

Trauma informed workforce mapping

Mapping survey quantitative data

20 organisations responded, ranging in size from 22 staff to 23000, with an average of 1659 or 536 (Excluding Police Scotland). Overall, these organisations represent approximately 33,190 staff, of which approximately 24,966 were reported to have contact with victims in the course of their work.

Practice level

Many responses did not include clear or full answers to the question about the level of trauma practice, and some respondents provided comments instead of numbers. All responses to this question are summarised in the table below. Note that the highest and lowest categories – trauma specialist and trauma-informed – are both carried almost entirely by a single organisation in each category. 1000 out of the 1066 trauma-informed staff were reported by SCTS, without which trauma-skilled would have been the largest category and trauma-informed the smallest. Similarly, 162 of 198 trauma specialists were reported by SCRA.

Thinking about the staff in your organisation who interact with victims and/or witnesses of crime, please approximate how many staff roles you have at each practice level.					
	Total staff	Trauma Informed	Trauma Skilled	Trauma Enhanced	Trauma Specialist
ASSIST	52	-	4	48	-
CICA	300	-	5	-	-
City of Edinburgh Council	516	-	322	183	11
East Lothian Council	20	0	0	18	0
Law Society of Scotland	120	-	7	-	25
Midlothian Council criminal justice team	22	-	-	22	-
North Ayrshire Council Partnership delivery team	35	-	35	4	-
Police Scotland	23000	3000	19000	1000	
Rape Crisis Scotland	34	-	-	34	-
SCRA	480	60	258	-	162
SCTS	1800	1000	200	-	-

VSS	100	-	-	70	-
W. Dunbartonshire Council HSC Partnership	27	6	-	-	-
TOTAL		4066	19831	1379	198
Additional comments provided					
Dumfries and Galloway Council Criminal Justice Social Work	70	"All"	"case management roles"	"Programme delivery work and SWR authors"	
Faculty of Advocates	125	"All advocates have experience of this"	"All"		
Perth and Kinross Council Criminal Justice Services	58	"most"	"most"	"most tentatively describe themselves here"	"many are under this definition but nobody wants to label themselves as this"
Scottish Prison Service	4500	"HQ & SPSC staff"			

Staff training

Not all respondents answered the question about the proportion of staff who interact with victims and witnesses who have received training in relation to the impact of trauma, and some provided a range rather than an estimate. The proportion of victim/witness-facing staff who had received some training in the impact of psychological trauma ranged widely, from 5-100%.

The highest practice level at which training was reported in each organisation is:

Highest level of training	Number of orgs.	Specific organisations
Trauma informed	4	Scottish Prison Service SCTS

		South Lanarkshire Health and Social Care Partnership
		West Dunbartonshire Council Health and Social Care Partnership
Trauma skilled	3	ASSIST
		COPFS
		Law Society of Scotland
Trauma enhanced	4	Midlothian Council criminal justice team
		North Ayrshire Council Partnership delivery team
		City of Edinburgh Council
		Police Scotland
Trauma specialist	7	SCRA
		Perth and Kinross Council Criminal Justice Services
		Rape Crisis Scotland
		VSS
		CICA
		CJS
		East Lothian Council
Dumfries and Galloway Council Criminal Justice Social Work		

However, it should be noted that most of the organisations that reported “trauma specialist” as their highest level of training had not reported any staff working at this level in the earlier question about staff practice level. This likely warrants more detailed follow up.

The types of training and how many staff members had taken them both varied substantially. Organisations reported courses that just one particular staff member had done, that specific categories of staff had done, or that were aimed at the entire organisation. Some were compulsory, and others were available to all, or a specific category of staff, but were voluntary.

