National Trauma Transformation Programme

Responding to Psychological Trauma in Scotland

Embedding trauma-informed and responsive change across Scotland: Progress, impact and future priorities

National Learning Report 2026

improvement service

Contents

Background and aims of this report

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

The Improvement Service supports the National Trauma Leads Network, and provides support to local authorities and their partners to strengthen capacity and capability to implement trauma-informed and responsive practice and policy. Reflecting that there are currently no formal reporting requirements for this work, the Improvement Service has worked with local and national partners to develop an annual survey and learning report to capture learning about progress and impact of the work happening to embed a trauma-informed and responsive approach across organisations, services and workforces in Scotland.

The aims of this Learning Report are to:

- Highlight the breadth of work happening across local areas, including local authorities, health boards and key community planning partners, to embed a trauma-informed and responsive approach, building on learning from previous learning reports;
- Share examples of good practice and key learning around progress, impact, and enablers and barriers to this work locally;
- Highlight the early impact of this work and progress towards the short- and medium-term outcomes in the NTTP logic model as a result of the work by local areas;
- Contribute learning to inform the ongoing development of the National Trauma Transformation Programme (NTTP) strategic priorities; and
- Show the cross-cutting connections of this work locally, and nationally, and show how this can support long-term culture and systems change.

Recognising the variation in scope, priorities, stage of implementation and variations in additional investment across local authority areas, the findings and learning in this report are not intended to compare local areas against each other. Instead, the aim is to provide a thematic picture of progress, key learning, themes and priorities in relation to advancing and embedding this work. The findings in this report have been drawn from:

- Information shared via the national survey shared with local areas, including local authorities, health and social care partnerships, and wider community planning partners, between May – July 2026[1] ;

1 The survey was responded to by 29 out of 32 local authorities, with one response per local authority submitted, primarily through local Trauma Lead Officers where they are in post. However, one of these responses requested not to be included in the report, meaning that this report is based on the 28 responses that did consent to being included.

- Information shared by Trauma Lead Officers via a Local Trauma Survey between February and March 2026[2]
- Learning and information generated by the National Trauma Leads Network, including through network meetings, development days and other workshops facilitated by the Improvement Service; and
- Collaborative Peer Learning Workshops, co-hosted with Resilience Learning Partnership (RLP), for local Trauma Lead Officers, Trauma Champions, and professionals working in organisations with a national remit who are leading on work in relation to the trauma agenda.

The findings in this report do not reflect all work happening across Scotland. Nevertheless, they represent important learning about the work and views of local areas, including local authorities, health and social care partnerships and wider community planning partners, about the barriers and enablers to embedding and evidencing the impact of a trauma-informed and responsive approach across organisations, systems and workforces. The learning in this report also has implications for the long-term sustainable implementation of a number of cross-cutting policy agendas.

2 The local survey was responded to by **30 out of 32 local authority areas**

Key messages

The report highlights that progress continues to be made towards embedding a trauma-informed and responsive approach across organisations, systems and workforces. There is also evidence demonstrating that local areas are moving beyond awareness-raising and training towards implementing and sustaining wider organisational and systems change. Furthermore, the report identifies a number of key enablers for change, alongside challenges relating to capacity, workforce pressures, leadership engagement, funding and evidencing impact, as well as ways in which local areas are beginning to overcome these barriers. This report includes suggested actions for both local and national partners, highlighting the key role that they play in continuing to support the work to embed trauma-informed and responsive change across Scotland.

Shift towards whole system thinking

There has been a shift from a trauma-informed approach being considered exclusively as a training programme or specialist intervention, towards being recognised as a whole-system approach, shaping organisational culture, service design, leadership, workforce wellbeing, decision-making and policy development.

Significant progress across workforce development

Progress has been made across all nine key drivers of a trauma-informed approach however, on average, the most significant progress has been made across staff knowledge, skills, confidence and capacity, reflecting substantial investment in training and implementation support. Local areas also highlight that they continue to support staff to translate learning into their day-to-day practice through supervision, reflective practice, and implementation support.

Leadership, dedicated infrastructure and collaboration are key to progressing this work

Dedicated national and local leadership and coordination is consistently highlighted as important by local areas. On a local level, Trauma Lead Officers and other key roles, including TPTICs, Trauma Champions and Steering Groups, are highlighted as essential to maintaining momentum, supporting implementation, coordinating partnerships and driving long-term systems change. Local areas consistently report that local progress is supported through visible leadership, and where clear links are made to wider public service reform. Local areas also highlight the role of national leadership to support local accountability and governance of this agenda.

Lived experience engagement: a priority and a challenge

Whilst local areas recognise the importance of meaningfully involving people with lived experience of trauma in service design and delivery, this remains the least-developed area nationally. This is linked to challenges relating to remuneration, capacity and establishing safe and meaningful opportunities for participation and co-production. Nevertheless, the report also highlights encouraging examples of lived experience shaping commissioning decisions, service design, communication materials, feedback mechanisms and policy development.

Sustaining progress requires leadership, capacity and investment

Alongside positive progress, local areas continue to face significant challenges. Barriers including workforce pressures, limited capacity, increasing organisational demands, difficulties evidencing impact and challenges around securing leadership buy-in and support for this work. The report highlights that establishing trauma-informed and responsive systems, organisations and workforces is about long-term culture change, and local areas share ongoing concerns about the sustainability of local infrastructure. Visible national and local leadership, clearer strategic alignment with wider public service reform, and continued investment are highlighted as key to enable sustainable and lasting progress.

Importance of strengthening links between trauma and cross-cutting policy agendas

A commitment to implementing a trauma-informed approach is increasingly embedded in national strategies, action plans, practice guidance, policies and some legislation. This covers a range of policy areas whereby a trauma-informed approach is highlighted as being key to fulfilling these national commitments. In the absence of formal reporting requirements for this work, local areas have highlighted the ways in which they have established links with other statutory, and non-statutory, policy agendas locally to illustrate how trauma supports, and upholds, a range of different strategic priorities.

Introduction

Traumatic experiences affect most people at some stage in life, yet we often won't know about people's experiences, and the impact of trauma is unique to each of us. The term trauma can refer to a wide range of traumatic, abusive or neglectful events or series of events (including at different times during the life course) that are experienced as being emotionally or physically harmful or life threatening. Whether an event(s) is traumatic depends not only on our individual experience of the event, but also how it negatively impacts on our emotional, social, spiritual and physical wellbeing.

Trauma has consistently been associated with poorer outcomes across the widest range of areas including preventable disease, mental health, education, social outcomes, and many more. Preventing and effectively responding to trauma and adverse experiences is essential for Scotland's National Performance Framework's ambition of increasing wellbeing, creating opportunities to flourish and improving outcomes for people and communities.

The prevalence of traumatic experiences means that trauma will inevitably impact many of those within our workforce, whether through personal experiences or through the work we do. It is vital that all workers feel safe and supported in our workplaces. This is particularly important when we are caring for and supporting others because those of us directly supporting people affected by trauma face an increased risk of vicarious trauma (or secondary trauma), moral injury, and compassion fatigue.

National Trauma Transformation Programme (NTTP)

> "Our Vision is for a trauma informed workforce and services across Scotland, capable of recognising where people are affected by trauma and adversity, that is able to respond in ways that prevent further harm and support recovery, and can address inequalities and improve life chances"
>
> - National Trauma Transformation Programme

Scotland has paved the way in recognising and responding to this through the development of the National Trauma Transformation Programme (NTTP). The NTTP is a major and long-term change programme, which aims to support this vision and provides a wide range of learning resources, guidance and implementation support for all sectors of the workforce, to embed and sustain this model of working[3] . The NTTP is funded by the Scottish Government and delivered in partnership with COSLA, Public Services Delivery Scotland (PSD Scot), the Improvement Service (IS) and Resilience Learning Partnership (RLP).

3 See Useful Resources for more detail

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

Local infrastructure

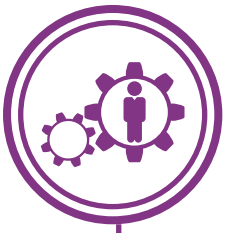
The NTTP works in collaboration with local Trauma Lead Officers, Trauma Champions and Transforming Psychological Trauma Implementation Coordinators (TPTICs), who each play an important role in advancing a trauma-informed and responsive approach across local organisations, systems and workforces.

Figure 1: Key local findings

Trauma Lead Officers

77% of local areas indicated that they **have a lead officer in post**

13 Lead Officer **posts are now permanent**



Transforming Psychological Trauma Implementation Coordinators (TPTICs)

73% of local areas indicate they **have access to support from a TPTIC within their health board**

63% of TPTICs have 1-3 days capacity per week, and most (59%) **cover 2-2 local authority areas**

Trauma Champions

83.3% of local areas currently **have a Trauma Champion in place**

Steering Groups

73% of local areas now **have a Trauma Steering or Implementation Group** overseeing the work to embed a trauma-informed approach

Trauma Lead Officers

A majority of local authority areas now have a Trauma Lead Officer, or Coordinator, in post to lead and coordinate the work to embed a trauma-informed approach across the local area. In March 2026, **77% of local areas indicated that they had a lead officer in post**[4]. The majority (83%) of the local areas that had a lead officer in post highlighted that these were full time roles (5 days a week), with 17% stating that they were part-time (typically between 2-4 days a week). Although not explicitly the purpose of this funding, the majority of lead officer and coordinator roles are funded using the annual Scottish Government local authority funding allocation. However, areas also highlight that this often does not cover all costs associated with these roles, and the remaining costs are supplemented through Council or HSCP budgets.

At the time of the local survey in March 2026, **10 Lead Officer Posts had been made permanent** and since then, **a further 3 have since been made permanent**. This reflects the long-term commitment to this work, however, responses to the local survey also highlighted uncertainties around temporary contracts and the longevity of posts in areas where the role had not been made permanent. Lead officers were highlighted as critical for effective local coordination of the work to embed a trauma-informed approach, and key in supporting partnership working and long-term system change across local areas.

Transforming Psychological Trauma Implementation Coordinators (TPTICs)

Alongside Trauma Lead Officers, TPTICs within health boards provide essential, specialist expertise and support for the work to embed a trauma-informed approach across local areas. TPTICs are now in post across the majority of health boards, with **73% of local areas indicating they had access to support from a TPTIC within their health board in March 2026**[5]. However, the capacity of these roles remains a challenge with most of these roles part-time, and with most health boards also covering multiple local authority areas this further stretches the limited capacity available. Most commonly across the areas who responded to the survey, **TPTICs have between 1-3 days capacity per week** (14 out of 22 areas, 63.6%), sometimes split between two people, and **most (59%) cover 2-3 local authority areas**[6].

Responses to the local survey emphasised the essential role of TPTICs in providing specialist trauma expertise and specialist clinical trauma knowledge. Responses also highlighted the strengths of collaborative working between the local authority and health board.

4 Out of the 30 local authority areas who responded to the local survey between February and March 2026, 23 indicated that they currently have a lead officer in post. Since then, the lead officer post has come to an end in one of these areas, however, positively, in two of the areas that indicated they didn't currently have a lead officer, a lead has since come into post.

5 22 out of the 30 areas who responded to the local survey - however since then one TPTIC has left post with no named replacement identified at the time of this report being published.

6 One area was the exception to this, and indicated they currently have a full-time TPTIC in post covering only one local authority area.

Local governance and oversight

In the **majority of local areas the work to embed a trauma-informed approach is overseen by a Trauma Steering or Implementation Group**, with the majority of steering groups providing strategic oversight and/or governance[7]. Steering groups were highly valued by respondents, highlighting that they provide shared ownership, support collaboration and provide strategic oversight of the work to embed a trauma-informed approach. Responses also highlighted that steering groups are most effective when they have the 'right' people around the table with a clear focus on feeding into wider decision-making structures across the local area.

Alongside steering groups, Trauma Champions (Senior leaders from Local Authorities, Health and Social Care Partnerships, Health Boards, and key community planning partners) play an important role in securing strategic buy-in for the work around embedding a trauma-informed approach across local areas. **83.3% of local areas[8] currently have Trauma Champions** in place. The majority are in strategic or senior management roles in the local area, but there were also a number of Chief Officers, Service Managers, and Directors of Service.

Whilst there are currently no formal, national reporting requirements, some local areas have established local reporting structures for this work. In these areas this was highlighted as supporting greater visibility and accountability for the work to embed a trauma-informed approach across the local area and keeping up the momentum for creating trauma-informed change.

7 22 out of 30 areas (73%) who responded to the local survey in March 2026.
8 25 out of 30 areas who responded to the survey.

