National Trauma Training Programme – Workforce Survey (2021)

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Scottish Government
Riaghaltas na h-Alba
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Table of Contents

Executive Summary

Background and approach

This report presents the main findings from an online survey of the Scottish workforce exploring awareness and attitudes to psychological trauma and trauma-informed practice. The survey was carried out by the Improvement Service on behalf of the Scottish Government and NHS Education for Scotland and took place over a two-week period from 19 February to 5 March 2021.

The aim of this research was to measure self-assessed levels of confidence, knowledge, skills and understanding across different sectors of the workforce of psychological trauma and trauma-informed practice. It also explored uptake and awareness of the National Trauma Training Programme.

The survey was issued through multiple digital channels and networks and was targeted across the whole workforce within the public and third sectors, as well as those working in the private social care sector.

A total of 3553 responses were received. Within this, responses were received from all thirty two local authority areas; from the public, private and third sectors; from a wide range of service areas including children and families, mental health, and social care and social work; and from multiple job roles and responsibilities including senior staff, elected officials and practitioners.

Self-assessed confidence and experience

Respondents were asked to assess their own confidence against four statements related to psychological trauma and trauma-informed practice. 43.5% of respondents reported that they were extremely or very confident in their understanding of the concept of psychological trauma. A similar proportion reported confidence in relation to understanding of the impact of psychological trauma at 45.7%. There were lower levels of confidence in understanding of the principles of trauma-informed practice and applying these principles at 30.7% and 26.7% respectively.

Self-Assessed Confidence Statements

1. Understanding of the concept of psychological trauma.
2. Understanding of the impact of psychological trauma.
3. Understanding of the principles of trauma-informed practice.
4. Confidence in applying the principles of trauma-informed practice in your work.

Responses varied by sector with those working in the third sector significantly more confident, and those in the public sector less confident, across all four statements.

Responses also varied by service area with significantly higher levels of confidence among those working in mental health and alcohol and drugs. Among job roles, senior managers tended to report higher levels of confidence across all of the statements, but otherwise results did not vary by job role.

Trauma-informed organisations and services

There were a variety of responses in relation to respondents' views of how trauma-informed their organisations are. Six statements were asked about respondents' workplaces and whether they agreed that the key drivers of trauma-informed practice were embedded within the organisation or service. While there was a high level of agreement that wellbeing is prioritised and that staff are encouraged to undertake training to develop their skills, knowledge and confidence in trauma-informed practice, the remaining four statements had relatively low agreement levels. In particular, a small proportion, 23.4%, agreed that "data and feedback are regularly collected and used to evaluate and make changes to policy and practice to ensure they are trauma-informed". There were a high number of "don't know" responses across these statements, suggesting a lack of awareness and engagement with some of these topics.

Trauma-Informed Organisations and Services Statements

1. Staff wellbeing is prioritised.
2. People with lived experience of trauma are routinely engaged and consulted with in the development and delivery of policy and practice.
3. Leaders champion trauma-informed practice and policy.
4. Staff are encouraged to undertake training to develop their skills, knowledge and confidence of trauma-informed practice.
5. Appropriate levels of support are in place for staff when implementing trauma-informed practice.
6. Data and feedback are regularly collected and used to evaluate and make changes to policy and practice to ensure they are trauma-informed.

Answers varied in response to this section by sector. As with the previous section, those working in the third sector were significantly more likely to agree with the statements, while those working in the public sector were significantly less likely to agree. The same was true when responses were grouped by service, with respondents working in some service areas, most notably alcohol and drugs and housing and homelessness, more likely to agree than those who worked in others, such as finance and administration. Senior managers were also more likely to agree with the statements than those working in other job roles.

Barriers to trauma-informed practice

Asked to identify the barriers to working in a trauma-informed way, respondents frequently pointed to a lack of time to undertake training and noted that this was often despite encouragement to do so. Time and resources to properly implement the findings of training was also seen as a barrier by many, alongside difficulty prioritising trauma-informed principles among a range of competing demands, including COVID-19. Examples of the barriers identified include:

> "Time is always the main barrier. Time to train staff then time to deliver. With so many other priorities particularly at this time it can be difficult to firstly recognise or pick up when trauma is being experienced and then to have the time to follow up with appropriate supervision."

> "We struggle to put the theory into practice."

> "Clash of priorities. Trauma is quite a specific field and can get crowded out amongst lots of other concerns. Particularly in current Covid situation."

Uptake of the National Trauma Training Programme

Just under a third of respondents, 31.6%, said that they had been aware of the National Trauma Training Programme (NTTP) prior to completing the survey. A smaller proportion, 22%, had completed at least one NTTP training or information session.

These proportions also differed by sector, service and role. Those from the private sector were less likely to have previously been aware of the NTTP (16.7%) or to have completed a session (12%). On the other hand, those from the third sector were more likely to say that they had heard of the NTTP previously, at 41%, and to have completed NTTP sessions, at around one in three. 31% of public sector employees had heard of the NTTP and 21% had completed a training session.

Employees working within certain service areas were also more likely to have previously heard of and completed NTTP training sessions. In particular, those working in mental health and alcohol and drugs were significantly more likely to have done so. At the other end of the scale, those working in social care and social work, economic development, education, and finance and administration were significantly less likely to have heard of the NTTP previously or to have completed a course.

Senior employees were more likely to say they had heard of the NTTP previously, but there was little difference among other roles, and job role did not correlate with uptake of NTTP sessions.

Impact of the National Trauma Training Programme

There were also significant differences in responses to some areas of the survey based on whether respondents had completed NTTP training or information sessions. This was true for the statements related to confidence in understanding of

psychological trauma and trauma-informed practice. The statements related to the extent to which respondents believe that their organisation is trauma-informed also showed significant differences between respondent groups.

Across all statements for self-assessed confidence, those who had completed an NTTP training session were statistically significantly more likely to report high levels of confidence. Those who had completed NTTP training said that they were extremely or very confident in understanding the concept of psychological trauma in 68.7% of cases, compared to 36.3% for those who had not. 69.9% of those with NTTP training said that they understood the impact of trauma compared to 38.8%. 61.8% with training said that they understood the principles of trauma-informed practice compared to 21.9%, and 52.6% that they were confident in applying trauma-informed principles in their work compared to 19.4%.

There were similarly large differences in responses to the statements on whether the respondent's organisation was trauma-informed. In particular, respondents who had undertaken an NTTP session were especially more likely to agree with the statement "staff are encouraged to undertake training to develop their skills, knowledge and confidence of trauma-informed practice" by a margin of 81.9% compared to 45%. There was also a large difference between the percentages agreeing with the statement "leaders champion trauma-informed practice and policy", at 55.4% compared to 32%.

1. Introduction and context

1.1 Research shows that experience of trauma can increase the risk of adverse impacts on people's lives, including experiencing poorer physical and mental health and poorer social, educational and criminal justice outcomes than people who do not experience trauma. COVID-19 and the restrictions put in place to contain the virus have significantly increased the risk of people experiencing trauma and reduced access to social support which is the most effective buffer to support recovery. Many people in the Scottish workforce will have experienced trauma or are at higher risk of experiencing vicarious trauma through their role, particularly during the pandemic where the likelihood of chronic stress and burnout has also increased.

1.2 However, inequality of outcomes for people who have experienced trauma is not inevitable, with a growing evidence-base suggesting that adopting a trauma-informed approach can help improve health, wellbeing and life chances for people affected by trauma. Evidence shows that trauma-informed systems, services and workforces can reduce barriers to accessing support for people affected by trauma, while also supporting the wellbeing of staff themselves. The Scottish Government's ambition, shared with partners across Scotland, is for a trauma-informed and responsive workforce which is capable of recognising where people are affected by trauma and adversity, able to respond in ways that prevent further harm and support recovery, and can address inequalities and improve life chances.

1.3 To help improve understanding of trauma and its impact across the broad Scottish workforce, NHS Education for Scotland (NES) has worked in partnership with the Scottish Government and other key partners to develop Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce (2017). The Trauma Framework highlights the importance of professionals across all areas of Scotland's workforce having a robust understanding of trauma and helps equip professionals with the knowledge and skills they need to respond to people affected by trauma in a high-quality way that reduces the likelihood of further traumatisation and decreases barriers to support services. NES also published the Transforming Psychological Trauma Training Plan (2019), a practical guidance tool for workers, managers and organisations to identify their own trauma training needs with reference to the Trauma Framework.

1.4 The National Trauma Training Programme (NTTP) has developed a suite of training materials for all sectors and levels across the workforce, based on the recognition that everyone has a role in responding to trauma. The NTTP resources range from raising awareness about the scale and impact of trauma through to knowledge and skills training for specialist providers of support for people affected by trauma with complex needs.

2. Aims and methods

Aims of the research

2.1 The aim of this research was to measure the self-assessed levels of confidence, knowledge, skills and understanding across different sectors of the workforce of psychological trauma and trauma-informed practice. In addition, the research aimed to capture the uptake of National Trauma Training Programme resources, and a measure of the extent to which individuals felt that the key drivers of trauma-informed practice had been embedded within their organisation.

Methods

2.2 Data was collected through an online survey issued over a two-week period from 19 February to 5 March 2021.

2.3 In recognition of the demands on the workforce, particularly in light of the impact of COVID-19, the survey was deliberately kept as short, easy to answer and accessible as possible. In total, 13 questions were included in the survey. These questions were developed by the Improvement Service in consultation with stakeholders. The full list of survey questions is available in Annex A.

2.4 The sampling frame for the survey was all employees within Scotland across the public and third sectors, as well as those working within the private social care sector. In order to reach as wide a sample of employees within these sectors as possible, the survey was distributed through a range of networks and groups. Distribution of the survey took place using several digital means including email, Teams, Twitter, newsletters and the Improvement Service website.

Respondent characteristics

2.5 The survey received 3553 responses, a strong response given the short timescales and context of the pandemic, and a good sample size for assessing levels of awareness within the workforce. Respondents were initially asked a series of questions about their area of employment including the local authority areas that they worked in, the sector and service areas that they worked within and their job role.

2.6 All categories for each of these sections were represented, including responses from all 32 local authority areas. A majority of respondents worked in the public sector (71.8%) with around 17% from the third sector and 7% from the private sector. A small number of respondents indicated that they were currently unemployed or worked across several sectors.

2.7 Respondents were also asked to select which service area they currently work in. A list of areas was provided with the option to select multiple services if appropriate. The most frequently selected were children and families

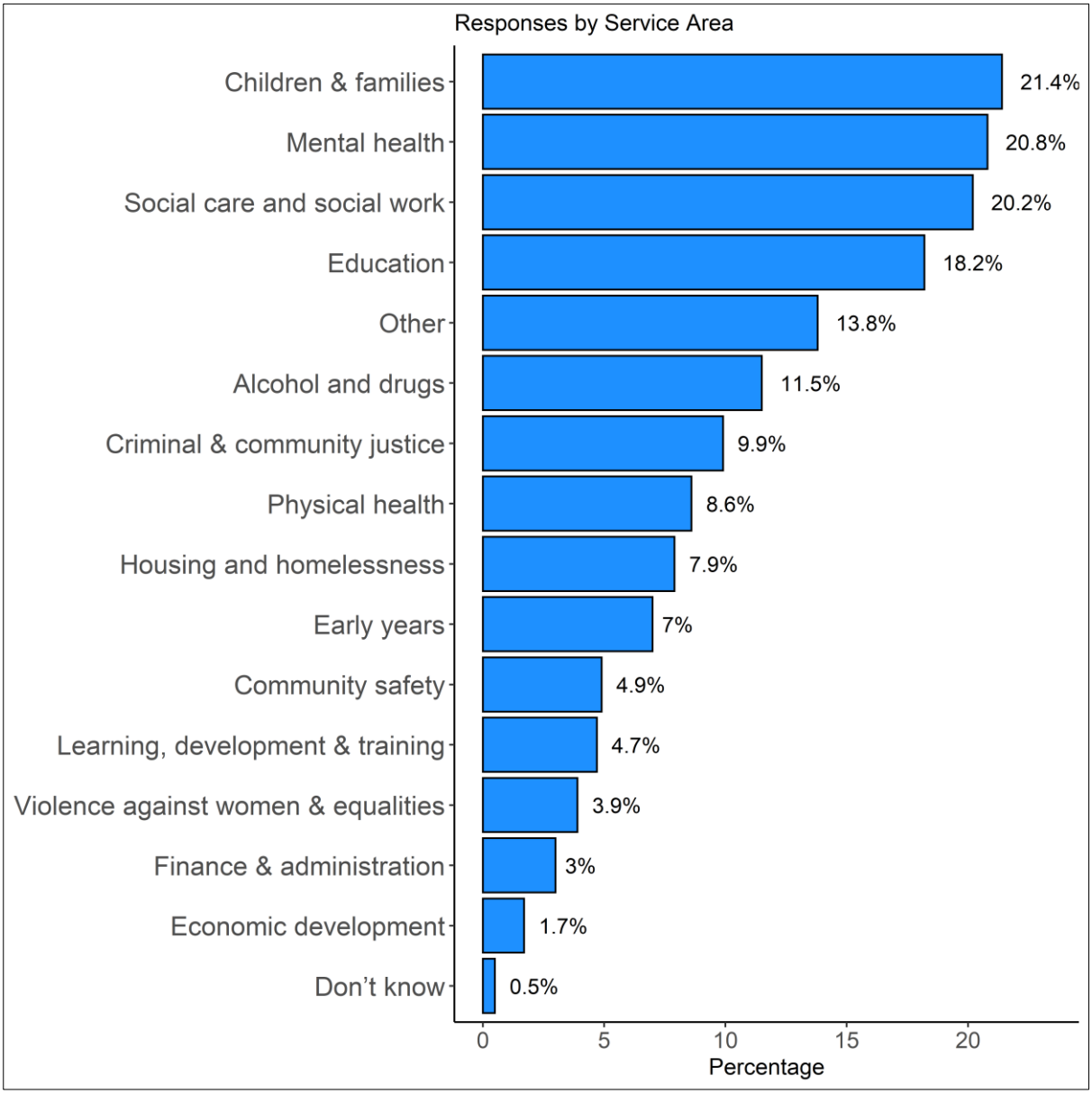
(21.4%), mental health (20.8%), social care and social work (20.2%) and education, including higher education (18.2%). A number of respondents worked in services not included within the list of options including data and digital, roads and transportation, and legal services. The breakdown by service area is displayed in Figure 1.

