



**National Trauma
Transformation
Programme**

Responding to Psychological
Trauma in Scotland

Embedding trauma-informed and responsive organisations, systems and workforces

National Learning Report 2024

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Background and aims of this report

The Scottish Government and COSLA have a shared ambition for a trauma-informed workforce and services across Scotland, 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.

To support this ambition, the Scottish Government has provided recurring £50,000 in additional funding to all 32 Local Authorities in Scotland since 2021/22 to support them to embed a trauma-informed and responsive approach across services, systems and workforces. Local Authorities/Health and Social Care Partnerships have used this funding to meet local priorities and context for this work.

The Improvement Service (IS) coordinates the network of local Trauma Champions and Lead Officers and provides support to local authorities and their partners to raise awareness of the benefits of a trauma-informed and responsive approach and to strengthen the capacity and capability of councils and partners to implement trauma-informed and responsive practice and policy.

The aims of this Learning Report are to:

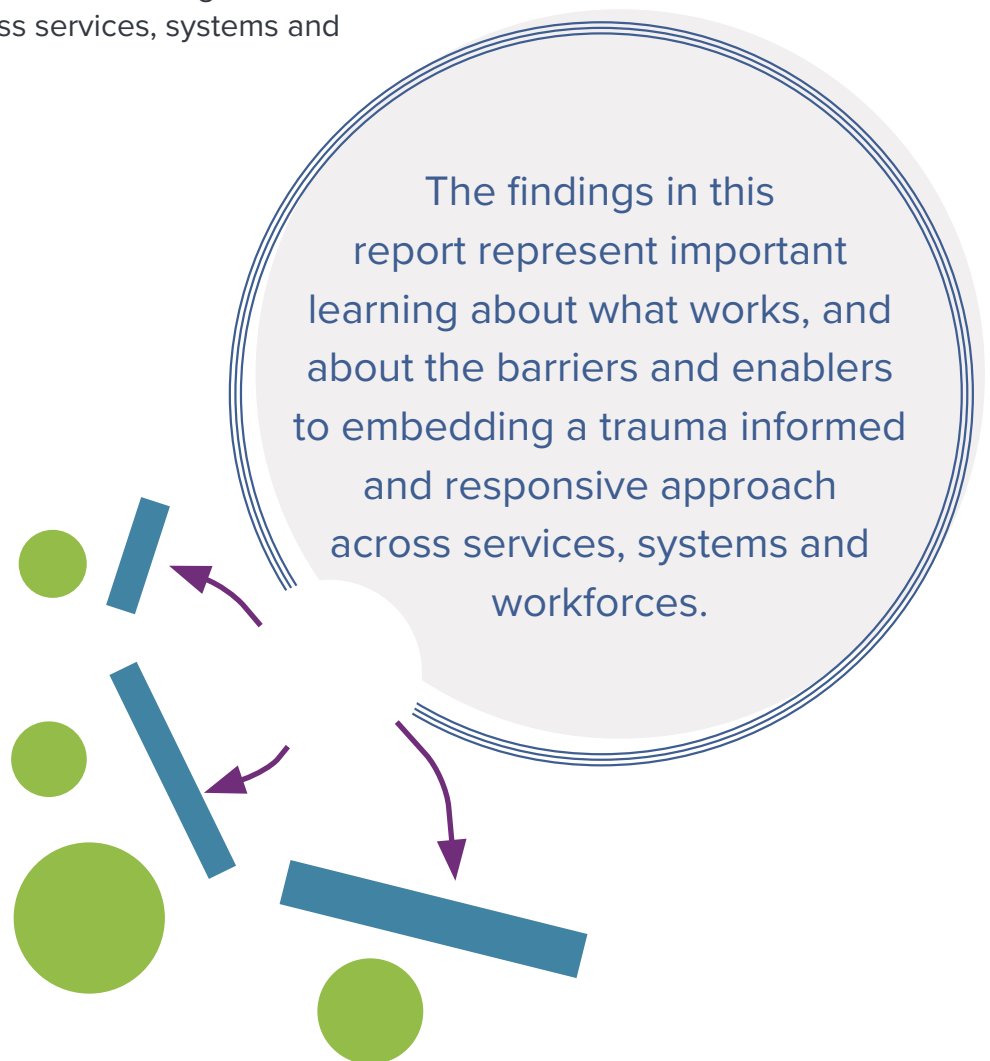
- Highlight the breadth of organisational readiness and implementation work happening across local authority areas to embed a trauma-informed and responsive approach;
- Share examples of good practice and celebrate progress;
- Share learning around enablers and barriers to progressing this work locally, and learning around the long-term journey of this systems and culture change work;
- Consider early evidence of the impact of this work and reflect on what further support is needed around evaluation and impact;
- Make recommendations from local areas' learning as to how to progress this work sustainably and meaningfully;
- Contribute learning to inform the ongoing development of the National Trauma Transformation Programme (NTTP) strategic priorities; and
- Contribute learning about how local authorities and partners, through their work in embedding a trauma-informed and responsive approach, are delivering on other key local and national priorities and policy agendas, such as The Promise and implementing UNCRC.



The findings in this Learning Report have been drawn from:

- Information shared via a survey with Trauma Lead Officers, and other key contacts, across Scotland in February & March 2024;¹
- Learning and information generated by the local Trauma Leads Officers Network, including from the Trauma Leads Officers' Development Day in October 2023, and previous Trauma Champions and Trauma Lead Officers' quarterly workshops; and
- Information shared by Trauma Lead Officers, Trauma Champions and other contacts via 1-1 support provided by the Improvement Service.

Recognising the huge variation in approaches, scope and priorities, stage of implementation, and variations in additional investment across local authority areas, the findings and learning in this report are not intended to compare local areas against each other. Instead, the aim is to understand key learning, themes and priorities across Scotland in relation to advancing and embedding this work. The findings in this report represent important learning about what works, and about the barriers and enablers to embedding a trauma informed and responsive approach across services, systems and workforces.



1. The survey was responded to by 31 out of 32 local authorities with one response per local authority submitted. Responses were primarily submitted by local Trauma Lead Officers (71%) or where a lead officer was not in post at the time of the survey by other key contacts (25.8%) or Trauma Champions (3.2%).

Key messages

- There has been substantial progress across local areas in terms of embedding a trauma-informed and responsive approach, particularly in terms of creating the right conditions for this work to progress meaningfully, safely and sustainably. This includes developing leadership buy-in and commitment; setting up appropriate strategic scaffolding; a focus on staff care, support, and wellbeing; facilitating knowledge exchange and peer support; and providing ongoing training and support for practitioners to embed learning into practice.
- Local areas have identified key enablers that have supported their work in developing trauma-informed and responsive services, systems and workforces. These include commitment from strategic leaders; a joined-up approach across key agendas/priorities/services; a meaningful focus on staff care, support and wellbeing; additional capacity for strategic coordination; tools, resources and capacity for rolling out training; peer support, opportunities for knowledge exchange and continued implementation support.
- Local areas have also identified several challenges in embedding trauma-informed and responsive services, systems and workforces. These include competing demands placed on both practitioners and managers/ leaders and limited organisational and individual capacity in the current context; instability around long-term funding to support implementation, which impacts on long-term planning around this systems and culture change work; developing collective leadership and accountability for this work; and challenges around building capacity and capability through the national training model.
- Looking ahead, local areas have highlighted actions that are needed to help fully embed trauma-informed and responsive system and culture change, to achieve the best possible outcomes for people affected by trauma in Scotland. These include strengthening local and national collective leadership, governance and accountability; adopting a long-term, cross-policy approach to this culture and systems change work; strengthening awareness of how tackling trauma is a public health issue; investing capacity and resource in the national training model to support consistency and sustainability; strengthening links between this work and other key policy agendas that are focused on tackling inequalities and adversity; and ensuring organisations are ready and workforces are supported to implement change across policy and practice, including power sharing with people with lived experience of trauma, at a time when they are facing unprecedented pressures.
- More broadly, stakeholders highlight the need for a trauma-informed and responsive approach to be recognised as fundamental to the aims of broader public service reform and delivering the Christie principles. A trauma-informed and



responsive approach supports our existing collective efforts to improve outcomes for communities across Scotland, and recognises that we need our workforce to feel safe, skilled and supported. Working in a way that recognises and responds to the prevalence and impact of trauma is not something additional to our workloads. Instead, it is an opportunity to reorient our focus towards how we do what we do, embedding the key principles of safety, trust, choice, collaboration and empowerment within organisational cultures, ways of working and how we design and deliver our public services. Vital progress has been made across local services, organisations and systems to shift this work from policy ambition to meaningful and sustainable implementation. However, we must recognise that embedding a trauma-informed and responsive approach within our services, systems and workforces is a long-term improvement journey that requires commitment, capacity and collective leadership.

Towards trauma-informed and responsive organisations, systems and workforces



Understanding where we are now

There has been substantial progress across local areas in terms of embedding a trauma-informed and responsive approach, creating the right conditions for this work to progress meaningfully, safely, and sustainably.



Leadership, organisational culture and readiness

Strong leadership and organisational commitment are identified by local areas as crucial in supporting progress. The majority of local areas have established a multi-agency steering group to provide leadership, oversight and establish links to other policy and practice areas. Leadership, at both strategic and operational levels, has been identified as a key enabler to successful implementation.



Staff care, wellbeing and support

In the current climate of limited organisational capacity, staff care, wellbeing and support has increasingly become a main focus of work across many local areas. Ensuring that the workforce have access to proactive and reactive wellbeing supports and feel safe and valued at work is key to staff being able to embed changes within practice.



Workforce capability and capacity

The majority of local areas are delivering a range of trauma training across various teams and services, including various activities to roll-out trauma-informed and skilled training. Local areas highlight that different approaches and models for rolling out training across different teams, services and local authority areas are required and emphasised the need for increased capacity and resource for the national training model.



Strengthening policies, systems and services

Work is progressing across local areas to embed a trauma-informed and responsive approach at systems and organisational levels, as well as at an individual practice level. This includes taking a trauma-informed lens to policies and processes, strengthening feedback loops with staff and people accessing services, and developing mechanisms for power sharing with people with lived experience of trauma to design and deliver services that recognise and respond to the impact of trauma.



Long-term improvement and sustainability

Local areas emphasised the need for a whole system approach with collective leadership and multi-agency, joined-up working across policy areas to meaningfully create change that improves outcomes for, and meaningfully involves, people and communities impacted by trauma and adversity, including in our workforce.

Introduction

Background and context


Preventing and effectively responding to trauma and adverse childhood experiences (ACEs) is essential for [Scotland's National Performance Framework's](#) ambition of increasing wellbeing, creating opportunities to flourish and improving outcomes for people and communities.

As a society, we are becoming increasingly aware that living through traumatic events is more common than previously realised. Many of us will have lived and living experience of trauma, and trauma can affect us at any stage of our lives—there is no “them” and “us”.

The term trauma can refer to a wide range of traumatic, abusive or neglectful events or series of events (including Adverse Childhood Experiences (ACEs) and trauma in adulthood) that are experienced as being emotionally or physically harmful or life threatening. Whether an event(s) is traumatic depends not only on our individual experience of the event, but also how it negatively impacts on our emotional, social, spiritual and physical wellbeing.

