National Trauma Transformation Programme

Responding to Psychological Trauma in Scotland

Embedding trauma-informed and responsive organisations, systems and workforces

National Learning Report 2025

improvement service

Contents

Background and aims of this report

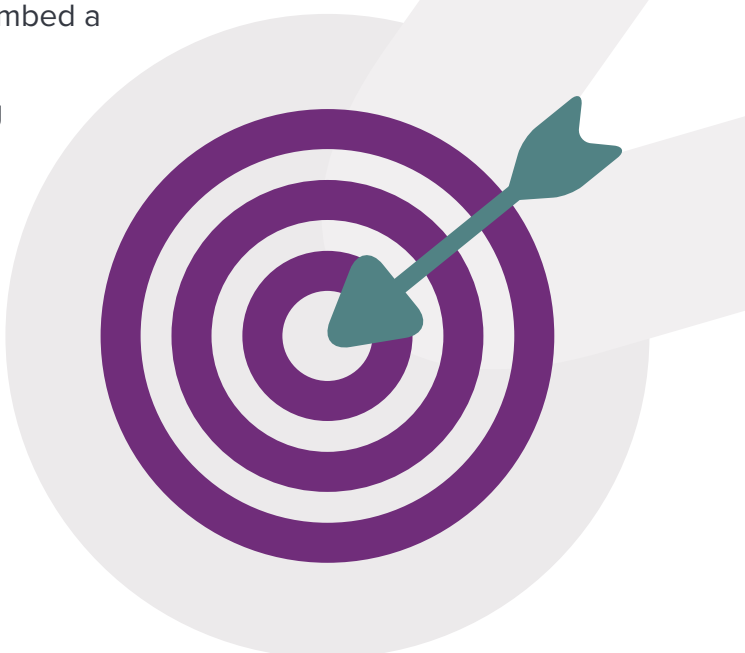
The Scottish Government and COSLA have a shared ambition for a trauma-informed workforce and services across Scotland, capable of recognising where people are affected by trauma and adversity, that is able to respond in ways that prevent further harm and support recovery, and can address inequalities and improve life chances.

To support this ambition, the Scottish Government has provided recurring 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. Depending on local priorities and context, Local Authorities/ Health and Social Care Partnerships have used this funding to meet local priorities and context for this work. From 2025/26 this funding will be included in the Local Government Finance settlement paid as part of the General Revenue Grant for local authorities, reflecting the long-term commitment to this work.

The Improvement Service supports the National Trauma Leads Network 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.

Reflecting that there are currently no formal reporting requirements for this work, the Improvement Service has worked with local and national partners to develop an annual survey and learning report to capture learning about progress and impact of the work happening to embed a trauma-informed and responsive approach across Scotland's organisations, services and workforces. The aims of this Learning Report are to:

- Highlight the breadth of organisational readiness and implementation work happening across local areas, including local authorities, health boards and key community planning partners to embed a trauma-informed and responsive approach;
- Share examples of good practice and key learning around enablers and barriers to progressing this work locally, and around the long-term nature of systems and culture change work;
- Show how local areas, through their work to embed a trauma-informed and responsive approach are contributing to other key local and national priorities and strategies, and identify opportunities to strengthen collaborative working and join the dots across cross-cutting policy agendas;
- Contribute learning to inform the ongoing development of the NTTP strategic priorities; and



- Highlight recommendations from local areas, including for national and local partners and stakeholders to progress this work sustainably and meaningfully, and how this can support long-term culture and systems change.

The findings in this Learning Report build on learning from the 2024 learning report and have been drawn from:

- including local authorities, health and social care partnerships, and wider community planning partners, across Scotland between June – September 2025[1];
- Learning and information generated by the National Trauma Leads Network meetings, Development Days and workshops facilitated by the Improvement Service, and from the Collaborative Peer Learning Workshops, co-hosted with Resilience Learning Partnership (RLP), for local Trauma Lead Officers, Trauma Champions, and professionals working in organisations with a national remit who are leading on work in relation to the trauma agenda; and
- Information shared by Trauma Lead Officers, Trauma Champions, trauma steering groups, 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 provide a thematic picture of progress, key learning, themes and priorities across Scotland in relation to advancing and embedding this work. Responses to the survey were mostly collated by Trauma Lead Officers, largely based within local authorities or health and social care partnerships, in collaboration with other community planning partners. As such, although these responses reflect work wider than that of Lead Officers themselves, the findings in this report does not reflect all work happening across Scotland. Nevertheless, the report does represent important learning about the work and views of local areas, including local authorities, health and social care partnerships and wider community planning partners, about the barriers and enablers to embedding and evidencing the impact of a trauma-informed and responsive approach across organisations, systems and workforces.

The key messages and recommendations of this learning report, and the wider ambition of the NTTP, support and strengthen a number of other key national and local priorities and strategies. In particular, we are increasingly seeing a trauma-informed approach embedded within and across a number of national strategies, policies, delivery/ action plans and frameworks, legislative instruments, practice guidance and standards, reporting requirements and inspection/ improvement frameworks. The learning in this report consequently has implications for the long-term sustainable implementation of a number of cross-cutting policy agendas.

1. The survey was responded to by 29 out of 32 local authorities, with one response per local authority submitted. Responses were primarily submitted by Trauma Lead Officers (79.3%) where they were in post at the time of the survey, other key contacts (17.2%) or Trauma Champions (3.5%), and completed in collaboration with other local stakeholders, including Trauma Steering Groups, TPTICs and other key community planning partners).

Key messages

- Despite being at different stages of implementation, local areas have made substantial progress in embedding a trauma-informed approach across their local areas, including across all nine key drivers of the Roadmap for embedding trauma-informed and responsive change.
- Many local areas are continuing to focus on early implementation activities and creating the right conditions for this work to progress meaningfully, safely and sustainably, including developing leadership buy-in and commitment; setting up appropriate strategic scaffolding; strengthening approaches to support staff care, support and wellbeing; and continuing the roll out of training and support for practitioners across different service areas to embed learning into practice. Many areas are now also progressing to thinking about how to continue to sustainably embed this work in service design and delivery long term, including taking a trauma-informed lens to policies and processes; exploring opportunities to develop meaningful and safe engagement opportunities for people with lived experience of trauma; and creating local infrastructure for knowledge exchange and implementation supports to embed learning into practice.
- Local areas have identified several key enablers to progressing and embedding trauma-informed and responsive change across organisations, systems and workforces. This includes genuine and visible commitment from leadership, including strategic leadership at national and local level; a joined up approach across key agendas, priorities and services to reinforce the message that trauma is everybody's business; capacity for rolling out training and implementation support to staff teams; support, tools, and resources provided by NTTP partners to support evidencing progress and impact; support from a dedicated Trauma Lead Officer role to coordinate activities, support partnership working and make links across other cross-cutting agendas; a meaningful focus on staff care, support and wellbeing; and engaging with people with lived experience of trauma to support service design and delivery and inform strategy and policy development.
- Local areas have also highlighted several barriers that have created challenges for the work to embed trauma-informed and responsive services, systems and workforces. These include lack of organisational and individual capacity to engage with long-term culture change activities; increasingly competing demands and pressures on staff which can contribute to a trauma-informed and responsive approach being perceived as 'an additional ask' on a system that is already very stretched; lack of leadership or organisational commitment; and concerns around the recruitment and retention of local Trauma Lead Officers due to short-term contracts, funding not

covering the full salary costs of these posts, and the risks associated with the lack of 'ring-fencing' of the Scottish Government funding for local areas.

- Looking ahead, local areas have identified several priorities for building on their work to embed a trauma-informed and responsive approach in 2025/26 and beyond, as well as actions that are needed to fully embed trauma-informed and responsive change across organisations, systems and workforces. These include developing local and national collective leadership, governance and accountability processes; recognition of the importance and central role of Trauma Lead Officer and TPTICs to support coordination, implementation and evaluation support and recognition of the importance of Trauma Lead posts to support the coordination, implementation and evaluation; safe and meaningful engagement opportunities for people with lived experience of trauma to help shape service design and delivery, and policy and strategic decision-making processes; continued support to build capacity, capability and confidence across the workforce; increased and meaningful focus on staff care, support and wellbeing; strengthening evaluation approaches to measure progress and evidence impact of a trauma-informed and responsive approach.
- More broadly, local areas highlight the importance of strengthening links with other cross-cutting policy agendas to promote a joined-up, collaborative approach and embedding a trauma-informed and responsive approach across all organisations, systems and workforces.

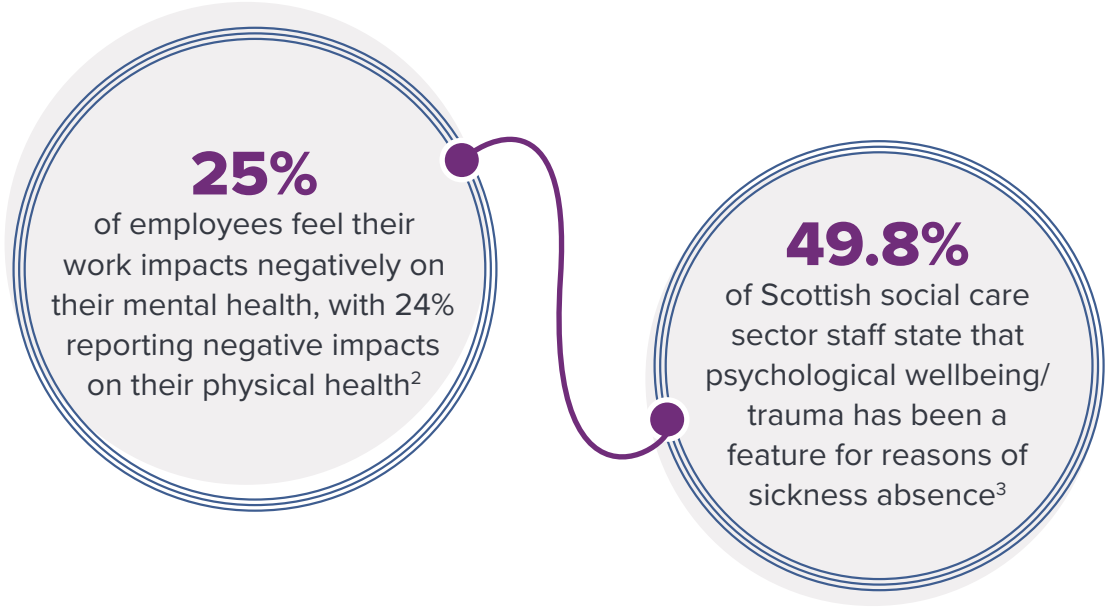
Introduction

Background and context

Traumatic experiences affect most people at some stage in life, yet we often won't know about people's experiences, and the impact of trauma is unique to each of us. Trauma has consistently been associated with poorer outcomes across the widest range of areas including preventable disease, mental health, education, social outcomes, and many more.

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

The term trauma can refer to a wide range of traumatic, abusive or neglectful events or series of events (including at different times during the life course) 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.



The prevalence of traumatic experiences means that trauma will inevitably impact many of those within our workforce, whether through personal 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 (or secondary trauma), moral injury and compassion fatigue.

2. Working Lives Scotland 2023 report, CIPD. https://www.cipd.org/uk/knowledge/reports/working-lives-scotland/
3. Workforce Recruitment and Retention Survey 2021, Scottish Care https://scottishcare.org/workforce-recruitment-and-retention-survey-interim-report/

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).

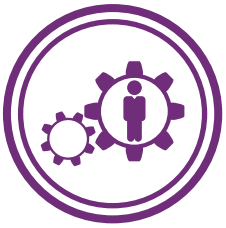
The Transforming Psychological Trauma: Knowledge and Skills Framework (2017) outlines what all of us in the course of our work need to know and be able to do, in order to respond to the impact of trauma and support recovery. The Scottish Psychological Trauma Training Plan (2019) provides essential training 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 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 change across their services, organisations and partnerships.

Since 2021/22 the Scottish Government has provided recurring £50,000 in additional funding to all 32 Local Authorities in Scotland to support them to embed a trauma-informed and responsive approach across services, systems and workforces. From the financial year 2025/26 this annual allocation of funding has been permanently transferred into the General Revenue Grant.

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 Lead Officers are in post across many local authority areas in Scotland, largely resourced through the additional Scottish Government funding for local areas, and support the coordination and implementation of a trauma-informed approach across local authorities, working in partnership with key community planning partners.



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 collaboration with people with lived experience of trauma.

Trauma Champions are senior leaders from Local Authorities, Health and Social Care Partnerships, Health Boards, and key community planning partners, responsible for overseeing, encouraging and raising awareness of trauma-informed 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 across different agencies and community planning agendas when responding to trauma.

National Trauma Leads Network

Recognising that the majority of local areas now have a Trauma Lead Officer in post and the need for a more formalised strategic approach, in 2025 the network of local Trauma Lead Officers was formalised into a national Network, co-chaired by two local Trauma Leads, with support from the Improvement Service. The Network aims to strengthen the relationship between local Trauma Lead Officers and national NTTP partners to enable a coordinated, joined up approach; strengthen strategic support and raise the profile of the trauma agenda; and provide a collective voice as a Network on relevant issues to inform and improve policy and practice at local and national level.

Strategic and legislative drivers

> "[The local area has been] integrating a Trauma-Informed approach across different agendas; Trauma-Informed work shouldn't sit in isolation. To develop and increase the profile of a Trauma-Informed approach, [links have been made] with key agenda leads to ensure they are also *adding a clear commitment to trauma-informed work locally in a way that is meaningful.* This supports the work for the trauma agenda to be sustainable within the organisation and increase buy-in."

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, deliver on our local priorities and fulfil our statutory duties. A commitment to implementing a trauma-informed approach is increasingly embedded in national strategies, action plans, practice guidance, and some legislation. This covers a range of policy areas, and cross-cutting priorities and a trauma-informed approach is increasingly recognised as important to delivering many local and national priorities.