Activities and progress

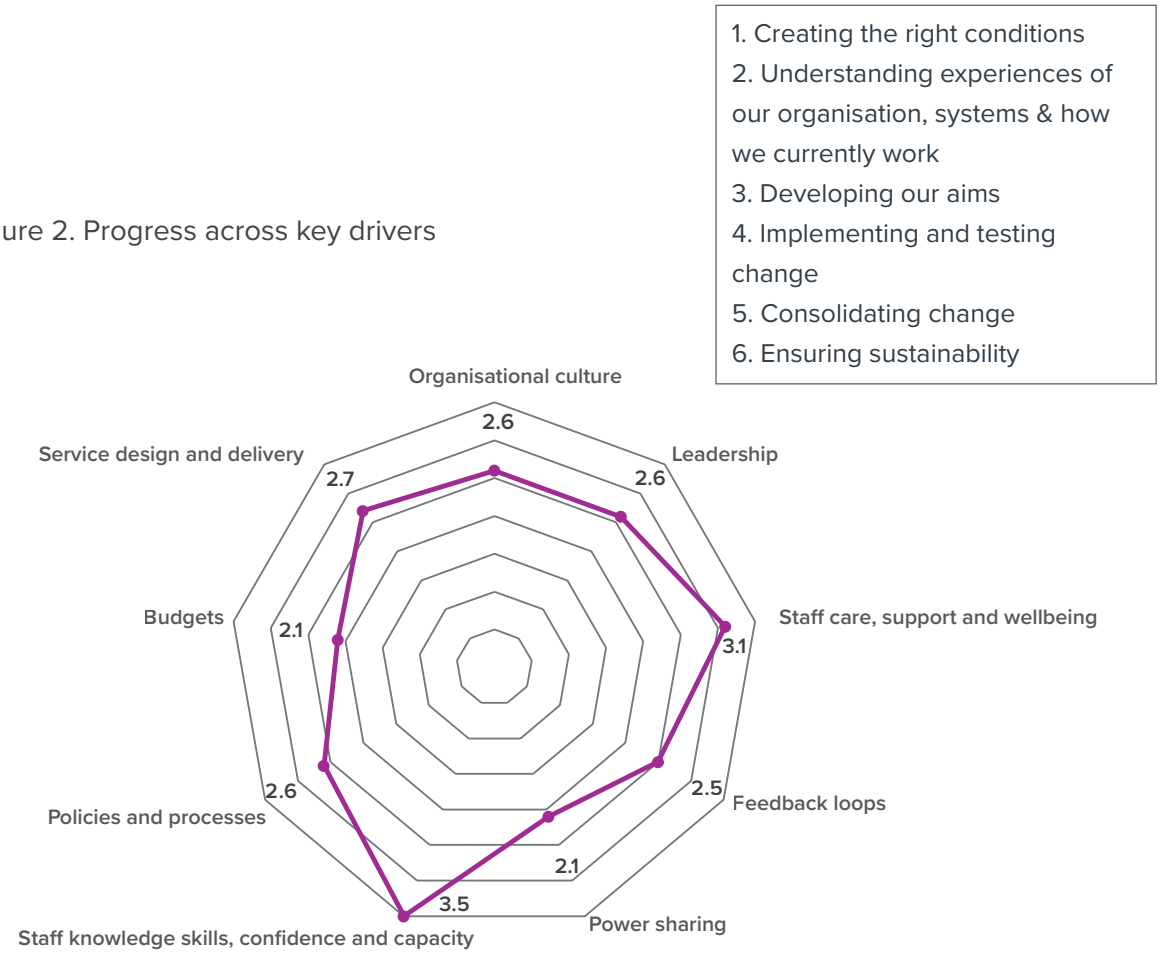
Evidence tells us that embedding sustainable, trauma-informed ways of working is rooted in long-term culture change and requires significant time, effort, capacity and resource. Working towards being trauma informed and responsive means working within a cycle of continuous improvement, and usually doesn't happen in one step. However, the responses to the national survey demonstrate that change is already well underway across many organisations and local areas, and it is also vital that we reflect on what is working well and celebrate successes, big and small across local areas.

This section outlines some of the activities and progress made by local areas, including local authorities and wider community planning partners, across the 9 key drivers of the Roadmap for Creating Trauma-Informed Change.

We recognise that progress may differ across each of the drivers, it cannot all happen at once. However, in order to understand what progress looks like at a national level we asked local areas to identify what stage they were at for each individual driver, from 1 - Creating the right conditions, to 6- Ensuring sustainability[9]. While this is a fairly crude estimate of progress, at a national level it provides an overview of progress across each of the areas of the Roadmap and can support with organising and prioritising support from the national programme going forward. The diagram below represents the average across all the 28 local areas who responded to the national survey, and those responses in turn represent collated information provided from across the Local Authority, community planning partners, and other third and public sector partners working to implement trauma-informed and responsive practice. Several local areas highlighted that there were differences in progress locally across community planning partners who they engaged with to inform their survey response, and therefore it should be noted that certain service areas will be at different stages of implementation than illustrated in the visual below.

9 This scale was based on the 'Journey' visual on page 3 of the Roadmap Introduction and include: 1- Creating the right conditions; 2- Understanding experiences of our organisation, systems & how we currently work; 3 - Developing our aims; 4 - Implementing and testing change across our organisation; 5 - Consolidating change across our organisation, systems and practice; and 6 - Ensuring sustainability.

Figure 2. Progress across key drivers



Whilst there are differences across local areas, it is evident that change is well underway with progress made across all nine of the key drivers. The averages across each of the drivers do not necessarily reflect absolute progress, but rather are most likely a reflection of the confidence of local areas in their progress across the driver in question. As such they provide helpful learning around where further support to evidence progress may be needed. For example, the most confidence in progress has been made in staff knowledge, skills, confidence and capacity and in staff care, support and wellbeing. This can be expected as most local areas have focused efforts on the delivery of training and implementation support, as well as reviewing workforce policies and processes to support workforce wellbeing. In comparison, the driver that had the lowest level of confidence in progress was power sharing; again, this can be anticipated as many local areas have highlighted the challenges in securing appropriate resource to remunerate people with lived experience.

Nevertheless, the evidence from the survey responses indicates an overall shift in local areas evidencing progress and impact of the work happening to embed a trauma-informed and responsive approach. The following sections provide an overview of some of the work and progress taking place across each of the individual drivers. The purpose of this section is not to compare progress made across different local areas, but instead to identify key themes, share learning and highlight examples of good practice from across Scotland as a whole.

Organisational culture

Organisational Culture	Average: 2.6	Max: 5	Min: 1

On average, local areas who responded to the survey identified themselves as being in between 'understanding experiences and how we currently work' and 'developing our aims' in relation to organisational culture. It is clear from the survey responses that progress has been made in terms of developing a trauma-informed organisational culture, particularly within specific service areas.

Many local areas highlighted a shift from considering a trauma-informed approach as a specialist intervention or a training initiative towards understanding it as a whole-system, organisational and corporate-wide approach that underpins service design and delivery, staff wellbeing, and decision making. Local areas noted that trusting relationships and cross-sector/ service collaboration are central to developing a trauma-informed workplace culture, as well as the importance of creating opportunities for the workforce to share learning, engage in reflective practice, and strengthen shared understanding of roles and remits.

Local areas also highlighted the role of physical environments within organisations in creating a trauma-informed organisational culture, and the links between environmental changes and feelings of safety, trust, collaboration, choice and empowerment. Several local areas have conducted Trauma-Lens Walkthroughs of their physical spaces, and have invested efforts to redesign their environments as a result.

Case study: HSCP Relocation & reflective practice

Background: Senior leadership recognised the potential impact on staff wellbeing of changes in the working environment following the relocation of several Health and Social Care Partnership (HSCP) services into a new building, alongside different services working together for the first time. Senior leaders also recognised the opportunity to reflect on how a trauma-informed approach could be embedded across the whole building, in light of a majority of staff completing trauma-informed practice training previously.

What happened? The Trauma Lead Officer worked alongside leaders to create a bespoke development and reflection session focusing on:

- Collaborative trauma-informed practice.
- Creating a trauma-informed environment and culture.
- Developing shared language and processes.
- Supporting staff wellbeing within and across teams.

Four sessions were delivered to maximise attendance, with participation actively encouraged by senior management. In total, 46 staff attended, out of approximately 100 staff who were re-located.

What changed? The sessions were an opportunity to consider how to embed a trauma-informed approach across the building and highlight where processes could be improved. As well as supporting a trauma-informed organisational culture, this work also contributed to progress across other Roadmap drivers, including leadership; staff care, support and wellbeing; feedback loops, and service design and delivery.

Impact: Feedback indicated that the sessions supported staff to consider the experiences and perspectives of people accessing the building, including both colleagues and people accessing support. Staff also reflected on how they could better support one another across teams and services.

Leadership

Leadership	Average: 2.6	Max: 5	Min: 1

On average, local areas who responded to the survey identified themselves as being in between 'understanding experiences and how we currently work' and 'developing our aims' in terms of their journey to develop trauma-informed and responsive leadership.

A recurring theme throughout the survey responses was the importance of senior leaders championing a trauma-informed approach, providing strategic direction and visibly supporting implementation. Leadership was also identified as a key enabler of progress and many local areas highlighted that leaders play a key role in ensuring that a trauma-informed approach is recognised as a system-wide, strategic priority supporting wider public service reform, rather than an 'optional extra'. This includes strengthening opportunities for a trauma-informed approach to be embedded and woven through local strategic planning and development as opposed to being seen as a 'competing demand'.

In addition, many local areas emphasised that effective trauma-informed leadership is underpinned by investment in learning and development, prioritisation of staff wellbeing, development of strong governance and accountability processes and continued efforts to embed trauma-informed principles into system-wide structures, culture and everyday practice of organisations. For example, a number of local areas have focused on delivering training to senior leaders and elected members to raise awareness of this agenda, supporting leaders to attend Scottish Trauma-Informed Leaders Training (STILT), and/or signing the Leadership Pledge to demonstrate their commitment to this work. In many local areas, senior leaders also Chair, or attend, trauma-informed steering groups to support implementation.

Case study: Trauma-informed strategy

Background: The local Trauma Responsive Roadmap Strategy was developed to support implementation of four key priorities:

- Awareness and engagement
- Leadership
- Staff wellbeing
- Experts by experience

The strategy received unanimous support from the Cabinet and all subgroups, including the Adult and Child Protection Committee, Alcohol and Drugs Partnership, Violence Against Women and Girls, Suicide Prevention and Community Planning, creating a foundation for a whole system approach.

What happened? A working group was established, including leadership groups with cross-directorate representation and assistant directors who actively co-chaired some of the groups, to inform the development of the new strategy. Actions linked to the strategy are monitored through Pentana, a digital performance management system, and progress is reported to the Service Planning, Policy, and Performance Panel to ensure momentum is maintained.

The strategy was also informed by the training team and the local area's Trauma Network of people with lived experience of trauma to ensure that the strategy supported staff, promoted recovery, and reduced the risk of re-traumatisation.

What changed? The new strategy and governance structure has enabled senior leaders to play an active role in shaping activity and encouraged a more corporate approach to staff wellbeing, helping to address variations in staff experience across different services.

Impact: Having the Trauma Responsive Roadmap Strategy agreed at the highest level of the organisation has reinforced trauma-informed practice as a requirement rather than an example of good practice. The strategy has also been included within other deliverables and strategies such as the local Mental Health and Suicide Prevention Action Plan; the Local Outcome Improvement Plan (LOIP); and the Creating Hope Together strategy.

The involvement of assistant directors and senior leaders from corporate policy, education and the HSCP has supported delivery and visibly demonstrated organisational commitment to system-wide change.

Leadership involvement across the governance structure has helped model expectations and support progress across the organisation.

Learning: The role of Elected Members Trauma Champions has helped to connect the bridge between senior leaders and administration staff. As elected members make decisions on budgets, it is crucial for them to better understand why trauma responsive systems and services are needed.

Staff care, support and wellbeing

Staff care, support and welling	Average: 3.1	Max: 6	Min: 1

On average, local areas identified themselves as being at the stage of 'Developing our aims' in relation to the Staff care, support and wellbeing driver.

The importance of a trauma-informed approach both for people accessing services and for staff delivering and working within them is clear from the survey responses. Some local areas describe using staff wellbeing as a 'hook' to secure strategic buy-in and leadership support for this agenda and have focused on ensuring that workforce welfare is recognised as a collective organisational obligation supported by leadership, rather than an individual responsibility of teams or staff members.

As part of work to embed trauma-informed staff care, support and wellbeing, many local areas have reviewed staff supervision models, policies and processes to incorporate a trauma-informed approach designed to support staff care, support and wellbeing. Among other things, this has included creating dedicated time within supervision to ensure that staff care, support and wellbeing is prioritised as opposed to discussions focusing solely on operational tasks and caseloads. The importance of reflective practice was also highlighted in the responses, with a focus on making reflective spaces available to different teams and services across local areas, including those who haven't previously had the opportunity to engage with this.

