

# **Mapping of Professional Qualification Routes and Continuous Professional Learning Opportunities relating to Psychological Trauma, in the Children and Families Workforce**

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**National Trauma  
Transformation  
Programme**

Responding to Psychological  
Trauma in Scotland

# **Mapping of Professional Qualification Routes and Continuous Professional Learning Opportunities relating to Psychological Trauma, in the Children And Families Workforce**

Supported By The National Trauma Transformation  
Programme

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## 1 Executive Summary

- 1.1 This research was commissioned in 2022 by the Scottish Government, as part of the [National Trauma Transformation Programme](#), to an independent research contractor called 'Andthen'.
- 1.2 The aim of this study was to map the learner journeys of five areas of work from the Children and Families workforce. Within these learner journeys, the study explored the extent to which learning around psychological trauma was already included or where there is potential for the National Trauma Transformation Programme (NTTP) 'Level 1: Trauma Informed' and 'Level 2: Trauma Skilled' practice level resources to be further incorporated. The five areas of work covered by this study are School Nursing, Health Visiting, Children and Families Social Work, Residential Childcare and Secure Care. Their learning journeys have been summarised, and relevant education materials and standards have been analysed to determine if and where trauma or trauma informed practice is included.
- 1.3 There are some limits to this study, notably, many participants were self-selecting and therefore may have had prior awareness or interest in psychological trauma or trauma informed practice. It is also worth noting that the learning materials analysed throughout this report are a mixture of publicly available materials (such as module descriptions and learning objectives) and materials shared by relevant individuals from institutions. In cases where publicly available materials were analysed, it is important to note the limitations of such analysis — publicly available materials such as module descriptors and learning objectives are often high-level and may not cover the full detail of what is included in learning materials themselves. While psychological trauma and trauma-informed practice may not be mentioned in publicly available materials, these topics still may be included within learning materials.

### School Nurses and Health Visitors

- 1.4 Across the five areas of work covered in this study, Health Visitors and School Nurses have the most straightforward education pathway — with limited options for learner journeys into these respective areas of work. Health Visitors and School Nurses must complete Undergraduate level Nursing or Midwifery education (referred to as pre-registration education), before registering with the Nursing and Midwifery Council (NMC), and then specialising through a Specialist Community

Health Public Nursing (SCPHN) programme in Health Visiting or School Nursing (referred to a post-registration education).

- 1.5 The NMC set specifications for both pre and post-registration education, which must be adhered to by all educational programmes. In both cases, there is limited requirement for learning about the impact of psychological trauma and trauma informed practice — both pre and post-registration standards include requirements which only partially cover topics outlined in Level 1: Trauma Informed. The standards analysed in this report are from 2022 and all institutions must align to these standards by 2024.
- 1.6 Most Nursing Undergraduate Degrees include components of learning about the impact of psychological trauma and trauma informed practice and are teaching up to the equivalent of Level 1: Trauma Informed. However, this is not the case across Midwifery Undergraduate Degrees, in which there is minimal focus on psychological trauma, instead focussing on physical trauma. Most SCPHN programmes have little visible inclusion of information about trauma or trauma informed approaches in their materials.
- 1.7 The NMC sets mandatory CPL requirements for School Nurses and Health Visitors, however the content of such CPL is flexible, and tends to be highly dependent on the needs of individuals, managers or team leaders.

### **Children and Families Social Workers**

- 1.8 There are a few different journeys into this area of work, although these are overseen by the Scottish Social Services Council (SSSC) and are still relatively formalised. The SSSC sets out standards for social work education, which sets the foundation for qualifications and training programmes required to become a Children and Families Social Worker and to register with the SSSC. All of these standards include some elements of the topics outlined in Level 1: Trauma Informed, but do not cover all topics, and typically do not use the terms ‘trauma’ or ‘trauma informed,’ instead using terms like ‘abuse’ and ‘vulnerable/vulnerability’ to refer to similar themes.
- 1.9 Individuals must complete a Post Graduate Diploma (PGDip), Undergraduate Bachelors degree (BA, BA (Hons)), or a full-time postgraduate Masters degree (MSc, MSW) in order to qualify for this role. Content for these programmes varies, and there are some examples of programmes where material goes beyond the requirements outlined in SSSC specifications, and covers the equivalent Level 1:

Trauma Informed, and Level 2: Trauma Skilled, although other courses provide no evidence that they cover Level 1. Stakeholder engagements highlighted that programme content in these instances is highly influenced by the interests and knowledge of programme designers or academic staff.

- 1.10 The SSSC also sets requirements for CPL — Newly Qualified Social Worker must complete 144 hours of CPL, within 12 or 18 months of joining register (depending on whether they are working full or part time), and then must complete 90 hours of CPL every 3 years. In most part, the content of this training is up to the individual, with 30 hours focusing on working effectively with colleagues and other professionals to identify, assess and manage risk to vulnerable groups. Typically, Children and Families Social Workers have access to Knowledge and Skills Framework Level 1 and Level 2 resources, however engaging with these resources is not mandatory, and depends on the personal interest of managers and practitioners.
- 1.11 In practice, Children and Families Social Workers have challenges when conducting training due to high case load numbers — time can be very difficult to protect for education and training, particularly if the training is more advanced, in-depth or requires additional funding. Stakeholders engaged argued that trauma informed practice needs to gain respect throughout local council Social Work departments in order for it to be prioritised.

## **Residential and Secure Care**

- 1.12 There is a diversity of qualification pathways which allow someone to work in, and progress through roles within Residential and Secure Care. Qualifications can be achieved in College or University, as well as on the job through In-Work Qualifications and Apprenticeships. The qualification programmes for these roles are highly standardised, as the content for them is dictated by the Scottish Qualifications Authority (SQA). The learning content for these qualifications, as outlined by the SQA includes limited information about trauma or trauma informed approaches, and none of them include material which satisfies Level 1: Trauma Informed.
- 1.13 Residential and Secure Care organisations have different approaches to CPL and what knowledge is required of their workforce. While all Residential and Secure Care providers engaged in this study saw the importance of a trauma informed workforce, they were all at different stages of delivering trauma informed training

and are taking different approaches to implementation.

- 1.14 The relevant stakeholders engaged noted several barriers towards embedding trauma informed practice in this area of work. Firstly, the complex qualification landscape makes it difficult to embed standard practice. Secondly, those working in this area learn about trauma to a great extent through experience, and therefore they often consider that they are already working in a trauma informed way and may not be aware of the opportunities available for further training. Finally, Residential Childcare and Secure Care frontline workers can qualify on the job therefore are always learning from placements and the other people working around them, again making it difficult to roll out standard practice.

### **Across all areas of work**

- 1.15 The following is an outline of observations gained from conversations and engagements with stakeholders which are relevant to all areas of work covered in this study. Some are accompanied by recommendations, which are suggestions from the contractor for follow on work which could build on the learning outcomes of this study.
- 1.16 'One-off' trauma informed training has limits — for a workforce to truly build trauma informed capability, it needs to have sustained engagement with the topic, through mechanisms like top-up training or discussion groups.
- 1.17 **Recommendation:** Support organisations in the implementation journey of trauma informed practice, raising awareness of resources that encourage ongoing learning and discussion around trauma informed approaches.
- 1.18 The content of required CPL for every area of work is not yet specified, therefore typically this is heavily influenced by employers, team leaders, managers as well as individuals.
- 1.19 **Recommendation:** Focus on managers, supervisors and team leaders with the Knowledge and Skills Framework to help communicate the critical value of trauma informed approaches.
- 1.20 All roles across these five areas of work have one common piece of training — Child Protection. This is delivered by a range of providers, however, typically has limited inclusion of issues relating to trauma informed practice.

- 1.21 **Recommendation:** Explore ways of embedding trauma informed principles across all levels of Child Protection in Scotland. For example, through adapting the Knowledge and Skills Framework for a Child Protection context.
- 1.22 It is important to have a trauma informed workplace and not just a workforce, to ensure not only that children and families are appropriately supported by individuals but by the structures of the support organisations they are dealing with, and that frontline workers who are experiencing second-hand or third-hand trauma are supported too.
- 1.23 Training needs to be delivered with considerations to the context of the work environment. For example, with residential and secure care, training needs to be delivered to whole teams at a time which incurs challenges around keeping a 24/7 service running.
- 1.24 There is some caution and hesitancy around the terms ‘trauma’ or ‘trauma informed’ — some had concerns that these terms were becoming ‘buzzwords’ or ‘knowledge trends,’ used too casually or without appropriate rigour or definition.
- 1.25 Many in the existing children and families workforce have already built up significant experience supporting those who have experienced trauma and developed their own informal ways of supporting or coping with trauma-experienced people. The Knowledge and Skills Framework resources are of least impact for this group, due to the challenges of changing ingrained practice.
- 1.26 Those that had experienced trauma informed training often described the training as theoretical, and difficult to translate into action. This led to individuals either dismissing training as too theoretical, developing anxiety (i.e., ‘I can now see the problem, but I don’t know what to do about it’), or building assumptions that they would always have to refer trauma-experienced individuals to specialist service. This was specifically expressed by people working closest with people who have experiences of trauma.
- 1.27 **Recommendation:** Recognise the significant role academic staff have in influencing the focus of their curriculum and provide support on how to use and teach the Knowledge and Skills Framework in an educational setting.
- 1.28 **Recommendation:** Continue to support group-based learning and continue to explore other ways to help learners tailor their learning to their context.



1.29 Regulatory bodies play a key role within the learner journeys explored in this report as every area of work must adhere to their standards. The standards that are set by the NMC and the SSSC help to shape these job roles, the way that these practitioners practice and what they learn to a certain extent. Currently the NMC and SSSC do not have robust requirements that entirely cover trauma informed practice in their standards despite some efforts to include elements of learning about trauma.

1.30 **Recommendation:** Dedicate resource to influencing and supporting regulatory bodies to embed the Knowledge and Skills Framework for Psychological Trauma in their standards. This should be the responsibility of a full-time staff member, who can focus on championing the nuances and benefits of trauma informed practice.

## 2 Introduction

- 2.1 This research was commissioned by the Scottish Government, as part of the [National Trauma Transformation Programme](#). The aim of this study was to map the learner journeys, including professional qualification routes and Continuous Professional Learning opportunities (CPL), of a sub-section of the Children and Families workforce. Within these learner journeys, the study explored the extent to which learning around psychological trauma was already included within learning journeys, or where there is potential for the National Trauma Transformation Programme (NTTP) 'Level 1: Trauma Informed' and 'Level 2: Trauma Skilled' practice level resources to be further incorporated.
- 2.2 The Scottish Government's ambition, shared with COSLA and many other partners, is for a trauma-informed workforce and services across Scotland, which can help support children, young people and adults affected by psychological trauma by reducing barriers to accessing services and preventing any further harm or distress. Trauma-informed services are built on safe and trusted relationships which offer choice and empowerment and are actively informed by people with lived experience. This is supported by the National Trauma Transformation Programme (NTTP). The learning resources provided through the NTTP are based on the [Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish workforce \(2017\)](#).
- 2.3 The five sectors of the Children and Families workforce which were included in the scope for this work are listed and described below.

### Health Visitors

- 2.4 Health Visitors play a vital role in supporting children and families in the first few years of a child's life. Over the course of 2 pre-birth and 9 post-birth home visits, they support new parents and children, which includes a continuous assessment and identification of a family's mental health and wellbeing needs.

## **School Nurses**

- 2.5 School Nurses work with children between the ages of 5 and 19. They focus on prevention, early intervention, and support for the most vulnerable children over five years who have been identified as being at risk by health visiting services. They concentrate primarily on ten priority areas under the overall headings of vulnerable children and families, mental health and wellbeing, and risk-taking behaviour.

## **Children and Families Social Workers**

- 2.6 Children and Families Social Workers support individuals and their families across diverse settings, with the aim to promote the wellbeing and protection of children and young people. Children and Families Social Work is a hugely diverse area of practice, in which social workers can be working with children and/or young people across a wide age range, who are often facing multiple social and psychological transitions and within varied family and community contexts. They work with the complex issues facing children and their families using strengths-based approaches, balancing rights and risks, and taking appropriate action to protect and safeguard children and young people (SSSC, 2022a).

## **Residential Childcare workers**

- 2.7 Residential childcare workers support children and young people living in a Residential care home. Residential care homes offer children and young people a safe place to live together with other children and young people away from home. Residential care provides accommodation, support and, in some cases, education (though in most cases, the child is educated at a school nearby). Residential childcare workers may support, care and nurture children and young people to ensure they are safe, loved and get the most out of life (Care Inspectorate, 2022).

## **Secure Care workers**

- 2.8 Secure care workers support children living in Secure accommodation. Secure accommodation is an intensive form of residential care that restricts the freedom of children under the age of 18. It is for the small number of children who may be a significant risk to themselves, or others in the community. Secure accommodation aims to provide intensive support, care and education to keep these children safe, meet the extremely high levels of need, risks and vulnerability experienced, and achieve better outcomes. Secure care workers may complete a diversity of tasks

including; assessing and reviewing the needs and progress of children, providing advice and intensive support, understand the children's physical, mental, emotional and wellbeing needs to support their development, as well as talking and supporting children's families to encourage family connections and provide advise on how to nurture the children's needs.

2.9 While all five of these areas of work require distinct skills and knowledge, due to significant similarities between learner journeys, for the purposes of this study Health Visitor and School Nurses, as well as Residential Care and Secure Care workers have been grouped, with their respective learner journeys analysed as one.