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:

- are informed by people with lived experience of trauma
- recognise the importance of wellbeing in the workforce
- recognise where people are affected by trauma and adversity
- respond in ways that prevent further harm
- support recovery
- can address inequalities and improve life chances

The National Trauma Transformation Programme is a major and long-term change programme, supported by the Scottish Government and COSLA, which aims to support this vision

The vision is framed within the context of:

- Upholding human rights
- Preventing and mitigating the impact of adversity, including adverse childhood experiences
- Public service reform
- Reducing poverty and inequalities

It is underpinned by our six public health priorities:

- A Scotland where we live in vibrant, healthy and safe places and communities
- A Scotland where we flourish in our early years
- A Scotland where we have good mental wellbeing
- A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs
- A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all
- A Scotland where we eat well, have healthy weight and are physically active

It is reinforced by current and forthcoming legislation and treaties, including (but not limited to):

- Adult Support and Protection (Scotland) Act (2007)
- Child Poverty (Scotland) Act (2017)
- Children Scotland Act (1995)
- Children (Scotland) Act (2020)
- Children (Care and Justice) (Scotland) Act 2024
- Equality Act (2010)
- National Care Service (Scotland) Bill
- Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2009
- Victims, Witnesses and Criminal Justice Reform (Scotland) Act 2025
- Care Reform (Scotland) Act 2025

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):

- Action Plan for Relationships & Behaviours in School
- 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
- Mental Health and Wellbeing Strategy
- National Carers Strategy
- Health & Social Care Service Renewal Framework
- 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
- National Strategy for Community Justice
- Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy
- Self-Harm Strategy and Action Plan
- The Promise
- The Vision for Justice in Scotland
- Widening access in further and higher education
- Scotland's Public Service Reform Strategy - Delivering for Scotland
- Trauma Responsive Social Work Services

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
- National Guidance for Adult Support and Protection - forthcoming

The NTTP and the work to embed a trauma-informed and responsive approach sit alongside a number of policy agendas that are part of a broader ambition to improve outcomes for people and communities across Scotland affected by poverty, inequality, trauma and adversity. The Improvement Service briefing Improving outcomes for people and communities affected by poverty, inequality, trauma and adversity: Joining the dots across key policy agendas provides an overview of the opportunities and overlaps between some of these agendas. These have a shared emphasis on key values and principles for service design and delivery:

Person centred

Recognising and supporting people's resilience

Relationships

Rights based

Dignity, equality, respect

Nurture, care, support

Strengths based

Safety, trust, choice, collaboration, empowerment

Voice, participation and power sharing

Current activities and progress

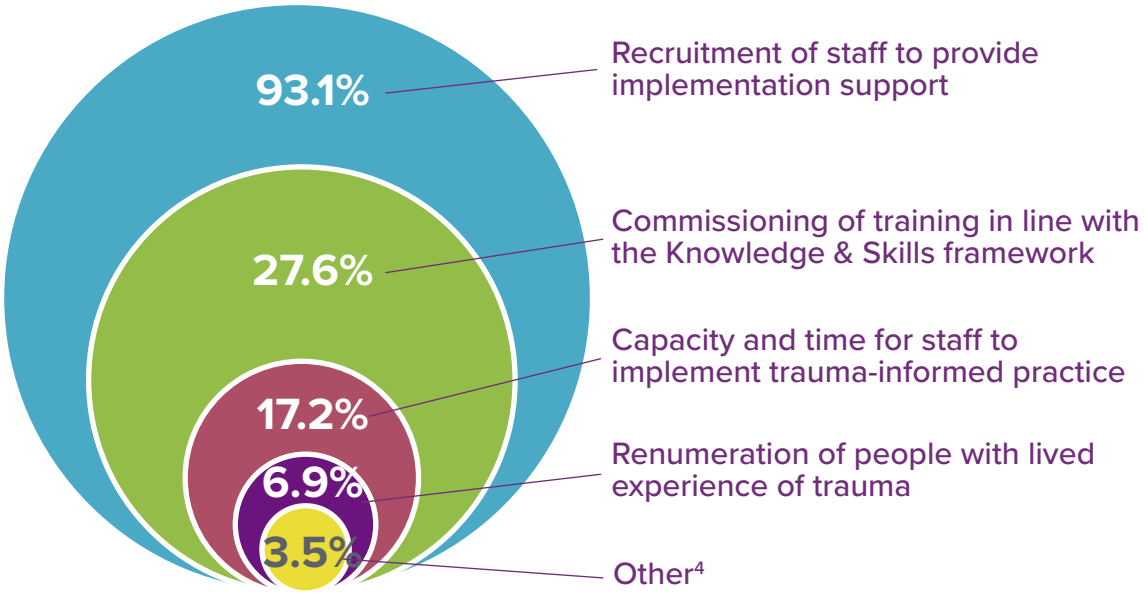
Use of additional Scottish Government funding

Out of the 29 local areas who responded to the survey, 90% of local areas indicated that they had used the funding provided by Scottish Government in 2024-25 to fund, or part-fund, a Trauma Lead Officer role in their local area Although the Trauma Lead Officer role and remit differs across different local authorities, with no prescriptive scope or governance, Trauma Lead Officers provide project management and coordination, and strategic and/ or operational implementation support, including the provision and facilitation of training.

Out of 29 local areas who responded to the survey, 90% of local areas indicated they had used the funding provided by Scottish Government in 2024-25 to fund, or part-fund a Trauma Lead Officer in their local area

Over a quarter (28%) of the local areas who responded to the survey have used the funding to commission trauma training aligned with the Knowledge and Skills Framework. In addition, several local areas (17%) have used the funding to carve out capacity and time for staff to implement trauma-informed and skilled responses in line with the training they had received, including time for coaching and supervision. A small number of local areas who responded to the survey (7%) have used the funding to renumerate people with lived experience of trauma to advise on the development and delivery of trauma-informed services.

How has your local area used the funding provided by Scottish Government over the course of 2024-25 to take forward trauma-informed and responsive organisations, systems and workforces?



4. 'Other' responses included provision of training for trainers at enhanced level

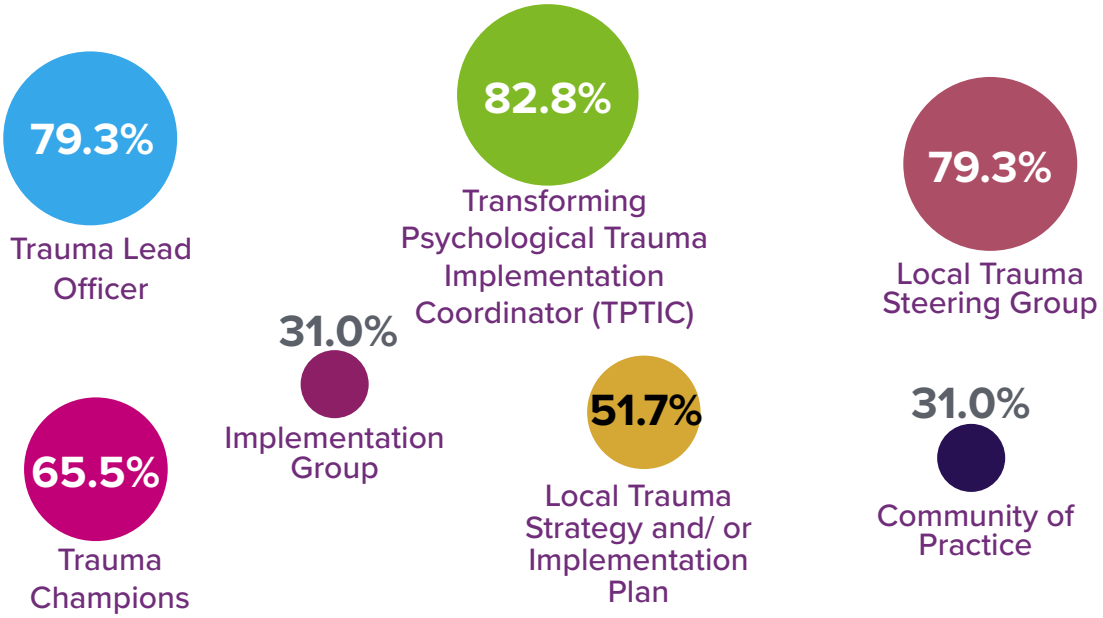
Beyond the funding made available from Scottish Government, almost half (48%) of local authority areas who responded to the survey have also invested additional resources in embedding a trauma-informed and responsive approach locally. This has included use of other funds by several local areas (such as Whole Family Wellbeing Funding (WFWF) and Community Mental Health funding) to provide additional training for staff and to support recruitment (e.g., to supplement the cost of the Trauma Lead Officer post), and commissioning training opportunities for staff in line with the Knowledge and Skills Framework.

Almost half (48%) of local authority areas who responded to the survey have also invested additional resources in embedding a trauma-informed and responsive approach

Local areas also highlighted other ways they have invested additional resources into embedding a trauma-informed and responsive approach over the course of 2024-25, including working with Organisational Learning & Development and Human Resources teams to support additional capacity for colleagues to attend training and building in flexibility within workforce development budgets to respond to training and development needs; and investing in support for staff care, support and wellbeing through the provision of counselling sessions for colleagues and funding to support changes to physical environments

Local infrastructure to support trauma-informed and responsive organisations, systems and workforces

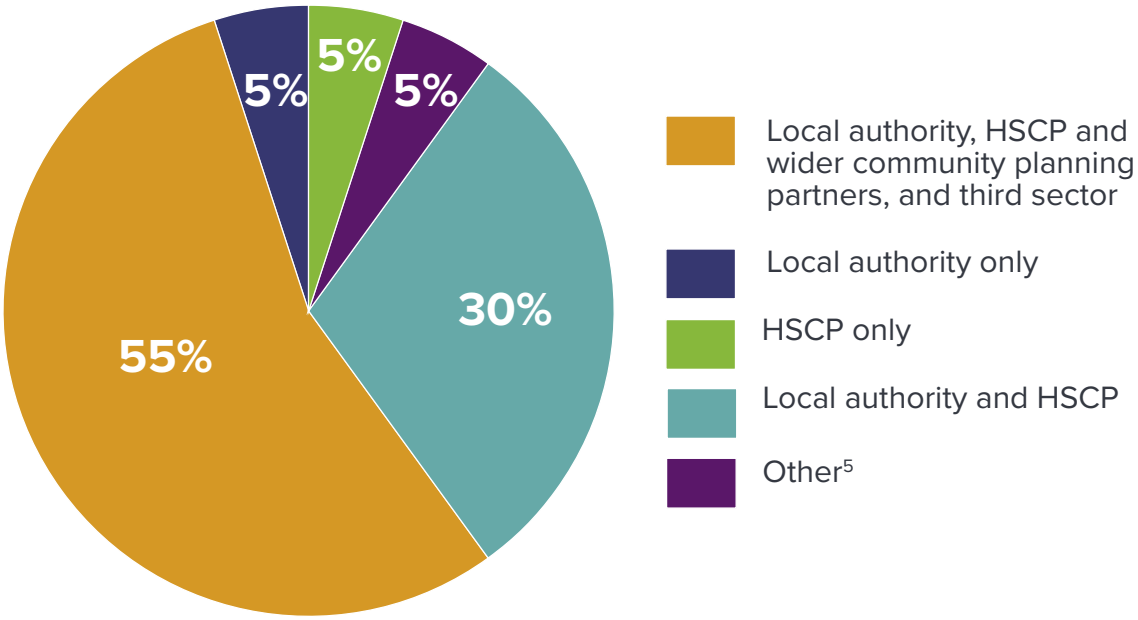
Positively, as of September 2025, of the 29 local areas who responded to the national survey, the majority now have a Trauma Lead Officer (79.3%) and a TPTIC (82.8%) in post, and about two thirds (65.5%) have a Trauma Champion in place. In addition, most areas are also supported by a local trauma steering group (79.3%), and over half have a local trauma strategy and/or implementation plan in place.



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. The majority of Trauma Lead Officers who responded to the survey have a remit for supporting work to embed a trauma-informed approach within the local authority, Health & Social Care Partnerships, and wider community planning partners, including within the third sector. However, the specific team or service that leads are based within can vary widely, and will impact on the scope and focus of their roles (e.g., some Lead Officers sit within Social Work teams; others within Corporate Policy; others within HR and Organisational Learning & Development).

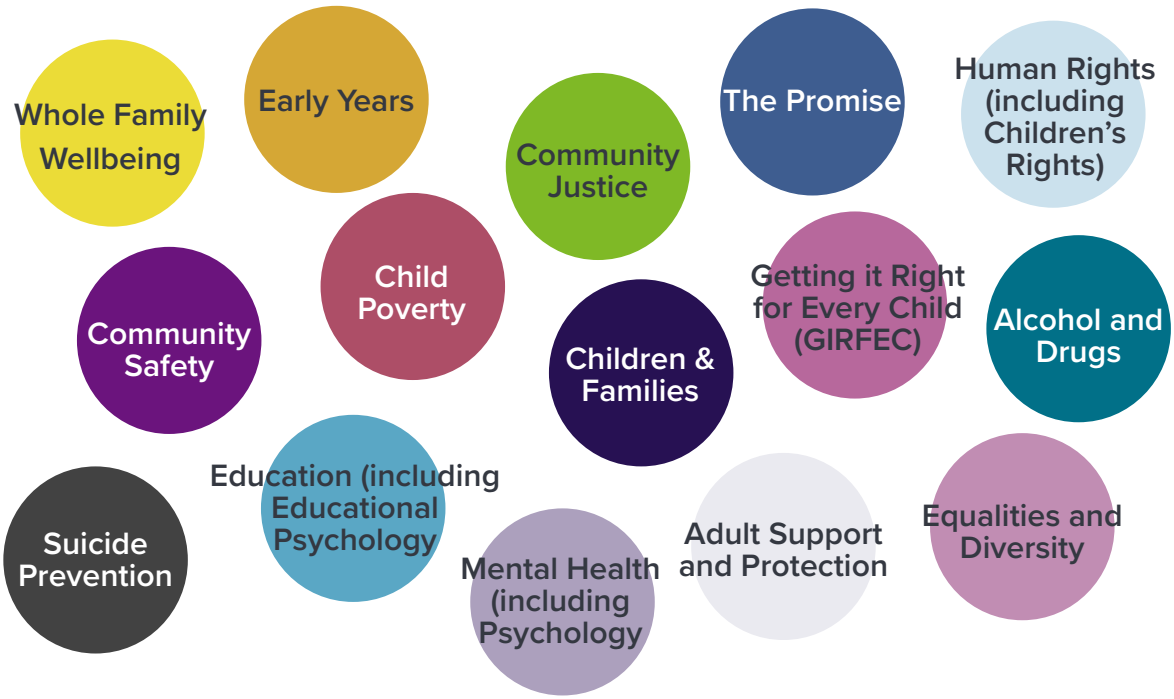
Role & remit of Trauma Lead Officers across local areas



> "Having a Trauma Lead Officer has meant that staff, at all levels, have a single point of contact with expertise in the Roadmap and trauma informed practice that can provide support, reassurance and individualised advice that is relevant to them and their service/provision."

5. 'Other' responses included wider partners in the community, including colleages and universities

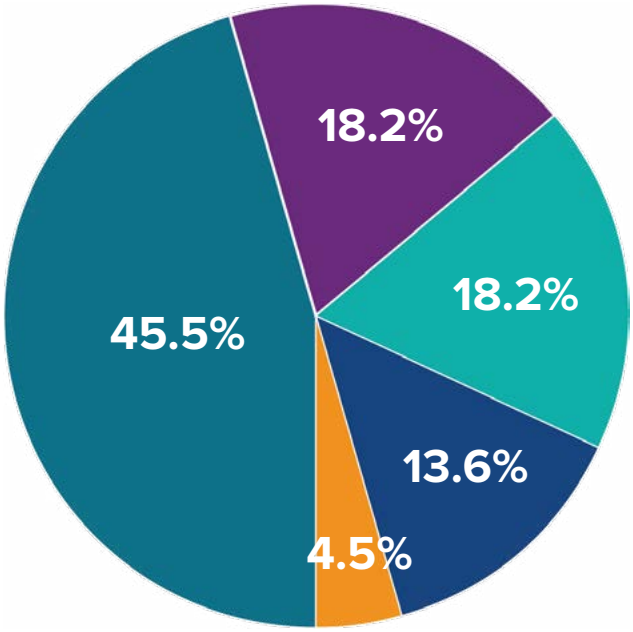
From the responses to the survey, it is clear that Trauma Lead Officers and other key contacts, including TPTICs, are integral to supporting organisations, systems and workforces to sustainably embed trauma informed and responsive change across local areas. The connections that Lead Officers are making are key to establishing connections across all parts of local systems and services and reinforce the narrative that trauma is everybody's business. Although not an exhaustive list, local areas highlighted work happening across the following policy agendas, teams and services:



Transforming Psychological Trauma Implementation Coordinators (TPTICs)

Alongside Trauma Lead Officers and Trauma Champions, TPTICs are part of the important local infrastructure supporting the implementation of a trauma-informed and responsive approach across local areas. TPTICs provide specialist trauma expertise to support implementation and training and across many local areas, Trauma Lead Officers and TPTICs work closely together to support increased capacity and capability across the workforce.