2.8 It should be noted that not all service areas were equally represented across the third, public and private sectors. Social care and social work, for example, was represented to a greater extent in the private sector at 29.4%. This was the main service at which this survey was aimed in the private sector.

2.9 There were also several service areas with higher representation within the third sector including alcohol and drugs, children and families, mental health, and housing and homelessness.

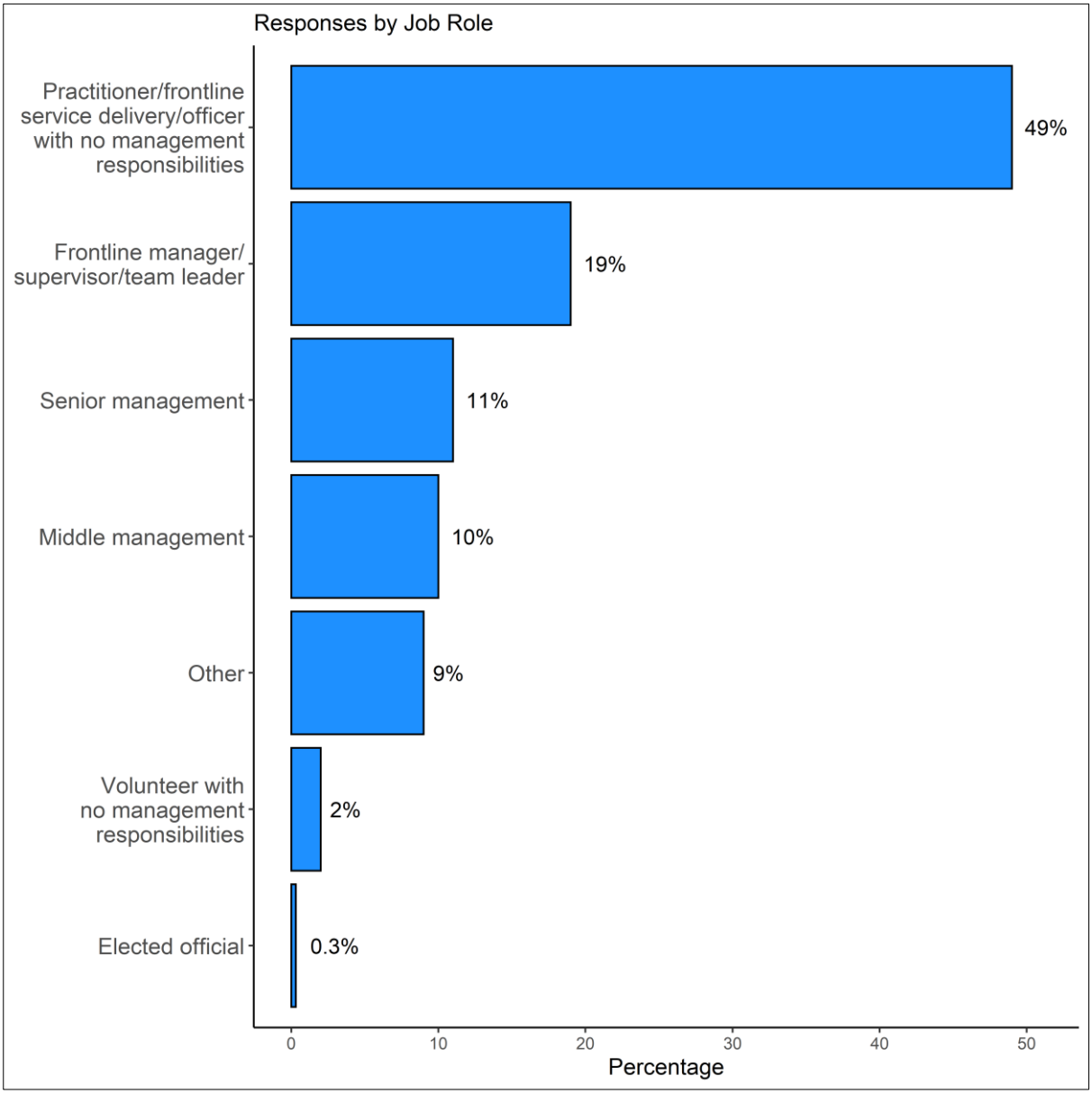
2.10 Results for the public sector generally mirrored the breakdown across the full sample, although education was slightly overrepresented. Where comparisons are made between sectors, it is important to note that the samples for each differ and may in part explain some of the differences in responses. Additionally, given the varied sample sizes, some subgroup results have relatively large confidence intervals and associated margins of error.

Figure 1 – Percentage of Responses by Service Area



2.11 The final question on respondent characteristics asked about job role with reference to direct management responsibilities. Almost half of respondents (49%) described their role as "Practitioner/frontline service delivery/officer with no management responsibilities". Just under 19% indicated that they were a "Frontline manager/supervisor/team leader", around 11% indicated that were senior management and 10% were middle management. A small number of elected officials and volunteers without management responsibilities also completed the survey. The role breakdown is displayed in Figure 2.

Figure 2 – Percentage of Responses by Job Role



Caveats and limitations

2.12 There is likely to be some sample error within responses, particularly non-response bias where some respondents may not have felt the topic was relevant. Although a large number of responses were received from a wide range of sectors and services, certain services have high representation, most likely among those areas where employees are already engaged with trauma-informed practice or the concept of trauma, such as in mental health. However, as discussed below, there were also many respondents with low levels of self-assessed confidence and who had not engaged with the NTTP or other training resources. It is, therefore, reasonable to assume that the responses capture the views of those who may not consider themselves engaged with the NTTP or trauma-informed practice. In addition, respondents were able to select multiple service areas, therefore percentages displayed

within this report are calculated using the number of respondents and in some cases may total more than 100%.

2.13 Care should also be taken in comparing subgroups based on sample size. Smaller samples are less precise, with wider confidence intervals. This is particularly true in comparing service areas, where some areas had small numbers of responses. Comparisons between groups within this report take account of sample size and where differences are statistically significant, this is highlighted.

2.14 It should also be noted that some local authority areas are better represented than others. This is possibly due to additional efforts to promote the survey at a local level in some areas and, while it could suggest additional levels of engagement or belief that the survey was relevant, there is no reason to believe this would skew the results.

3. Self-Assessed Confidence and Understanding

Overall Confidence and Understanding

3.1 Respondents were initially asked to assess their own understanding and confidence against a range of statements related to the concept and impact of trauma and of trauma-informed practice. The four statements are shown in the box below.

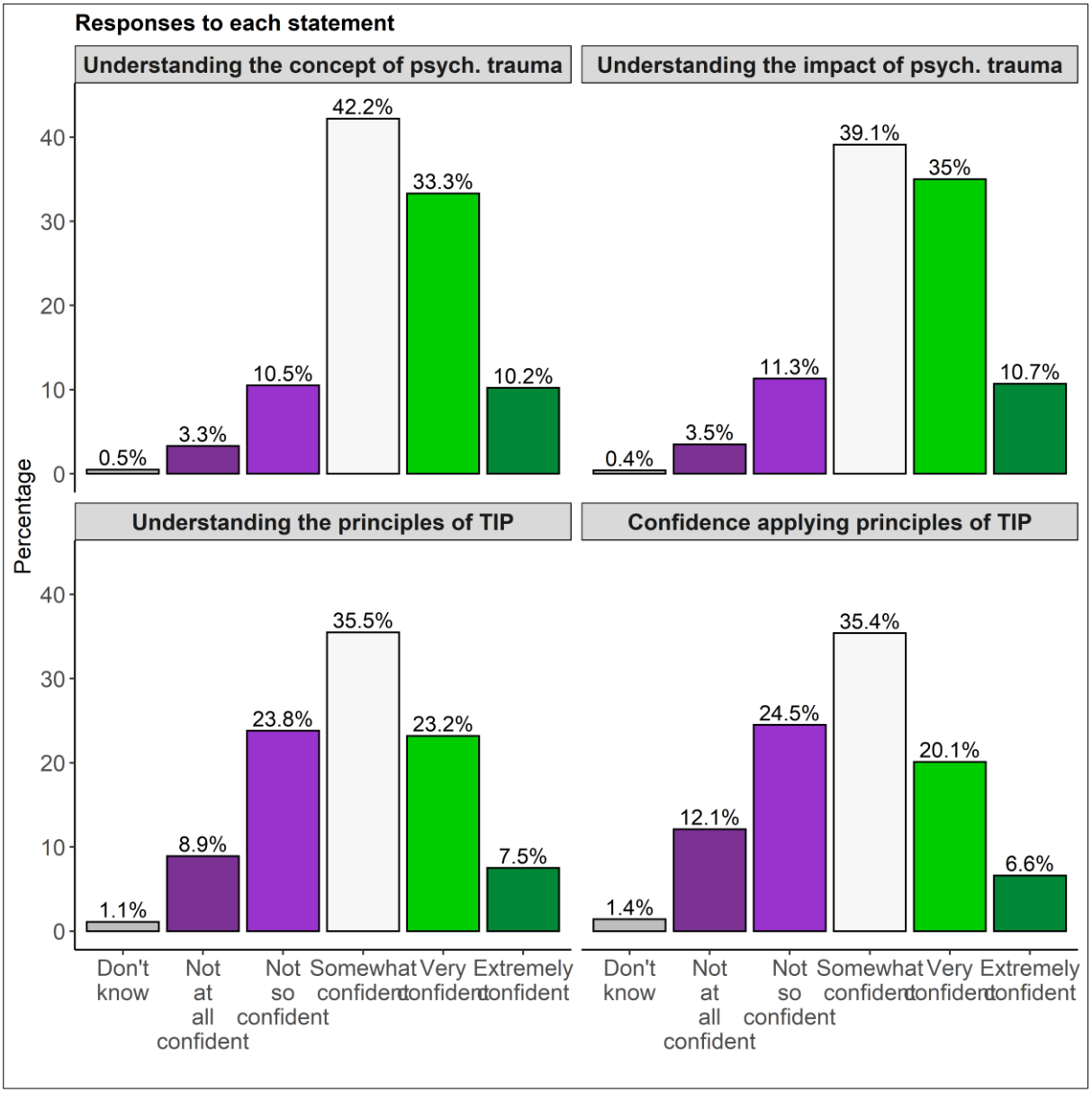
Self-Assessed Confidence Statements

1. Understanding of the concept of psychological trauma
2. Understanding of the impact of psychological trauma
3. Understanding of the principles of trauma-informed practice
4. Confidence in applying the principles of trauma-informed practice in your work

3.2 Respondents reported high levels of confidence in their understanding of the concept of psychological trauma, with 43.5% saying that they were very confident or extremely confident and just 13.8% saying that they were not so confident or not at all confident. A higher proportion, 45.7%, reported that they were very or extremely confident in their understanding of the impact of psychological trauma, with 14.8% describing themselves as not so confident or not at all confident.

3.3 There were lower rates of confidence in response to two statements about understanding of and confidence in applying trauma-informed practice. A slightly higher proportion said that they were not at all confident or not so confident (32.7%) in understanding the principles of trauma-informed practice, than said they were very or extremely confident (30.7%). This was also true of respondents' confidence in applying the principles of trauma-informed practice in their work, with just 26.7% saying that they were very or extremely confident and 36.6% saying that they were not at all or not so confident. The breakdown of responses by statement is shown in Figure 3.