Creating opportunities for reflection and debriefs is key to mitigating vicarious trauma, compassion fatigue and burnout. Many local areas have reviewed or developed specific protocols to support staff following critical or adverse incidents and have used tools such as the Window of Tolerance on both an individual and organisational level to effectively manage workforce wellbeing in a more proactive way.

Case study: Trauma-informed supervision process

Background: A new trauma-informed supervision process was developed within Social Policy to strengthen reflective practice, support workforce wellbeing, and embed trauma-informed principles more consistently.

What happened? The framework was informed by consultation with staff and leaders. Colleagues were invited to share their experiences of supervision, identify strengths in existing approaches, and highlight opportunities to make the process more supportive, meaningful, and effective. Recognising the role that they play in creating psychologically safe and supportive environments, briefing sessions were also delivered to leaders ahead of implementation. These provided opportunities to:

- Explore the purpose of the new framework;
- Discuss trauma-informed supervision in practice; and
- Contribute to the development of supporting materials, including a frequently asked questions document.

What changed? The new supervision process uses strengths-based, relational, and reflective language, to promote learning, collaboration, and professional growth, and moving away from terminology that may be experienced as compliance-focused.

A commitment to ongoing learning and improvement has been built into the process, with a formal review planned after four months of implementation. Feedback from staff and leaders will be gathered to understand what is working well and identify opportunities for further development. Findings will be shared with staff, supporting transparency and continued co-production.

Impact: By embedding trauma-informed principles within workforce systems and processes, the framework aims to create a culture where supervision is experienced as a safe, supportive and reflective space that benefits staff wellbeing. Plans are in place to evaluate both the short-term and longer-term impact of the revised supervision policy, but a noticeable shift towards more strengths-based, compassionate and trauma-informed language has already helped embed trauma-informed principles more consistently across the workforce.

Feedback loops and continuous improvement

Feedback loops	Average: 2.5	Max: 5	Min: 1

On average, local areas rated themselves in between 'understanding experiences and how we currently work' and 'developing our aims' in relation to their work embedding feedback loops and continuous improvement.

Examples of good practice include providing regular opportunities for families and young people to provide feedback to create accessible, clear, and trauma-informed documentation. Many local areas have developed structured mechanisms to capture feedback in a flexible, accessible and trauma-informed way, such as using experience surveys for people accessing, and staff delivering, services; establishing lived experience panels to inform service improvement; and facilitating specific consultation activities with specific groups, such as tenants or parents, to shape service and resource development.

Local areas highlighted the importance of establishing clear feedback loops that outline what has changed following participation. Many local areas also emphasised the importance of creating meaningful feedback loops both for people accessing services, as well as between leadership and those working within services.

Case study: Wellbeing Walkthrough

Background: A trauma-informed Wellbeing Walkthrough approach was developed and trialled across the Council to understand how physical working environments support staff wellbeing, psychological safety, and support trauma-informed practice.

What happened? The Wellbeing Walkthrough was designed to assess a range of environmental factors, including but not limited to entry and welcome, layout, sensory experience, privacy, and safety and security. A pilot took place in the headquarters building, a space shared with a number of teams including Policy and Partnerships, Communications and Marketing, Finance and Resources, and the Chief Executive, Directors and their Corporate Support Officers.

The Wellbeing Walkthrough involves a structured conversation about workplace experiences with a small, diverse group of volunteers who knew the building from different perspectives. Together, they walked around the space, observed what they noticed and captured evidence. The group then discussed how other people may experience the environment, e.g., those that are neurodivergent, or have a history of trauma, or disability, before translating observations into practical recommendations. The walkthroughs were followed up by wider staff engagement to ensure the observations reflected other people's experiences.

What changed? The recommendations from the walkthroughs supported a number of changes to the working environment, including clearer signage, improving induction information, and making wellbeing resources more visible. The Wellbeing Walkthrough has also prompted further conversations with staff about workforce wellbeing.

Impact: Early findings demonstrated that the approach identified both positive practice and areas for improvement that may otherwise have been overlooked. Following the initial pilot phase, the approach was rolled out across additional settings and learning has also been shared through national networks to support wider adaptation.

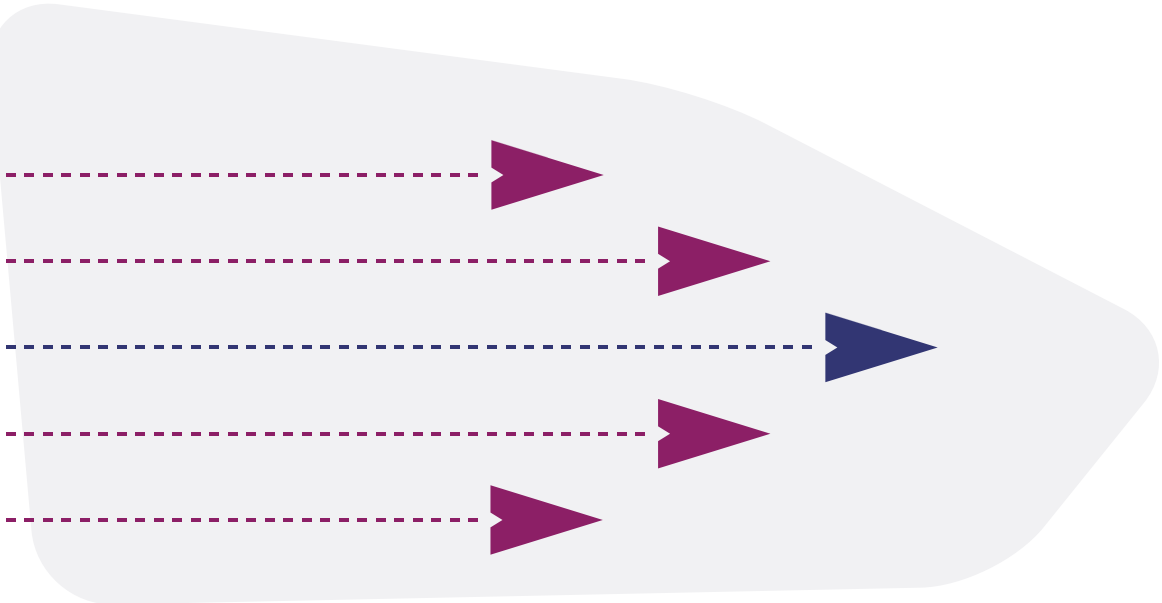
Learning: The wellbeing walkthroughs have created a practical feedback loop between staff experience and organisational decision-making. The process combines structured observation, staff feedback and discussion with leaders, and findings are translated into an evidence-informed report identifying strengths, areas for improvement and practical recommendations for senior leaders to support discussion, action and follow-up. Piloting the walkthrough in a shared space also encouraged collaboration between different teams in embedding a trauma-informed environment.

Power sharing with people with lived experience of trauma

Power sharing with people with lived experience of trauma	Average: 2.1	Max: 5	Min: 1

On average, local areas are at 'understanding experiences and how we currently work' in relation to their work on power sharing with people with lived experience of trauma. Whilst nationally progress across this driver has been rated the lowest overall, local areas highlight the importance of meaningfully involving people with lived experience of trauma as active partners in shaping and designing services in a trauma-informed, sustainable and ethical way. However, survey responses also highlighted challenges around remuneration of people with lived experience for their time, insight and expertise due to lack of resource, alongside capacity challenges limiting opportunities for meaningful, safe and accessible co-production.

Despite these challenges, many local areas are developing processes to actively involve people with lived experience to inform the design and delivery of services. This includes involving young people in developing trauma-informed communication materials, assessment documentation and reports; conducting trauma-informed walk throughs with people accessing services; establishing 'experts by experience' groups within Alcohol and Drugs Partnerships (ADPs) and Violence Against Women Partnerships (VAWPs) to help inform decision making; and recruitment of lived experience development workers and peer mentors within Justice and Housing services.



Case study: Justice Services Peer Mentoring

Background: Justice Services wanted to improve engagement and reduce the potential for re-traumatisation for people with previous experience of trauma and the Justice system and ensuring that the voices of those with lived experience informed both service development and community justice planning.

What happened? The Throughcare and Recovery service recruited two lived experience development workers and established a peer mentoring service.

Their role focuses on reaching out to people who may experience additional barriers to engagement, and support with building trust and connection with services. Drawing on their own lived experience of the Justice system, the development workers established meaningful connections and offer one-to-one mentoring and motivational support. This builds confidence and capacity of the people accessing the support to individually access services, opportunities and other support. Development workers also support the delivery and facilitation of SMART Recovery groups to support people affected by substance use.

What changed? The Peer Mentoring service has bridged the gap between statutory services and community support, particularly for those individuals who may be experiencing additional barriers to accessing support. It delivers credible, lived-experience-informed support, which builds trust and prioritised relationships. The approach provides assertive outreach and practical intervention, consistent with Medically Assisted Treatment (MAT) standards and public health approaches, supporting desistance, recovery and reintegration, and reducing the likelihood of reoffending. This has enhanced service capacity and resilience through a flexible, service-wide function.

Impact: Feedback from people accessing support from the Peer Mentoring service has already shown:

- Improved and sustained engagement with addiction and healthcare supports;
- Improved mental wellbeing, including reduced anxiety;
- Increased confidence in community settings and reduced social isolation;
- Sustained independent engagement with therapeutic supports; and
- Successful transition from statutory supervision, reducing reliance on services.

Learning: This work has highlighted the importance of maintaining a clear focus and relationship-based support. Whilst initially based within the Unpaid Work service with a broader remit, following a review, the Lived Experience Development Workers were repositioned within our Throughcare and Recovery service and refocused their activity on intensive peer mentoring and assertive outreach. This has enabled workers to build meaningful relationships, break down practical and emotional barriers to engagement, promote recovery and wellbeing, and support individuals to access services, employment, training and other pro-social opportunities.

Staff knowledge, skills, confidence and capacity

Staff knowledge, skills, confidence and capacity	Average: 3.5	Max: 6	Min: 1

On average, local areas are between the stages of 'developing our aims' and 'implementing and testing change' in relation to staff knowledge, skills, confidence and capacity. This makes it the key driver where local areas have the most confidence in their progress overall, most likely due to the significant time, effort and resource that has been invested to ensure that staff have access to ongoing training and implementation support relevant to their role since the start of the roll-out of the local funding.

Many local areas have developed training packages, implementation resources and reflective practice tools in alignment with the NTTP Knowledge and Skills Framework and Trauma Training Plan and delivered these across local authority and wider community planning partners. Several local Trauma Lead Officers have worked alongside national partners to review and update the Scottish Trauma Informed Leaders Training (STILT) to support leaders and elected members translate learning into strategic and corporate-wide systems change. In this year's survey, several areas highlighted a collaborative approach to training sessions that bring together colleagues from across different services and sectors locally to encourage shared learning and relationship building between teams.

There has also been a shift from focusing purely on training delivery to providing robust implementation and follow-up support to teams to ensure that learning, skills and knowledge is translated into practice. This includes facilitating reflective practice spaces, providing ongoing support for trauma-informed report writing and case notes, and reviewing policies and procedures through a trauma-informed lens. Many local areas also report that trauma training is now integrated into core training offers, or part of mandatory training modules, supporting increased awareness and knowledge across staff teams and services.

Case study: Training roll-out across a 24-hour service

Background: Trauma-informed training was rolled out across the whole of the Emergency Social Work Service, responsible for delivering emergency social work services across six localities, as well as emergency homelessness support. This required significant planning, leadership commitment and consideration of workforce capacity.

What happened? A whole-workforce training approach was developed that included staff across all levels of the service. Leadership also committed time to review the Roadmap, developing an action plan and protecting time for staff to participate in training. Given the 24-hour nature of the service, training sessions were scheduled during normal shift hours, to enable staff to attend during their normal working patterns and help minimise disruption to service delivery.

What changed? The training programme was supported by practical measures to help sustain learning within the workplace. Trauma-Informed Practice in Action guidance was displayed throughout the workplace as an ongoing reminder and opportunity to recognise good practice among colleagues. Formal evaluation demonstrated a significant increase in staff knowledge and understanding. Using the Trauma Skilled training evaluation tool, average scores across nine questions increased from 5.4 before training to 8.6 following training, representing an increase of more than three points.

Impact: Staff reported increased understanding around trauma-informed concepts such as the Window of Tolerance, and greater awareness of colleagues' experiences and wellbeing. The learning also influenced informal discussions about situations encountered during shifts, and staff reported increased awareness of the impact of trauma for people accessing support, leading to greater compassion and empathy during interactions. This also helped staff remain calm and composed in challenging situations and supported resilience across the workforce.

