

### Leadership

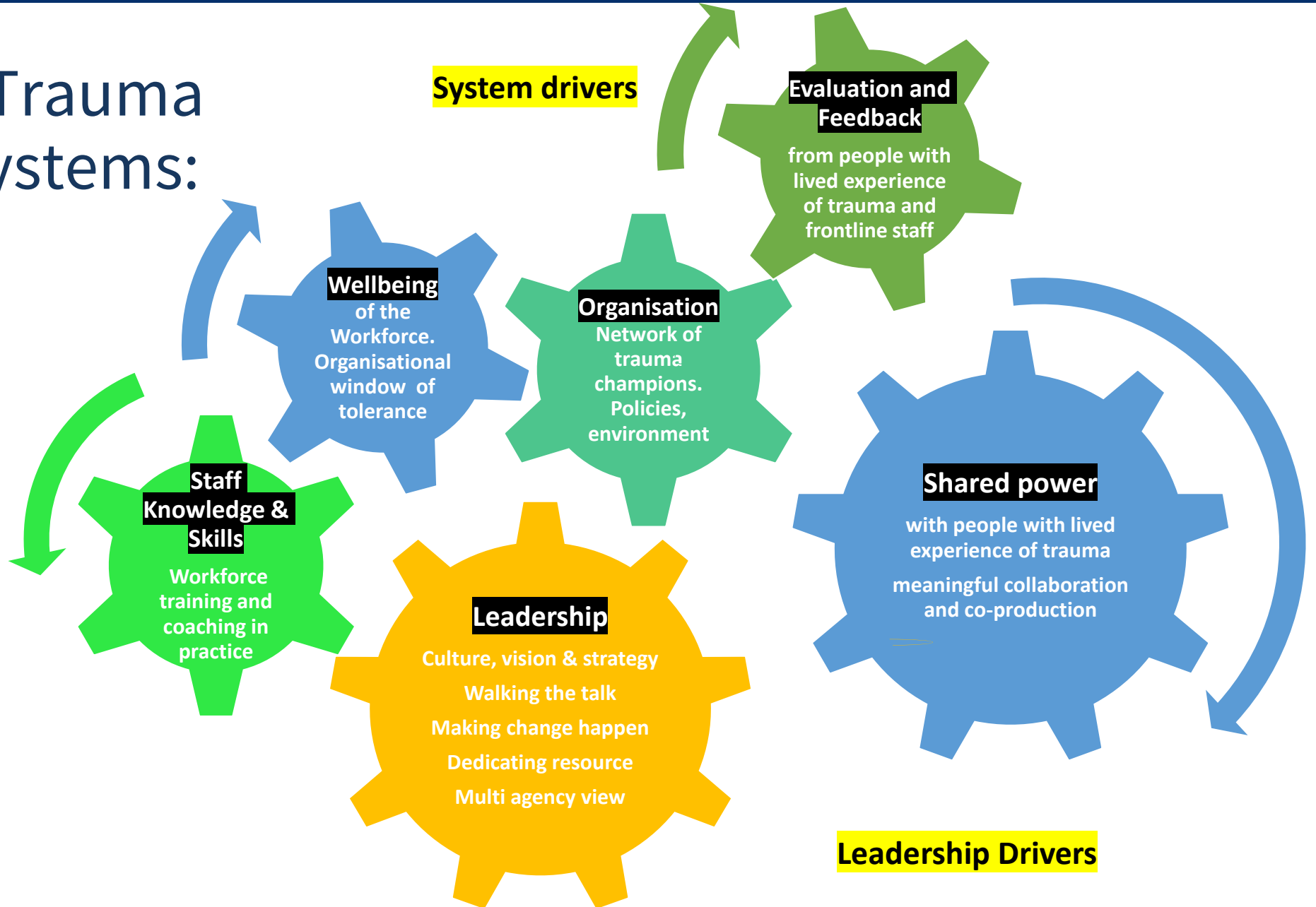
Culture, vision & strategy  
Walking the talk  
Making change happen  
Dedicating resource  
Multi agency view

