

North Lanarkshire Council Report

Adult Care and Social Work Committee

Does this report require to be approved? Yes No

Ref DF / MF Date 19/05/26

Progress report on Trauma Informed Practice

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Executive Summary

This report offers the background, context and progress of Trauma Informed Practice across the Health and Social Care Partnership since 2023. It demonstrates the partnership commitment to embedding trauma informed practice and gives a summary of this. It notes the five key principles of Choice, Collaboration, Trust, Safety and Empowerment. It highlights the Trauma Informed Practice skills framework, the National Trauma Transformation Programme, the key drivers and the multi-faceted partnership practice, policy and processes that are informed by trauma informed practice with the need for the workforce to be supported to be trauma informed in everyday practice.

Recommendations

It is recommended that the Adult Care and Social Work Committee:

- (1) Acknowledge the progress made in the implementation of Trauma Informed Practice across the Health and Social Care Partnership.

The Plan for North Lanarkshire

Priority	All priorities
Ambition statement	(23) Build a workforce for the future capable of delivering on our priorities and shared ambition
Programme of Work	Resilient People

1. Background

- 1.1 The evidence of the profound and lasting effects of adversity and trauma within

childhood and adulthood continue to emerge. Consequently, the importance of embedding a trauma informed culture across the service sectors and local communities in Scotland is essential. (Appendix A).

- 1.2 The 'Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce' (NES, 2017) along with the 'Scottish Psychological Trauma Training Plan' (NES, 2019) specify four practice levels: trauma informed, trauma skilled, trauma enhanced and trauma specialist (Appendix B). The levels are determined by role and function, with the aspiration that all workers within health and social care services are trauma informed.
- 1.3 Trauma informed practice is the ability of practitioners and organisations to recognise trauma and to adjust how we respond in a way that supports recovery and resilience. It is rooted in 5 key principles: Choice, Collaboration, Trust, Safety and Empowerment.

2. Report

- 2.1 The ambition to embed trauma informed and trauma responsive practice across workforces and services in Scotland is supported by the National Trauma Transformation Programme (formerly the National Trauma Training Programme), funded by the Scottish Government and delivered in partnership with COSLA, NES, the Improvement Service and the Resilience Learning Partnership.
- 2.2 The National Trauma Transformation Programme (NTTP) provides a range of learning resources, guidance and frameworks to support practitioners and organisations. The 'Roadmap for Creating Trauma-Informed and Responsive Change' (NTTP, 2023) replaces the previous 'Trauma Informed Practice Toolkit' (NTTP, 2021) and has been designed to help services and organisations identify and reflect on progress, strengths and opportunities for embedding a trauma-informed and responsive approach across policy and practice.
- 2.3 The Roadmap identifies the following key drivers required to embed trauma informed practice within an organisation:
 - Organisational culture
 - Leadership
 - Staff wellbeing
 - Feedback loops
 - Sharing of Power with those with lived experience
 - Staff knowledge, confidence, skills and capacity
 - Policies and Processes
 - Budget
 - Service design and delivery
- 2.4 In 2023, the Integrated Joint Board endorsed proposals to support, promote and embed trauma informed practice across the Health and Social Care Partnership, including committing to the Leadership Pledge of Support. In 2026, over 70 organisations have now signed the Leadership Pledge.

- 2.5 This report will provide an update on the progress achieved to date, using the key drivers from the Roadmap as a framework.

Policies and Processes

- 2.6 The Health and Social Care Partnership (the Partnership) has demonstrated its sustained commitment to embedding trauma informed practice across strategic planning, policies and operational processes¹. It is evident that the principles of trauma informed practice are woven through each of the fundamental areas of work across the partnership.
- 2.7 The Partnership has integrated these into actions evidenced through its work on a whole-systems approach; improving mental health and wellbeing; workforce development and wellbeing; prevention and early intervention; tackling inequalities and applying a trauma-informed lens to service redesign.