Learning: This work illustrates the importance of leadership commitment and resource planning when implementing workforce-wide trauma training. The Trauma Informed Practice Implementation and Training Team (TIPIT) worked with service leads to develop an approach that met the needs of the out-of-hours workforce. Members of the TIPIT team worked outside their usual scheduled hours and arrangements were made to ensure staff were appropriately compensated. Within the local area, budgets also needed to accommodate shift cover so that staff could attend training while maintaining service delivery. This highlights the importance of **recognising workforce development as an investment that requires dedicated leadership support, planning and resources** to enable staff participation and support sustainable implementation.

Policies and processes

Policies and processes	Average: 2.6	Max: 4	Min: 1

On average, local areas are in between 'understanding experiences' and 'developing our aims' in relation to their work on trauma-informed policies and processes.

A number of local areas are embedding a trauma-informed lens into the review of existing policies, procedures and processes. This includes organisational and corporate policies relating to wellbeing and support, workplace harassment, equality and diversity, complaints and recruitment and ensuring that these embed the principles of a trauma-informed approach. Many local areas also referenced developing new policies and procedures, such as child-friendly complaints processes; wellbeing and supervision policies; adverse events at work policies; and introducing wellbeing-focused appraisal and performance review processes.

Several local areas additionally highlighted how they have embedded a trauma-informed approach within strategic governance arrangements and corporate processes such as integrated impact assessments, to ensure decision making processes take into account any potential impacts on people with lived experience of trauma.

Case Study: Adverse Events at Work Policy

Background: A corporate working group, which included the local Trauma Lead Officer, developed a review process which incorporated a trauma-informed lens for all council policies.

What happened? The working group reviewed a number of council policies and procedures, but in particular a new Adverse Events at Work policy was developed, alongside new support structures for staff. The Policy outlines the council's responsibility to promote staff wellbeing following adverse events and provides guidance on supporting staff. A relational reflective debrief offer was also trialled universally with staff, in order to co-design the offer of support following an incident at work.

What changed? Learning from the debrief pilot is shaping both the written guidance associated with the policy and the development of training resources for managers and team leaders. The work is supporting professional development in relation to staff wellbeing and supporting leaders to embed trauma-informed and relational approaches in everyday practice.

Impact: In the first 8 weeks of the debrief pilot, there were four individual case referrals and two group referrals. Early feedback from staff has been positive, with participants reporting that they felt valued by the organisation and recognised the council's investment in staff wellbeing:

"Having the option of attending [these sessions] made me feel valued as a member of [local authority] staff and showed that there is investment in the staff wellbeing. I felt that the session was safe and the structure was not only meaningful to help us reflect and explore the experience and the impact on ourselves it gave me structure I can use in my own practice when reflecting. I felt supported when talking about the experience and feelings."

Staff also reflected that the sessions provided a safe space to explore experiences and their impact, while offering a structure that could be applied within their own reflective practice.

Learning: Several factors were identified as contributing to progress:

- Developing a shared language and understanding of trauma-informed practice across the organisation;
- Leadership commitment to trauma-informed practice and support for change across service areas;
- Positive and supportive professional relationships across governance and delivery structures; and
- Creating opportunities to test and refine new approaches through pilots.

This pilot will continue to shape the written guidance as part of the policy, but will also help create a learning and development training resource for managers and team leaders to support their professional development in relation to supporting staff, and embedding trauma informed and relational approaches in the way we work.

Budget

Budget	Average: 2.1	Max: 4	Min: 1

On average, local areas are at 'understanding experiences and how we currently work' in relation to their work on creating trauma-informed budgets. Budgets continue to be under significant strain, and there are challenges around limited capacity, resource, and funding, and this has expectedly affected the progress made across Scotland in relation to this key driver. Despite these challenges, local areas highlight innovative ways of embedding a trauma-informed approach within budgets, commissioning and procurement, and decision-making around budgets and spending.

Many local areas have used the funding from Scottish Government to fund local Trauma Lead Officer posts and to support the continued roll-out of training. As a result of the funding being baselined, some local areas have highlighted that the Trauma Lead Officer post has been made permanent or that this has enabled a longer-term commitment to the roll out of training for staff across the organisation. In addition, some local areas have invested in other roles to support the continued implementation of a trauma-informed and responsive approach across specific services.

Case study: Tenant Wellbeing and Safety Officer posts

Background: Many tenants supported by Housing Services experience a range of interconnected challenges, including clutter and hoarding, damp and condensation, property condition concerns, fire risks, and issues relating to their physical and/or mental health. These are traditionally managed by Housing Officers within their regular caseloads, who may have limited time to work collaboratively with tenants to address these issues.

What happened? The Housing Service secured funding through the Housing Revenue Fund to create two new Tenant Wellbeing and Safety Officer roles within the service. The investment supported a shift in approach to focusing on understanding the underlying causes of hoarding behaviours rather than concentrating solely on property standards. The creation of the new Tenant Wellbeing and Safety Officers has enabled greater collaboration with tenants to build trust, identify achievable goals and reduce risks in ways that promote the trauma-informed principles.

What changed? As a result of the new roles, a range of practical improvements have been implemented for tenants; including clutter removal, repairs, and redecoration. These changes have helped create safer and more accessible homes for tenants, while reducing health and safety risks. In some cases, this has also supported household income maximisation, e.g., installing more robust curtains to reduce heating costs.

Impact: As a result of the approach, tenants are now more likely to engage with support, sustain improvements and experience services that are compassionate, person-centred, **and focused on long-term outcomes rather than short-term compliance**. In the longer term it is also hoped that the service will be a spend-to-save measure and reduce costs associated with deep cleans, hiring skips, complexities with repairs and refurbishments, and time relating to additional support from housing officers and housing support officers, if support can be put in place earlier and more effectively.

Learning: This work illustrates **the value of small, practical interventions** in supporting engagement and building confidence. Taking time to understand what was getting in the way for tenants, rather than focusing on enforcement, has helped develop trust and strengthen relationships, supporting tenants to make decisions and collaborate on home improvements. This was made possible through **investment in specific roles, with the time and expertise to build relationships** and work collaboratively with tenants.

Every aspect of a person's experience of a service

Service design and delivery	Average: 2.7	Max: 6	Min: 1

On average, local areas are close to the 'developing our aims' stage in terms of their work to ensure that every aspect of a person's experience of a service is underpinned by the trauma-informed principles. Survey responses also highlight a shift towards prioritising both strategic developments and practical changes to how services are designed, delivered and experienced by those accessing, and delivering them.

Many local areas are using the Trauma-Informed Lens Walkthrough tool to support ongoing improvement and ensuring a trauma-informed approach is implemented across physical environments, as well as within organisational and corporate policies and procedures. The Trauma-Informed Lens Walkthrough Tool is also supporting collaborative working with other services and teams across Council, Health and Social Care Partnership (HSCP), and 3rd sector partners. Many local areas also describe strengthened joined-up working across the local area, enabling holistic, rights based and person centred service design and delivery that improves accessibility for those navigating support. This has included developing community based 'one-stop' hubs where multiple services can be accessed in a single location.

Many local areas have worked collaboratively with people with lived experience of trauma to design and improve services. For example, a Justice service in one local area removed the term 'criminal' from their signage outside the Council Social Work building and invested efforts in making the environment more welcoming and comfortable by adjusting the lighting, lay-out and furnishing of the interview rooms, following collaboration with people accessing support.

Case study: Unpaid Work Induction Programme

Background: Starting an unpaid work placement can provoke anxiety, fear, and reluctance due to the uncertainty associated with a new and unfamiliar experience. The previous induction process for people subject to an Unpaid Work or Other Activity Requirement was brief and did not provide sufficient opportunity to prepare individuals for their placement or fully recognise their needs, risks, abilities, and skills.

What happened? The Unpaid Work Service introduced a two-day Enhanced Induction Programme (EIP) to support a trauma-informed and person-centred approach to the earliest stage of the unpaid work journey. The programme was designed to provide a compassionate introduction to unpaid work whilst assessing individual needs, risks, and preferences and identifying the most appropriate placement for each person. The programme is delivered by the same supervisors throughout, promoting consistency and opportunities to develop positive working relationships. The EIP also supports service users to develop knowledge and skills in the safe use of tools, machinery and health and safety procedures, increasing readiness and confidence before commencing a full-time placement.

What changed? The introduction of the EIP has created a more personalised and responsive approach to supporting people entering unpaid work placements. The programme has been adapted where required to meet individual needs and preferences, for example:

- Reducing the number of participants attending sessions;
- Delivering female-only EIPs; and
- Providing outreach delivery for attendees from rural areas.

These adaptations ensure that the programme remains responsive to the circumstances and needs of different individuals.

Impact: The EIP provides a supportive introduction to unpaid work, helping individuals feel better prepared for placement and increasing confidence before starting. Feedback from attendees has been very positive, with individuals expressing appreciation for the time taken to prepare them for their placement and support them through the process.

Learning: A key learning from this work has been the **importance of providing time and space** at the beginning of a person's journey to understand their needs, preferences, abilities, and circumstances.

Outcomes and impact

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

This type of system and culture change takes time, and ultimately what that looks and feels like for people with experience of trauma will depend on people's unique circumstances. We cannot measure the quality of relationships and people's experiences of services through numerical performance indicators; however, we can start to document progress towards the short- and medium-term intended outcomes of this work. The short-, medium, and long-term outcomes set out in the National NTTP logic model are also likely to contribute to our shared longer-term goals of reducing inequalities and improving outcomes for individuals and communities across Scotland.

Many local areas have highlighted that there are still gaps in their ability to measure and evidence progress and impact of their work to embed a trauma-informed approach. The Local Trauma Survey[10] indicated a mixed picture in relation to evidencing progress across the 9 key drivers of the Roadmap. Most commonly local areas who responded to the survey indicated that they are using a mix of local administrative data, surveys, lived experience feedback and qualitative insight from case reviews and practitioner feedback. Measurement practices across the areas who responded to the survey were strongest for staff knowledge, skills, confidence and capacity for which all areas indicated they currently have measures in place to evidence progress. Conversely, measurement practices were weakest for Budgets and Power sharing[11].

Challenges around capacity and skills to both collect and analyse data remain, and local areas also highlighted particular challenges around attributing change to the work around embedding a trauma-informed approach.

> *"We have fairly well established means of collecting data in relation to the training delivered and this helps understand the overall local picture relating to this. We are less skilled at collating data in relation to the impact of taking a Trauma Informed approach to staff wellbeing and culture etc."*

Developing consistent approaches to evaluation, progress measurement and evidencing impact has remained a focus for both local areas and the Improvement Service over the past three years. We are now starting to see some evidence of the emerging impact of this work across the outcomes outlined in the NTTP logic model.

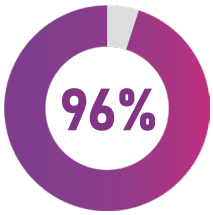
10 See Introduction for more info on this survey.

11 For both of these, over half of responses indicated that they currently do not have measures in place to measure progress; 19 out of 30 areas (63.3%) for Budgets and 16 out of 30 areas (53.3%) for Power sharing.