### Staff Knowledge & Skills

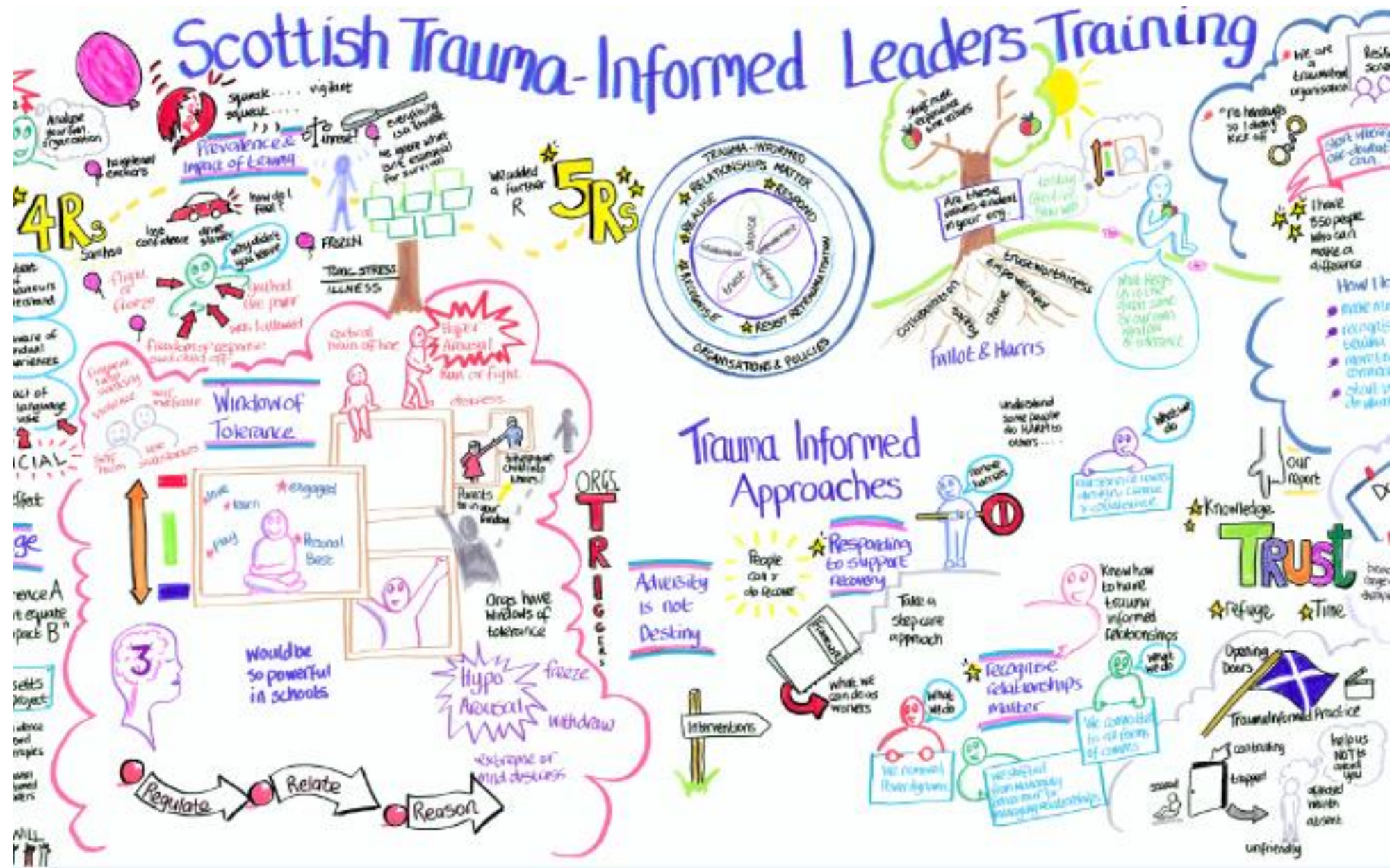
Workforce training and coaching in practice