2.10 It is also important to note that while the NTTP Knowledge and Skills Framework (2017) has practice level resources spanning four levels (Informed, Skilled, Enhanced and Specialist), the scope of this study was only to examine these learner journeys against Levels 1: Trauma Informed Practice and Level 2: Trauma Skilled Practice.

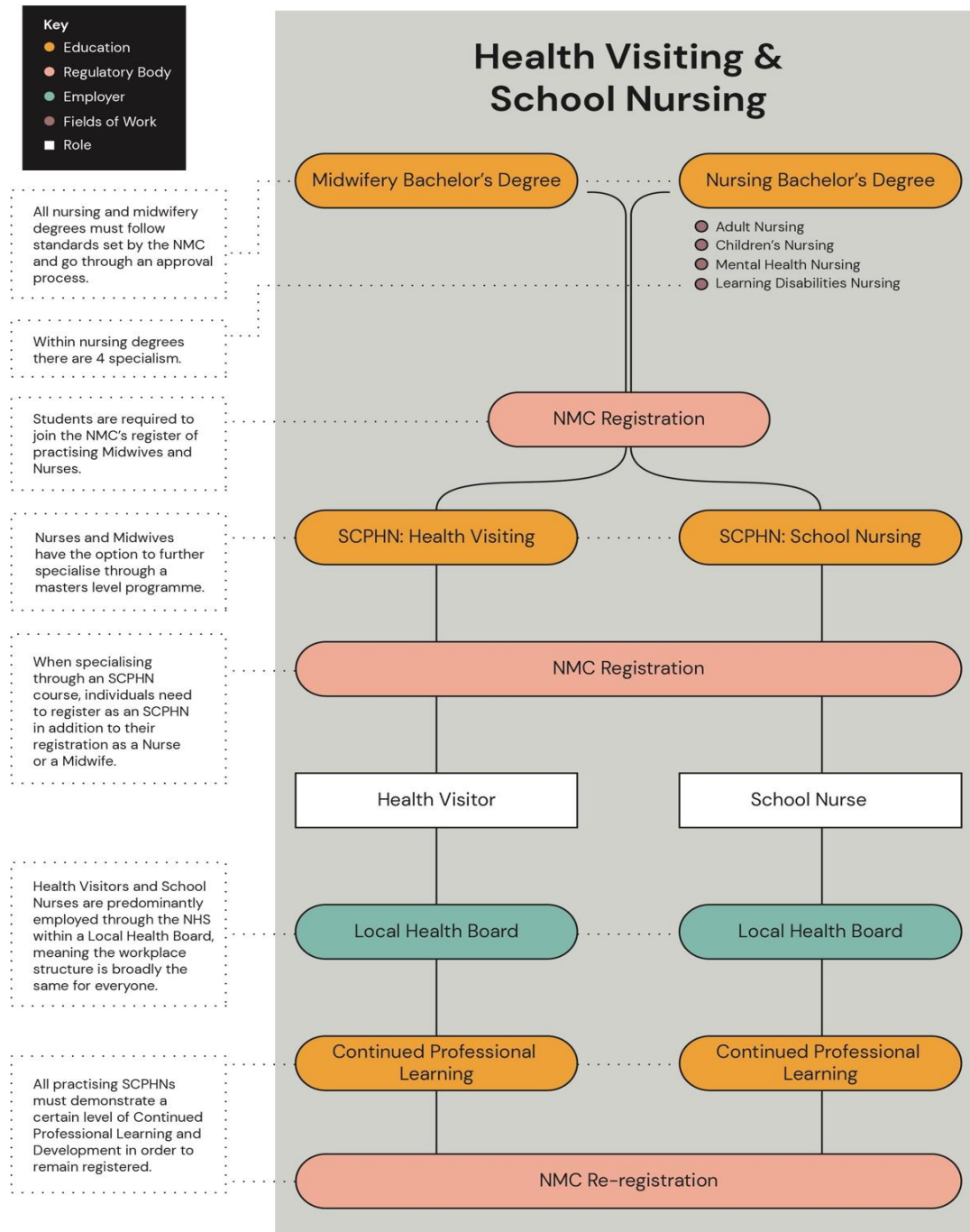
### **3. Methodology**

- 3.1 This research involved phases of desk research, engagement, mapping, analysis of learning materials and synthesis. This was to explore to what extent some sectors of the Children and Families workforce are already learning about the impact of psychological trauma and trauma informed approaches. It is worth noting that through the recruitment for this project, many frontline participants and service providers were self-selecting and therefore those we engaged with may have a bias towards an interest in psychological trauma and trauma informed approaches
- 3.2 Across the project we engaged with 57 people using mixed methods, including in-depth interviews, group discussions and other forms of correspondence. Across Nursing we engaged with 3 higher education institutions, 3 team leaders and 8 frontline staff. We also engaged with to representatives from the Nursing and Midwifery Council (NMC) and NHS Education for Scotland (NES). Across Social Care we spoke to 3 higher education institutions, 8 residential childcare service providers - one of which also provides Secure Care services, 4 frontline workers, as well as representatives from the Scottish Social Services Council (SSSC), Coalition of Care and Support Providers in Scotland (CCPS), and Social Work Scotland (SWS) including a group discussion with their Community Placement sub-group with 20 members present.
- 3.3 A combination of desk research and engagement informed the mapping of the learning journeys for each of the 5 areas of work. Learning materials (such as higher education programme content or continued professional learning training programme content) which were either provided by stakeholders we engaged or which were publicly available, were analysed in order to provide evidence of the extent to which the Children and Families workforce is learning about psychological trauma and trauma informed practice. It's important to note the limitations of this — in many cases, learning materials were analysed using publicly available information, such as learning objectives or course module descriptions. Such content only provides a brief overview of the subject matter of learning, and therefore limits the effectiveness of any analysis.

- 3.4 Materials were analysed against Levels 1 and 2 of the NES Knowledge and Skills Framework for Psychological Trauma, based on the descriptions included in 'Transforming Psychological Trauma: Knowledge and Skills Framework for the Workforce' (NES, 2017), and The Scottish Psychological Trauma training plan (NES, 2019).
- 3.5 Where it is noted that there is 'no explicit evidence of trauma informed practice available,' this indicates that there is no evidence that the material covers any of the components which make up Level 1: Trauma Informed.
- 3.6 Where it is noted that there is 'partial coverage of Level 1: Trauma Informed' or 'Partial coverage of Level 2: Trauma Skilled,' this indicates that there is evidence that some, but not all components which make up these levels have been covered. In these instances, often language is used that is different to that within the Knowledge and Skills Framework for Psychological Trauma (2017) but the interpreted meaning of such language is aligned.
- 3.7 Where it is noted that materials align with 'Level 1: Trauma Informed' or 'Level 2: Trauma Skilled,' this indicates that there is evidence that all components that make up these levels have been covered.

## 4. School Nurses and Health Visitors

Fig.1 A diagram describing Health Visiting and School Nursing pathways (note: a pdf of this image is available separately on request if a larger font size is needed)



## Introduction

- 4.1 Health Visitors and School Nurses have the most formalised and straightforward learning pathway of the five areas of work explored in this research. This is due to a few factors:
- 4.2 Scottish Government have clearly outlined the remit for these areas of work in [“Specialist School Nursing: priority areas and pathways”](#) (Scottish Government, 2018) and [“Universal Health Visiting Pathway in Scotland: pre-birth to pre-school”](#) (Scottish Government, 2015).
- 4.3 There are narrow academic qualification requirements for both of these areas of work — individuals must achieve a bachelor’s degree in Nursing or Midwifery, and then a Specialist Community Public Health Nurse (SCPHN) Masters (NMC, 2022a).
- 4.4 The oversight and regulation of both the education pathways and the register of practising nurses is overseen by the Nursing and Midwifery Council (NMC), who set out clear requirements for Health Visiting and School Nursing.
- 4.5 Health Visitors and School Nurses predominantly work for the NHS within local health boards meaning that organisational structure, funding, and career development are similar for Health Visitors and School Nurses across Scotland.
- 4.6 This section of the report will provide an overview of how each of the following four steps in the journey work and to what level trauma informed practice is being covered.

## Nursing and Midwifery Council Specifications

- 4.7 The Nursing and Midwifery Council (NMC) set out specifications for ‘pre and post-registration’ nursing standards. Their pre-registration standards outline the requirements to become a registered Nurse, and a registered Midwife — pre-registration level education (e.g., undergraduate-level Nursing and Midwifery degrees) must align with these standards. Their post-registration standards outline the requirements to become a Specialist Community Public Health Nurse (SCPHN), which includes Health Visitors and School Nurses — SCPHN education programmes must be approved in line with the new standards by 2024.



Table 1: Standards Summary

<b>Standard</b>	<b>Which levels of the Knowledge and Skills Framework for Psychological Trauma (NES, 2017) does this satisfy?</b>	<b>Summary of trauma-components included</b>
Future nurse: Standards of proficiency for registered nurses (NMC, 2018)	None	There is no mention of the term 'trauma' or immediate related terms, however, the material emphasises that registered nurses must understand how to develop and deliver 'person-centred' care plans. It also states that registered nurses must be able to identify signs of, and support patients who suffer from, mental and emotional distress or vulnerability, as well as signs of vulnerability in themselves or their colleagues.
Standards of proficiency for midwives (NMC, 2019)	Partial coverage of Level 1: Trauma Informed	These standards place clear importance on the psychological factors surrounding childbirth, however, they do not align precisely with the Knowledge and Skills Framework's definition of trauma informed practice. Most mentions of the term trauma refer specifically to physical trauma associated with childbirth, however analogous terms are used such as 'abuse,' 'distress,' and 'vulnerable,' with a clear requirement for midwives to recognise certain forms of traumatic experience such as abuse, and exploitation. There is a requirement to understand the additional care

		<p>needs of those that have experienced psychological complications, and respond to unsafe psychological situations, however this description does not fully extend to the principles, practice, and benefits of trauma informed care.</p>
<p>Standards of proficiency for specialist community public health nurses (NMC, 2022b) – Core Competencies</p>	<p>None</p>	<p>The post-registration standards include requirements for more in-depth understanding of trauma; however they still do not meet the Knowledge and Skills Framework’s definition of ‘trauma informed’</p> <p>The material is bullet pointed so it does not go into any subject at depth or in a way that is meant to be a teaching or training resource. As part of this, the material refers to relevant themes around trauma and understanding the impact on children and families. It also references identifying and responding to abuse and neglect, evaluating the effects of trauma on child development, minimising the risk of ACEs and references 'trauma informed approaches' in assessment, support and monitoring or referrals. In terms of effects of trauma on the worker, the material also references using specialist professional knowledge to identify people who are at risk of abuse in or outside of the workplace and having an occupational health team who is responsive to trauma.</p>

<p>Standards of proficiency for specialist community public health nurses (NMC, 2022) – Health Visitors</p>	<p>Partial coverage of Level 1: Trauma Informed</p>	<p>These specifications have limited mention of trauma, and do not mention the term 'trauma informed'. However, they partially cover elements of Level 1, for instance by stating that Health Visitors must initiate person-centred interventions to minimise risks of abuse, domestic violence, and child maltreatment, yet not explicitly stating they must use trauma informed principles. There are requirements for Health Visitors to understand and respond to certain, but not all, forms of trauma.</p> <p>Seeing trauma included explicitly in the 2022 version of these standards is positive, as this was not the case in previous versions of these standards.</p>
<p>Standards of proficiency for specialist community public health nurses (NMC, 2022) – School Nurses</p>	<p>Partial coverage of Level 1: Trauma Informed</p>	<p>These specifications explicitly mention the requirement for School Nurses to use trauma informed approaches, and in several instances cover the requirement to understand trauma. However, there is no material covering the impact of trauma on the self, and it only partially covers the impact of trauma and adversity on access to support, and on trauma informed relationships and recovery.</p> <p>Seeing trauma included explicitly in the 2022 version of these standards is positive, as this was not the case in previous versions of these standards.</p>

## **Degree Level**

- 4.8 Midwifery and Nursing Degrees are the two points of entry that allow you to progress and specialise as a Health Visitor and School Nurse. Nursing degrees remain the most common route for those that become School Nurses, although it also is possible for those who study Midwifery at an Undergraduate level to become a School Nurse. Health Visitors may come through Nursing or Midwifery Undergraduate degrees. All Midwifery and Nursing degrees across the UK must align to the NMC's standards.
- 4.9 There are four pathways within nursing available in Scotland: (1) Adult Nursing; (2) Children's Nursing; (3) Learning Disabilities Nursing; and (4) Mental Health Nursing. These are taught across numerous institutions.
- 4.10 Glasgow Caledonian University, Edinburgh Napier University and the Open University offer all four types of Nursing Undergraduate Degrees. These institutions tend to have a core set of modules that all Nursing students take and a series of modules relating to their specialism. For example, at Glasgow Caledonian University, all Nursing bachelor's degree-level students take the same modules in their first year, then in their second and third year they have four common modules and two modules specific to their specialism.
- 4.11 Robert Gordon University and Dundee University are the only other institutions who deliver Children's Nursing. Otherwise, there are nine institutions delivering Mental Health Nursing and 11 institutions delivering Adult Nursing.
- 4.12 Midwifery Undergraduate Degrees are offered at Edinburgh Napier University, Robert Gordon University, and the University of the West of Scotland.