Responses to the survey highlighted the challenges around the limited capacity of TPTICs. Across the 29 local authorities who responded to the survey, **almost half (45.5%) have the equivalent of 1-2 working days capacity** for their TPTIC, including some larger health boards covering more than one local authority area, and sometimes split between more than one person.



> "The Local Authority has committed to ensuring sufficient budget to allow for staff training. Appointment of the Trauma Lead Officer has allowed for robust training and audit and support in developing trauma-informed practice across Children's Services. The [funding for] the TPTIC covers two local authority areas on 0.2 FTE which is insufficient and inadequate for **two completely different regions with very differing strategic developments.**"

Key activities and implementation

Evidence tells us that embedding sustainable trauma-informed and responsive ways of working is rooted in long-term culture change, and requires significant time, effort and resource. In addition, working towards being trauma-informed and responsive means working within a cycle of continuous improvement, developing robust feedback loops, and meaningfully engaging with people with lived experience of trauma to support improvement planning and evaluation.

This section outlines the breadth of activities undertaken by local areas, including local authorities and wider community planning partners, and the progress made to embed a trauma-informed and responsive approach across their systems, organisations and workforces. Reflecting that work to embed a trauma-informed approach is a journey[6], this section has been framed around the different stages of the trauma-informed journey namely: creating the right conditions; implementing change; and sustaining and consolidating change.

It is evident that change is well underway across local areas and whilst many are at different stages in response to their own local priorities, contexts and needs, there has been progress made across all nine of the key drivers Roadmap for creating trauma-informed change. The purpose of this section is not to compare progress made across different local areas, but instead to identify key themes, share learning and highlight areas of good practice to help build a thematic picture of progress across Scotland as a whole.

Creating the right conditions for trauma-informed and responsive change

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, and communities and workforces as a whole. As a result, the focus for many areas has been on creating the right conditions for embedding a trauma-informed and responsive approach into organisational culture through building leadership around the trauma agenda and investing in staff care, support and wellbeing.

Leadership and organisational culture

Whilst each organisation's culture will look and feel different, it is important to consider how trauma-informed and responsive practice, values, principles and processes are embedded across organisations, systems and workforces. This may look like the key principles of safety, trust, choice, collaboration and empowerment underpinning day-to-day work, decision making, policies and practice; a shared understanding of the prevalence and impact of trauma; and ensuring that we are delivering trauma-informed and responsive responses in our daily engagements with colleagues, people accessing our services, and our communities.

The majority **(79%) of local areas who responded to the survey have established a multi-agency steering group** to provide leadership, oversight and support

6. 'See page 3 of the introduction to the Trauma Roadmap

to establish links to other service areas, teams and policy agendas. Whilst the membership, structure and format of these steering groups differ across local authority areas, they are a crucial part of driving forward and building collective leadership around the trauma-informed and responsive agenda at both operational and strategic level.

> "In terms of organisational culture shift, Trauma-Informed Practice has become further embedded across a wide range of policy and practice areas… The [Trauma] Steering Group was previously a stand-alone decision making forum, however earlier this year, [it] became a formal sub-group of the wider Community Planning Partnership, with specific reporting lines but also **increased opportunities to embed [a trauma-informed approach] on a strategic level** across all areas of the council's work."

Many local areas highlighted how they have developed communications strategies, campaigns and materials to increase awareness and understanding of a trauma-informed and responsive approach and to reinforce the message that trauma is everybody's business. Local areas have also adapted and updated their internal and external communications with colleagues and people accessing services to reflect trauma-informed and responsive language and responses.

> "As a collaborative effort […] a [Local Area]-wide communications plan has been designed to increase awareness around the 5 key principles of trauma-informed practice […] through creation of bite-sized learning videos."

> "We are framing our language differently to ensure that the potential for divisive/dismissive responses are minimised. By framing our work within understanding behaviour and empowering and enabling people we are progressing with opening doors that were previously closed."

> "Corporately, we're starting to develop communication materials around trauma-informed practice– an intranet page was published in 2024 and significantly expanded in 2025, providing more information, links to national resources and publications, and a Latest News page where updates can be posted."

Many local areas are also making efforts to ensure that the key principles of trauma-informed and responsive practice are threaded through local strategies, actions plans, and policies and processes. In some local areas, a trauma-informed approach has been included as a priority in cross-policy improvement and strategic plans, ensuring trauma is embedded across teams, services, and partnerships.

> "An example of wider policy commitment is of a collaborative piece of work with the Equality Officer and Trauma lead which integrated trauma into the [Equality Impact Assessment] framework with the aim to support services to consider trauma as an impact when making service changes or implementing new policies / practice."

> "Trauma informed practice is named as a key thread through the Community Planning Partnership Plan, HSCP Strategic Partnership Plan, HSCP Workforce Strategy, Children's Services Plan, amongst others. This ensures that [trauma] is not seen as a standalone piece of work but is **integrated into the culture of the organisation.**"

The responses from local areas highlighted a range of work designed to strengthen leadership commitment to this agenda, including facilitating **briefing sessions and events with leaders** to raise awareness, increase understanding and secure strategic buy-in. Senior leaders (at both operational and strategic levels) and Elected Members across many local areas have attended and engaged with **trauma training**, including the Scottish Trauma Informed Leaders Training (**STILT**), and Compassionate Leadership training.

> "...we facilitated a learning session with all Senior Strategic Leaders of the Council and HSCP in relation to our organisational intention to become a trauma-informed and responsive employer. The purpose of this approach was to highlight the connection and underpinning relevance between the ambitions of the national programme, as outlined within the NTTP and Roadmap, and our own established organisational values and behaviours framework."

> In 2024/25, an introductory session on being trauma-informed was included in the Elected Member development programme for a second consecutive year. This ensures that **decision-makers understand the principles of trauma-informed approaches and the role of leadership** in modelling and embedding these practices across services.

> A trauma informed leadership conference has been planned for later in the year and is intended to reinforce the leadership buy-in already in place as well as to broaden the message to a wider leadership audience.

Practice Example

"There has been increased attendance on the STILT programme from managers across the council at Team Leader level and above. There has been a particularly strong commitment from Housing Services and Social Work, but also within Property Services.

"Leadership development takes the form of the "Leadership Challenge". The purpose of this 18-month programme is to upskill existing managers, and to develop leaders who can inspire, challenge and deliver effective services.

"There are 10 participants commencing the programme in September 2025 (from all Resources across the council). The Trauma Lead Officer will be working 1:1 with them on bespoke trauma-informed projects for the duration of the programme."

Many local areas have also progressed the Leadership Pledge of Support to demonstrate ongoing leadership commitment to embedding a trauma-informed approach and improve responses for anyone experiencing psychological trauma in their local areas.

> "We hosted our first Trauma Awareness Week in September 2025, this has been supported and promoted by the Chief Executive and senior management team across the council as well as leading figures across the community and third sector. As part of the launch event, our senior leaders from the council and wider community will be invited to pledge their support to trauma-informed practice and creating a trauma-informed community."

Staff care, support and wellbeing

In recognition of the impact of working with trauma, as well as the prevalence of our own traumatic experiences, staff wellbeing has increasingly become a main focus of work across many local areas. In the current climate of limited individual and organisational capacity, ensuring that staff have access to proactive and reactive support, and have their right to feel safe and supported at work recognised, is key to them being able to embed changes within practice As a result, many local areas shared examples of processes and protocols to support staff care, support and wellbeing for all colleagues across local authorities, HSCPs and wider partnerships. Thius includes ensuring access to mental health first aiders and employee assistance programmes, promoting a calendar of wellbeing activities for staff to attend and engage in, highlighting the importance of self-care and wellbeing within staff training, and developing a range of tools and resources to support staff across teams and service areas.

> "The Trauma Lead Officer collaborated with HR Lead Officer (Health Safety & Wellbeing) to create an accessible induction in voiceover format for a mental health emergency and trauma and have contributed to review of the council's debriefing guidance alongside the Consultant Clinical Psychologist which is currently in development."

> "Psychological first aid modules have been made available on the council's learning platform and staff have been encouraged to access these along with the other trauma informed online materials."

Practice Example

"In recent years, the Council has introduced new policies to strengthen its existing staff wellbeing offer, including a Menopause Policy and a Pregnancy Loss Policy, both of which provide tailored support and guidance for staff experiencing these life events. Although these policies were introduced prior to 2024/25, they continue to be embedded into everyday practice.

"In 2024/25, **all HR policies reviewed were assessed through the lens of staff support and wellbeing**, ensuring that changes were aligned with our commitment to **creating a supportive, compassionate, and inclusive workplace**. This approach is helping to embed wellbeing considerations into the core of our organisational policies and decision-making."

For staff in roles supporting people who are likely to have experienced trauma, many local areas have developed additional processes such as debriefings following critical/ traumatic incidents and regular case review discussions for those in frontline roes (e.g., Social Work, Mental Health Officers, Community Psychiatric Nurse (CPN)s) to support the wellbeing of frontline workers.

Many local areas have also established specific working groups focusing on improving staff wellbeing in their own area or have dedicated roles to coordinate and promote staff care and support.

> "A Staff Support and Wellbeing subgroup has been established and has members continuing to join as wellbeing is seen as a priority in the organisation. A wider audience now understand the links between trauma, trauma-informed practice and staff wellbeing. While we are still developing local analysis plans to see the difference this commitment has made to staff, there is more of a buzz around trauma-informed practice locally by using staff wellbeing as a hook. Most managers/leaders will understand the importance of staff wellbeing but may not have previously understood the role trauma plays."

> In addition to rebranding our front facing information to employees, a new post of Employee Wellness Advisor was created and recruited to, with our Advisor being in post since September 2024. With a key focus on supporting trauma informed wellbeing across all areas of the council, particularly those areas where there are high levels of sickness absence, the creation of this post represents a radical and ground-breaking new approach to supporting employee wellbeing and is making a significant impact for individual employees and for a culture of wellbeing across the whole council.

Implementing change across our organisation and practice

We know that in order to implement a trauma-informed and responsive approach across our systems, organisations and workforces, we need to collaboratively develop and embed changes to the ways in which we work. This includes supporting staff knowledge, skills and confidence through training and implementation support; embedding power-sharing processes with people with lived experience of trauma; and adapting policies and processes to support culture and systems change.

Staff knowledge, skills, confidence and capacity

Most local areas have invested significant time, effort and resource to ensure that staff across the local authority, and wider community planning partners, have access to ongoing training and implementation support relevant to their role, as outlined in the Knowledge and Skills Framework and the Scottish Psychological Trauma Training Plan. A number of local areas have incorporated trauma training (including at trauma-informed, skilled and enhanced levels) into their local training and development calendars, with some areas making trauma-informed training part of the induction process for new staff or included in mandatory training for all staff. Local areas have also developed bespoke or additional training offers, including training for trainers and training in motivational interviewing, to meet the needs and enhance the skills of those working in specific roles and services.

> Our local area has an established calendar of training that is delivered to council staff and community partners. To date, **1,524 participants have attended training as part of the Trauma training programme** [...] Trauma training has been **incorporated into all corporate learning and development frameworks**.

> Within Justice Social Work - we have had a large number of Justice staff attend Safety and Stabilisation training and the feedback on both the training and the relevance to everyday casework has been positive. The learning **is utilised by staff on a daily basis** through their supervision of people in conflict with the law.

Practice Example

""[The local area is] delivering training to groups not as "obvious." When conducting a local training needs analysis and mapping training available to staffing groups, there was clear gap for staff who work with the public in non-statutory roles, for example receptionists, librarians, welfare rights officers. This group of staff are often first contact but also may not be able to access training on a regular basis. Working with the managers and leads of these teams, we ran Trauma-Informed level training sessions for these staffing groups. Staff gave positive feedback and many mentioned that the training was useful to identify vicarious trauma and reduce burnout. These sessions have now been developed further based on our initial learning and we will soon have a specific package ready for first-contact staff groups."

Many local areas are providing reflective spaces and forums to explore how trauma-informed and responsive training can form part of continuous professional development processes for all staff across the local area, including local authorities, HSCPs and other community planning partners.

> The Public Protection Committee have regular oversight of the pertinent workstreams being undertaken relating to Trauma Informed Practice, this includes where possible, arranging and providing Trauma Informed training sessions for our partnership and sharing information in relation to partnership trauma informed training and activities, for example the **adoption of the NES trauma modules as core training** offered within learning systems.

> “Trauma-informed supervision policies launched in both Adult and Children’s Social Work services (staff received training in relation to this) [and] **trauma-informed training is now standard practice** in Adult and Children’s Social Work induction and ongoing learning and development.”

In addition to training, a number of local areas have also invested in supporting staff to implement the knowledge and skills from the training into practice. This has included reflective workshops, post-training follow-up sessions, and peer support spaces to enable colleagues to explore ways to embed learning into everyday practice.

> “NHS Education for Scotland eModules are embedded within the Council learning platform allowing staff to access the formal training which can then be followed up with bespoke training as requested. Staff feel more confident to take a moment to consider the impact of decisions or what they do, as well as looking to better support staff at a peer/informal level without a need for formal input.”

> “Community of Practices are offered to staff after attending the face-to-face training to help embed and reflect on trauma informed practice. These take place approx. every two months are places where people can share the learning/resources they have found useful around trauma informed and responsive practice.”

Practice Example

"Over the past year, staff at all levels have increasingly engaged in exploring what it means to be trauma-informed and trauma-responsive. The establishment of safe, supportive spaces for learning and reflection—combined with clear and consistent communication from leadership—has laid a strong foundation for the Council's shared commitment to a trauma-informed approach. This work is supported by the Trauma Board Training Team, who begin by meeting with managers and leaders of teams expressing interest in embarking on a trauma-informed journey. These initial conversations help set expectations for the process and allow trainers to gain insight into the specific service context. Trainers then attend staff meetings to introduce trauma-informed principles and facilitate reflective discussions, encouraging staff to consider how these concepts apply to their everyday practice. Reflective sessions are also embedded within the Education training programme, offering further opportunities for professional growth."

