

Trauma-Informed Inquiry – Feedback Report on the Eljamel Inquiry’s consultation exercise

1. Acknowledgement

The Chair and Inquiry Team are extremely grateful to all who contributed to the Trauma-Informed Inquiry consultation.

We recognise that re-engaging with traumatic experiences can itself be retraumatising, and we appreciate the emotional cost borne by many participants. Although not every point raised can be included in this report, every submission has been read and considered and has informed our thinking and approach. Matters better addressed through the Inquiry’s investigative work have been excluded here but will nonetheless be taken forward appropriately.

We also acknowledge that for many, the experiences described here, particularly involving physical and psychological pain, may be difficult to read about.

2. Purpose and Approach

This report summarises what we were told during the consultation and outlines how the Inquiry intends to develop further its trauma-informed approach.

We recognise that what is appropriate for some may be unsuitable for others; therefore, publishing these findings provides an opportunity for further comment. While we cannot respond in detail to every individual suggestion at this stage, we will continue to issue further updates as to how our trauma-informed approach is developing, in particular in light of any representations we receive, as our work progresses. Where a proposal made in the consultation lies outside what the Inquiry can deliver, we state this clearly, as requested by respondents.

3. Methodology

The consultation ran from 21 November 2025 to 12 January 2026. Sixty-five responses were received, mostly through the anonymous online questionnaire, enabling people to participate without barriers linked to identification or re-exposure to trauma. Respondents represent a self-selecting group. Every contribution has been considered individually and not weighted by volume. The diversity of views reflects the fact that trauma affects each person differently. Consequently, a trauma-informed Inquiry cannot meet every individual need, but it can remain responsive, compassionate, and open to learning throughout its progress.

4. Summary of responses by Consultation Question

Safety

Respondents stressed that safety encompasses far more than physical security. Emotional, psychological, and practical supports were seen as essential. Many welcomed existing measures including the Inquiry's continued commitment to providing secure venues, emotional support at hearings, and trauma-informed training for staff but sought clearer explanation of available support, including for those engaging remotely. A major theme was the need to reduce repeated retelling of traumatic experiences and to ensure participants felt believed, respected, and in control. Respondents also requested detailed practical information ahead of hearings, sensitivity to mobility and health challenges, and reassurance that their engagement would not affect access to healthcare.

Trustworthiness

Trust was repeatedly described as essential but fragile. Participants emphasised that earlier experiences such as lost records, barriers to care, and lack of accountability made trust difficult to rebuild. Transparency, plain-language explanations, consistent updates, and evidence that no cover-ups will occur were regarded as fundamental. Respondents sought clarity on missing records, decision-making processes, and the Inquiry's independence, as well as assurances regarding confidential handling of personal information. Ultimately, many stated that trust will depend on the Inquiry's actions and its willingness to confront uncomfortable truths.

Choice

Meaningful choice was seen as central to restoring agency to those who have been disempowered by trauma. Different preferences for receiving communication from the Inquiry were shared, ranging from written information only to direct contact via the telephone or face-to-face meetings. We heard that it has been hard to understand the roles of the different organisations involved in the wider process and that some information former patients have received from organisations associated with the Inquiry's work has been confusing. Many respondents asked for clear, concise, jargon-free information; options to attend hearings online or in person; flexibility regarding timing; and manageable volumes of communication. Several also emphasised the need for adequate time to prepare for hearings or complete forms and stressed the emotional difficulty and cognitive challenges that can accompany participation. Better explanation of the role of the Independent Clinical Review (ICR) was also requested.

Collaboration

Respondents asked for accessible and inclusive mechanisms for contributing to the Inquiry. Many wished to see more trauma-informed support, simplified processes, consistent communication, and equitable treatment regardless of legal representation. Participants emphasised that collaboration must be genuine, with

clear evidence that their input shapes Inquiry decisions. Concerns were raised about digital exclusion and the emotional burden of participation.

Empowerment

Empowerment, for most, meant being heard, believed, and seeing their experiences reflected in tangible outcomes. Respondents asked for clear explanations of how lived experience influence decisions, the opportunity to tell their full story appropriately, and updates that explain how their contributions affect the Inquiry's work. Participants highlighted the emotional cost of repeatedly seeking help and the importance of trauma-informed engagement throughout.

Other Considerations

Respondents described complex and ongoing impacts including chronic pain, financial hardship, family trauma, social isolation, and barriers to medical care. Many rejected the label "victim," preferring recognition as individuals with distinct experiences. Concerns included the destruction of evidence, time-bar issues, and fears that systemic failures within and associated with healthcare persist. Several requested long-term therapy, improved NHS communication, and clear opportunities to challenge perceived inaccuracies.

