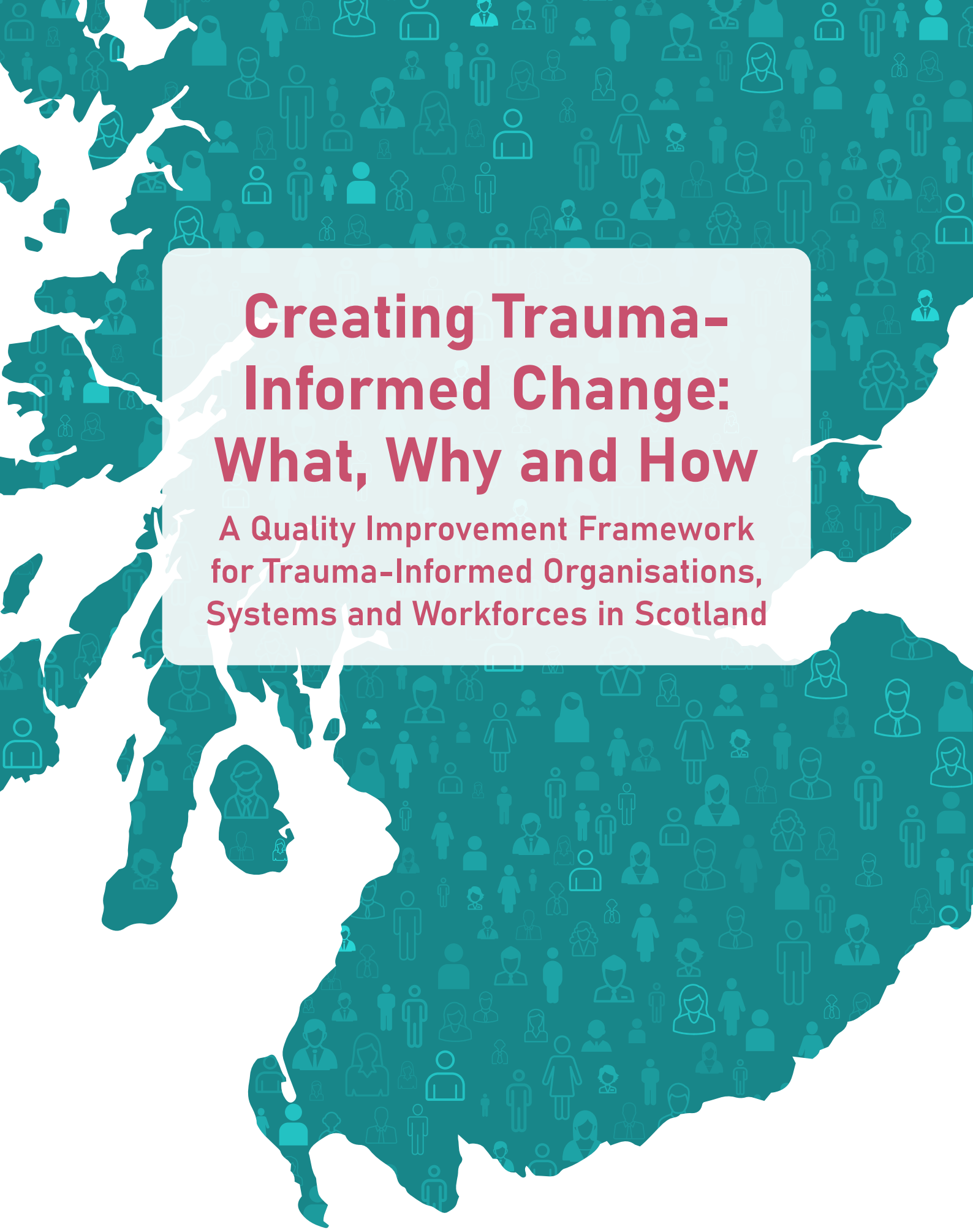

Creating Trauma-Informed Change: What, Why and How

A Quality Improvement Framework for Trauma-Informed Organisations, Systems and Workforces in Scotland

Scottish Government
Riaghaltas na h-Alba
gov.scot

Resilience Learning Partnership

NHS Education for Scotland

COSLA

improvement service

Foreword

Acknowledgements

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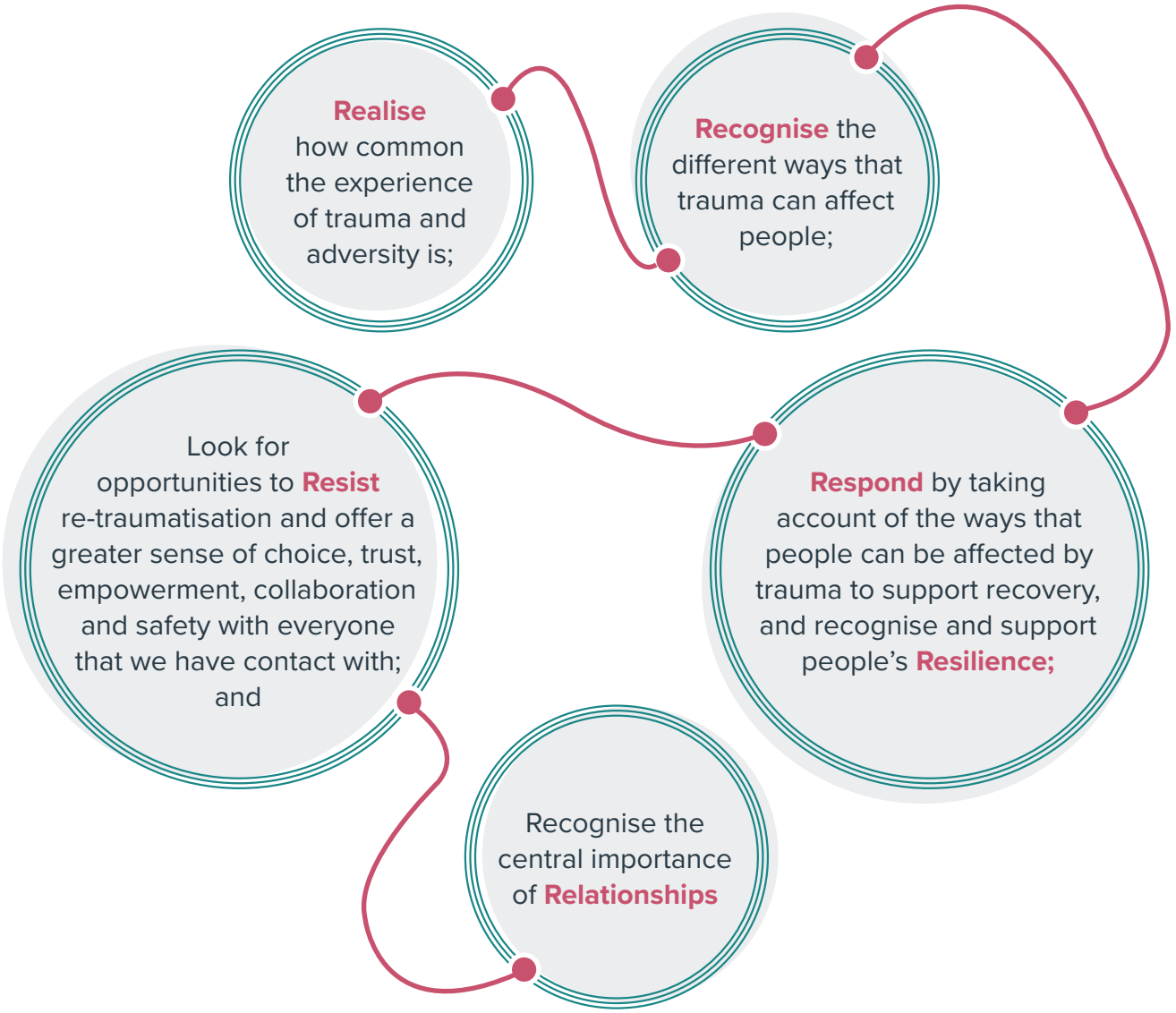
Background

The Scottish Government has made a commitment to preventing Adverse Childhood Experiences (ACEs) and to supporting the resilience and recovery of all children and adults affected by psychological trauma. It is the Scottish Government and COSLA's ambition for Scotland to have trauma-informed services and workforces that are capable of recognising where people are affected by trauma and adversity, that are 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 established a National Trauma Training Programme (NTTP), led by NHS Education for Scotland (NES). The NTTP have developed a number of training and implementation resources to support everyone in Scotland's workforce to have the knowledge and skills they need to support this ambition, including the Transforming Psychological Trauma: Knowledge and Skills Framework for the Workforce (NES, 2017).

The aim of the Knowledge and Skills Framework is to create a shared language and understanding around what a trauma-informed workforce looks like, and to clarify what we need to know and are able to do in order to:



What is psychological trauma and why does it matter?

Trauma is often defined as "an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening"[1]. This could be a single incident such as rape, suicide and sudden bereavement or a serious accident, or complex trauma that takes place over a prolonged period of time, such as child abuse, neglect, human trafficking or different forms of gender-based violence, including domestic abuse.

As a society, we are becoming increasingly aware that living through traumatic events is more common than previously realised. Many people will have existing support in place through family, friends and their community to help their resilience and help them recover from the impact of traumatic events or even experience positive growth. But we also know, from listening to the experiences of those who have lived through trauma, as well as from the findings of scientific research, that traumatic life experiences can have a significant impact on people's lives, increasing the risk of poorer outcomes across health, social, educational and criminal justice outcomes. We also know that trauma can affect people at any stage in their lives and that particular sections of the population (e.g., children) are more vulnerable to trauma. And we know that the risks of poorer outcomes are compounded by the difficulties which people who are affected by trauma can have in accessing and using services.

The evidence is building that trauma increases the risk of additional needs and complexity but also trauma-related impacts such as difficulties with trust, which can increase the barriers to accessing the services and support that could best help people. There is growing evidence that trauma-informed systems and practice, where the impact of trauma on those affected is understood by staff, and systems are adapted accordingly, can reduce barriers to engagement and result in better outcomes for people affected by trauma.

The evidence is building that trauma increases the risk of additional needs and complexity

Why focus on trauma-informed organisations, systems and workforces?

An incredible amount of work has been happening across the public, third and private sectors in Scotland to increase awareness of the prevalence and impact of trauma. There is growing evidence across Scotland that a workforce—including voluntary staff, paid staff and peer workers—who have received high-quality trauma training relevant to their role feel better equipped to recognise and respond to trauma.

Learning from research and consultation with leaders, experts by experience and experts by profession from organisations across Scotland highlights that workforce training is a key component of any organisation's journey to becoming trauma informed. Equally important are the culture, environments and ways of working across all of our organisations and multi-agency. No matter how trauma informed a practitioner may be, if they are constrained by cultures, environments and systems that do not recognise the impact of trauma, they may be unable to put into practice their knowledge and skills around resisting re-traumatisation and supporting people's recovery.

> "Rather than being a specific service or set of rules, trauma-informed approaches are a process of organisational change aiming to create environments and relationships that promote recovery and prevent re-traumatisation[2]"

All organisations in Scotland have a role to play in understanding and responding to people affected by trauma. Some organisations are designed to provide specialist support to people to help them recover from their experiences of trauma; others provide care and support which is not specifically related to recovery but it is likely that, through the services they offer, they will be supporting people affected by trauma. Others may not provide care or support but may play a key role in policymaking and/ or commissioning services that provide care and support. People working in other organisations that, while they do not offer any kind of care or support, will still likely come into contact with colleagues and members of the public, many of whom could have been affected by trauma.

1. Substance Abuse and Mental Health Administration (SAMSHA) (2014) Concept of Trauma and Guidance for a Trauma Informed Approach SAMSHA Trauma and Justice Strategic Initiative July 2014. U.S. Department of Health and Human Services, office of policy, Planning and Innovation
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6088388/

The ambition to develop a trauma-informed approach across the full breadth of organisations and systems in Scotland is for two reasons. First, a trauma-informed approach supports the recovery of those affected by trauma by providing them with a different experience of relationships, one in which they are offered safety rather than threat, choice rather than control, collaboration rather than coercion, and trust rather than mistrust. Each encounter provides an opportunity to reverse the association between trauma and relationships and can help reduce barriers to accessing support. These encounters could be as simple as a phone call with a business, a conversation in a taxi or a visit to the library, for example, or through more sustained relationships with a GP, a social worker or a teacher. The consistency of a trauma-informed approach across all of these encounters in a person's life has the potential to make a difference.

> **"If there's a consistency across agencies in terms of a trauma-informed approach and that people are trained in similar ways or using the same sort of resources or tools, then you would hope that the way in which different agencies deal with people who are dealing with trauma, would be somewhat consistent, even though the different agencies are there to achieve different things"**
>
> Witness in the justice system

Second, all organisations, regardless of purpose, are made up of people. Because of the prevalence of trauma, we know that many people in our workforce—our colleagues, our employees and our leaders—may have been affected by trauma in their own lives. We also know that, because of their role in supporting people affected by trauma, some jobs put people at higher risk of experiencing vicarious trauma. Understanding the prevalence of trauma means that we know there is no "them" and "us"— anyone can be affected by trauma.

Understanding the prevalence of trauma means that we know there is no "them" and "us"— anyone can be affected by trauma.

All services and organisations operate within complex systems that often involve multiple partners, processes, and priorities. Because of their complexity, systems often have the potential to work in ways that are often unintentionally re-traumatising, cause more harm, and create barriers for people to access support. This could be, for example, caused by siloed working, asking people to re-tell their story, focusing on individual issues and creating complex pathways to support.

Trauma-informed systems understand the impact of trauma and are designed around people's holistic needs, knowing that this may sometimes impact the smooth running of the system. Trauma-informed systems ensure that services and organisations across sectors, agencies and geographies are able to work collaboratively, meaning people can easily navigate and access the support they need it, when they need it and for however long they need it. This helps people to see services and systems as supportive resources. Trauma-informed systems are facilitated by a joined-up approach to funding and national agendas, which help services and organisations respond to their communities' own unique needs and priorities. Trauma-informed systems are also aware that this work can't be done individually—it requires the collaboration of communities, the public, third and private sectors, and local and national government.

Because of their complexity, systems often have the potential to work in ways that are often unintentionally re-traumatising, cause more harm, and create barriers for people to access support.

Why develop trauma-informed organisations, systems and workforces?

The logic model below highlights the key inputs and outputs required for trauma-informed change, and the anticipated short-, medium- and long-term outcomes if Scotland develops trauma-informed organisations, systems and workforces. This helps to demonstrate the potential contributions/ impact of trauma-informed change for people affected by trauma, our workforce, and organisations.