## **Analysis against the Knowledge and Skills Framework for Psychological Trauma (NES, 2017)**

- 4.13 Predominantly, when analysing course materials against the Knowledge and Skills Framework, Nursing Undergraduate Degrees are including material around trauma informed practice — to a Level 1: Trauma Informed or Level 2: Trauma Skilled practice with exception of The Open University which provided no evidence of education around trauma. However, this is not the case with Midwifery Undergraduate Degrees, in which available course materials focused on physical trauma, not psychological trauma.

4.14 In Table 2 below, we have analysed each education programme based on available public information, such as module descriptions and learning objectives, to identify what trauma informed components are included. In some instances, module descriptions and learning objectives do not include any mention of trauma, or trauma informed material.

Table 2: Degree Level Qualifications Summary

<b>Qualification</b>	<b>Material Source</b>	<b>Which levels of the Knowledge and Skills Framework for Psychological Trauma (NES, 2017) does this satisfy?</b>	<b>Summary of trauma-components included</b>
BSc Nursing (Adult), Dundee University	Information shared through correspondence with relevant individuals	No evidence of trauma informed practice	Materials predominantly cover physical trauma as opposed to psychological trauma except for third year when “post critical illness psychological trauma” is covered.
BSc Nursing (Children), Dundee University	Information shared through correspondence with relevant individuals	Partial coverage of Level 1: Trauma Informed	Materials only partially touch on elements of Level 1: Trauma Informed Practice through materials covering ACEs and trauma, and children and young people mental health.
BSc Nursing (Mental Health), Dundee University	Information shared through correspondence with relevant individuals	Level 2: Trauma Skilled	Materials meet Level 2: Trauma Skilled Practice and the materials from NES provide a golden thread running throughout the course.

BSc / BSc (Hons) Nursing (Adult, Children, Learning Disabilities and Mental Health), Glasgow Caledonian University	Information shared through correspondence with relevant individuals	Level 1: Trauma Informed	The syllabus explicitly covers learning Trauma Informed practice. Within Mental Health this is expanded further through learning outcomes such as "Explain the implications of early life trauma and its impact across the lifespan"
BSc Adult Nursing (Robert Gordon University, 2022a)	Publicly available course modules analysed	Level 1: Trauma Informed	Adult Nursing at RGU covers trauma informed practice as indicative content in two of their course modules.
BSc Mental Health Nursing (Robert Gordon University, 2022a)	Publicly available course modules analysed	Level 1: Trauma Informed	Mental Health Nursing at RGU covers trauma informed practice as part of their learning outcomes in two of their modules as well as across two parts of their indicative course content.
BSc Children and Young People's Nursing (Robert Gordon University, 2022a)	Publicly available course modules analysed	Level 1: Trauma Informed	Children and Young People's Nursing at RGU covers trauma informed practice as indicative content in three of their course modules.
BSc Children and Young People and Mental Health Nursing (Robert Gordon University, 2022a)	Publicly available course modules analysed	Level 2: Trauma Skilled	Children and Young People and Mental Health Nursing covers trauma informed practice as part of their learning outcomes in two modules, trauma skilled approaches as part of their learning outcomes in one of their modules as well as across two parts of their indicative course content.

BSc Adult and Mental Health Nursing (Robert Gordon University, 2022a)	Publicly available course modules analysed	Level 2: Trauma Skilled	Adult and Mental Health Nursing covers trauma informed practice as part of their learning outcomes in two modules, trauma skilled approaches as part of their learning outcomes in one of their modules as well as across two parts of their indicative course content.
BSc Adult and Children and Young People Nursing (Robert Gordon University, 2022a)	Publicly available course modules analysed	Level 1: Trauma Informed	Adult and Children and Young People Nursing covers trauma informed practice across two parts of their indicative course content.
BSc Nursing – Adult (University of Stirling, 2022a)	Publicly available course modules analysed	Level 1: Trauma Informed	Level 1: Trauma Informed practice is covered within a module.
BSc Nursing - Mental Health (University of Stirling, 2022a)	Publicly available course modules analysed	Level 2: Trauma Skilled	This course teaches to a Trauma Skilled level of practice and dedicates a full module to the materials.
BSc Nursing - Adult, Children and Young People, Learning Disabilities and Mental Health (The Open University, 2022)	Publicly available course modules analysed	No explicit evidence of trauma informed practice available.	No evidence was found of trauma informed practice being included in the curriculum.
BSc Mental Health Nursing (Abertay University, 2022)	Publicly available course modules analysed	No explicit evidence of trauma informed practice available.	Trauma informed practice was not explicitly mentioned in the available course content. However, the impact of childhood experiences is

			mentioned within two modules.
BSc Midwifery (Robert Gordon University, 2022b)	Publicly available course modules analysed	No explicit evidence of trauma informed practice available.	No evidence of trauma or trauma informed practice being taught. However, modules cover topics such as: Sensitive individualised care; Mental health; Domestic abuse; and Child protection.
BSc Midwifery (University of the West of Scotland, 2022a)	Publicly available course modules analysed	No explicit evidence of trauma informed practice available.	No evidence of trauma informed practice material that aligns with the Knowledge and Skills Framework. Whilst trauma and learning materials such as 'Transformative nursing in the NICU: trauma informed and age-appropriate care' are present in the materials, in this context trauma refers to physical traumas.

**SCPHN Specialisation**

4.15 Once someone has registered as a Nurse, they can further specialise through a Specialist Community Public Health Nursing (SCPHN) programme at postgraduate masters level. All SCPHN programmes must also align with the NMC’s standards and go through the NMC’s approval process.

4.16 It’s important to note here that the post-registration standards were updated in 2022, and that the current SCPHN programmes were validated against the previous 2004 standards and will be working towards implementation of the 2022 standards. The new standards come into effect from the 1st of September 2022. Post-registration students on existing programmes can complete the programme they started, however all SCPHN programmes must be approved in line with new standards by 1 September 2024 — no students will be able to commence a programme approved against the 2004 SCPHN standards after



31 August 2024 (Institute of Health Visiting, 2022).

4.17 In Scotland, School Nursing SCPHN programmes are offered by three institutions: Robert Gordon University, Queen Margaret University and University of the West of Scotland.

4.18 Health Visiting SCPHN programmes are offered by five institutions: Robert Gordon University, Queen Margaret University, University of the West of Scotland, University of Stirling, and Glasgow Caledonian University.

### **Analysis against the Knowledge and Skills Framework for Psychological Trauma (NES, 2017)**

4.19 While the NMC's post-registration standards for Health Visitors and School Nurses have partial coverage of Level 1: Trauma Informed, available documentation of relevant SCPHN shared a mixed picture of how trauma informed practice embeds across the different universities' course modules. Conversations and interviews would suggest that work is underway in many institutions to include materials on trauma informed practice.

4.20 In Table 3 below, each education programme has been analysed based on available public information, such as module descriptions and learning objectives, to identify what trauma informed components are included.

Table 3: SCPHN Level Qualifications Summary

<b>Qualification</b>	<b>Material Source</b>	<b>Which levels of the Knowledge and Skills Framework for Psychological Trauma (NES, 2017) does this satisfy?</b>	<b>Summary of trauma components included</b>
Health Visiting, Glasgow Caledonian University	Information shared through correspondence	Level 1: Trauma Informed	Students complete the NTTP Level 1: Trauma Informed online training in a module on

	with relevant individuals		Vulnerability, Safeguarding and ACEs
Person-Centred Practice (Health Visiting) (Queen Margaret University, 2022a)	Publicly available course modules analysed	No explicit evidence of trauma informed practice available.	There is no explicit mention of trauma or trauma informed practice across the materials, however, the course module descriptions outline adjacent topics such as Adverse Childhood Experiences and the application of childhood development theories to explain, aid assessment and analyse stages of development and milestones.
Person-Centred Practice (School Nursing) (Queen Margaret University, 2022b)	Publicly available course modules analysed	No explicit evidence of trauma informed practice available.	There is no explicit mention of trauma or trauma informed practice across the materials, however, the course module descriptions outline adjacent topics such as Adverse Childhood Experiences and the application of childhood development theories to explain, aid assessment and analyse stages of development and milestones.
Advancing Practice, Health Visiting and School Nursing (Robert Gordon University, 2022c)	Publicly available course modules analysed	Partial coverage of Level 1: Trauma Informed	These materials cover some elements of Level 1: Trauma Informed, such as Transgenerational trauma, Adverse Childhood Experiences, Vulnerable Groups and Managing conflict and complexity.

<p>MSc Early Years Practice Health Visiting (University of Stirling, 2022b)</p>	<p>Publicly available course modules analysed</p>	<p>No explicit evidence of trauma informed practice available.</p>	<p>The materials do not explicitly suggest coverage of Knowledge and Skills Framework materials or equivalent education; however, module overviews do include exploring the latest research on children's experiences of abuse and neglect, and Getting It right for Every Child (GIRFEC) (policy to ensure children and young people can receive the right help, at the right time, from the right people) although it is worth noting that GIRFEC currently is not trauma informed.</p>
<p>SCPHN Health Visiting (University of the West of Scotland, 2022b)</p>	<p>Publicly available course modules analysed</p>	<p>No explicit evidence of trauma informed practice available.</p>	<p>Trauma is not explicitly mentioned in module descriptions, although the 'Safeguard Children, Enable Families' module covers adjacent topics, such as the complexity of safeguarding and protecting children and families.</p>
<p>SCPHN School Nursing, University of the West of Scotland</p>	<p>Publicly available course modules analysed</p>	<p>No explicit evidence of trauma informed practice available.</p>	<p>No explicit mention of trauma in the available module descriptions, however, modules include 'GIRFEC and child-centred public health' and 'Enhancing Wellbeing in Children &amp; Young People'.</p>

## Employer Continued Professional Learning

- 4.21 Continued Professional Learning (CPL) is monitored by the NMC, which requires evidence of 35 hours of CPL every 3 years in order to remain registered. Of the stipulated 35 hours, 20 hours must be participatory learning which might involve attending a seminar, workshop, or group discussion — anything which involves interaction with one or more other professionals (NMC, 2021). The NMC does not stipulate what training a professional should be doing.
- 4.22 Health Visitors and School Nurses are predominantly employed by the NHS and therefore have a similar framework in which their CPL takes place. There are certain mandatory trainings that all Health Visitors and School Nurses take such as: Public Protection, Child Protection, and the [Neglect Toolkit](#). Local health boards have access to TURAS, an online portal which has a number of free-to-access learning materials. The Health Visitors and School Nurses we spoke to reported that they did have access to the Knowledge and Skills Framework Level 1 and 2 through their internal portal, and one mentioned that it was mandatory for them to complete within their Health Board.
- 4.23 The remaining CPL is dependent on individuals to manage with the support of their Team Leader. It is part of a Team Leader's responsibility to discuss professional development opportunities with individuals and teams of School Nurses or Health Visitors. This means that Continued Professional Development and Learning is, to a certain extent, dependent on individual and team learning needs and interests, CPL provision and awareness of CPL available. As a result, if individual Health Visitors and School Nurses or their Team Leaders acknowledge the importance of trauma and trauma informed practice, they are much more likely to ensure they are trained in Level 1: Trauma Informed Practice or Level 2: Trauma Skilled Practice.
- 4.24 Argyll and Bute HSCP produced a one-off programme of trauma training for their staff as part of the NTPP Local Authority Delivery Trials. The programme educated staff between Levels 1 and 3, depending on the proximity of their role to people with experience of trauma. They are now trying to work out how to keep the momentum going and the learning continuous.
- 4.25 Certain Health Visitors we spoke to had chosen to learn more about trauma informed approaches and provided examples of other training they have had access to. This ranged from local resources such as conferences to online

resources available across the UK. It was noted that some of these trainings had been paid for out of their own pocket but attended on work time.

## Frontline Workers' Experiences

4.26 All of the Health Visitors and School Nurses we spoke to had an understanding of trauma and trauma informed practice, although they had all gained this knowledge in different ways; some had conducted their own learning, some had completed levels of the Knowledge and Skills Framework, and others had learned about trauma informed practice in their bachelor's or master's education.

4.27 Whilst one participant reported that the Knowledge and Skills Framework Level 1 and 2 was mandatory in their workplace (NHS Fife), most respondents reported that it was not compulsory for them to have in-depth training on trauma, and that learning about approaches to trauma is typically dependent on personal interest. Many also noted that it can be difficult to receive funding for training outwith what is mandatory or readily available. One Health Visitor suggested that this could be addressed by delivering trauma informed training as *'informal teaching such as during safeguarding or clinical supervision.'*

4.28 University of the West of Scotland (UWS) came up as an example of an institute that was currently delivering materials covering trauma. Two frontline workers we spoke to reported receiving workplace team training delivered by UWS, and one trainee Health Visitor reported learning about trauma through modules within their course.