5. Lessons and Conclusions

Four core lessons have emerged:

1. **Complexity and unfamiliar processes can overwhelm participants who have had traumatic experiences.** The Inquiry must remain responsive, clear, and open to evolving needs.
2. **Roles and responsibilities require clearer explanation,** including the distinction between the Inquiry, legal representatives, and the ICR.
3. **Trauma-informed principles are interconnected.** Safety relies on trust; trust relies on collaboration and choice; and all depend on independence and clarity.
4. **Participants strongly value being heard.** Former patients want the Inquiry to understand their experiences without requiring repeated retelling of traumatic events.

6. Actions and Next Steps

The Inquiry will take account what we have learned. These are some of the steps we will take.

Emotional and Psychological Support

Respondents sought increased access to trauma-informed practitioners, including for remote participants, and clearer information about quiet spaces at hearings. While the Inquiry cannot provide long-term therapy or establish a counselling service, we are strengthening arrangements for emotional support during engagement and will expand trauma-informed training for all staff. Those who follow our hearings online will now have access to similar emotional support to those who attend in person. We will also provide participant support sessions for witnesses before and after they attend hearings. There is also a new page on our website which signposts to sources of support the Inquiry is aware of to assist those looking for appropriate services or information.

Communication

It isn't clear to some people who is responsible for what. How legal representatives, the ICR, the Scottish Government, and the Inquiry itself relate to one another is intrinsically confusing and some of the information people have received from a variety of sources has been hard to understand. Respondents asked for plain-language, concise, and regular updates; avoidance of jargon; predictable timelines; and personalised responses. The Inquiry will introduce a regular plain-English newsletter and will improve clarity around our timetable constraints. Communications will continue to be offered in multiple formats, including in hard copy on request, and more videos explaining our work. When we use online forms, we will test them to make sure they can be completed on a variety of devices, including mobile phones. To offer more flexible communication choices we are providing a telephone number where messages can be left for the Inquiry.

Transparency and Trust

Respondents sought clear explanations of decisions, openness about missing records, and visible independence. The Inquiry's Public Hearings Protocol sets out the structure of our six evidential phases, and the identity of witnesses who will be asked to attend to provide oral evidence will be made public ahead of hearings. Decisions will continue to be explained in writing and at hearings.

Choice and Control

Respondents requested options for in-person, remote, or written participation; flexible communication arrangements; and the ability to take breaks during hearings. Where possible, we will accommodate communication preferences and continue to support breaks and quiet spaces.

Being Heard and Respected

The ICR process and the ability of patients or patient representatives to contribute to it play a central role in enabling individual stories to be heard once, rather than repeatedly. Lived experience has already shaped the Terms of Reference and List of Issues and will continue to inform the Inquiry's work.

Accessibility and Inclusion

We will continue to offer hard-copy forms, test digital forms for mobile use, and ensure remote participants are supported. Emotional support will be available to all participants equally at hearings regardless of participant status.

Practical Support

Clear information about travel, accessibility, and venue arrangements will continue to be provided. We are introducing a system allowing attendees to request access the building without passing media or protesters.

Ongoing Harm

We recognise the continuing impacts described by many respondents and will make every effort to minimise re-traumatisation during participation and accommodate individual health needs.

Accountability and Systemic Change

Respondents stressed the importance of examining systemic failures beyond individual actions. The Inquiry's Terms of Reference reflect the requirements for broad systemic investigation which the Inquiry is already undertaking. While the time-bar issue is outside of our remit, changes in relevant policy since the consultation have been noted. The Chair is empowered to make recommendations which seek to promote systemic change, where he considers it appropriate.

As far as accountability is concerned, the Inquiry's Terms of Reference empower the Chair to make findings about matters falling within his remit, including (where appropriate) to identify things which fell below a reasonable standard, why they did, as well as who or what organisations were responsible. The Inquiry will investigate and examine and hold those responsible for any failings accountable.

Further updates will be provided during at Inquiry hearings.

Being trauma-informed is an ongoing process rather than a fixed state. The Inquiry will continue to listen and adapt throughout its work, as its published principles commit it to doing.

7. Thanks

We again thank all respondents for their honesty, courage, and generosity in contributing to this consultation. Their insights are central to ensuring the Inquiry is conducted in as trauma-informed a manner as possible.