Trauma informed practice in justice services interviews project
- Final Report –

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Contents

Executive summary

Background

- This project sought to explore the implementation of Trauma Informed Practice (TIP) within justice services in one Health and Social Care Partnership (HSCP) in Scotland.
- This project had the following key aims: (1) to identify any barriers and facilitators to implementation of TIP in justice services, (2) to gain an understanding of senior justice workers' experiences (of barriers and facilitating factors) in implementing TIP in their services. This work was situated within a broader analysis of TIP in public services throughout Scotland.

Method

- Between January 2022 and October 2022, qualitative data were collected from 22 senior justice workers in justice services in one HSCP in Scotland. Participants were senior staff and so were responsible for implementing TIP in their services.
- Participants were contacted via email to recruit for interview and were sent participant information sheets and consent forms. Once consent was received, online interviews were organised to take place at each participant's convenience.
- Interviews were audio-recorded, transcribed in full verbatim, and analysed using a thematic approach.

- Qualitative data that related to barriers or facilitators to implementation of TIP were developed in accordance with quality reporting for qualitative research.

Results

- Following the qualitative analysis, three barriers and three facilitating factors to implementing TIP in justice services were identified.
- The barrier themes were:

    o (1) physical environment not conducive to TIP
    o (2) limited resources and infrastructure to support TIP
    o (3) resistance to change.

- Themes which related to facilitators were:

    o (4) recognition and validation of the importance of TIP through training
    (5) focus on staff wellbeing and therapeutic support as priority
    o (6) flexible and creative ways of working within contextual restraints.

Discussion

- The implications of these findings impact on the service user, provider and organisational level, emphasising the importance of implementing a strengths-based, non-pathologising approach to TIP service delivery within justice services that avoids re-traumatisation to service users and providers.
- Emphasis is placed on the importance of overcoming barriers to implementing TIP through adopting a whole systems approach to TIP staff training, support for staff wellbeing, access to reflective supervision and resources to establish psychologically safe and therapeutic working environments.

Conclusions

- From reflecting on the interviews conducted with senior justice workers, a number of key barriers and facilitators to implementing TIP were found.
- Staff require service-wide support which is tailored to the needs of staff working in justice services.
- Staff need to feel confident and able to deliver TIP following the training sessions.
- Justice services need to promote, encourage and maintain the expectation that TIP is a priority. The culture of within justice services and other complimentary initiatives can be beneficial for the success of TIP.

Background

This report presents evidence from an in-depth qualitative research project which took place between January 2022 and October 2022. The project was designed to investigate the facilitators and barriers to implementing TIP in justice services in one HSCP in Scotland. This report provides some background on these issues before reporting on the main results and drawing conclusions.

Trauma and justice services

Offenders entering the justice system are often trauma survivors. Given the lasting effects of trauma and the high risk of re-traumatisation within justice services (Kimberg & Wheeler, 2019), there have been efforts to incorporate TIP into this working context. Re-traumatisation can increase the risk of re-offending and other negative outcomes. However, the factors that help or hinder the implementation process of TIP in justice services have not received enough attention.

Trauma informed practice (TIP)

In recognition of the effects of trauma and its prevalence among people that engage with public services, the concept of TIP emerged in the 1990s (Becker-Blease, 2017; Wilson et al., 2015), alongside similar reform movements, such as patient-centred care and the recovery movement. Following implementation in various other settings (e.g., physical health [Raja et al., 2015]; education [Carello & Butler, 2015]; housing [Brocious, 2021]; and social care [Levenson, 2017]), there have been efforts to implement TIP within the justice system (Kimberg & Wheeler, 2019). Whilst preliminary implementation findings are encouraging, it is yet to be clear how TIP

can successfully be integrated into the highly challenging environment of justice services and the appropriateness of this integration is part of an ongoing debate (Petrillo, 2021).

Defining TIP

Despite the lack of a universal definition, within the pioneering work of Harris & Fallot (2001a; 2001b) and Bloom & Farragher (2013), TIP can be defined as: "a system development model that is grounded in and directed by a complete understanding of how trauma exposure affects service users' neurological, biological, psychological and social development" (Paterson, 2014). It is associated with the adoption of a strengths-based, non-pathologising approach that focuses on the development of appropriate coping mechanisms and taking measures to avoid causing further distress or retraumatisation (Sweeney et al., 2016).

There are four key assumptions and six key principles that underly TIP (Maynard et al., 2019). According to the model of ''Four R's'' (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014), TIP involves: *realising* the impact of trauma; *recognising* signs of trauma; *responding* by incorporating knowledge and research on trauma into policies, procedures and practices; and *resisting* re-traumatisation. Key principles include: safety; trust and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and acknowledgement of cultural, historical and gender issues (Fallot & Harris, 2006; SAMHSA, 2016).