Leadership and Culture

- 2.8 The leadership has demonstrated a clear commitment to trauma-informed practice through visible and proactive discussions on key priorities, including enhanced community engagement, delivery of person-centred care in alignment with Getting it Right for Everyone (GIRFE) principles and the promotion of staff wellbeing alongside training opportunities.
- 2.9 The National Trauma Transformation Programme highlights ways in which leadership and organisational culture can be trauma informed, including increasing awareness of language used, feedback loops, a clear vision and providing the workforce with opportunities to attend training and receive robust support and supervision/ 1:1. Reflective Supervision guidance was updated to ensure attention given to engage the workforce in meaningful discussion in a trauma informed way.
- 2.10 A recent focus on the importance of language has been facilitated at strategic and organisational management levels (e.g. Strategic Planning Group 26th November 2025; Adult Social Work Governance Meeting). The discussions undertaken to date have highlighted the need for a consistent and shared understanding of language. Following this, a glossary was created and circulated, evidencing feedback loops in a system striving to embed trauma-informed practice at its core.

¹ Examples include: The Strategic Commissioning Plan 2023-2026, The Plan for North Lanarkshire-Programme of Work 2023-2028, North Lanarkshire Children's Service Plan 2023–2026, Engagement and Participation Strategy 2024-2027, Violence Against Women Strategy and Action Plan 2022- 2025, Review of Equality Strategy, Review of Lanarkshire Mental Health & Wellbeing Strategy, Adult Support and Protection Procedures 2024

- 2.11 A current example of the commitment from leadership to promote and ensure the workforce has the necessary skills, confidence and understanding is the recent development of mandatory Getting it Right for Everyone, Assessment and Planning training with a focus on early intervention, assessment and ensuring the right supports are provided at the right time in the right place. This is currently being delivered to Social Work staff with plans for delivery in a more integrated approach including Health colleagues later this year.
- 2.12 The North Lanarkshire Trauma Steering Group continues to support the coordination and development of the trauma implementation plan. The Steering Group membership has evolved over the last 12-18 months to optimise inclusion, a wider partnership approach and to facilitate a streamlined approach to workstreams. The Trauma Steering Group meet every 8 weeks and in September 2025, identified key actions and priorities for the future, which will be collated into service action plans.

Workforce knowledge and skills

- 2.13 There is an established commitment across the Partnership to ensure that all staff have the confidence, knowledge and skills to recognise and respond to people affected by trauma. The progress below notes continued workforce engagement with trauma training, a trauma informed approach underpinning all training programmes and evidence provided by frontline teams of trauma informed practice being embedded in daily operations.
- 2.14 The trauma training programme implemented is aligned with the national framework – Level 1 (informed), Level 2 (skilled) and Level 3 (enhanced).
- 2.15 At Level 1 (informed), all staff have access to an online module (LearnNL for Council staff and Turas for Health staff).
- 2.16 As of 12th February 2026, 2271, NLC workers have completed the module on LearnNL. Although the data from the equivalent module on Turas has not been available for this report, the information from NHS teams has confirmed similarly high volume of engagement at Level 1 (informed). The intention is to collate this training data in future reports.
- 2.17 There are services within the Partnership, such as the Addiction Recovery Teams, that have additional workforce development plans in trauma informed practice to support the implementation of the MAT standards 6 and 10 (aligned to trauma informed and reflective practice).
- 2.18 In addition, there have been awareness raising sessions delivered to Elected Members and the Scottish Trauma Informed Leaders Training (STILT) has been provided to over 100 managers across the Partnership.
- 2.19 At Level 2 (skilled) the training is separated into 4 modules. The first provides an overview of trauma and its impact. The other modules are divided into a focus on children and young people, mental health and the use of substances as a coping mechanism. The data for each is shown on the table below:

Trauma Training	Number completed within AHSCP
Level 1 (Informed)	2271
Level 2 (Skilled):	Per module
Module 1	193
Module 2	56
Module 3	42
Module 4	35