Figure 3 – Responses to Self-Assessed Confidence Statements



"I think this is an important part of our jobs and job role in the coming years. We are all coming out of a global pandemic that will have been traumatic for some people."

Confidence and Understanding by Sector, Service and Role

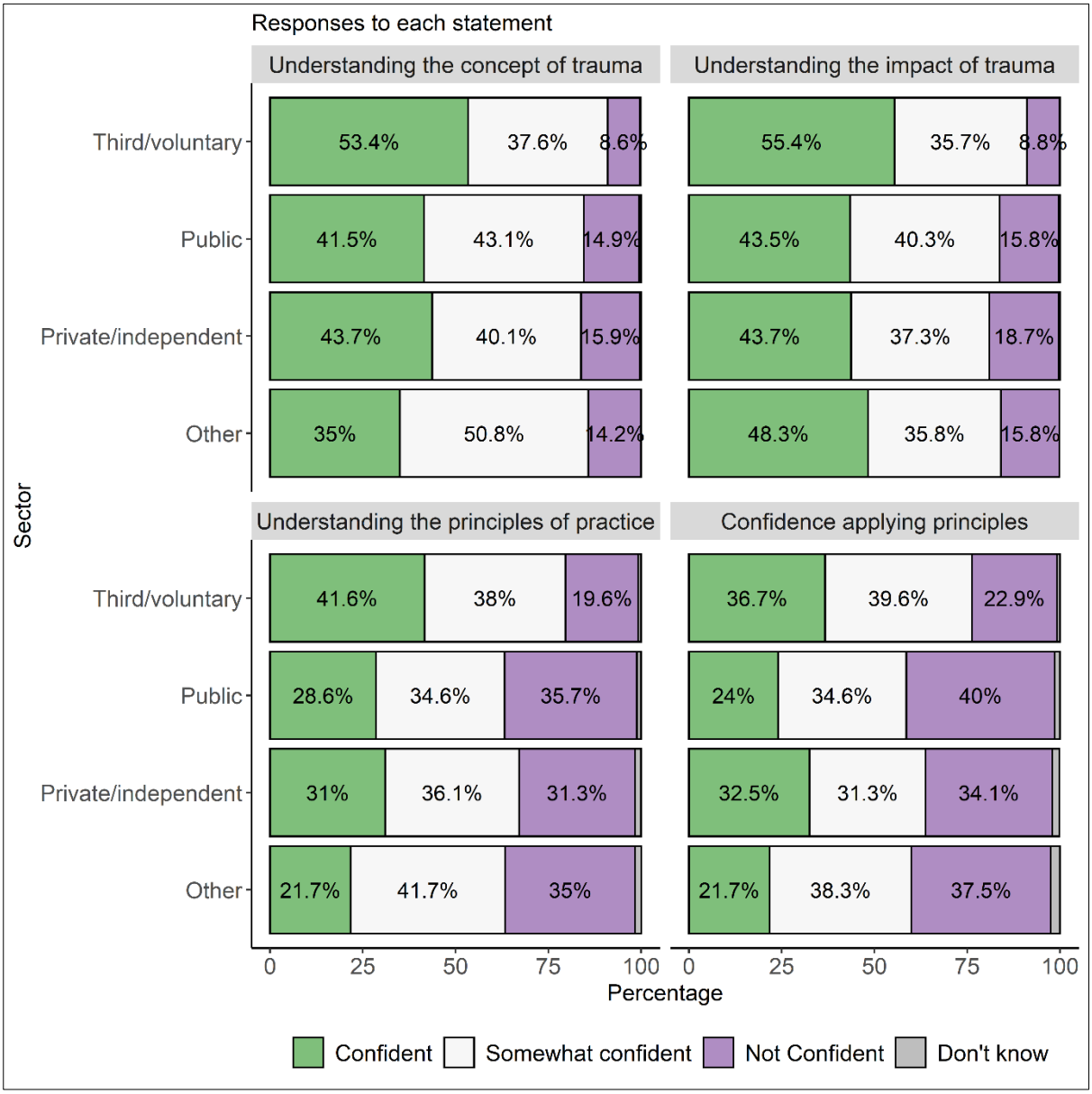
3.4 Analysis of the levels of confidence across sector area, service and job role in the responses to these four statements show significant differences between groups. Comparing responses by sector showed a higher level of confidence in response to all four statements among the third sector, with respondents in the public sector reporting lower levels of confidence across each of the statements.

3.5 These differences were particularly pronounced in responses to the statements on understanding and confidence in applying trauma-informed practice. In terms of understanding of the principles of trauma-informed practice, 41.6% of third sector respondents said that they were extremely or very confident while just 28.6% of public sector and 31% of private sector employees said the same. There was a similar disparity between third and public sector respondents in confidence in applying trauma-informed principles in their work. While 36.7% of third sector and 32.5% of private sector employees said that they were confident in response to this statement, just 24% of public sector employees felt confident and 40% said that they were not confident. The full breakdown by sector for each of these statements is displayed in Figure 4.

"I have seen many examples of individuals working in a trauma-informed way which has made a huge difference to children and young people. Most practitioners really understand this concept."

"This is an entirely new subject to me from a workplace perspective - it has never been discussed, except in the most general terms of Health and Safety and the potential consequences of serious accidents/incidents in the workplace."

Figure 4 – Self-Assessed Confidence by Sector



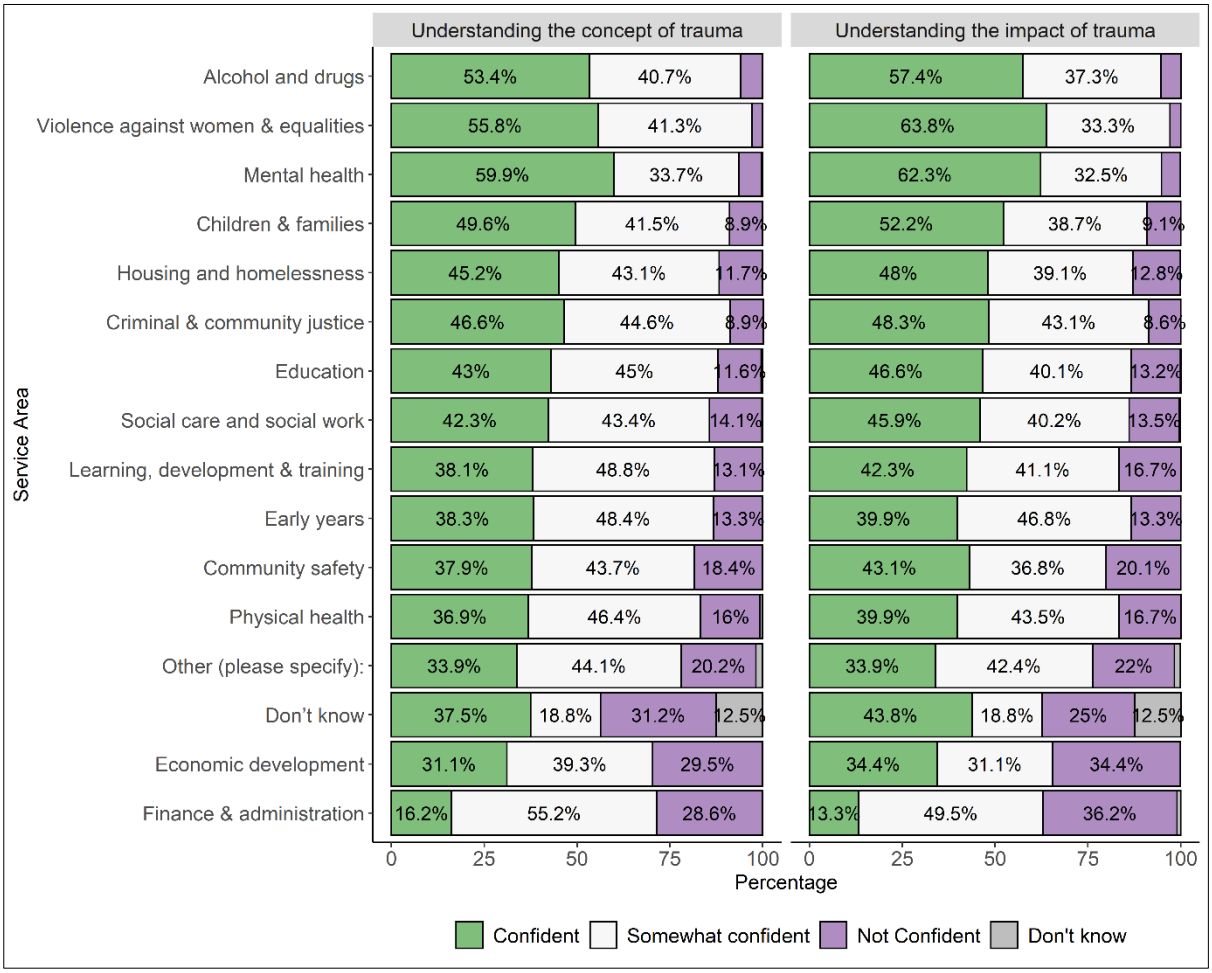
3.6 There were also large and statistically significant disparities in confidence levels between those working in different service areas, perhaps reflecting familiarity and perceived relevance of trauma-informed practice within day-to-day activities.

3.7 For the two statements around understanding of the concept and impact of psychological trauma, some service areas had very high levels of confidence. Those working in mental health and alcohol and drugs were statistically significantly more likely to say they were extremely or very confident in their understanding of the concept and impact of psychological trauma.

"I'd love to see more trauma-informed practice across the board. We are getting better at it in Education and Childcare, but attitudes are still very closed off across other sectors."

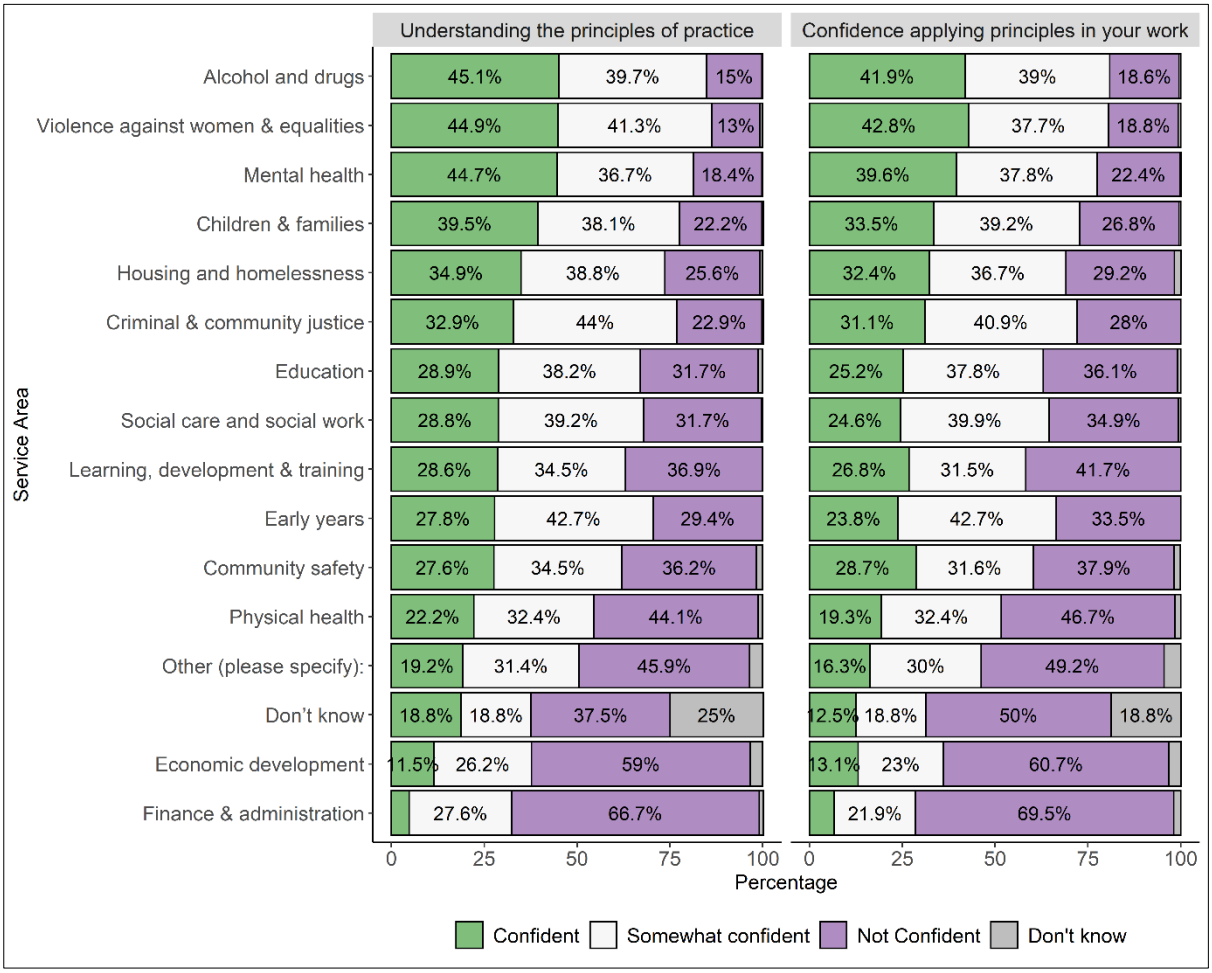
3.8 Those working in early years, physical health, economic development, finance and administration, and the “other” service area group were all below average in terms of confidence in understanding both the impact and concept of trauma, although this was only statistically significant for the last two service areas. The breakdown of confidence in response to the statements “understanding the concept of psychological trauma” and “understanding the impact of psychological trauma” are displayed in Figure 5.