Quality Improvement Framework for Trauma-Informed Organisations, Systems and Workforces in Scotland

A full logic model will be included in the final version of this document.

Introduction to the Quality Improvement Framework

The Framework is made up of two parts:

PART 1

highlights the key components of trauma-informed organisations, systems and workforces and raises awareness of the activities that are most effective in supporting organisations in their trauma-informed journey. Part 1 is designed to help organisations conduct a self-assessment to determine where progress has been made to embed a trauma-informed approach and identify opportunities, challenges and future priorities.

PART 2

is designed to help organisations understand and demonstrate the impact/ contributions of a trauma-informed approach over time for staff, for people coming into contact with the organisation and the organisation's wider objectives/ mission.

The Framework is aspirational and future focused. It is designed to support all organisations across public, third, voluntary and private sectors in Scotland. We know that different organisations are at different stages with this work, and will have different priorities when embedding trauma-informed approaches. Additionally, the specific services, policies and work happening locally and regionally will vary depending on the needs, resources and priorities of communities. It is expected that every organisation's work towards trauma-informed change will be shaped by, and respond to the needs of, people with lived experience of trauma in those communities. Consequently, the Framework is designed to be flexible to suit the needs of each organisation and will evolve as further good practice emerges. The Framework is not a prescriptive or exhaustive list of activities that all organisations are expected to implement. Instead, it makes suggestions about what evidence tells us is good practice in supporting trauma-informed change, but recognises not all parts of the Framework will be as relevant for every organisation.

Who can use the Framework?

The Framework can be used by:

- **projects, services and organisations across the public, third, voluntary and private sectors in Scotland,** to identify how a trauma-informed approach can support their work, to develop an action plan for embedding trauma-informed change in their own setting, and to measure the impact of trauma-informed change for staff, people affected by trauma and their organisation more broadly;
- **managers, supervisors and leaders,** to identify their key role in creating environments and cultures for driving forward trauma-informed change;
- **workers, including paid staff, voluntary staff and peer support workers** (in conjunction with their appropriate generic and/ or professional guidance, where available), to help them understand the activities expected of organisations to successfully deliver trauma-informed, evidence-based and effective services;
- **commissioners and funders,** to help them understand the benefits of a trauma-informed approach, what good practice looks like, and what could be expected of organisations;
- **inspection bodies,** to help them and the organisations they support understand how trauma-informed approaches contribute to their own quality frameworks and standards;
- **Elected officials, local communities and community planning partnerships,** to help them gain a better understanding of the work that is being undertaken to embed trauma-informed approaches at a local level and the impact this is having, ultimately helping to strengthen local democratic accountability; and
- **people affected by trauma, their families and supporters,** to raise awareness of what they can expect from trauma-informed organisations, systems and workforces, and the key role people with lived experience of trauma have to play in shaping organisations that resist re-traumatisation and support people's recovery.

Aims of the Framework

The overall purpose of the Framework is to support organisations across Scotland, regardless of sector or purpose, with implementing trauma-informed change that supports people's recovery from trauma and reduces barriers to accessing services, with the ultimate aim of improving outcomes for people who have experienced trauma.

More specifically, the Framework aims to:

- Demonstrate the organisational environment and conditions that are essential for embedding a sustainable trauma-informed approach;
- Highlight what a trauma-informed approach looks like when it is embedded within an organisation;
- Identify the types of activities that can support organisations to sustainably embed a trauma-informed approach;
- Support organisations to identify their progress, successes and areas for improvement;
- Help organisations consider the potential contributions/impact of a trauma-informed approach for staff, people coming into contact with their organisation, and wider organisational objectives/ outcomes, as well as local, regional and national priorities:
- Provide consistency across Scotland in terms of what trauma-informed organisations, systems and workforces look like and a consistent basis for tracking the progress being made around implementation;
- Gather information on the progress organisations are making in their trauma-informed journey to identify areas for improvement and help inform future service planning and strategic investment at a local and national level, and make a persuasive case for continued investment in trauma-informed change;
- Generate data on the social and economic impacts of trauma to help encourage local and national government and Community Planning Partnerships (CPPs) to recognise a trauma-informed approach as a central part of delivering other key agendas and identify it as a priority in strategic plans; and
- Continue to build a national picture across Scotland to identify good practice, common opportunities and challenges, and provide useful data to enable the Scottish Government and COSLA to identify any areas of challenge where additional focus or resources may be required.

It is important to remember that the Framework should not be considered a league table to compare different organisations' performance. There are likely to be considerable variations in the progress being made in different organisations, as these will respond to differing needs, geography, organisational mission and priorities. Consequently, direct comparisons between one organisation and another is often neither helpful nor possible, as account should be taken of circumstance and context. Instead, the Framework should primarily be seen as a tool for organisations and the strategic bodies to whom they report to track and reflect on their own progress in embedding a trauma-informed approach.

How has the Framework been developed?

The Framework has been developed by the Scottish Government, COSLA, NHS Education for Scotland and the Improvement Service, in close collaboration with experts by experience, experts by profession and people currently leading this work in their organisations. An Advisory Group, co-chaired by the Scottish Government and COSLA, provided expert guidance and quality assurance throughout the development process.

To create the Framework, we have drawn on:

- The evidence base from the literature about the impact of trauma-informed practice and existing international tools/ resources designed to support organisations with trauma-informed change;
- What people with lived experience of trauma have said would help improve access to support and recovery, and reduce re-traumatisation;
- What experts by profession and stakeholders across sectors and policy areas have told us would support them to implement a trauma-informed approach in their organisation; and
- Existing good practice from the Scottish context.

To ensure that the Framework reflects continuous improvements and that the contents remain robust, relevant and evidence based, this resource will be reviewed regularly. The co-owners will ensure there are opportunities for organisations and people with lived experience of trauma across Scotland to highlight any areas where the Framework can be improved upon in order to ensure it is a user friendly, effective resource.

What support is available for implementing a trauma-informed approach in your organisation?

There is a variety of support available, including:

- The NTTP website highlights key relevant resources that have been produced by NHS Education for Scotland, the Improvement Service and other partners that can support organisations with some of the activities identified as good practice and in evidencing the contributions/ impact of a trauma-informed approach. Most of these resources will be freely accessible for all organisations;
- The Scottish Government hosts a peer learning and support group for national organisations in Scotland who are embedding a trauma-informed approach. For more information, please contact: ACEstrauma@gov.scot:
- The Improvement Service hosts support networks and provides 1-1 support for local trauma champions and lead officers who are developing this work in their local authorities. For more information, please contact: trauma@improvementservice.org.uk; and
- Transforming Psychological Trauma Implementation Coordinators (TPTICs) are based in each health board area and provide trauma expertise to organisations/ champions in their local area to support training, coaching, implementation and collaborations with people with lived experience of trauma.

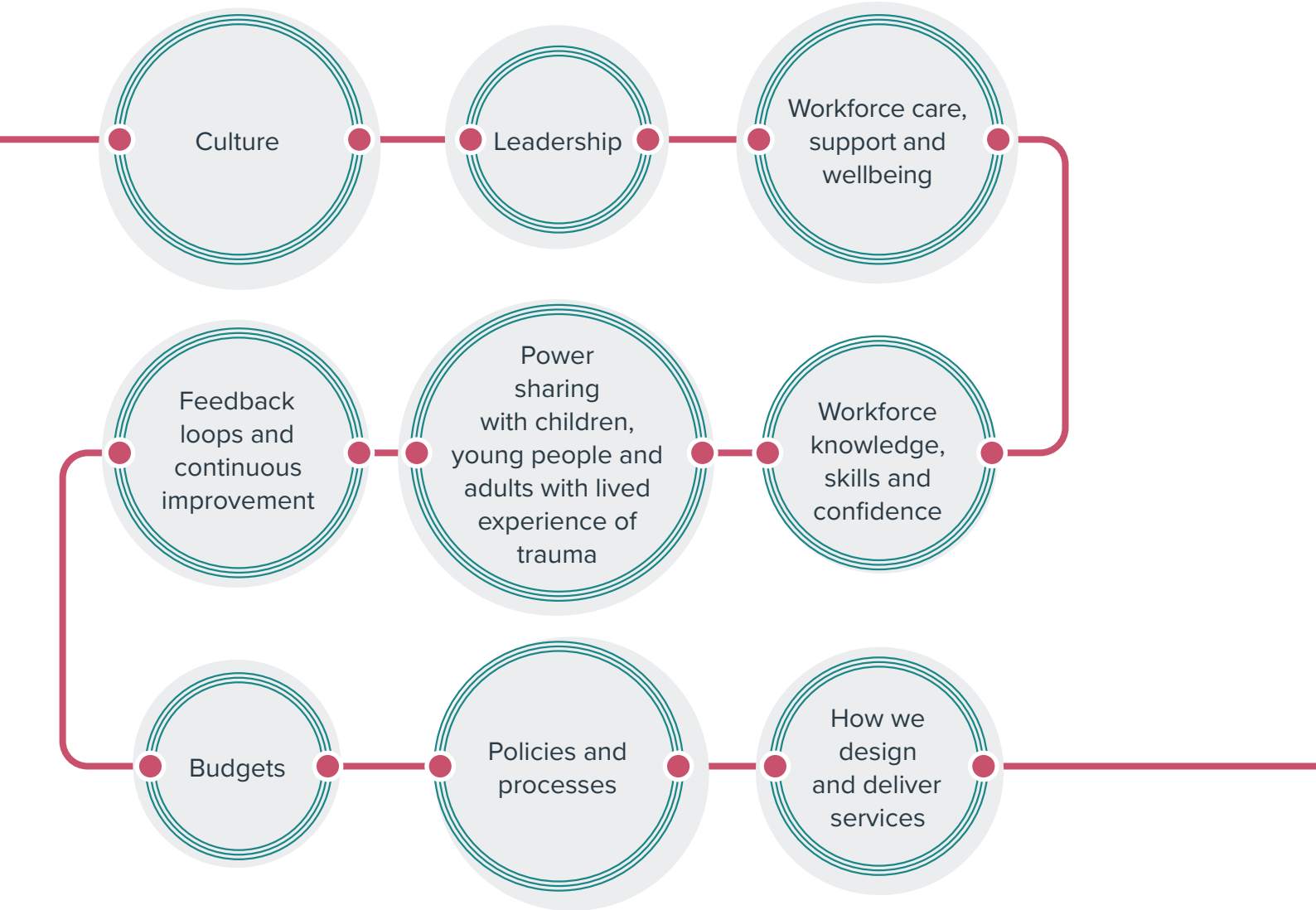
Getting Started - How to use the Quality Improvement Framework

All organisations, regardless of sector or purpose, are encouraged to use this Framework. Not everything included in the Framework may be relevant to every organisation, so we encourage organisations to adapt it to ensure it meets their specific needs. Depending on the size and capacity of an organisation, it may be helpful to use the Framework to review the entire organisation, or particular services/ parts of the organisation that have been collaboratively identified as a priority for trauma-informed change. For example, it may be helpful to consider specific services or policy areas in an organisation as smaller scale “tests of change” for embedding a trauma-informed approach. This may help develop learning that can be shared with other parts of the organisation and build an evidence base of what works, what doesn’t and what impact a trauma-informed approach may have.

Part 1 is a tool to support organisations to undertake a self-assessment to identify progress, successes and good practice, and areas for improvement in their journey to embedding a trauma-informed approach. This is designed to help organisations determine priorities and develop an action plan to take forward this work, focusing particularly on ‘quality’, rather than only ‘quantity’ of work taking place to support a shift towards a trauma-informed approach. The self-assessment is intended as a resource that can support implementation and improvement planning, rather than as a “reporting” tool.

When undertaking the self-assessment, there are nine key themes that the Framework explores. Evidence tells us that these are the key components of an organisation that are vital in creating the culture, environments and ways of working that can resist re-traumatisation and support people's resilience and recovery from trauma.

For each key theme, we include why this particular theme is important in embedding a sustainable trauma-informed approach, what good looks and feels like, the kinds of activities organisations can undertake to support this work and questions to support further reflection.



The suggested activities and processes are phased to help organisations consider what may need to take place first in order to create the environment, culture and conditions that support implementation of a meaningful and sustainable trauma-informed approach. Every organisation is different: some organisations may already have some of these things in place, or, because of different priorities, some organisations may have taken a slightly different route in their journey from the one suggested here.

It is important to remember that all of the work highlighted in the Framework cannot be done at once—trauma-informed change happens over time and progress may be uneven across the different themes included in this Framework.

This is particularly important when considering implementing a trauma-informed approach within a service that will continue to operate during the change, as opposed to a situation where a new service is being designed, where it would be possible to ensure trauma-informed values, principles and ways of working underpin the service model before it is delivered[3]. The visual below provides an at-a-glance overview of this phased approach of the trauma-informed journey.

Part 2 is designed to support organisations to understand and demonstrate the impact/ contributions of a trauma-informed approach over time—for staff, for people coming into contact with the organisation and the organisation's wider objectives/mission. More information on Part 2 is available on pX.

3. https://www.edinburgh.gov.uk/downloads/file/29642/trauma-project-evaluation-report

Part 1

Towards trauma-informed organisations, systems and workforces

The diagram below provides an at-a-glance overview of the activities that are most effective in supporting organisations in their trauma-informed journey over time.

A full diagram will be included in the final version of this document.

Quality Improvement Framework for Trauma-Informed Organisations, Systems and Workforces in Scotland

Key messages

Long-term culture change

Embedding sustainable trauma-informed ways of working is about long-term culture change. It builds on an incredible amount of work that is already happening across Scotland to develop services and systems that recognise and respond to the unique experiences and needs of people affected by trauma.

Given the long-term nature of trauma-informed change, organisations will likely be able to demonstrate strengths for some areas of work and opportunities for improvement with others. But it is important to remember that not all parts of a trauma-informed approach are about wider organisational change; there are lots of smaller and quicker things that research and people with lived experience of trauma have told us can make a big difference; for example, the language we use when we talk to people. It is vital that we reflect on what is working well and celebrate successes, big and small.

Across the lifespan

There is now widespread agreement that experiences of adversity and trauma are prevalent within our society and have the potential to significantly affect the quality of a person's life over the course of their lifetime, particularly where these experiences occur in childhood and are not buffered by supportive adults. Traumatic experiences are also prevalent in adulthood and, amongst other experiences, can include domestic abuse, sexual assault and rape, accidents, exposure to military action, torture and life-threatening illness. Those who experience trauma and adversity in their early life are also more likely to experience trauma in their adult life meaning that there is potential for trauma and adversity to impact on a person at any stage in their life. Given this evidence, this Framework is designed to support all services and organisations to embed a trauma-informed approach, whether they come into contact with or support infants, children, young people, adults or older people.