## Competency Drivers

## Leadership Drivers

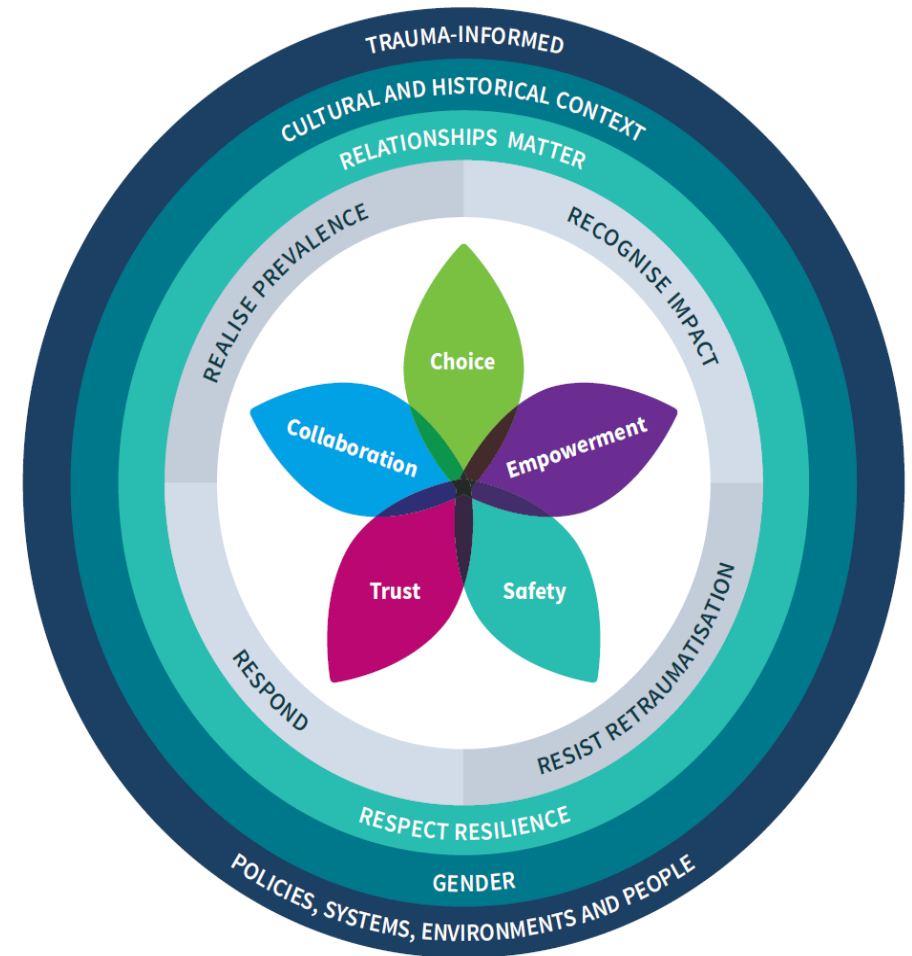






# National Implementation support

- Resources
- STILT Training
- Local Delivery Pilots and evaluation
- Transforming Psychological Trauma Implementation Coordinators (TPTIC)
- National Steering Group
- National Reference Group
- Specific areas of work:
  - Justice, care system, maternity







Next steps:  
working  
together





“Discuss how a trauma-informed approach could support your work and identify tangible actions that can help embed a trauma-informed approach”