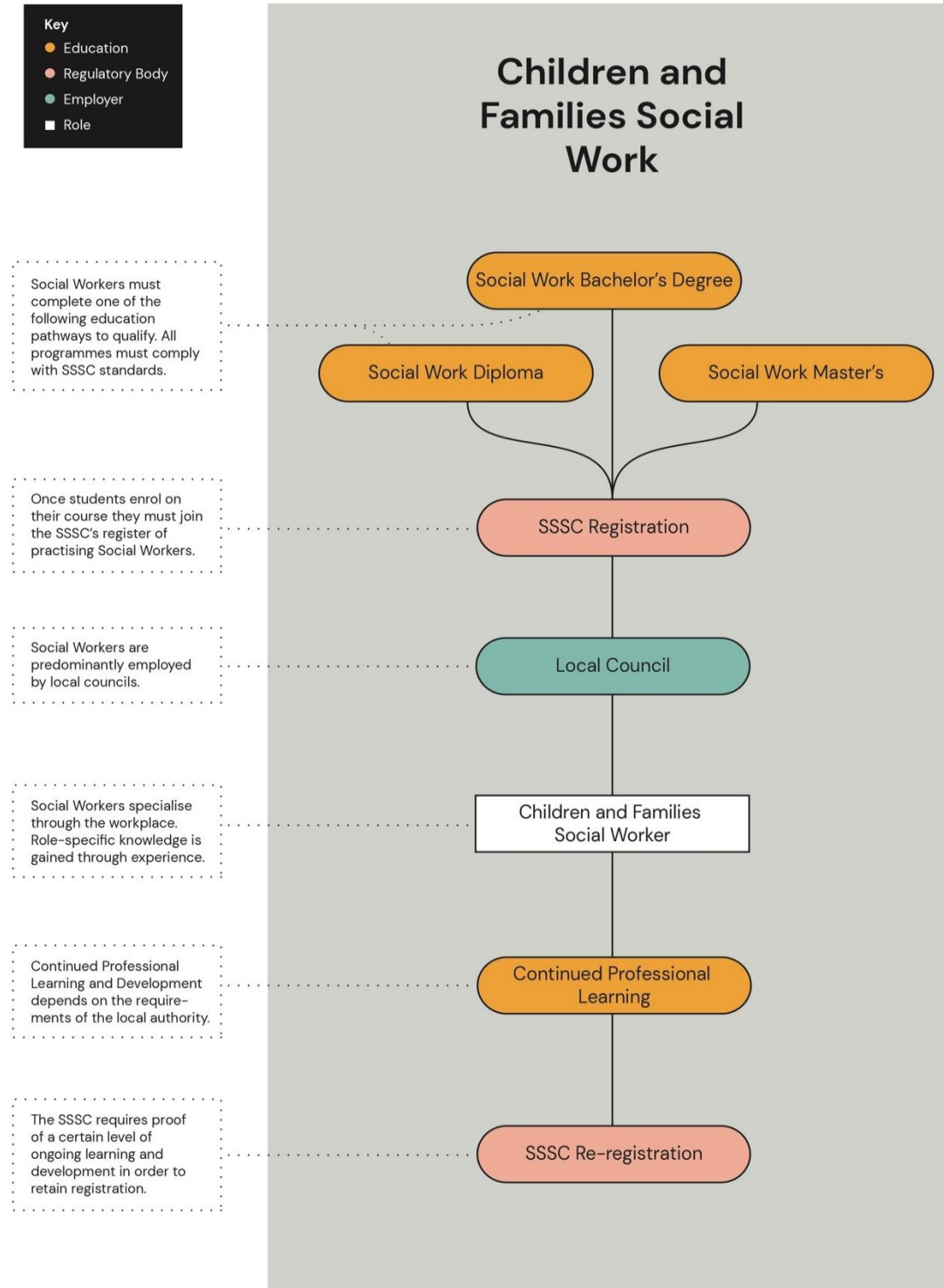
4.29 One trainee School Nurse spoke about the importance of the workplace reinforcing the education they are receiving at university to ensure what is being taught remains part of their practice:

*"School Nursing specifically is a service in the midst of really significant transformation with 10 developing pathways and lots of training being offered/attended and it can be too much without the opportunity to take the time to consolidate it before you're getting more training. So, for me, it would be about considering the frequency and intensity of training and where to fit it in to all the training being promoted."*

*—Trainee School Nurse, South Lanarkshire*

## 5. Children And Families Social Work

Fig.2 A diagram describing the Children and Families Social Work pathway (note: a pdf of this image is available separately on request if a larger font size is needed)



## **Introduction**

- 5.1 The learning journey for Children and Families Social Work is relatively formalised as Social Workers must qualify with at least one of three qualifications; a diploma, a bachelor's, and/or a master's qualification (SSSC, 2022a). Most Children and Families Social Workers are employed through local councils and therefore the structure of their employment and CPL has a degree of standardisation.
- 5.2 The registration body for Social Work is the Scottish Social Services Council (SSSC). They are responsible for maintaining standards and they also outline mandatory CPL as a condition of remaining on their register.

## **SSSC Specifications**

- 5.3 All students qualifying in social work in Scotland are assessed against the Standards in Social Work Education (SiSWE). Social Work programmes embed the standards throughout their materials and students demonstrate their knowledge and skills through academic and practice-based learning (SSSC, 2022b).
- 5.4 The Newly Qualified Social Worker (NQSW) Standards reflect the core characteristics of social work practice expected to develop within an early career stage. They relate to the consolidation and further development of the knowledge, skills, values, and ethical practice accessed during social work education (NQSW, 2022). While the NQSW Standards don't stipulate that trauma training is required, trauma informed practice is considered a part of the key learning.

Table 4: Standards Summary

<b>Standard</b>	<b>Which levels of the Knowledge and Skills Framework for Psychological Trauma (NES, 2017) does this satisfy?</b>	<b>Summary of trauma-components included</b>
Newly Qualified Social Worker Standards, Early Implementation Version, (NQSW, 2022)	Partial coverage of Level 1: Trauma Informed	These standards contain a focus on social inequality, diversity, vulnerability, and human rights in terms of risk or abuse or neglect but only briefly mentions trauma and does not explicitly cover a trauma informed training.
Standards in Social Work Education (SiSWE) (SSSC, 2022b).	Partial coverage of Level 1: Trauma Informed	These standards include recognising some types of trauma (e.g. abuse), however requirements are limited with no clear requirement for understanding trauma itself. The term 'vulnerable' is used much more often, and the standards reference in several instances the importance and responsibility to 'support the wellbeing of vulnerable children and adults' without explicitly mentioning trauma or using trauma informed approaches.

## Qualifying Education

5.5 There are three different routes to study Social Work in Scotland:

- Part-time post-graduate diploma (PGDip)
- Full-time or part-time undergraduate bachelor's degree (BA, BA (Hons))
- Full-time postgraduate master's degree (MSc, MSW)

5.6 There is no specialist or stand-alone course for Children and Families Social Work as the Social Work qualification covers this content. Individuals gain the title 'Children and Families Social Worker' through practical experience and the



choice to work in the Children and Families workforce (SSSC, 2022c).

5.7 All Social Work courses must be approved by the SSSC. Despite courses needing to have approval by the SSSC, there is some level of flexibility around what different institutions choose to cover within their modules. Students must also register with the SSSC in order to go on placement as part of their qualification requirements. Registration applicants must have 'fitness to practice' which is set by the SSSC and may be impaired by misconduct, deficient professional practice, a health issue, a decision about them by another specified regulatory body, or a criminal conviction (SSSC, 2022d).

5.8 In Scotland, there are eight institutions that offer a bachelor's degree in Social Work:

- BA Hons Social Work, University of Dundee
- BSc Social Work, The University of Edinburgh
- BA Hons Social Work, Edinburgh Napier University
- BA Hons Social Work, Glasgow Caledonian University
- BA Hons Social Work, Robert Gordon University
- BA Hons Social Work, University of Stirling
- BA Hons Social Work, Strathclyde University
- BA Hons Social Work, University of the West of Scotland

5.9 The application process is similar to most standard university application processes, however, University of Strathclyde and University of the West of Scotland recommend up to 6 months of relevant work experience.

5.10 The Open University delivers employment-based routes such as a part-time distance learning bachelor's degree as well as a post-graduate diploma in Social Work.

5.11 It is possible to enter Social Work through a two-year master's qualification. In order to do so, most institutions require a bachelor's degree in Social Sciences or another relevant course. They also require relevant understanding of the job role which ranges from a written demonstration of understanding in a Personal Statement to proof of six months' work experience. There are eight institutions that offer a masters qualification in Social Work:

- MSc Social Work, University of Dundee
- MSc Social Work, Glasgow Caledonian University
- MSc Social Work, Robert Gordon University

- MSc Social Work, University of Stirling
- MSc Social Work, University of the West of Scotland
- MSW Social Work, Edinburgh Napier University
- MSW Social Work, Strathclyde University
- MSW Social Work, The University of Edinburgh

## Analysis against the Knowledge and Skills Framework for Psychological Trauma (NES, 2017)

5.12 The analysis of programme materials against the Knowledge and Skills Framework standards shows a varying landscape. While programmes must adhere to the SSSC standards and are reviewed regularly by the SSSC, the individual courses vary in terms of detail around certain topics. For example, one course shows trauma informed training Level 1: Trauma Informed and partially covering Level 2: Trauma Skilled Practice, whereas several others show no mention of trauma or trauma informed principles. This disparity suggests that personal interest or knowledge around trauma informed approaches of programme designers influence whether trauma informed practice is taught, however, the SSSC aims to address this through their annual Quality Assurance process.

5.13 In Table 5 below, each education programme has been analysed based on available public information, such as module descriptions and learning objectives, to identify what trauma informed components are included, and whether these are an addition to those required by SSSC specifications. In some instances, module descriptions and learning objectives do not include any mention of trauma, or trauma informed material, however in these cases it can be assumed that each of these education programmes at a minimum satisfies the SSSC's SiSWE and the trauma informed components laid out within them. (Note: This is not an exhaustive list of relevant education programmes in Scotland but offers a cross section of programmes offered).

**Table 5: Social Work Qualifications Summary**

<b>Course or Unit</b>	<b>Material Source</b>	<b>Which levels of the Knowledge and Skills Framework for Psychological Trauma (NES, 2017) does this satisfy?</b>	<b>Summary of trauma-components included</b>
BA (Hons) in Social Work, University of Stirling	Information shared through correspondence	Level 1: Trauma Informed and partial coverage	This course teaches up to a Trauma Informed level and partially a Trauma

	with relevant individuals	of Level 2: Trauma Skilled	Skilled level of practice and dedicates part of a module to this learning.
BA (Hons) Social Work, University of Dundee	Publicly available course modules analysed	No explicit evidence of trauma informed practice available.	The course materials do not explicitly mention trauma or trauma informed practice; however, materials do cover sociological and psychological theories that seek to explain human behaviour and how individuals, children and adults, grow and develop.
BA (Hons) Social Work, the University of Strathclyde	Publicly available course modules analysed	No explicit evidence of trauma informed practice available.	The course module descriptors do not suggest that education around trauma or trauma informed practice is included in student's learning.
BA (Hons) Social Work, Robert Gordon University	Publicly available course modules analysed	No explicit evidence of trauma informed practice available.	While the information does not explicitly mention trauma or trauma informed principles, the material and reading lists do reference working in a therapeutic way with vulnerable children, lifespan development and working with attachment theory. These topics suggest room for trauma informed practice and learning if not already

			offering this under a different guise.
MSc Social Work, Robert Gordon University	Publicly available course modules analysed	No explicit evidence of trauma informed practice available.	The modules cover working with mental health issues, lifespan development, childhood issues, attachment and risk. The topics covered do not explicitly mention trauma informed or trauma, suggesting there is no equivalent of the Knowledge and Skills Framework materials included here.
MSc Social Work, Stirling University	Publicly available course modules analysed	No explicit evidence of trauma informed practice available.	No explicit mention of trauma, however, materials cover topics such as how psychological, familial, social and environmental factors impact upon adversity, and applying developmental theory to 'real' people and situations so students can begin to develop observation skills and apply theory to the situations of individuals or families.
MSc Social Work, University of Dundee	Publicly available course modules analysed	No explicit evidence of trauma informed practice available.	The materials suggest having a good understanding of recognising how a person is influenced and shaped by their environment and

			experiences but they do not explicitly mention trauma or working in a trauma informed way.
MSW (Master of Social Work), Edinburgh Napier University	Publicly available course modules analysed	Partial coverage of Level 1: Trauma Informed	Four different modules within the course dedicate material to covering ACES, recognising trauma and understanding the impact of it and understanding the impact of ACES in accessing care or support. The modules also cover using support and supervision as a practitioner effectively.

**Employer Continued Professional Learning**

5.14 The predominant training for Children and Families Social Workers is PGCert Child Protection. Social Workers will typically start their child protection training 18 months post qualification. Child protection and safeguarding training is updated every one to three years or when the certification runs out, whichever comes first.

5.15 The SSSC requires evidenced CPL to remain registered. Within the first 12 months of joining the SSSC’s register (or 18 months if working part-time) 144 hours of CPL needs to be evidenced. They note that five days of this should be focused on how ‘to identify, assess and manage risk to vulnerable groups.’ After this, 90 hours of CPL needs to be evidenced every 3 years (NQSW, 2021). Child Protection goes towards the evidenced hours of CPL training. The SSSC do not stipulate what CPL should be undertaken, however, 30 hours should focus on working effectively with colleagues and other professionals to identify, address and manage risk to vulnerable groups. The SSSC also has a support page recommending certain training where the NTPP Knowledge and Skills Framework is currently being promoted.

5.16 Local councils use an online learning platform called TURAS which makes available selected training and development materials. The Children and Families Social Workers engaged in this study had access to the Knowledge and Skills Framework Level 1: Trauma Informed and Level 2: Trauma Skilled training through the TURAS platform, however this was not noted as mandatory training. Managers typically suggest whichever level of training to practitioners they believe is relevant.