Figure 5 – Understanding the Concept and Impact of Psychological Trauma by Service



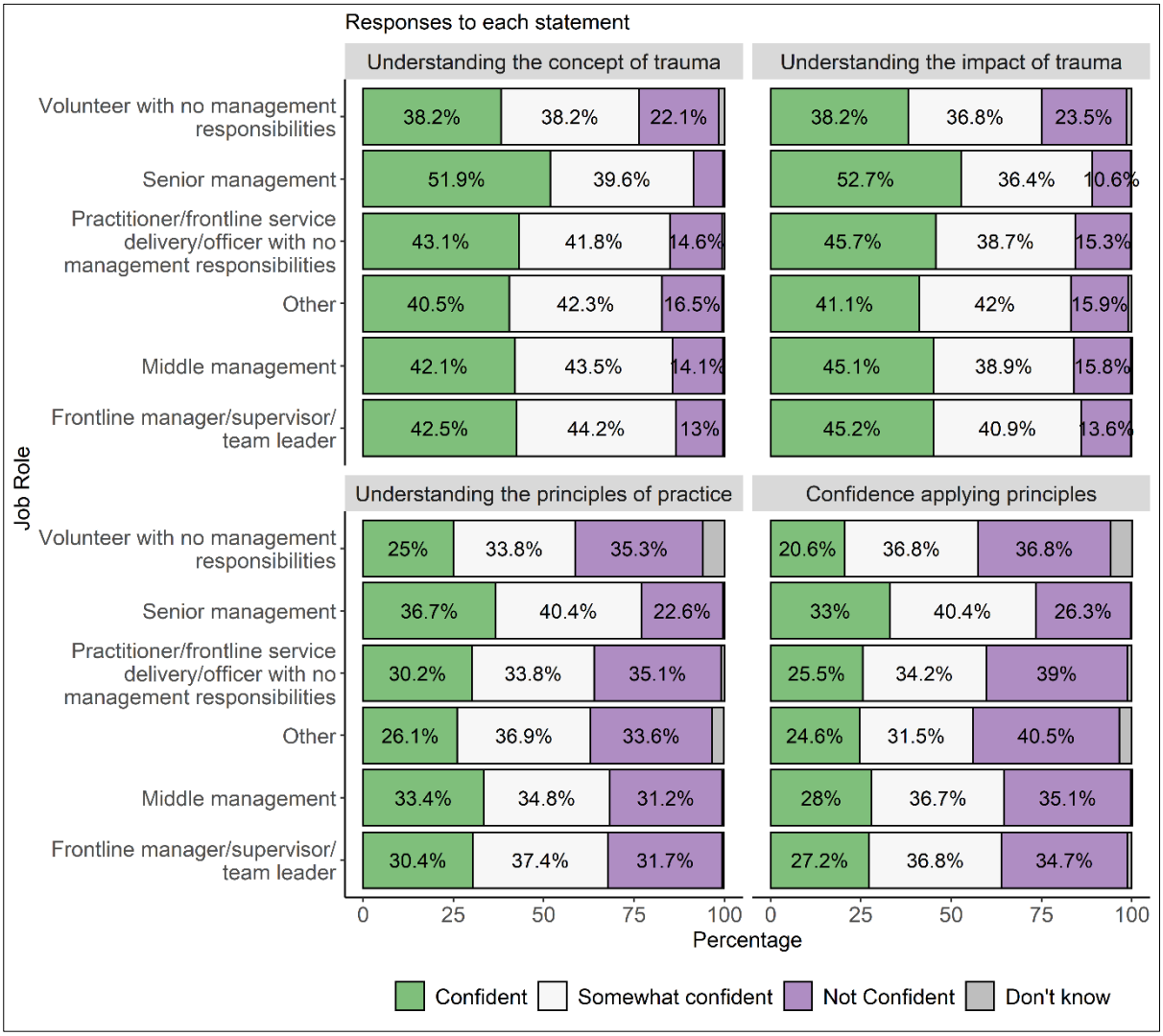
3.9 Respondents from a similar group of sectors also showed higher levels of confidence in understanding and applying the principles of trauma-informed practice in their work. As with the previous statements, employees working in mental health and alcohol and drugs were significantly more likely to report confidence in these areas. Figure 6 displays the breakdown in confidence in understanding and applying the principles of trauma-informed practice by service area.

Figure 6 – Confidence in Trauma-Informed Practice by Service



3.10 There were also differences in the levels of confidence based on job role and seniority. Across all four statements, senior management were more likely than any other group to say that they were extremely or very confident. Overall, however, there was little variation between job roles and their responses to the statements in question 5. The full breakdown by job role by statement is shown in Figure 7.

Figure 7 – Self-Assessed Confidence by Job Role



4. Trauma-Informed Drivers within Organisations

Summary

4.1 The next set of statements concerned the extent to which survey respondents felt that the key drivers of trauma-informed practice[1] were embedded within their own organisation or service's culture. Respondents were asked to state to what extent they agreed with each of the six statements, which are shown in the box below.

Trauma-Informed Organisations and Services Statements

1. Staff wellbeing is prioritised.
2. People with lived experience of trauma are routinely engaged and consulted with in the development and delivery of policy and practice.
3. Leaders champion trauma-informed practice and policy.
4. Staff are encouraged to undertake training to develop their skills, knowledge and confidence of trauma-informed practice.
5. Appropriate levels of support are in place for staff when implementing trauma-informed practice.
6. Data and feedback are regularly collected and used to evaluate and make changes to policy and practice to ensure they are trauma-informed.

4.2 A full breakdown of results by statement is available in Figure 8. Responses varied, with higher levels of agreement for some statements than others. The statement with the highest levels of agreement was "staff wellbeing is prioritised" with 63.7% of respondents saying that they agreed or strongly agreed with this statement and just 16.2% saying that they disagreed or strongly disagreed.

"We are prioritising wellbeing of staff and people we support, but have not yet taken any steps to progress on trauma-informed training."

"Regular support and supervision, along with flexible working, has greatly helped improve my mental health while recently experiencing a trauma myself."

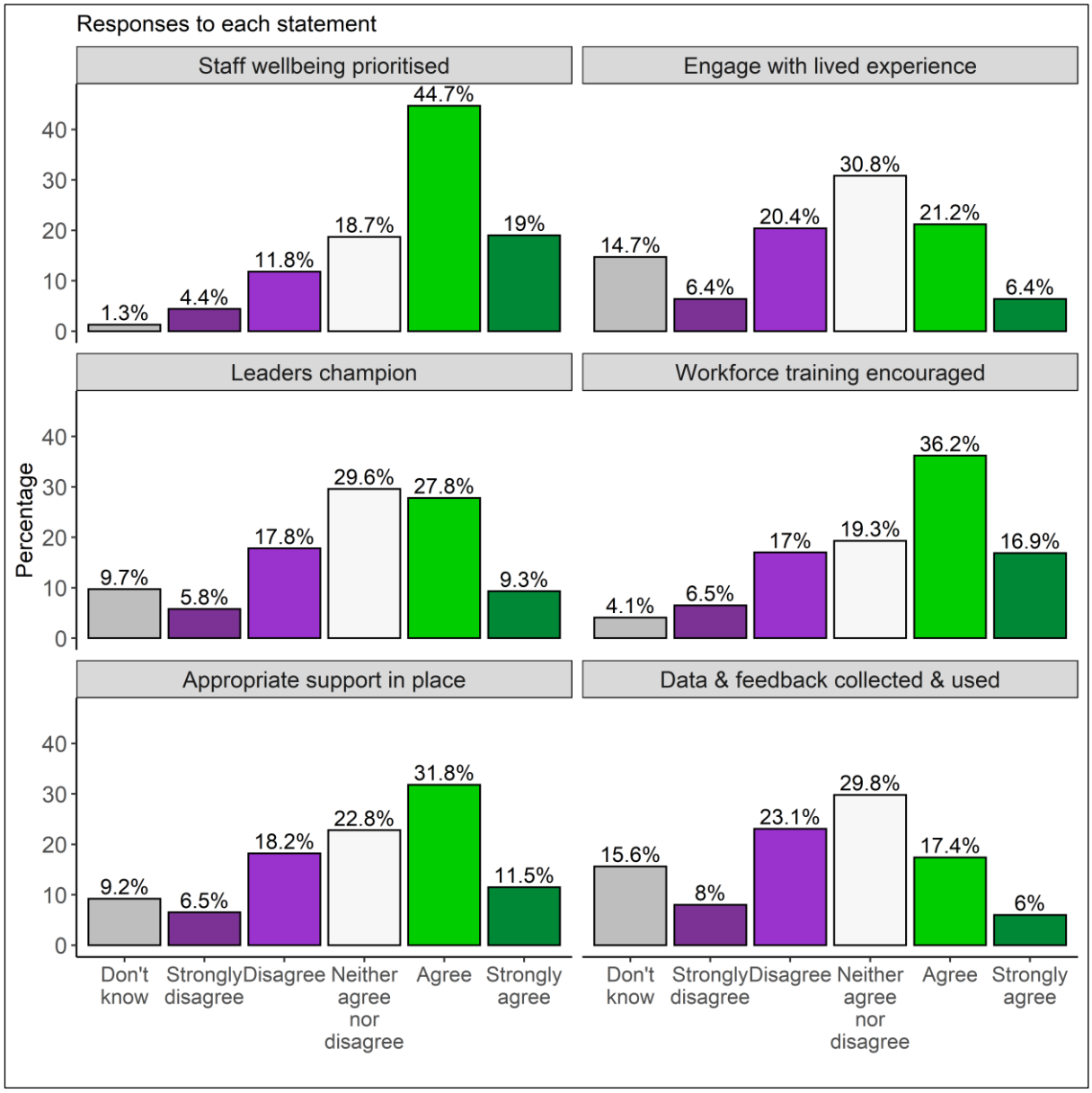
[1] The five drivers are: Leadership and management embody trauma-informed principles; supporting the wellbeing of the workforce; ensuring staff have appropriate knowledge and skills; people with lived experience are included in routine service evaluation and development; and information and data about service experience and outcomes are gathered and used to drive, maintain and sustain trauma-informed practice.

4.3 Over half of respondents (53.1%) agreed or strongly agreed with the statement “staff are encouraged to undertake training to develop their skills, knowledge and confidence of trauma-informed practice”. 23.5% said that they disagreed or strongly disagreed with this statement.

4.4 The remaining four statements had lower levels of agreement. While 43.3% agreed or strongly agreed that appropriate levels of support are in place for staff when implementing trauma-informed practice and 37.1% that leaders champion trauma-informed practice and policy, just 27.6% agreed with the statement “people with lived experience of trauma are routinely engaged and consulted with in the development and delivery of policy and practice” and 23.4% that “data and feedback are regularly collected and used to evaluate and make changes to policy and practice to ensure they are trauma-informed”.

4.5 Although agreement was low across these four statements, a greater proportion of respondents said that they agreed than disagreed with every statement except “data and feedback are regularly collected and used”. The four statements with lower levels of agreement were notable for high levels of respondents who responded with “don’t know”. Almost 16% said that they did not know whether data and feedback was used to evaluate and make changes and almost 15% said they did not know whether people with lived experience are engaged and consulted. This indicates that there may be relatively low levels of knowledge and understanding on these issues, particularly around how policy and practice are developed in trauma-informed approaches.