These key assumptions and principles are implemented across three domains of a trauma-informed setting:

1) workforce training and development
2) trauma-focused services
3) organisational change

People who are engaged with justice services are often survivors of complex trauma yet that trauma is often overlooked (Kar, 2019). They are more likely to have experienced adverse childhood experiences in their lives compared to the non-offending community population (Grady et al., 2016; Levenson et al., 2014; Reavis, 2013; Fox et al., 2015).

Entering justice services as a trauma survivor entails a high risk of re-traumatisation. One of the reasons behind this relates to the use of ''power-over'' relationships that replicate power and powerlessness already experienced by the individual in their past (Sweeney et al., 2018). Other common triggers include yelling, loud noises, restraint, being touched, being threatened (Covington, 2022) and intrusive and insensitive questioning (Baillot et al., 2014). These findings stress that prevention and recovery highly depend on addressing the underlying trauma that perpetrators often have survived (Gerber & Gerber, 2019).

The role of a trauma-informed and trauma-responsive service provision is crucial in this process. A trauma-informed workforce understands the process of trauma and its link to clients' presenting difficulties and maladaptive coping strategies. Next, a trauma-responsive organisation reviews policies and procedures and incorporates acquired knowledge into all aspects of operational practice with the primary focus

being eliciting safety for clients (Covington, 2022; Covington & Bloom, 2018; McAnallen & McGinnis, 2021). These changes in policies and procedures should be accompanied by an infrastructure that guides and supports a trauma-responsive environment (Covington, 2022).

Findings from the implementation of TIP within justice services show an association with a series of positive outcomes, including the development of pro-social coping skills, increased client engagement and better client outcomes, safer environments and improved staff morale (Miller & Najavits, 2012).

Whilst there is a consensus that TIP should be embraced, limited evidence exists with regards to the steps that organisations and systems should follow to enable its implementation (Hanson & Lang, 2016). Moreover, Branson et al. (2017) argue that, despite the core assumptions and principles remaining the same across systems, the implementation process needs to be tailored to fit the unique characteristics and challenges of each system.

Although previous studies have contributed to increasing the understanding of how TIP can be operationalised, implementation efforts have mostly been targeted on the fields of mental health (e.g., Browne et al., 2020; Wilson et al., 2017), drug and alcohol use (e.g., Leitch, 2017; Coffey et al., 2016), education (e.g., Wassink – de Stigter et al., 2022) and primary care (e.g., Reeves, 2015), and less extensively within justice services. Within justice services specifically, studies have appeared to focus more on TIP implementation in juvenile settings (e.g., Anderson & Walerych, 2019; Branson et al., 2017; Ezell et al., 2018), and less in the adult justice system. Additionally, the majority of these studies have been conducted in North America, with only two having been conducted in the UK and one in Ireland (McAnallen & McGinnis, 2021). Practitioners' perspectives on TIP implementation have been explored to a limited extent and mainly in non-UK settings, such as USA, Canada, Australia and New Zealand (e.g., Isobel et al., 2020). In line with these findings, identification of enablers and barriers to TIP implementation, which has been argued to be inherent to successful implementation, has only been explored to a limited extent (e.g., Lovell et al., 2022).

Investment in TIP is highlighted at national level by the integration of TIP to the Knowledge and Skills Framework for the Scottish Workforce which is part of the Scottish Government's commitment to develop a National Trauma Training Strategy. Whilst a number of studies have been conducted to explore the implementation of TIP from the clients' perspective (e.g., Kirst et al., 2017), mainly in non-UK settings, such as USA, Canada, Australia and New Zealand (e.g., Isobel et al., 2021; Ezel., 2019), little research has explored practitioners' perspectives on TIP implementation.

Therefore, gaps in existing literature were identified as follows:

1) providing further insight into how TIP can be implemented within justice services
2) understanding practitioners' perspectives in a local context to uncover barriers and facilitators to TIP implementation.

The present study

The primary aim of this study was to incorporate senior justice workers' understandings and experiences of trauma-informed training and practice to provide further insights and evidence-based implications for practice. A secondary aim was to understand the barriers and facilitators to TIP implementation within a justice setting.

This project had the following key aims:

1. To identify key barriers and facilitators to implementation of trauma informed practice (TIP) in justice services.
2. To gain an understanding of senior justice workers' experiences of implementing TIP in their services.

Method

Participants

Our intention was to collect data from senior justice workers from within justice services where TIP had been implemented via semi-structured interviews. Participants characteristics are detailed in table 1.