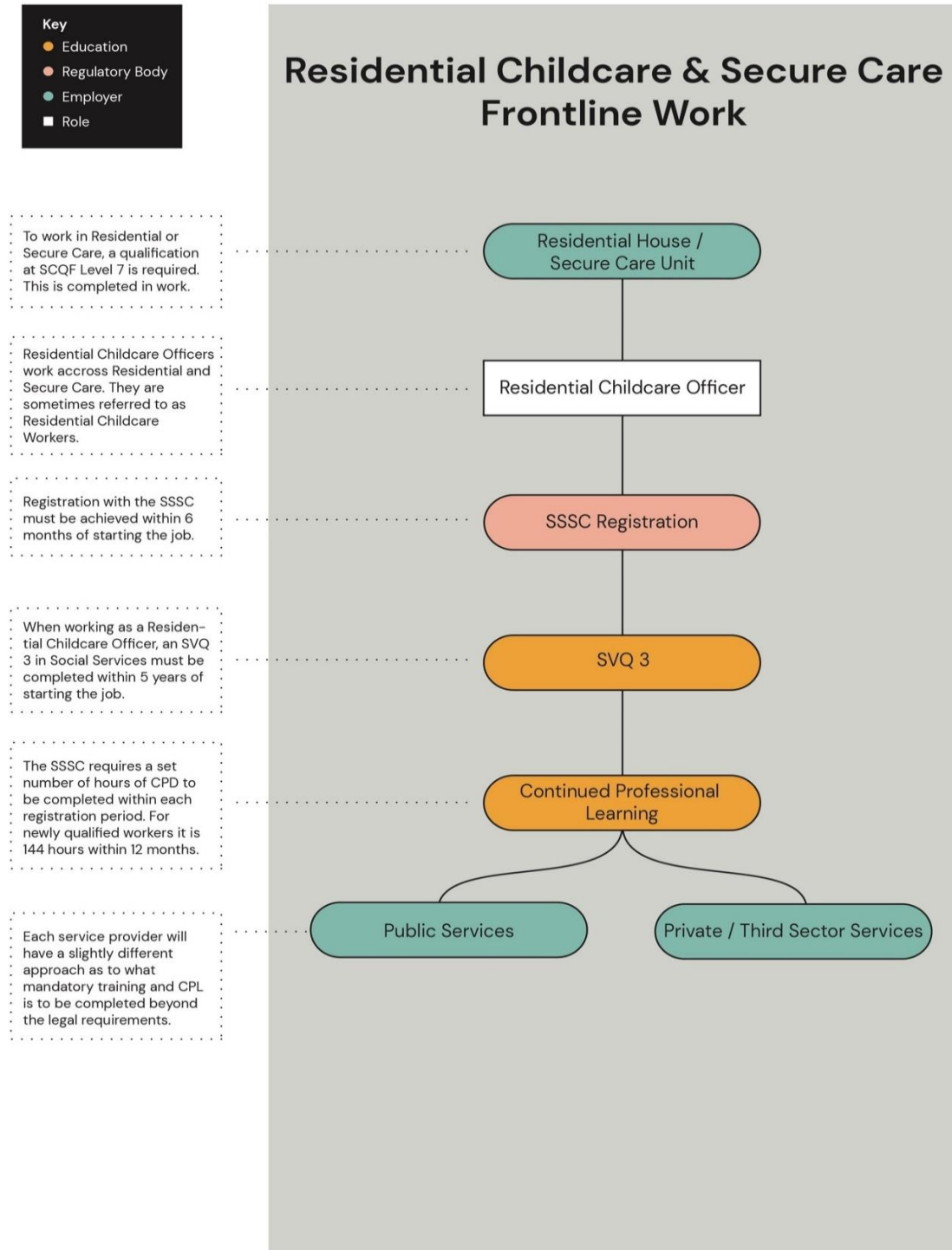
### **Frontline Workers' Experiences**

5.17 The experience of Children and Families Social Workers is difficult to generalise due to the small sample size engaged, however, their experience of CPL tended to differ depending on supervisors within local authorities. Generally, whilst there is access to Level 1 and 2 of the Knowledge and Skills Framework training materials, it was felt that this is not advanced enough because of their role and remit.

5.18 One social worker felt that trauma training would embed well in the extensive Child Protection training that is mandatory within their role and noted that the importance of trauma informed approaches within The Promise helped motivate them to conduct further research and education. However, it was noted by social workers and associated stakeholders that due to high case load numbers and pressure building over the pandemic, time can be very difficult to protect for education and training, particularly if the training is more advanced, in-depth or requires additional funding. It was felt that trauma informed practice needs to gain respect throughout local council Social Work departments in order for it to be prioritised.

## 6. Residential Childcare And Secure Care

Fig. 3 A diagram describing Residential and Secure Care Frontline Work Pathways (note: a pdf of this image is available separately on request if a larger font size is needed)





## **Introduction**

- 6.1 Workers across Secure and Residential Childcare follow very similar pathways to one another but have the least formalised learning journey of these five areas of work. This is because there is a varied mix of employers across Public, Private and Third Sector employers, and a diversity of qualification routes into these areas of work. The division between Secure Care and Residential Childcare is dependent on the context they are working in. The main role within Residential and Secure Care focused on here is a Residential Childcare Officer/Residential Childcare Worker.
- 6.2 The qualification routes into Residential and Secure Care aim to be very accessible and can be completed on the job. CPL is captured through the worker's registration with the SSSC and is driven either by stipulations of the workplace or through personal choice. Residential and Secure Care providers can offer a varying focus and commitment to training and development.
- 6.3 Across those working in Secure Care and Residential Childcare training, there is a wide range of experiences with trauma informed training; some have no experience of this, while others have been trained up to Level 3: Trauma Enhanced training. There does not appear to be a sector-wide approach to trauma training across Residential and Secure Care, and there are certain barriers that prevent a coherent sector-wide approach, such as the diversity of learner journeys.

## **SSSC Specifications**

- 6.4 The National Occupational Standards (NOS) form the basis of qualifications and training programmes required to work in social services in Scotland and to register with the SSSC. They are developed by a range of stakeholders, including the SSSC, other regional regulators, employers, and people who use services. The NOS include specifications for certain core units/modules that all Residential or Secure care practitioners must complete, as well as core units that Residential or Secure Care Lead Practitioners or Managers must complete. It also includes specifications for optional units relevant to an individual's area of practice — these optional units have not been reviewed as part of this study. A review of the NOS is to be undertaken in 2023 with all four nations of the UK.

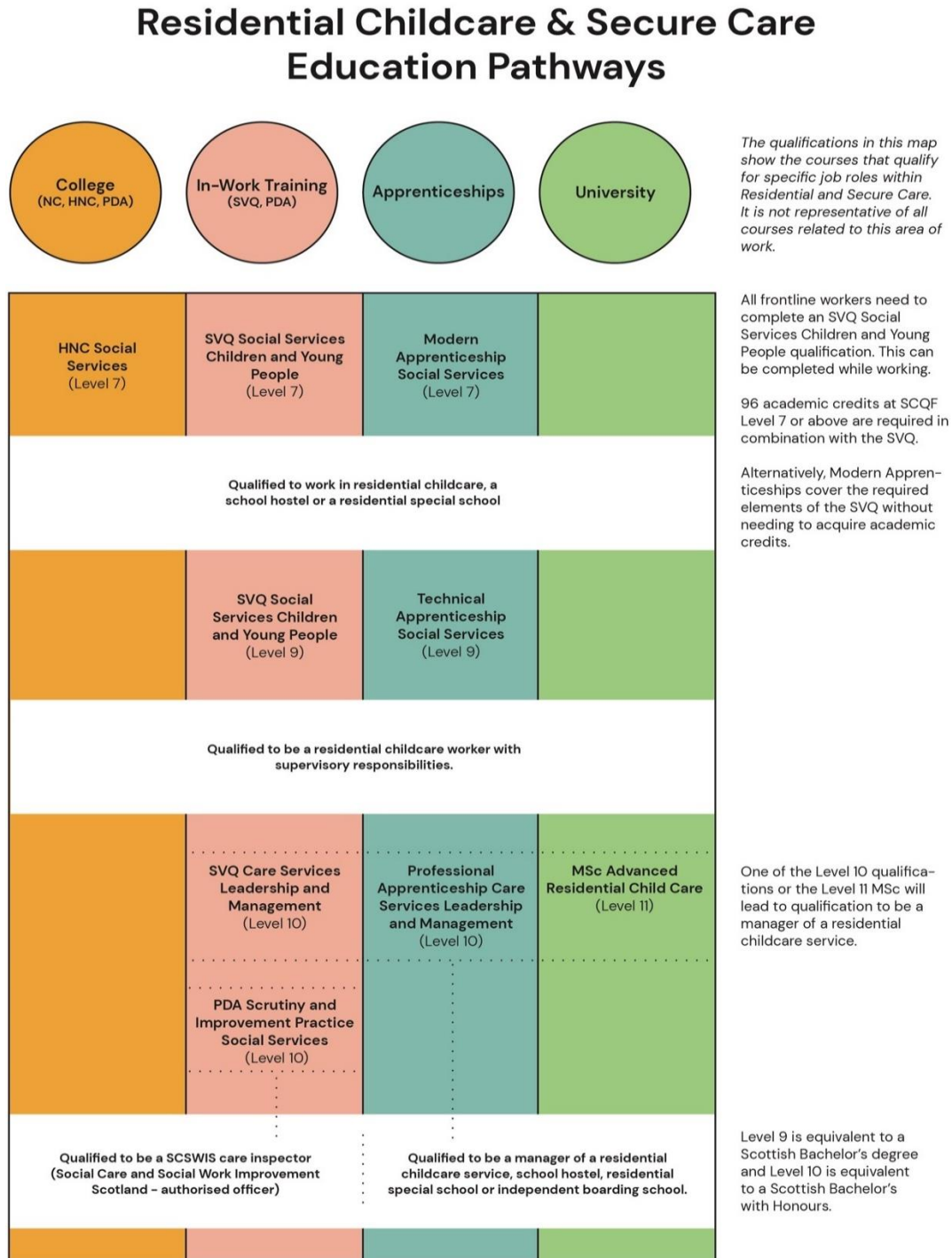
Table 6: Standards Summary

<b>Standard</b>	<b>Which levels of the Knowledge and Skills Framework for Psychological Trauma (NES, 2017) does this satisfy?</b>	<b>Summary of trauma-components included</b>
<p>National Occupational Standards, SVQ at SCQF Level 7, Practitioner, Core Units</p> <p>CCLD 301 HSC 032 HSC 033 HSC 034</p> <p>(National Occupational Standards, 2022a–2022d)</p>	<p>Partial coverage of Level 1: Trauma Informed</p>	<p>These specifications heavily emphasise a requirement to be able to recognise, respond, or prevent abuse. The term 'abuse' appears to be somewhat synonymous with the term 'trauma' in these standards — there is only a minor mention of the term trauma and no explicit mention of trauma informed approaches. Core Module HSC 034 (Promoting the safeguarding of children and young people) contains the vast majority of specifications relating to abuse.</p>
<p>National Occupational Standards, SVQ at SCQF Level 9, Lead Practitioner / Manager, Core Units</p> <p>CCLD 401 HSC 042 HSC 043 HSC 044</p> <p>(National Occupational Standards, 2022e–2022h)</p>	<p>Partial coverage of Level 1: Trauma Informed</p>	<p>These specifications, in line with the NOS requirements at the 'practitioner' level, heavily emphasise a requirement to be able to recognise, respond, or prevent abuse. There is additional responsibility to ensure that others also have access to information that would allow them to meet this requirement. The term 'abuse' appears to be somewhat synonymous with the term 'trauma' in these standards — there is only a minor mention of the term trauma and no explicit mention of trauma informed approaches. Core Module</p>

		HSC 044 (Promoting the safeguarding of children and young people) contains the vast majority of specifications relating to abuse.
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## Qualifying Education

Fig. 4 A diagram explaining Secure Care and Residential Childcare education pathways (note: a pdf of this image is available separately on request if a larger font size is needed)



- 6.5 All Residential Childcare Officers undertake an SCQF (Scottish Credit and Qualifications Framework) Level 7 qualification: either the SVQ 3 Social Services (Children and Young People) or the Modern Apprenticeship Social Services. Both courses are taken while working and are almost identical.
- 6.6 Students undergoing the SVQ 3 in Social Services at SCQF Level 7 must evidence a Practice Award of either 96 academic credits at SCQF Level 7 or above or have completed the HNC Social Services Level 7.
- 6.7 Whilst the HNC is not mandatory to enter the Residential Childcare or Secure Care workforce, it does provide a relevant backbone of education. The course is heavily guided by the SSSC's requirements and has little to no room for the educators' specific knowledge or interests to influence the qualification. This means that if the Knowledge and Skills Framework was to be embedded into the HNC education, the SSSC would need to be influenced to alter their requirements. The HNC providers in Scotland have a number of networks (such as the college Development Team and the Care Strategy Steering Group) to discuss important themes that arise across the courses and wider sector. These were noted as places where the inclusion of the Knowledge and Skills Framework could be discussed.
- 6.8 Students undergoing the Modern Apprenticeship Social Services at SCQF Level 7 receive additional support through a body like Skills Development Scotland and are not required to evidence previous qualifications (either 96 academic credits or another Level 7 qualification). Students may choose to begin this route through a two-year Foundational Apprenticeship in Social Services, which feeds directly into the Modern Apprenticeship in Social Services at SCQF Level 7 and, although unpaid, allows the student to gain four units of the SVQ 3 in Social Services at SCQF Level 7.
- 6.9 All education qualifications leading to a career in Social Care are approved by the SSSC. Additionally, all residential childcare staff need to adhere to SSSC standards, which involves attaining the SVQ 3 in Social Services at SCQF Level 7 within a five-year period and evidencing ongoing CPL. There is also a Level 9 Residential Childcare qualification that was developed by the SSSC in 2015, however, the implementation of this qualification was put on hold due to the [Independent Care Review](#). Now that the Independent Care Review has been published, implementation of this Level 9 qualification and the associated Residential Childcare Standards are being looked at again.