Power sharing with people with lived experience of trauma

Power sharing with people who are affected by trauma to be involved in decision making about how services and systems are designed and delivered is a cornerstone of creating and sustaining trauma-informed and responsive organisations, systems and workforces. Whilst local areas acknowledge there is still work to be done to address systemic power dynamics between services and those who access them, there is a wealth of work being undertaken by local areas to create safe and meaningful ways for people with lived experience of trauma to inform strategic and operational decision-making.

Many local areas have set up lived experience panels and steering groups to support with this and have highlighted lived experience reference groups already embedded within specific service areas (such as substance use, Violence Against Women and Girls (VAWG), and those working with care-experienced young people) to inform service design and delivery.

> "Lived experience is **shaping delivery in a range of services and is promoted in strategic groups** such as the multi-agency Corporate Parenting Improvement Group, where the voice of care experienced young people is central to decision making. Young people are now involved in recruitment of staff within Children's Social Work services."

> **Our service is designed and delivered by people with lived experience of addiction**. Anything we do is agreed by them. We also have a learning academy in partnership with the local college where we train people in SVQs and offer them volunteering opportunities. We are also currently looking at opening a Recovery College that, like all our projects, will be led by people with lived experience.

Many local areas work closely with their third sector partners, recognising that they often have existing trusting and positive relationships with people with lived experience of trauma in the community. This collaborative approach helps reduce the risk of tokenistic engagement and ensures those providing their views feel valued, safe and supported.

> We are also seeking to engage with individuals who are not involved in formal groups and whom the council doesn't typically seek views from. We are doing this by **partnering with some of our external stakeholders who already have positive established relationships with people who have experienced trauma** and working in partnership with them to gain these views and insights.

Practice Example

"The Council invited The Poverty Alliance to support this work. They collaborated with people with lived experience of poverty related stigma and living on a low income, to develop key messages through a workshop in December 2024.

"The Poverty Alliance **recognise and compensate people with experience of poverty when contributing to their work**. They work to a policy that ensures that when providing the expertise of their experience, people benefit themselves, have a degree of choice on how they benefit, and that no harm arises. This helps remove barriers to participation and **demonstrates [trauma-informed] values in action**."

A number of local areas have introduced mechanisms for the voice of staff with lived experience of trauma to inform policies and service development, recognising that there is no 'us' and 'them' and that staff often have their own personal and professional experiences of trauma.

> "Colleagues delivering The Promise in the local area have developed a staff network for employees who are care experienced or have secondary care experience. This panel is **designed to operate in a safe and confidential environment, ensuring members feel able to share their perspectives without fear or stigma or negative impact**. The learning from this work, including how to create safe spaces for sharing, build supportive networks and ensure lived experience informs service improvement will further shape how we approach the development of trauma-related lived experience structures in future."

Practice Example

"The introduction of Justice Support Assistants (JSA's) with lived experience in Justice Social Work teams started as a result of a funded pilot during August 2021 to March 2023. Justice Social Work Services and the Alcohol and Drug Partnership secured a Scottish Government Drugs Death Task Force grant to employ two Justice Support Workers for an 18-month pilot. This pilot was then independently evaluated and as a result of the positive evaluation and the learning gained the two posts were substantiated via our Justice budget and further JSA's were then added to the other two other locality areas and our unpaid work service.

The approach we took was to work alongside those in the two initial posts during the pilot period to develop a framework that would enable us to learn and adapt together as the posts developed and were embedded across our teams.

Regular supervision and support from a social work team leader helped support the practitioners in the roles and allowed any required changes to be made as the journey progressed.

There have been significant areas for learning throughout the period of time we have developed these roles and posts across our service. A key feature has been the opportunity for joint learning, open dialogue and discussions and opportunities to work jointly with a range of services to best support the individual needs of those who come into contact with our services.

The addition of JSA's in our area, in my view, has provided a new dimension to the level of support that can be offered to people who have had involvement with the Justice system and the importance of relationship based practice and developing increased community "connection" and "understanding" has been of huge benefit not just to individuals who are in contact with our services but also to our wider workforce."

Policies and processes

The work to embed a trauma-informed and responsive approach across local areas has also included embedding trauma-informed principles into internal and external policies and processes, guidance and protocols. Many local areas have taken a trauma-informed lens to existing and new policies, and trauma is cited as being a key consideration when policies are being reviewed. Local Trauma Lead Officers highlight their role, often alongside the Trauma Steering Group where relevant, when working with a range of different services, teams and partners as part of policy development to ensure that policies are aligned with a trauma-informed approach.

> "To develop and increase the profile of a Trauma-Informed approach, this year has been spent meeting with key agenda leads (VAWG, The Promise, Community Justice etc.) to ensure they are also adding **a clear commitment to trauma-informed work locally in a way that is meaningful**. This supports the **[sustainability] of the trauma agenda** within the organisation and increase buy-in. This has led to wider engagement with taking a trauma-lens to policies, processes and strategies."

A number of local areas highlighted that new policies have also been developed and implemented to support staff with lived and living experience of trauma in their personal lives, or as part of their roles. For example, developing policies to support staff who are experiencing of domestic abuse, workplace sexual harassment and other forms of violence, as well as making updates to existing policies such as staff supervision, sickness and absence, and equality and diversity policies, including the menopause, to ensure these embody the trauma-informed principles.

> "There has been extensive work on policies and procedures taking a trauma lens over many of our programmes of work including allocations, attendance, absence, sexual harassment in the workplace and so on. We recently launched an integrated impact assessment that has a section which focuses on cross cutting issues, of which trauma is one. This means that all policies and procedures from [Local Area] Council will have a trauma lens [and consider] the impact on those with lived experience of trauma is and any mitigations that need to be put in place. We have now developed an oversight group that consists of local leads to monitor improvements and scrutinise the process."

Some local areas have embedded trauma within Equality Impact Assessment (EQIA) frameworks to ensure that services are considering the impact of trauma when reviewing or making changes to services or other operations.

> "Our Participation and Engagement Children's Worker is part of a short-term working group developing a new children friendly complaints process. She has written a guidance document linking UNCRC principles with the [Scottish Public Services Ombudsman] [complaints]framework to support child friendly complaints handling. **It promotes embedding these principles in services and builds practitioner confidence.**"

Practice Example

"Through collaborative working with the Adult Support and Protection lead officer, the Trauma-Informed Approach Co-ordinator met with managers from housing services whilst there was a review taking place of policies, procedures and processes in relation to people who live within circumstances of significant clutter.

"During this process, the standard referral letter from housing to primary health care has been revised too, in order to improve engagement and support from primary health care providers when someone is identified to be living within circumstances of significant clutter and to then co-ordinate an assessment of health in order to identify any unknown clinical or social causes of the amassed clutter, and to also support effective management of risk in relation these."

Sustaining and consolidating change across our organisations, systems and practice

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 strengthening feedback loops with staff and people accessing services, considering how we design and deliver services, and ensuring that budgets reflect the this work as a priority.

Feedback loops and continuous improvement

Feedback loops are vital in helping us develop a richer understanding of what's working well, areas for improvement, and the impact of the changes we're making. Feedback loops create an ongoing dialogue between an organisation and people who access, work in and work with our services. Local areas reported using a range of methods to capture feedback, both from people who access services and staff working across the organisation. Many local areas have developed specific processes to meaningfully engage with people with lived and living experience of trauma. This has included both setting up new participation panels and focus groups and refining and adapting existing structures and platforms to ensure they reflect trauma-informed principles and language.

> A research graduate recently undertook a focused study within the Reviewing Officers team, specifically examining the structure and delivery of planning meetings. As part of our ongoing commitment to transparency and youth engagement, we have been consistently feeding back developments to the young people involved. This includes updates on how their voices have influenced decision making and the steps taken to move recommendations forward. All feedback and implementation efforts have been carried out using a trauma informed approach, ensuring that the process remains sensitive, respectful, and empowering for those affected.

> Justice Social Work Services have engaged with the Care Opinion platform to increase our ability to hear more from people, in their own words, about their experience of our services by telling their stories via a dedicated platform. It required a thoughtful and tailored approach to ensure service users fully understand the platform's purpose and how their input contributes to service improvements. From refining our language, to creating accessible promotional materials, every detail has been designed with the needs of our service users in mind... the online platform allows the provision of direct responses to those who provide feedback.

Practice Example

"A parent panel has been established in the Council. Work with the panel is rooted in trauma-informed principles, ensuring safety, trust, choice, collaboration, and empowerment remain central. The focus of our parent panel to date has been on building relationships and establishing trust, with one another. This has helped us pay particular attention to the power dynamics that often exist between professionals and parents.

"Parents have taken some of the lead in shaping the way the panel works, requesting a clear agenda and routine to provide consistency and predictability. Each session begins with a check-in question before revisiting our group agreement before having any discussion. Each session also closes with an opportunity for reflection.

"The panel continues to evolve, and it is hoped that parents will be able to take a bigger role in shaping and developing its future, and that the learning gained is being shared more widely to influence both local and national practice. By embedding participation in this way, we are not only amplifying the voices of parents, but also creating a way of working that strengthens relationships between families and services."

Local areas also highlight the importance of considering both personal and professional lived experience of trauma, as well as the impact for staff working within the system. This is particularly important in relation to not creating an 'us' and 'them' narrative, or a hierarchy of voice in relation to lived experience. The work to incorporate and recognise the lived experience of staff working within our systems and services also demonstrates the importance of building meaningful and accessible feedback loops for staff to shape policy and practice.

> "The Transforming Trauma from Stigma to Strength Workforce Lived Experience (WLE) Group have formalised a test of change with the Council's Human Resources team whereby consultation is requested of the group on policies. Communication is good between the two parties and feedback is provided to the WLE group on the actions and impact of their input."

> In 2024/25, new staff forums were established for each of the four Council services, with open invitations for all staff to apply to join. These forums provide a dedicated space for employees to raise issues, share perspectives, and contribute to shaping organisational priorities. They also act as structured feedback loops for proposals such as new or revised policies, helping to ensure that changes reflect the lived realities of our workforce.

Service design and delivery

There are many aspects of how all services and systems are designed and delivered that can have a significant impact on people with experience of trauma. Many local areas are using the Trauma-Informed Lens Walkthrough Tool to apply a trauma-informed lens to the design and delivery of services. This process supports staff, managers and people who have experienced trauma to collaboratively identify what they think the service is doing well and where improvements could be made. A number of local areas highlighted that they have completed this exercise with their local Trauma Lead Officer (where they are in post) and people with lived experience of accessing services to share their views, insight and expertise on where there are opportunities for further development.

> The Alcohol and Drug Recovery service completed a Trauma informed lens walkthrough within five sites with staff and paid members of their lived and living experience community in order to assess and improve services.

> We have utilised the trauma lens walkthrough within some of our services. [This is facilitated by] the trauma lead officer, writing a report for services to keep track of intended changes. This offers the added benefit of gaining a **wider picture of changes services are making and changes which are noted as being out with services' control**. It is hoped having data from across the organisation will in future help us address some of these wider issues.

In addition, we know that a key component of designing and delivering a trauma-informed and responsive service includes the way we conduct assessments and engagements with people accessing our services, our methods of communication and reporting, and the way we present relevant information to ensure that it is clear and accessible. As a result, a number of local areas have taken forward actions to review language used within services to ensure this is aligned with the trauma-informed principles.

> [We are] currently working with managers of residential units for children and young people along with the Corporate Parenting and Engagement Lead to look at language used in paperwork such as care plans, in order to produce a trauma informed care plan which has been co-produced with young people.

> A local GP practice has engaged in a series of bespoke workshops for all reception staff and some clinical staff delivered by the Trauma Informed Practice Lead. These sessions were designed to provide space for reflective and constructive discussions, which resulted in several proposed changes to service delivery, including clearer information provided to patients about the range of choices they have available when ordering prescriptions (e.g. online, by phone, in person) and management protecting reception staff from being asked to make challenging/inappropriate phone calls to patients.

Practice Example

"Within Money Matters Advice Service, we offer a variety of contact methods such as over the phone, by video call and in-person (at either a council office or the client's home), with the option to have someone with them for support/reassurance or to give consent for someone to act as a third party representative, to enable the client to use the service in a way that supports them best. A high proportion of our clients have ill health and have often suffered or are experiencing trauma so once a relationship is built with an adviser the client will remain with them throughout and will be referred back to the same adviser if returning to our service within 6-12 months. Care is taken to reduce possible re-traumatizing clients where possible, for example if it becomes known that the client struggles with males, we will ensure that any appointments, advisers and for examples if appeal is required that the Tribunal panel are all female. Small changes have been made to the wording of the contact texts, emails and letters so as not to put pressure on anyone and reminding them that they can contact us at any time. A video explaining how to complete the online enquiry form has also been added to our website to highlight the different options available. People can specify days/times for call backs which suit, or need to be avoided, and they can request a text before calling if they are wary of answering calls from numbers they do not recognise."

Many local areas have also reviewed the physical environments in which services are delivered, to reduce the risk of re-traumatisation and to support recovery. Some of these changes include making changes to physical environments such as replacing strip lighting with lamps with warmer lighting and adding soft furnishings, books, plants and pictures to spaces such as interview rooms to create a more inviting, comfortable and open environment. Many local areas highlighted the importance of collaborative working across different services, partners and external stakeholders to support improvement to physical spaces.

> "Service design within the Alcohol and Drug Partnership (ADP)/ Alcohol and Drug Recovery Service (ADRS) services are focused on the Medication Assisted Treatment (MAT) standards and have consistently achieved the top level in this due to the way that services are engaging and delivering to service users e.g. the duty room was **completely refurbished to be more trauma informed** and used research and service user feedback to understand what is important to include in a room, even when it is for clinic purposes."

> A significant amount of work has also gone into improving the environment in our Justice Social Work services, Housing offices and third sector Mental Health services and local health centre to create trauma informed treatment rooms, clinic rooms, reception, and staffing areas [...] a housing officer has taken a trauma-informed and responsive approach to refurbishing buildings for new homeless accommodation **ensuring lighting, communal and private spaces, decoration all [reflect] the five principles [of a trauma-informed and responsive approach]**.

Practice Example

"To support the planning and change process with Justice services moving to new accommodation, our trauma-informed approach co-ordinator met with the project team, architect, and operational staff, and organised visits to the current settings where there had already been intentional environmental improvements, where discussions were facilitated to ensure trauma-responsive considerations were taken into account and integrated into the design and development of new accommodation.

"The focus of these discussions were on the five principles of trauma-informed approaches to ensure the perspectives of the people who access the services and the staff too were considered in the planning process."

Budget

At a time when budgets continue to be under pressure, a joined-up, strategic approach to embedding trauma-informed and responsive practice and policy can support best use of existing resources. Despite significant challenges around limited capacity, resource and funding, some local areas have highlighted how taking a collaborative approach, across different policy agendas and workstreams, has enabled progress in embedding trauma-informed and responsive practice across the workforce.

> Whole Family Wellbeing Fund and Mental Health & Wellbeing funds have been committed to embedding trauma informed responsive approaches, including direct trauma supports to families and wellbeing supports to the Children and Families workforce. Within Educational Psychology - there has been **a long-standing commitment from education resources to support attachment informed, trauma sensitive approaches**...budget for training and improvement reflect these principles.