Table 1

Participant	Job Title	Gender	Age	Years of Experience	Training completed
Michael	Team Leader	Male	50	18	Safety & Stabilisation
Emma	Team Leader	Male	52	19	Safety & Stabilisation
Samuel	Service Manager	Male	43	5	Safety & Stabilisation, STILT
Stewart	Team Leader	Female	61	17	Safety & Stabilisation, STILT
Ben	Team Leader	Male	51	2	Safety & Stabilisation
John	Team Leader	Male	54	2.5	Safety & Stabilisation
Alison	Team Leader	Female	37	0.5	Safety & Stabilisation
Clare	Service Manager	Female	43	1	Safety & Stabilisation
Donna	Service Manager	Female	–	6	Safety & Stabilisation
Gregg	Team Leader – Criminal Justice	Male	39	10	Safety & Stabilisation
Sara	Team Leader	Female	36	2	Safety & Stabilisation
Jennifer	Team Leader – Social Worker	Female	40	2	Trauma level 3

Lauren	Team Leader – Criminal Justice	Female	44	0.12 (1 month)	Child Protection Post Graduate Certificate
Lynn	Team Leader	Female	42	9	Safety & Stabilisation
Elaine	Service Manager	Female	50	1.5	STILT
Elizabeth	Team Leader	Female	62	20	4 days
Craig	Team Leader	Male	48	11	Safety & Stabilisation
Steven	Social Worker	Male	47	18	Trauma informed Scottish Training via Scottish Prison Service
Laura	Team Leader	Female	33	0.24 (2 months)	Don't know
Margaret	Social Work	Female	47	22	Safety & Stabilisation
Mary	Team Leader	Female	41	18	Safety & Stabilisation

Interview schedule

The interview schedule was developed for the purposes of this project. The aim of the schedule was to gain an understanding of participants' experiences of implementing TIP in their services, concentrating on themes that highlight facilitators and barriers to implementation.

The interview schedule is presented in full in Appendix A.

Procedure

Ethical approval was granted by the University of Strathclyde Ethics Committee. Recruitment was conducted between February 2022 and April 2022. Participants who met the inclusion criteria were contacted via email, which directed them to an online Participant Information Sheet that provided them with details about the study and the researchers' contact details. Potential participants were then invited to complete an 'expression of interest' survey, where they provided basic demographic details and expressed their consent to participate by signing the consent form online. Once expression of interest was received by the research team, the potential participant was contacted by the lead researcher to arrange a convenient time for the interview to take place. Due to government restrictions in face-to-face encounters in response to the COVID-19 pandemic, interviewing was conducted online using Microsoft Teams.

Interviews were held for 35 to 59 minutes with an average interview time of 48 minutes. Following completion of the interview, each participant was contacted via email by the lead researcher, who shared a Debrief Form with the participant sent via email. A £20 online Gift Voucher was also sent to each participant as a thank you for their participation in the study. Twenty two interviews were conducted in total between February 2022 and April 2022. These interviews were later transcribed verbatim and all identifying information was removed from the transcripts prior to analysis.

The interview schedule included questions around seven areas: (1) Working Context; (2) Trauma-informed Practice and training undertaken, (3) Workplace support; (4) Enablers and barriers to implementation; (5) Wellbeing; (6) COVID-19 impact; (7) Quality indicators and change. The questions were worded in a broad, open-ended and non-judgemental way to allow interviewees to respond in their own terms (DeJonckheere & Vaughn, 2019).

Analysis

To understand the barriers and facilitators which impact implementation of TIP, a qualitative thematic analysis was used (Braun & Clarke, 2006). Thematic analysis allows a systematic approach to be taken when analysing qualitative data and is content-sensitive, resulting in an understanding of key concepts in relation to the conversation as a whole.

The analysis of the transcribed data was guided by Braun & Clarke's (2006) six-phase Thematic Analysis method, as it is a structured, yet flexible approach that can provide a rich and detailed, yet complex account of data (Nowell et al., 2017). First, transcribed data was read and re-read actively to allow immersion in the data and noting initial ideas. Next, data was organised at a granular level by labelling data extracts with relevant codes. An inductive, ''data-driven'' approach was adopted to code data, as the researcher was not interested in trying to fit the coding process into a pre-existing coding frame or specific analytic preconceptions (Clarke & Braun, 2017). During the third phase, previously generated codes were examined and compared. Codes that were similar or overlapped were collated together and initial themes were constructed. During the fourth phase, themes were reviewed, modified and developed to ensure that they were coherent and distinct from each other. This process was guided by reflective type questions about the themes' meaning, boundaries and the amount of data to support them. Themes were reviewed in relation to the entire data set to ensure that they captured the essence and tone of the data. During the fifth stage, a definition and narrative description of each theme was produced and a thematic map was created to organise themes, sub-themes and representative extracts from the transcribed data. Finally, during the sixth phase, a report was produced to present a narrative of the data grounded in participants' perspectives (Clarke & Braun, 2017; Kiger & Varpio, 2020).