Workforce wellbeing

Culture change in an organisation has the potential to be overwhelming. Doing so in the current context can be extremely challenging, particularly given our collective ongoing experiences of the pandemic, set against a wider context of the cost of living challenges, climate change and global events. Workforce wellbeing is a core component of a trauma-informed organisation and it is vital that organisations prioritise working conditions and care and support for the workforce at the start of and throughout any trauma-informed change.

Not a tick box exercise

Being trauma informed means working within a cycle of continuous improvement. We recommend that organisations look to assess themselves against the Framework on a regular basis and use the Framework, in combination with feedback loops and meaningful engagement with staff and people coming into contact with their organisation, to support ongoing self-assessment, improvement planning and evaluation.

1. Culture

Why is culture important in creating and sustaining trauma-informed organisations, systems and workforces?

Much of the evidence highlights the importance of the culture of an organisation in supporting trauma-informed change.

> “Culture represents an organisation’s fundamental approach to its work. It reflects what is considered important and unimportant, what warrants attention, how it understands the people it serves and the people who support them, and how it puts this understanding into daily practice. In short, culture expresses core values. Culture extends well beyond the introduction of new services or the training of a particular group of staff members; it is pervasive, and includes all aspects of an organisation’s functioning”
>
> TICPOT

Each organisation’s culture will look and feel different, but it is important to consider how trauma-informed principles, values and ways of working are embedded in the DNA of an organisation; how safety, trust, choice, collaboration and empowerment are hardwired into day-to-day work, decision making, policies and practice, and how a trauma-informed approach can become second nature to everyone in the organisation.

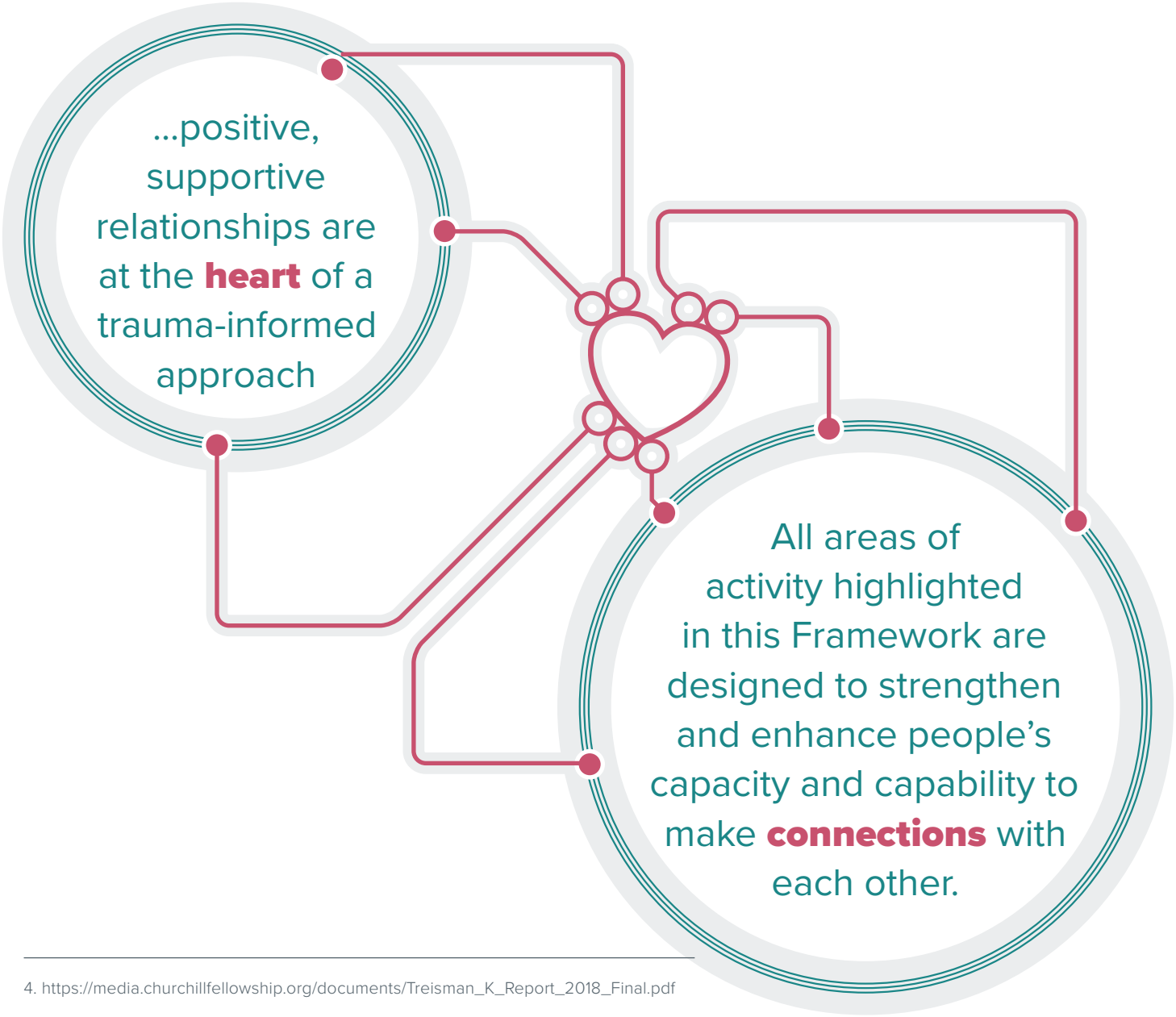
Culture is often more difficult to quantitatively measure, but it is embodied by people working in an organisation, and is felt by people working in, with or coming into contact with an organisation.

Some of the key ways we experience a trauma-informed organisational culture is through the relationships we form and the language we use, for example.

Language matters. Language is a part of everything we do in an organisation—from how colleagues speak to each other, to letters and emails we send and phone calls we make, to how we interact with people coming into contact with our organisation. The effective and transparent use of language is crucial to the process of making sense of what can be experienced as ‘unspeakable’. Language can help people to connect, make sense of the world and their experiences, and articulate what they need. Language can also make people feel judged and blamed, excluded, mis-understood and not listened to. Our use of language can create barriers (e.g., if we use “attention seeking behaviour” to describe someone) or it can create opportunities to build a more compassionate relationship (e.g., if

we reframe our description as “connection seeking behaviour”). In some research, language was one of the main elements of organisation changes identified as making a significant change to people who used the service, to people who referred into the service, and to the people who worked in the service.[4]

While this Framework focuses on services, organisations and systems, it is premised on the fact that positive, supportive relationships are at the heart of a trauma-informed approach, whether that is between staff and people they are supporting, colleagues within and across organisations, and the supportive relationships people have developed in their communities. All areas of activity highlighted in this Framework are designed to strengthen and enhance people’s capacity and capability to make connections with each other.



4. https://media.churchillfellowship.org/documents/Treisman_K_Report_2018_Final.pdf

What does a good trauma-informed culture look and feel like?

- An organisation that sees being trauma informed as a way of working and approach to everything that it does, rather than as a specific intervention or project.
- An organisation that recognises the prevalence and impact of trauma on staff and people coming into contact with the organisation, and embeds ways of working that support people's recovery and resists re-traumatisation.
- An organisation that recognises the value of relationships, and ensures people have the space, time and skills to build meaningful, trusting relationships with people working in, with or coming into contact with the organisation.
- An organisation where staff feel empowered and safe to work in ways that embody the principles of safety, trust, choice, collaboration and empowerment, and are able to implement changes.
- The language used about/ with people reflects a culture that normalises traumatic responses as a result of what's happened to someone, rather than what's wrong with them.
- An organisation that uses language that is accessible to everyone, supporting collaboration and empowerment.
- An organisation that is open and transparent about when working in a trauma-informed way may be limited or restricted; for example, recognising and discussing potential power imbalances or limited choices.

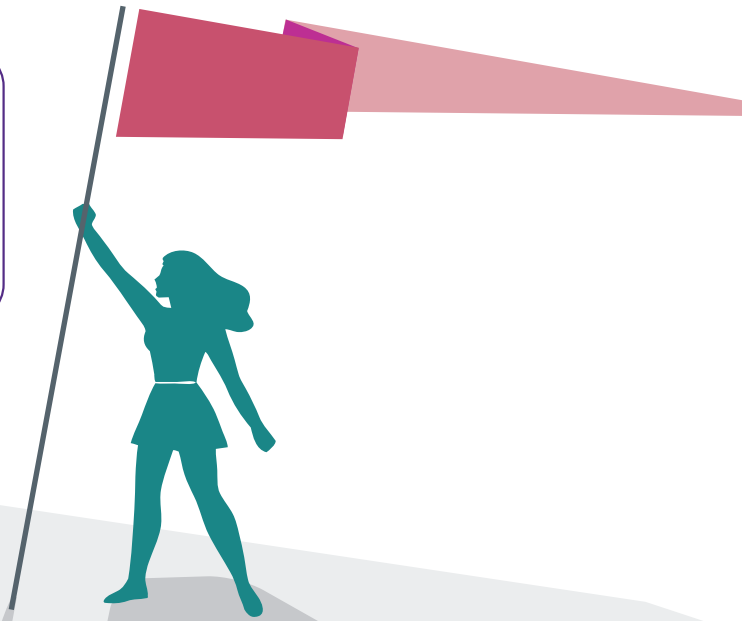
Leaders have a key role to play in setting the culture, priorities and values of an organisation aligned with those of a trauma-informed approach, and all of the activities outlined across the remaining eight key themes in this Framework will support you in developing your organisation's trauma-informed culture.

2. Leadership

Why is leadership important in creating and sustaining trauma-informed organisations, systems and workforces?

Evidence suggests that leadership is critical in developing and sustaining trauma-informed change. Leaders at all levels are vital in creating an enabling environment for working in a trauma-informed way, and for helping all staff understand how trauma-informed change can support the organisation's purpose and their own work. Leaders play a key role in ensuring there is the necessary infrastructure and accountability for long-term trauma-informed change across the organisation. This includes making efforts to reduce power differentials and empower people at all levels in the organisation, alongside people with lived experience of trauma, to take leadership of this work.

> "Successful [...[implementation requires that organisational leadership, especially senior leaders, be visibly committed to the change process[5]"



5. Bryson et al (2017) What are effective strategies for implementing trauma-informed care in youth inpatient psychiatric and residential treatment settings? A realist systematic review. Int J Ment Health Syst. DOI 10.1186/s13033-017-0137-3

> “I needed them to want to become trauma-informed leaders in order to take it forward, which translated into practices which would turn into improved outcomes for service users”
>
> Criminal Justice Social Work

Embedding a trauma-informed approach can support organisations with delivering other key agendas, such as reducing inequalities, and ensuring human rights and person-centred care. For example, considering and mitigating the impact of trauma on people's ability to meaningfully participate in decisions that can affect them supports organisations to uphold people's human rights. A trauma-informed approach may also support organisations with operational challenges, such as workforce wellbeing, staff turnover and people's engagement with services.

What does good trauma-informed leadership look and feel like?

In our organisation, leadership at all levels understand, drive, and inspire trauma-informed change, embody the key principles, and build accountability for long-term improvement. This includes:

- Leaders understand the prevalence and extent of impact of trauma on people and organisations.
- Leaders create and actively sustain accountability, infrastructure and implementation support for embedding trauma-informed approaches across the organisation.
- Leaders model and embody a culture of choice, empowerment, collaboration, trust and safety through their own behaviour and attitudes.

How do we get there in our organisation?

The phases below provide suggestions of how to develop trauma-informed leadership in your organisation. Because leadership is critical for trauma-informed change, much of the activity for this key theme begins early on.

Where do we start?

Leaders from across our organisation have accessed high-quality, relevant training for developing knowledge of trauma-informed leadership and organisations—for example, Scottish Trauma-Informed Leaders Training (STILT)

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

Leaders have identified appropriate members for an organisation-wide implementation group, including key operational and strategic leaders, experts by profession and experts by experience of trauma, ensuring that this includes opportunities for quieter and diverse voices to be heard. All implementation group members have accessed high-quality, relevant training for developing their knowledge of trauma-informed leadership and organisations.

This group will look different depending on the size, purpose and scope of your organisation, but it may be helpful to consider the following members: HR; organisational development; learning and development; finance; communications; frontline staff/ voluntary worker representatives; service manager representatives; support staff; and estates. It might be helpful to consider whether representatives from partner agencies/ organisations should also be included.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

Leaders have established appropriate governance routes for the implementation group to ensure long-term accountability for and commitment to this work.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

Leaders and the implementation group have collaboratively defined what a trauma-informed culture looks like for our organisation, and members pro-actively support one another to model this in their leadership practice.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

What do we need to do next?

Leaders have access to coaching, peer support and/ or collaborative learning support networks with other leaders, and time for reflective learning and reflective practice supervisions, as required.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Leaders and the implementation group have collaboratively developed an action plan to help deliver the long-term shared vision, focusing on key priorities and recognising that trauma-informed change takes time.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Leaders pro-actively support each other to model and develop a trauma-informed culture in our organisation (e.g., reinforce trauma-informed ways of working, create an environment that supports people to try different ways of working, celebrate trauma-informed successes, embody the five key principles).

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Leaders empower people across our organisation, including people with lived experience of trauma, to collaborate and lead on trauma-informed change.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

How can we embed?

Leaders have put processes in place to ensure continuous review, monitoring, accountability and implementation of learning.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Relevant trauma training is built into our organisation's leadership development programmes as routine.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

People with lived experience of trauma are in leadership and governance roles in our organisation.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Leaders can evidence that the short-, medium- and long-term outcomes determined by our organisation for trauma-informed change are being worked towards/ delivered, and routinely articulate why being trauma informed is important for our organisation.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Here are some questions to help you reflect on the progress of this work. In your organisation:

Do staff feed back that leaders are driving forward this work and that trauma-informed change is a priority for your organisation? Do staff at all levels of the organisation feel involved in and empowered to support and lead this work?

Do leaders champion a trauma-informed approach and highlight how working in a trauma-informed way supports your organisation's key objectives/ priorities? Do your organisation's key plans and strategies include a long-term commitment to trauma-informed approaches and articulate why this is important? Do staff feed back that this helps them to understand why trauma matters for the organisation? Do local strategic partnerships (e.g., Community Planning Partnerships) articulate their commitment to this agenda?

Do people with lived experience report feeling meaningfully involved in your implementation group? What do they say has changed in the organisation as a result of their involvement so far?

Do staff feed back that leaders are embodying the trauma-informed principles of trust, choice, safety, collaboration and empowerment in how they work? How do staff say this has contributed to the culture/ environment of your organisation?