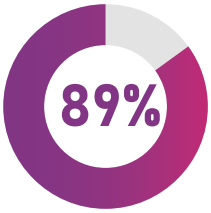
Progress towards outcomes

Short-term outcomes

Local areas who responded to the national survey in 2026 have identified encouraging evidence of early progress being made towards the short-term outcomes outlined in the logic model, namely [12]:

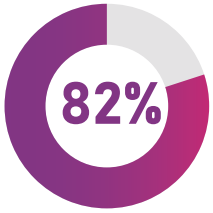


identified early signs/evidence that services and **systems are more likely to promote environments, relationships and ways of working that recognise the prevalence and impact of trauma**

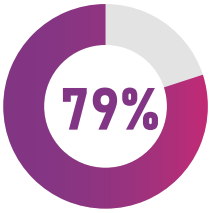


identified early signs/evidence that **staff are more likely to report increased knowledge and skills around the importance of collaboratively adjusting how they work to take the impact of trauma into account and respond in a way that supports recovery, does no harm and recognises and supports people's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

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



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



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

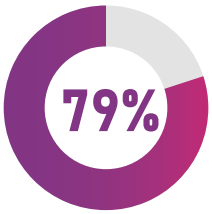
identified early signs/evidence that **people with lived experience of trauma are more likely to experience services and systems that consistently offer choice, trust, safety, collaboration and empowerment**

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

12 The percentages in this section reflect the proportion of all areas who responded 'yes' or 'to some extent' to each of these statements

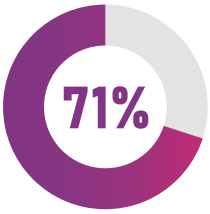
Medium-term outcomes

The long-term nature of culture and systems change work means that some of the medium- term outcomes and many of the long-term outcomes in the national logic model are hard to evidence at this stage of implementation. Nevertheless, there are encouraging signs that some progress is being made, in particular[13]:



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

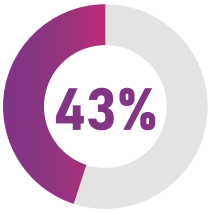
identified early signs/evidence that **staff are more likely to report feeling confident, supported and empowered to translate knowledge and skills into practice changes**



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

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

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



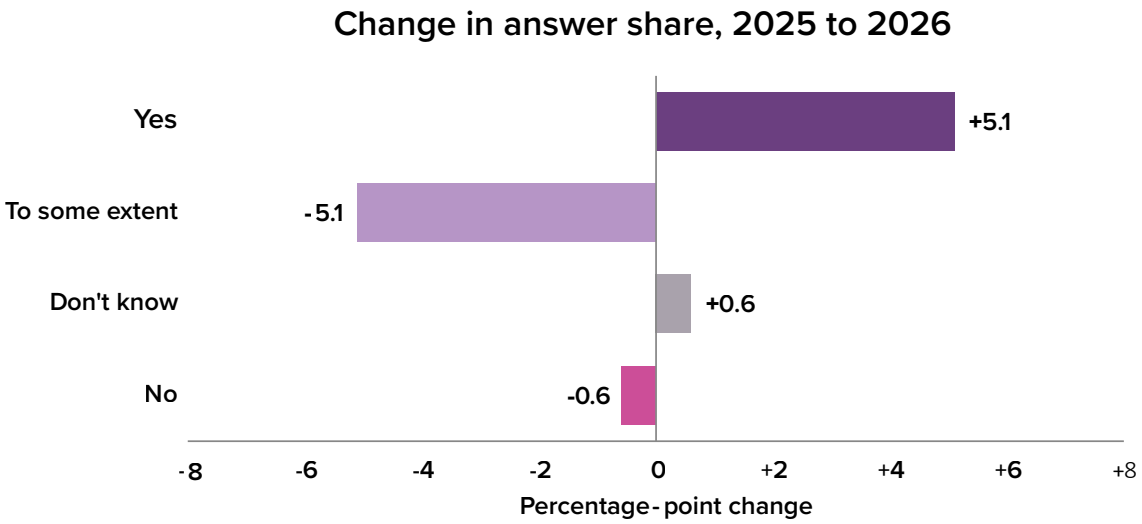
identified early signs/evidence that **people with lived experience of trauma feel empowered to collaboratively effect change across services and systems**

13 As with the short-term outcomes, this section reflect the percentage of areas who responded 'yes' or 'to some extent' to each of these statements

Change from 2025

Among the 26 local authorities that responded to the survey in both 2025 and 2026, the overall number of “yes” responses across outcomes questions increased from 2025 to 2026, matched by an equal reduction in “to some extent” responses. The overall number of “no” responses also declined, while “don’t know” responses rose by a corresponding amount. Taken together, this points to a positive shift in the aggregate picture: responses overall are moving toward definite “yes” answers rather than qualified ones, and toward “don’t know” rather than “no”. This analysis reflects the overall totals rather than a consistent pattern within individual councils, some of which may have moved in different directions across the two years.

Figure 3: Percentage change in positive responses



Impact and evidence

This section outlines how local areas are evidencing progress towards the short- and medium- term outcomes listed in the NTTP Logic Model, and emerging examples of impact and early signs of progress. The NTTP Logic Model categorises outcomes in relation to people with lived experience of trauma; the workforce; and systems and services. As such, we have grouped evidence in line with these three categories and have highlighted practice examples which demonstrate the impact, and key learning, of the work happening to progress towards the national outcomes.

Outcomes relating to people with lived experience of trauma

Short-term outcomes

- People with lived experience of trauma are more likely to experience services and systems that consistently offer choice, trust, safety, collaboration and empowerment.
- People with lived experience of trauma are more likely to report that services and systems proactively welcome feedback about their experiences to support continuous improvement.

Medium-term outcomes

- People with lived experience of trauma are more likely to report having positive experiences of engaging with services and systems.
- People with lived experience of trauma are more likely to be able to easily access, navigate and engage with services, systems and communities for any needs.
- People with lived experience of trauma feel empowered to collaboratively effect change across services and systems.

Responses to the outcomes related to people with lived experience of trauma were most pronounced in terms of uncertainty. For example, half of local areas answered 'Don't know' to the question in relation to positive experience of services and over half (58%) responded 'Don't know' to the outcome in relation to service access and engagement[14]. This is consistent with local areas reporting that their measurement practices are least developed in relation to power sharing, and suggests the evidence base may be weakest in relation to these outcomes. Nevertheless, whilst there are gaps in the evidence available to demonstrate progress towards these outcomes, the survey responses suggest that work is ongoing to develop mechanisms to meaningfully involve people with lived experience in shaping service design and delivery, and to evidence the impact of this work.

Progress towards outcomes relating to people with lived experience of trauma is largely evidenced by anecdotal, qualitative feedback from people accessing services. This is supporting local areas to tell the story of change and whilst there is still further work to do to capture additional qualitative, and quantitative data, and to strengthen progress measurement, there is emerging evidence indicating how a trauma-informed approach is supporting people with lived experience to engage with support.

The survey responses highlighted a wide range of work to embed the key trauma-informed principles and demonstrating the impact of this on **people's experiences of services**. Many local areas highlighted capturing anecdotal feedback from people accessing support as a way to evidence progress of this work (e.g., using mechanisms such as feedback forms, surveys and facilitating focus groups). Evidence from the survey responses also indicate that local areas are shifting from one-off consultation activities towards embedding **meaningful co-design and co-production**. This has included establishing local experts by experience groups and lived experience panels to inform decision-making; co-developing complaints processes and policies; and creating focused spaces for people to share their experiences of and recommendations for service access.

14 See Appendix for a detailed breakdown

Impact Example: Development of Holistic Housing Options Support

What happened? The Council's Housing Options team redesigned its approach to temporary housing and wider homelessness services, prioritising safety, trust, choice, collaboration and empowerment. The service now operates as a rapid-access, recovery-focused temporary accommodation service that aims to accommodate individuals only once before supporting them into settled housing.

Outcomes: People accessing support from the service are increasingly supported to address the root causes of homelessness, such as substance use, contact with the justice system, and mental health, and supported to move into sustainable housing successfully. Some of the specific outcomes of this work include:

- Temporary accommodation has been redesigned to create a safer, more welcoming and recovery-focused environment;
- Strengthened multi-agency working, improving access to health, recovery and housing support services for tenants;
- Repeat homelessness remains significantly below the national average (1% compared to 4.0% nationally in 2025/26); and
- Tenancy sustainment for homeless households increased from 79.2% in 2021/22 to 85.6% in 2025/26.

Impact: The transformation has contributed to improved outcomes for people experiencing homelessness, including increased tenancy sustainment rates and consistently low levels of repeat homelessness. The work has also challenged stigma associated with hostel accommodation, strengthened partnership working and helped create a more compassionate, trauma-informed culture across the homelessness services.

Impact Example: Improving accessibility of paperwork

What happened? Feedback from the Champions Board and parents highlighted that paperwork, assessments and reports issued from Children and Families Social Work (CFSW) were too long and the terminology was not accessible. CFSW worked with families to improve the language of reports to make it more easily accessible for children and young people. Updates were also made to the integrated comprehensive assessment to include a child friendly summary at the beginning of the report.

Outcomes: The updated paperwork is supporting better communication with children and their families and feedback highlights that the child is '**much more at the centre**' of the assessment and the ensuing plan.

Impact: Formal evaluations are planned for this work to understand the impact, however quality assurance assessments have been conducted on the Child's Plan and this is currently in the pilot phase.

Impact Example: Procurement & commissioning

What happened? Procurement and commissioning practices were developed to embed trauma informed ways of working across the local authority. Families and young people have been actively involved in shaping service specifications, assessing tenders, and influencing decision-making processes.

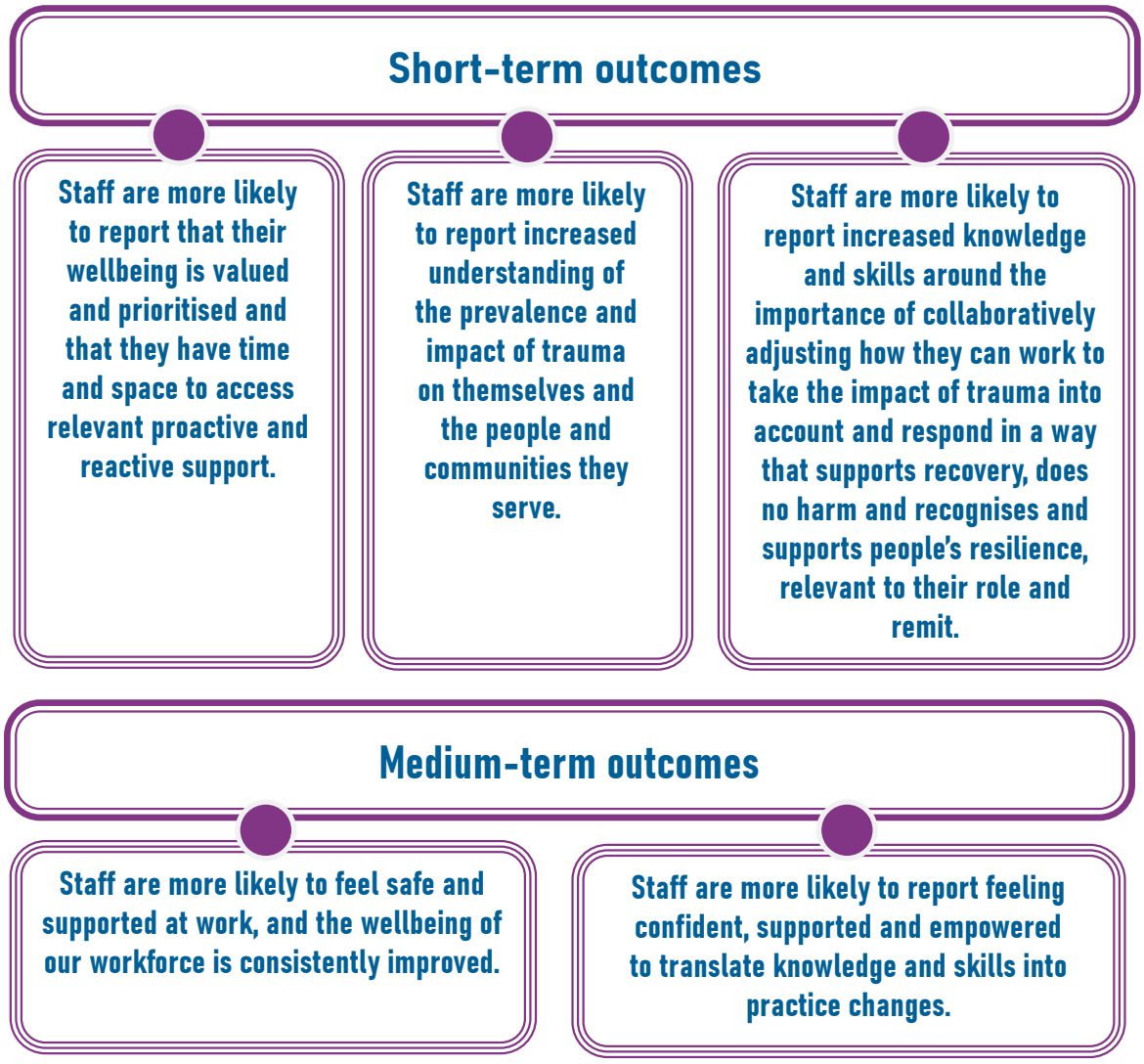
Outcomes: This work has supported a more collaborative and flexible approach to service design that meets the emerging needs of the community and has resulted in a number of innovative approaches across services.

For example, one service identified that some families were not benefitting from group-based interventions and required more intensive relationship-based and dyadic support. **Contract flexibility enabled the service model to be adapted in real time**, resulting in a blend of group and individualised approaches that better met family needs, and extended across all localities.

The new contract model has facilitated **a genuine "No Wrong Door" approach** by not only focusing on numbers. Success is measured not only by direct intervention but also by the number of families receiving immediate support, advice, and effective connections to more appropriate services while being supported by the service. This promotes **streamlined access to support and ensures families receive help from the right service at the right time**.

Impact: This engagement ensures services are responsive to changing needs and grounded in lived experience. Flexibility within contract delivery has also been prioritised, enabling providers to adapt their practice and support models as community needs evolve.