Dan.johnson@kibble.org



@danjohnso

# Aim: making it tangible

## SAMHSA

- Realise prevalence
- Recognise impact
- Respond
- Resist re-traumatisation



# Realise Prevalence

- *Measure:* file review, case-study, voices, PROPS

Can become a  
lever that drives  
change

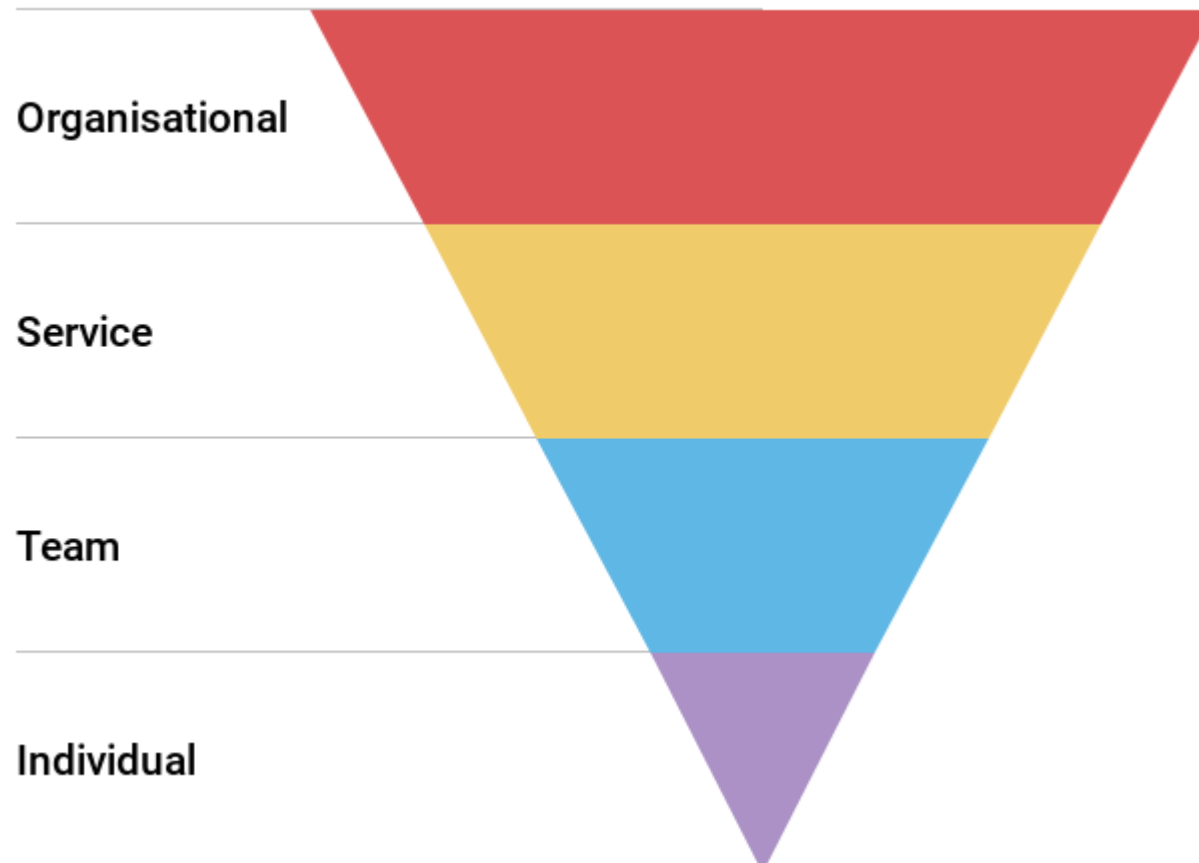
## ACE's of Kibble Young People?

1. <i>emotional abuse</i>	51%	68%
2. <i>physical abuse</i>	39%	36%
3. <i>sexual abuse</i>	8%	18%
4. <i>emotional neglect</i>	51%	68%
5. <i>physical neglect</i>	69%	73%
6. <i>domestic violence</i>	58%	68%
7. <i>household substance abuse</i>	49%	50%
8. <i>household mental illness</i>	39%	45%
9. <i>parental separation/divorce</i>	80%	68%
10. <i>household imprisonment</i>	19%	36%



# Recognise Impact

- Recognise *explicitly* and **state the intention** to become Trauma-informed



# Respond

- Speak to young people and your selves: what can be better? (miracle q, videos, dolls houses, drawing ideal home etc)
- Self-Evaluate and plan from this:
  - [The National Council for Behavioral Health tool](#)
  - [Creating Cultures of Trauma-Informed Care \(CCTIC\):](#)
  - [TICOMETER](#) and [ARTIC](#)
  - Link with others!
- Learn! (See [NES](#)) but then have identified leaders\*