Do staff report feeling that the vision and action plan for a trauma-informed organisation is clear and has been well communicated?

3. Workforce care, support & wellbeing

Why is workforce care, support & wellbeing important in creating and sustaining trauma-informed organisations, systems and workforces?

Wellbeing is critical for a trauma-informed workforce, whatever the service or organisation. Creating a healthy workplace culture is vital, as this will not only impact on staff, but also their families and the people they work with. It's also important to remember that there is no "them" and "us"—staff and volunteers that we work alongside are people, and we know that many people experience trauma in their lives.

It is vital that staff feel safe, supported and well when they are supporting others; this might be when they are providing peer support to colleagues, line managing staff, or working with people in partner organisations. Workforce care, support and wellbeing is particularly important for workers directly supporting/ coming into contact with people affected by trauma, and/ or who work in roles where they may be exposed to traumatic experiences, or face an increased risk of experiencing vicarious trauma, moral injury and compassion fatigue. Without the necessary proactive (e.g., supervision, reflective practice) and reactive (e.g., action plan for responding to critical events) measures in place, the challenges in supporting people affected by trauma can often leave us feeling disconnected from our values as practitioners and can impact our safety and wellbeing. The workforce needs to be well to be able to support others.

Working conditions can also have an impact on workforce wellbeing and how supported people feel in doing their job. For example, where people feel overwhelmed by workload and powerless to change the situation, this can often mean that staff may experience burnout and chronic stress, ultimately potentially resulting in sickness, absence, reduced staff satisfaction and reduced staff retention rates. Poor working conditions may also exacerbate the impacts of trauma staff have experienced within or out with work.

Statistics highlight that stress, depression and anxiety accounted for 59% of work-related illness in Scotland in 2021. NHS Scotland has previously estimated that between 30 % and 60 % of absence is stress related. Economic costs caused by poor staff wellbeing, including work-related stress which can lead to poor mental health such as depression and anxiety, include those from absences, lost employment, presenteeism (being at work, but not functioning well), reduced productivity, costs in using bank/ agency staff, and the provision of mental health and other services. One survey found that mental ill health was the most common cause of long-term absence amongst organisations surveyed. It is estimated that mental health difficulties cost Scottish employers £2billion per year.

> “I mean, I think all healthcare professionals should have [an understanding of trauma], from… if anything just from a professional wellbeing point of view, it means if you understand why some of those difficult consultations that don’t seem to make sense happen…if you’re able to understand what that is, then that reduces burnout, increases professional wellbeing, all of those things”
>
> GP

> We have group supervision weekly, a reflection space where we can bring difficult exchanges…it's about kind of the emotional impact of the work
>
> Criminal Justice Social Work

What does good trauma-informed workforce care, support & wellbeing look and feel like?

In our organisation, staff feel their wellbeing is valued, prioritised, and have time and space to access relevant proactive and reactive support. This includes:

- Our organisation's working conditions, such as workload, variety of work and safety, ensure that staff's needs are met, and there is a shared understanding of wellbeing across our organisation.
- Wellbeing is de-stigmatised, is positively modelled by leaders, and workers are in an environment that ensures they experience the five key principles of trauma-informed practice at work.
- Our organisation has in place measures, informed by specific knowledge and understanding of trauma and its impacts, to ensure proactive prevention of vicarious trauma, chronic stress and burnout, and reactive measures where these are identified.

How do we get there in our organisation?

The phases below provide suggestions of how to develop trauma-informed workforce care, support and wellbeing in your organisation. Research highlights that before organisations roll out any training—including trauma training—it's important to understand whether staff have the appropriate conditions and support in place to then be able to apply any new knowledge and skills.

Where do we start?

Our organisation has developed easy, accessible and confidential processes for routine feedback from all staff about working conditions, their experiences of the organisation and its culture, and the impact of their work on their wellbeing. Our organisation makes it clear to staff that it values and trusts this feedback.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

Our organisation has developed processes to routinely review working conditions through a trauma-informed lens, identify priorities and adapt based on learning. Things to consider around working conditions include: people's basic needs for hydration and access to food, the physical work environment including good lighting and temperature and access to bathroom facilities, clear working patterns, flexible working where possible and reasonable adjustments, access to IT and communications systems, safe number of working hours and ensuring staff are paid on time and correctly.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

What do we need to do next?

Our organisation has completed a wellbeing needs analysis that identifies workforce wellbeing needs depending on role, and uses this learning to develop workforce wellbeing plans at individual and organisational levels.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

Depending on the purpose of our organisation, and based on the wellbeing needs analysis, our organisation has identified and ensured that relevant proactive prevention measures are in place. For example: breaks are valued, safe spaces for pause are provided, there are reflective practice/supervision processes that take explicit account of the interpersonal impacts of trauma, time and capacity for staff to engage in support and appropriate training and onsite support for people providing supervision, and staff are in a safe environment with no fear of bullying/ harassment.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

Depending on the purpose of our organisation, our organisation has developed an action plan for how to respond to critical events that may be experienced as traumatic by staff. This could include, for example, serious injury or death of a colleague or person supported by our organisation. An action plan would include ensuring managers are trained to identify and respond to additional wellbeing needs of staff (including vicarious trauma, burnout and chronic stress) and developing a clear policy and plan for response to crises.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

The range of organisational proactive and reactive supports and measures, and their distinct anticipated role and function in supporting worker wellbeing, are widely communicated, with scope for future review and adaptations made as necessary. Our organisation uses feedback loops to understand whether staff have the time and capacity to access those supports if required, and what the challenges might be in doing so.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

Our organisation has considered other ways of developing a healthy workplace culture for staff, including:

- Exploring ways to ensure staff can express safety concerns without worrying that they will be seen as unwilling and unable to do their job. This includes clear governance and processes for staff to raise concerns.
- Leaders modelling self care and de-stigmatising talking about wellbeing and mental health
- Talking about wellbeing at staff meetings, having protected time for wellbeing and facilitating wellbeing sessions
- Addressing unhealthy practices and unspoken norms (e.g., working late, not taking a lunch break, working when on annual leave)
- Capacity for people to take regularly scheduled breaks, ensure people can take annual leave, time for personal development reviews and 1-1s
- Supporting a culture of reflection and critical thinking that encourages workers to process their personal history, biases and fears with supervisors, peers and coaches.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

How can we embed?

Our organisation regularly routinely reviews staff feedback on working conditions, experiences of the organisation and its culture and the impact on wellbeing, and makes and communicates changes based on the learning. Where changes cannot be made, this is communicated as to why.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

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

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Everyone in our organisation pro-actively works to embody safety, trust, choice, collaboration and empowerment in their interactions with colleagues, managers and direct reports.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

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

Is this in place in our organisation? ○ Yes ○ No ○ Partly

> "When you do work in particularly areas that have got high expressed emotion, which mental health does have at the best of times, it's also really important to make sure that your staff feel safe and they feel comfortable about approaching you if they're not having [a good day] – cos we're not robots. So, if they need support and if they need help as well, that they can access that from you… and also from the rest of their team as well"
>
> Health Service Manager

Here are some questions to help you reflect on the progress of this work. In your organisation:

What tangible changes has your organisation made following its review of working conditions? What input have staff had to any changes and what is their feedback about the changes?

What are feedback loops from staff telling your organisation? Do staff say that they feel safe and supported at work, that there is a culture where they feel able to express concerns and identify potential risks, that they have space for meaningful reflection about the work, and that they have capacity to access the proactive and reactive support they need, relevant to their role?

Based on the findings of the wellbeing analysis, what proactive and reactive supports did your organisation identify as being required? What have staff fed back about the changes since they were implemented?

How do leaders and managers model self care? What impact has this had on staff?

Are opportunities created to collectively recognise and celebrate when things go well in your organisation?

4. Feedback loops & continuous improvement

Why are feedback loops and continuous improvement important in creating and sustaining trauma-informed change services to organisations, systems and workforces?

Feedback loops help to create an ongoing dialogue between the organisation and people who work in, with or come into contact with it. Everyone brings different knowledge and expertise about their lives and their experiences of services, organisations and systems. Pro-actively and routinely encouraging and making use of feedback from people who come into contact with the organisation, from staff and from partners will help an organisation understand how they can continue to reduce barriers to accessing support, resist re-traumatisation and support the recovery of those who have experienced trauma.

Safe, trusting relationships help people to share what's working well and what could be improved in services, organisations and systems. Meaningful feedback often emerges through those conversations, as well as through more explicit feedback loops, such as questionnaires and surveys.

> "we get women's stories, we get their versions of what their experience of our service has been, and then we try to use that to kind of create a kind of service improvement plan"
>
> Criminal Justice Social Work Service

What do good trauma-informed feedback loops and continuous improvement look and feel like?

We use data, information and feedback from staff and people in contact with us to remove barriers to support, reduce re-traumatisation and improve people's outcomes. This includes developing a culture where:

- people and staff with lived experience of trauma feel safe and confident to give feedback about their experiences of the organisation
- feedback is welcomed, meaningfully analysed and informs decision making, and changes are implemented, communicated and everyone understands why they're happening.

> "We are continually evolving how the Nurture Room works by engaging the children. Maybe they want some different role play costumes or want to make a specific good. So they are involved to some extent"
>
> Teacher

How do we get there in our organisation?

The phases below provide suggestions of how to develop trauma-informed feedback loops that help inform continuous improvement in your organisation.

Where do we start?

Our organisation has reviewed what current processes and gaps there are for gathering feedback from people working in, with and in contact with the organisation. For staff, this could include staff surveys, exit interviews and staff suggestion boxes. For people in contact with the organisation, this could include feedback forms/ satisfaction questionnaires, feedback boxes and stakeholder surveys.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

To help develop our organisation's vision and action plan for this work (see "Leadership"), the implementation group and wider organisation have identified what they would expect to change as a result of working in a trauma-informed way, what is realistic and how the impact of these changes could be evidenced in the work that we do and the feedback loops and data we already collect.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

What do we need to do next?

Our organisation has created safe, effective and meaningful processes to routinely gather feedback from people working in, with and in contact with us about their experiences of the organisation. This could include:

- multiple ways for people to provide feedback (verbal, written, online, hard copies, in conversations with a staff member or peer)
- opportunities that ensure anonymity and confidentiality if required
- flexibility around what kind of feedback is sought, e.g., open ended questions
- consideration around when people are asked for feedback and how often
- developing relationships—feedback will be offered routinely and informally if these relationships are meaninfully developed
- consideration around the types of questions being asked (e., could they cause distress or harm?)

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

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

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

What do we do to embed?

Feedback from people working in, with or in contact with our organisation is routinely collected, collated and robustly analysed.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Learning from analysis of feedback is discussed by decision makers and influences changes and improvement in our organisation.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Changes as a result of feedback are clearly communicated to staff and/ or people in contact with our organisation, where possible. Where changes can't be made, this is communicated as to why.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Our organisation has identified how it can create a culture where there is "no wrong door" for people to provide feedback.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Our organisation works with other trauma-informed organisations for mutual peer review, 'critical friend' input, learning and insight.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Here are some questions to help you reflect on the progress of this work. In your organisation:

What are the opportunities for people coming into contact with your organisation and staff to routinely provide feedback? Are there different ways for people to provide feedback?

How is feedback from people working in, with and coming into contact with your organisation used in your organisation's decision-making processes?

What tangible changes have been made based on feedback provided by staff and/ or people coming into contact with your organisation? How have these changes been communicated (internally and externally, where appropriate)?

If your organisation provides support for people, do staff report feeling they have the capacity and skills to develop safe, trusting relationships with people, that allow people to explain what's working and not working for them?

5. Power sharing with children, young people and adults with lived experience of trauma

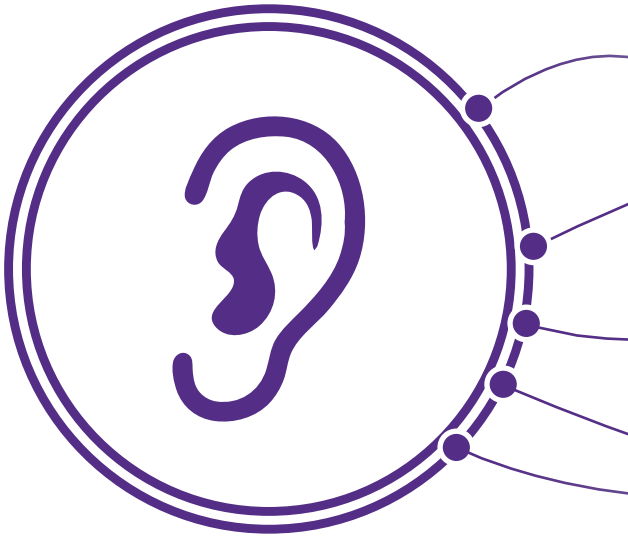
Why is power sharing with children, young people and adults with lived experience of trauma important in creating and sustaining trauma-informed organisations, systems and workforces?

We cannot expect to develop trauma-informed services, organisations and systems if we do not listen to and learn from people across the lifespan who have experienced trauma to understand what changes need to be made within the services we provide. This includes staff who have experienced trauma and people who have experienced trauma who are coming into contact with your organisation.

Leaders, experts by profession and experts by experience all bring different knowledge and expertise about what works and what doesn't when supporting people to recover from trauma and experience improved outcomes. Power sharing is about collaboratively developing processes so that people affected by trauma are safely and meaningfully involved in decision making across all aspects of an organisation, and where there are proactive attempts to ensure power differentials are levelled. Doing so means that services and systems are more likely to be designed around people's needs.

Power sharing will look different depending on the organisation and who it supports. For babies, children and young people, this may include considerations around advocacy and engagement with parents and families, including kinship and foster carers. It is also important to consider who needs to be involved to ensure all voices can be heard, including babies or children and young people who are non verbal.

Recovery from interpersonal trauma happens in relationships. Support that helps recovery may come from engagement with peers, family, communities and services. If organisations and workers share power and collaborate with people with lived experience of trauma, this can help support people's recovery through developing trusting relationships and knowing that their expertise about their life is valued. This can potentially support increased engagement with services, strengthen people's resilience and improve outcomes, and support increased job satisfaction for professionals.