- 2.20 At Level 3 (enhanced), the Safety and Stabilisation Training has been delivered to those who are explicitly supporting people affected by trauma. There is also a shared Level 3 online resource available to Health and Social Work staff.
- 2.21 In addition to this specific training, there is clear evidence that all training delivered across the Partnership is underpinned by the principles of trauma-informed practice. This includes sessions for Social Work students, within the induction programmes for all new Partnership staff, and core training on Dementia, Adult Support and Protection and Assessment and Planning. Another recent example is the 'bite-size' sessions delivered by the Adult Protection Committee on '*Executive Function and Ability to Protect*' and '*Adult Support and Protection and Mental Health*' that clearly highlight and address the complexity of trauma and how trauma informed practice is pertinent to support and protect adults at risk.
- 2.22 To sustain workforce confidence in trauma informed practice, it is recognised that it must be embedded in everyday activities. Evidence of this is visible across Partnership teams through its inclusion in assessments, case recordings (particularly in relation to Adult Support and Protection), team meetings, development days and peer support sessions. The Partnership Organisation Development lead has worked across localities with staff on health and wellbeing, psychological safety and on practice and culture at Strategic Commissioning Planning roadshows and events and Getting it Right for Everyone events. The feedback gathered from teams has also evidenced their use of other resources, particularly the National Trauma Transformation Programme and NHS Education (NES) websites.
- 2.23 There has been a request for further input on trauma informed practice from some teams within the Partnership and this will be progressed by the Trauma Steering Group.
- 2.24 The Trauma Steering Group has identified a key action in strengthening the workforce knowledge and skills to undertake a review of recruitment processes using a trauma lens.

Workforce wellbeing

- 2.25 A key aspect of a trauma informed organisation is ensuring the workforce feels valued and supported. The Partnership remains committed to staff wellbeing, recognising the effects of secondary (vicarious) trauma, compassion fatigue and the emotional demands that staff can face when working with people affected by trauma.
- 2.26 Regular and meaningful reflective supervision/1:1 with staff is widely recognised by all teams across the Partnership as integral in cultivating a psychologically safe working environment that fosters resilience across the workforce. Positive examples provided by teams identify this approach in action, where wellbeing is a standing agenda item on supervisions and enables a relationship-based focus with opportunity for reflection

rather than an exclusive emphasis on operational tasks.

- 2.27 It has also been reported that this can vary across the Partnership with key influencing factors of service demands, competing priorities, reduced staffing and specific to individual managers' approach. It is recognised that there could be benefit in a renewed focus on this for managers, and consideration of this will be progressed by the Trauma Steering Group.
- 2.28 There is a confidence reported by teams across the Partnership, particularly by managers, of the knowledge of available resources for supporting and promoting staff wellbeing. Positive feedback was also noted by those who had utilised these supports, often signposted by their managers or colleagues.
- 2.29 It is notable that team meetings and peer-led sessions are held in high regard as a source of emotional support by several teams across the Partnership. Furthermore, examples were provided by some teams of additional activities that increased staff wellbeing. These included regular wellbeing sessions, taking short breaks during the day for an activity and themed seasonal activities.
- 2.30 A clear, defined role and expectations around tasks was identified as instilling value for staff, with a reflection on how changes within the wider system can destabilise this. A protected lunch break and having a manager who is mindful of working outside core hours were also highlighted as positive.
- 2.31 The importance of having briefing and de-briefing opportunities when staff are working closely with those affected by trauma was identified by several teams across the Partnership where this is woven into usual practice. There were also examples provided of when additional support and bespoke sessions were arranged as a response to particularly challenging or distressing circumstances. Positively, these often involved a joint approach involving colleagues across different disciplines and in some cases, utilised support from NHSL Psychological Services. While acknowledging the good examples of trauma informed practice, more in-depth training on secondary (vicarious) trauma may be beneficial as many teams commented on the increase of complex, often trauma related work and its effects, which is echoed within the national data.
- 2.32 Within Child Protection and Adult Protection, trauma informed principles are explicitly embedded within the procedures, guidance and training and there is an awareness of the effect this work can have on staff wellbeing. Furthermore, the approach adopted for Learning Reviews by the Child Protection and Adult Protection Committees has focused on psychological safety and trauma with the changes introduced including available psychological support (provided by NHSL Psychological Services), ensuring discussions are held face to face and employs a systems approach to promote organisational learning.