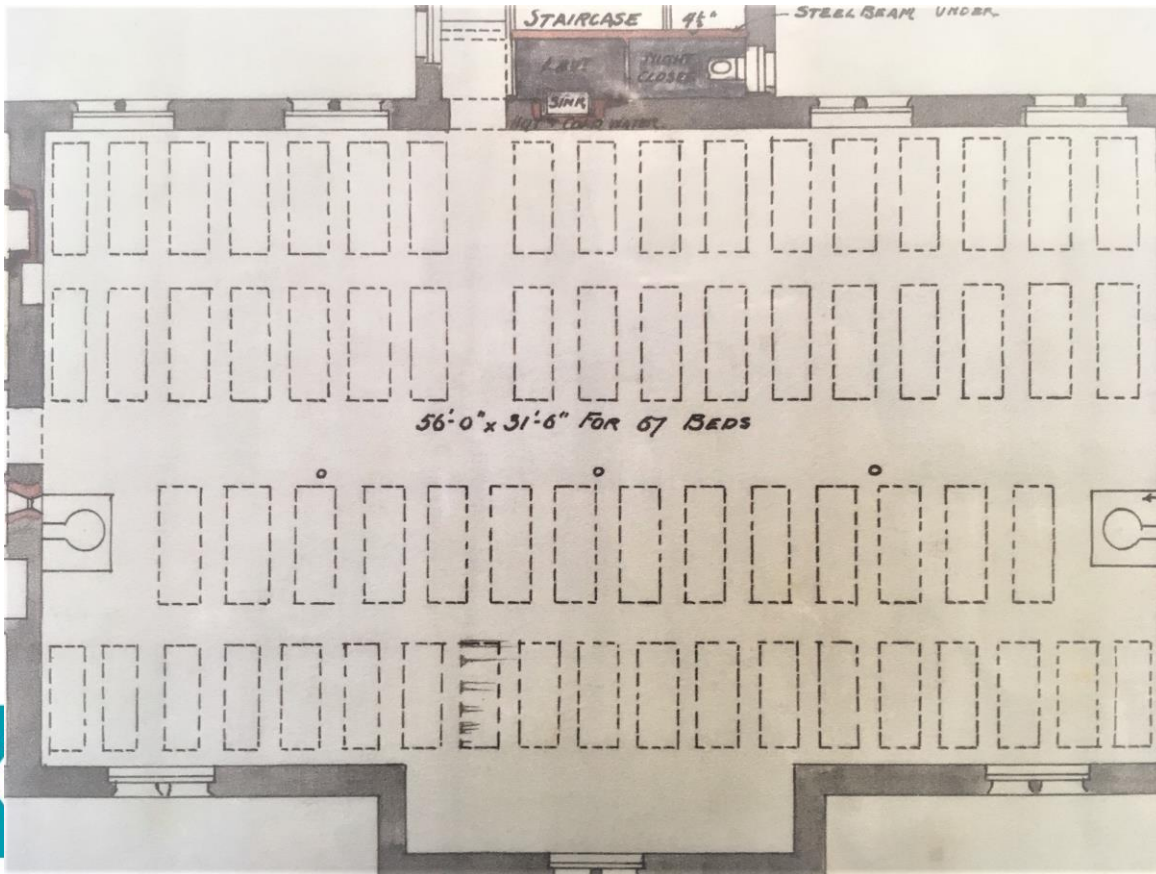
# Resist re-traumatisation

- Again: ask those you care for
  - “What’s worst part?”
  - “What would you change?”
- E.g. searching, safely holding, transitions, meetings, separation, contact etc....



# Tenacity:

- TIC is often hardest when it is needed most





# Thanks!

Dan.johnson@kibble.org



- [Tangible trauma informed care](#)





# Trauma Trained Workforce



## Presentation for National Deep Dive Learning Event 19<sup>th</sup> November 2020

Lena Carter & Roslyn Redpath  
Argyll and Bute Trauma Training  
Delivery Trial



# Trauma Trained Workforce



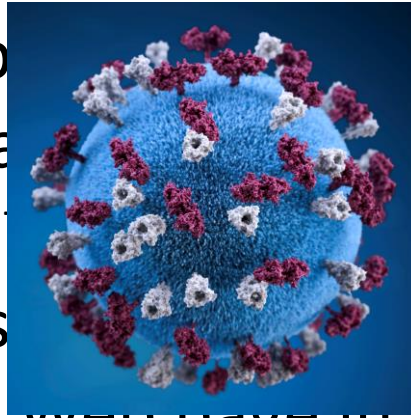
- Why our Children and Families Workforce?
- Building on GIRFEC
- Our progress with delivery
- Contingency planning for COVID – innovation
- Learning from implementation

The Children and Families Services' terrain into which the seed dropped was well prepared and fertile because of the multiagency work done on GIRFEC, equity, ACES and needs-based solution-focused nurturing approaches.