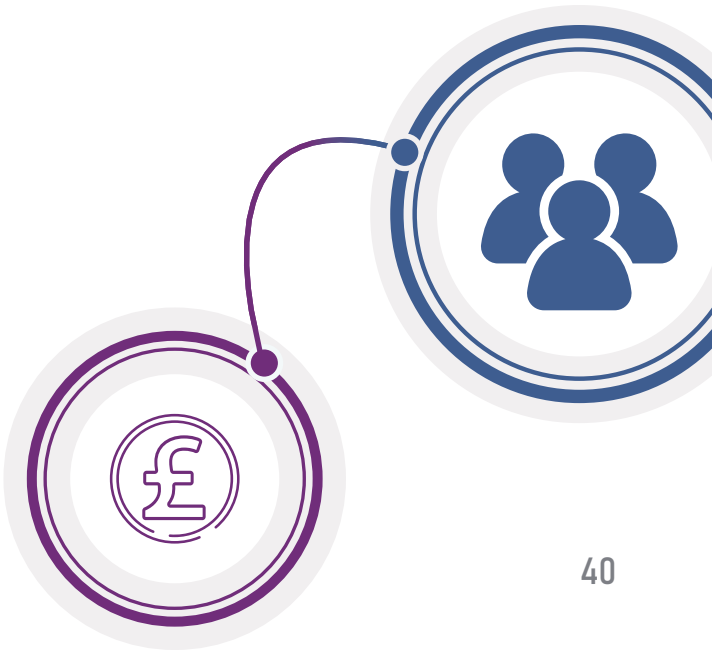
Practice Example

"There have been two key developments regarding budget, funding and contracts in [Local Area]. Namely our corporate contracting team have integrated a commitment to trauma awareness training as part of funding requirements, this has been trialled within our school transport contracts for 2025/ 2026.

In addition to this, our voluntary sector grant funding have also incorporated and requested an understanding of trauma awareness as a requirement of future Community Mental Health and Wellbeing funding."

Whilst we know that many local areas are at different stages of incorporating a trauma-informed approach to budgeting, one local area shared their plans of how this can be applied in ensuring there are processes in place for renumerating people with lived experience of trauma who have participated in engagement activities.

Many local areas have used the funding from Scottish Government, which as of 2025/26 is now baselined into the General Revenue Grant, to fund local Trauma Lead Officer posts and to support the continued roll-out of training. As a result of the funding being baselined, some local areas have highlighted that the Trauma Lead Officer post has been made permanent or that this has enabled a longer-term commitment to the roll out of training for staff across the organisation.



Impact

Over half (59%) of local areas stated that they do not have any formal processes in place locally to capture the impact of embedding a trauma-informed and responsive approach

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 organisations and services.

This type of systemic and culture change takes time, and ultimately what that looks and feels like for people with experience of trauma will depend on people's unique circumstances. To date, the focus for many local areas has been on creating the right conditions of organisational readiness to enable these changes to take place. The nature of this work means we cannot measure the quality of relationships and people's experiences of services through numerical performance indicators. We can however start to measure the short-term and medium-term intended outcomes of a trauma-informed workforce and services with an understanding that these outcomes are likely to contribute to our shared longer-term goals of reducing inequalities and improving outcomes for individuals and communities across Scotland.

The intended short-, medium, and long-term outcomes of this work are set out in the National NTTP logic model (see Appendix). Given the long-term nature of this work and the focus across many areas on building readiness and leadership for this work, we have chosen to focus on the short- and medium-term outcomes only in this report.

Many local areas have highlighted their limited capacity to build in robust evaluation processes to measure progress and evidence the impact of work to embed a trauma-informed approach, and that further support is required to develop consistent approaches to evaluation, progress measurement and evidencing impact. For example, **over half (59%) of local areas stated that they do not have any formal processes in place locally to capture the impact of embedding a trauma-informed and responsive approach**. To respond to these support needs, the Improvement Service has worked with several local areas over the course of 2024-25, supporting them to develop an evaluation framework reflecting local activities and priorities.

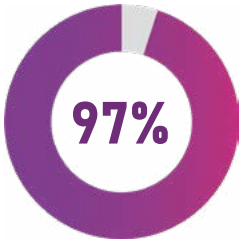
> We hope that with support from the Improvement Service, we will be able to focus more on evidencing the impact of embedding a trauma-informed approach. We have pockets of practice that support this but would like this to be consistent across the whole of the Council. We do not have a Lead Officer to oversee this approach but have a strong overview group that together, hope to drive this work forwards.

Nevertheless, despite these challenges, we are increasingly seeing signs and evidence of progress towards short- and medium term outcomes across local areas, including from a range of different sources demonstrating the early impact of this work in creating trauma-informed and responsive organisations, systems and workforces.

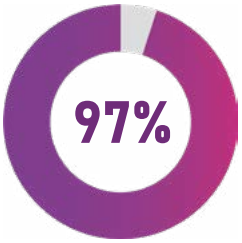
Progress towards short-term outcomes

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

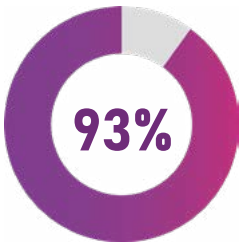
have identified early signs/evidence that **staff are more likely to report increased knowledge and skills around the importance of collaboratively adjusting how they can work to take the impact of trauma into account and respond in a way that supports recovery, does no harm and recognises and supports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



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

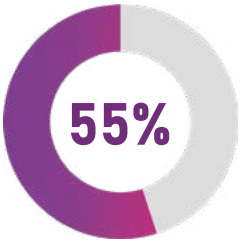


have identified early signs/evidence that **leaders at all levels are more likely to understand, drive, and inspire a trauma-informed approach across their sphere of influence**

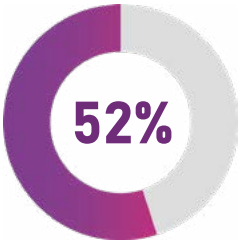


have identified early signs/evidence that **services and systems are more likely to promote environments, relationships and ways of working that recognise the prevalence and impact of trauma**

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



have identified early 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**

Encouragingly, there has been progress across all short-term outcomes compared to the 2024 Learning Report. Where local areas have identified limited evidence of impact towards some outcomes, this should not be interpreted as a sign that no or little progress has been made in these areas, but rather that there is limited capacity for measuring change in the current context and that there is further support required for developing evaluation approaches.

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 feedback, anecdotal evidence, feedback from staff who have engaged with implementation activities and examples of practice changes as a result of the work being undertaken locally. A number of local areas have used staff surveys and feedback processes to evidence progress and impact of activities to support staff wellbeing, despite some resource challenges in responding to the needs of the workforce.

> “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, however **from a management perspective it can be difficult to provide what staff need due to budget constraints**.”

> “Team leaders are also checking how many overdue tasks and active cases advisers have as an indicator of how they're managing their workload so that if the staff member does not ask for support, they can pick up on anyone who is struggling and **proactively speak to the staff member to offer support**.”

Whilst the vast majority of local areas had identified early evidence that leaders are more likely to understand, drive and inspire a trauma-informed approach across their sphere of influence, it is clear that there is still work to do to ensure that there is consistent and sustainable leadership buy-in to this agenda across all systems, organisations and workforces.

> “The development and support of the Integrated Impact Assessment, which includes the cross-cutting issues of trauma, adversity, poverty and inequality, helps ensure that leaders understand and support this vision, however we **require a lot more proactive involvement from leaders so they can fully be trauma responsive and not just informed**.”

> In terms of leadership, a greater awareness of trauma-informed approaches is developing. However much of this development is in its early stages of raising awareness and it would be difficult to evidence strong short-term outcomes on all of these metrics.

Local areas are using a range of different methods to evidence staff knowledge, skills and confidence around trauma-informed responses, primarily **post-training feedback and surveys**, as well as anecdotal evidence from implementation activities demonstrating **practice shifts.**

> Staff reporting increased understanding of the prevalence and impact of trauma: feedback identified in e-module **feedback**, in **staff surveys** relating to the trauma-informed approach programme and also through **collated information from discussion** with strategic leads, senior managers, teams and forums and the evolving peer support group.

> The people who have attended the workshops in general have found them helpful, both from a personal and work perspective. Staff really seem to benefit from the space and time to talk about their experiences at work, which has led them to learn from each other, appreciate what other services do and reduce the sense of isolation. Some of our front-line services have redesigned how they operate by making small changes and apply this the trauma lens to what they do.

> Knowledge and skills data is recorded via **post-training surveys and an annual impact survey**. This not only helps us shape our training offer, but also if the training is offering any **long-term impact** on individual practice and organisational systems.

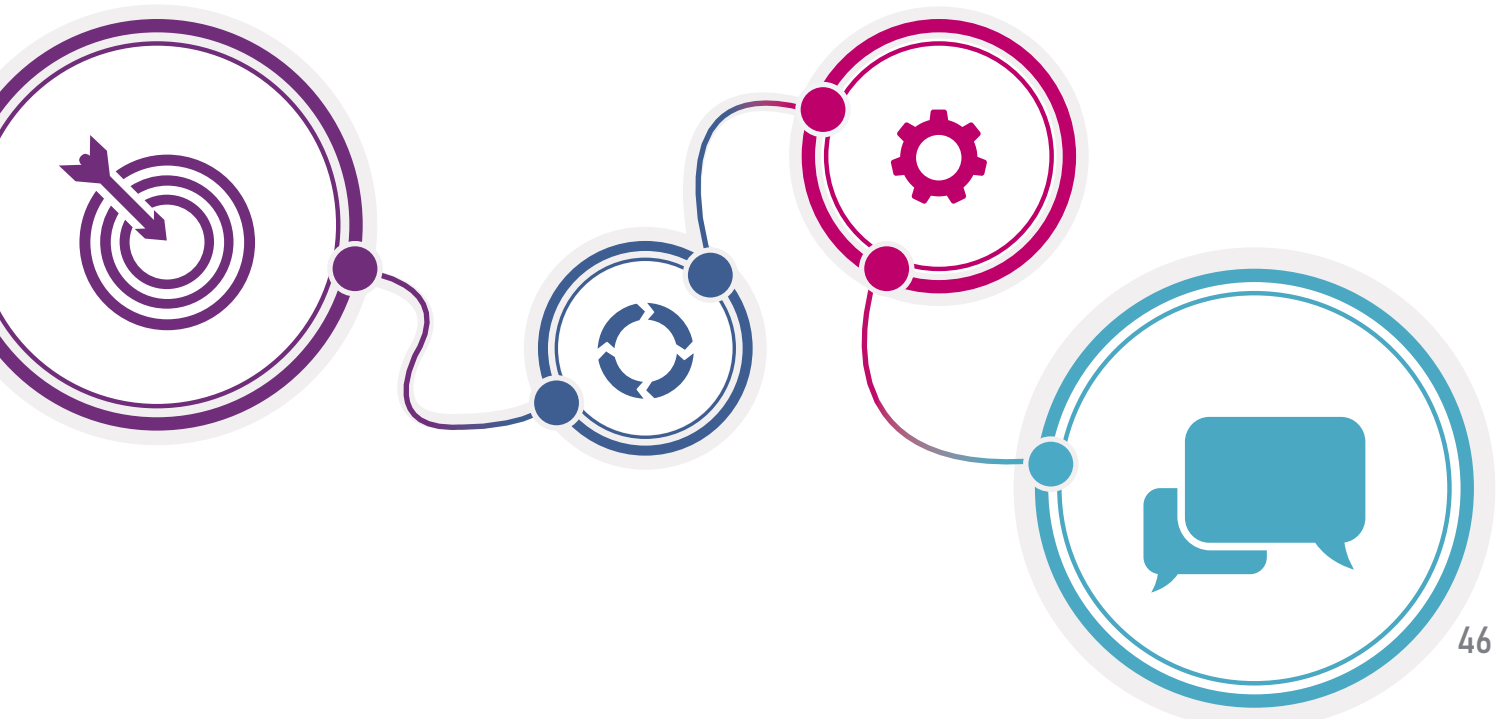
A number of local areas have shared evidence of progress and the impact of changes to processes and procedures at service level; changes to the physical environment; and the way in which information is recorded and presented.

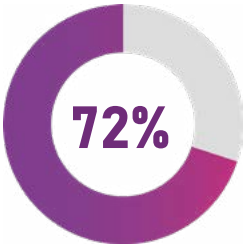
> "The additional Trauma-Informed Practice training and support has had a significant impact upon our service as we have embraced the opportunity to utilise the learning and create positive change as a result. The workforce are now more informed than they have ever been in relation to trauma (and the impact of trauma on behaviours) and are **considerate of this in all dealings they have with people who use our services and with each other...**"

> "There is **emerging evidence that staff are considering trauma informed approaches in their day-to-day work** and this can be **evidenced through reports** completed in social work services such as with Justice colleagues and in Children & families using a Signs of Safety approach."

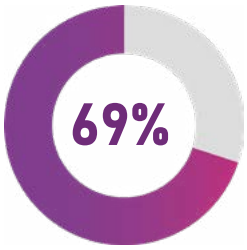
Progress towards medium and long-term outcomes

The long-term nature of culture and systems change work means that some of the medium- term outcomes and many of the long-term outcomes in the national logic model are hard to evidence at this stage of implementation. There is anecdotal evidence captured in the survey responses which suggests that there has been some progress made across all of the short and medium-term outcomes, however due to the broad and high-level nature of the long-term outcomes outlined in the national logic model, it is difficult to evidence progress towards these. Nevertheless, compared to the 2024 Learning Report, there are now encouraging signs that progress is being made towards the majority of the medium-term outcomes in the logic model.

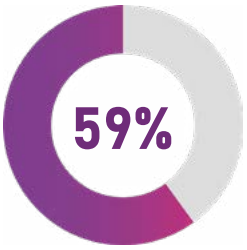




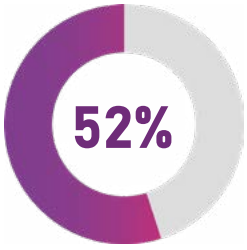
have identified early signs/evidence that **staff are more likely to report feeling confident, supported and empowered to translate knowledge and skills into practice changes**



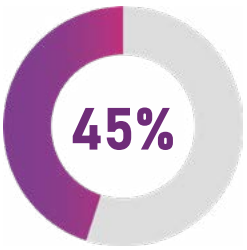
have identified early signs/evidence that **services and systems are more likely to be designed and delivered with an understanding of trauma in mind and around people's holistic needs, and this is balanced with the smooth running of our systems**



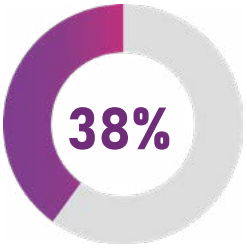
have identified early signs/evidence that **staff are more likely to feel safe and supported at work, and the wellbeing of our workforce is consistently improved**



have identified early signs/ evidence that **people with lived experience of trauma feel empowered to collaboratively effect change across services and systems**



have identified early signs/evidence that **people with lived experience of trauma are more likely to report having positive experiences of engaging with services and systems**



have identified early signs/evidence that **people with lived experience of trauma are more likely to be able to easily access, navigate and engage with services, systems and communities for any needs**

Many local areas highlighted evidence of progress towards the medium outcomes particularly relating to the confidence of staff translating knowledge and skills into their own practice. Local areas also highlighted the importance of the Trauma Lead Officer role and management support in driving this work forward, collecting data, and evidencing impact.