Service delivery and design

- 2.33 A person's experience of a service should be trauma informed from their first contact and throughout any intervention. Key aspects of this are: supports offered that are relationship based and avoid people having to repeat their story; minimising barriers to accessing support and a trauma lens applied to the physical environments where service delivery occurs.
- 2.34 The evolution of how services are delivered and implemented through the enabling approach and underpinned by the Getting it Right for Everyone principles, aims to ensure people receive the right support at the right time, with a focus on early

intervention and relationship-based practice.

- 2.35 Since 2024, all localities have had a weekly multi-agency meeting to discuss requests for assistance, share information and expertise. Following a successful pilot in one locality in October 2025, these meetings are now held daily in every locality. These shared-responsibility forums optimise local knowledge to respond quickly to requests for assistance, with outputs including signposting, agreement for assessment or service provision. This model supports efficient, person-centred integrated working with trauma-informed principles at its core.
- 2.36 Key benefits include:
- Identification of the most appropriate worker / team - 'the sticky person/team' approach to lead assessment or intervention, reducing duplication and building on existing information.
 - Provide a way for teams to share information, expertise and offer advice.
 - Near-immediate responses, minimising anxiety for those awaiting the outcome.
 - Increased efficiency with achievable meetings (10-30 minutes on average) and swift solutions.
 - Increase in job satisfaction with quick responses from decision-makers, shared expertise across the Partnership and improved outcomes for the people they work with.
- 2.37 The plan for an evaluation framework around this innovative way of working is developing, with above noted benefits for the service, workforce and those who require support. The work provides further evidence of trauma informed practice in action.
- 2.38 There has also been positive progress made in terms of commissioned supports. Last year, there were 3 tenders (Adult Advocacy, Support for unpaid Carers, and Peer Support, Mental Health) developed in line with trauma informed principles, with trauma informed awareness raising sessions provided to these organisations. There are plans being developed for trauma informed awareness raising sessions for other commissioned services.
- 2.39 There is ongoing work to ensure community, public spaces and service delivery areas are trauma informed across the Partnership. This is supported by the development and implementation of the Trauma Informed Design Toolkit (NLC, 2025), walkthroughs from managers and consultation with the local community and those with lived experience. A recent example of this is the development of the Coatbridge Community Hub at Buchanan Street.
- 2.40 The Trauma Steering Group has recently completed an audit of locality Social Work buildings where a trauma-lens was applied, and this is being considered across Health buildings. The data gathered demonstrated an inconsistency in service delivery areas being trauma informed across the localities, particularly in reference to colour schemes (e.g. supporting people with dementia), furniture and leaflets or information boards not aligning to trauma principles. The Steering Group plans to fully analyse the data, undertake audits of other buildings and encourage walkthroughs with a trauma lens to inform the final recommendations.

Collaborative / lived experience

- 2.41 The Partnership remains committed to ensuring the voice of those with lived experience of trauma is integral and continues to work with representative organisations across the community through engagement and participation events, everyday service delivery

and in developing specific workstreams.

- 2.42 Following the launch of the Engagement and Participation Strategy in September 2024, a Participation Day was held in September 2025. This brought together supported people, carers, community representatives, community organisations, North Lanarkshire residents and Partnership staff to highlight the importance of involvement and raise the profile of organisations, activities and good practice. The collated views and analysis from the 'What matters to you?' initiative were presented at this day, and at the Strategic Planning Group in November 2025, with considerations to how these can influence the Strategic Commissioning Plan and the review of the Locality Outcome Improvement Plans. It was welcomed that the key messages correspond positively with the work being undertaken across the Partnership.
- 2.43 The work undertaken as part of the improvements in trauma informed service design has included consultations and walkthroughs with people with lived experience of trauma. As noted above, this work is ongoing with an integral aspect of increased involvement with people who use services.
- 2.44 In everyday practice, teams within the Partnership have reported positively on improvements in collaborative trauma informed working. These have included increased awareness of power imbalances, the use of language both verbally and in recording practices and the importance of choice - for example on location, timing and format of meetings. The consideration of advocacy services has also been noted as positive.