## Our ambition and plans for 2019/20 - Progress:

- Autumn 2019 – multi-agency steering group activity, collaboration with NES, the consortium ✓
- Manager and leadership training ✓
- Needs analysis - single agency ✓
- Launch Conference – 11th November, Queens Hall, Dunoon ✓
- Scottish Trauma Leaders meeting 15th January, Lochgilphead ✓
- E Learning modules and web page in development ✓
- Staff training rollout planned for the spring and summer ✓





# Trauma Trained Workforce



## COVID !!!

- On line training materials at Trauma informed level
- Commitment to Trauma informed workforce part of covid recovery plans
- Role of being trauma informed in supporting workforce recovery
- Education committed to all staff undertaking on line trauma training
- Virtual Skilled and Enhanced – in short modules
- Learning outcomes restructured to reflect staff feedback
- Reinvest in STILT





# Trauma Trained Workforce



## What went well?

- Multiagency commitment, leadership and ownership, including 3<sup>rd</sup> sector
- Online learning ( 7,000+ hits , 5,000+ people access materials), over 80% of staff in schools have completed e-learning modules
- Strong Steering Group communication and updating of materials
- Widening focus to adult and family wellbeing
- Courageous Leadership



## Courageous Leadership





# Trauma Trained Workforce



## Challenges

- Shift in thinking – are we trauma informed because we have been working with trauma?
- Mapping external trainer expertise to local context
- Long term change agenda – needs to remain a focus
- Doing training – changing behaviours at individual and systemic level
- Will on line training of this scale meet outcomes?
- Organisational support to change – it is not just changing practitioners
- Sufficient capacity for STILT



## Trauma Informed Service Design and Delivery:

*Authentic and meaningful engagement, the inclusion of people with Lived Experience and the impact it can make*

**Shumela Ahmed**

MD @Resilience Learning Partnership



@ResilienceLear1  
@RLPcraftykids  
@Shumela\_MDofRLP

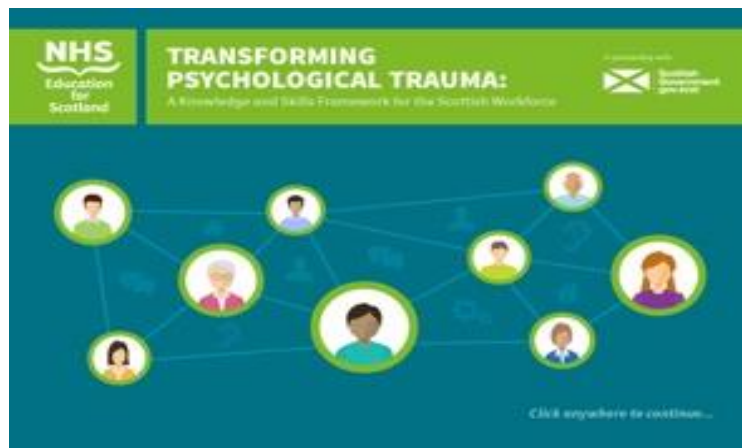


[www.resiliencelearningpartnership.co.uk](http://www.resiliencelearningpartnership.co.uk)



# Resilience Learning Partnership (RLP)

- We are a training and education provider with a 'dual purpose'.
- **Our first purpose-** to provide learning & development for staff across health, social care, education and criminal justice. We provide a variety of services including training, trauma informed policy design consultation, workshops, lectures, research, project work, programme writing & delivery and facilitation services.
- **Our second purpose-** is how we deliver our 'first purpose'.
- We work to foundational principles of **CHOICE, COLLABORATION, EMPOWERMENT, TRUST & SAFETY.** (We had the privilege of starting out with a trauma informed lens from day one!)