> “Pre- and post-evaluations from Trauma Skilled training indicates staff feel an **increase in confidence in utilising trauma informed practice principles in their own work and make practice changes**. There have been reflections from within the workforce that at times, it doesn't feel as though systems/ processes enable this shift easily, however having a supportive manager can make people feel more encouraged to proactively take a trauma-informed approach to their practice.”

> “**Staff and service user feedback has been used to inform progress locally**. However, evidence for the period is limited due to the absence of a dedicated Trauma Lead, which has impacted the collection and analysis of this information. Despite this, **anecdotal feedback suggests positive engagement with trauma-informed approaches**, and future improvements in data capture are planned as part of ongoing development.”

> “Evidencing progress is a key focus for 2025/26. Limited work took place during 2024/25 due to the absence of a trauma lead for the majority of the period, which impacted our ability to systematically collect and evaluate data. As we move forward, **strengthening our evidence base is a priority**.”

Many local areas have also developed processes to create meaningful opportunities for people with lived experience of trauma to influence change across services and systems. Whilst local areas are at different stages of implementing this work, early learning and anecdotal feedback suggests that significant progress is being made around this important aspect of embedding a trauma-informed approach.

> “Establishing the Transforming Trauma from Stigma to Strength Workforce Lived Experience Group reduces stigma and normalises the prevalence of trauma. It is too early to state definitively if outcomes have improved, but this group is being promoted and the services are being undertaken to effect lasting change. Feedback is captured during and after training workshops and during candle moments sharing at the Trauma Steering Group and Trauma Ambassador Network and this is used to enhance service delivery, replicate good practice and to create new workshop sessions and identify needs at the Workforce Development Group.”

Engaging with people with lived experience

Creating meaningful feedback loops and opportunities for engaging with people with lived experience of trauma is an integral part of creating trauma-informed systems and services for our communities. It can also be a powerful source of evidence of progress and impact of the work we are doing to embed trauma-informed change; it is the experiences of our systems and services by the people who access them, and the staff who work within them, that will ultimately tell us about whether or not they are truly trauma-informed. As a result, local areas have highlighted a range of activities to facilitate consultation with people with lived experience to shape service design and delivery, and to evidence progress and impact of this work.

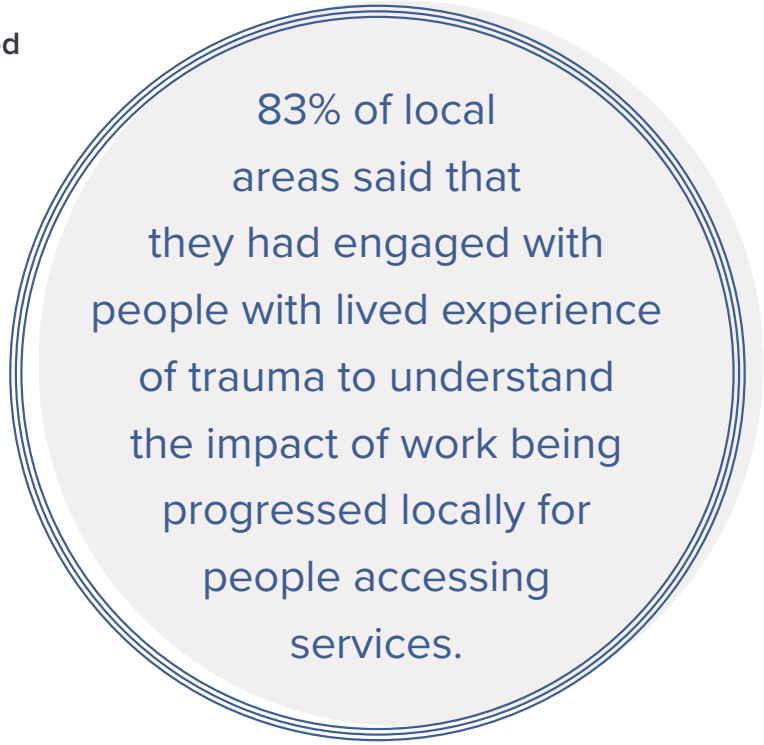
> “People with lived experience of trauma feel empowered to collaboratively effect change across services and systems – through attending the Champions board, seeking advocacy, completing the My Voice Matters survey regarding their care experience...”

> “People report that feedback through evaluation and staff supervision, and also ad hoc feedback, highlights that people are beginning to experience more trauma informed services and systems but this is not consistent.”

> [From a Money Advice service] … For clients it's from personal feedback when completing casework with them where they've said how much easier it is to deal with the same adviser each time, that they feel more comfortable attending in-person or having telephone appointments depending on their needs and that they feel supported and listened too… sometimes for the first time.

83% of local areas said that **they had engaged with people with lived experience of trauma to understand the impact of work being progressed locally for people accessing services.**

Of those who stated that they do not currently have processes in place to engage with people with lived experience of trauma, most are still at the early stages of this work and have plans to take forward engagement and participation activities in the future. Local areas also emphasised the importance of doing this work in a safe and meaningful way which has included taking more time to consider and put in place appropriate mechanisms for engaging and consulting with people accessing services.



> At the current stage, [we] are at the early stages of our journey and have not used a formal way to feedback to those who identify as having lived experience. We have been putting effort into mapping existing feedback loops and avenues to engage to ensure we engage with those with lived experience in a meaningful way.

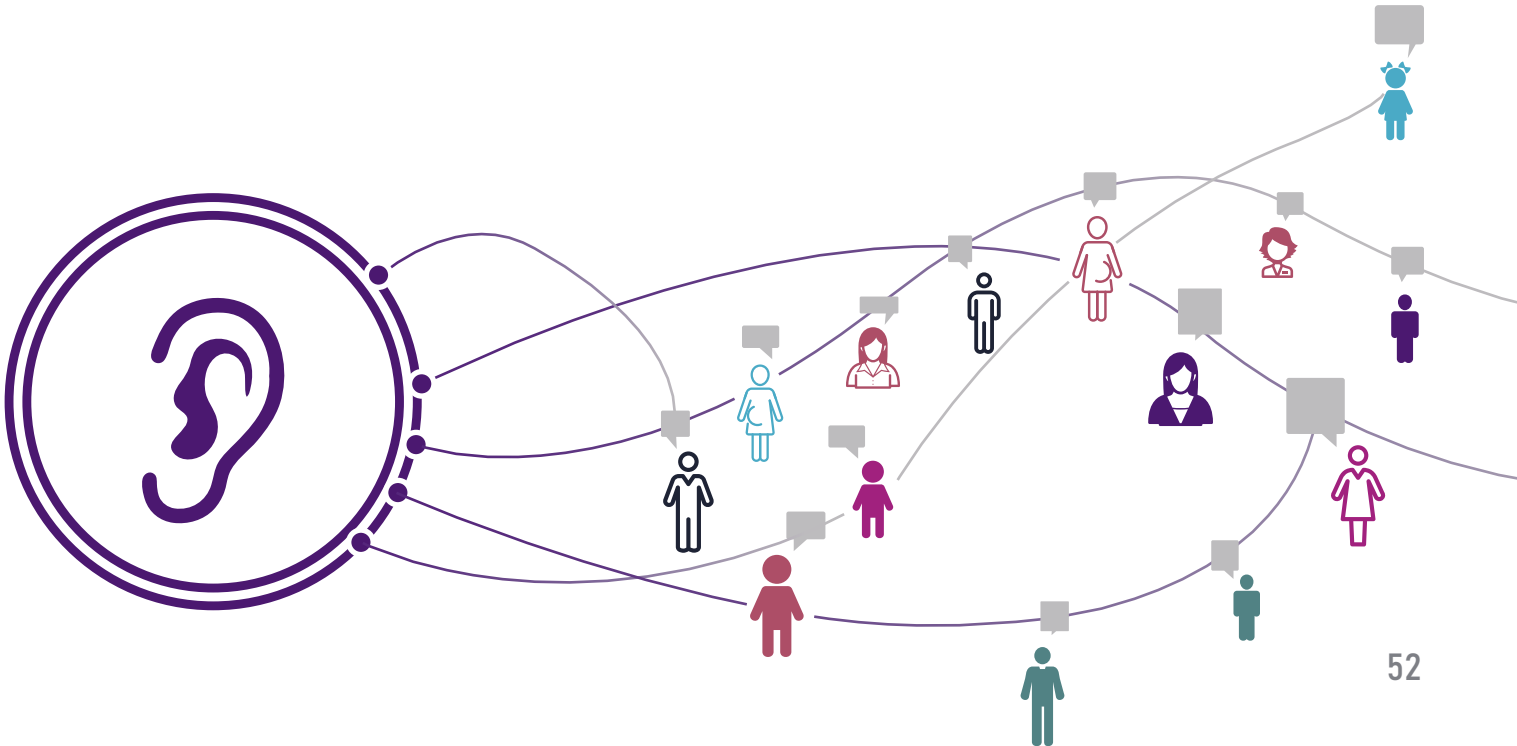
> While there are pockets of good practice in engaging with people with lived experience, particularly within specific services and projects, we have not yet established formal or consistent mechanisms for this across the local area. We recognise that meaningful engagement with people who have experienced trauma is critical to shaping services that are truly responsive and safe. As we move into the next phase of our roadmap, **developing structured and inclusive approaches to lived experience engagement will be a key priority**. This includes exploring co-production opportunities, creating safe spaces for feedback, and ensuring that lived experience voices are embedded in decision-making processes at both strategic and operational levels.

Whilst the majority of local areas have consulted with people with lived experience, **just over half, 57%**, said that the **people they consulted with did not receive renumeration in exchange for their time**. From the information shared by those local areas it is clear however that this is not because local areas do not value the expertise, knowledge and insights shared by people with lived experience of trauma, but rather that there are significant financial and systemic barriers for renumerating people for their time and input. Many local areas have instead reimbursed travel and provide refreshments, however it is clear that even within individual local areas there are inconsistencies in how this is being applied. It is clear more support is needed to support a consistent approach to this across local areas and services.

> We explored this as an option and tried to access funding for this. Our HSCP is currently undertaking work in relation to lived experience financial renumeration, and a paper being written in this regard. Concerns have been raised about the possible financial impact of renumeration on the HSCP as well as impact on the individuals with lived experience [e.g. in relation to implications in relation to benefits entitlements]. Feedback has been provided about the value and importance of renumeration.

> We are in the process of exploring remuneration for consulting people with lived experience in more formal ways, with a local service willing to provide some funds towards this. To date, consultations have been as part of wider pieces of work where lived experience of trauma is not the primary reason for contact being made.

> A number of projects (e.g. Transformation Space, Alcohol and Drug Partnership panel) provide remuneration to those participating. However, at this point we have **still not managed to achieve the creation of a Remuneration policy for the Council which would enable us to remunerate individuals directly**. Payments currently come via third sector partners.

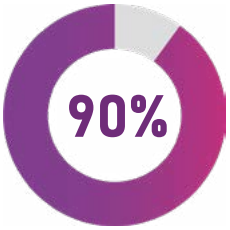


Enablers & barriers to embedding trauma-informed and responsive services, systems and workforces

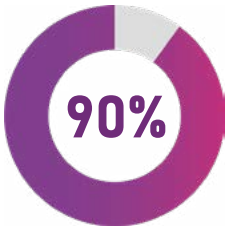
Local areas have highlighted key learning around what has supported progress to embed trauma-informed and responsive change across their organisations, services and workforces, as well as a number of challenges to driving forward this work.

Key enablers

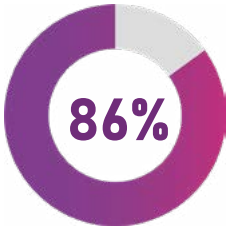
There was broad consensus across the 29 local areas who responded to the survey around what factors had enabled progress across their local areas over the course of 2024/25. Although progress is likely the result of a combination of factors, inlcuding some not covered in the survey, in particular, local areas agreed that the commitment from local services and practitioners, leadership buy-in and commitment, and funding and implementation support from the NTTP have been key to supporting progress.



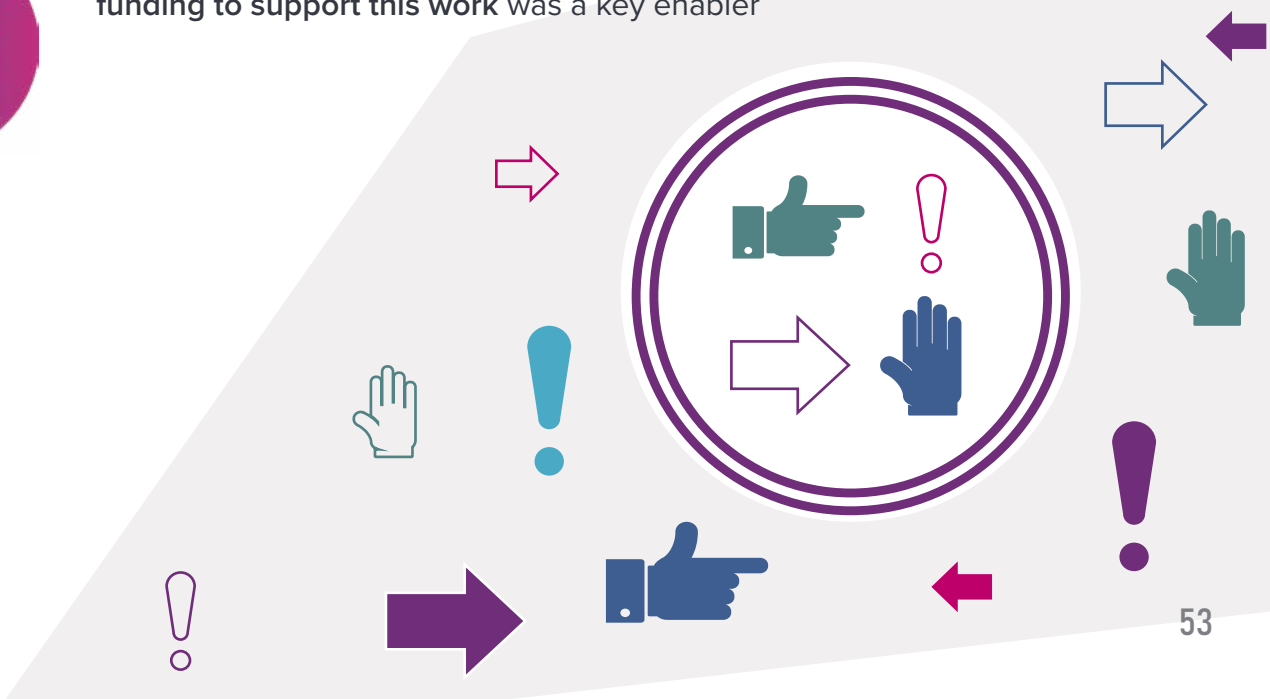
of local areas agreed that **the commitment of local services and practitioners to engage with this work** was a key enabler for progress

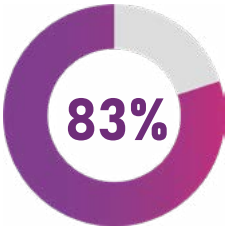


of local areas agreed that **leadership buy-in and organisational commitment to embedding trauma-informed change across the local area** was a key enabler

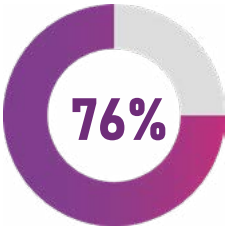


of local areas agreed that the **additional Scottish Government funding to support this work** was a key enabler





of local areas agreed that **training and other implementation support from NTTP partners**[7] has enabled progress



of local areas agreed that **having a Trauma Lead Officer in post to lead on and coordinate this work**[8] was a key enabler for progress

Local areas emphasised **genuine commitment from leadership and management**, both at national and local levels, as a key factor for successfully embedding and progressing trauma-informed and responsive change. This includes engagement and support from senior leaders such as senior managers, chief officers, council leaders and elected members, as well as operational managers. Furthermore, local areas highlighted the impact of a **clear and visible commitment to this agenda** by leaders and leading by example in implementing this into policy and practice. This supports the message that 'trauma is everybody's business' and fosters shared ownership and collective leadership for the trauma agenda. Local areas also highlighted the importance for leadership to recognise the long-term nature of embedding trauma-informed and responsive practice, and that this requires long-term commitment in terms of resources and capacity to engage with implementation and change activities across services and systems.