Feedback loops

- 2.45 Feedback loops with the workforce, partner agencies and those who use services promotes areas of good practice, provides ongoing evaluation and identify areas for improvement.
- 2.46 There is evidence of established formal feedback loops within the Partnership in annual reports, quarterly performance frameworks, iMatter reports and staff roadshows. Evaluations and surveys undertaken for specific workstreams and training continue to be utilised as improvement tools.
- 2.47 As noted in the previous section, there have been notable positive examples of increased engagement and participation by the Partnership with those with lived experience, with the explicit aim of influencing the way services are delivered.
- 2.48 Within the Partnership, there is evidence of feedback forums for staff inclusive of team meetings, supervisions/1:1 and teams having their own MS Teams channel. Additionally, some teams noted that they will arrange bespoke sessions to hear feedback when required, with recent examples provided following the implementation of the enabling approach and progression to daily meetings. It has been noted as positive that many of the forums with frontline staff have been jointly facilitated by the local managers in Health and Social Work. Another example provided by the Social Work teams was following the introduction in June 2025 of the new information recording system (Mosaic) which led to several bespoke feedback and learning sessions being held.
- 2.49 Within service provision spaces, there is evidence of active encouragement of staff views and feedback is encouraged using Care Opinion. The use of Care Opinion could

be promoted more widely, particularly by Social Work teams. A process has also now been implemented which reviews complaints, providing feedback to the locality Social Work management teams to support continuous improvement.

- 2.50 As noted within the 'National Learning Report 2025: Embedding trauma-informed and responsive organisations, systems and workforces' (NTTP, 2025) the absence of an agreed evaluation tool or framework to measure trauma informed practice is a shared challenge nationally. The Trauma Steering Group has recommended that further work may be beneficial to review staff surveys and exit interviews, and in consultation with experts by experience, to consider the development of an evaluation framework.
- 2.51 It is also recommended that the use of tools within the 'Roadmap' such as the self-assessment checklist and trauma-lens walkthrough are utilised more widely to further enhance the feedback frameworks.

3 Conclusions

- 3.1 The report demonstrates the positive progress made in embedding trauma informed practice across the Partnership, using the key drivers identified in the Roadmap.
- 3.2 The Trauma Steering Group continues to have a key role to ensure trauma informed practice is embedded across the Partnership, with identified key future actions and a commitment to fully represent the work across all services within the Partnership.
- 3.3 A more coordinated Partnership approach will be developed to inform a HSCP action plan.

4. Supporting documentation

- 4.1 Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce (NES, 2017)
- 4.2 Scottish Psychological Trauma Training Plan (NES, 2019)
(Both available on: www.traumatransformation.scot/knowledge-skills/)
- 4.3 A Roadmap for Creating Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland
(Available on: www.traumatransformation.scot/implementation/)
- 4.4 Useful resources, including on trauma informed practice across different service areas, policy documents, trauma lens and walkthrough tools:
(Available on: www.traumatransformation.scot/implementation/tools-and-resources/)
- 4.5 Guidance for Child Protection Committees Undertaking Learning Reviews (Scottish Government, 2021)
- 4.6 Guidance for Adult Protection Committees Undertaking Learning Reviews (Scottish Government, 2022)
- 4.7 Trauma Design Toolkit: Embedding trauma design principles across the built

environments (NLC, 2025)