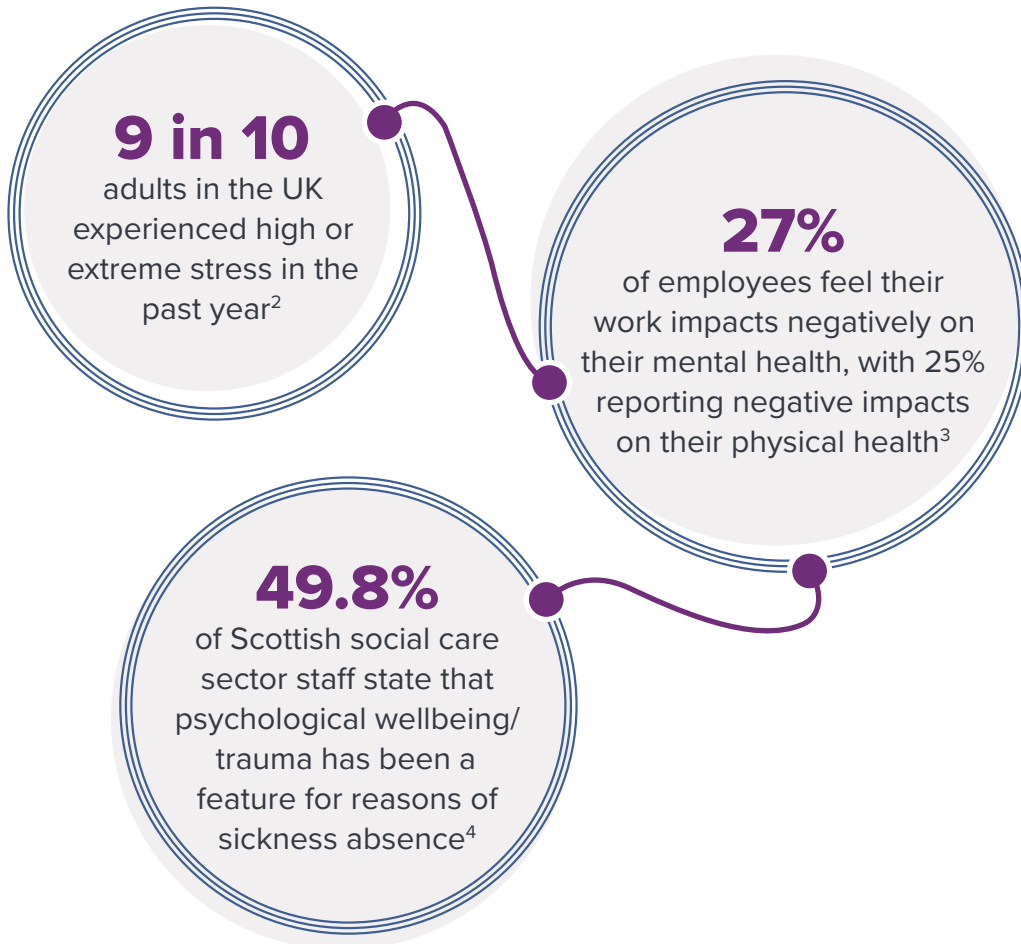
We are all affected by traumatic events in different ways. Many of us will have existing support in place through family, friends and our community to support our resilience. Some people report experiencing positive post-traumatic growth. Although many of us have the right supports in place to recover from these experiences without adverse outcomes, we know that the experience of interpersonal trauma can disrupt our ability to form and maintain healthy and supportive relationships with others. This can be particularly true in childhood if we do not have supportive adults in our life. Those of us who experience trauma are at higher risk of experiencing negative outcomes at all stages of our lives, ranging from physical and mental health, education, justice and employment.

Recognising the impact of trauma on the workforce is particularly pertinent in light of post-COVID challenges across the public and third sectors, including reduced staffing levels and increased pressure on many services. The workforce is under significant strain, and evidence shows staff across sectors are feeling overwhelmed, with many experiencing burnout and chronic stress. The prevalence of traumatic experiences means that trauma will inevitably impact many of those within our workforce, whether through personal



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experiences or through the work we do. It is vital that all workers feel safe and supported in our workplaces. This is particularly important when we are caring for and supporting others because those of us directly supporting people affected by trauma face an increased risk of experiencing vicarious trauma, moral injury and compassion fatigue.



Trauma-informed and responsive services, systems and workforces

There is growing evidence that trauma-informed and responsive organisations, systems and practice can reduce barriers for people to access support. This is through ensuring the impact of trauma is understood by staff and systems and ways of working are adapted accordingly. Support can come through personal relationships, our wider communities, or help from specialist and/or universal services. This can ultimately help those of us affected by trauma to build our resilience, recover and experience improved outcomes. If we don't respond in ways that adapt to the impact of trauma and reduce the barriers it can create, we

2. The Burnout Report 2024, Mental Health UK. <https://mentalhealth-uk.org/burnoutreport>

3. Working Lives Scotland 2023 report, CIPD. <https://www.cipd.org/uk/knowledge/reports/working-lives-scotland/>

4. Workforce Recruitment and Retention Survey 2021, Scottish Care <https://scottishcare.org/workforce-recruitment-and-retention-survey-interim-report/>

risk a society in which those of us who have experienced the most harm and have the greatest need, have the least opportunity to access the specialist and universal services we need. Evidence tells us that embedding sustainable trauma-informed and responsive ways of working is rooted in long-term culture and systems change.

National Trauma Transformation Programme (NTTP)

“ Our Vision is for a trauma informed workforce and services across Scotland, 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. ”

National Trauma Transformation Programme

Scotland has paved the way in recognising that a trauma-informed and responsive approach is crucial to ensuring all children, young people and adults can lead healthy and fulfilled lives. The [National Trauma Transformation Programme \(NTTP\)](#) is a major and long-term change programme, which aims to support this vision, and has developed a wide range of learning and implementation resources and guidance.

The NTTP is funded by the Scottish Government and delivered in partnership with [COSLA](#), [NHS Education for Scotland \(NES\)](#), the [Improvement Service \(IS\)](#) and [Resilience Learning Partnership \(RLP\)](#).

The [Transforming Psychological Trauma: Knowledge and Skills Framework \(2017\)](#) outlines what all of us in the course of our work need to know and be able to do, in order to respond to the impact of trauma and support recovery. The [Scottish Psychological Trauma Training Plan \(2019\)](#) provides essential training guidance and planning tools and is designed to be used in conjunction with the Knowledge and Skills Framework. The [Roadmap for Creating Trauma-Informed and Responsive Change \(2023\)](#) has been designed to help services and organisations identify and reflect on progress, strengths and opportunities for embedding a trauma-informed and responsive approach across policy and practice. The Roadmap provides a framework for local areas for implementing trauma-informed and responsive change across their services, organisations and partnerships.

Local infrastructure

The NTTP works in collaboration with local Trauma Champions, Trauma Lead Officers and Transforming Psychological Trauma Implementation Coordinators (TPTICs), who each play an important role in advancing a trauma-informed and responsive approach across local organisations, systems and workforces.



Trauma Champions are senior leaders from Local Authorities, Health and Social Care Partnerships, Health Boards, and key community planning partners, and are responsible for overseeing, encouraging and raising awareness of trauma-informed and responsive practice across all services within their area. The Trauma Champion role is intended to promote local, joined up, multi-agency working to ensure a consistent approach is taken across different agencies and community planning agendas when responding to trauma. They help foster a shared language, vision and understanding for people affected by trauma, leaders and the workforce, across boundaries, towards a common goal.



Trauma Lead Officers are in post across many local authority areas in Scotland and support the coordination and implementation of a trauma-informed and responsive approach across local authorities, health and social care partnerships and other community planning partners, depending on their role and remit



Transforming Psychological Trauma Implementation Coordinators (TPTICs) are funded through the NTTP and are based in each health board area. They provide trauma specialist expertise in their local area to support training, coaching, implementation and collaborations with people with lived experience of trauma.

In 2019, three local authority areas (Argyll & Bute, Glasgow and Midlothian) were provided with Scottish Government funding⁵ to test out different approaches to rolling out trauma training. The Covid-19 pandemic impacted the pace of development. However an [interim process evaluation](#) was undertaken and published in March 2021. A follow-up evaluation of the delivery trials is currently underway.

Since 2021/22, the Scottish Government have provided £50,000 annually to all local authorities to support embedding a trauma-informed and responsive approach across local services, systems and workforces.

Strategic and legislative drivers

Given the prevalence and impact of trauma for individuals and communities across Scotland, creating trauma-informed and responsive organisations, systems and workforces are vital if we are to meet our range of existing national strategic ambitions, and deliver on our local priorities and fulfil our statutory duties.

While not exhaustive, the diagram below provides an overview of the policy and legislative context for creating trauma-informed and responsive organisations, systems and workforces.

5. A total of £40,000 per area.

Scotland has paved the way in creating a vision of a trauma-informed and responsive workforce and services, ensuring that services and care are delivered in ways that:



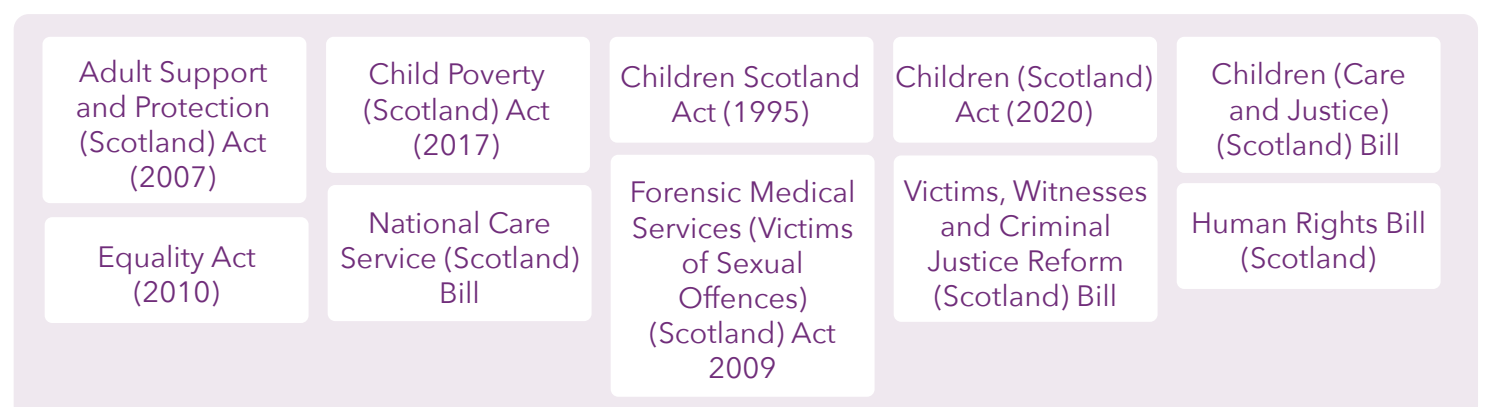
The vision is framed within the context of:



It is underpinned by our six public health priorities:



It is reinforced by current and forthcoming legislation and treaties, including:



It is supported by Scottish Government and COSLA strategies and action plans to help tackle inequalities and improve outcomes for all including (but not limited to):

Bairns' Hoose	Best start, Bright Futures: Tackling Child Poverty Delivery Plan	Cashback for Communities)	Children's Hearing System redesign	Creating Hope Together: Suicide Prevention Strategy
Drugs Death Taskforce Response	Dementia in Scotland: Everyone's Story	Ending Homelessness Together Action Plan	Equally Safe	Fair Work Strategy and Action Plan
Housing to 2040	Incorporation of the UN Convention on the Rights of the Child (UNCRC)	Justice for Children and Young People – A Rights-Respecting Approach: Vision and Priorities	Mental Health and Wellbeing Strategy	National Carers Strategy
National Strategy for Community Justice	Self-Harm Strategy and Action Plan	The Promise	Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy	The Vision for Justice in Scotland
Widening access in further and higher education				