- 6.10 Some additional education exists for specific roles beyond the base qualifying route. For example, those wishing to become supervisors will need a Level 9 SVQF qualification, and to enter management will need a Level 10 SVQF. To become a supervisor, the qualification options are a SVQ Social Services Children and Young People at SCQF Level 9 or a Technical Apprenticeship Social Services at SCQF Level 9. To enter a managerial role, an SVQ in 'Care Services Leadership and Management' at SCQF Level 10 or a Professional Apprenticeship in Care Services Leadership and Management' at SCQF Level 10 is required. The Professional Development Award in 'Scrutiny and Improvement Practice' at SCQF Level 10 is needed to work as a Care Inspector with Social Care and Social Work Improvement Scotland.
- 6.11 One further course exists for workers in Residential Childcare: the MSc in Advanced Residential Child Care at the University of Strathclyde. This is an SCQF Level 11 and is the only course in the UK which offers a masters degree specifically in Residential Child Care. It is aimed at workers wishing to continue their development or leadership within the sector (University of Strathclyde, 2022).

### **Analysis against the Knowledge and Skills Framework for Psychological Trauma (NES, 2017)**

- 6.12 The analysis in Table 7 below focuses on specific units from within the HNC and SVQ qualifications. These units are included instead of unique courses offered by workplaces or colleges as the content is, for the most part, duplicated across colleges and workplaces as dictated by the Scottish Qualifications Authority.
- 6.13 A new version of HNC Social Services Level 7 is currently being piloted this year at three college campuses in Scotland and due to be rolled out as the current course offering from academic year 2023-24. The analysis below is on the current offering which will be out of date and due for review next academic year 2023. Each qualification or unit has been analysed based on SQA standards in order to identify what trauma informed components are included, and whether these are an addition to those required by SSSC specifications. In some instances, standards do not include any mention of trauma, or trauma informed material, however in these cases it can be assumed that each of these education programmes at a minimum satisfy the NOS, and the trauma informed components laid out within them.

Table 7: Units of HNC and SVQ Qualifications

<b>Qualification / Unit</b>	<b>Material Source</b>	<b>Which levels of the Knowledge and Skills Framework for Psychological Trauma (NES, 2017) does this satisfy?</b>	<b>Summary of trauma-components included</b>
<p>SVQ Social Services (Children and Young People) Level 7</p> <p>Unit: H5M4 04 (CCLD0327) — Support Children who Have Experienced Trauma</p> <p>(Scottish Qualifications Authority, 2022a)</p>	<p>Publicly available course modules analysed</p>	<p>Partial coverage of Level 1: Trauma Informed</p>	<p>There are several mentions of the word ‘trauma’ and some information regarding one definition of trauma and looking out for ‘adverse’ experiences or risk. The criteria for passing the unit also suggest the worker ‘seek support’ and ‘use supervision’ when the case is beyond their expertise or to cope with the effects of the case on the worker. The material mentions ‘respecting’ difference and belief and returning to the child’s wishes when implementing plans. The material does not explicitly mention trauma informed as a term or cover trauma informed principles.</p>
<p>HNC Social Services Level 7</p> <p>Unit title: Mental Health Issues in a Care Setting</p>	<p>Publicly available course modules analysed</p>	<p>No explicit evidence of trauma informed practice available.</p>	<p>The material mentions the existence of ‘trauma’ once as a factor in the outcome of ‘Mental Health Issues in a Care Setting’. However, the material in this unit is largely focused on spotting mental</p>

<p>Unit code: DH44 34</p> <p>(Scottish Qualifications Authority, 2022b)</p>			<p>health issues and knowledge of current therapies and how current legislation and policies around mental health affect the person receiving care. The material does not mention the National Trauma Transformation Programme or trauma informed responses.</p>
<p>HNC Social Services Level 7</p> <p>Unit title: Caring for Young People in Secure Care Settings</p> <p>Unit code: DM0F 34</p> <p>(Scottish Qualifications Authority, 2022c)</p>	<p>Publicly available course modules analysed</p>	<p>No explicit evidence of trauma informed practice available.</p>	<p>The material makes no mention of the words 'trauma' or 'trauma informed' but uses the phrases 'psychological perspectives' and 'psychological services' in reference to understanding the mental health context for young offenders and being aware of partnered services.</p>
<p>HNC Social Services Level 7</p> <p>Unit title: Understanding Loss and the Process of Grief</p> <p>Unit code: DH3W 34</p> <p>(Scottish Qualifications Authority, 2022d)</p>	<p>Publicly available course modules analysed</p>	<p>No explicit evidence of trauma informed practice available.</p>	<p>The unit focuses on identifying and working with grief and loss and references theories around grief. The material does not mention trauma or traumatic grief but does mention the effect on grief and loss on social care workers and the complexity of grief for individuals and different circumstances.</p>



## Employer Continued Professional Learning

- 6.14 For Residential Childcare Officers, common training includes Child Protection and Safeguarding, Food Hygiene, and Fire Safety training. Outwith these trainings, different organisations have different approaches to CPL depending on what knowledge is required of their workforce.
- 6.15 The Residential and Secure Care providers engaged in this study all saw the importance of a trauma informed workforce, however, were all at different stages of delivering training and are taking different approaches to implementation.
- 6.16 Some organisations are taking a whole-workplace approach, delivering training to executives, hospitality staff, trustees, and accountants as well as frontline practitioners and support staff.
- 6.17 For example, we heard from one private service provider who have a 'Trauma informed Coordinator' on staff and deliver 'Trauma Awareness' sessions to social care practitioners, support departments, executives and to the Board of Trustees. They are planning to offer 3 modules developed in-house that include trauma. These modules are: Attachment and relationships; Brain, body and relationships; and Endings, loss and grief. Whilst their efforts to embed trauma informed practice and create a more relationship-based culture of connection are in development stage, their ambition is to have modules spanning Level 1: Trauma Informed all the way through to Level 4: Trauma Specialist of the Knowledge and Skills Framework available for the relevant staff and service.
- 6.18 Another provider has embedded a trauma informed approach into their strategy. They deliver training one team at a time, meaning that whole houses gain the training as a collective and can support each other to maintain a trauma informed approach. The training for Residential Childcare Officers is four days long, achieving Level 3: Trauma Enhanced, and support staff join for the first day or two to gain at least Level 1: Trauma Informed training. Historically, trauma training was delivered by the pedagogy team and only a few staff would attend at the time, however, this was found to be ineffective in creating a trauma informed workplace.
- 6.19 A third service provider uses the Knowledge and Skills Framework eLearning training up to Level 3 Trauma Enhanced which is mandatory for everyone. Additionally, [Beacon House Developmental Trauma for Professionals](#) is an

online training available for residential managers and staff, and [Dyadic Developmental Practice \(DDP\)](#) is an in-person training delivered by DDP practitioners.

6.20 Finally, a fourth private service provider have developed their own training framework which is broken down into levels for different staff groups to achieve. This includes [PACE](#) training – a model of care to support children through the complex process of recovery from trauma that can be utilised across fostering agencies, residential settings and schools (PACE, 2022) – and some education on trauma. One Children’s Service Manager from the organisation has developed materials for two training days built around Level 1 and 2 of the Knowledge and Skills Framework and enhanced by materials from Beacon House. Their aim was to ensure that the training was very context-specific in order for it to be of most value for people working in Residential Childcare.

“Ultimately, I want to have everybody instinctively working in a trauma informed way” — Children’s Service Manager

6.21 Council-run services have a varied approach as to what additional training is available. As Argyll and Bute Council were part of the Knowledge and Skills Framework’s trial areas, the service we spoke to within this jurisdiction were aware of trauma training and had completed it at the time of the trial. However, it was reported to have lost momentum as there had not been any refresher courses or updates to this since the initial roll out.

6.22 Some organisations also reported barriers to integrating trauma informed practice into their workforces. One organisation observed a key tension across their workforce; that Residential Childcare and Secure Care workers support people who have experienced trauma on such a regular basis that they can become quite jaded when it comes to learning about trauma informed approaches, despite often expressing a desire to learn these very approaches. It was also mentioned that while they as an organisation are working towards a trauma informed workforce, they also work in close partnership with other organisations that do not necessarily have the same goal. This means that creating a wholly trauma informed workplace is a challenge when partners may not have the training or skills to deliver elements of a service in a trauma informed way. Others mentioned that poor staff retention can make it difficult to justify the continuous training, however, if trauma informed practice were a requirement in the procurement process, it would go a long way towards ensuring funding was in place to embed approaches to trauma properly.

## Frontline Workers' Experiences

6.23 Residential Childcare officers and managers noted a few main barriers towards embedding trauma informed practice in their area of work.

6.24 First and foremost is the complex landscape of qualification pathways. This complex landscape makes it difficult to embed standardised practices across the workforce.

6.25 Secondly, those working in Residential and Secure Care are working closely with people who have experienced trauma and therefore they often believe that they are already working in a trauma informed way. Frontline workers told us that they felt that impactful training would need to be more context-specific, removed of jargon and more extensive than the individual online training they were used to receiving.

6.26 Finally, Residential Childcare and Secure Care frontline workers can qualify on the job and therefore are always learning from placements and other people working around them. This environment makes it difficult to roll out standardised approaches like trauma informed practice.

“You can be a cab driver one day and then enter a role in residential care the next day.” —Residential Childcare Service Provider

6.27 One academic institution added that more of their students in training for roles in Residential or Secure Care organisations would be more likely to learn about trauma and trauma informed practice if it were recognised as a formal training that could be included in their CV.

## 7. Additional Findings

- 7.1 Themes in this section have emerged through conversations and exchanges with key stakeholders across all five areas of work, from educators and senior leaders to managers and frontline practitioners. These themes relate to all areas of work, and therefore have not been included in the above sections.
- 7.2 In some instances, findings in this section have been accompanied with recommendations. These recommendations have been suggested by the contractor as potential options for follow on work, building on the learning outcomes from this research.

### The limits of 'one-off' training

- 7.3 Several accounts across all five areas of work confirm a similar pattern of trauma informed training. Typically, trauma informed training is offered as a 'one-off,' in the form of a session or a short course, which, once complete, offers no follow-up materials or mechanisms to support meaningful ongoing development of trauma informed practice at an individual or organisational level. Even in instances where initial training was described as effective, in-depth, or well-rounded, the lack of sustained follow-on training was described as limiting and resulted in challenges scaling the impact of trauma informed approaches beyond specific individuals or teams, to workforces or organisations.

### **Recommendation:** Offer resources to support ongoing learning

- 7.4 Support organisations in the implementation journey of trauma informed practice, raising awareness of resources that encourage ongoing learning and discussion around trauma informed approaches. This could be realised in various ways, for instance:
- Raising awareness of existing conversation guides which help teams to reflect on trauma informed approaches periodically.
  - By highlighting existing resources or offering new ones that could underpin yearly top-up training.
  - By supporting coaching into practice of their learning and supervision and reflective practice where appropriate.

## Workplace Culture Around Training

- 7.5 Across all five areas of work, regulatory bodies (the NMC or the SSSC) require evidence of a certain level of continued professional learning for workers to remain on their registers through a renewal or revalidation process. The subject of learning covered in such continued professional development is highly flexible and broadly defined by both the NMC and SSSC as anything that supports a worker to learn more about their role:

*“We leave it up to you to decide what activity is most useful for your development as a professional” (NMC, 2021).*

- 7.6 With such flexibility in the specific learning focus(es) of continued professional learning, workplace culture plays a significant role in impacting what training is promoted, and whether the need for training is followed up in practice.

**Recommendation:** Focus on managers, supervisors, and team leaders

- 7.7 Recognise the significant role managers, supervisors and team leaders have in influencing the focus of their team's continued professional learning. Place resource towards targeting them with the NTTTP resources and give context to the critical value of trauma informed approaches.

## Child Protection — a common thread across all areas of work

- 7.8 Across all five areas of work, ‘Child Protection’ is a notable reoccurring training. All five areas of work complete some degree of Child Protection training. Child Protection is mandated locally and therefore training is provided locally which includes face-to-face learning, single and multi-agency learning, and eLearning. In addition, there are formal academic programmes through Higher Education Institutions in relation to Child Protection. Those we spoke to indicated that the Child Protection training they had encountered had limited inclusion of issues relating to trauma informed practice, and that it covers topics which are analogous to trauma informed practice such as how to support and protect vulnerable young people and identifying different types of abuse.

**Recommendation:** Explore how to align Child Protection with trauma informed principles

- 7.9 Explore how to embed trauma informed principles across all levels of Child Protection in Scotland. This might involve adapting the Knowledge and Skills framework for a Child Protection context and raise awareness of the importance of a trauma informed approach within Child Protection practices.