The types of training provided fell into 5 general categories

- Trauma-informed practice training
 - Level 3 Trauma Informed Practice training, delivered by Epione Training through NES and CJS was mentioned by some local authority respondents.
 - Other providers mentioned include:
 - Trauma Informed Practice in Justice Services - Donna McEwan, Practice Development Adviser, Centre for Youth & Criminal Justice
 - Rab McColm Health and Social Work Trauma Informed Practice: First Tier Training.
 - Safer Lives facilitators
 - Some programme specific training for practitioners was mentioned, for example various Caledonian trainings.
- Trauma leadership training

- All examples of trauma leadership training referred to various NES courses and resources.
- Mental Health First Aid
 - SMHFA and Psychological First Aid Introduction to Trauma delivered by Dr Mairead Tagg were both mentioned as specific examples.
- Third sector awareness sessions or specific group trainings
 - Examples include Samaritan training on Communicating with Vulnerable People, Scottish Drugs Forum Trauma Training, and awareness sessions from organisations like Women’s Aid and Rape Crisis.
- Internal institutional training programmes
 - Larger organisations and those that at major institutions (eg Police, COPFS) reporting relying largely on trauma content their own internal professional training infrastructure, through either induction training or CPD courses. Descriptions on this training tended to suggest it was relatively short, incidental to other training rather than the specific focus, or focussed mainly on the technical or legal aspects and not on the person-facing side of practice.

Additionally, some respondents noted sources of knowledge such as documentaries (in particular “Resilience” and “Sabre Tooth Tigers and Teddy Bears”), and experiential learning from both personal and professional life.

Barriers to training:

Ten organisations reported that they had faced barriers to making trauma training available to staff. In comments on these, commonly cited issues were:

- Budget
- High staff workloads and competing demands on time, especially when staff illnesses are high.
- Size – some larger organisations noted it was slower to roll things out and reach a high proportion of their staff
- The complexity of coordination to release significant numbers of staff from the front line.
- Higher levels of training being restricted to staff delivering specific accredited programmes, although other practitioners may benefit from it.
- Need to trial new online platforms due to the suspension of face to face training.

Some specific comments each raised by just one organisation as a barrier include:

- Feeling the need to provide additional Resilience and Wellbeing training before trauma training, in case the training is itself retraumatising for anyone attending.
- “The name – people find the term ‘psychological’ off-putting and jargonistic.”
- “Culture – we have identified that some people need help to recognise the importance” of this area.

Involving people with lived experience in design of training

The table below shows the organisations that reported whether or not they had involved people with lived experience in to inform the trauma training taking place. It should be noted that some organisations that had not engaged people with lived experience directly pointed out that the training providers themselves had done so in developing the training.

Have you engaged with people with lived experience to inform any training on the impact of psychological trauma taking place within your organisation?		
	Number of orgs	Specific organisations
Yes	12	North Ayrshire Council Partnership delivery team
		Scottish Prison Service
		SCTS
		COPFS
		VSS
		CICA
		Rape Crisis Scotland
		Perth and Kinross Council Criminal Justice Services
		CJS
		Dumfries and Galloway Council Criminal Justice Social Work
		East Lothian Council
		Police Scotland
No	8	Faculty of Advocates
		Midlothian Council criminal justice team
		West Dunbartonshire Council Health and Social Care Partnership
		City of Edinburgh Council
		South Lanarkshire Health and Social Care Partnership
		ASSIST
		Law Society of Scotland
		SCR

Comments on the lived experience and evidence base behind the training provided showed a range of different ways experience is incorporated and expectations about what stage such input happens.

- In training design
 - Several organisations noted that they did not design their own training, but expected that those developing the training had involved those with lived experience.
 - “SaferLives and the Caledonian Programme all specialise in tailoring training from ‘lived -experience’ with service users alongside a theoretical and neurological basis. SaferLives have regular consultations with victims of domestic abuse which inform training and drive changes. These are regarded as ‘key’ in the work done by SaferLives and individuals with lived experience are ‘the experts.’”
 - “The Caledonian Programme is underpinned by theory and empirical research on trauma informed practice. However, our organisation does

not currently involve individuals with lived experience to inform training. This is an area of development within partnership justice services.” Similarly, Scottish Prison Service stated they had not engaged those with lived experience directly, but based their training on evidence and research that did.

- Police Scotland cited both examples where they had engaged with victims directly to inform service design and, consequently, the updated training content that came with those changes, and also where they had collaborated with other agencies who worked with those with lived experience. However, it is not clear if these were individual examples of good practice or a systematic way of working.
- In training delivery
 - Examples were given of inviting guest speakers with lived experience, and also of involving people with lived experience in delivery, but this was less common.
- In organisational culture more generally
 - “All of the work Rape Crisis does is informed by our many years of working to support survivors of sexual violence.”