It is embedded in key policy and practice guidance, including (but not limited to):

Adult Support and Protection (Scotland) Act 2007 - Code of Practice 2022	Children's Services Planning Statutory Guidance	Getting It Right For Every Child (GIRFEC)	Medication Assisted Treatment (MAT) Standards	National Guidance for Child Protection in Scotland 2021 – updated 2023
	SSSC Codes of Practice & Continuous Professional Learning	The Charter of Patient Rights and Responsibilities	Whole Family Approach	

The impact on outcomes will be measured in line with our National Performance Framework, in particular:

 We grow up loved, safe and respected so that we realise our full potential	 We live in communities that are inclusive, empowered, resilient and safe
 We are healthy and active	 We tackle poverty by sharing opportunities, wealth and power more equally
 We respect, protect and fulfil human rights and live free from discrimination	 We have a globally competitive, entrepreneurial, inclusive and sustainable economy

Current activities and progress

Use of additional Scottish Government funding

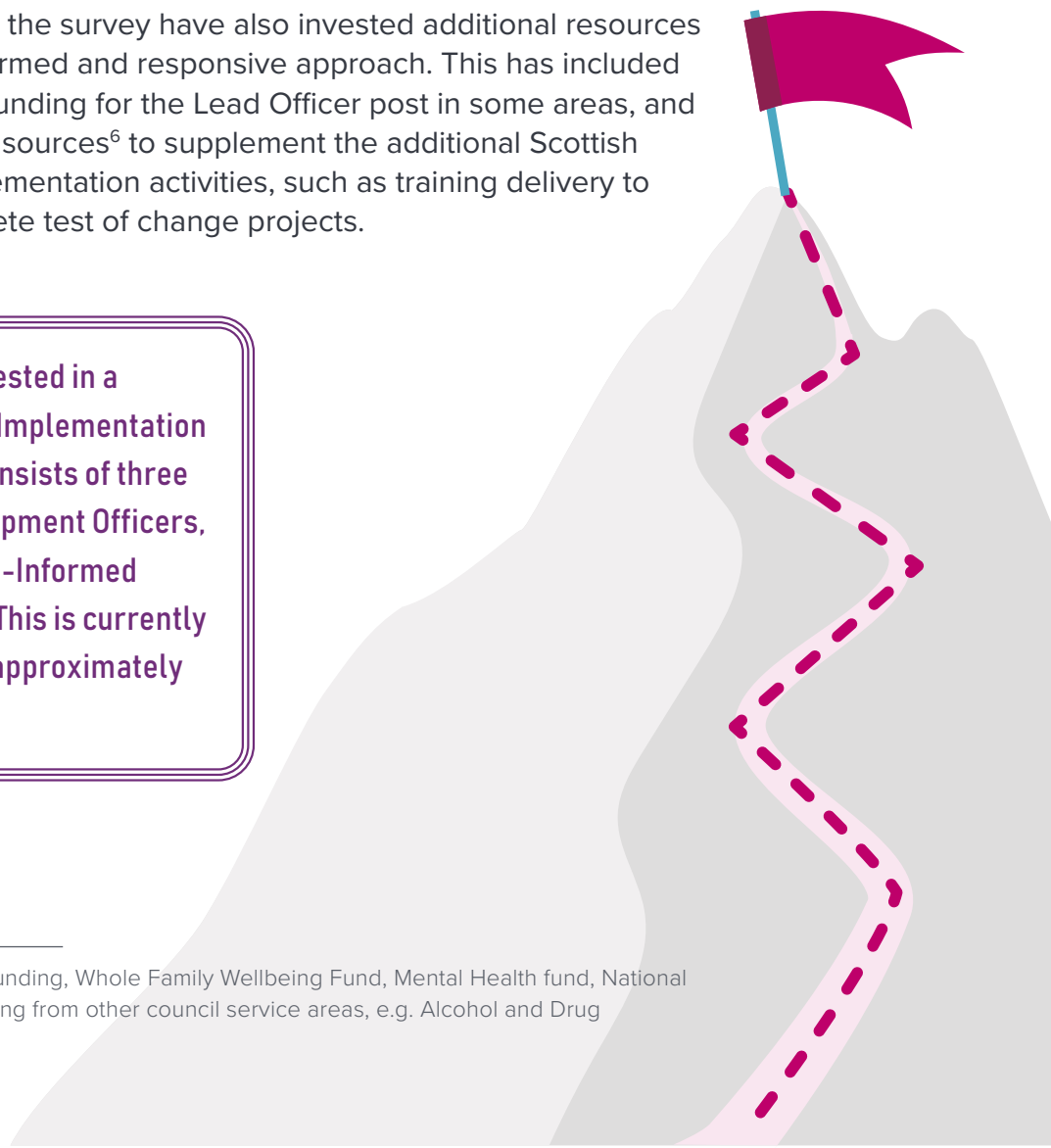
In many local areas the funding has been used to fund, or part-fund, a Trauma Lead Officer post. The funding has also enabled local areas to commission training, increase capacity of staff to implement trauma-informed and skilled approaches into practice following training, bring in additional or specialist support and provision of reflective practice/clinical supervision and other activities that support staff wellbeing. In a small number of local areas, the funding has also been used to remunerate people with lived experience of trauma to consult on and inform local responses.

“ We have been seeking to develop guidance/policy on remuneration of individuals with lived experience of trauma who are involved in our Steering Group/training and policy work. ”

In addition to the funding from the Scottish Government, two thirds of Local Authorities who responded to the survey have also invested additional resources into embedding a trauma-informed and responsive approach. This has included mainstreaming or extending funding for the Lead Officer post in some areas, and also using funding from other sources⁶ to supplement the additional Scottish Government funding for implementation activities, such as training delivery to specific workforces and discrete test of change projects.

“ [Local Authority] has invested in a Trauma-Informed Practice Implementation and Training Team which consists of three Senior Learning and Development Officers, Support Officer and Trauma-Informed Practice Lead Coordinator. This is currently for a two-year period until approximately May 2025. ”

6. Including but not limited to Covid funding, Whole Family Wellbeing Fund, Mental Health fund, National Lottery Community Fund, and funding from other council service areas, e.g. Alcohol and Drug Partnership.



“ Our HSCP decided to uplift the amount given by the Scottish Government. This meant that the [Trauma Lead] post sat at a more strategic level and was able to be advertised full-time and for a fixed period of 3 years. ”

“ Remuneration agreed and is paid to two individuals with lived experience who sit on both the Steering Group and the Trauma-Informed Collective who report into the Steering Group. ”

Trauma Lead Officers

There is currently no prescribed role for Trauma Lead Officers; as a result, this role and remit looks very different across Local Authority areas. Most Lead Officers are based in and have a remit for supporting embedding a trauma-informed and responsive approach, either within the Local Authority, Health and Social Care Partnership (HSCP) and/or with wider community planning partners. However, the actual remit of Lead Officers is different across each local area, including what team or service they are based within (e.g., some Lead Officers sit within Social Work; others within HR and Organisational Development; others within Corporate Policy).

The range of engagement highlights the **integral role of local Trauma Lead Officers** in coordinating this work across their local areas. The vast scope and remit of this role also highlights the appetite and need for support across all parts of local systems and emphasises the message that trauma is everybody’s business.

What LA/HSCP teams/services have you worked with to date ?



* ‘Other’ services included: Business support; climate change programme; contact centre staff; culture & arts; elected members; facilities & estates; leisure & sport; libraries; refugee resettlement teams; & trade unions. It also included some services already listed (e.g., child protection, & justice services), and services not within the local authority (e.g., third sector organisations)

Beyond local authority and HSCP services/teams, Trauma Lead Officers are also engaging with a wide range of key community partners and services. This includes Third and voluntary sector services, NHS services and experts by experience and community groups.

What other agencies/services/community planning partners have you engaged with?



Key activities and implementation

Evidence tells us that embedding sustainable trauma-informed and responsive ways of working is rooted in long-term culture change. Embedding a trauma-informed and responsive approach in an organisation usually doesn't happen in one step. Working towards being trauma informed and responsive means working within a cycle of continuous improvement. This section of the report is split into three sub-sections to reflect the different stages of the trauma-informed journey⁷ local areas may be at: organisational readiness; training and implementation; and changes across policy, systems and service design to support long-term improvement and sustainability.

It is evident that this change is well underway across local areas, but given different local priorities, contexts and needs, many are at different stages of creating this change throughout their organisations, systems and workforces. While progress has been made across all nine of the key areas of work included in the Roadmap, the majority of local areas have prioritised activities related to organisational readiness (staff wellbeing, leadership and organisational culture) and training and implementation (staff knowledge, skills, confidence and capacity), helping to create the right conditions for trauma-informed and responsive change to take place. However, work is also ongoing around embedding feedback loops, adapting policies and processes, power-sharing with people with lived experience and service design and delivery.

7. This is based on the illustration on page 3 of the introduction to the [Trauma Roadmap](#)

Organisational readiness

The culture, environments and supportive ways of working in an organisation are crucial to enable sustainable change, which will ultimately make a difference to all of us who are affected by trauma. As a result, the focus for many local areas the past three years has been to focus on organisational readiness and creating the right conditions for embedding a trauma-informed and responsive approach into organisational culture and building leadership around the trauma agenda.

Leadership & organisational culture

The majority of local areas have established a multi-agency steering group to provide leadership, oversight and establish links across and to other policy and practice areas. The exact membership and structure of these groups look different across different local authority areas. However, local areas emphasised the positive impact of these strategic multi-agency groups, particularly in relation to reviewing and strengthening local strategic plans and ensuring a trauma-informed and responsive approach is embedded across a range of different policy and practice areas.



Practice Example

“An Integrated Psychological Trauma Steering Group was established in Autumn 2022, which is jointly chaired by the [local authority] trauma champion and the NHS [Health Board] trauma champion. This is a multi-agency group, members include: experts by experience, [local authority] & NHS staff and 3rd sector organisations. The group meets every two months with three key aims:

- a. Destigmatise trauma and advocate that all people in contact with our services receive a compassionate human response.
- b. Be a focal point to provide information, resources, and guidance on trauma training (informed by the NTTP); and have oversight that training is evidence based, has a robust governance structure in place and is informed by people with lived experience.
- c. Provide leadership and direction for promoting Trauma-Informed Practice.

“This enables a well-co-ordinated approach to embedding the Transforming Psychological Trauma Knowledge and Skills Framework.”

Many local areas highlighted a range of work designed to strengthen leadership commitment. This includes senior strategic and operational managers and Elected Members, engaging with, and attending trauma training, including [Scottish Trauma Informed Leaders Training \(STILT\)](#), local training, briefing sessions and leadership events.

“Key focus on **supporting management** across the local authority develop an **understanding of trauma** and support their staff through training, consultation and design of support. We have increased the membership of the Trauma Steering Group to include members outwith the HSCP.”

“The buy-in from service managers whose teams are undertaking the learning has been crucial to success, not only because it demonstrates leadership and shows staff that the organisation recognises trauma informed approaches as valuable, but because it allows managers to hear the experiences of their own staff in a more informal environment. That in turn is supporting managers to ensure that staff wellbeing is supported and that areas for service improvement can be identified.”

Many local areas have developed action/improvement plans, led and/or overseen by a local trauma oversight board or steering group. In other local areas, a trauma-informed approach has been included as a priority in cross-policy improvement and strategic plans, ensuring trauma is embedded across service areas and work across the council/HSCP and partnerships.