# Resilience Learning Partnership

## Some of our work and achievements to date...pre Covid19

- Est 2018 with one member of staff
- Current staff numbers (including sessional staff) 15 (all have LE)
- Some of our clients of the past 2.5 years include: **NES (NHS Education for Scotland), Clackmannanshire Council, Kibble, South Lanarkshire Council, NHS Argyle & Bute, NHS Ayrshire & Arran, St Mirrin's Primary school OSC, Megan's Specialist Training, Stirling Council, SPS (Scottish Prison Service)**. This work has included- trauma training, an international conference, a national project dissemination, inputs at external trauma training, research, training senior medical hospital staff.
- Co-authors of 'National Transforming Psychological Trauma Training Plan 2019'
- Nov 2019 'Ted Talk' – (theme, 'Resilience')
- Successful awardees in the 'Improving Lives' fund from the 'National Lottery Community Fund Scotland' for our TIER Pathway (Trauma Informed Education & Recruitment).





# Resilience Learning Partnership



Some of our work and achievements to date...post Covid19

- Establishment of RLP Crafty Kids (soon to have name change). Over 3000 boxes craft & selfcare boxes delivered across Clackmannanshire, Stirling, Falkirk and beyond to date. (began 2 weeks into lockdown)
- Normal business resumed mid-summer – most activities went online, planning began for our TIER Pathway (Trauma Informed Education & Recruitment), new work began coming in.
- Sanctuary, Dundee Uni, Trauma Training, strategic work kicked in again.
- We won an award amongst it all! (Clackmannanshire Third Sector Innovation Award).





# Importance of authentic and meaningful engagement with people with LE

- You can't be 'trauma informed' if you don't! And it must be 'meaningful and authentic'.
- It contributes towards healing, moving forward, understanding, post traumatic growth.
- It improves service design, delivery and impact when done right!
- It leads to innovation, creativity and progressive ways of working.
- It creates opportunity for real and authentic COLLABORATIONS to take.
- It EMPOWERS
- It gives CHOICE
- It builds TRUST
- It establishes SAFETY



# Example of working in an authentic and meaningful way and the results it can bring

Child Protection Disguised Compliance Recording Template			
	Visit 1	Visit 2	Visit 3
<b>Observations</b>			
The adults deflect attention from the child to themselves and their issues			
Parents choose some parts of a plan to co-operate with but not other parts			
Parents promise to take up services offered but then fail to attend			
At pre-arranged home visits, the house child and set up appear well presented and clean which is not the usual situation			
Parents try to prevent you from spending time with the child on their own			
Your records are mainly about parent engagement rather than issues about the child			
Parents prioritise to change their behaviour and then avoid contact with professionals			
Parents criticise other professionals to divert attention away from their own behaviour			
Key agreed outcomes and actions have not been met despite parents seemingly genuine reasons			
What parents are saying and what you are seeing does not add up			

<b>Action.</b> Be aware and alert
<b>Guidance-</b> Record by colour coding If any of the observations listed are suspected witnessed or reported and recorded with the facts in case notes. Review at next visit to access if concerns are still present.
<b>Action.</b> Speak to supervisor and email multi agencies involved to discuss their experiences
<b>Guidance-</b> If any of the observations listed are suspected, witnessed or reported are still present or increased they should be colour coded recorded with the facts in case notes and shared with other agencies as a priority. Decision made if there is a need to take back to IRD
<b>Action.</b> High likelihood of disguised compliance, raise concerns and don't be distracted, get to see the child
<b>Guidance-</b> If all the observations listed are red take immediately to Line Manager and recorded with the facts in case notes. Shared with other agencies as a priority. Document in case conference reports and recoreded in the minutes.