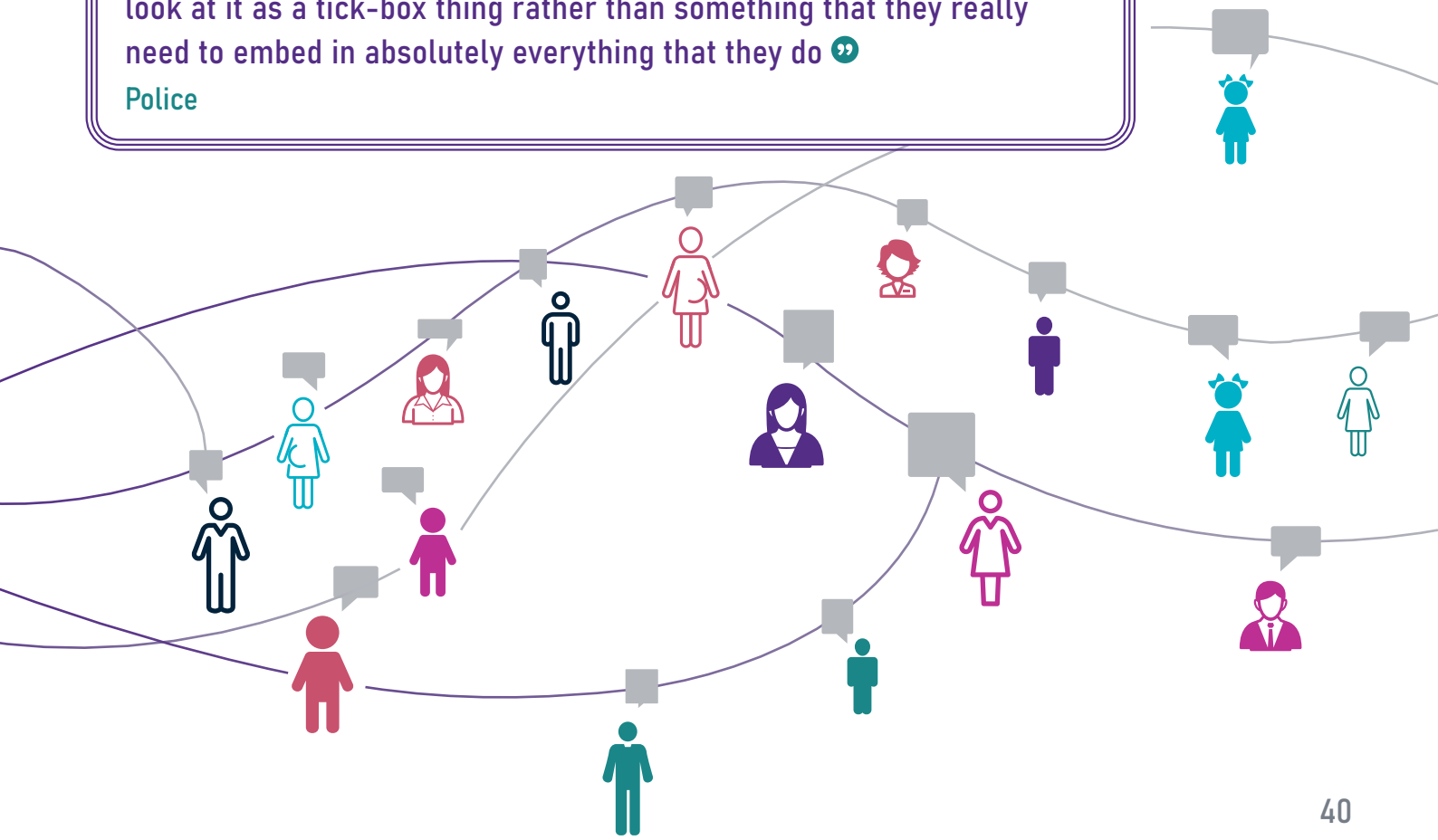


What does good trauma-informed power sharing with people with lived experience of trauma look and feel like?

In our organisation, we routinely create meaningful opportunities to share power with people with lived experience of trauma across all parts of our services, organisation, and systems. This includes:

- Power sharing with people with lived experience of trauma and staff is integrated into all aspects of our organisation.
- There are clear, safe processes and support in place for power sharing to influence change, taking into account the impact of trauma on relationships and power dynamics.
- The voices of people affected by trauma influence how our organisation's success is determined and judged/ measured.

> "I think it's that whole process of ensuring that individuals are empowered at every stage of the process. The danger is sometimes I think that professionals start to pay lip service to it or they sometimes look at it as a tick-box thing rather than something that they really need to embed in absolutely everything that they do"
>
> Police



How do we get there in our organisation?

The phases below provide suggestions of how to develop trauma-informed power sharing with people with lived experience of trauma in your organisation. Depending on your organisation, this might be with staff who have experienced trauma and/ or with people supported by your organisation who have experienced trauma. It is important that people with lived experience of trauma are involved from the outset in trauma-informed change, but how this is done might look different for different organisations.

Where do we start?

Leaders and all members of the implementation group have accessed high-quality, relevant training for developing knowledge of trauma-informed leadership and organisations to strengthen their understanding of why power sharing is vital for developing a trauma-informed organisation.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

The implementation group has collaboratively created processes that ensure safe and meaningful membership of people with lived experience of trauma in the group. This includes considerations around environment and setting, accessibility, language and methods of participation. Our organisation has considered how quieter and diverse voices will be/ are heard as we progress this work. Your organisation might identify other initial ways of collaborating with people with lived experience of trauma if this is more relevant for the communities with which you work.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Our organisation has identified how people with lived experience of trauma who contribute to the implementation group will be remunerated for their time and expertise, taking into account the impact of payments on people's individual circumstances.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

The implementation group has collaboratively developed a joint understanding of what power sharing could look and feel like within our organisation.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

What do we need to do next?

As part of developing our organisation's action plan, the implementation group has identified current examples of good practice around power sharing in the organisation and any existing groups/ forums in our local communities who may wish to collaborate with us. The group has also scoped opportunities and gaps in power sharing in our organisation.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

Our organisation has collaboratively created safe and meaningful processes for power sharing in prioritised areas—this could be in specific services, projects or work identified as part of the action plan. To create these processes, it might be helpful to think about:

- collaboratively working with experts by experience and profession to think about the impact of trauma on people's experiences of relationships and power dynamics, and how this might impact on power sharing for everyone involved
- considering the realities of power dynamics; for example, what is the purpose of the activity? Where will meetings/ events be held? How are agendas shaped to ensure everyone has a voice?
- collaboratively identifying ways to build trusting relationships among everyone involved, recognising that this takes time
- collaboratively agreeing methods of communication, timescales, scope and remit around the work, and providing as much detail as possible in advance
- identifying any training or support that might be needed by staff and people with lived experience of trauma
- identifying what practice support is needed for people to be involved (e.g., transport, childcare, refreshments, internet and phone access)
- determining how people will be remunerated for their time and expertise, taking into account the impact of payments on people's individual circumstances
- identifying how we communicate the impact of how people's contributions have resulted in changes in oour organisation, or why change hasn't happened

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

If they wish to, people with lived experience of trauma who are involved in this work in our organisation have access to appropriate learning and development opportunities to support them, such as opportunities to develop transferable skills.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

How can we embed?

Safe, meaningful and routine processes for power sharing are embedded across all areas of our organisation

Is this in place in our organisation? ○ Yes ○ No ○ Partly

The inclusion of experts by experience is routinely included in our organisation's budgets/ funding proposals

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Our organisation has a policy around collaborating with people with lived experience of trauma and/ or this is woven through existing policies

Is this in place in our organisation? ○ Yes ○ No ○ Partly

People with lived experience of trauma are involved in the process of setting our organisational outcomes and performance measures/ indicators

Is this in place in our organisation? ○ Yes ○ No ○ Partly

People with lived experience of trauma are in leadership/ governance positions in our organisation

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Our organisation collaboratively and routinely reviews guidance, processes and policies around power sharing, and proactively identifies further opportunities for power sharing

Is this in place in our organisation? ○ Yes ○ No ○ Partly

•

Here are some questions to help you reflect on the progress of this work. In your organisation:

How are people with lived experience of trauma who support the organisation remunerated for their time and expertise?

What changes have been made in your organisation as a result of people with lived experience of trauma being involved?

How are people with lived experience of trauma involved in the operational work of your organisation, such as the recruitment process?

What input have people with lived experience of trauma had in setting organisational outcomes and performance indicators, beyond consultation/ surveys?

What do feedback loops with staff say about how confident they feel in power sharing and collaborating with people with lived experience of trauma? Have staff been involved in discussions about doing this work and any barriers to implementation?

How does your organisation ensure you're collaborating with diverse voices of lived experience of trauma?

6. Workforce knowledge, skills & confidence

Why are workforce knowledge, skills and confidence important in creating and sustaining trauma-informed organisations, systems and workforces?

A workforce that is able to recognise where an individual may be affected by trauma and work in a way that minimises distress and maximises trust can do two things:

- First, it supports the recovery of people affected by trauma by providing them with a different experience of relationships. When asked about their experiences of support and using services, people who have experienced trauma often say in relation to services that the most important part of their recovery was developing a safe and trusting relationship with a worker and that this made them more likely to seek further support.
- Second, it minimises the barriers to receiving care, support and interventions that those affected by trauma can experience when memories of trauma are triggered by aspects of the service or interactions with staff. Doing so can contribute to people finding it easier to navigate and engage with the services/ systems that they require, support and strengthen their resilience and improve outcomes, and potentially help professionals feel more connected to their work.

> “Educating yourself on how trauma affects somebody. Like how that person will present, how that person maybe will react in the first instance but maybe react differently a couple of weeks down the line. It’s not a cut and dry, this is how trauma is because it affects everybody different. And not everybody will be willing to speak there and then. They might want to wait a few weeks, a few months or whatever. I think one thing that I said recently is that it’s taken me the best part of five years to get over what happened to me. That’s a long time. Don’t expect everybody just to be over it in the first couple of months…trauma affects people differently and there’s no time limit on it”
>
> Witness in the justice system

> “Understanding distressing behaviour amongst pupils means a calmer school. More compassionate staff. Better behaved children. More emotionally stable children”
>
> Education

What do good trauma-informed workforce knowledge, skills and confidence look and feel like?

In our organisation, all staff have the knowledge, skills, confidence, and capacity to recognise, and respond to people affected by trauma. This includes:

- Leaders and the workforce understand why trauma is everybody's business and how this can support them in their role
- Leaders and the workforce understand workforce training and implementation needs in relation to the NES Psychological Trauma Knowledge & Skills Framework
- All staff have access to training relevant to their role and implementation support to put learning into practice

How do we get there in our organisation?

The phases below provide suggestions of how to develop trauma-informed workforce knowledge, skills and confidence in your organisation. Everyone has a role to play in supporting trauma-informed change. It is vital that before any training is rolled out, the organisation has developed leadership buy-in, infrastructure and accountability to support this work, and that the organisation has prioritised staff wellbeing.

> “I think one of the key benefits is about creating more empathy within staff. For some reason it just really hits a note with people…it seems like quite a powerful way to help staff make sense of people's presentation”
>
> Mental Health

Where do we start?

Our staff need to be well and experience good working conditions in order to have the capacity to engage with training and put learning into practice. The focus here needs to be on staff wellbeing.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

What do we need to do next?

Our organisation has completed a workforce needs analysis in relation to the Knowledge & Skills Framework for the Scottish Workforce to identify who needs to know and do what in their role in relation to trauma. This includes all members of paid staff, volunteers and those in peer support roles in our organisation.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Using the Scottish Psychological Trauma Training Plan, our organisation has developed a workforce training plan, which may include:

- Identifying staff to prioritise for trauma training (e.g., particular groups of staff, teams, services)
- Identifying high-quality trauma training and effective trauma trainers who demonstrate evidence they possess a high level of knowledge and skills relevant to the area of trauma they are providing training in, including demonstrable experience of having applied trauma-related knowledge and skills in a relevant real - world setting (for trainers training staff at trauma skilled, enhanced and specialist levels)
- How people with lived experience of trauma will be involved in the delivery of training
- Identifying what staff need so they have the time, space, capacity and implementation support to attend training, consolidate new skills and put learning into practice

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Our organisation has developed an evaluation plan to understand whether the training is well-received by staff, has met the intended learning outcomes, brings about change in what staff do in practice and brings about improved outcomes for people affected by trauma/ staff/ the organisation.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

What do we do to embed?

All staff have been released to access the appropriate trauma training relevant to their role and have received information about why they are being asked to undertake this training.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

All staff receive ongoing implementation support relevant to their role to develop confidence and support them to apply their knowledge and skills into practice. This could include discussions at team meetings, 1-1s, peer support sessions, coaching, clinical supervision and reflective practice, provided by suitably trained supervisors.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Our organisation has identified and embedded trauma training and relevant implementation support as a routine part of its ongoing workforce development.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Here are some questions to help you reflect on the progress of this work. In your organisation:

Do feedback loops with staff indicate that they feel safe, supported and have the capacity to engage with and implement new knowledge and skills?	What ongoing implementation support have staff identified to support them to translate training into practice?
To what extent do staff say they have been able to implement trauma-informed practice in their work since receiving the training? What tangible changes have staff made as a result of trauma training?	Do feedback loops with people coming into contact with your organisation indicate any tangible changes in how staff engage with/ support them?
To what extent have staff identified any tensions between working in a trauma-informed way and the core function of your organisation? How have these been discussed?	To what extent do all staff in your organisation report having a clear understanding of what trauma-informed practice means in their role?
To what extent is an understanding of trauma-informed practice built into your organisation's recruitment process and job descriptions? Is trauma training built into your organisation's induction process?	How are people with lived experience of trauma involved in your organisation's recruitment process?

7. Budgets

Why are budgets important in creating and sustaining trauma-informed organisations, systems and workforces?

It is realistic to consider the costs of embedding a trauma-informed approach in an organisation, particularly given ongoing economic challenges. Many changes may involve small adaptations that may not require any budget (for example, the language staff use to greet people when they're entering your organisation). The implementation group and ongoing feedback loops with staff and people coming into contact with your organisation may identify activities that do require some financial resource (for example, making changes to your organisation's physical environment, or ensuring staff are released to access training and implementation support).

> "It's a five year vision...you're not going to get the results in the first year or two. It's a long term piece of transformational change or culture"
>
> Criminal Justice Social Work

It is important to weigh the costs of making these changes with the short- and long-term costs of the impact of trauma for people coming into contact and working in/ with your organisation. It may be helpful to consider the potential contribution of a trauma-informed approach to long-term savings for your organisation and the communities you work within.

For example, one study highlighted that, following the implementation of trauma-informed care in a residential substance use agency, there was a significant increase in the number of planned discharges, indicating successful treatment completion[6]. Another evaluation found that implementing a trauma-informed approach across city-wide public and third sector agencies significantly improved staff satisfaction, feelings of safety and improved morale[7].

6. Hales et al. (2019)
7. Damian et al. (2017)

Many changes may involve small adaptations that may not require any budget... but the implementation group and ongoing feedback loops with staff and people coming into contact with your organisation may identify activities that do require some financial resource

What do good trauma-informed budgets look and feel like?