Practice Example

“It was recognised that the People & Transformation directorate is fundamental in developing and leading cultural transformation across the Council, enabling other parts of the Council to operate effectively, change and improve. A bespoke training and implementation programme was developed to upskill key employees from HR, OD and Health & Safety in trauma and trauma informed practice to support the further roll out of the programme.

“[...]From this some actions have been developed including linking in with the 3 year People Survey action plan to embed trauma informed approaches within this and secure commitment from leaders in response to the People Survey, development of a working group to take forward some of the ‘quick wins’ identified e.g. changing email contacts and language in letters and further sessions to explore the change ideas generated.”

Strong leadership and organisational commitment was identified by local areas as crucial in supporting progress around the trauma agenda locally, and nationally.

“There is increased knowledge of trauma informed practice amongst leadership locally as a result of STILT, briefings and lead officer inputs to groups/committees/team meetings etc. This has resulted in **links being made to existing agendas**, e.g. The Promise, Adult Support & Protection, MAT Standards, Equally Safe etc. As trauma informed practice continues to be included in strategies and processes that impact on a range of different services, **these services are more likely to be designed and delivered in a trauma informed way.**”

“We cannot underestimate **the role that leaders have in all of this and impact they can have on how staff feel/act.** There is some real variability with regard to leaders.”

Practice Example

“Our Head of service delivered sessions to our senior leaders and elected members and has fully supported staff to get time to ensure we are on our way to becoming a trauma informed organisation. Our senior management team have also had input to build understanding of the Trauma Transformation programme. It has been agreed as part of our induction process, all staff within [Local Authority] will undertake level 1 and 2 (informed and skilled).”

Staff care, support and wellbeing

In recognition of the impact of working with trauma, as well as the prevalence of – for many of us – own traumatic experiences, staff wellbeing has increasingly become a main focus of work across many local areas. In the current climate of limited organisational capacity, ensuring that staff have access to proactive and reactive support, and feel safe and supported is key to them being able to embed changes within practice. Staff wellbeing is also increasingly being identified as a priority area by staff themselves. Embedding systems that promote staff care, support and wellbeing is one of the foundations of a trauma-informed and responsive approach.

“ We need to highlight, given the current climate, [... and] the level of dysregulation in our workplaces [...], [the need for] scaffolding and how we put that around each other to **create a culture that isn't shaming and blaming**. How do we resource our staff – how do we ensure we have a well staff to deliver a well service [...] if we don't get the foundation right then the whole thing is going to continue collapsing and I think that's what we're seeing. There's a danger that people will start to bring in the voice of lived experience [in a tokenistic way] meanwhile staff's voice is being suppressed and not being heard safely – **are we embodying these principles in how we are supporting our staff?** Because if we're not, then [we shouldn't] look at anything else, **that's where we have to start.** ”

Practice Example

“[Trauma Lead Officer] made a core member of the Strategic Health and Wellbeing group. Involved in a [short-life working group] to develop multiagency guidance on “coping after a traumatic event - a guide for staff” and “supporting staff following a traumatic incident at work - a guide for managers” which will be launched for all staff.

“Council has invested in Scottish Mental Health First Aid training and Safe Talk training for 70 employees, they have now all completed this training and are committed to the role of ‘Wellbeing Champions’ for the council. We have reps across all directorates and services.

“We are launching ‘Wellbeing Champions’ and promoting their role [...]. All ‘Wellbeing Champions’ have also now completed Level 1 trauma informed local e module and they will be invited to complete relevant level 2 skilled modules and attend transforming connections this year.”

Many local areas have focused on embedding a focus on staff wellbeing within training activities and increased a focus on staff wellbeing and mental health support. Many areas have also set up trauma-focused practitioner groups, which provide post-training support for staff to continue to reflect on their learning around trauma-informed and responsive practice. Other areas have embedded wellbeing champions and created reflective spaces for staff, as well as developed support for staff at risk of experiencing vicarious trauma.

“ [We are] currently [...] working to offer a test of change to 3 cohorts in children’s services, focusing on frontline staff, middle and senior management. The emphasis will be on **how we use reflective spaces to pause and inform what we do** throughout our practice and not just in formal one to ones or supervision space. We recognise that this is an area where there is a very real gap and aiming to look to address this. ”

Several local areas have also done work around embedding trauma-informed supervision across different services. This has included reviews of supervision policies as well as setting up reflective and debriefing spaces for staff as a more informal space for support.

“ We have **considered our supervision policies** and procedures to ensure they are more trauma informed by **developing wellbeing plans** for each member of staff in children’s services. These are now being shared more widely with partner services both within [Local Authority] and more widely. These have now been in use for 6 months and are currently being reviewed following feedback directly from staff. ”



Practice Example

“As a critical profession we recognised the importance of wellbeing being discussed and supported, as central to the supervision offered to staff. As a resource to compliment [the council] supervision policy, we developed a **Staff Wellbeing and Supervision Support Plan**.

“This is designed to be completed by staff, wherein staff reflect on their **window of tolerance**; triggers that push them out of said window of tolerance and their self-care strategies, as well as what they need from others around them, both from a peer perspective and management support.

“This can be shared with their line manager to support them [to identify when they need support]. It is important to note however, that [there is no expectation] to share this part of the plan with anyone, as it is about supporting them to **recognise their own feelings and responses in certain situations**, therefore it is the worker’s choice as to whether they share it with others.

“What is shared however is the second part of the Support Plan which is the Supervision framework. This incorporates their expectations of supervision, the support they feel they require, how they have been feeling in the time between supervision sessions and the frequency of supervision that they feel they require. This is done in partnership with their line manager and is to be a **collaborative and empowering** part of the supervision process that focuses on how they are feeling, allows space for reflection and importantly recognition of what will help that person grow within their role.”

Training & implementation

The majority of local areas are delivering a range of trauma training across various teams and services, including various activities to roll-out trauma-informed and skilled training.⁸ Many local areas have carried out training needs assessments and have developed a trauma training plan, including rolling calendars of in-person training sessions and making use of internal learning platforms to embed NES training resources. Training has been rolled out across a wide range of staff teams, including social work, education, housing and homelessness, resettlement, mental health officers, outreach workers, libraries and communities staff, learning and employability, maintenance, roads and others.

8. Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce. <https://traumatransformation.scot/app/uploads/2023/09/nationaltraumatrainingframework-final.pdf>

Local areas highlighted that different approaches and models for rolling out training across different teams, services and local authority areas are required. Many emphasised the need for flexibility in local delivery to suit the audience and the local authority area. Local areas have taken different approaches to training delivery, often combining different modes of delivery, e.g., online versus in-person delivery, and sometimes also taking a hybrid approach. Many also highlighted how they have adapted content to suit the group of practitioners to whom they are delivering. Local areas also highlighted the sometimes complexities of training delivery to some staff teams for whom this is not the norm. For example, e-learning is not suitable for teams who do not have regular access to computers and managing in-person training schedules around shift work can also present challenges, alongside securing appropriate training venues that are accessible to teams.

Practice Example

“Staff training was not specifically prioritised over other areas, but there was a level of knowledge of the National Trauma Training Programme (as it was) already in place when I came into post, along with some training that had been undertaken e.g., STILT. The informed level learning resources, including the Opening Doors and Sowing Seeds videos were also added to our own learning platform early on, so there was a foundation and appetite for further learning that could be developed on. Within Social Work, TIP content has been incorporated within induction, management development and Child and Adult Protection training.

“We are running an awareness campaign within our Building Services area called Mind Your Head which is aimed at the manual workforce who work within homes of many vulnerable people. A working group consisting of the Trauma Lead Officer, the Employee Wellbeing Adviser, a L&D Officer and a Union Convenor delivered face to face sessions at the depots providing the following:

- Introduction to NTTP.
- Showing of Opening Doors animation (with pre and post ratings of trauma knowledge gathered)
- Facilitated group discussions on the content and themes of the video; sharing of various challenges within the roles.
- Signposting/information on employee wellbeing supports etc available.
- 1:1 support time was offered to those who requested it.

“Attendees were asked to rate their knowledge of trauma, the impact of trauma, and how to support those affected by trauma, before and after the training inputs. Pre- and post-training scores clearly indicate an increase in understanding of the meaning and impact of trauma, and, crucially, a 50% increase in knowledge of how to support those affected by trauma.

“This model will hopefully be used with other Council workforces who do not/cannot access online learning resource (e.g. Roads, Ground, Waste).”

Local areas identified the benefits of having a multi-agency training plan in place, supported by a network of local trainers to be able to progress with rolling out training as wide as possible across teams and services.

“ **A multi-agency implementation training group was established with the aim of developing a training strategy for the rollout of NES trauma training [...], mental health first aid and suicide prevention training, as these areas are all closely aligned. In addition, a mental health oversight group and a suicide prevention board have been developed and there are close linkages across these. A training plan is in place and is continually reviewed and updated.** ”

Local areas also highlighted a range of other implementation activities aimed at supporting staff who have accessed training to embed a trauma-informed and responsive approach into their practice. This has included reflective follow-up sessions and development of trauma-informed resources to support practitioners and staff to apply the knowledge and skills in their day-to-day roles. Some areas have also set up local networks for knowledge exchange and practice support for those who have completed training and who are working on embedding a trauma-informed and responsive approach in their services.

“ **We have established a Trauma Practitioners Group which [meets] every six weeks. This is for staff who have completed trauma skilled training and who have developed a special interest in the area and who are happy to carry this theme within their own department or service. This group has some 40 members.** ”

Changes across policy, systems and service design to support long-term improvement and sustainability

Work is progressing across local areas to embed a trauma-informed and responsive approach at systems and organisational levels, as well as at an individual practice level. This includes taking a trauma-informed lens to policies and processes, strengthening feedback loops with staff and people accessing services, and developing mechanisms for power sharing with people with lived experience of trauma to design and deliver services that are responsive to their needs.

Feedback loops & power sharing with people with lived experience(s) of trauma

Local areas highlighted work ongoing to create effective feedback loops and create safe, and effective, ways to involve people with lived and living experience of trauma in both policy and service design and delivery. Although much of this work is still at an early stage given the evidence-based focus on organisational readiness, local areas highlighted the importance of doing this work and the positive impact of co-production and power sharing with people with lived experience of trauma. Some of this work has involved mapping and engaging with existing lived experience groups in the local area; for example, those supported by third sector organisations. Local areas are also strengthening systems and policies to support safe engagement and re/designing existing feedback mechanisms for people accessing services.

“ We are working closely with experts by experience to develop a Trauma Informed Care poster that can be shared more widely across Health and Social Care. The main aim of this poster is to **demonstrate to both staff and public that we are working within a trauma informed system** and act as a reminder of the key principles of choice, trust, safety, collaboration and empowerment. ”

A number of local areas highlighted changes to communication methods and language as a result of feedback from people accessing services and/or engagement with people with lived experience of trauma. Local areas also highlighted the role of lived experience groups in relation to governance and oversight of the work happening locally, including having people with lived experience of trauma on steering groups and providing opportunities for people with lived experience of trauma to feed-in directly to decision-making forums.

“ We have also set up a lived experience group for the justice service and this group aims to **inform service planning and development**. It is a mark of **leadership’s commitment** that the service plan which was presented to the group was rewritten by the senior manager [following the group’s feedback]. This group are paid for their time and also have access to [local authority] training programmes. This group also **highlighted the often oversimplification of collaboration between staff and lived experience** and as such [Trauma Lead in other Local Authority] and I are writing a guidance handbook for staff collaborating with lived experience. ”

A number of local areas have set up specific groups as mechanisms for people with lived experience of trauma to feed into, advise on or provide oversight for the work happening locally. In some local areas this work has also involved considering how to better incorporate the lived experiences of staff into policies and service developments.