Figure 8 – Responses to Statements about Trauma-Informed Organisations



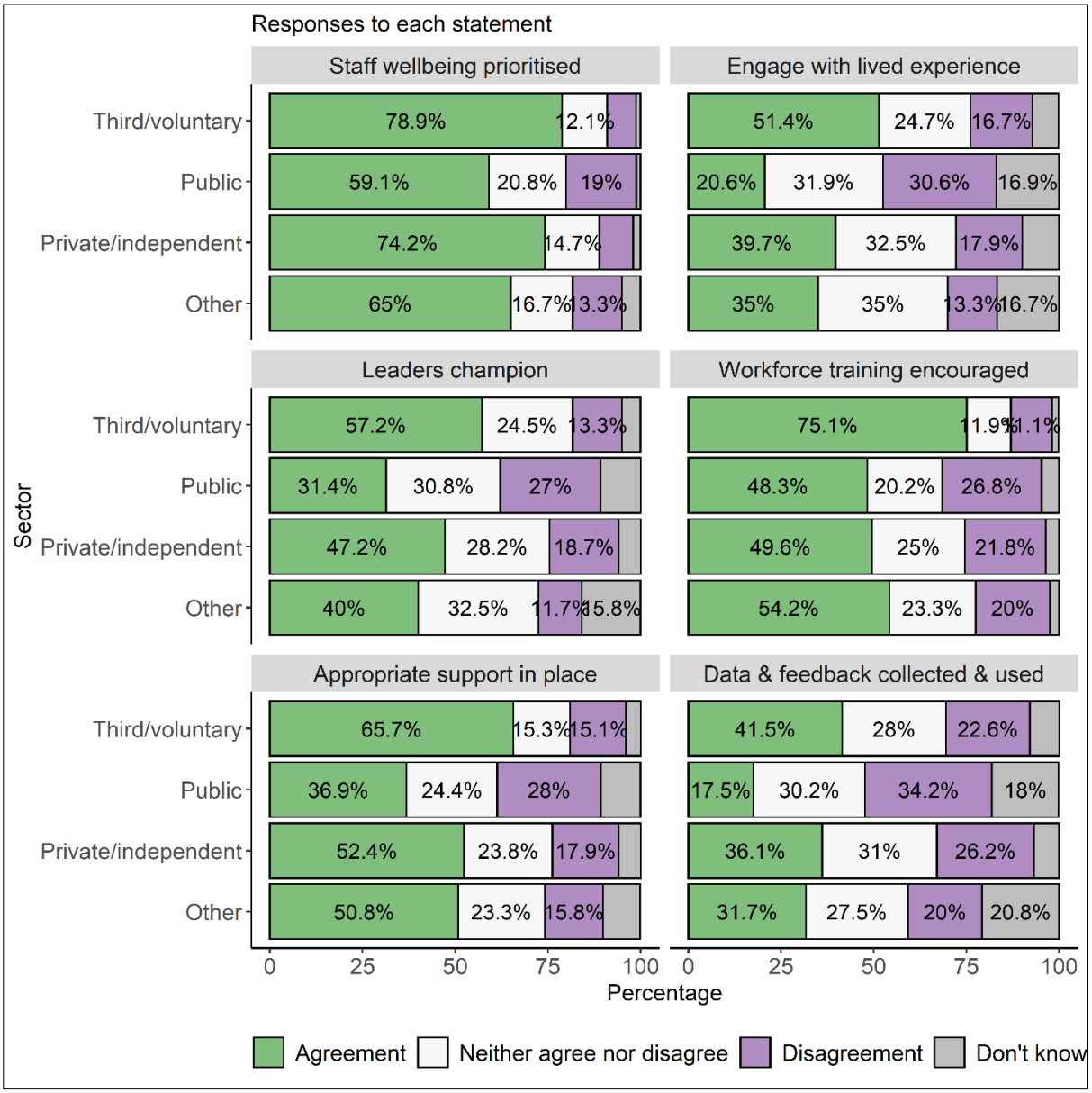
Responses by Sector, Service and Role

4.6 As with the self-assessed confidence levels described above, responses varied considerably depending on respondent characteristics. Across all six statements, there was a lower level of agreement from those who worked in the public sector when compared with both the third and private sectors. For example, while 57.2% of those working in the third sector and 47.2% of those in the private sector agreed that leaders champion trauma-informed practice and policy, just 31.4% of public sector employees agreed with this statement.

4.7 Similarly, respondents from the public sector were less likely to agree than those in the third or private sectors with the statements “data and feedback are regularly collected and used”, at 17.5% compared to 41.5% and 36.1% respectively, and “people with lived experience of trauma are routinely

engaged and consulted with" at 20.6% compared to 51.4% and 39.7%. It was notable that there were a high proportion of public sector respondents who replied "don't know" for both of these statements, again suggesting a lack of engagement and knowledge around how trauma-informed practice is developed and evaluated. A full breakdown of responses by sector is shown in Figure 9.

Figure 9 – Trauma-Informed Organisations by Sector



4.8 Comparison between service areas also shows significant differences in agreement with these statements. In particular, there were very high levels of agreement with each of the six statements among those who worked in alcohol and drugs and housing and homelessness. Both of these service areas appeared in the top three services areas for agreement for all statements, except "staff wellbeing is prioritised", where they featured in the top five. Across all statements, those working in these two service areas were

statistically significantly more likely to agree, with the exception of “staff wellbeing is prioritised”.

4.9 Those working in learning, development and training were significantly more likely to agree that staff wellbeing is prioritised. Respondents working in the mental health sector were significantly more likely to agree with the statements around appropriate support being in place for trauma-informed practice and that staff are encouraged to undertake training to develop their skills in this area. The level of agreement among service areas to each of the statements around trauma-informed organisations are shown in Figure 10, Figure 11 and Figure 12.