Our budget includes a long-term commitment to trauma-informed change, and we have sufficient resources for this work. This includes:

- Identifying key priority areas for trauma-informed change and determining the in/direct costs and resources required to implement and sustain these changes
- Keeping key priority areas for trauma-informed change on the budget agenda and allocating resources accordingly
- Recognising the potential long-term savings of investing in a trauma-informed approach

How do we get there in our organisation?

The phases below provide suggestions of how to develop trauma-informed budgets in your organisation.

Where do we start?

Leaders ensure that decision makers in finance/ funding in our organisation (for example, commissioners of services, those awarding funding/ contracts) are members of the implementation group and have accessed relevant trauma training.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

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

Is this in place in our organisation? ○ Yes ○ No ○ Partly

What do we need to do next?

As our organisation has developed its action plan for this work, the implementation group have determined the in/direct costs and resources required to implement and sustain this work, and the organisation has allocated resources to support priority areas of work.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Our implementation group has identified any financial processes in the organisation that could be reviewed through a trauma-informed lens (for example, the organisation's commissioning framework, procurement processes, budget allocation).

Is this in place in our organisation? ○ Yes ○ No ○ Partly

How can we embed?

Our organisation has developed clear guidance around remuneration for people with lived experience of trauma who share time and expertise with our organisation, and resources for this work are allocated accordingly.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

When commissioning services, or awarding funding, our organisation asks providers/ applicants to indicate how they will design and deliver trauma-informed services, projects or activities.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Here are some questions to help you reflect on the progress of this work. In your organisation:

- Do you undertake an annual analysis of what is spent when working with people affected by trauma and the impact that this is having on improving outcomes? What does this analysis tell you?
- What resources has your organisation committed to supporting this work?
- Have opportunities been identified to pool budgets and other resources across your organisation/ with partners to help develop a trauma-informed approach? What has been the impact of this?
- If you are an organisation that commissions services or awards funding, how are expectations around trauma-informed principles and values built into your application, commissioning and procurement frameworks?
- If you are a funder, how are the key principles and values of a trauma-informed approach embedded in your funding processes? For example, how could your reporting requirements be reviewed to ensure they focus on learning and gathering necessary data? How can members of the community and people with lived experience of trauma define what “success” looks like in the work/ services you are funding?

8. Policies & Processes

Why are policies and processes important in creating and sustaining trauma-informed organisations, systems and workforces?

Policies and processes provide clear guidelines to staff and people coming into contact with the organisation about how the organisation operates and its values and culture. Evidence highlights that successful implementation of trauma-informed knowledge and skills into practice needs to be reinforced by policies and processes that "hard wire" the values and principles of a trauma-informed approach into the way the organisation works, not solely relying on training workshops or a well-intentioned leader, for example[8]. This helps to establish that a trauma-informed approach is an essential part of an organisation's mission, demonstrates that a trauma-informed approach underpins everything that an organisation does and promotes consistent messages about working in a trauma-informed way.

No matter how trauma-informed a practitioner may be, if they are constrained by protocols or policies that do not recognise the impact of trauma, they may be unable to minimise the risk of re-traumatisation that their training has taught them to recognise. This can risk moral injury for staff, as well as potentially feeling disconnected from their work and a sense of helplessness.

One example is taking a trauma-informed lens to appointment policies and reflecting on the language and flexibility used in those policies. For instance, using language such as "no shows" or "failed to attend" and constraints such as "three strikes and you're out" may not reflect an understanding of the impact of trauma, and may make people feel stigmatised and create barriers to them accessing support. It is also important for organisations to consider where there might be tension between a trauma-informed approach and existing organisational policies—for instance, the use of restraint or zero tolerance policies. Where there might be tension, it is important to explore where flexibility, choice and collaboration with staff and people affected by trauma could be built into policies and processes.

> "what has been useful is people who know how things work, so they can tell us what is going to happen essentially, more or less, the processes that will be, you'll be going through on that particular day"
>
> Witness in the justice system

8. SAMSHA: https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf, p.13

What do good trauma-informed policies and processes look and feel like?

Our policies acknowledge the prevalence and impact of trauma and specify how they enable and 'hard wire' trauma-informed change in all we do. This includes:

- All policies and processes in the organisation are re/designed with an understanding of trauma in mind to:
  - Maximise the experience of choice, collaboration, safety, trust and empowerment for all
  - Minimise barriers to accessing support and improving people's outcomes
- All policies and processes balance the organisation's priorities and demands with the range of stakeholder needs, including staff and people coming into contact with the organisation. This includes staff safety.

How do we get there in our organisation?

The phases below provide suggestions of how to develop trauma-informed policies and processes in your organisation.

> "We have a lot of children who struggle in the afternoons as they go to bed late, so we allow them to choose activities when they can't concentrate…so they don't kick off…There's always a 'choice' time but we are always quite structured because that's what these children need. They may have little structure at home…they can choose a book they want me to read"
>
> Education

Where do we start?

It is important to take into account the capacity of our organisation and staff for change at this time. For example, are there current challenges or external pressures that mean that policy changes might impact staff further?

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

What do we need to do next?

As part of the action plan, the implementation group has identified and prioritised our organisation's policies and processes for review that are most likely to impact people and/ or staff affected by trauma. This may include considering any positive/ negative feedback about existing policies or processes, any concerns that have been highlighted by people working in, with or in contact with our organisation about specific policies, and identifying any gaps in current policies that are needed to support the vision and action plan. Depending on your organisation, it may be helpful to consider particular policies for review, such as bullying and harassment or lone working.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

The implementation group has identified key stakeholders, including people with lived experience of trauma and staff most likely to be affected by the policy, who will be involved in the review of prioritised policies (there will likely need to be different stakeholders involved for different policies).

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

The implementation group has identified who needs to sign off revised/ new policies, and has identified accountability for who will oversee implementation of recommended changes and ongoing review over time.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

How can we embed?

Where relevant, all of our organisation's policies have been reviewed through a trauma-informed lens, by a range of stakeholders most likely to be affected by the policy, with a process in place to ensure routine review.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

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

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

Here are some questions to help you take a trauma-informed lens to your organisation's policies.

How do your organisation's policies embed the five key principles?

How do they promote emotional and physical safety?

How do they create trust through clarity, consistency, transparency and confidentiality?

What flexibility is built into your organisation's policies to maximise people's experiences of choice and collaboration?

How do policies emphasise the importance of providing clear, consistent and proactive communication about the options and choices available to those whom the policy impacts?

Is this policy underpinned by an understanding that people are the experts in their own lives and that support, services and resources provided should be guided by what people say they need and want in order to be able to exercise the most control over their own lives?

Is this policy rooted in an approach of doing "with" rather than "to" those whom it impacts? Does it emphasise the importance of involving people as much as possible in the shaping of their individual care and support?

Where relevant, does this policy make the process for accessing/receiving services and resources clear and accessible? Does it make clear when and why a service or resource may not be provided? Does this policy make clear what steps should be taken to proactively communicate this information to those it may affect?

Does this policy both incorporate and champion the use of language which is inclusive and flexible, rather than language which may be seen as punitive such as "non-compliance" and "non-engagement"?

Is there a recognition within this policy of the ways in which its implementation may create an unavoidable risk of re-traumatisation for those who have experienced psychological trauma and does it detail ways in which this can be minimised and mitigated?

Does this policy recognise where and when people may find it challenging to engage with services, resources and support due to the impact of historical and/or ongoing trauma? Does it detail steps which can and should be taken to minimise these barriers in a way which is collaborative and which feels safe?

Here are some questions to help you reflect on the progress of this work. In your organisation:

Do feedback loops with staff and people coming into contact with your organisation highlight that there is flexibility with policies and processes if needed, based on people's individual needs and circumstances?

Do feedback loops with staff and people coming into contact with your organisation highlight that there is flexibility with policies and processes if needed, based on people's individual needs and circumstances?

What policies does your organisation have around staff safety? Do staff feedback that these are effective?

How have specific policies in your organisation been amended after reviewing them through a trauma-informed lens? Since making any changes to particular policies or processes, have you monitored for any positive or negative impacts for staff and people coming into contact with your organisation?

How have staff and people with lived experience of trauma been involved in your organisation's policy review/ development process?

How are changes to policies and processes communicated within your organisation, and externally (where relevant)?

9. How We Design and Deliver Services

Why is service design and delivery important in creating and sustaining trauma-informed organisations, systems and workforces?

This is about considering how the impact of trauma might affect people's experience of an organisation and where an organisation can actively resist re-traumatisation and support recovery through how it is designed and how it operates, day-to-day. It might be helpful to think about this holistically in terms of a person's journey through an organisation—from when a person first comes into contact with an organisation, through to all their interactions and relationships with an organisation's workers, buildings and resources.

Thinking about a person's journey in an organisation might include, for example, considering the physical environment. Many people with lived experience of trauma highlight the importance of buildings feeling welcoming, safe and accessible. Another example might be thinking about methods of communication. For instance, people with lived experience of trauma say that being offered a choice about how they're contacted and when feels collaborative and helps them feel respected.

Underpinning all of this is relationships. In your organisation, what are people's experiences of every conversation and interaction with every member of staff from first to last? This could include paid staff, volunteers and peer support workers, and staff not directly providing support, such as receptionists and maintenance workers.

> "you come in, and [receptionist], she's amazing, she's like the most friendliest like receptionist I've ever known in my life, and she just makes you so welcome, and like do you want a cup of tea, coffee, so then you'll sign in and you'll say who you're here to see. And then you might sit in the like...the sitting area with [receptionist]"
>
> Criminal Justice Social Work

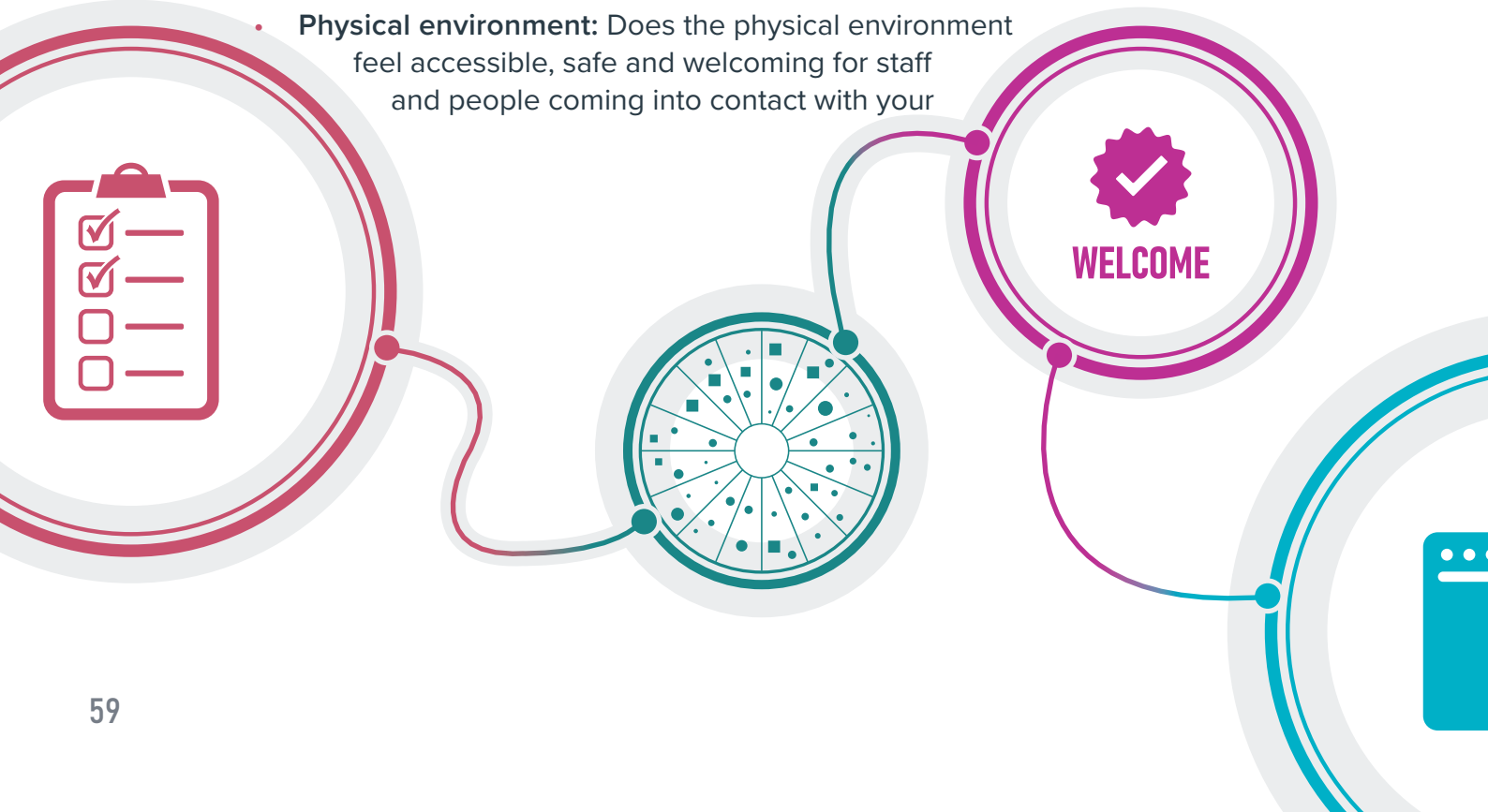
What does good trauma-informed service design and delivery look like?

People affected by trauma (who use, work with and in our organisation) experience relationships, services and systems which consistently offer choice, trust, safety, collaboration and empowerment. We do this by ensuring that:

- Every element of service design and delivery responds with a recognition of the impact of trauma, supports recovery and reduces barriers to accessing support.
- Service design and delivery balances the organisation's priorities and demands with the range of stakeholder needs.

For all organisations, regardless of purpose, when you are considering how you design and deliver services in a trauma-informed way, this could include:

- **Access to the organisation:** Is initial contact welcoming and supportive? If there is a referral process, is it transparent and well communicated? Are there easily accessible materials that explain the organisation's purpose, rules and policies, and complaints process? Are forms easy to understand? Do they include any unnecessary details/questions that might be re-traumatising? Is it easy to contact your organisation in different ways (e.g., phone, email, in person?). How are people greeted when they contact your organisation? If there is a waiting list to access support, how is this communicated? Is any other support offered in the interim?
- **Physical environment:** Does the physical environment feel accessible, safe and welcoming for staff and people coming into contact with your



organisation? Are there private spaces for confidential discussions? Are there safe spaces for people to use? Are toilets easily accessible? Are water and hot drinks available? Where there might be a need for security measures, such as locked doors, buzzers, and secure entry systems, how is this communicated to people? Are different spaces well signposted to help people navigate? What materials/ posters/ leaflets/ information on screens are on display to people?