Practice Example

“In 2019, [Local Authority] HSCP was awarded money from the National Lottery Community Fund. The Women involved in the Criminal Justice project is governed by the Community Justice Partnership and aims to develop a system change focused on **effective early intervention to improve outcomes for women engaged with justice services**.

“This has involved two tests of change: firstly, the commitment of HSCP and third sector partners to **develop trauma informed and trauma responsive services and staff**, and secondly, a commitment to **strengthen referral pathways into supportive community resources**, making these **more accessible and inclusive** for women. The project has involved collaboration with women with lived experience, ensuring that they co-produce this change.

“A **lived experience co-production group** of women with experience of the justice system has **been regularly engaged and actively contributes to the co-design/re-design of services and systems**. A mapping exercise has also been conducted to determine what supportive community resources are available in [Local Authority], where the gaps are and how referral pathways can be strengthened to make these services more inclusive and accessible for women.

“The project has now moved into an evaluation and reporting phase, to be concluded soon. It is hoped that learning from this project will help to inform other local, and potentially national, developments.



Local areas also highlighted the need to consider both personal and professional lived experience of trauma, and the impact for staff of working within the system. This is particularly pertinent in relation to not creating an 'us' and 'them' or a hierarchy of voice in relation to lived experience.

“ We were very clear when we're talking about lived experience, we meant both personal and professional. **We didn't want to be a 'them and us' we didn't want to separate it, we wanted value everybody's input.** However, [there were some] thinking that lived experience should just be one person with 'lived experience' or 'peer' in their title, and we shouldn't have professionals talking about their lived experience of trauma because it was seen as unprofessional. “And it was very much professionals were frightened that their space was going to be lost by the lived experience voice rising – but the lived experience voice, especially those that had 'peer' in their title, felt as if they were being told they weren't professional, that it was just this one tokenistic post. [...] It was meant to remove the them and us but it's creating a bigger them and us - There's a lot of **learning and culture change [needed] in what lived experience is.** ”



Practice Example

“We focused on the concept of Workforce Lived Experience (WLE) as we know that the **safe and effective use of lived experience expertise is a powerful tool for strategy, service design and service delivery** and evidence has shown that lived experience workers can bridge the gaps between strategy, services and communities, influencing the culture and practices of their organisations.

“Traditionally we had thought of those with ‘lived experience’ or ‘experts by experience’ as being separate from us as professionals. By thinking in this way we were **missing the opportunity to utilise the knowledge and experience that exists within our own workforce and to validate this.**

“We believe that developing our thinking around the workforce with lived experience could help us break down existing power imbalances and barriers which create an us (professionals) and them (service users) environment. **This is potentially as damaging for us as workers as it is for service users, we are not separate, we are all human.** Breaking down these barriers could improve our ability to connect with clients, build trust and help us get deeper inside their experiences. It could also relieve some of the pressure on us as workers to keep aspects of ourselves hidden and allow us to be more genuine and more authentic.

A long process of designing a safe and ethical process took place and we now have 12 members of staff on board the WLE group. We are currently working with [Local Authority] HR team to **review policies through a trauma lens.**”

Policies and processes, service design and delivery

Work is ongoing across local areas to embed a trauma-informed and responsive approach across organisations, systems and workforces. This includes taking a trauma-informed lens to internal and external policies and processes and reviewing the design and delivery of services.

“ A trauma-informed [Local Authority] needs **joined-up systems and services that provide holistic, whole-systems support.** Effective ways of sharing information between services to best support people is a significant barrier (e.g. GDPR/Data protection) but there needs to be a collective focus on how to share pertinent/valuable/meaningful information. ”

Practice Example

“HR/OD colleagues (aligning with review schedules for existing policies) have begun taking a ‘trauma-informed lens’ to ensure an understanding of the impact of trauma is reflected in relevant [Local Authority] policies.

“First policy to go through this process was the Annual Appraisal policy, which previously focused on performance and included a grading system to record employee performance. This policy has now been replaced by ‘Positive Conversations’, which is focused on valuable employee/manager conversations and reflection, encourages the discussion of positive performance and recognising achievements/challenges and is centred on the individual’s development and wellbeing at work.

“The policy guidelines include individual annual conversations (replacing annual appraisal), regular 1-2-1 check-ins and team conversations with guidance on topics which may be covered, e.g. life and wellbeing, personal developments, possible service improvements and supports needed etc.”

Practice Example

“[The] policies & systems subgroup is focusing on supporting procedural/process review. This group is currently supporting management in several therapeutic services including Third Sector, to ensure they are as trauma-informed as possible. Trauma Informed Practice and Trauma Informed Care is a key priority within the HSCP Participation & Engagement strategy, as well as the Local Outcome and Improvement Plan.

“Partnering closely with multiple working groups involving Lived and Living Experience as part of reviewing how policies and operational guidance impacts on people receiving services, to better understand and improve how services support people.”

Local areas are also focusing on ensuring the experiences of people who access their services are trauma-informed and responsive — this can range from first contact with the service and relationships with staff to how people experience the service’s physical environment. A number of local areas highlighted work they have undertaken to make changes to the physical environment of services in response to feedback from people accessing and engaging with the service. Several areas also provided examples of reviews of policies and processes as they relate to people’s engagement with services, including use of language in communication and documentation.

“The Homelessness and Rapid Rehousing team have made changes to their interview rooms based on service user feedback and we are currently establishing a staff group to support understanding of what workers need in a room, how it feels in certain rooms when delivering services and ensure they have appropriate workspaces to meet the needs of the team.”

Practice Example

“We have looked at how we use language within our service, specifically on how we record interactions with children, young people and families and report writing.

“We have been developing further guidance and processes for risk assessment and these are driven by taking a trauma informed approach. This also includes the child’s plan and ensures the family are included in every part of the process.

“Other examples of practice has included sending children hand written cards rather than a letter and writing to the child in some reports, for example Pathways reviews for care experienced young people.

“As we design and deliver our services, aligning much to what we undertake with our Promise work and power sharing with people with lived experience, we remain focused on how we do this in a trauma informed way. For example, gathering views, publications to inform children and their families are now written in a trauma informed way.”

Practice Example

“Justice Social Work Services have created significant change within both the Justice Services building and surrounding areas. This has included setting up a service user group to inform and guide the direction and priorities of this work.

“The senior social work practitioner undertook a trauma lens walkthrough with each individual service user from this group. This enabled us to gather valuable information about the impact that the fabric of the building had on them, both emotionally and physiologically. [From this a range of physical changes were implemented], inclusive of sound insulation, painting the building and removing the word ‘criminal’ from the signage to simply ‘Justice Social Work Services’. Clients were involved in the design of the colour scheme in the rooms, the choice of furnishings and the naming of the rooms changing them to ‘Respect’, ‘Hope’ and ‘Dignity’.

“A significant amount of work related to sound insulation was undertaken where padded structures were hung from the ceiling and to the wall, to ensure that clients could talk in confidence regarding their life experiences and how these had shaped their journey through the justice system.

“Our service user group ran throughout 2023 and one of the main points identified was that paperwork needed revised to ensure it was trauma responsive, in relation to its use of language and the areas that require to be covered and/or the information captured relating to a client’s experiences and journey through the justice system. [...] This is an ongoing process, and we are exploring incorporating QR codes on letters and reports, which will lead to a feedback questionnaire where clients can provide their views.

“In line with adopting a trauma informed and responsive approach, it is timely for us to consider how we write our case notes and reports. We already practice in a manner that embodies a commitment to anti-discriminatory practice; however, we recognise that the justice system and the risk management process sometimes do not sit comfortably alongside trauma-informed practice. Our aim is to gain a better understanding of how we can use language within written paperwork that empowers our clients as opposed to reinforcing their experiences of trauma.”

Impact

Embedding a trauma-informed and responsive approach is a long-term ambition which aims to support a whole system change in our culture and attitudes towards trauma, alongside the practical implementation of trauma-informed and responsive policy and practice across our organisations and services.

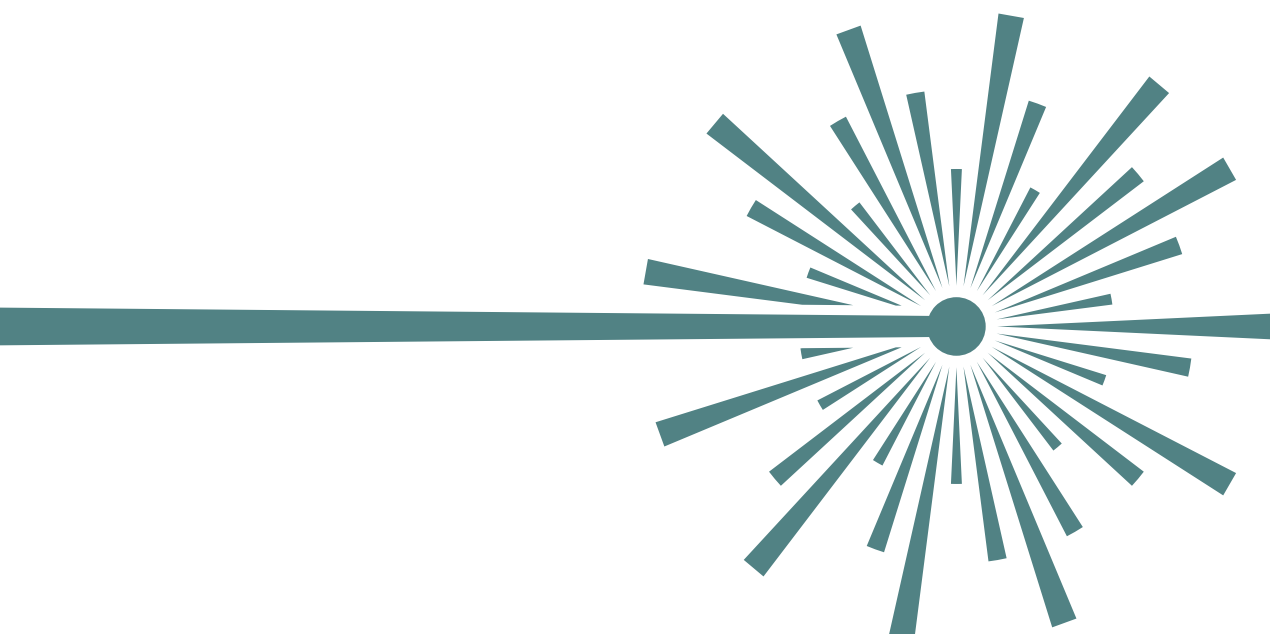
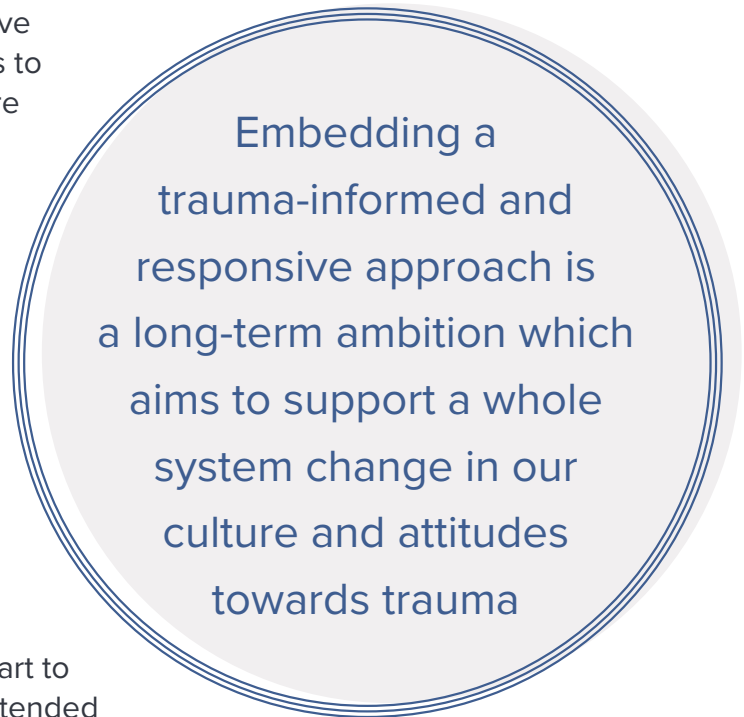
This type of change takes time and what this ultimately looks and feels like for people with experience of trauma will be very different depending on people’s own unique circumstances and support systems.