4.8 Appendix 1 Trauma informed system

4.9 Appendix 2: Trauma Training Plan



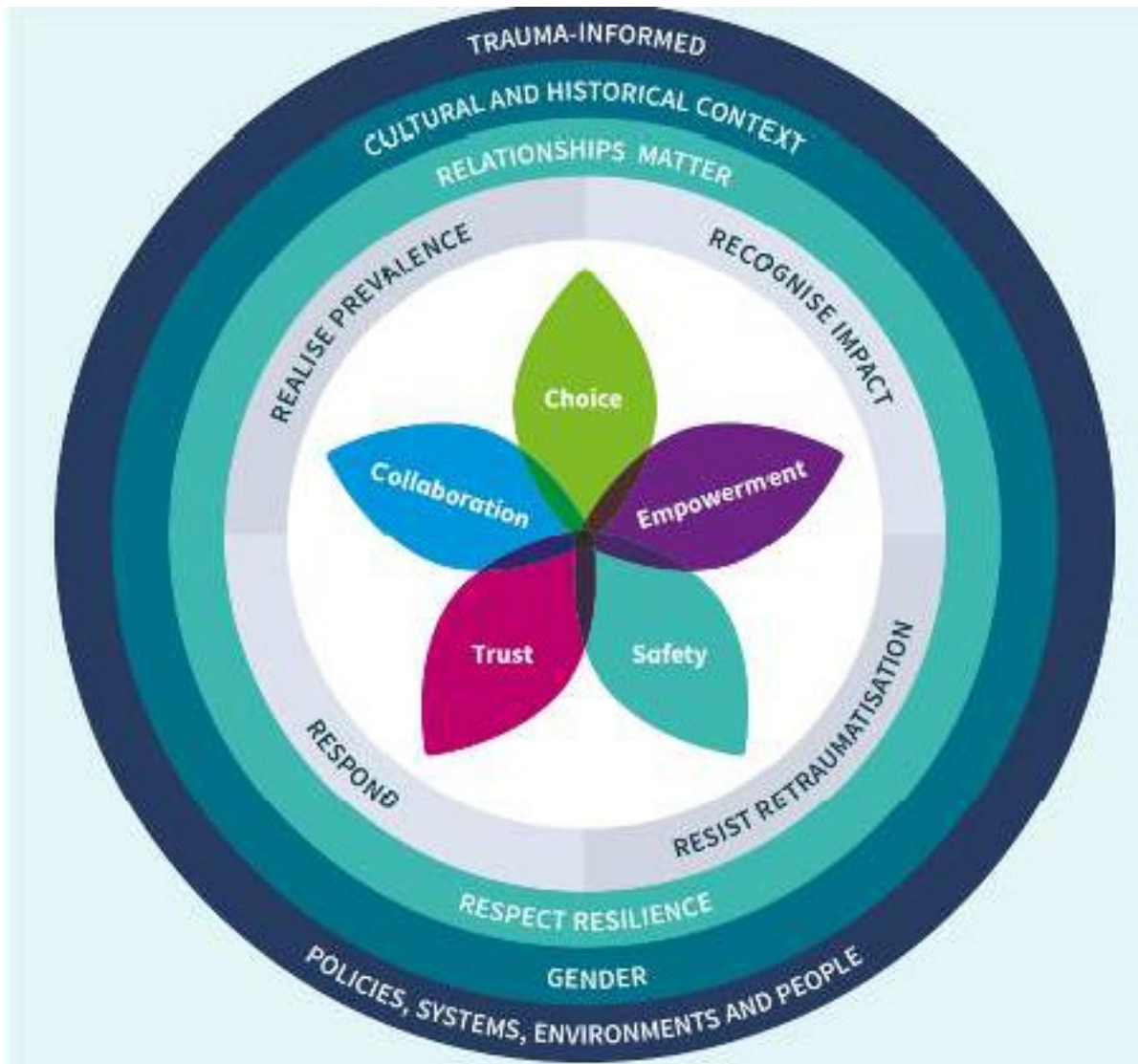
Diane Fraser
Chief Officer (Adult Social Work Services)