- **Collaborative working with other services, organisations and/or agencies:** Are there clear referral pathways to other services? How are these communicated to people? How is data/ information shared with other services? Do staff explain what information will be recorded and shared, and have services in the community worked together to identify how to minimise the need for people to repeat their stories? Do IT systems support effective data/ information sharing? Do staff have up-to-date information about other services in the community? Has your organisation developed shared trauma-informed processes with other services in the community?
- **Communications:** Do staff ask how and when people would like to be contacted? Is your organisation clear about the limits of privacy and confidentiality, and when they are obligated to share information? Is information available in different languages? Do staff provide clear information about what will be done, when it will be done, and by whom? Do promotional materials about your organisation highlight a commitment to trauma-informed approaches? Do you use language that is easily accessible?

> “…a really simple example is we did a walk round and thought, what is potentially scary here? And an example were there was a smashed window that nobody had noticed for like six months, just a tiny one. There was burglar-proofing, like barbed wire stuff on a drainpipe. Loads of things like that, and it was like, why are these still here? It was just asking that question and we made some good changes to that”
>
> Residential care

> “I've had other interactions with other organisations where I've contacted them by email and... I find it difficult to use the phone, and they've insisted that I phone. And I've said, well, I'm really not comfortable doing that and it's basically like too bad, you know, get lost.”

For organisations with a specific remit to support people known to be affected by trauma, and who are required to provide advocacy, support or interventions and adapt the way they work to take into account trauma reactions to do their job well, reparative therapeutic alliances will be key to this work. This might include:

- Boundaried, compassionate and containing relationships are viewed as the primary means through which trauma-informed practices and supports are available
- Formulation and assessments are informed by an understanding of a person's trauma experiences and the specific impacts of those in the present
- Reports in relation to people and their families frame trauma reactions as coping and highlight strengths and achievements in that contact
- Workers collaborate to jointly formulate a care, support or risk management plan with people that take account of this understanding
- There are different kinds of support available, such as peer support
- People have access to holistic support, recognising where there might be multiple and complex needs, and the impact of trauma on those needs
- Responses and interventions provided may need to change to reflect a person's needs. For example, where a service currently delivers one support (e.g., a parenting group), they may need to change and offer something else instead, or include trauma-enhanced practice before expecting people to be safe enough to engage. This might include psychoeducation support in coping with trauma reactions, including skills development and self compassion.

> “the first time you meet somebody, that rapport isn't there, they maybe don't feel safe coming to a service. And then if you're asking these questions on a questionnaire, that really, it could put the fear into them, and you might never see them again. So it was very much, gauging when the right time is to do that”
>
> **Substance Use**

How do we get there in our organisation?

The phases below provide suggestions of how to develop trauma-informed service design and delivery in your organisation.

Where do we start?`

Before doing this work, it might be helpful to consider the following:

- The scope of service design and delivery is very broad, and it is unlikely that change across everything listed above can happen at once. If you are a large organisation that delivers a number of services that support people, it might be helpful to prioritise one or two services to review initially.
- It might be helpful to think about the review process as a "walkthrough" of a service, and bring together staff, people in contact with your organisation and decision makers to take a trauma-informed lens to a person's journey through the service and identify what is working well and what could be improved.

We have reviewed the capacity of our organisation and staff to engage in change at this time. We have identified current challenges and/ or external pressures that might mean that additional changes to their day-to-day work might impact staff further.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

Our staff have accessed the appropriate trauma training, and have the relevant knowledge, skills and confidence, to enable them to participate in a "walkthrough" of their particular service.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

Our organisation has feedback loops in place for both staff and people affected by trauma, and we have used this feedback to help us prioritise any particular services/ areas of the organisation for a "walkthrough".

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

What do we need to do next?

As part of developing our organisation's action plan for trauma-informed change, the implementation group has identified and prioritised particular services for review that are most likely to impact people and/ or staff with lived experience of trauma and/ or services that have been identified by feedback loops as a priority.

Is this in place in our organisation? ○ **Yes** ○ **No** ○ **Partly**

Our organisation has identified key stakeholders, including people with lived experience of trauma, staff involved in the service and decision makers, who will be involved in the review.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Appropriate time has been allocated for the "walkthrough" and staff have the time and capacity to be involved. We have ensured that people with lived experience of trauma will be involved in this process, and that their involvement will be safe and meaningful, and their time and expertise will be remunerated.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Our organisation has identified accountability, timeframes and resources required for implementing the changes identified in the "walkthrough", and ways of communicating and celebrating successes identified in the "walkthrough".

Is this in place in our organisation? ○ Yes ○ No ○ Partly

How can we embed?

Our organisation has taken a "walkthrough" of all services/ areas of work and there are processes in place for routine review. As part of the routine review, our organisation routinely makes use of feedback loops from staff and people in contact with our organisation.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Our organisation has routine processes in place for clear communication of the results of "walkthroughs", including: a) changes to services if they affect people with lived experience of trauma and b) practical implications of changes for staff and we identify where further training might be required as a result of the changes.

Is this in place in our organisation? ○ Yes ○ No ○ Partly

Here are some questions to help you reflect on the progress of this work. In your organisation:

What tangible changes has your organisation made as a result of any "walkthroughs"?	Do feedback loops with staff and people coming into contact with your organisation highlight the impact of any changes that have been made?	Can you identify if any changes have not worked so well? If not, why not?

Part 2

Measuring the impact of a trauma-informed approach

Part 1 of the Framework aims to support organisations to assess to what extent they are working in a trauma-informed way and consider what evidence they can provide that the suggested activities outlined in the Framework are happening in their organisation and what changes they have made as a result.

Part 2 of the Framework aims to help organisations consider the impact of trauma-informed change, including:

- What data, feedback and evidence do you have that will help you understand the impact/ contributions of trauma-informed change to how your organisation works?
- What data, feedback and evidence do you have that will help you understand the impact/ contributions of those organisational changes on people affected by trauma and staff?
- What data, feedback and evidence do you have that will help you understand the contributions of trauma-informed change to, where relevant, your organisation's wider objectives/ local priorities/ national agendas?

There is developing evidence that shows that sustained practice over time in organisations and systems that are within their window of tolerance is more likely to demonstrate an impact on outcomes for people, staff and the organisation's priorities.

What are the short-, medium- and long-term outcomes of embedding a trauma-informed approach in your organisation?

Organisations rely on inputs, such as staff and budgets, to implement the activities we outline throughout the Framework. These activities are designed to develop a range of outputs for people (e.g., proactive and reactive responses are put in place to support staff wellbeing, the organisation develops meaningful processes for people with lived experience of trauma to be involved in decision making, the organisation makes changes to standard communications with people to resist re-traumatisation).

These outputs, in turn, may contribute to a range of:

- short-term outcomes for individuals and organisations (e.g., the workforce has the knowledge, skills, confidence and capacity to respond effectively to people affected by trauma, power sharing with people with lived experience is a priority for the organisation);
- medium-term outcomes for individuals, organisations and wider communities (e.g., staff report increased wellbeing, people with lived experience of trauma feel empowered to effect change, people coming into contact with the organisation say they can more easily access they support they need), which may in turn contribute to;
- longer-term, population-wide outcomes (e.g., reduced health inequalities, improved outcomes for people affected by trauma).

The visual on page 72 outlines the suggested short-, medium- and long-term outcomes of developing trauma-informed organisations, systems and workforces in Scotland. These should be broadly relevant for all services and organisations in Scotland, but may need to be adapted depending on the work of your organisation. The short-term outcomes will help you understand what may change in your organisation as a result of carrying out the activities and processes outlined in Part 1 of the Framework. The medium- and long-term outcomes are designed to help you consider what impact over time a trauma-informed approach could have for your organisation, for staff, for people coming into contact with your organisation, and the wider community.

When thinking about the medium- and longer-term impact or contributions of a trauma-informed approach, this will vary depending on the purpose of your organisation. It is important to remember that the aim of embedding a trauma-informed approach is to support your organisation with the work it is already doing and the existing outcomes/ objectives your organisation is already working towards.

For example, if your organisation supports people with their housing needs, it might be helpful to consider what contributions a trauma-informed approach can make to your organisation's existing priorities, such as increasing people's engagement with

your services, reducing missed appointments, increasing sustained tenancies, and ensuring people have access to support for other needs that may impact on their housing needs, such as mental health, substance use and gender-based violence.

Another example might be to consider what contributions a trauma-informed approach can make to your organisation's workforce, such as improved wellbeing and safety and strengthened connectedness to their work, as well as reduced absenteeism, reduced grievances and increased retention.

Many factors will play a role in improving outcomes for people affected by trauma—working in a trauma-informed way is just one part of this. It is also often difficult to capture the impact and contributions of trauma-informed change via specific quantitative measures because much of the work is rooted in broader cultural and organisational change and because embedding a trauma-informed approach often occurs in tandem with the implementation of other approaches designed to improve people's outcomes. There is developing evidence that shows that sustained practice over time in organisations and systems that are within their window of tolerance is more likely to demonstrate an impact on outcomes for people, staff and the organisation's priorities.

Because organisations have different priorities and support different communities and populations, this Framework does not provide a standardised set of indicators to report on how far organisations are delivering the medium- and long-term outcomes outlined in the visual. Instead, we provide below suggestions of what data or evidence might be helpful for your organisation to draw on when considering how to measure the impact or contributions of trauma-informed change on staff, people coming into contact with the organisation and the organisation's key priorities/ objectives. When considering what metrics to use to measure impact, it may be helpful to identify particular areas of challenge in your organisation that may be improved in the long term by adopting a trauma-informed approach.

Many factors will play a role in improving outcomes for people affected by trauma—working in a trauma-informed way is just one part of this

Please note that these suggestions are not exhaustive and not all suggestions will be relevant for all organisations.

What existing routine, internal data does your organisation collect?

For example:

- If you provide services for people, what data do you collect on people's engagement with your organisation and the support you provide? For example, missed or cancelled appointments, student attendance, temporary or permanent exclusions from school, treatment completion, planned discharges, completing community payback orders.
- What does data around referrals, repeat referrals and follow-up on those referrals tell you?
- Staff surveys or other feedback loops that may ask questions around staff satisfaction, their experiences of the organisation, workload/ pressures and general wellbeing
- Feedback loops about satisfaction and experiences from people coming into contact with your organisation? This may include surveys, consultations or feedback from a service user group
- Feedback loops from groups representing people with lived experience of trauma, for example steering groups, paid lived experience roles or advocacy groups who work with your organisation.
- Data around staff absences, sickness, retention/ turnover, referrals to support such as occupational health, feedback from exit interviews, unfilled posts, caseload figures, overtime worked, etc.
- Your organisation's complaints process and positive feedback given to the organisation.

What existing routine data does your organisation collect for external purposes?

For example:

- Regular feedback from partners about people's experiences of your organisation
- Data for existing local and national performance/ reporting frameworks or datasets
- If your organisation is subject to inspection, how might the work you are doing in embedding a trauma-informed approach support inspection criteria?

What ad hoc data may your organisation collect or access?

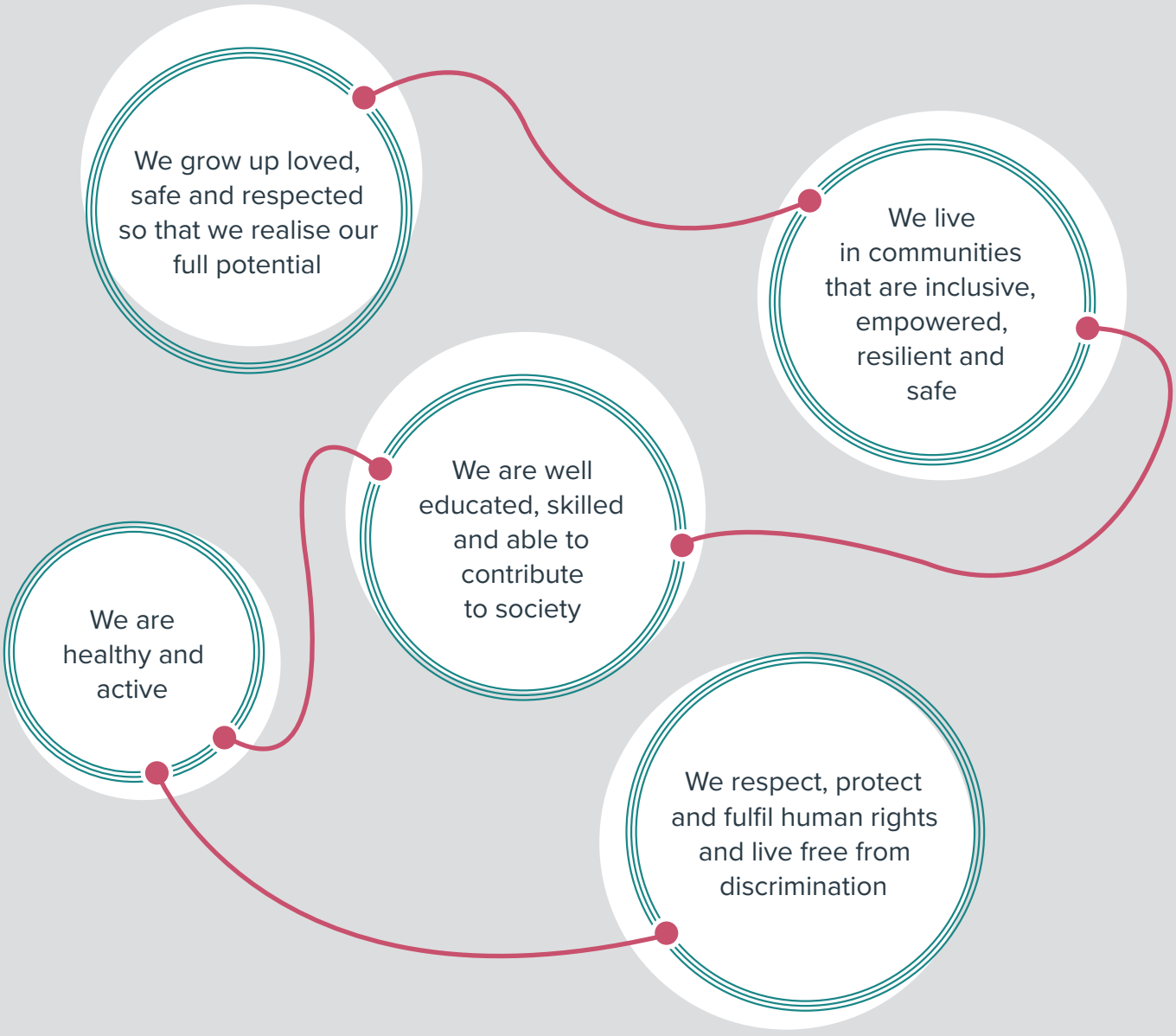
For example:

- Consultations on specific projects, broader consultations with communities
- Partnership agreements with other organisations
- Evaluation of the impact of trauma training; for example, information on tangible changes staff have made following trauma training
- Staff attitude surveys
- Case reviews
- National surveys and datasets

Appendix A

There are multiple local, national and international drivers for developing organisations, systems and workforces in Scotland that recognise the impact and prevalence of trauma and respond in ways that support recovery and do no further harm. A number of key priority areas to which trauma-informed approaches contribute are outlined in Appendix X.