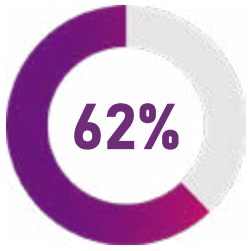
Although we cannot measure the quality of every relational experience through performance indicators or targets, we can start to measure the short-term and medium-term intended outcomes of a trauma-informed and responsive workforce and services with an understanding that these outcomes are likely to then contribute to our shared longer-term goals of reducing inequalities and improving outcomes for individuals and communities across Scotland.

These intended short-, medium- and long-term outcomes are set out in a logic model (see Appendix).

Progress towards short-term outcomes

Local areas have identified some encouraging evidence of early progress being made towards the short-term outcomes identified in the logic model.





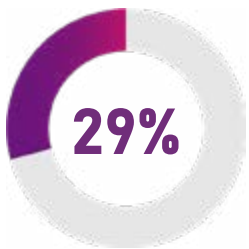
have identified signs/evidence that **staff are more likely to report increased understanding of the prevalence and impact of the trauma on themselves and the people and communities they serve as a result of the implementation activities**



have identified signs/evidence that **staff are more likely to report increased knowledge and skills around the importance of collaboratively adjusting how they can work to take the impact of trauma into account and respond in a way that supports recovery, does no harm and recognises and supports people’s resilience, relevant to their role and remit**



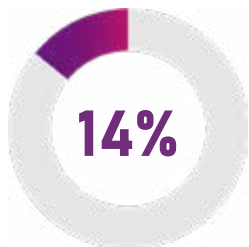
have identified signs/evidence that **leaders at all levels are more likely to understand, drive, and inspire a trauma informed and responsive approach across their sphere of influence.**



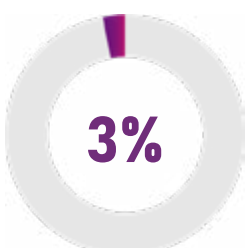
have identified signs/evidence that **staff are more likely to report that their wellbeing is valued and prioritised and that they have time and space to access relevant proactive and reactive support.**



have identified signs/evidence that **services and systems are more likely to promote environments, relationships and ways of working that recognise the prevalence and impact of trauma.**



have identified signs/evidence that **people with lived experience of trauma are more likely to experience services and systems that consistently offer choice, trust, safety, collaboration and empowerment.**



have identified signs/evidence that **people with lived experience of trauma report that services and systems proactively welcome feedback about their experiences to support continuous improvement**

Where local areas have identified little or no evidence of impact, this should not be interpreted as a sign that no or little progress has been made in these areas, but rather that local areas likely do not currently have the capacity for measuring change in the current context or require additional support to develop evaluation approaches.

“Crucially, we have to consider the context of the past few years and how that is pushing in the opposite direction of transforming practice which in part explains my hesitancy in answering mixed evidence. **We know this works but the context is suppressing implementation and development.**”

Local areas also highlighted that meaningful engagement with people, and staff, with lived experience of trauma takes time to do well and that more work is needed to embed effective and meaningful feedback loops to create truly responsive services for our communities.

Despite the challenges around consistently capturing and evidencing impact, local areas highlighted evidence from a range of different sources that do demonstrate early signs of the impact this work is having. This included post-training evaluations and event feedback, anecdotal evidence, feedback from staff who have engaged with implementation activities and examples of changes to practice and service delivery.

“There are clear Trauma Informed messages from our Trauma Champion and leaders, however, I cannot evidence whether we see this at all levels and what this looks like. We are however seeing **changes in support, practice, conversations.** Teams are looking for learning, support and how the Trauma Informed approach can be enabled across services. There is a keen interest.”

“After an incident within one of our libraries staff were able to appropriately **identify the core issue as trauma** and resolve the issue with **response not punitive** process as would previously have been the case. They were also able to identify future training needs and as another agency was involved include them in this conversation.”

“ Feedback from a recent conversation with a trauma ambassador captures this. She explained how she is **using her knowledge of trauma and how it affects us as individuals in the support she offers parents and families.**

“As a result, she is experiencing that: ‘My families are opening up more. Something’s clicked that make sense to me and them and they seem to realise they can trust me and let me in. **If we don’t have connection, we have nothing.** People need to know they are not alone we need to step in there and help the families. I was crying out for help, and this is the first time I felt they really saw me and what I needed.’ ”

Staff knowledge, skills and confidence

Much of the early evidence around impact focuses on staff knowledge, skills and confidence, primarily because this is where substantial effort has been focused to date across many local areas, and where there are more likely to be existing evaluation mechanisms in place.

Several areas provided examples of measures of impact in relation to staff knowledge, skills and confidence, such as post-training feedback forms, and pre- and post-training test scores demonstrating the immediate impact of training on staff knowledge and skills around trauma. As these use different questions and measurement scales, it makes it difficult to use this to collate a national picture to evidence impact across areas. Nevertheless, the examples provided clearly demonstrate the immediate impact on knowledge and skills from local training delivery and engagement across different teams.

“ Staff are developing **confidence in the use of language around trauma** and in turn not just how to identify with this but **how to engage with this once identified.** ”

“ Post-course evaluations have evidenced an increased understanding of the **nature and prevalence of trauma, and how they might identify is someone might be trauma experienced.** ”

Local areas also provided examples of feedback for local training delivery, in particular around how training supported participants to think differently about trauma, often leading to a commitment to make changes to own practice.

Examples of local training feedback shared by local areas

“In my training evaluation 96% of respondents answered yes to the question ‘Do you feel confident to use the information learned relating to reducing triggers for people you are working with that may be impacted by trauma?’ and 100 % answered yes to ‘Were you able to recognise information relevant to you and your role in the sessions that will support you to be more reflective in your practice?’”

“The training has really made me think again about the journey of the people who access services or are not accessing services, I have recently had a referral which mentions PTSD, with no further in information, the training has helped me to challenge the content of the referral, and place the person at the centre of the process.”

“I am now more readily able to look at a ‘wider’ picture as to why a behaviour and how it manifested. And to look at a wider level of understanding, which all staff should take part in, when they see and are witnessing anyone’s personal battle with issues past and present.”

“I listen more and am more attentive to the fact that the behaviours in people are not always an easy solution, it may take a while longer to break down barriers that others face due to earlier trauma in their lives.”

“The training had a positive impact on myself, I feel empowered to think about my needs and my own markers of well-being. I think I would now talk more openly about these things with colleagues and not feel weighed down by stigma”

“We need more of this. I will alter my practice after attending this training”

“I thought I knew everything about trauma and considered myself very trauma informed, however this training really opened my eyes and I will now go away and reflect on how I support the families in my caseload”

“The training has made me aware of the trauma experienced by so many people. I realise I deal with more people experiencing trauma than I thought.”

“I will take more time with clients. Understand their needs and wants better. I will also take much more time to work on myself.”

“The training was an eye opener. As I felt the training would not have been relevant to my job, but was very interesting.”

“I found the workshop to be very valuable and much needed. It also allows me to learn coping strategies to protect myself from secondary trauma.”

Progress towards medium- and long-term outcomes

The long-term nature of culture and systems change work means that many of the medium and long-term outcomes in the national logic model are hard to evidence at this stage of implementation. The focus for most local areas has primarily been on organisational readiness and early implementation activities over recent years, while services and workforces are still facing the impact of the pandemic and cost of living crisis. Short-term funding cycles also mean it is difficult to prioritise longer-term evaluation activities at this stage. Local areas have highlighted their limited capacity to take forward formal evaluation activities and that more support is needed around this at both a local and national level.

“ This is an area we know we need to improve vastly. We have focused very hard on getting the structure and scaffolding in place and now we need to start to measure impact. We have plans to do this. ”

“ Currently the majority of evaluation data has been gathered via pre- and post- training questionnaires. While this measures **the immediate impact of training on knowledge and confidence**, it doesn't accurately reflect how this is being translated into practice following the training. Follow up reflection/ coaching sessions are being arranged, however there is **no formal method for gathering evidence of impact** through these, so this may be an area to explore further. Informal and anecdotal evidence of impact can be gathered from teams and individuals but doesn't **provide a clear picture of how whole systems and services are embedding a [trauma-informed] approach/the impact of these changes.** ”

“ From an organisation wide perspective, I would say the answers would be no to these questions. However, there are specific areas/departments whereby there has been a greater focus on training/staff wellbeing which might support some of these outcomes, however, I think that **evidence around all of this is patchy at best.** The work around this is extremely challenging and **progress is very slow.** ”

“ The main issue with embedding and evidencing the impact of a trauma informed approach is the **short-term nature of the work**, this will not address changing the management culture, address the needs of the workforce and improve how we work with the people who use the services that council provide. There **also needs to be more joined up working between all stakeholders** such as councils, police, NHS and third sector. ”

“ It is far too early to say what the medium- and long-term outcomes will be – for example, **reducing inequalities for people with lived experience of trauma may take years or decades to produce evidence**, and linking that directly back to trauma-informed approaches would be very difficult. ”

Local areas also highlighted challenges related to pressures on the workforce and multiple competing training demands as a barrier for staff to engage with evaluation activities such as post-training feedback and longer-term follow-up to understand how the training has been incorporated into practice.

“ The council is undertaking **so many change agendas at the one time** it seems difficult to identify any changes as being a result of [trauma-informed] approaches. ”

“ When asking staff to capture qualitative evidence or even compete evaluations **they are so stretched it's not happening in the way I would hope.** ”

Enablers and barriers to embedding trauma-informed and responsive services, systems and workforce

Local areas have identified key learning around what has supported and enabled progress with embedding a trauma-informed and responsive approach, as well as a number of challenges to progressing this work.

Key enablers

Local areas highlighted **leadership buy-in and organisational commitment** to a trauma-informed and responsive approach as one of the key enablers for successfully embedding and progressing this work. This includes engagement and support from senior leadership such as senior managers, chief officers, council leaders and elected members, and operational managers. Local areas emphasised the need for active engagement and support from leaders, including those in operational management posts, from the beginning, and a visible commitment to the trauma-informed agenda. Local areas also highlighted the importance of leadership understanding the **long-term nature** of this work, and that this requires long-term commitment in terms of resources and capacity to engage with implementation and change activities across services and systems.