Strength/ need analysis

The data from this question may not be very reliable and it is possible respondents found the question difficult to understand. Many responses gave incomplete answers to this question, and some also noted areas of strength or need that appeared inconsistent with the practice they had reported. For example, neither of the two organisations that identified “trauma specialist” as a strength had actually reported having any staff working at that practice level, while the organisations that had reported having trauma specialists on their staff mostly did not answer the question. With these caveats in mind, the responses were as follows.

	Trauma informed	Trauma skilled	Trauma Enhanced	Trauma specialist
Strength	8	5	5	2
Need	6	9	8	4

Implementation in practice

Eight organisations reported having encountered barriers to being able to implement training in practice. Respondents were asked to comment on these, and also on any wider issues they saw in making the entire justice landscape trauma informed. Responses to these questions fell into three main areas:

- Challenges that are front-line practice or organisation-specific
 - When staff interact with victims infrequently, training cannot be put into practice regularly.
 - Many justice system processes are governed by institutional processes and timescales – these are generally driven by operational and procedural concerns, and consequently things like delays (often an issue but drastically increased by the pandemic) may be unavoidable

but potentially exacerbate trauma already suffered by victims. Organisations working with the court system acknowledged this is a challenge without a clear solution beyond ensuring contact and communication is as compassionate as possible.

- Scottish Prison Service noted that “Both Searching and Use of Force policies and processes would benefit from being expanded to specifically detail how these procedures are done in a trauma-informed manner.”
- Partnership working can raise issues if staff in partner organisation have not had similar training.
- One organisation reported they were aware the building they operated in was not ideal in terms of discretion, but they were not able to alter it.
- Challenges related to current policy processes or context
 - GDPR has had an impact on which information can be shared about the disclosure that prompted referral. This means workers have to ask victims to repeat these details, which can be retraumatising.
 - It was noted that those with lived experience are not consistently engaged in the legislative process. For example, they are not often invited to give oral evidence, and are more likely to be represented by intermediaries, and public consultations can take highly varied approaches.
 - Some identified opportunities for leadership training to more fully embed consideration of trauma at all levels of organisations.
- Challenges related to the workforce and wider field
 - “Moving forward, the lack of professionals meeting criteria to deliver training at Levels 2 and 3. The necessary depth and breadth of expertise required exists within a small group of professionals, few of whom are employed in our organisation.”
 - Some argued that trauma skilled or enhanced should be a prerequisite for a range of roles, including police, judiciary, social workers, etc.
 - Rape Crisis stated “It is important that training sessions cover sexual violence/ trauma within an intersectional framing. There should be a specific consideration of systems of power, privilege, micro-aggressions and the intersections of race and gender, class, sexual orientation, disability and age.”

Support to staff

All respondents reported that they provide support to staff to minimise the impact of trauma on themselves, except for the faculty of advocates.

Most respondents related their answer to organisational employee wellbeing policies, or regular professional supervision – in other words, supportive aspects of the professional structure, but not necessarily focussed specifically on trauma. Other examples cited include:

- Internal training, information and/or resources on wellbeing, self-care and resiliency. There was variation in whether such training was compulsory or just offered.
- Employee assistance programmes

- Processes following critical incidents, such as debriefing protocols, counselling services or group reflections.
- Some organisations had additional counselling sessions available to some staff in specific roles where they may be exposed to traumatic content.

Impact of Covid

The vast majority of respondents reported that they expected the current pandemic to have an impact on the delivery of trauma training within their organisation, or expressed uncertainty about what future training would look like as a consequence. The main issues noted in comments were:

- Halts or delays as face to face training is suspended or adapted for online delivery.
- Uncertainty about whether more complex training requiring specialist input can successfully be moved to a remote format – initial impressions suggested small audiences and mixed evaluations.
- One respondents commented: “Enhanced Trauma Training would not be safe to be carried out virtually as risk of triggering workers with possible own ACEs/trauma could not be safely measured or responded to.”
- Covid has also had budgetary consequences that may impact training resources.