Scotland's National Performance Framework provides a common set of outcomes for government, businesses, voluntary organisations and the people of Scotland to work towards. By working towards removing barriers to accessing services, doing no further harm and helping people to access support, trauma-informed organisations, systems and workforces contribute to a number of these outcomes, including:



Supporting a shift towards prevention and early intervention

The Public Service Reform agenda highlights the importance of working collaboratively to ensure that systems and services in place across Scotland respond to people's needs, improve outcomes and make the best use of public resources. Central to this approach is supporting a shift towards early intervention and prevention wherever possible.

It is difficult to estimate the financial costs of psychological trauma, given that it is often hidden, underreported and misunderstood. However, it is estimated that as much as 40% of spending on all public services is accounted for by interventions that could have been avoided by prioritising a preventative approach. Evidence suggests that trauma can impact on outcomes across mental and physical health, education, justice and employment, and we know that trauma and vicarious trauma can cause chronic stress and burnout across the workforce. This will translate into significant costs incurred within individual organisations, and at local and national levels.

A trauma-informed approach contributes to the shift towards early intervention. Those in most need of support may also be the most unlikely to engage effectively with services and may be unlikely to develop and sustain safe, trusting relationships with peers, family, friends and communities within which their recovery could be supported.

A trauma-informed approach seeks to avoid the potential for people to exclude themselves from services as a result of trauma-related distress triggered by any aspect of contact with staff and services whether, for example, a dental check-up, a lecture at college, as a witness in court or at a GP appointment. A consistent trauma-informed approach across all of our services and systems can support strengthened engagement with all kinds of services and supports (including peers, family, friends and communities) through providing people with experiences of relationships that are trusting, collaborative and empowering.

Covid 19 recovery and renewal

Responding to trauma is, now more than ever, a public health priority. COVID-19 and the restrictions that were put in place to contain the virus significantly increased the risk of people experiencing trauma and re-traumatisation. This included people living with domestic abuse or child abuse during lockdown, people facing poverty, financial hardship and unemployment, and people facing severe/ chronic illness and bereavement through suicide. For the Scottish workforce, particularly those in key frontline roles, the risk of potentially traumatising experiences during the pandemic and beyond increased, as has the likelihood of chronic stress and burnout. All of these experiences were further exacerbated by the disruption to usual social support systems which, evidence shows, is one of the key predictors of improved outcomes when recovering from traumatic events. The effects of the pandemic and the following cost of living crisis continue to be felt across the population.

Appendix B

What national strategies and drivers do trauma-informed organisations, systems and workforces contribute to?

Policy area	
Adult Support and Protection	• Adult Support and Protection Act (2007) • Guidance for adult protection committees (2008) • Adult support & protection improvement plan, 2019-2022 (2019) • Significant case reviews guidance (2019) • Revised code of practice (2022) • Quality indicators for adult support and protection (Care Inspectorate, 2018)
Alcohol and Drugs	• Rights, Respect and Recovery (2018) & Action Plan, 2019-2021 (2019) • Alcohol Framework (2018) • Quality Principles: Standard Expectations of Care & Support in Drug & Alcohol Services (2014) • Alcohol & Drug Partnerships - delivery framework (2019) • Scottish Drug Deaths Taskforce Forward Plan (2021) and Strategy to Address the Stigmatisation of People and Communities Affected by Drug Use • NHS Charter of Patients' Rights and Responsibilities • Medication Assisted Treatment (MAT) Standards (2021) • Whole Family Approach (2021)
Child Poverty	• Every child, every chance: the tackling child poverty delivery plan, 2018-2022 (2018)
Children and Families	• GIRFEC • Protecting Scotland's children: national policy and child abuse prevention activity (2018) • National Guidance for Child Protection (2021) • Draft Standards for Bairn' s Hoose (2022) • The Promise • UNCRC into Scots law • Children's services planning guidance (2020) • Supporting disabled children, young people and their families: guidance (2019)

Community Justice	• National Strategy for Community Justice (2022)
Early Years and Education	• Early Years Framework (2009) • Curriculum for Excellence (2008)
Equalities	• Learning/ intellectual disability and autism: transformation plan (2021) • Race equality framework and action plan, 2016-2030 (2016) • Fairer Scotland Duty – interim guidance for public bodies (2018) • Public Sector Equality Duty (2011) & Scottish specific equality duties • New Scots Refugee Integration Strategy 2018-2022 (2018) • Improving the lives of Scotland's gypsy/travelers 2018-2021 (2018)
Housing and Homelessness	• Ending Homelessness Together Action Plan (2020) • Housing First and Branching Out: a national framework to start up and scale up Housing First in Scotland, 2021-2031 (2021) • Scotland's transition to rapid rehousing – guidance for local authorities and partners (2018)
Health and Social Care	• Health and social care standards: my support, my life (2017)
Mental Health	• Covid Mental Health and Wellbeing Recovery Action Plan (2021) • Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032 (2022) • Mental health and wellbeing strategy (forthcoming)
Public Health	• Public Health Priorities for Scotland (2018)
Violence Against Women	• Equally Safe (2016, refreshed 2018

Appendix C

Glossary

Abuse	The Oxford Online Dictionary defines this as: *'treat with cruelty or violence, especially regularly or repeatedly'*. However, separate subtypes of abuse are generally referred to in the literature.
Adverse childhood experiences (ACEs)	This is a group of traumatic and adverse experiences in childhood which significant research has suggested can lead to increased risk of long-term impacts on physical and mental health as well as social consequences for some, particularly when several of these experiences are part of someone's early life. ACEs include: physical, emotional and sexual abuse; physical and emotional neglect; parental/key caregivers' substance misuse, mental health difficulties or incarceration; witnessing domestic abuse or violence in the household and divorce. They include experiences traditionally understood as traumatic, but extend to include these additional experiences of adversity.
Burnout	This is a term specific to the workplace, whereby we feel physically and emotionally exhausted due to low job satisfaction and feeling overwhelmed by workload and powerless to change the situation. It does not mean that our view of the world has altered, or that we struggle to feel compassion for others.
Child abuse and neglect	WHO (2002)21 defines this as: *'Physical and/or emotional ill treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment.' Research shows that many people experience more than one type of childhood abuse.*
Childhood sexual abuse (CSA)	This is defined by WHO (2002) as: *'The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society.'*

Clinical supervision	*'A formal but collaborative relationship which takes place in an organisational context, which is part of the overall training of practitioners, and which is guided by some form of contract between a supervisor and a supervisee. The expectation is that the supervisee offers an honest and open account of their work, and that the supervisor offers feedback and guidance which has the primary aim of facilitating the development of the supervisee's therapeutic competences, but also ensures that they practice in a manner which conforms to current ethical and professional standards' Roth & Pilling, 2015.*
Coaching	*'Coaching is a necessary component for promoting ...confidence and ensuring competence. Coaching is defined as regular, embedded professional development designed to help...staff use the program or innovation as intended...Most skills needed... can be introduced in training sessions, but really are learned on the job with the help of a qualified and skilled coach who passes on wisdom and knowledge related to the implementation of the program or innovation...Coaching ensures that the fragile, uncomfortable new skills are actually tried in practice.'*
Compassion fatigue	Compassion fatigue is often experienced amongst people who work in the caring professions, where we have to regularly draw on our empathic resources. Our emotional and physical resources can be eroded when we are unable to rest and recharge, and we reach a point where we feel we are unable to care anymore for others. This might be apparent in our personal and professional lives. For example, we may notice that we feel deep irritation at the problems presented to us by people accessing our service for support, or feel unable to support a friend through a difficult time
Complex trauma	This term refers to traumatic events which are repeated, interpersonal and often (although not always) occur in childhood, with significant potential risk of developmental impact. The most commonly studied example of complex trauma is CSA, but other examples would include domestic abuse.

Dissociation	The International Society for the Study of Trauma and Dissociation states *'this is a word used to describe the disconnection or lack of connection between things usually associated with each other. Dissociated experiences are not integrated with the usual sense of self, resulting in discontinuities (gaps) in conscious awareness.'*
Domestic abuse and coercive control	The Domestic Abuse (Scotland) Act came into effect on 1st April 2019 and defines domestic abuse as a course of behaviour that is abusive towards a partner or ex-partner. The Act extends the legal definition of domestic abuse beyond physical violence to include coercive control and psychological and emotional abuse.5
Gender-based violence (GBV)	Based on the United Nations Declaration on the Elimination of Violence Against Women (1993), Equally Safe states that *'Gender based violence is a function of gender inequality, and an abuse of male power and privilege. It takes the form of actions that result in physical, sexual and psychological harm or suffering to women and children, or affront to their human dignity, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It is men who predominantly carry out such violence, and women who are predominantly the victims of such violence.'*
Lived experience of trauma and experts by experience	For the purposes of this Framework, we use the term experts by experience is used to describe people who have lived experience of abuse, trauma and adversity.
Moral injury	This is the harm caused to our moral conscience and personal values when our actions (or lack of) go against these. It can result in feelings of guilt and shame and 'moral distress' which may overwhelm our sense of 'goodness'.
Reflective practice	Reflective practice is an intentional way of reflecting on past practice, in the present, in order to improve practice in the future

Psychological trauma	This term is widely used but in this context refers to a *'an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening".* However, due to the evidence of the differential impact of short-term, one-off and long-term, repeated traumatic events, Terr (1991) has devised a commonly used categorization, as follows: • Type 1 trauma: sudden and unexpected events experienced as isolated incidents, such as road traffic accidents, rapes or terrorist attacks. These can happen in childhood or adulthood • Type 2 trauma: repeated or ongoing traumatic events, such as generally happens in CSA (see above). In recent years, however, this has by convention been referred to as 'complex trauma'
Vicarious trauma	This is the experience of trauma-related difficulties that can arise from being repeatedly exposed to details of other people's lived trauma. For example, a person might find that their view of the world, themselves, and others, is altered by the stories that they hear. Vicarious trauma is usually something that happens gradually over time.

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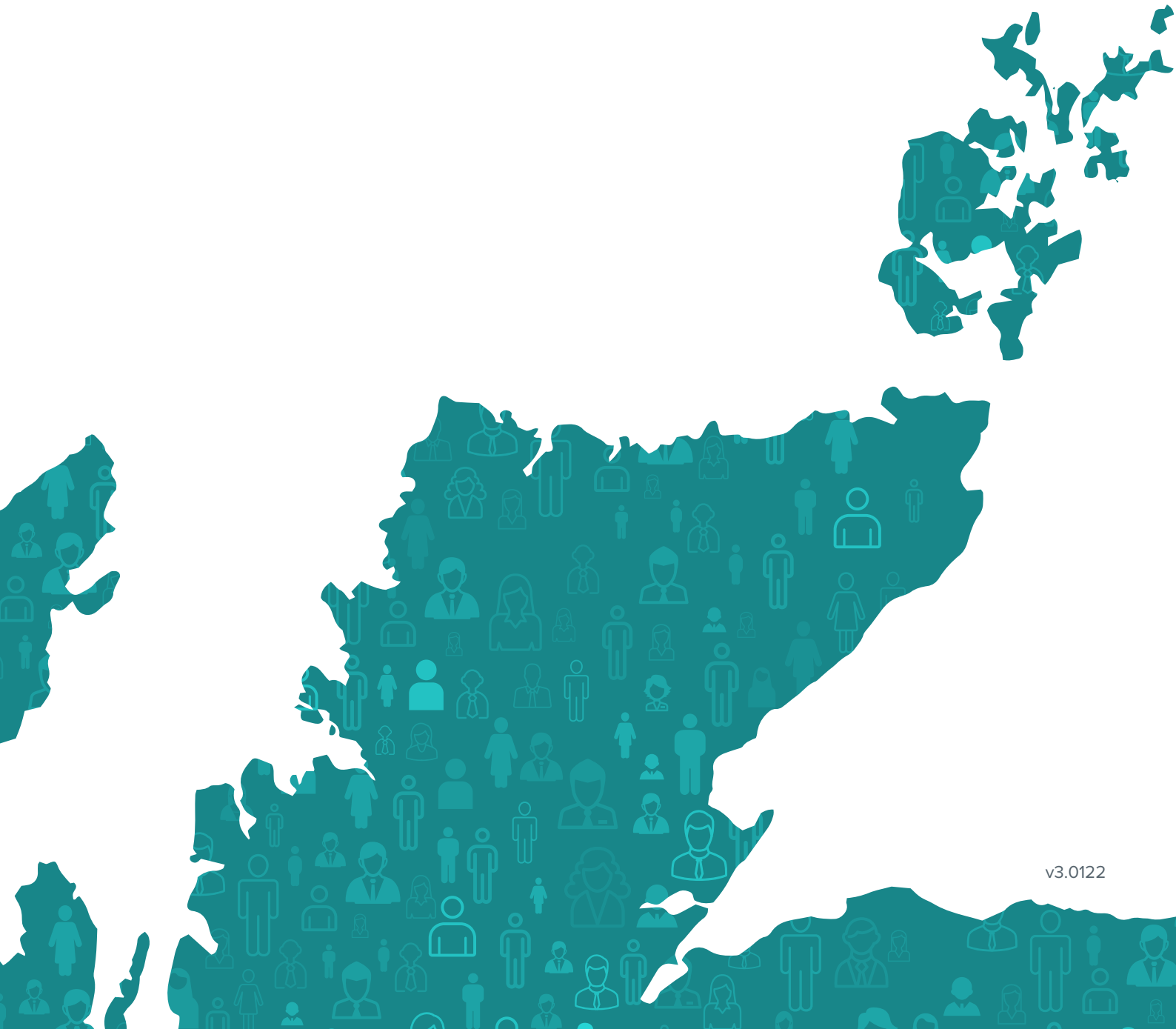
improvement service



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