### **Trauma Informed Workplace, not just a Workforce**

- 7.10 A trauma informed workplace means that everyone within a workplace is aware of the impact of trauma, and that systems have been designed to be considerate to the needs of someone who has had experience of trauma. A trauma informed workplace, and not just a workforce, was often emphasised as an important factor in ensuring that children and families who have experienced trauma are engaged with in a trauma informed way. It is also important for ensuring that the systems supporting them are flexible to their needs and that frontline workers assisting them through potentially traumatising situations are appropriately supported too.
- 7.11 Many frontline workers described the importance of a trauma informed workplace in terms of interactions with the team working around them. To them, it is particularly important that members of a team can support each other to make the right decisions for a young person, with the knowledge that everyone is aware of trauma and the way it can impact one's actions. It is also important for all grades of staff to be reminded of the kinds of experiences that frontline workers might be managing. In this way, supervisors and team leaders would have the right tools to be sensitive to the vicarious trauma or secondary trauma that frontline workers may have experienced and can provide meaningful support to mitigate the impact that this could have.
- 7.12 Additionally, for Residential and Secure Care, it is important for a workplace to have a deep and shared understanding of what a trauma informed practice is in order to support each other to maintain this way of working strongly as a team, and to be able to articulate and pass on the practice to new members of the team.

### **Trauma informed training needs to be delivered in different ways**

- 7.13 Of all the areas of work, those in Secure Care and Residential Care most strongly emphasised the need for whole teams to be trained in approaches to trauma together, citing the highly collaborative, team-oriented style of work. However, these two areas of work experience significant capacity challenges

when it comes to training — they must maintain 24/7 services across 365 days of the year, making it near impossible to send full teams away for training.

7.14 One service provider, historically sent employees to conduct training in small groups unrelated to the teams they were working in. They found that this was unsuccessful in embedding a trauma informed practice across their services as only the odd employee would theoretically understand the impacts of trauma and might only theoretically know the best approach to support, thus it was not successful in embedding a practical approach to trauma. Currently, they ensure that full houses obtain training together over a series of four days through intense planning and bringing in a substitute team to take over a house. This has meant that team understanding of a trauma informed practice has been embedded into the way they work.

7.15 For Social Work, Health Visiting and School Nursing, training needs to be delivered throughout the organisation and to the Enhanced level for frontline staff. It is important that peer learning and critical discussion are supported across all types of roles.

### **Buzzwords and Knowledge Trends**

7.16 There is some caution and hesitancy around the terms ‘trauma’ or ‘trauma informed’. Although the importance of trauma informed approaches was not lost on most of those we spoke to, some had concerns that these terms were becoming ‘buzzwords’ or ‘knowledge trends’ used too casually or without appropriate rigour or definition.

7.17 Often, standards and training material used analogous or else broader terms to refer to similar themes. The terms ‘abuse’ and ‘vulnerable’ are most often used to refer to similar themes relating to psychological trauma, for example, standards outline requirements to “understand the needs of vulnerable children” or “recognise different types of abuse.”

7.18 In these instances, while it is clear that the language is making reference to subject matter that overlaps with that of a trauma informed approach, the lack of the explicit use of the term ‘trauma’ results in omission of certain key elements of a trauma informed approach — for instance ‘avoiding re-traumatisation.’

## **It is challenging to change entrenched practices**

7.19 The NTTP Knowledge and Skills Framework for Psychological Trauma provides a clear, straightforward learning framework for trauma informed practice, which is a useful tool to structure learning across an education pathway for new learners. However, much of the workforce that this research consulted with, felt they have already gained significant experience supporting those who have experienced trauma and developed their own informal ways of supporting or coping with trauma-experienced people. It was suggested that it may be difficult to change this group's approach, as their self-developed ways of doing are deeply ingrained.

## **Trauma informed training is often theoretical**

7.20 Frontline workers who only had access to Levels 1 or 2 of the framework and are dealing with people who have experienced trauma daily often referred to Trauma Informed training as theoretical. They spoke about the training feeling good and important to learn about, but hard to translate into their practice without further support.

7.21 The five areas of work which are covered in this research involve roles that must regularly support those who have experienced trauma, and as a result must regularly deal with complex situations. Frontline workers and their managers describe the importance of understanding how to manage complex experiences such as dealing with vicarious trauma, being able to reconcile between a child's and an adult's perspective on a traumatic experience when working with families and dealing with multiple family members who have experienced trauma:

*“The messiness of the job isn't really provisioned for in training. Social workers are supporting trauma-experienced children but are also supporting adoptive or kinship carers and other staff who may be experiencing second or third-hand trauma. The key problem here is that the training social workers get tends to provide a textbook understanding of what trauma is, but doesn't really clearly explain what to do about it in terms that are actually useful on a day-to-day.”*

*—Community Placement Service Manager*

7.22 Where training materials included information on how to respond to trauma in practice, it was typically criticised for being theoretical, and not context-specific



enough for the complexity of experiences that workers were dealing with on a day-to-day basis. This was often compounded by the format of the training — it was suggested that online, or video-based training provides no opportunities for detailed discussion about how to practically implement a trauma informed approach with a knowledgeable expert that has frontline experience. This format had the following negative implications:

- Some social workers reported experiencing anxiety as they did not feel properly trained to deal with trauma.
- Assumptions were formed across social work, health visiting and school nursing that they would always need to refer trauma-experienced children onto specialist support services.
- Assumptions were formed that any future trauma informed training would also be highly theoretical, and therefore of limited value.

7.23 One Residential Care service described a positive experience of receiving training which was delivered as a mixture of online and in-person learning, and the team participated as a group where they engaged in reflective discussion. This was described as highly effective, as the material triggered memories and grounded the learning in examples that were specific and relatable to the team.

7.24 Social Workers, and those working in Residential or Secure Care also noted that they were typically offered training which contained materials that were broadly aligned with Levels 1 and 2 of the Knowledge and Skills Framework, however, Levels 3 and 4 were much more appropriate for the challenges they were typically faced with.

*“A short course on what trauma is and a basic approach on how to respond to it isn’t really helpful.”*

*—Residential Care worker*

**Recommendations:** Support higher education institutions to deliver trauma-informed education

7.25 Recognise the significant role academic staff have in influencing the focus of their curriculum and provide support on how to use and teach the Knowledge and Skills Framework resources in an educational setting. Focus on developing their understanding of the value of trauma informed approaches, and their confidence in teaching this to others. There is also an opportunity here to

support the development of cross-institutional peer support and knowledge-sharing groups by hosting cross-institutional training sessions.

**Recommendation:** Help practitioners tailor the Knowledge and Skills Framework to their specific needs

7.26 Continue to support group-based learning and continue to explore other ways to help learners tailor their learning to their context. For example, by:

- Supporting open forums for specific areas of work.
- Raising awareness of existing case studies which provide examples of what trauma informed practice looks like in action.
- Raising awareness of existing resources for managers and team leaders to host group discussions about trauma informed training.

### **Regulatory bodies require support to embed new schools of thought**

7.27 Regulatory bodies play a key role within the learner journeys explored in this report as every area of work must adhere to their standards. The standards that are set by the NMC and the SSSC help shape these job roles, both in terms of what practitioners learn and how they practice alongside education institutions and employers. Currently, the NMC and SSSC do not have robust requirements that entirely cover trauma informed practice in their standards, despite some efforts to include elements of learning about trauma. In particular, the SSSC who are working on a number of different things including looking at how their CPL requirements can direct people towards certain topics such as trauma.

7.28 In order to successfully work to embed trauma informed practice into standards, there are certain things to consider. For example, the timelines that the SSSC and the NMC work towards are long term. This means that any significant changes to materials need to have longevity and fit into a ten-year plan. Additionally, the regulatory bodies are stretched in resources and often feel that new schools of thought are not able to be considered because the resources available tend to cover maintaining the existing frameworks rather than taking on new schools of thought, their nuances and how they impact the wider landscape of required education.

7.29 An example of the resources provided to embed specific training into an organisation was given by the SSSC, which had a full-time employee responsible for the roll-out of the [Dementia Framework](#) into social care standards. They were able to demonstrate the value of the framework across

the organisation and appropriately embed specifications in relevant learning materials.

**Recommendation:** Influence and support regulatory bodies to embed the NES Knowledge and Skills Framework for Psychological Trauma

7.30 One of the ways to influence learning across these five areas of work involves working with regulatory bodies (the NMC and the SSSC) to embed specifications set out in the NTTP’s knowledge and skills framework in their standards. Such work is already underway — for instance, there was significant consultation across the 4 countries for the NMC’s recent post-registration standards. For the SCPHN Health Visiting and School Nursing, this did result in the inclusion (and recognition) of trauma. Also from the SSSC who are exploring how to bring in topics such as trauma through CPL requirements and certain standards such as NOS.

7.31 This should be the responsibility of a full-time staff member, exclusively focussed on championing the benefits of trauma informed practice to regulatory bodies and offering support on how to embed appropriate learning specifications in the standards, when standards are being reviewed. The relevant standards that should be targeted are listed below.

Table 8: Relevant Standards

<b>Regulatory Body</b>	<b>Standard</b>
NMC	Standards of proficiency for registered nurses, 2018
NMC	Standards of proficiency for registered midwives, 2019
NMC	Standards of proficiency for specialist community public health nurses, 2022 Core Competencies
NMC	Standards of proficiency for specialist community public health nurses, 2022 Health Visitors
SSSC	Newly Qualified Social Worker Standards, Early Implementation Version, 2022
SSSC	Standards in Social Work Education (SiSWE)

SSSC	<p>National Occupation Standards, SVQ at SCQF Level 7, Practitioner, Core Units</p> <p>CCLD 301  HSC 032  HSC 033  HSC 034</p>
SSSC	<p>National Occupation Standards, SVQ at SCQF Level 9, Lead Practitioner / Manager, Core Units</p> <p>CCLD 401  HSC 042  HSC 043  HSC 044</p>

## Bibliography

- Abertay University (2022). *BSc (Hons) Mental Health Nursing*. Available at: <https://www.abertay.ac.uk/course-search/undergraduate/mental-health-nursing/> (Accessed: 11 September 2022).
- Anon (2019). *ACES to Assets 2019*. Available at: <https://www.carereview.scot/aces-assets-2019-health-education-care-justice> (Accessed: 6 September 2022).
- Beacon House (2020). *Developmental Trauma for Professionals*. Available at: <https://beaconhouse.org.uk/training/online-training-package-developmental-trauma-for-professionals-12-hours-learning> (Accessed: 8 September 2022).
- CALM (2020). *CALM Physical Intervention Course*. Available at: <https://calmtraining.co.uk/programmes/calm-physical-intervention-course/> (Accessed: 8 September 2022).
- Care Inspectorate (2022). *Key Question 7 – Care homes for CYP and school care accommodation*. Available at: [https://www.careinspectorate.com/images/documents/6605/Key%20Question%207%20-%20Care%20homes%20for%20CYP%20and%20schoolcare%20accomm.pdf?utm\\_medium=email&utm\\_source=govdelivery](https://www.careinspectorate.com/images/documents/6605/Key%20Question%207%20-%20Care%20homes%20for%20CYP%20and%20schoolcare%20accomm.pdf?utm_medium=email&utm_source=govdelivery) (Accessed: 11 October 2022).
- DDP (2022). *About DDP Training*. Available at: <https://ddpnetwork.org/professionals/training> (Accessed: 7 September 2022).
- Five to Thrive (2011). *Five to Thrive - An attachment-based approach to positive parenting*. Available at: <https://fivetothrive.org.uk/> (Accessed: 6 September 2022).
- Institute of Health Visiting (2022). *New NMC Standards for Specialist Community Public Health Nursing – Health Visiting*. Available at: <https://ihv.org.uk/news-and-views/news/new-nmc-standards-for-specialist-community-public-health-nursing-health-visiting/> (Accessed: 28 September 2022)
- KPJR Films (2016). *About - Resilience*. Available at: <https://kpirfilms.co/resilience/about-the-film/> (Accessed: 6 September 2022).

KRTS International (2018). *Trauma in the workplace: Resilience and recovery*. Available at: <https://cpduk.co.uk/courses/krts-international-trauma-in-the-workplace-resilience-and-recovery> (Accessed: 6 September 2022).

Loddon School (2022). *Loddon Training*. Available at: <https://www.loddonschool.org/loddon-training/> (Accessed: 8 September 2022).

Media Co-op (2016). *Trauma and the Brain: NHS Lanarkshire's EVA Services*. [Online video]. Available from: <https://mediaco-op.net/projects/nhs-lanarkshires-eva-serviceanimation> (Accessed: 11 September 2022).

My World of Work (2022a). *Health visitor*. Available at: <https://www.myworldofwork.co.uk/my-career-options/job-profiles/health-visitor> (Accessed: 6 September 2022).

My World of Work (2022b). *Social worker*. Available at: <https://www.myworldofwork.co.uk/my-career-options/job-profiles/social-worker> (Accessed: 7 September 2022).

National Occupational Standards (2022a). *CCLD0301: Promote effective communication*. Available at: <https://learn.sssc.uk.com/nos/units/CCLD/CCLD3/SCDCCLD0301.pdf> (Accessed: 11 September 2022).

National Occupational Standards (2022b). *HSC032: Promote health, safety and security in the work setting*. Available at: <https://learn.sssc.uk.com/nos/units/CCLD/CCLD3/SCDHSC0032.pdf> (Accessed: 11 September 2022).

National Occupational Standards (2022c). *HSC033: Develop your practice through reflection and learning*. Available at: <https://learn.sssc.uk.com/nos/units/CCLD/CCLD3/SCDHSC0033.pdf> (Accessed: 11 September 2022).

National Occupational Standards (2022d). *HSC034: Promote the safeguarding of children and young people*. Available at: <https://learn.sssc.uk.com/nos/units/CCLD/CCLD3/SCDHSC0034.pdf> (Accessed: 11 September 2022).