“ Anecdotally, staff confidence in translating knowledge and skills into practice is improved when **management have also engaged in trauma informed learning**, and particularly where conversations about trauma informed approaches can be discussed as a team. ”

“ The **buy-in from service managers** whose teams are going through our training courses has been crucial to success, not only because it **demonstrates leadership and shows staff that the organisation recognises trauma informed approaches as valuable**, but because it allows managers to hear the experiences of their own staff in a more informal environment. That in turn is supporting managers to ensure that staff wellbeing is supported and that areas for service improvement can be identified. ”



Local areas identified that the **appetite from staff and services to learn about trauma** and how this relates to both themselves (both in relation to their professional roles and personal lives) and the people they are supporting, as key to effective engagement. The motivation of staff, with the support of managers, to engage in training and other implementation activities is vital to successfully embedding this culture and systems change work.

“ A number of managers have shared that they are **hearing the language starting to shift from less blaming and shaming to more trauma informed**. Staff are sharing that they are **more open at asking for support from colleagues or inviting colleagues to step in if they feel they are becoming dysregulated and are using the [window of tolerance] language to help normalise the challenge of the job.** ”

Local areas highlighted how **positive collaboration across policy areas and engagement with staff from across council services and partners**, has supported the message that **trauma is everybody's business**. This has included training inputs and briefings with teams/services not traditionally associated with requiring trauma training, for example libraries, council contact centres, estates and road services. Whilst there may be particular challenges around adapting training delivery methods to suit the needs of particular teams, local areas highlighted how this approach to widening the audience for training and implementation support has demonstrated a cross-policy commitment to a trauma-informed and responsive approach.

Local areas emphasised the value of being able to draw on a **bank of freely accessible training and implementation resources** developed by the NTT, as this **supports consistency across Scotland** and saves time and resource for local areas in not having to individually develop their own materials.

Local areas identified **opportunities to network, share learning and access peer support** as important to progressing implementation. This has included setting up reflective spaces and trauma peer networks for local staff to be able to continue accessing support and continuous professional development opportunities following initial training inputs. At a national level, the Trauma Leads and Champions peer support networks also offer valuable opportunities to share practice and learning across local authority areas.

“ Collaboration with fellow trauma lead colleagues from neighbouring areas has been a positive experience, benefiting from the **synergy of multi-disciplinary and multi-agency working for integrative approaches**, especially when supporting developments where a particular organisation may function across local authority areas, e.g. health, third sector organisations, Police. ”

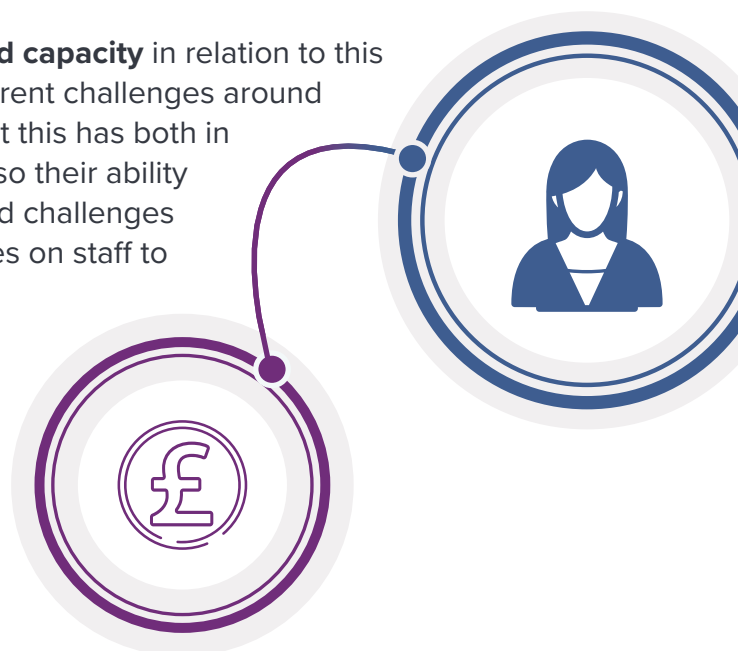
“ We have two main vehicles of support at the moment. The first is the [Trauma Leads group facilitated by the IS]. This group is a mainstay of peer knowledge, understanding and support. **This group is collectively (by group members) recognised as being a driving force in the successful development and implementation of Trauma Informed Practice across Scotland.** An absolute backbone of development through being an **accessible point of shared knowledge and experience.**

“A spin-off from the group is our peer group which is less formal and a **sounding board for individual ideas and development** - this connects well to themes raised in the above group and one cross fertilises the other. ”

The importance of **the role of local Trauma Lead Officers** was continually reiterated. Having a dedicated role to coordinate and build momentum across local authorities and partners was seen as a key enabler **for sustainably progressing this systems and culture change work.**

Key barriers

Local areas also emphasised **workforce wellbeing and capacity** in relation to this work. The majority of local authorities emphasised current challenges around **organisational and individual capacity** and the impact this has both in terms of staff being released to access training, but also their ability to embed change into practice. Local areas highlighted challenges around retention, recruitment and competing pressures on staff to undertake training and engage with multiple different policy agendas. **High staff turnover and recruitment challenges** also mean training can sometimes have limited impact on the system as a whole.



Local areas highlighted a lack of **leadership or organisational commitment** as a challenge to being able to meaningfully progress this work, and that competing demands can often make it difficult for leaders to prioritise this work. Local areas emphasised the need for continued support to strengthen leaders' understanding of this work and how embedding a trauma-informed approach can support existing local and national priorities. Local areas emphasised the need for a **whole system approach and multi-agency, joined-up working** across policy areas to meaningfully create change that improves outcomes for people and communities impacted by trauma and adversity

“ A particular challenge is the range on **competing priorities and demands** with a large local authority. Steering group efforts are in part focusing on areas of **intersectionality** such as how to gather data and work with voice of lived experience in meaningful co production. ”

Local areas highlighted that **instability around long-term funding to support implementation** can significantly impact their ability to plan over the longer term. **Systems and culture change takes time**, and short-term funding for this work can often send conflicting messages to leaders and partners around how to prioritise this work. Local areas highlighted that the continued funding from Scottish Government is extremely welcome in supporting implementing a trauma-informed approach locally, but noted that a small number have faced challenges using the additional funding because of recruitment difficulties and organisational capacity to begin this work, and that the flat rate of funding can bring about additional challenges (e.g., additional investment is also needed to cover salary costs of local lead officers)

“ Temporary contracts on a year-to-year basis makes recruitment challenging. People are either leaving post due to the uncertainty of it, or are living on a knife edge waiting to hear about the next year's budget allocation. Temporary contracts and annual funding are not in line with the principles of a trauma-informed organisation or the priorities within the Roadmap. ”

“ The Lead Officer post has been funded in 1-year cycles - as a result it has been difficult to prioritise [lived experience] work given the short timescales and pressure involved. There is no organisational capacity to take over this work when the Lead Officer leaves. ”

“Major challenges are around short-term funding and the national message. We are trying to make transformational change but only with minimal funding that doesn't even cover the on costs of a dedicated officer. This doesn't leave staff feeling secure that this is a change and not just another tick box gimmick.

“The national message needs to get better at explaining that **trauma informed is an approach that all other agendas are possible because of**. We can't live up to the commitment of The Promise, if we are not working within trauma informed systems and services. This is an approach that works no matter your setting and it isn't just about working on frontline services, for those living with trauma.

“There needs to be a clearer approach that shows benefits and impacts as well as ensuring councils know this money cannot be taken back or used elsewhere.”

The [Knowledge and Skills Framework \(2017\)](#) and [National Trauma Training Plan \(2019\)](#) set out the knowledge, skills and training guidance for informed, skilled, enhanced and specialist training across the Scottish workforce. However, given the scale of the national ambition, coupled with competing demands and limited capacity, there continue to be **challenges around the delivery of training**. Many local areas highlighted that workers from across a range of services/ policy areas—not just those teams/ services who explicitly support people with recovery from their experiences of trauma—are increasingly supporting people in crisis. This is **impacting greatly on workforce wellbeing**. It also often means that teams previously identified as requiring “informed” training are now working in conditions where they require “skilled” training to support them in their work. This requires **additional capacity for training and implementation support**. Additionally, local areas emphasised learning from local implementation that using the online training resources developed for informed and skilled for in-person training sessions often has more impact for staff than completing them individually online.

“Issues with capacity to run training for staff are evident both locally and nationally. Significant planning and coordination is needed and the lead times are sometimes lengthy. It can also feel that local areas/services [are seen to] not have the expertise to develop local provision [...] A national training programme would also be helpful for staff who do not work in therapeutic settings and sit at [enhanced] of the [K & S Framework].”

“[We are] a small Local Authority but still has 5500+ [staff] in Council plus HSCP and 3rd sector partners. Offering 1 training session/month for [informed] face to face for [the council] only would take 20+ years to cover all current staff.”

Local areas also highlight the **value of collaborating with TPTICs**, but note that there is **inconsistency across Scotland** given a number of health boards have not had a TPTIC in post for a significant period of time and TPTICs often have very limited capacity for what is a wide remit.

“ Consideration of TP-TIC role [is needed] – very different across Health Boards with some areas not being able to fill TP-TIC role. Creates a disparity in the support across Health Boards and also consideration of how this role is supporting Trauma Leads to create change and improvement to services. ”

The existing national training model for training delivery, including developing “train the trainer” networks, has **extremely limited capacity**. As a result, local areas highlight significant **challenges around building their own capacity and capability**. Local areas highlighted that they risk not being able to meet local training needs, having to spend resource and capacity in developing bespoke materials, or having to commission external training providers instead of drawing on existing expertise locally, at a time when budgets are under significant pressure.

“ This is linked to organisational capacity, but I feel worth mentioning – the challenges with identifying in-house trainers working at the required level to undertake any train the trainer training who have the capacity to undertake training. Releasing staff and paying for any back fill is extremely challenging in our current context due to staffing shortages and lack of relief staff. ”

“ There also needs to be acknowledgement that despite efforts, intentions and action on this area there are a number of extraneous factors that are getting in the way and potentially undermining this work.

“The ability to make progress when the workforce is depleted and under extreme pressure and stress, significant cuts to budgets, constant unhelpful non-recurring funding that destabilises consistency, volume of new policy, uncertainty about future (NCS), complexity of need – all these factors are barriers to progress and destabilise.

“There is a **clear aspiration to progress this work, but the landscape, competing demands and capacity make this extremely challenging.** ”

Recommendations and looking ahead – what support is needed to create sustainable trauma-informed and responsive services, systems and workforces?

This learning report comes at a critical time given that a commitment to a trauma-informed approach is increasingly embedded in legislation, national strategies and practice guidance. Developing trauma-informed and responsive services, systems and workforces is key to delivering various key local and national priorities, and supports wider agendas around developing person-centred services, public service reform and reducing inequalities.

The remainder of this report outlines a number of key messages that local areas working to embed a trauma-informed and responsive approach have shared. This offers important learning in terms of the infrastructure that needs to be strengthened in order to meaningfully and sustainably develop trauma-informed and responsive services, systems and workforces across Scotland over the longer term.

Developing local and national collective leadership, governance and accountability

Local stakeholders/partners welcome the diverse range of forthcoming/existing legislation, national strategies and practice guidance in which a trauma-informed and responsive approach is embedded. Similarly, given the scope of the ambition, the NTTP's work with partners to provide tailored and targeted support to help enhance progress in a small number of priority areas (e.g., social work, maternity, and justice services supporting victims and witnesses) is helpful for developing learning and building capacity and capability across different sectors/policy areas.