Outcomes relating to the workforce



Encouragingly, there has been an increase in local areas confidently agreeing that they have identified early signs and evidence of progress for the outcomes relating to staff and the workforce. Whilst the overall percentage of positive responses (as a combination of 'Yes' and 'To some extent' responses) has fallen across the short-term outcomes relating to staff knowledge and skills, and staff wellbeing, the confident 'Yes' answers to these questions actually rose from 2025 to 2026 . The fall in the overall percentage is due to the increase in 'Don't know' responses from 2025 to 2026[15], which could indicate changes in who responded to the survey between the two years. Among the local areas who provided a substantive answer, **confidence on staff outcomes strengthened**.

15 See Appendix for more detail

This is perhaps a reflection of the fact that measurement practices are strongest for these outcomes across all local areas.

Local areas have shared a range of encouraging early evidence around the impact of work to embed a trauma-informed approach on staff wellbeing. This included qualitative data, including verbal/ written feedback from staff highlighting the impact of reflective spaces, and findings from trauma-lens walkthroughs that demonstrate how physical environments can impact workforce wellbeing.

There has also been a shift towards capturing evidence demonstrating the impact of training and workforce development on translating knowledge into practice. Local areas are using a variety of evidence to demonstrate progress around these outcomes. This includes training uptake data and training feedback following training and implementation supports, illustrating that staff are more likely to report an increased understanding of trauma and how it impacts both themselves and colleagues, and people accessing support. Local areas have also developed robust follow-up mechanisms to evaluate how the workforce is confidently translating the knowledge and skills gained from training into their everyday practice, and demonstrate the longer-term impact of this work.

Impact Example: Reflective Practice Groups

What happened? The local area developed peer support opportunities, spaces for reflection and dedicated time to decompress and help with emotional support for social workers within a busy Children & Families frontline service. The local area piloted Reflective Practice Groups (RPG), run by a Clinical Psychologist, over a 10 month period to provide space for support and reflection to Social Workers.

Outcomes: Evaluation of the pilot showed that the groups were safe, supportive, and non-judgemental spaces, and provided an important containment and support mechanism for social workers, even while broader systemic pressures continued. Over time, they supported a shift from a culture of individualised emotional impact to shared understanding and meaning making of the service pressures impacting staff wellbeing. Participants valued hearing others' perspectives and recognising shared emotional experiences. This reduced isolation and normalised feelings such as stress, frustration, and self-doubt.

Impact: The success of the pilot has led to funding being agreed to provide reflective practice groups and individual therapeutic supervision to all frontline Children & Family staff from August 2026. The aim is to support staff to deal with the impact of vicarious trauma but also enhance their ability to understand situations through a trauma-informed lens and increase capacity to practice in a trauma informed way.

Impact Example: Trauma Training Pilot

What happened? An Enhanced Trauma training pilot was undertaken with the Whole Family Wellbeing Team within the local authority. Through partnering with a training provider, training and supervision sessions were delivered.

Outcomes: Following the training, over 90% of practitioners reported improved understanding and skills, and 73% stated that they were using approaches like grounding, emotional regulation and safety planning at least monthly. It also strengthened connections across agencies and raised the awareness of vicarious trauma. A clinical psychologist has since been recruited to extend this work, so that more staff working with people with complex trauma can access this level of training and supervision.

Impact: Partners across the local area are reporting similar signs of impact — for example, LGBT Youth Scotland's supervision and feedback data points to more confident staff and safer spaces for young people.

Impact Example: Trauma-Informed Training Evaluation

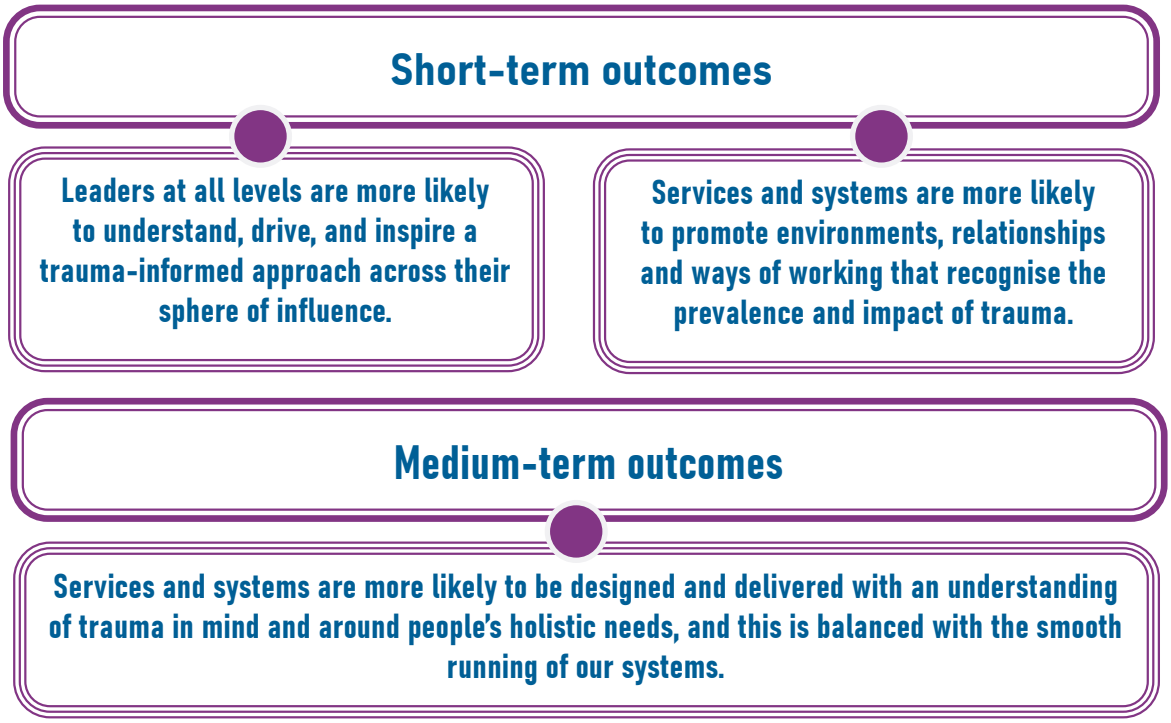
What happened? Workforce development has been a significant area of focus and progress for the local area. Over the last three years, approximately 350-400 staff, primarily across Children's Services within the HSCP, have completed in-person training at Trauma Skilled and Trauma Informed levels.

Outcomes: Pre- and post-training evaluation questionnaires consistently demonstrate increased knowledge, confidence and understanding of trauma and trauma-responsive practice.

Longer-term follow-up surveys indicate that learning has translated into practice, with many respondents describing how they actively apply the five trauma-informed principles in their work and providing concrete examples of changes they have made to improve relationships, communication and service responses.

Impact: The evaluation of the training demonstrates increased knowledge, confidence and workforce capability, as well as changes in practice, increased reflective working, more person-centred approaches and improvements in service experiences for children, families and adults accessing support.

Outcomes relating to systems, services and organisations



Leaders play a key role in shaping the culture, design and delivery of systems, services and organisations. Whilst survey responses highlight the importance of leadership, confidence in progress towards this outcome decreased from 2025-2026[16]. A number of areas have changed their responses negatively in this year's survey , suggesting a decrease in their confidence in their progress towards the leadership outcome. This may be a reflection of some of the challenges around strategic leadership for this agenda locally, and leadership features as both an enabler and a barrier to progress in the next section of this report.

Despite the decrease in local areas' confidence in progress and evidence towards relating to leadership over the past year, there is also some encouraging evidence highlighting how local areas are building local trauma-informed leadership and the impact this is having.

The impact of this work is largely captured through documentation, such as the Trauma-Informed Leadership Pledge and action plans, and qualitative feedback and commitments from leaders following training and development opportunities, for example the Scottish Trauma-Informed Leaders' Transformation (STILT).

The survey responses also highlighted the different ways in which local areas are evidencing progress around systems and services embedding the principles of a trauma-informed approach. This includes changes to policies and processes, and increased use of trauma-informed language across communications, as well as changes to physical environments. Local areas also highlighted evidence of systems, services and organisations being flexible in their ways of working to

16 Across the individual responses 3 local areas changed their response from 'To some extent' to 'No' in 2026, 2 from 'To some extent' to 'Don't know', and a further 5 areas changed their answer from 'Yes' in 2025 to 'To some extent' in 2026

meet the needs of both staff working within, and people accessing, services, and embodying and understanding the impact of trauma, including within how services are commissioned.

Impact Example: Engaging with Elected Members

What happened? Building on the Trauma-Informed Leadership Pledge, introductory trauma-informed practice sessions were delivered for elected members. Discussions highlighted the relevance of trauma-informed practice across a wide range of leadership, policy and service areas, including accessibility, collaboration, relationships and reducing barriers to support.

Outcomes: There are early signs of increased awareness and engagement amongst elected members. Discussions reflected growing recognition of the relationship between trauma, workforce wellbeing, organisational culture, service accessibility, collaboration and reducing inequalities, and have helped increase the visibility of the work to embed a trauma-informed approach across a wider range of strategic and operational agendas. This has reinforced the view that trauma-informed practice is not a standalone initiative but an approach that can support a broad range of existing priorities.

Impact: Trauma-informed practice will now be incorporated into future elected member induction arrangements to strengthen awareness and commitment to this agenda across local leadership.

Impact Example: Critical Incident response

What happened? A critical incident occurred in [the local area], resulting in a large number of families being displaced due to ground movement. The Council's response adopted a whole-family approach, drawing on the Safeguarding Through Rapid Intervention (STRIVE) model, and ensuring the impact of trauma for families was taken into consideration when planning the response. The response incorporated the trauma-informed principles, with a particular focus on wellbeing and providing strong relational support during a period of significant stress and uncertainty for affected families. Staff prioritised physical presence, containment, and regular communication, helping to promote safety and trust wherever possible. Support focused on wellbeing and maintaining strong relationships, while clear and regularly updated communication channels helped families remain informed and connected to available support.

Outcomes: The whole-family support approach focused on meeting the unique needs of each of the displaced families. Different supports provided included:

- Enhanced out-of-school childcare support;
- Transport to ensure children and young people could continue to access extracurricular activities and explore new opportunities;
- Efforts to secure pet-friendly accommodation, recognising the importance of family relationships with pets during periods of stress; and
- Practical support through designated spaces staffed by Council representatives and Citizens Advice Bureau staff to assist families with insurance claims.

Staff also reported growing awareness and confidence in recognising and responding to trauma

Impact: The fast-paced and dynamic nature of the incident meant that it was not always possible to apply all five trauma-informed principles fully. For example, families were not always able to choose their alternative accommodation because of the number of households requiring rehousing within a short period of time. However, where choice could not be offered, clear communication and the visibility and availability of staff were identified as key factors in supporting families experiencing distress.

Impact Example: Community Based 'One-Stop Shops'

What happened? In partnership with local third sector organisations, council services, and Public Health, a series of community-based pop-up "one-stop shops" were developed, bringing a range of services together in a single, accessible location, enabling people to access support from multiple organisations at the same time. One-Stop-Shops are defined as a place where multiple organisations can be in one place, at one time – a place for all needs to be met.

Outcomes: The One-Stop-Shop approach has enabled people to access coordinated advice and support within a single visit, saving time and effort compared to spending days or weeks engaging with services separately.

Case example: A young woman with additional support needs required support with finances and was able to speak with the Department of Work & Pensions (DWP), Social Security Scotland (SSS) and Citizens Advice Bureau (CAB) in one place and was supported with her finances and was offered further support with her employment and education. ***Within 30 minutes she had visited 4 different organisations, a task that would have taken a lot of mental capacity, time and resource to do previously****.*

The majority of organisations taking part in the One-Stop-Shops also commented on the great opportunities to meet with other organisations, services and community groups. In fact, 100% of organisations involved felt like the one-stop-shops were meeting their aim of improving access to information.

Impact: The One-Stop-Shop approach has improved accessibility, reduced barriers to support, and provides a person-centred approach to support. A new evaluation method has now been set up to include ***interactions*** with tables rather than overall attendees. This way, demand and attendance is captured by meaningful engagement, not just numbers through the door. Progress of the One-Stop-Shops will continue to be evaluated and the cost-benefits of the one-stop-shops and impact of these on the community, organisations and wider public sector may be considered in the future.

Enablers and barriers to progress

Alongside the considerable progress and activities, local areas have also highlighted key learning around what has supported progress of the work being done, as well as a number of challenges to the work to embed a trauma-informed and responsive approach across systems and services.