- National Occupational Standards (2022e). *CCLD0401: Maintain effective communication systems and practice*. Available at: <https://learn.sssc.uk.com/nos/units/CCLD/CCLD4/SCDCCLD0401.pdf> (Accessed: 11 September 2022).
- National Occupational Standards (2022f). *HSC0042: Lead practice for health and safety in the work setting*. Available at: <https://learn.sssc.uk.com/nos/units/CCLD/CCLD4/SCDHSC0042.pdf> (Accessed: 11 September 2022).
- National Occupational Standards (2022g). *HSC0043: Take responsibility for the continuing professional development of yourself and others*. Available at: <https://learn.sssc.uk.com/nos/units/CCLD/CCLD4/SCDHSC0043.pdf> (Accessed: 11 September 2022).
- National Occupational Standards (2022h). *HSC0044: Lead practice that promotes the safeguarding of children and young people*. Available at: <https://learn.sssc.uk.com/nos/units/CCLD/CCLD4/SCDHSC0044.pdf> (Accessed: 11 September 2022).
- NES (2019). *The Scottish Psychological Trauma Training Plan*. Available at: <https://traumatransformation.scot/app/uploads/2023/07/trauma-training-plan-final.pdf> (Accessed: 28 September 2022)
- NES (2017). *Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce*. Available at: <https://traumatransformation.scot/app/uploads/2023/09/nationaltraumatrainframe-work-final.pdf> (Accessed: 28 September 2022)
- NMC (2018). *Future nurse: Standards of proficiency for registered nurses*. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/standards-of-proficiency/nurses/future-nurse-proficiencies.pdf> (Accessed: 11 September 2022).
- NMC (2019). *Standards of proficiency for midwives*. Available at: <https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf> (Accessed: 11 September 2022).
- NMC (2021). *Continuing professional development – The Nursing and Midwifery Council*. Available at: <https://www.nmc.org.uk/revalidation/requirements/cpd/> (Accessed: 6 September 2022).

- NMC (2022a). *Standards for post-registration programmes*. Available at: [https://www.nmc.org.uk/globalassets/sitedocuments/standards/post-reg-standards/nmc\\_standards\\_for\\_post-registration\\_education\\_programmes-0609.pdf](https://www.nmc.org.uk/globalassets/sitedocuments/standards/post-reg-standards/nmc_standards_for_post-registration_education_programmes-0609.pdf) (Accessed: 27 September 2022).
- NMC (2022b). *Standards of proficiency for specialist community public health nurses*. Available at: [https://www.nmc.org.uk/globalassets/sitedocuments/standards/post-reg-standards/nmc\\_standards\\_of\\_proficiency\\_for\\_specialist\\_community\\_public\\_health\\_nurses\\_scphn.pdf](https://www.nmc.org.uk/globalassets/sitedocuments/standards/post-reg-standards/nmc_standards_of_proficiency_for_specialist_community_public_health_nurses_scphn.pdf) (Accessed: 11 September 2022).
- NQSW (2021). *Current NQSW registration requirements – SSSC NQSW website*. Available at: <https://www.nqsw.sssc.uk.com/home/information-for-nqsw/nqsw-registration-requirements/> (Accessed: 7 September 2022).
- NQSW (2022). *Newly Qualified Social Workers Standards*. Available at: <https://www.nqsw.sssc.uk.com/wp-content/uploads/2022/03/5.-NQSW-Standards-Early-Implementation-V3.pdf?x94328&x32037> (Accessed: 7 September 2022).
- PACE (2022). *What is meant by PACE? – DDP Network*. Available at: <https://ddpnetwork.org/about-ddp/meant-pace/> (Accessed: 7 September 2022).
- Public Health Scotland (2021). *Adverse Childhood Experiences (ACEs)*. Available at: <https://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces> (Accessed: 28 September 2022)
- Queen Margaret University (2022a). *PgDip Person-Centred Practice (Health Visiting)*. Available at: <https://www.qmu.ac.uk/study-here/postgraduate-study/2022/pgdip-person-centred-practice-health-visiting/> (Accessed: 11 September 2022).
- Queen Margaret University (2022b). *PgDip Person-Centred Practice (School Nursing)*. <https://www.qmu.ac.uk/study-here/postgraduate-study/2022/pgdip-person-centred-practice-school-nursing/> (Accessed: 11 September 2022).
- Robert Gordon University (2022a). *Course Information Database: BSc Nursing*. Available at: [https://www4.rgu.ac.uk/coursedb/disp\\_course\\_info.cfm?courserref=0604](https://www4.rgu.ac.uk/coursedb/disp_course_info.cfm?courserref=0604) (Accessed: 11 September 2022).



Robert Gordon University (2022b). *Course Information Database: Bachelor of Midwifery*. Available at: [https://www4.rgu.ac.uk/coursedb/disp\\_course\\_info.cfm?courserref=0155](https://www4.rgu.ac.uk/coursedb/disp_course_info.cfm?courserref=0155) (Accessed: 11 September 2022).

Robert Gordon University (2022c). *Course Information Database: MSc Advancing Practice*. Available at: [https://www4.rgu.ac.uk/coursedb/disp\\_course\\_info.cfm?courserref=0605](https://www4.rgu.ac.uk/coursedb/disp_course_info.cfm?courserref=0605) (Accessed: 11 September 2022).

Scottish Government (2015). *Universal Health Visiting Pathway in Scotland: pre-birth to pre-school*. Available at: <https://www.gov.scot/publications/universal-health-visiting-pathway-scotland-pre-birth-pre-school/> (Accessed: 6 September 2022).

Scottish Government (2018). *Specialist school nursing: priority areas and pathways*. Available at: <https://www.gov.scot/publications/school-nursing-role-integrated-community-nursing-teams-school-nursing-priority/> (Accessed: 6 September 2022).

Scottish Qualifications Authority (2022a). *CCLD0327: Support Children who Have Experienced Trauma*. Available at: [https://www.sqa.org.uk/sqa/files/aq/H5M4\\_04.pdf](https://www.sqa.org.uk/sqa/files/aq/H5M4_04.pdf) (Accessed: 11 September 2022).

Scottish Qualifications Authority (2022b). *DH44 34: Mental Health Issues in a Care Setting*. Available at: <https://www.sqa.org.uk/sqa/files/hn/DH4434.pdf> (Accessed: 11 September 2022).

Scottish Qualifications Authority (2022c). *DM0F 34: Caring for Young People in Secure Care Settings*. Available at: <https://www.sqa.org.uk/sqa/files/hn/DDM0F34.pdf> (Accessed: 11 September 2022).

Scottish Qualifications Authority (2022d). *Understanding Loss and the Process of Grief*. Available at: <https://www.sqa.org.uk/sqa/files/hn/DH3W34.pdf> (Accessed: 11 September 2022).

Solihull Approach (2022). *Welcome to the Solihull Approach*. Available at: <https://solihullapproachparenting.com/> (Accessed: 8 September 2022).

SSSC (2022a). *Working with children and families*. Available at: <https://www.nqsw.sssc.uk.com/resource/working-with-children-and-families/> (Accessed: 28 September 2022).

- SSSC (2022b). *Standards in Social Work Education (SiSWE)*. Available at: <https://learn.sssc.uk.com/siswe/siswe.html> (Accessed: 7 September 2022).
- SSSC (2022c). *Qualifications for working with children and young people*. Available at: <https://learn.sssc.uk.com/careers/children-and-young-people/pathway/index.html> (Accessed: 7 September 2022).
- SSSC (2022d). *What is fitness to practise?* Available at: <https://www.sssc.uk.com/fitness-to-practise/what-is-fitness-to-practise/> (Accessed: 7 September 2022).
- Taylor, J. (2021). *Understanding real trauma informed theory and practice*. Available at: <https://www.eventbrite.co.uk/e/understanding-real-trauma-informed-theory-and-practice-tickets-152939900359> (Accessed: 6 September 2022).
- The Open University (2022). *BSc (Honours) Nursing*. Available at: <https://www.open.ac.uk/courses/nursing-healthcare/degrees/bsc-nursing-r39> (Accessed: 11 September 2022).
- The University of the West of Scotland (2022a). *Undergraduate Programme Specifications*. Available at: [https://psmd.uws.ac.uk/ugprogrammes/UGProgrammeSpecsA\\_Z/UGProgrammeSpec.aspx?documentGroupCode=UG00507](https://psmd.uws.ac.uk/ugprogrammes/UGProgrammeSpecsA_Z/UGProgrammeSpec.aspx?documentGroupCode=UG00507) (Accessed: 11 September 2022).
- The University of the West of Scotland (2022b). *Postgraduate Programme Specifications (Health Visiting)*. Available at: [https://psmd.uws.ac.uk/PGProgrammes/PGProgrammeSpecsA\\_Z/PGProgrammeSpec.aspx?documentGroupCode=PG00119#structure](https://psmd.uws.ac.uk/PGProgrammes/PGProgrammeSpecsA_Z/PGProgrammeSpec.aspx?documentGroupCode=PG00119#structure) (Accessed: 11 September 2022).
- The University of the West of Scotland (2022c). *Postgraduate Programme Specifications (School Nursing)*. Available at: [https://psmd.uws.ac.uk/PGProgrammes/PGProgrammeSpecsA\\_Z/PGProgrammeSpec.aspx?documentGroupCode=PG00183](https://psmd.uws.ac.uk/PGProgrammes/PGProgrammeSpecsA_Z/PGProgrammeSpec.aspx?documentGroupCode=PG00183) (Accessed: 11 September 2022).
- University of Stirling (2022a). *BSc (Hons) Nursing – Adult*. Available at: [https://www.stir.ac.uk/courses/ug/nursing-adult-with-honours/#panel\\_1\\_3](https://www.stir.ac.uk/courses/ug/nursing-adult-with-honours/#panel_1_3) (Accessed: 11 September 2022).

University of Stirling (2022b). *MSc Early Years Practice Health Visiting*. Available at: [https://www.stir.ac.uk/courses/pg-taught/early-years-practice-health-visiting/#panel\\_modules\\_002](https://www.stir.ac.uk/courses/pg-taught/early-years-practice-health-visiting/#panel_modules_002) (Accessed: 11 September 2022).

University of Strathclyde (2022). *MSc Advanced Residential Child Care*. Available at: <https://www.strath.ac.uk/courses/postgraduatetaught/advancedresidentialchildcare/> (Accessed: 11 September 2022).

## Annex A. List Of Contributors

<b>Contributors</b>	<b>Method of Participation</b>
Assistant Director, Barnardo's Scotland	Service Providers Survey
Health Visitor Team Leader, NHS Fife	Service Providers Survey
Trauma-informed Coordinator, Quarriers	Service Providers Survey
Learning & Development Manager, Anonymous service provider	Service Providers Survey
Social Worker (Anon)	Service Providers Survey
Health Visitor, Scottish Borders	Frontline Workforce Survey
Trainee School Nurse, Orkney	Frontline Workforce Survey
Health Visitor, West Linton Medical Centre	Frontline Workforce Survey
Health Visitor, NHS Lanarkshire	Frontline Workforce Survey
School Nurse, NHS Ayrshire & Arran	Frontline Workforce Survey
trainee School Nurse, South Lanarkshire	Frontline Workforce Survey
Health Visitor, Kilmarnock	Frontline Workforce Survey
School Nurse, Western Isles	Frontline Workforce Survey
School Nurse, East Ayrshire	Frontline Workforce Survey
Workforce Planning Advisor, SSSC	Interview
Learning and Development Manager, SSSC	Interview
Learning and Development Adviser, Workforce Planning, SSSC	Interview
Children and Families Social Worker, Anonymous Service Provider	Interview
Children and Families Social Worker, Renfrewshire	Interview
Health Visitor Team Leader, Greater Glasgow and Clyde	Interview

Health Visitor Team Leader, NHS Grampian	Interview
Residential Care Officer, Edinburgh City Council	Interview
Residential and Aftercare Manager, Argyll and Bute Council	Interview
House Manager, Oban, Argyll and Bute Council	Interview
Children Services Manager, Action for Children Moray	Interview
Clinical Director, Kibble	Interview
Senior Manager, Children's Resources, Argyll and Bute Council	Interview
Social Work Lecturer, University of Stirling	Interview
Lecturers - School of Nursing, Midwifery and Paramedic Practice, Robert Gordon University	Interview
Head of Health & Social Care, Ayrshire College	Interview
Policy Associate, Children & Families, and Digital Lead, Coalition of Care and Support Providers in Scotland (CCPS)	Interview
Children and Families Policy & Practice Lead, Social Work Scotland	Interview
Protecting Children Policy & Practice Advisor, Social Work Scotland	Interview
Principal Educator, NHS Education for Scotland	Interview
Nurse Education Advisor, Nursing and Midwifery Council	Email Correspondence
Qualifications Officer, Scottish Qualifications Authority	Email Correspondence
Academic Programme Lead, School of Health Sciences, University of Dundee	Email Correspondence
Interim Head of Department / Senior Lecturer, Department of Nursing & Community Health, Glasgow Caledonian University	Email Correspondence

Community Placement, Social Work Scotland Children and Families	Group Discussion (20 participants)
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## **Annex B. Mandatory Trainings Across The Five Areas Of Work**

There may be additional mandatory trainings required by different local authorities or organisations.

<b>Health Visitors and School Nurses</b>	<b>Children and Families Social Workers</b>	<b>Secure and Residential Childcare Workers</b>
Public Protection	PGCert Child Protection	Child Protection and Safeguarding
Child Protection		Food Hygiene
The Neglect Toolkit		Fire Safety training
		Health and Safety



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