Figure 10 – Staff Wellbeing and Engaged with Lived Experience by Service

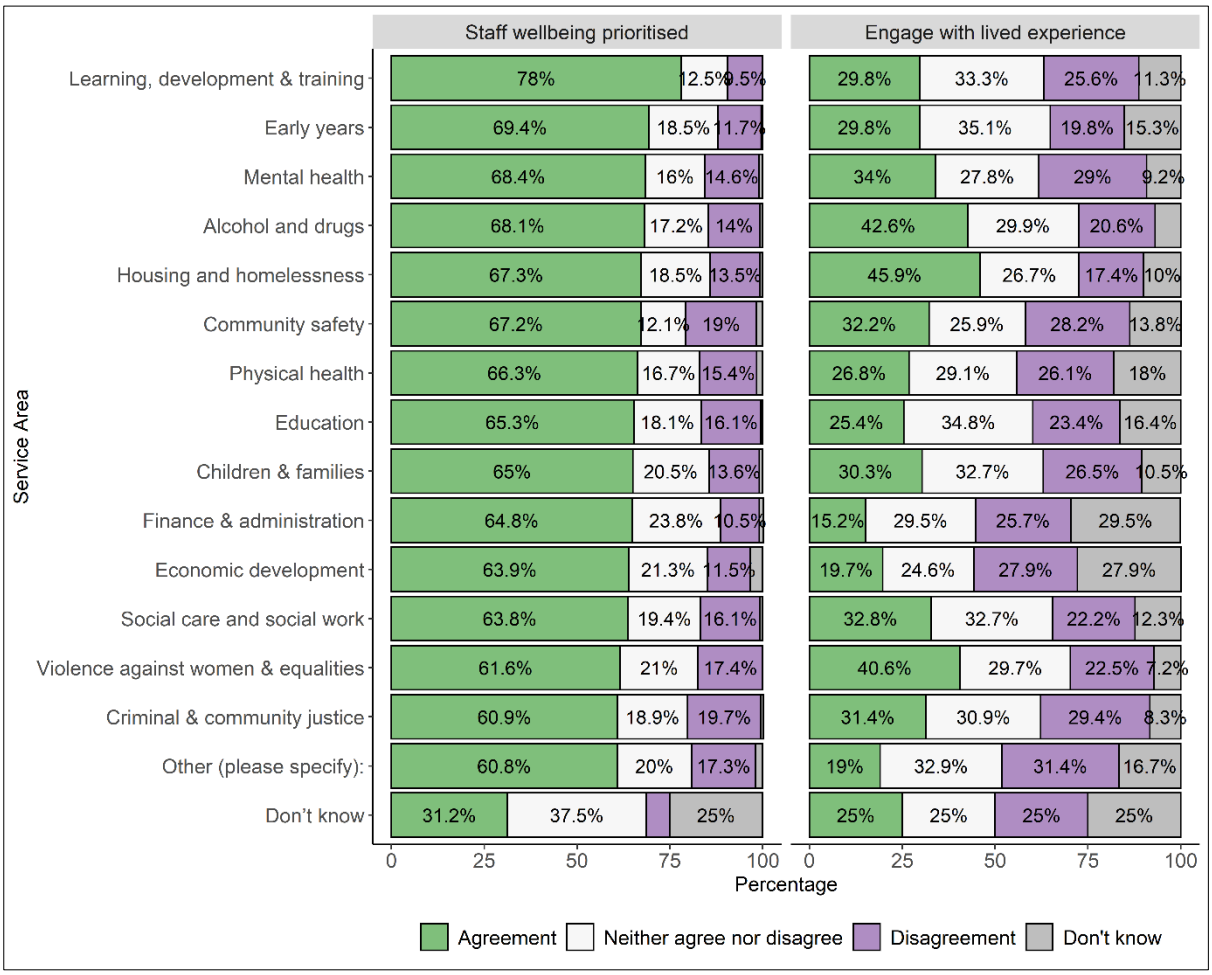


Figure 11 – Leaders Champion and Workforce Training by Service

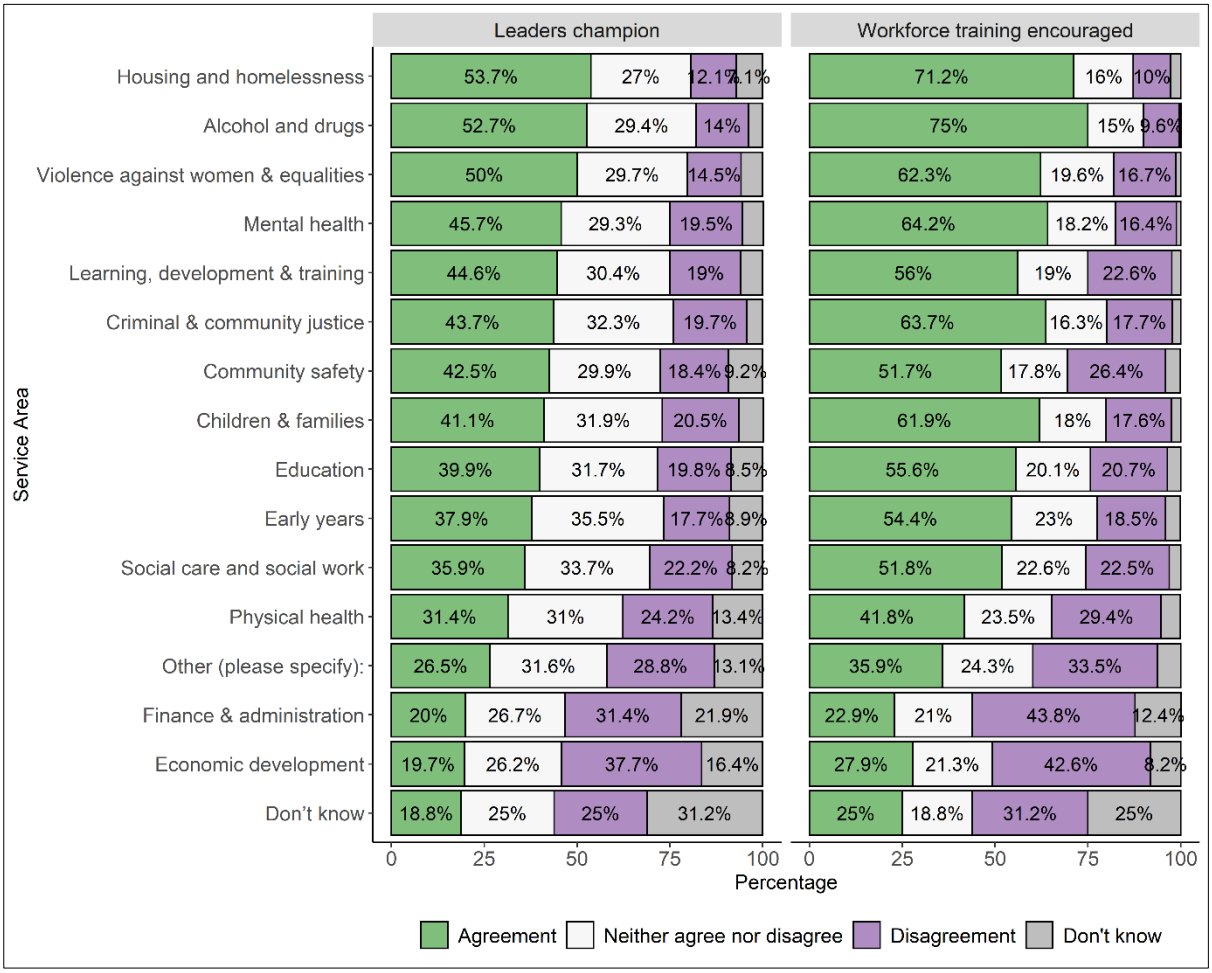
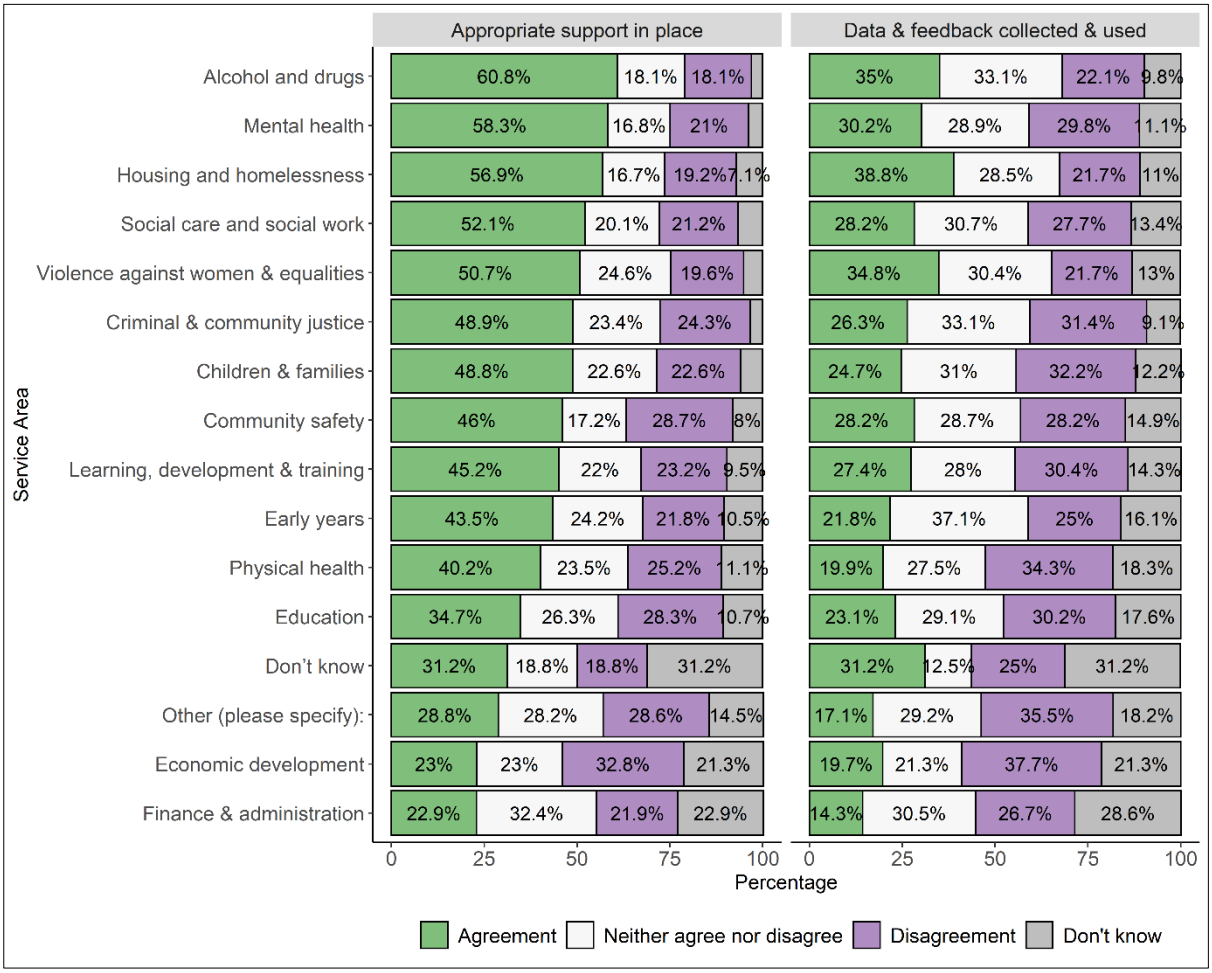
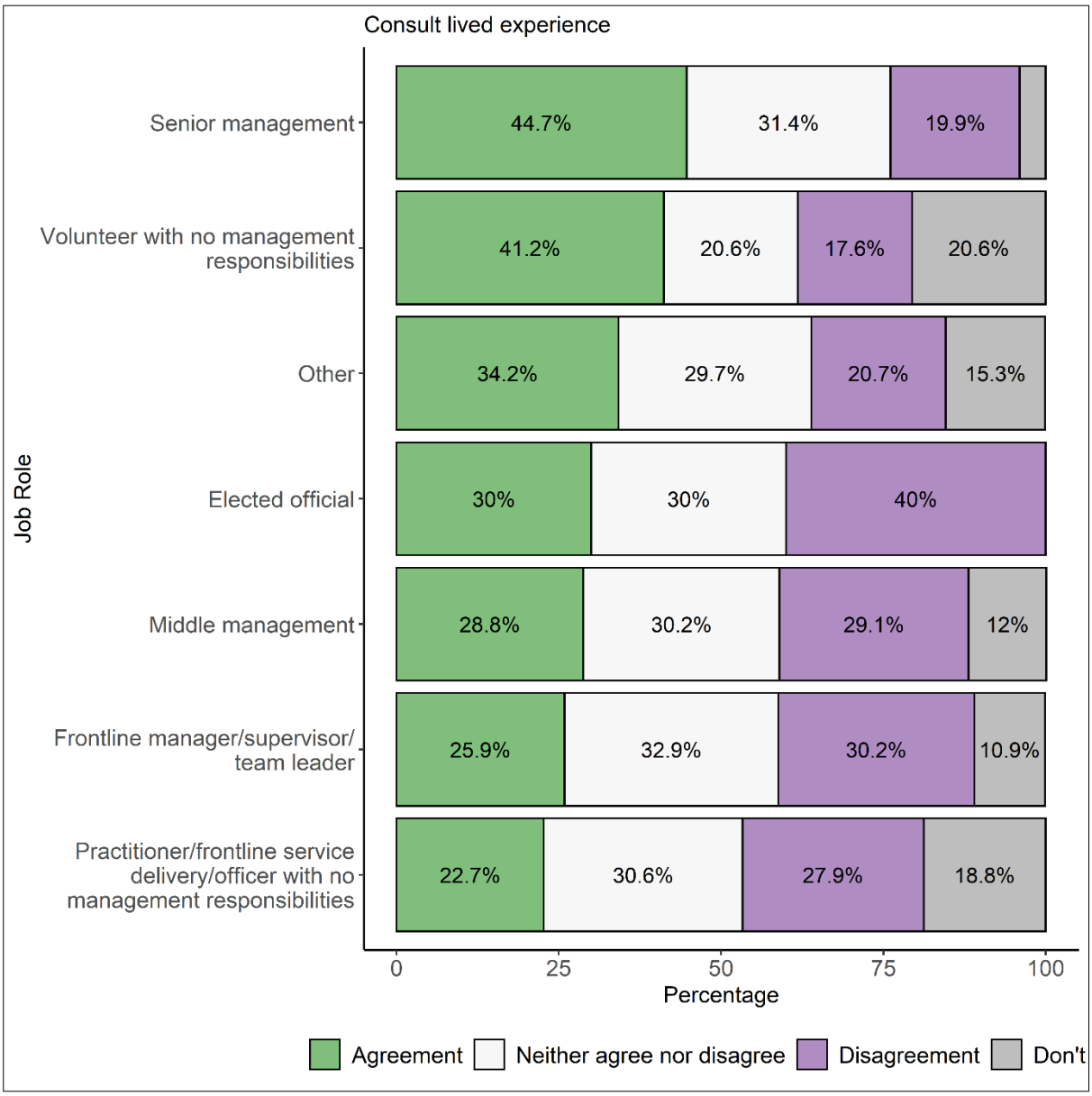


Figure 12 – Appropriate Support and Data and Feedback by Service



4.10 There was also some variation in agreement with these statements based on job role. Senior managers were more likely to agree with all six statements than those working in other job roles, with the exception of the statement "data and feedback are regularly collected and used", where volunteers with no line management responsibilities were the most likely to agree. Those in the category "practitioners, frontline service delivery and officers with no management responsibilities" tended to have the lowest levels of agreement with each of the statements. Figure 13, for example, shows that senior managers were almost twice as likely than practitioners to agree that those with lived experience of trauma are regularly consulted. This may suggest that while there is senior buy-in to these approaches, this is not necessarily feeding through into practice. This would correspond with some of the barriers identified below, where it was suggested that while senior leaders do encourage trauma-informed principles, sufficient time is not available to implement these in practice.

Figure 13 – "People with Lived Experience of Trauma Are Engaged and Consulted" by Job Role



5. Barriers and Support

5.1 Respondents were asked to identify any barriers to working in a trauma-informed way, with a follow-up question that asked what support could help organisations or individuals to overcome these. It should be noted that respondents were provided with a prompt to help identify barriers[2] and each of these were frequently cited in responses.

5.2 One of the most commonly cited barriers was "time to undertake training". In many cases, respondents said that they were actively encouraged to take part in training but were unable to do so due to time constraints. In addition, some respondents highlighted additional pressures on their time as a result of COVID -19 as a reason that they were unable to complete any training.

"Time is always the main barrier. Time to train staff then time to deliver. With so many other priorities particularly at this time it can be difficult to firstly recognise or pick up when trauma is being experienced and then to have the time to follow up with appropriate supervision."

"Capacity to undertake training and supervision requirements are potential barriers to fully adopting trauma-informed practice which has been exacerbated by competing priorities relating to the coronavirus pandemic."

"Time. Senior leaders want this and so do staff, but I would be less confident that frontline staff feel they have time to devote to learning or capacity to reflect and develop their practice to the necessary degree."

5.3 A similar theme that many respondents highlighted was a lack of time, resources and capacity to properly put learning into practice and to implement trauma-informed approaches.

"Time for training but more importantly time to implement."

"We struggle to put the theory into practice."

"Capacity issues are longstanding in our service, this means that staff can be working with high caseloads and, while trauma-informed approaches are embedded within service provision, it would be beneficial to have more time to plan interventions and develop resources supports to enable our practice to develop further."

5.4 A third theme emerging from this section was a lack of prioritisation among a range of competing demands and a sense that senior leaders either did not fully understand the principles of trauma-informed practice or did not provide sufficient resource and support to support their implementation.

"Policy V Practice: Policy and will is there; resource to support this, not necessarily so."

[2] This was "for example buy-in from senior leaders, resources, time to undertake training etc."

"I do not feel that the majority of senior leaders have an understanding of trauma-informed practices, so it is not considered as a priority area."

"Clash of priorities. Trauma is quite a specific field and can get crowded out amongst lots of other concerns. Particularly in current Covid situation."

5.5 Additional themes coming out of responses to this question were a feeling that staff are not aware of trauma-informed practice or felt that it was not relevant to their area of work. This included those who felt it was not relevant to them because they did not work in front line service delivery, but was cited across most service areas. In addition, some respondents said that they were not aware of any available training. Others highlighted resistance from colleagues to engaging with training in this area, with some pointing to stigma and a resistance to change.

5.6 Suggestions for additional support tended to follow similar themes. Additional training was felt to be something that could help organisations and individuals to embed trauma-informed practice. In some cases, it was suggested that this should be mandatory for all staff.

"More included in mandatory sessions rather than opt in. The latter brings those with interest and previous knowledge back to the table but does not bring in those who have no idea or feel no need to improve knowledge and understanding around trauma-informed practice. Without it being widespread it will never become embedded fully into organisation and community practice."

5.7 Other suggestions included additional efforts to raise awareness and improved communication around the trauma-informed ambition and National Trauma Training Programme. It was also suggested that focus could be made on supporting organisations to put policy into practice. Others suggested that more resource would be needed within their organisation and some respondents pointed to the need for a broader societal shift to challenge stigma.

"Advice on how it relates to my specific work - can understand how an organisation can take the approach but have a lack of understanding on how to do it in my role."

"Culture is a big factor in trying to embed any change to practice, some organisations and people continue to resist change in any form."