Key enablers

A number of factors and key enablers have supported local areas to make progress towards and evidence the impact of work to embed trauma-informed and responsive change across their organisations, systems, and workforces. These are explored in more detail below and include:

Leadership buy-in and organisational commitment

Multi-agency, collaborative working across teams, services and organisation

Local implementation infrastructure and implementation support from the NTTP

Dedicated resource to meaningfully involve people with lived experience of trauma

Collaborative approach to funding and budgets

Embedding trauma within strategic planning and alignment with national frameworks

Leadership buy-in and organisational commitment

Similar to the 2025 Learning Report, local areas highlighted that strong, visible and proactive leadership at both strategic and operational levels is key to creating a culture where a trauma-informed approach is viewed as a '*core component of service delivery, rather than a standalone initiative*'. This includes allocating dedicated resource to support progressing this agenda which has enabled local areas to take forward implementation across different parts of the system, and evidence progress of this work. Many local areas highlighted that senior managers, Trauma Champions and elected members play a key role in embedding trauma-informed organisational culture, particularly in relation to modelling this approach in practice and within decision-making processes.

Local areas also noted that senior leadership representation on steering groups and working groups can support actions across different parts of the system and ensuring a shared commitment to this agenda.

> *"The steering group helps support shared learning and awareness-raising with lots of strengths and successes across the membership and this should be highlighted more proactively and prominently. It provides clear direction and governance and helps to ensure a shared understanding of trauma informed principles across services, reducing variation in interpretation and practice."*

Multi-agency, collaborative working across teams, services and organisations

Many local areas have taken a joined-up approach to both training and service design and delivery, including facilitating collaborative trauma lens walkthroughs with different teams and services to ensure a broad range of expertise and experiences that can inform outputs. In addition, some local areas have focused on developing community-based interventions, resources and delivery models to ensure that people accessing support can receive the right care, at the right time, and strengthen relationships between services and agencies.

> *"The Trauma Lead Officer has worked with Maternity Services to develop Maternity packs. The packs aimed to reduce stigma and respect everyone's right to dignity and were made available in the maternity department in a local hospital. There are **links between trauma, substance use, poverty and complications in pregnancy**, such as preterm birth, which can result in emergency or unscheduled attendance at hospital without personal belongings or means to getting basic supplies. By providing comfort at a time when women are likely to feel vulnerable or isolated, the packs aimed to reduce stigma and respect everyone's right to dignity."*

The survey responses also emphasise the ongoing commitment of local services and practitioners to engage with, and collaborate on, this work as a key enabler. One local area highlighted that *'working collaboratively with other teams who have been positive about how trauma-informed ways of working can benefit all involved, has helped progress'*. Many local areas highlighted that strong

partnership working arrangements across steering groups, service areas and teams, and the public, third and independent sectors provide opportunities to connect, share learning, and identify collective priorities.

Local implementation infrastructure and implementation support from the NTTP

Local responses highlighted the key importance of local implementation infrastructure to support progress, and highlighted that multi-agency steering groups, particularly those with leadership representation, promote shared ownership of this work; facilitate staff attendance at training; and support the dissemination of communications, surveys and evaluation activity across partner organisations.

The majority of responses emphasised the importance of having dedicated resource and capacity to lead on the delivery, implementation and evaluation of this work; namely, through the role of Trauma Lead Officers.

> *"Having a trauma lead officer in post has been vital to ensuring that progress is made and sustained, that trauma informed practice remains on every agenda and that staff at all levels understand what is required to progress and embed trauma informed practice. It would not be possible to achieve the level of change and progress without having this role in place within the local authority to guide, advise, direct, focus and support services to assess, implement, embed and sustain trauma informed practice."*

Local areas also highlighted the value of dedicated TPTIC support in their local area, highlighting in particular their role in providing specialist expertise and the value in collaboration between TPTICs and Lead Officers in supporting progress around training delivery, providing bespoke support to specific service areas, and evaluating impact.

> *"A dedicated TPTIC is essential for providing specialist trauma expertise, structured support, and consistent implementation that cannot be fully replicated through informal networks alone."*

Many local areas also highlighted that access to resources, support and training provided by the National Trauma Transformation Programme (NTTP) has helped to increase the awareness and understanding of the impact and importance of the work to embed a trauma-informed and responsive approach. In addition to resources supporting training and workforce development, local areas cited evaluation support from NTTP partners as key to supporting them to evidence impact and demonstrate progress of the work happening locally.

Dedicated resource to meaningfully involve people with lived experience of trauma

Whilst challenges remain around allocating appropriate resources to enable meaningful lived experience engagement across areas, local areas highlight the importance of this work and that when people with lived experience are involved in shaping system responses, it acts as a clear enabler for progress. Whilst many

local areas are still at the early stages of this work and have plans to take forward, and evaluate, further engagement and participation activities in the future, they also emphasised the importance of doing this work in a safe and meaningful way. In some areas, this has meant taking more time to consider and put in place appropriate mechanisms for engaging and consulting with people accessing support before commencing this work.

> *"Dedicated support for lived experience groups, including staff time and resources, has enabled these groups to develop and be sustained over a number of years. This has helped build relationships and created opportunities for lived experience to inform training, service improvement and policy and service development."*

Embedding trauma within strategic planning and alignment with national frameworks

As highlighted in the introduction to this report, whilst there currently are no national reporting requirements for this work, many local areas have been working to embed trauma-informed principles within Local Outcome Improvement Plans (LOIPs), and other strategic community planning and reporting mechanisms. This ensures that wider local community planning priorities and outcomes are informed by a commitment to a trauma-informed approach and the trauma-informed principles.

> *"We have embedded trauma-informed principles within our Local Improvement Outcome Plan. This has helped to ensure that a trauma-informed approach is recognised as a key enabler in the design and delivery of services that are responsive to the needs of our communities, supporting more person-centred and effective outcomes."*

Many local areas have also been successful in embedding trauma into a range of local service plans and strategies, codes of practice, policies, and integrated impact assessments. Local areas emphasised the value of explicit references to a trauma-informed approach within broader strategic and corporate plans, recognising trauma as a local priority, and strengthening senior leadership buy-in and support.

> *"[Alignment with wider reporting structures] helps situate trauma informed practice within a broader strategic context and enables any challenges or concerns to be escalated through established governance pathways."*

The integration of trauma within wider local reporting and strategies also creates strategic levers for embedding a trauma-informed approach within wider organisational development and improvement planning, and ensures that trauma is considered across the whole organisation as opposed to an operational, frontline focus only.

Local areas also highlighted the alignment of trauma within other national policy frameworks and strategies supports with joining the dots at local level and increases recognition across sectors that a trauma-informed is central to fulfilling a number of existing local and national commitments and priorities. Local areas

noted that trauma being explicitly referenced in strategic delivery plans such as the Mental Health and Wellbeing Strategy, Scotland's Alcohol and Drug Strategy and Medication Assisted Treatment (MAT) Standards, Equally Safe, Suicide Prevention, The Promise, Housing and Homelessness, and Justice supports strengthened connections with those relevant local partnerships and stakeholders and supports a more joined up approach.

> *"For adults, person-centred practice is increasingly being brought together through the HOPE Approach, which provides a helpful framework for connecting related developments such as GIRFE, trauma-informed practice, Realistic Medicine, Putting People First, and Spiritual Care. This creates an opportunity to avoid separate workstreams developing in isolation and to support a more coherent, person-centred approach across the adult system. For children, there are clear links between trauma-informed practice, GIRFEC and The Promise, all of which emphasise relational, rights-based and needs-led support."*

Some local areas also highlighted how they had worked with specific teams to incorporate a trauma-informed approach within service measures and practice standards, which in turn has informed wider improvement planning.

Collaborative approach to funding and budgets

Despite the challenges around limited funding, some local areas also highlighted how taking a collaborative approach to funding and budgets, across different policy agendas and workstreams, has enabled them to pool resources and strengthen connections with other services and partners.

> *"The mental health services that have been developed through Scottish Government funding (Counselling in Schools and Community Mental Health Supports and Services grants) have been designed to have trauma-informed principles at their core – they offer personalisation and choice (services can be combined into bespoke packages of support and can be accessed either digitally or in-person) and follow the same theoretical rationale as is being developed across the People Directorate."*

In addition, some local areas highlighted how dedicated funding for other roles, alongside Trauma Lead Officers and TPTICs, supports with joining the dots across key strategic priorities and policy agendas locally. For example, one area highlighted how funding for a Project Manager leading on Bairns' Hoose has supported wider alignment as well as capacity for the trauma work locally.

Key barriers

Like previous years, alongside the enablers discussed above, local areas also highlight a number of barriers and challenges that have hindered progress locally. Many of these reflect those highlighted in the 2025 Learning Report, however this year local areas have also shared some of the approaches they have taken locally to begin to overcome these challenges. These are discussed in more detail below and include:

Workforce wellbeing and capacity to engage with this work

Lack of leadership and/or organisational commitment to this work

Funding and resources to support local improvement infrastructure

Workforce wellbeing and capacity to engage with this work

Although multi-agency steering groups were highlighted as a general enabler of progress, some areas also highlighted challenges in bringing together large numbers of senior staff in a climate of stretched resources. In some areas, this has resulted in lack of engagement in meetings and workshops, cancellations of sessions and a lack of progress and momentum locally. Similarly, local areas also highlighted large caseloads, wider system pressures, service thresholds and waiting lists, which impact on local services' ability to respond effectively to increasing needs. There are also specific and compounded challenges for rural and remote local authorities, who are often operating small teams with staff responsible for a wide range of remits and portfolios.

Local areas also highlighted that workforce wellbeing is often impacted by system pressures and therefore staff who are experiencing increased caseloads and high levels of demand are more likely to experience compassion fatigue and burnout. Additionally, challenges around staff recruitment and retention have negatively impacted on continuity of knowledge and practice and put increased pressure on existing staff and leaders.

> *"Limited staff capacity and large caseloads [are a barrier to progress]. This can mean staff may need to focus on the "firefighting" and not the long-term changes required to become Trauma-Informed in a sustainable way. People are presenting in crisis more, this can cause additional stress on staff who may not be trained or able to signpost appropriately, leading to feelings of guilt."*

How local areas are navigating this barrier:

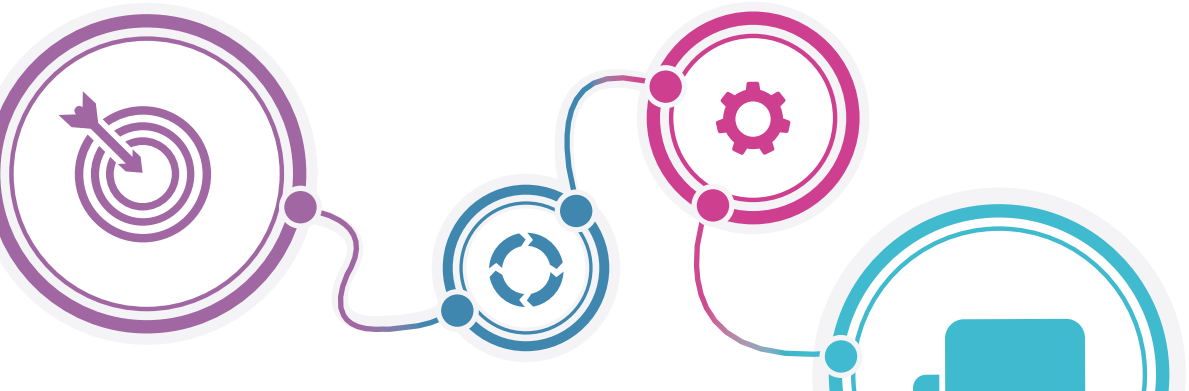
In response to the challenges around restricted time and capacity for staff to engage with trauma-informed activities alongside competing service demands, one local area developed a Padlet (an online visual collaboration tool) as an accessible way to share examples of what was working well and celebrate successes in embedding a trauma-informed approach. In addition to the development of the tool, the Trauma Lead Officer spent time with different services and teams, having conversations about implementation of a trauma-informed approach in practice, supporting reflection and encouraging staff to share examples on the Padlet. As a result of this visible leadership and flexible approach to share practice, there has been a noticeable shift in the way staff are talking about being trauma-informed, with more strengths-based and compassionate approaches being implemented in practice.

Leadership and organisational commitment to this work

Like previous years, local areas continue to highlight challenges around a lack of visible leadership, both nationally and locally, and how this can impact on recognising the work to embed a trauma-informed approach as a strategic priority. Furthermore, the lack of national strategy and formal reporting requirements also contribute to a lack of local strategic buy-in for this work across some local areas which can impact progress and momentum.

Leadership is key to enabling lasting and sustainable trauma-informed change, however, lack of understanding, awareness and opportunities to engage leaders in conversations around a trauma-informed approach, and how it supports wider priorities such as public service reform, are continuously highlighted by local areas as a challenge. Some local areas described having to navigate convoluted systems to engage with senior leaders across the Council and HSCP, and a lack of understanding of a trauma-informed approach and how it relates to other key statutory obligations and commitments by senior leaders.