However, many local areas emphasised that without long-term national commitment, national strategy and delivery plan for the NTTP's ambition, embedding a trauma-informed approach is still often seen primarily as a short-term training initiative for specific services, or as a specialist intervention. Local areas highlight that this creates barriers for leadership in prioritising this work and in understanding this as long-term culture and systems change that supports broader local priorities and, more widely, public service reform.



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Accountability for this work remains a complex challenge given the broad scope of the ambition. The Scottish Government and COSLA have emphasised the need for this funding not to create an extra reporting burden on local authorities and partners at a time of known organisational capacity challenges. Local areas highlight challenges in developing local leadership buy-in and commitment without clear national accountability mechanisms for this work, given the range of competing priorities local authorities and community planning partners face. Local areas note that there is a need for accountability and governance mechanisms around this work to promote a joined-up, multi-agency approach, and to provide consistency across services, organisations and systems for evidencing the progress and impact of this work.

Local areas emphasised that the National Steering Group for the NTTP has a key role to play in developing collective leadership around this agenda and local stakeholders would welcome continued focus on how the Group is holding local and national leadership to account for this work.

Suggestions also included clarity around the most appropriate local governance routes to support consistency and a multi-agency, partnership approach, and using the Roadmap as a consistent, evidence-based way of measuring and reporting on local progress and impact. Local areas emphasised the need for clarity around the role of local Trauma Champions to ensure the most appropriate leaders are nominated. Local trauma leads also noted the challenges of their diverse roles and remits, as each local authority/HSCP has developed their own job description for the role.

A long-term, cross-policy approach to investing in culture and systems change

Local authorities and partners have welcomed Scottish Government's additional annual £1.6m investment from 2021-22 onwards to support with embedding a trauma-informed and responsive approach. However, local areas also noted significant concerns and frustrations about a key long-term system change programme being funded through short-term, annual funding arrangements. They highlighted challenges with the broader government commissioning environment leading to funding often not being confirmed until well into the current financial year. Local areas highlighted challenges around gaining strategic commitment to a long-term programme of work to transform their local systems, services and workforces to better support people affected by trauma within the context of a lack of certainty around whether resources to support this work will exist in a year's time.

Specifically, local areas highlighted that, while national investment in TPTIC roles and the additional funding for local authorities is very welcomed, it remains limited when compared to the huge range and scope of the national ambition. Dedicated roles, such as trauma leads and TPTICs, are incredibly valuable to progressing this work, but it is not feasible for these roles alone to deliver the ambition locally. Increased resource and capacity is required to meaningfully and sustainably take a multi-agency, partnership approach across local areas.

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The current context for Scotland’s workforce and wider communities

Local areas continue to highlight the ongoing complexity of the current context for the public and third sectors. This includes an increasingly unstable public infrastructure, increasingly complex needs identified both across the workforce and communities, and the challenges of embedding a trauma-informed and responsive approach within a constantly shifting landscape in which we don’t yet know the long-term impact of Covid and the cost-of-living crisis. Responses from local areas indicated that professionals from across a range of services/ policy areas—not just those teams/services who explicitly support people with recovery from their experiences of trauma—are increasingly supporting people in crisis. This includes, for example, teams within customer services and libraries. This is impacting greatly on workforce wellbeing. It also often means that teams previously identified as requiring “informed” training are now working in conditions where they require “skilled” training to support them in their work.

A repeated challenge in progressing the trauma agenda locally is the range of competing demands placed on local authorities and community planning partners. This can mean that embedding a trauma-informed and responsive approach is often seen as another “ask” of local authorities and partners, at a time of immense challenge with workforce capacity and financial uncertainty, adding to teams/services feeling overwhelmed. Local areas emphasised that a lack of a

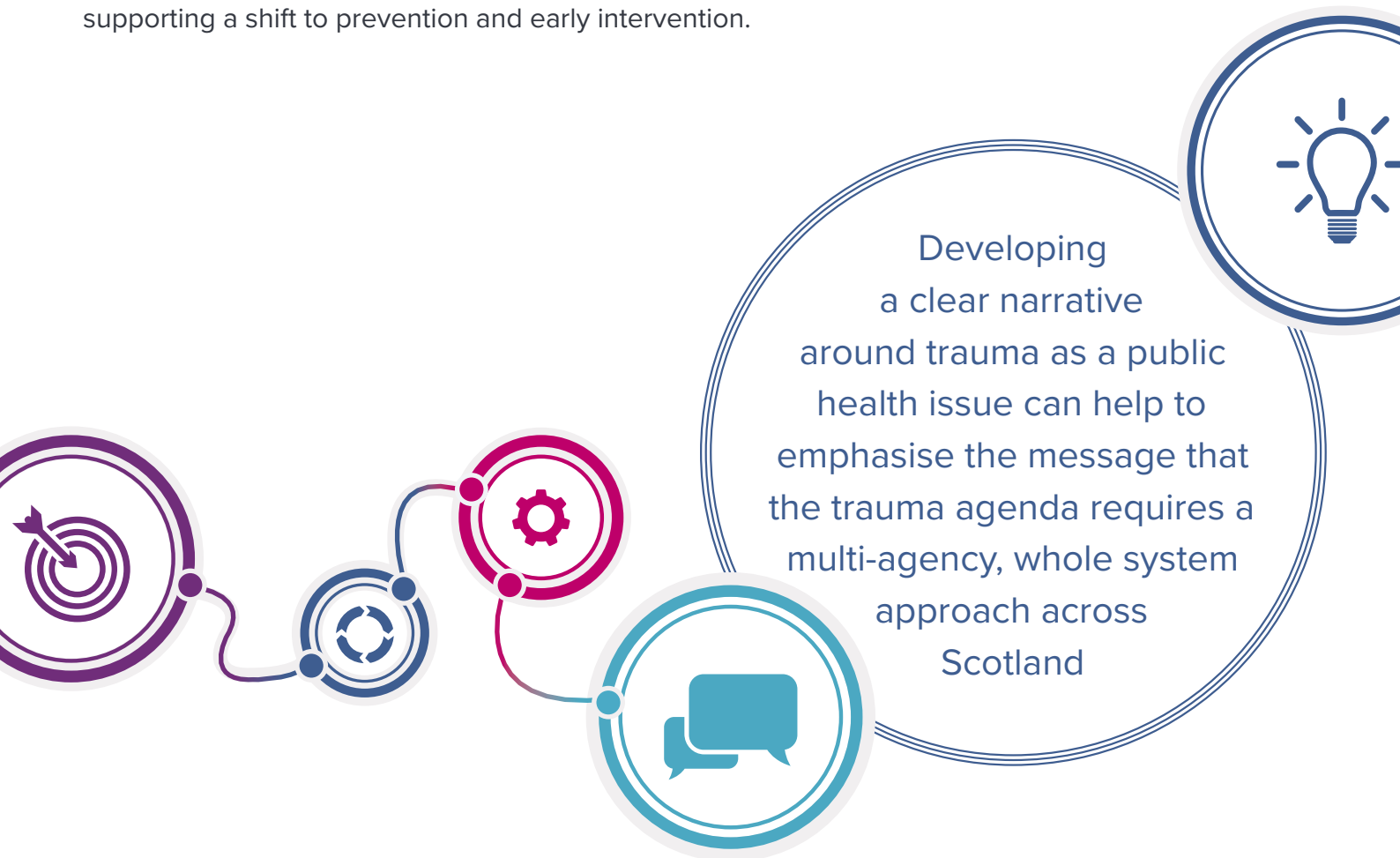


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national joined-up approach across policy areas (in terms of national strategies and delivery plans, funding streams and practice models/frameworks) means this siloed working is often replicated locally, creating challenges in taking a whole systems approach.

Tackling trauma is a public health issue

The development of Scotland's public health strategy brings an increased focus on the need to improve the health and wellbeing of people affected by trauma across Scotland. Local areas emphasised the importance of messaging around Scotland's trauma-informed and responsive approach as a non-medicalised model. They highlighted the value in creating a clear national narrative around trauma as a public health priority, as leaders and wider stakeholders often do not realise the prevalence of trauma in Scotland and view supporting people's recovery as the responsibility of specialist services/agencies. Developing a clear narrative around trauma as a public health issue can help to emphasise the message that the trauma agenda requires a multi-agency, whole system approach across Scotland, supporting a shift to prevention and early intervention.



Building capacity and capability

Since the NTTP was first developed, local and national infrastructure supporting the trauma agenda has changed significantly, including the development of networks of local leads and trauma champions. This is in addition to the ongoing work of TPTICs, national partners and additional work commissioned by the Scottish Government (e.g., maternity and substance use pathfinders). Combined, these networks bring a wealth of knowledge and expertise across trauma, training and education, and policy areas/services/systems. This is seen as a key strength on which to build, recognising that delivering the NTTP ambition requires a range of expertise, knowledge, and skills. This also helps to emphasise the key message that trauma is everybody's business.

Capacity and resources to develop the national training model, including train the trainer programmes, was highlighted as a key priority to supporting rolling out training across the workforce. Local areas also noted the need for further clarity around developing local capacity and capability for train the trainer networks. Local areas also highlighted the value of TPTICs and local leads working collaboratively to support training and implementation, but noted that TPTIC capacity can often be very stretched and, where these roles remain unfilled, this can impact on service improvement and training delivery across local areas.

Summary and next steps

Over 2021-22, 2022-23 and 2023-24, local authorities have each received funding from the Scottish Government to support local authorities and community planning partners strengthen their capacity and capability in embedding a trauma-informed and responsive approach across services, systems and workforces.

Significant progress has been made in progressing this work. Each local area has its own priorities and specific context, and has used the additional funding to build on existing good work and practice. Taking an evidence-based approach to implementation, as outlined in the Roadmap, local areas have predominantly focused on organisational readiness and creating the right conditions for implementing change, recognising that this work is a long-term journey and that changes to practice need to be situated in wider systems and culture change work. Many local areas have focused primarily on building organisational culture, strengthening leadership commitment and developing approaches to staff care, support and wellbeing. Concurrently, local areas highlight that they are seeing a real need and appetite across a variety of teams and services for embedding a trauma-informed and responsive approach into practice, given the current context for staff wellbeing and the prevalence of trauma across local communities. Many local areas are responding to this need and significant progress has been made on training and workforce development.

Feedback and early evaluations from local areas is beginning to demonstrate the reach and impact of the work to embed a trauma-informed and responsive approach across Scotland's 32 local authorities, particularly around capacity building for the workforce. The information shared through the survey and individual engagements with local areas highlights the breadth of work happening across the country, but local areas also highlight the need for more joined up work around evaluation and evidencing impact in more systematic ways.

Over 2024/25, the Improvement Service will continue to work closely with all 32 local authorities and key community planning partners to support them in strengthening their capacity and capability around embedding trauma-informed and responsive services, systems and workforces. We will continue to share learning, progress and key challenges/opportunities with national partners, including the Scottish Government, COSLA, NHS Education for Scotland and Resilience Learning Partnership. We will support local areas to use the Roadmap to evidence their progress with this work, recognising this is long-term systems and culture change. In particular, we will support local areas to develop evaluation approaches to help measure and evidence the impact of this work, and how this investment can improve outcomes for those of us affected by trauma across Scotland's communities.

Useful resources

National Trauma Transformation Programme (NTTP) Website:

www.traumatransformation.scot

- o [A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland \(2023\)](#)
- o Transforming Psychological Trauma: [Knowledge & Skills Framework \(2017\)](#)
- o [Scottish Psychological Trauma Training Plan \(2019\)](#)
- o [NTTP Training resources](#)
- o [Case studies](#)



Appendix: Logic Model