6. The National Trauma Training Programme

Engagement with the National Trauma Training Programme

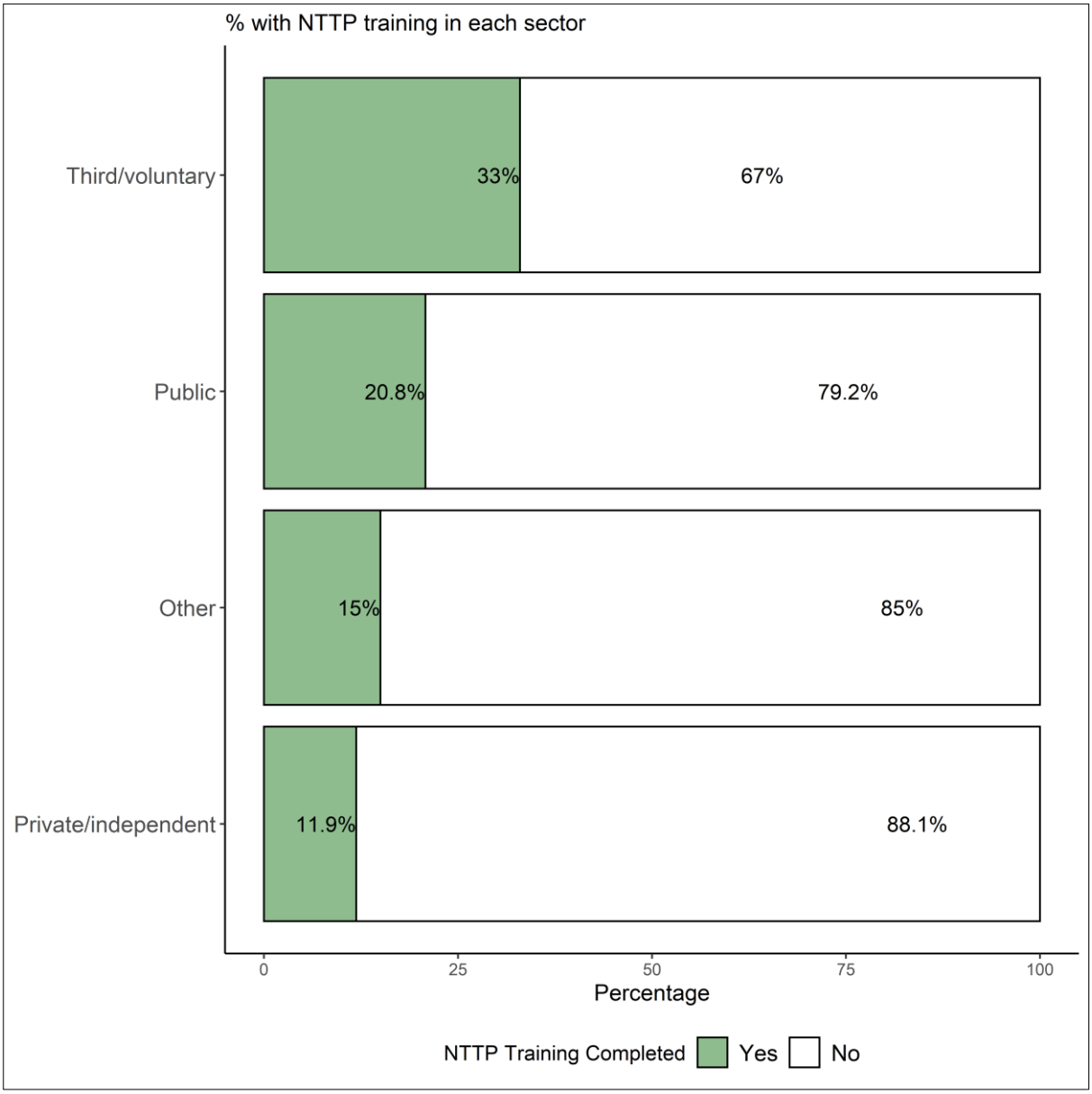
6.1 The following section focuses on the National Trauma Training Programme (NTTP), as well as training on trauma and trauma-informed approached provided by other providers.

6.2 Respondents were first asked whether they had been aware of the NTTP prior to completing the survey. Just under one third (31.6%) said that they had been aware of the NTTP previously.

6.3 The next question asked which, if any, of a list of NTTP-provided training or information services respondents had completed. A smaller percentage, 22%, had completed at least one NTTP training or information service than were aware of them, while 78% of respondents had not accessed any NTTP training.

6.4 For both questions, there were statistically significant differences between sectors. Employees working in the private sector were significantly less likely, and employees in the third sector significantly more likely, to be aware of the NTTP and to have engaged with NTTP-provided training and resources. The breakdown of participation in NTTP training by sector is displayed in Figure 14.

Figure 14 – Completed NTTP Training or Session by Sector



6.5 In addition, responses by service areas varied considerably. Those working in mental health and alcohol and drugs were statistically significantly more likely to have completed at least one NTTP-provided training or information session. In addition, these two service areas, as well as those working in criminal and community justice, were significantly more likely to say they had heard of the NTTP previously.

"It is very timely and I know some of my teams could do with the support and resources highlighted by this survey. Covid has exacerbated trauma across areas of the workforce not normally exposed to it."

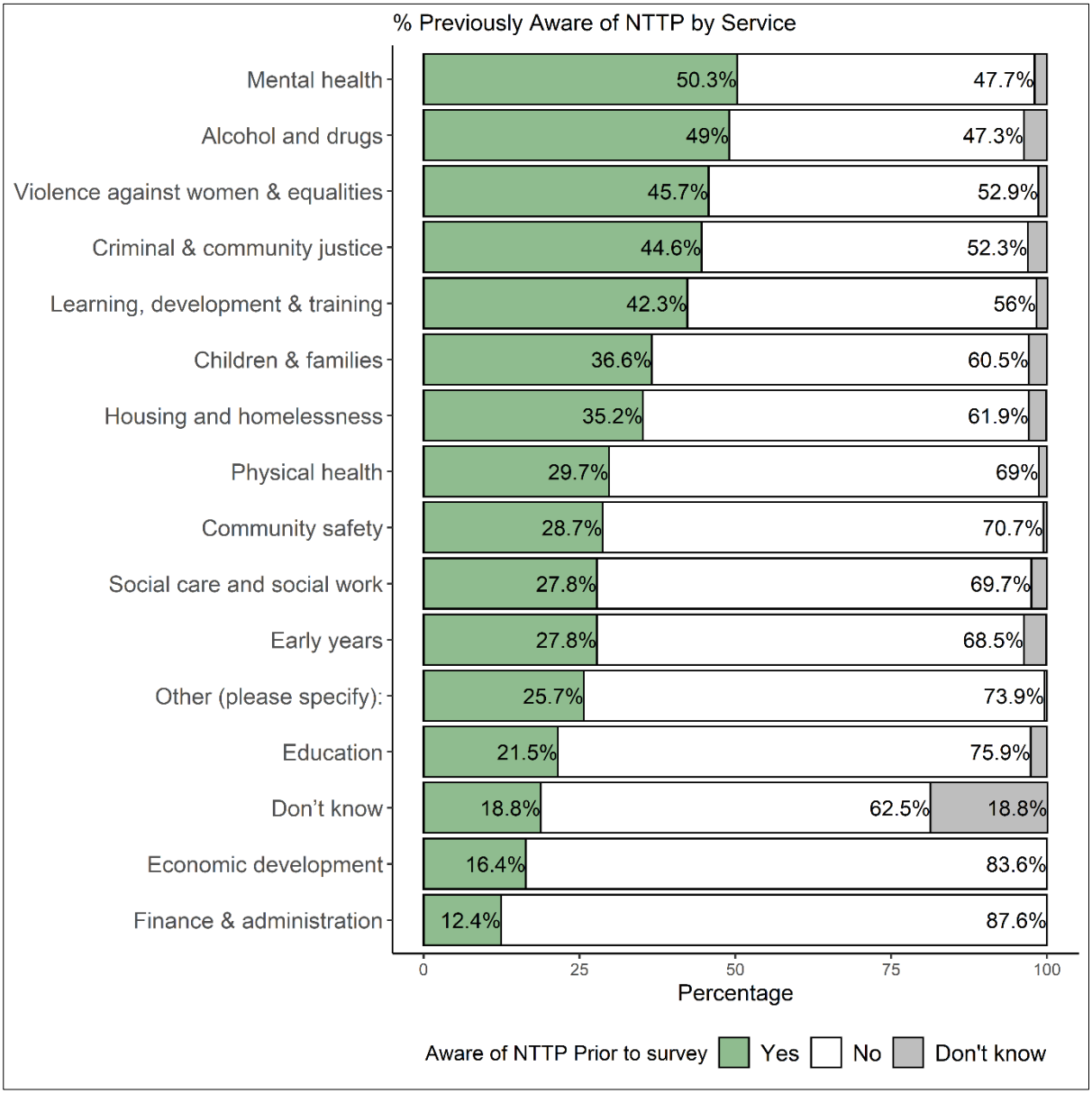
6.6 Employees working in education, finance and administration, education, social care and social work, and "other" service areas were significantly less likely to have completed NTTP training and significantly less likely to say they had

heard of the NTTP prior to completing the survey. The proportions of employees within each service area who said that they had previously been aware of the NTTP is displayed in Figure 15.

6.7 Job role did appear to explain some variation in relation to whether respondents were aware of the NTTP previously, with a higher proportion of senior managers (42%) saying that they had been aware previously and a lower proportion of those who said they were a ‘practitioner/frontline service delivery/officer with no management responsibilities’ (29%) having been aware. However, there was no significant different in terms of completion of NTTP training between job roles.

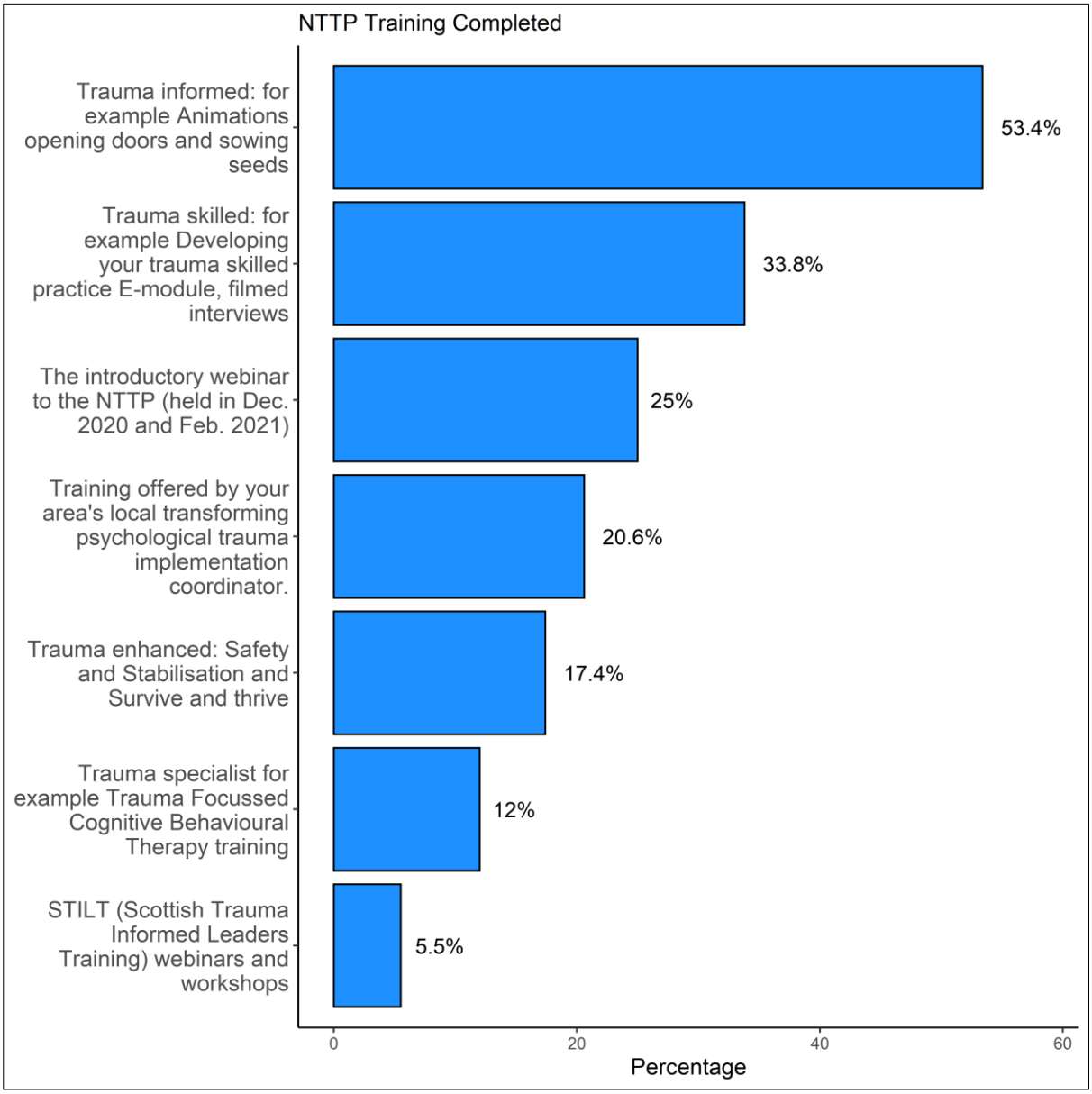
6.8 Among those who had accessed NTTP-provided training and information services, the most frequently completed was trauma-informed, with 53.4% of these respondents having completed it. The full breakdown of the NTTP training completed is shown in Figure 16.