> *“Trauma informed practice does not have the same mandatory status that Child Protection Training and Adult Protection Training have. Managers and leaders will therefore prioritise their staff attending the latter because it is a requirement, but the former is viewed as optional.”*



Funding and resources to support local improvement infrastructure

Local area responses also highlighted challenges around the level of funding available to support this work locally. Although the baselining of the local funding[17] is welcomed as reflecting the long-term commitment to this work, local areas highlight that the level of funding currently does not cover the full cost associated with employing a Trauma Lead Officer, with the remaining costs supplemented through wider Council and/or HSCP budgets. Local areas highlight the challenges around these funding arrangements in the context of already stretched budgets, and in some areas this has resulted in challenges around the sustainability of the lead role in the long-term. In one local area the Trauma Lead Officer has been re-positioned within the organisation several times, impacting on progress. In other local areas, a decision has been made not to continue Trauma Lead Officer posts, or these have been 'absorbed' into other service demands, again with a detrimental impact on progress.

> *"**The biggest barrier by far has been the ending of our dedicated Trauma Lead post**, alongside a number of Trauma Champions leaving posts across Health & Social Care and the council. This has left a real gap — no one holding the multi-agency leadership picture together, no strategic overview, and less capacity to keep face-to-face Trauma Skilled training and staff wellbeing support going consistently."*

> *"[There are] concerns that if there was no dedicated officer in post, progress would halt and impact various policies, strategies, and programmes of work currently active, [in particular] where there are specific actions related to trauma. This was illustrated when our Promise Lead left post around 6 months ago, still unable to fill the post, little work has been able to progress. [There is a real concern] the same thing would happen for trauma [if we] lose too many more TLOs."*

Relatedly, local areas also cited significant challenges around restricted capacity for TPTICs to support implementation, which can also impact on progress and capacity of wider teams. Furthermore, local areas highlighted that the limited funding for this work can mean there aren't funds to remunerate people with lived experience of trauma or to support effective evaluation. Local areas shared concerns that there are significant gaps in progress measurement due to lack of funding available to remunerate people for their knowledge, time and expertise.

17 Scottish Government has provided £1.6 million in recurring annual funding, split equally across all local authorities since 2021/2022, from the financial year 2025/26 this has been baselined into the General Revenue Grant.

How local areas are navigating this barrier:

Given challenges around local capacity and resources for this work, some local areas have accessed support from national NTTP partners around lived experience engagement. The Experts by Experience Group, facilitated by Resilience Learning Partnership, are a group of people with lived experience of trauma who are remunerated for their time and collaborate with services and organisations on projects to embed trauma-informed and responsive practice. The Experts by Experience Group contributed to developing trauma-informed policy frameworks and other resources, and local areas highlight how the feedback from the group has been used to strengthen the resource. Local areas highlighted the value in being able to access input and support from this group in supporting them to meaningfully, and sustainably, ensure local outputs are informed by lived and living experience and robust feedback loops. Similarly, local areas highlight the National Trauma Leads Network and wider NTTP structures as supporting information sharing and joined up working across areas, enabling pooling of knowledge, skills and resources across the network.

Next steps and summary

Significant progress has been made to embed a trauma-informed and responsive approach across all local areas in Scotland. Although local areas have their own priorities in relation to local needs and context, overall we are also seeing a shift across local areas from creating the right conditions, to focusing on developing their aims and starting to implement and test change across their organisations and services.

The information shared through the survey, the National Trauma Leads Network and peer support spaces, and individual engagements with local areas highlight the breadth and depth of work happening across Scotland, and demonstrate that real and meaningful progress is happening. However, local areas also highlight the importance of strengthening national and local leadership to support the continued sustainability of this work and strengthening the recognition of a trauma-informed approach as a key enabler of Public Service Reform.

In the 2025 Learning Report, local areas made a number of recommendations in relation to the local and national infrastructure needed to support meaningful, sustainable and long-term trauma-informed change across Scotland. Given the long-term nature of this work, many of these recommendations are still relevant and progressing, and instead, this year, local areas have identified a number of key priorities for work to support and progress these recommendations. This includes improving approaches to evidence progress; continuing to embed meaningful involvement with people with lived experience of trauma; strengthening local and national leadership for this agenda; and highlighting links between trauma and other relevant cross-cutting policy agendas. These are captured in the recommendations and next steps below, highlighting the role of both national and local stakeholders in continuing to support the work to embed trauma-informed and responsive change across Scotland.

Recommendation	National partners[18]	Local areas[19]
Creating the infrastructure, scaffolding and leadership needed to ensure long-term sustainability of the trauma agenda.	Provide visible and proactive leadership around this agenda, including ongoing collaboration to inform the strategic direction of the National Programme. Re-establish the National Collective Leadership Group to inform the direction of the NTTP and support links to other national leadership groups. Raise awareness of the importance of embedding a trauma-informed approach and its role in achieving other national commitments such as Public Service Reform. Promote the use of NTTP resources including the Knowledge & Skills Framework, Roadmap for Trauma-informed change, Trauma Lens Walkthrough Tool, Self-Assessment and Evaluation Toolkit.	Continue to engage with the annual National Trauma Survey and Learning Report to support the thematic picture of progress across Scotland. Engage regularly with the National Trauma Leads Network, and other relevant peer spaces such as Collaborative Peer Learning Workshops, to support collaboration across local areas and national partners on shared priorities. Develop local approaches to evidencing and measuring progress and impact of the work to embed a trauma-informed approach and continue to contribute learning, and examples of good practice, to build the national evidence base.
Responding to the current context for the workforce and wider communities.	Raise awareness of the role of employers and links between a trauma-informed approach and health & safety in relation to staff wellbeing. Demonstrate the positive impact of investing in workforce wellbeing for staff, communities and wider organisations.	Prioritise workforce care, support and wellbeing, and ensure appropriate support is available for staff.
Strengthening links to other cross-cutting policy agendas.	Strengthen links with wider public service reform.	Continue to explore opportunities to make local links between trauma and other cross-cutting agendas, including opportunities to embed trauma into existing governance and reporting routes.

18 Including the Scottish Government, COSLA, Public Services Delivery Scotland (PSD Scot), Resilience Learning Partnership (RLP), Improvement Service (IS) and any other relevant national organisations working to embed a trauma-informed and responsive approach across their organisations, systems and workforces

19 Including local Trauma Lead Officers, TPTICs, Trauma Champions, strategic leaders and all other members of the workforce working to embed a trauma-informed approach across the Local Council, Health Board, Community Planning Partnerships and third sector organisations.

Useful resources

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

The Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland (2023) provides a framework for local areas for implementing trauma-informed change and has been designed to help services and organisations identify, reflect on and evaluate progress, strengths and opportunities for embedding a trauma-informed and responsive approach across policy and practice

The Transforming Psychological Trauma: Knowledge and Skills Framework (2017) outlines what all of us in the course of our work need to know and be able to do, in order to respond to the impact of trauma and support recovery

The Scottish Psychological Trauma Training Plan (2019) provides essential training guidance and planning tools and is designed to be used in conjunction with the Knowledge and Skills Framework

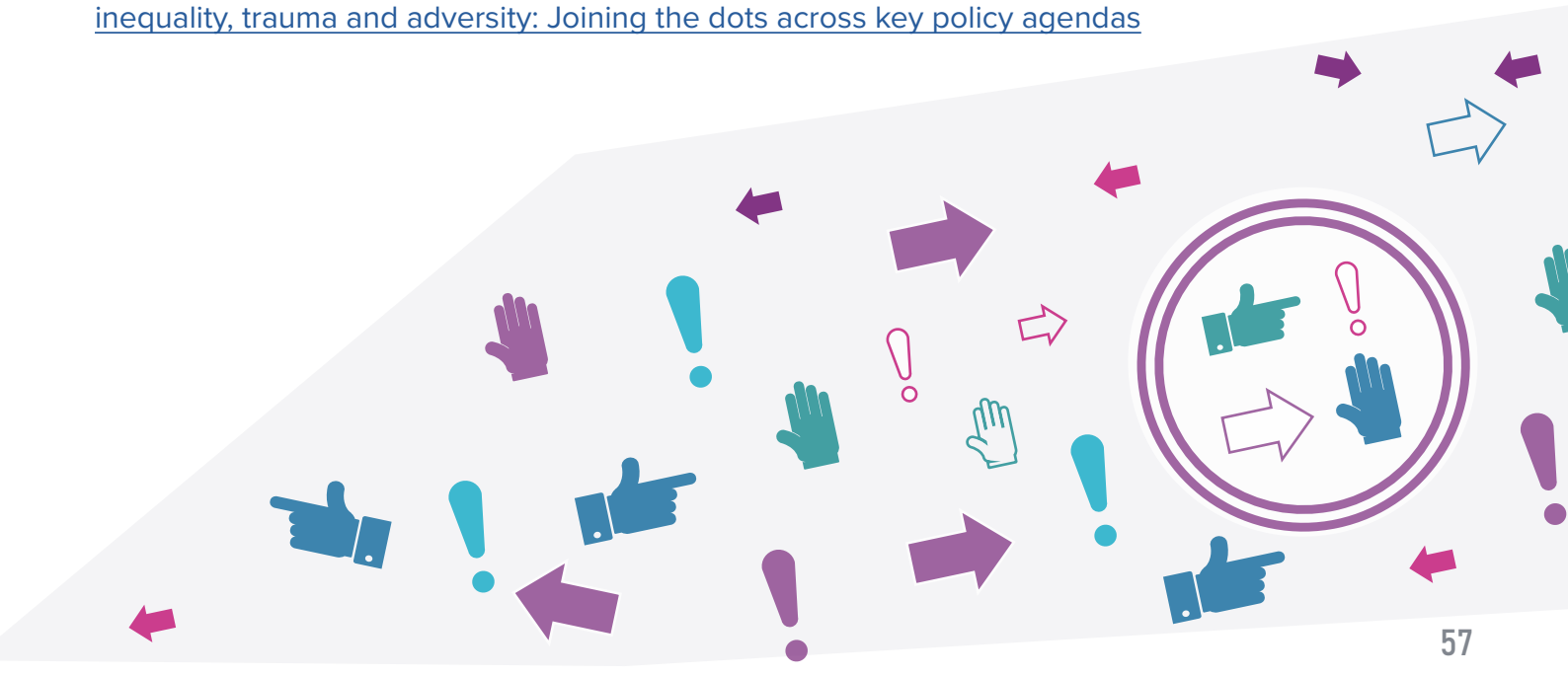
Public Services Delivery Scotland (previously NHS Education for Scotland) have developed a number of openly available Training Resources.

Sign up to the Collaborative Peer Learning Workshops, co-hosted by Improvement Service and RLP.

The NTTP case studies highlight the range of work undertaken across public and third sector organisations across various policy areas.

Briefing paper: Improving outcomes for people and communities affected by poverty, inequality, trauma and adversity: Joining the dots across key policy agendas

Infographic: Improving outcomes for people and communities affected by poverty, inequality, trauma and adversity: Joining the dots across key policy agendas



Appendix: Data tables

The following tables represent data from 26 individual local areas who responded to the survey in both 2025 and 2026. Three local areas responding in 2025 have been excluded because they did not respond in 2026, and three responding in 2026 have been excluded because they did not respond in 2025

Table 1: Confidence in responses

Measure	2025	2026	Change (pp)
Positive (Yes or To some extent)	74.3%	74.3%	0.0
Unqualified "Yes"	11.8%	16.9%	+5.1
To some extent	62.5%	57.4%	−5.1
"No"	5.9%	5.3%	-0.6
"Don't know"	19.8%	20.4%	+0.6

Table 2: Change in positive responses across individual outcomes

Outcome	2025	2026	Change (pp)
Staff wellbeing valued and prioritised	92.3%	84.6%	-7.7
Staff understanding of the impact of trauma	96.2%	88.5%	-7.7
Staff knowledge and skills to adjust practice	100.0%	88.5%	-11.5
Choice, trust, safety, collaboration, empowerment	57.7%	73.1%	+15.4
Services proactively welcome feedback	61.5%	65.4%	+3.8
Leaders drive and inspire the approach	96.2%	80.8%	-15.4
Environments and ways of working recognise trauma	96.2%	96.2%	0.0
Staff feel safe and supported at work	65.4%	69.2%	+3.8
Staff confident to translate skills into practice	76.9%	76.9%	0.0
Positive experiences of engaging with services	50.0%	65.4%	+15.4
Access to and navigation of services	42.3%	53.8%	+11.5
People empowered to effect change	53.8%	42.3%	-11.5
Services designed around trauma and holistic needs	76.9%	80.8%	+3.8
All 13 questions	**74.3%**	**74.3%**	**0.0**

Positive = "Yes" or "To some extent", as a share of all 26 councils including those answering "Don't know".

improvement service

Sep 2026