> "A Head of Adult Mental Health Psychology has championed trauma-informed approaches for many years – and has paved the way for the work we have been able to do. I am also confident that there is broad understanding and agreement at senior leadership level to trauma-informed ways of working."

Local areas also highlighted the **support and resources** developed and provided by NTTP partners has been valuable in supporting them to progress and evaluate work to embed a trauma-informed and responsive approach across their organisations, systems and workforces. A number of local areas shared that

7. This includes support from NES, Improvement Service, and Resilience Learning Partnership, as the national delivery partners for the NTTP, as well as the Trauma Responsive Social Work Services programme, and local support from TPTICs, where they are in post
8. The majority of areas who did not identify having a lead officer as an enabler to progress currently do not have a lead officer in post (83%). In local areas who currently have a lead officer in post, 96% identified this as an enabler to progress, compared to only 17% of areas who do not currently have a lead officer in post.

collaborative peer spaces facilitated by national partners (such as the Collaborative Peer Learning Workshops, co-hosted by the Improvement Service and Resilience Learning Partnership (RLP)) has enabled sharing of learning, knowledge and experiences of progressing this work, and has supported joining the dots across different service areas, sectors and regions. Local areas also highlighted the Lived Experience Network Scotland (LENS), facilitated by RLP, and the Authentic Voice Peer Network, co-chaired by Safe Lives and Improvement Service, as valuable spaces supporting them to explore ways to build sustainable and meaningful feedback loops with people with lived experience.

Local areas highlighted the importance of **partnership working** and **relationships** with key community planning partners, TPTICs (where they are in post) and Trauma Champions for driving forward this agenda locally. There has also been a wealth of work being undertaken by local areas to **join the dots across different policy agendas** and service areas to strengthen the collective commitment to a trauma-informed and responsive approach, including collaborating on specific projects and activities.

> "Working across systems, organisations and in a multi-agency way meant that a long time was required to develop an agreement on language to use when writing documentation…however, taking time to develop this shared language meant all involved could feel a sense of ownership and belonging. This effort reduced the "Them vs. Us" mentality and ensured further opportunities to work together in the future."

> "Relationships are key to supporting individuals with the passion for the agenda…promoting knowledge and delivering training across the public and third sector has been central to rolling out this agenda."

Local areas highlighted ways they are fostering **collaborative working approaches** with partners. For example, through the development of integrated impact assessments, facilitating cross-cutting conferences and networking events, designing and developing local cross-cutting policies and strategies, and representation at different working groups. This illustrates the vast breadth of work being undertaken locally to ensure that trauma-informed and responsive practice is understood as joint and collaborative ambition and underlines the integral role of local Trauma Lead Officers in coordinating this work across local areas.

The importance of a **dedicated Trauma Lead Officer role** to coordinate activities, build connections and make links across systems, services and organisations was continually reiterated by local areas. Having a named person to build momentum

across the local area and drive forward actions and activities is supporting sustainable progress towards achieving local and national outcomes.

> “Our Trauma Lead Officer has been invaluable to helping us start the process of weaving a trauma informed and responsive approach into all we do. Her expertise, energy and determination has pushed the commitment forward and kept progress moving.”

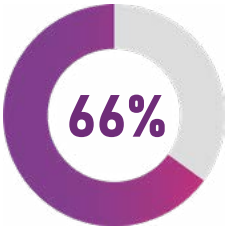
> “Having a single point of contact as a Trauma Lead allows for an understanding of what Trauma Informed Practice looks like for the different sectors and the training available. This will help develop collaborative pathways and allow sectors to understand what each other is doing.”

A number of local areas also shared the importance of **engaging with people with lived experience** of trauma as integral for progress to be made and sustained. Developing and maintaining robust, safe and meaningful processes to facilitate consultation and engagement activities has enabled the design, development and delivery of services to be responsive to the rights and needs of those who are accessing them. Many local areas reported working closely with third sector partners to support with lived experience engagement, and a number of local areas commented that they have developed processes for staff with lived experience to provide input, insight and expertise on strategy and policy development.

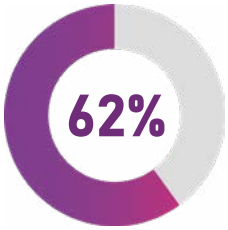
> “Working with people with lived experience and their generosity in sharing knowledge, skills and values and holding services/ systems/ organisations to account enabled us to make progress.”

Key barriers

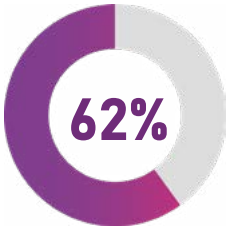
There was more variation in responses from the 29 local areas who responded to the survey in relation to the key barriers to progressing this work locally. Nevertheless, the majority of areas agreed that staff turnover and recruitment challenges, a lack of workforce wellbeing supports and capacity to engage with this work, and uncertainty and/or lack of appropriate funding are barriers to long-term implementation and planning around the trauma agenda.



of local areas agreed that **staff turnover and recruitment challenges** are a barrier to local progress

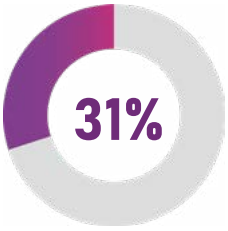


of local areas agreed that **lack of workforce wellbeing and capacity**– both organisational and individual capacity - to engage with this work is a barrier



of local areas agreed that uncertainty around, and/ or lack of **appropriate funding and resources to take forward this work locally** is a barrier to progress locally

of local areas agreed that **challenges around availability and access to appropriate training** for staff has been a barrier for progress



of local areas agreed that a **lack of leadership and/ or organisational commitment to this work** was a key barrier to progress

Local areas 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 reflect on the learning and translate this knowledge into their everyday practice. Some local areas also highlighted **continued challenges around capacity and availability of training**. The Knowledge and Skills Framework (2017) and National Trauma Training Plan (2019) set out the knowledge, skills and training required across the Scottish workforce. However, many local areas highlighted that workers from across a range of services/ policy areas—not just

those who explicitly support people with recovery from trauma—are increasingly supporting people in crisis. This requires additional capacity for training and implementation support, and also has implications for workforce wellbeing.

> "Although the NES Modules are available to all staff across the Partnership, small, rural areas have **significant challenges relating to capacity**... feedback from the community has shown that the impact of focused training on Trauma is successful at the time, however **with staff turnover and movement, some of the momentum in embedding the knowledge, skills and confidence has been lost** with few long serving staff members often sought for support regarding Trauma Informed Practice."

> "**Staff capacity to attend training continues to be a pressure with managers reporting difficulty releasing staff for training**. At a recent training even over half of the delegates did not attend on the day due to reported last minute pressures within services."

Local areas also highlighted difficulties around **retention, recruitment and high staff turnover** which can impact the capacity for systemic and culture change, affect service pressures and ultimately increase the risk of staff burnout. This highlights the **importance of ensuring staff wellbeing is prioritised** within strategic decision-making processes at both local and national level.

The **many competing demands and pressures on staff** can also make a shared commitment to trauma-informed and responsive change a challenge across many local areas. Local areas highlighted that often, policy agendas with a statutory footing take priority for leadership and management and can lead to trauma-informed and responsive practice feeling like an additional ask on a system that is already very stretched. Despite recognising that **a trauma-informed and responsive approach supports other local and national strategic priorities and cross-cutting policy agendas**, many local areas said that for frontline staff in particular, balancing other commitments and service pressures can be a barrier to implementing a trauma-informed and responsive approach in practice and can run the risk of it being considered as 'another thing to do'.

> “Partners shared that one of the biggest challenges is services not prioritising or implementing this approach has created inconsistency across services and organisations. This is a way of challenging health inequalities, but the structure stops this happening.”

> “Finding the time amongst other competing priorities has been a challenge. Although links across various policy areas is recognised, establishing a working group and completing an initial Trauma Self-Assessment has been challenging due to capacity constraints. Capacity issues have also impacted the availability of trainers and the ability for the workforce to be released for training.”

Local areas highlighted a **lack of leadership or organisational commitment** as a challenge to meaningfully progress this work, and emphasised the need for continued support to strengthen leaders' understanding of a trauma-informed and responsive approach and how it can support existing local and national priorities. In some local areas, there is a lack of engagement from managers in training and resources, which can lead to limited knowledge, understanding and appreciation of the importance of embedding a trauma-informed and responsive approach in the work of their organisation or service.

Difficulties associated with the **recruitment and retention of local Trauma Lead Officers** due to short-term contracts and the Scottish Government funding not covering the full salary costs for these posts, was also highlighted as a challenge. Whilst the recent baselining of Scottish Government funding for 2025/26 demonstrates Scottish Government and COSLA's commitment to this agenda, there are concerns from local areas around this funding not being sufficient to support long-term culture change and the risks associated with Trauma Lead Officer roles not being continued or extended beyond current contract, and this work being 'absorbed' into other policy agendas and system responses. Trauma Lead Officers, alongside other key community planning partners and TPTICs, where they are in post, are central to coordinating activities across the local authority area, supporting with implementation at operational and strategic levels, and identifying opportunities for collaboration across cross-cutting policy agendas.

> In August 2025, a decision was taken not to [...] continue the Trauma Lead Officer role. This will cease from September 2025, following a 3 year period. [Instead] funding will be directed to the sphere of prevention based work which will incorporate a trauma informed approach [...] while the prevention work is very welcome there is a very real concern that without a named individual to lead on this work that momentum will be lost and progress compromised.

Similarly, with their specialist expertise, TPTICs are an integral resource to the work happening across local areas, and many local areas highlighted the benefits of joint working between Trauma Leads and TPTICs across their local areas. However, local areas highlighted concerns in relation to **limited resources to support TPTICs** and that the allocated time equivalent they operate on often is not sufficient to support the implementation of trauma-informed and responsive practice, particularly for those who cover large Health Board areas and work across a number of different Local Authority areas with different needs and strategic priorities. Local areas emphasised sustainable investment into these roles as important to support the long-term nature of this work.

There are also **challenges to meaningfully engage with people with lived experience** and ensuring that people are appropriately renumerated for their time, insight and expertise. Local areas have highlighted concerns around commencing consultation and engagement activities with people with lived experience in the absence of resources to pay people for their time and participation. This has led to gaps around ensuring service and policy design and delivery is in line with and responsive to the needs of those accessing support.

> [A barrier that has held up progress locally has been] achieving meaningful engagement with people with lived experience in an ethical and sensitive way to co-design any service improvements.

Recommendations and looking ahead to priorities for creating trauma-informed and responsive organisations, systems and workforces

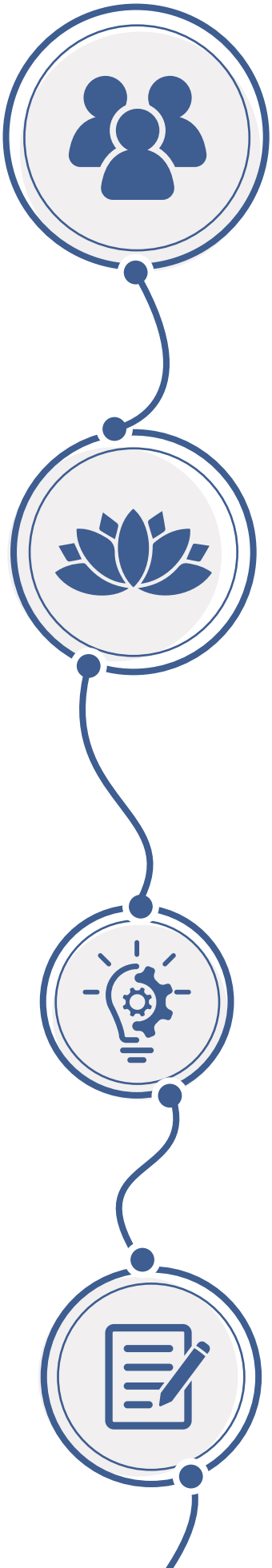
This Learning Report comes at a critical time given that a commitment to a trauma-informed and responsive approach is increasingly embedded in legislation, national strategies, policies and practice guidance. In April 2025, Scottish Government announced that the annual allocation of funding to support the implementation of the NTTP and trauma-informed and responsive services has been permanently transferred into the General Revenue Grant starting from 2025/26. This demonstrates the long-term commitment to this agenda by Scottish Government and COSLA and highlights the importance of developing trauma-informed and responsive services, systems and workforces as central to delivering key local and national priorities around developing person-centred services, public service reform and reducing inequalities.

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

Priorities for local areas 2025/26 and beyond

Many local areas noted that the decision to baseline the funding for local areas as part of the local government funding scheme from 2025/26 onwards is a welcomed reflection of the long-term commitment to this agenda and is supporting longer-term planning locally. However, some areas also noted concerns around the potential for this funding being absorbed or diverted into other policy areas, due to the lack of 'ring-fencing' for this funding and consequently concerns around the future of Lead posts remain in some areas. One of the key priorities of the new National Trauma Leads Network is therefore to raise the profile of this work, and the importance of the Trauma Lead Officer role in driving forward and coordinating this work locally.