Figure 15 – Prior Awareness of NTTP by Service



6.9 Excluding “don’t knows”, a slightly higher proportion, 31%, had accessed training on trauma-informed practice from another provider than had accessed training provided as part of the NTTP. Other training identified included a wide range of topics and providers. Some respondents said that they had been provided training through their local authority, for example Renfrewshire Council’s Nurturing Relationships Approach training and Fife Council’s "Keeping Trauma in Mind" training programme. Others mentioned online providers including Futurelearn and Epione Training. Several respondents had undertaken training related to Adverse Childhood Experiences and others mentioned academic qualifications.

Figure 16 – NTTP Training Session Completed



Survey Results by NTTP Engagement

6.10 Analysis of the responses to each of the four statements regarding self-assessed confidence of trauma and trauma-informed practice show that those who had completed at least one NTTP training session had significantly higher levels of confidence, suggesting that NTTP training may have a positive impact.

6.11 This was especially true for the two statements around understanding the principles of trauma-informed practice and confidence in applying these principles. Respondents who had undertaken at least one NTTP-provided training session were almost three times as likely to report that they were very or extremely confident in their understanding of the principles of trauma-informed practice (21.8% compared to 61.8%). In addition, respondents who

had not undertaken training were far more likely to say they were not confident in this area at 40.4% of respondents compared to just 5.8%.

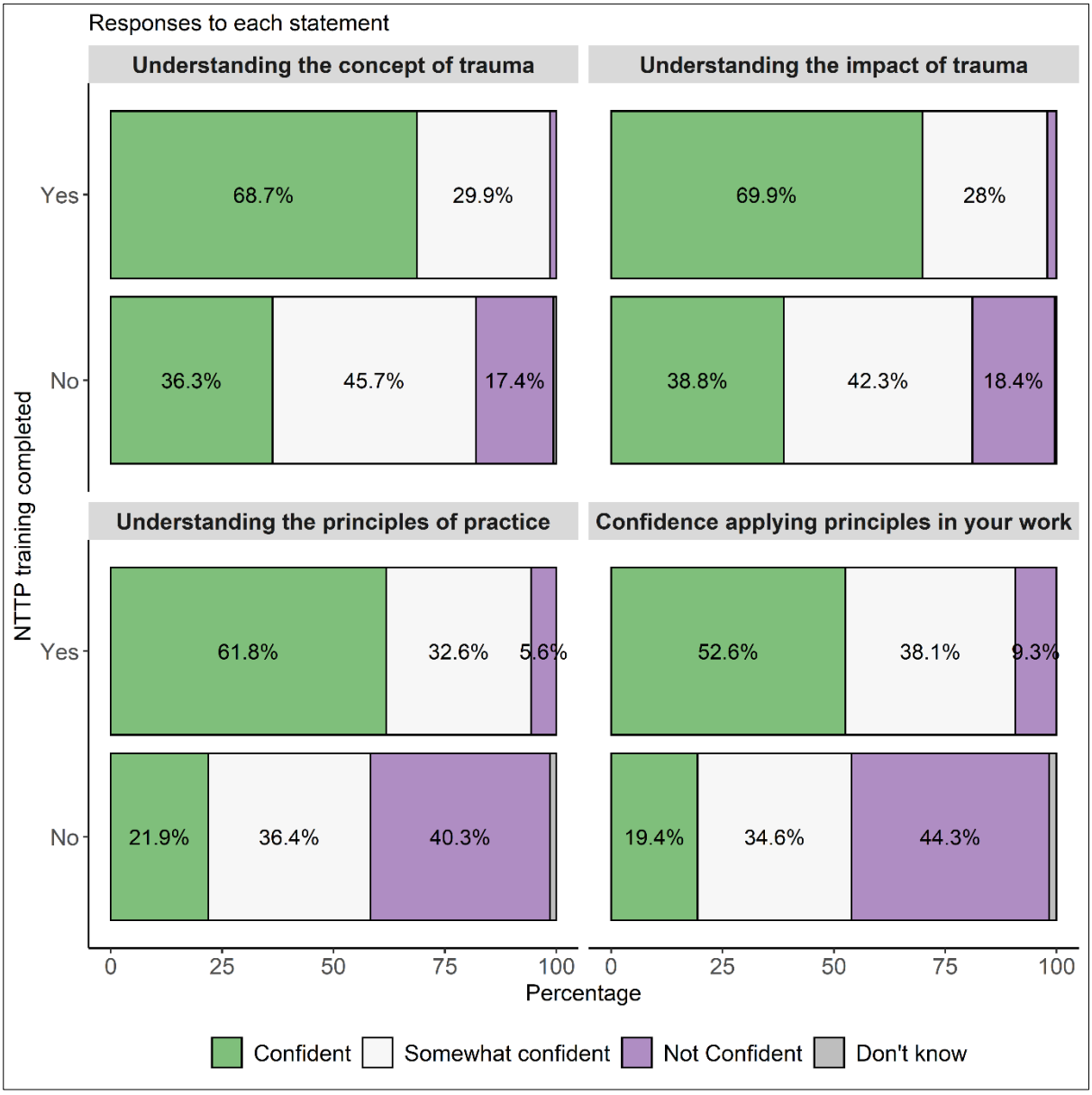
"It is important that training continues - I think more staff should do the training and I will continue to promote it."

6.12 Similarly, 52.5% of respondents who had undertaken a training session said they were confident in applying trauma-informed principles compared to just 19.2% of those who had not.

6.13 A far larger proportion of those who had undertaken NTTP training also said they were extremely or very confident in their understanding of the concept of psychological trauma and the impact of psychological trauma. A full breakdown of responses to the statements about self-assessed confidence by participation in NTTP training are displayed in Figure 17.

6.14 There were also significantly higher levels of agreement with each of the statements around trauma-informed organisations among those who had completed at least one NTTP-provided training or information session. As shown in Figure 18, respondents who had undertaken an NTTP session were especially more likely to agree with the statement "staff are encouraged to undertake training" by a margin of almost 37 percentage points (81.9% compared to 45%). There were also large differences between the percentages for agreement with the statements "leaders champion trauma-informed practice and policy", with a gap of 23.4 percentage points, and "appropriate levels of support are in place for staff when implementing trauma-informed practice", with a gap of 22.7 percentage points.

Figure 17 – Self-Assessed Confidence by Completed NTTP Training



6.15 Another point of difference between these two groups was that those who had not completed NTTP-provided training were statistically significantly more likely to respond “don’t know” across all six statements. “Don’t know” responses are an important measure of familiarity and understanding of trauma-informed practice and therefore suggest that NTTP engagement is correlated with greater levels of knowledge around these topics.

Figure 18 – Trauma-Informed Organisations by NTTP Training Completed

7. Summary

7.1 The results of this survey suggest that while there are relatively high levels of understanding around the concept and impact of psychological trauma within the workforce, there are lower levels of confidence in trauma-informed practice. This varies across the workforce, with those in the third sector and working in service areas where there is more direct engagement with those who have experienced trauma far more likely to understand the concepts and principles of trauma-informed practice.

7.2 This was also the case for awareness of the National Trauma Training Programme (NTTP). While around a third of respondents had prior awareness of the NTTP or completed a training or information session, this was lower among certain service areas. Where there was a relatively high uptake of these resources, such as in mental health services and alcohol and drugs, there may also be lessons to learn about why uptake is higher in these areas.

7.3 The evidence may also suggest that additional communications and promotion to target areas of low uptake of NTTP resources will help to improve confidence and understanding of trauma-informed approaches across the workforce. The results also suggest that training has to be relatively short to fit within demanding work schedules and should help participants to put lessons into practice within their workplace.

7.4 Finally, this survey will serve as a useful benchmark to compare levels of awareness and understanding in future, and to assess the effectiveness of promotion materials around the NTTP.

8. Annex A – Survey Questions

Section 1. About You

1. Within which local authority area is your usual place of work? If you work across several areas, please select all that apply. *

1. Scotland-wide	21. Moray
2. Aberdeen City	22. North Ayrshire
3. Aberdeenshire	23. North Lanarkshire
4. Angus	24. Orkney Islands
5. Argyll & Bute	25. Perth & Kinross
6. Clackmannanshire	26. Renfrewshire
7. Dumfries & Galloway	27. Scottish Borders
8. Dundee City	28. Shetland Islands
9. East Ayrshire	29. Stirling
10. East Dunbartonshire	30. South Ayrshire
11. East Lothian	31. South Lanarkshire
12. East Renfrewshire	32. West Dunbartonshire
13. Edinburgh, City of	33. West Lothian
14. Eilean Siar	34. Don't know
15. Falkirk	
16. Fife	
17. Glasgow City	
18. Highland	
19. Inverclyde	
20. Midlothian	

2. Which of these sectors do you currently work in? *

1. Public
2. Third/voluntary
3. Private/independent
4. Don’t know
5. Other (please specify):

3. What best describes the service area(s) in which you work? Please use more than one description if that is required. *

1. Alcohol and drugs
2. Children & families
3. Community safety
4. Criminal & community justice
5. Early years
6. Education
7. Economic development
8. Finance & administration
9. Higher education
10. Housing and homelessness

11. Learning, development & training
12. Mental health
13. Physical health
14. Social care and social work
15. Violence against women & equalities
16. Don’t know
17. Other (please specify):

4. What is your job role?

1. Elected official
2. Senior management
3. Middle management
4. Frontline manager/supervisor/team leader
5. Practitioner/frontline service delivery/officer with no management responsibilities
6. Volunteer with no management responsibilities
7. Other (please specify):

Section 2. Your experience

Being ‘Trauma-informed’ means being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does no harm and recognises and supports people's resilience.

Everyone has a role to play in responding to trauma but having a trauma-informed workforce does not mean everyone needs to be a trauma expert. Sometimes expertise is required, but everyone can build trusted relationships which help people to overcome adverse and traumatic experiences.

5. How would you assess your own (Options: Extremely confident, Very confident, Somewhat confident, Not so confident, Not at all confident, Don't know)

1. Understanding of the concept of psychological trauma
2. Understanding of the impact of psychological trauma
3. Understanding of the principles of trauma-informed practice
4. Confidence in applying the principles of trauma-informed practice in your work

Trauma-Informed Practice Within Your Organisation or Service

An organisation or service is trauma-informed if its culture reflects each of the values of safety, choice, trust, collaboration and empowerment in each contact, physical setting, relationship and activity.

6. Thinking specifically about the above definition of a trauma-informed organisation or service, to what extent would you agree that each of the following statements form part of your organisation or service's culture? (Options: Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, or Don’t know)

1. Staff wellbeing is prioritised.
2. People with lived experience of trauma are routinely engaged and consulted with in the development and delivery of policy and practice.
3. Leaders champion trauma-informed practice and policy.
4. Staff are encouraged to undertake training to develop their skills, knowledge and confidence of trauma-informed practice.
5. Appropriate levels of support are in place for staff when implementing trauma-informed practice eg supervision, reflective practice, coaching.
6. Data and feedback are regularly collected and used to evaluate and make changes to policy and practice to ensure they are trauma-informed.

7. Are there any barriers to you or your organisation or service adopting trauma-informed practices? For example buy-in from senior leaders, resources, time to undertake training etc.

8. Thinking about any barriers, is there any support you and/or your organisation need to help embed or improve trauma-informed practice?

Section 3. Training

The National Trauma Training Programme, coordinated by NHS Education for Scotland, has produced a wide range of free resources, including a leadership development component, to support all sectors of the workforce to upskill staff to the appropriate level of trauma-informed practice and to embed and sustain this model of working. More information on the programme and resources is available here.

9. Prior to completing this survey were you aware of the National Trauma Training Programme? *

1. Yes
2. No
3. Don't know

10. Have you ever completed any of the following training/info sessions offered by the National Trauma Training Programme? Please select all that apply.

1. Trauma-informed: for example Animations opening doors and sowing seeds
2. Trauma skilled: for example Developing your trauma skilled practice E-module, filmed interviews
3. Trauma enhanced: Safety and Stabilisation and Survive and thrive
4. Trauma specialist for example Trauma Focussed Cognitive Behavioural Therapy training
5. STILT (Scottish Trauma-informed Leaders Training) webinars and workshops
6. Training offered by your area's local transforming psychological trauma implementation coordinator.
7. The introductory webinar to the NTTP (held in Dec. 2020 and Feb. 2021)
8. Trauma skilled e-module

9. None of these
10. Other (please specify):

11. Have you ever accessed training around developing trauma-informed practice by another provider or organisation?

1. Yes
2. No
3. Don't know

If you answered "yes" and would like to provide details, please do this here

Section 4. Further Information

12. If you would like to anonymously share any examples of good practice and/or policies to support professionals to work in a trauma-informed way within your own organisation or service, please do so here.

13. If there is anything else you would like to add about any of the topics raised in this survey, please use this space to do so. Please note that we are unable to respond to individual comments.

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