5. Impacts

<p>5.1 Public Sector Equality Duty and Fairer Scotland Duty Does the report contain information that has an impact as a result of the Public Sector Equality Duty and/or Fairer Scotland Duty? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact?</p> <p>If Yes, has an assessment been carried out and published on the council's website? https://www.northlanarkshire.gov.uk/your-community/equalities/equality-and-fairer-scotland-duty-impact-assessments Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>5.2 Financial impact Does the report contain any financial impacts? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, have all relevant financial impacts been discussed and agreed with Finance? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact?</p>
<p>5.3 HR policy impact Does the report contain any HR policy or procedure impacts? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, have all relevant HR impacts been discussed and agreed with People Resources? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact?</p>
<p>5.4 Legal impact Does the report contain any legal impacts (such as general legal matters, statutory considerations (including employment law considerations), or new legislation)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, have all relevant legal impacts been discussed and agreed with Legal and Democratic? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the impact?</p>
<p>5.5 Data protection impact Does the report / project / practice contain or involve the processing of personal data? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, is the processing of this personal data likely to result in a high risk to the data subject? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, has a Data Protection Impact Assessment (DPIA) been carried out and e-mailed to dataprotection@northlan.gov.uk Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>5.6 Technology / Digital impact Does the report contain information that has an impact on either technology, digital transformation, service redesign / business change processes, data management, or connectivity / broadband / Wi-Fi? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact?</p>

<p>Where the impact identifies a requirement for significant technology change, has an assessment been carried out (or is scheduled to be carried out) by the Enterprise Architecture Governance Group (EAGG)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>5.7 Environmental / Carbon impact Does the report / project / practice contain information that has an impact on any environmental or carbon matters? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact?</p>
<p>5.8 Communications impact Does the report contain any information that has an impact on the council's communications activities? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact?</p>
<p>5.9 Risk impact Is there a risk impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the key risks and potential impacts, highlighting where the risk(s) are assessed and recorded (e.g. Corporate or Service or Project Risk Registers), and how they are managed?</p>
<p>5.10 Armed Forces Covenant Duty Does the report require to take due regard of the Armed Forces Covenant Duty (i.e. does it relate to healthcare, housing, or education services for in-Service or ex-Service personnel, or their families, or widow(er)s)? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide a brief summary of the provision which has been made to ensure there has been appropriate consideration of the particular needs of the Armed Forces community to make sure that they do not face disadvantage compared to other citizens in the provision of public services.</p>
<p>5.11 Children's rights and wellbeing impact Does the report contain any information regarding any council activity, service delivery, policy, or plan that has an impact on children and young people up to the age of 18, or on a specific group of these? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes, please provide a brief summary of the impact and the provision that has been made to ensure there has been appropriate consideration of the relevant Articles from the United Nations Convention on the Rights of the Child (UNCRC). If Yes, has a Children's Rights and Wellbeing Impact Assessment (CRWIA) been carried out? Yes <input type="checkbox"/> No <input type="checkbox"/></p>

APPENDIX 1



APPENDIX 2

 TRAUMA INFORMED PRACTICE	 TRAUMA SKILLED PRACTICE	 TRAUMA ENHANCED PRACTICE	 TRAUMA SPECIALIST PRACTICE
<p>All workers.</p> <hr/> <p>Examples could include shop workers, taxi drivers, reception workers and office workers.</p>	<p>Workers who are likely to be coming into contact with people who may have been affected by trauma.</p> <hr/> <p>Examples could include some lawyers, GPs, teachers, support for learning staff, police officers, nursery staff, sports club coaches, receptionists, dentists, judges, NMC workers, lecturers, housing workers, care workers, service managers, youth development workers, health visitors and counsellors.</p>	<p>Workers who have a specific remit to respond to people known to be affected by trauma</p> <p>—AND—</p> <p>are required to provide advocacy support or interventions</p> <p>—OR—</p> <p>are required to adapt the way they work to take into account trauma reactions to do their job well and reduce risk of re-traumatisation</p> <p>—OR—</p> <p>are required to manage these services</p> <hr/> <p>Examples could include some lawyers, mental health nurses and workers, specialist domestic abuse support and advocacy workers, educational support teachers, some specialist police officers, some psychiatrists, forensic medical examiners, social workers, prison staff, secure unit workers, drug and alcohol workers and specialist counsellors.</p>	<p>Workers who have a specific remit to provide specialist interventions or therapies for people known to be affected by trauma with complex needs.</p> <hr/> <p>Examples could include social workers with specialist roles / training, major incident workers, some psychiatrists, managers of highly specialist services, psychologists and other therapists.</p>