In addition to strengthening long-term support for the trauma-agenda and the sustainability of Trauma Lead and TPTIC roles, local areas have identified a number of additional priorities for their work to embed a trauma-informed and responsive approach across their organisations, systems and workforces in 2025/26, and beyond, including:



Developing collective leadership, governance and accountability by:

- Continued promotion of STILT training follow up implementation support for local leaders
- Developing sustainable local governance routes for the work to embed a trauma-informed approach
- Facilitating leadership events, workshops and conferences with a focus on implementation, reflective leadership and supporting staff wellbeing
- Engaging with leaders across policy areas to embed a trauma-informed approach in local strategic priorities

Increased focus on staff care, support and wellbeing by:

- Developing trauma-informed and responsive supervision processes for staff
- Awareness raising of the impact of vicarious trauma for staff
- Develop meaningful feedback loops for staff to inform strategic decision making and policy development
- Supporting managers to implement and promote use of wellbeing tools to support staff
- Strengthening processes which recognise and uphold the rights of staff to feel safe and supported at work as well as highlighting the duty of care of organisations, services and systems in supporting staff care, support and wellbeing
- Using the Roadmap self-assessment conduct a staff wellbeing needs analysis

Increase capacity and capability of the workforce through:

- Continued roll out of training in line with the Knowledge and Skills Framework across all staff groups
- Explore opportunities to deliver Train the Trainer programmes to build sustainability and support consistency across services
- Increased focus on the strengths and skills of the workforce by celebrating resilience, progress and growth
- Create and promote existing local and national peer support spaces to share learning and good practice, and build collective capacity

Opportunities for meaningful and safe engagement with people with lived experience of trauma through:

- Developing robust, continuous feedback loops that reflect the trauma-informed principles to inform service design and delivery
- Embedding co-design and co-production process, including in strategic decision making
- Explore processes and policies for renumeration

Strengthen links to cross-cutting agendas by:

- Emphasising trauma as 'everybody's business'
- Continuing to make links between the trauma agenda and cross-cutting policy agendas
- Taking a trauma-informed lens to new and existing policies, procedures and communications
- Embedding a trauma-informed and responsive approach in strategic plans and development

Increased focus on evaluation and evidencing impact, including:

- Developing evaluation and measurement frameworks to track progress and evidencing impact
- Documenting good practice and sharing learning across services

Creating the infrastructure, scaffolding and leadership needed to ensure long-term sustainability of the trauma agenda

Local areas have highlighted the usefulness of support available from various NTTP partners, including tailored and targeted support for priority service areas, for developing learning and building capacity across different sectors and policy agendas. Similarly, dedicated roles, such as Trauma Leads and TPTICs, are incredibly valuable to progressing this work. However, given the scope of the ambition locally and nationally, it is not feasible for these roles alone to deliver on this. Instead, the work to embed trauma-informed and responsive organisations, systems and services needs to be supported by local and national infrastructure to support and sustain the changes that are happening in the long term.

> "Feedback from our recent development session highlighted that often we can try to be too ambitious – in trying to achieve lots, the quality suffers. We want to be mindful of the balance between making vital progress and ensuring that the change we make is meaningful and lasting."

Many local areas emphasised that without a national strategy and delivery plan for the NTTP, embedding a trauma-informed approach can still often be seen primarily as a short-term training initiative for specific services, or as a specialist intervention. Local areas highlight that this can create barriers for leadership 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.

Accountability for this work continues to be a complex challenge with local areas highlighting the difficulty of securing leadership buy-in and commitment without clear national accountability mechanisms for this work, given the range of competing priorities local areas face. Because of the complexity and wide scope and ambition of the trauma work, and given its focus on organisational and culture change, there is a risk that a national reporting requirement could focus on limited indicators around the quantity of work taking place, rather than quality. This would provide limited insight into progress and impact of the work across the key themes of the Roadmap, and would provide limited thematic learning around opportunities, challenges and where further support might be needed. In response to this, this Learning Report and survey has been developed by the Improvement Service in collaboration with local and national partners, to capture thematic learning from across Scotland on the progress and impact of work to embed a trauma-informed and responsive approach across their organisations, systems and workforces.

Local areas emphasised the key role of the National Collective Leadership Group in developing collective leadership around this agenda and local stakeholders would welcome continued focus on how the Group can support greater accountability for this work locally and nationally.

Local areas also emphasise the importance of a joined-up approach and the need for collective leadership and responsibility for progressing this work, both locally and nationally. The formalising in 2025 of the National Trauma Leads Network from an informal peer support network to a formal, national Network is another step towards supporting greater consistency and collaboration across local areas and developing a collective voice on issues of concern across the Network.

Responding to the current context for the workforce and wider communities

Local areas continue to highlight the ongoing complexity and challenging context of this work in the public and third sectors. In particular, local areas highlight the range of competing demands placed on local authorities and community planning partners and increasing pressures on an already unstable public infrastructure and increasingly complex needs of both the workforce and communities. Local areas continue to highlight that a range of service areas, not just explicit support services, are increasingly supporting people in crisis, and the impact of this on staff wellbeing and training requirements for those staff. Developing and supporting joined-up practice and supporting staff care, support and wellbeing is becoming increasingly important within this context.

The care, support and wellbeing of staff (including paid employees, volunteers and peer mentors) is key to embedding a trauma-informed and responsive approach. There has also been an increasing recognition that there is no ‘them’ and ‘us’ when it comes to supporting the workforce and an understanding that many colleagues will have their own experiences of trauma, either in their personal lives,

their professional roles, or both. As such, staff care, support and wellbeing has progressively become a main focus of work across many local areas who have invested efforts to ensure that the rights of staff to feel safe and supported at work are upheld and recognised as part of organisations, systems and services' duty of care for employees. The current challenging circumstances in relation to restricted capacity and limited resources have also reaffirmed the importance of workforce wellbeing and the need to prioritise staff care, support and wellbeing within local planning and decision-making.

Strengthening links to other cross-cutting policy agendas

A commitment to embedding a trauma-informed approach is increasingly embedded in national strategies, action plans, practice guidance, and some legislation. This covers a range of policy areas, and cross-cutting priorities where a trauma-informed approach is increasingly recognised as important. Local areas emphasise the importance of continuing to develop the messaging around a trauma-informed approach as central to fulfilling statutory obligations and delivering many local and national priorities, including as part of wider public service reform.

In the 2024 Learning Report, local areas highlighted the value in creating a clear national narrative around trauma as a public health priority, 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. Similarly, Trauma Lead Officers continue to highlight the need to continue to ensure a trauma-informed approach is embedded in work to deliver on other national and local policies and priorities, such as the Population Health FrameworkPopulation Health Framework and the review of the Mental health and wellbeing strategy delivery planMental health and wellbeing strategy delivery plan.

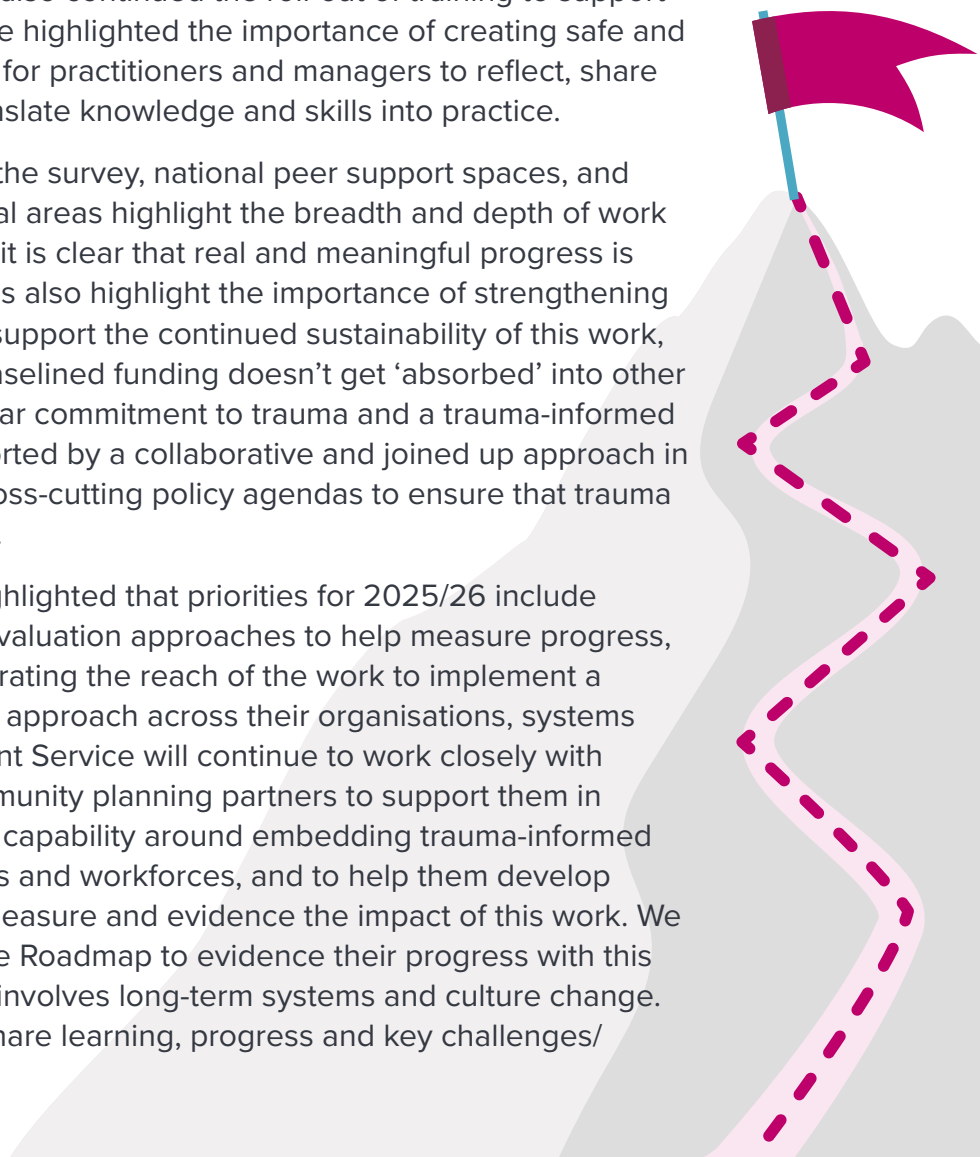
Summary and next steps

Over the last four years, local authorities have each received funding from the Scottish Government to support local areas strengthen their capacity and capability in embedding a trauma-informed and responsive approach.

Significant progress has been made in progressing this work, including across all nine key drivers of the Roadmap. Each local area has its own priorities in relation to their needs and context and has used the additional funding in 2024-25 to build on existing good practice and learning. Similar to last year, many 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, within wider culture and systems change work. This has included a focus on developing trauma-informed organisational culture and strengthening leadership commitment, and many have made positive steps to embedding a trauma-informed and responsive approach to policy and processes and service design and delivery through the use of the Trauma-Informed Lens tool. As the current context for the Scottish workforce remains challenging, with increased competing demands placed on local authorities and community planning partners and challenges with workforce capacity and financial uncertainty, many local areas have also focused efforts on developing approaches to staff care, support and wellbeing. Local areas have also continued the roll-out of training to support workforce development and have highlighted the importance of creating safe and meaningful peer support spaces for practitioners and managers to reflect, share learning, and explore how to translate knowledge and skills into practice.

The information shared through the survey, national peer support spaces, and individual engagements with local areas highlight the breadth and depth of work happening across Scotland, and it is clear that real and meaningful progress is being made. However, local areas also highlight the importance of strengthening national and local leadership to support the continued sustainability of this work, especially in ensuring that the baselined funding doesn't get 'absorbed' into other system responses. There is a clear commitment to trauma and a trauma-informed and responsive approach, supported by a collaborative and joined up approach in making connections between cross-cutting policy agendas to ensure that trauma underpins all policy and practice.

A number of local areas have highlighted that priorities for 2025/26 include focusing efforts on developing evaluation approaches to help measure progress, evidencing impact, and demonstrating the reach of the work to implement a trauma-informed and responsive approach across their organisations, systems and workforces. The Improvement Service will continue to work closely with all 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, and to help them develop evaluation approaches to help measure and evidence the impact of this work. We will support local areas to use the Roadmap to evidence their progress with this work, recognising that this work involves long-term systems and culture change. In addition, we will continue to share learning, progress and key challenges/



opportunities with national partners, including Scottish Government, COSLA, NHS Education for Scotland and Resilience Learning Partnership, and continue to support the new National Trauma Leads Network to strengthen communication between local and national stakeholders and help inform strategic decision and policy making to ultimately improve outcomes for those of us affected by trauma across Scotland's communities.

Useful resources

National Trauma Transformation Programme (NTTP) Website:
www.traumatransformation.scot

- A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland (2023)
- Transforming Psychological Trauma: Knowledge & Skills Framework (2017)
- Scottish Psychological Trauma Training Plan (2019)
- NTTP Training resources
- Case studies
- Briefing paper: Improving outcomes for people and communities affected by poverty, inequality, trauma and adversity: Joining the dots across key policy agendas
- Infographic: Improving outcomes for people and communities affected by poverty, inequality, trauma and adversity: Joining the dots across key policy agendas

Appendix: Logic Model

Inputs	Activities (as outlined in part two of the roadmap)	Short-term outcomes	Medium-term outcomes	Long-term outcomes
Leadership and organisational commitment to continuous improvement and long-term culture and systems change Safe and supportive organisational culture for beginning this work Time and resource for all staff to engage with wellbeing support, trauma training and implementation Financial investment (e.g., releasing staff for training and implementation, making changes to service design & delivery identified through feedback loops and power sharing)	Developing trauma-informed leadership Strengthening staff care, support and wellbeing Embedding feedback loops and continuous improvement Creating opportunities for power sharing with people with lived experience of trauma Supporting staff knowledge, skills and confidence Taking a trauma-informed lens to policies and processes, and service design and delivery	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 Staff are more likely to report increased understanding of the prevalence and impact of trauma on themselves and the people and communities they serve 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 People with lived experience of trauma are more likely to experience services and systems that consistently offer choice, trust, safety, collaboration and empowerment People with lived experience of trauma are more likely to report that services and systems proactively welcome feedback about their experiences to support continuous improvement Leaders at all levels are more likely to understand, drive, and inspire a trauma-informed approach across their sphere of influence Services and systems are more likely to promote environments, relationships and ways of working that recognise the prevalence and impact of trauma	Staff are more likely to feel safe and supported at work, and the wellbeing of our workforce is consistently improved Staff are more likely to report feeling confident, supported and empowered to translate knowledge and skills into practice changes People with lived experience of trauma are more likely to report having positive experiences of engaging with services and systems People with lived experience of trauma are more likely to be able to easily access, navigate and engage with services, systems and communities for any needs People with lived experience of trauma feel empowered to collaboratively effect change across services and systems Services and systems are more likely to be designed and delivered with an understanding of trauma in mind and around people's holistic needs, and this is balanced with the smooth running of our systems	Improved health and wellbeing of people with lived experience of trauma Improved outcomes (e.g. in education, justice, employment) for people with lived experience of trauma Reduced inequalities for people with lived experience of trauma National Performance Framework Outcomes: We respect, protect and fulfil human rights and live free from discrimination We live in communities that are inclusive, empowered, resilient and safe We grow up loved, safe and respected so that we realise our full potential We are healthy and active

improvement service

Nov 2025