Trauma Informed Ready Reckoner			
	Visit 1	Visit 2	Visit 3
<b>Observations</b>			
The adult parent/carer/legal proxy steers the conversation towards themselves and their situation to something else or away from the child.			
<i>What might be the reasons? Perhaps they are struggling to cope but don't want to come out and say as they feel like a failure. Perhaps they themselves need additional support. Are they isolated and just desperate for an adult conversation or someone to listen to them. Could defensiveness be understood as a trauma response (Being defensive is a very common trauma response when someone feels threatened).</i>			
The adult/parent/carer/legal proxy chooses some parts of a plan to co-operate with but not other parts.			
<i>Why this could be? Perhaps what you are asking is too difficult to do. Perhaps they don't understand what's needed, or are not able due to physical, mental or emotional reasons. Could they have difficulties concentrating or following simple instruction? (Being easily distracted is a common symptom of trauma).</i>			
The adult/parent/carer/ legal proxy promises to take up services offered but then fails to attend.			
<i>What are the barriers to them attending services? Are there transport problems or costs? Perhaps the person feels safer in their own home, or is anxious about going somewhere new. Perhaps they have a fear of being judged or that their loved one could be removed due to previous negative experiences of services. If the person has been in care or had a poor experience of services, this may have understandably left a bad impression and/or negative feelings.</i>			
The adult/parent/carer/ legal proxy tries to prevent you from spending time with the child or the adult themselves on their own.			
<i>Perhaps this is because they want to protect themselves/ or the adult. Be curious about the possible reasons. Perhaps something was taken out of context, or trust is an issue, with you or with professionals in general. It is important that there are clear explanations of what is happening, and opportunities for true informed consent- allowing for questions and clarifications. This can hopefully build trust in you and the process.</i>			
The adult/parent/carer/ legal proxy promises to make the changes and then avoids professionals.			
<i>Perhaps there is a fear of losing control of their life. Or perhaps there is a valid reason for each missed appointment. A valid reason taken out of context could seem like non-compliance. Often people involved with many services have other appointments or may be struggling with many competing commitments. As mentioned above, being easily distracted is a common symptom of trauma and can impact planning.</i>			

(List of services/directions for signposting included)

- Don't be just running away creating something like this yourselves- you need to be working with people with LE of trauma to do this!



Thank you for listening

If you would like to know more about how our work can help you, please get in touch on the details below

[info@resiliencelearningpartnership.co.uk](mailto:info@resiliencelearningpartnership.co.uk)

or

[shumela@resiliencelearningpartnership.co.uk](mailto:shumela@resiliencelearningpartnership.co.uk)

[www.resiliencelearningpartnership.co.uk](http://www.resiliencelearningpartnership.co.uk)

*As lead for the National Trauma Training Programme I am acutely aware of the necessity of the role of people with lived experience in the design, development and delivery of services becoming trauma informed including the training packages. We have found absolutely invaluable the support, input, hard work and wisdom that we have benefited from our involvement with RLP. For us this has enabled us to work towards routinely involving people with lived experience but with the confidence of knowing that support and structures that we benefit from and often take for granted in our professional roles are available to people who generously share the learning from their life experience.*

**Dr Sandra Ferguson**  
**NHS Education for Scotland (NES)**  
**Associate Director for Psychology**  
**Lead for the National Trauma Training Programme**



*Sanctuary Scotland are just starting out on our journey towards being both more trauma informed and trauma responsive and input from authentic professionals with lived experience at the heart of their work is absolutely vital in supporting us to do this. In the short time we have worked together, RLP has already deeply impacted multiple areas of our approach in working with tenants, communities and our staff and we are looking forward to a mutually beneficial long-term partnership.*

**Anthony Morrow**  
**Community Development Officer**  
**Sanctuary Group**



#traumadeepdive



How can adopting a trauma-informed approach to working with children and families help drive forward improved outcomes as part of Scotland's roadmap for COVID-19 recovery, renewal and transformation?



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Speaker Session Q&A



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Feedback from breakout sessions

Go to [www.menti.com](http://www.menti.com) and use the code 98 33 51 2

**What action(s) are you going to take forward after attending today's event?**

 Mentimeter

Press **ENTER** to pause scroll





**#traumadeepdive**

Thank you!!

For more info:

<https://www.improvementservice.org.uk/>

<https://transformingpsychologicaltrauma.scot/>

To join our new online community of practice, open to all professionals interested in a trauma-informed approach:

<https://khub.net/group/trauma-informed-approaches-in-scotland>