Rigour, transparency and quality of reporting were followed using Qualitative Checklist Criteria, COREQ (COnsolidated criteria for REporting Qualitative research) guidelines (Tong et al., 2007) and APA Style JARS-Qual (Journal Article Reporting Standards) guidelines (Levitt et al., 2018). Some of the strategies used to ensure quality include maintaining an audit trail and a reflective journal throughout the study (Tomaszewski et al., 2020).

Results

Twenty two participants (n = 22) took part in this study, out of which 38% (n = 8) identified as males and 62% (n = 13) as females. The participants' age varied between 33 and 62 years and the mean age was 46.00 years (SD = 7.75). Most of the participants were Team Leaders and the majority stated that they practiced both on-site and remotely during the COVID-19 pandemic. Participants' number of years in practice varied from 0.12 years (1 month) to 22years, with an average of 8.80 years (SD = 7.95). Most stated that they received the Safety & Stabilisation (S & S) Training provided by NES. Participant characteristics are illustrated in Table 1 (p. 8).

The themes identified as barriers were: (1) physical environment not conducive to TIP, (2) limited resources and infrastructure to support TIP and (3) resistance to change. Themes which related to facilitators were: (4) recognition and validation of the importance of TIP through training (5) Focus on staff wellbeing and emotional support as priority, (6) flexible and creative ways of working with contextual restraints (see diagram 1).

Diagram 1.
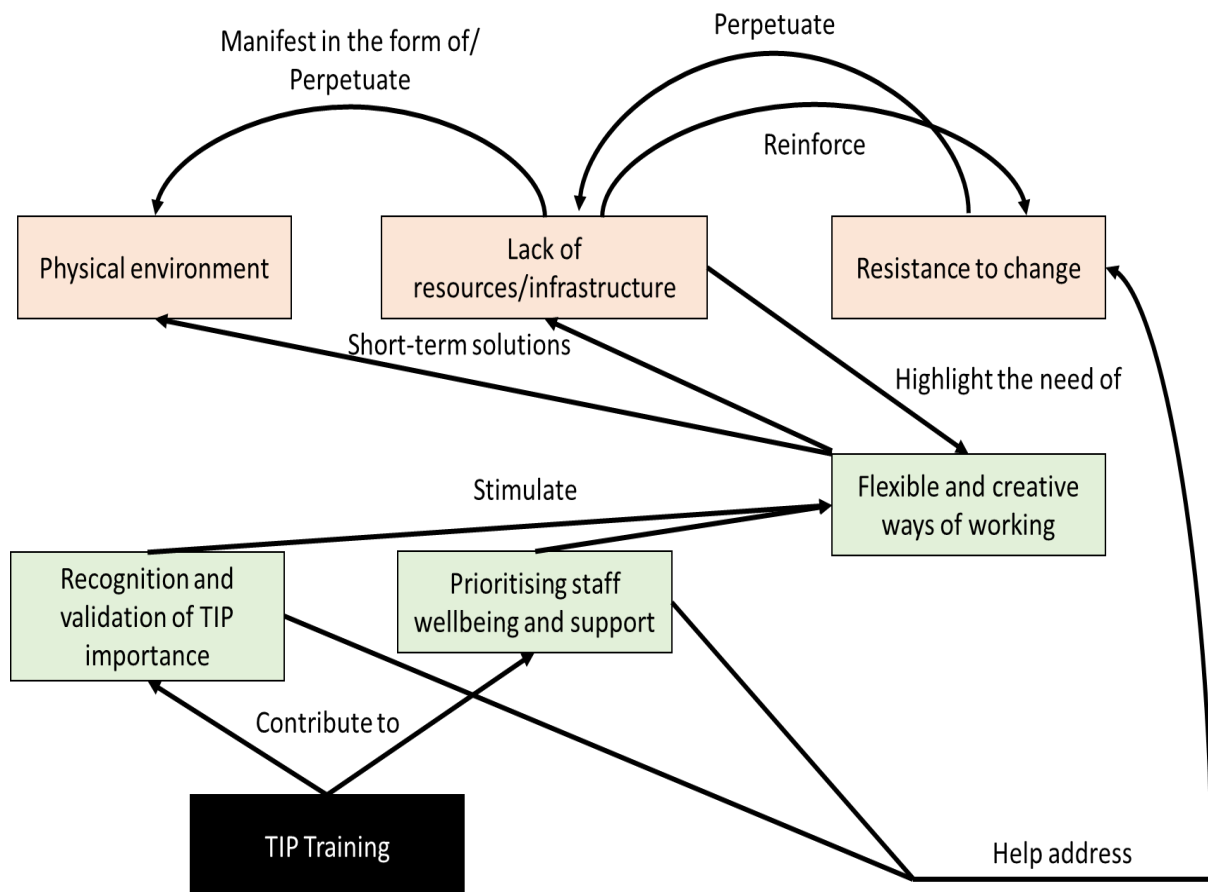
Barrier theme (1): Physical environment not conducive to TIP

All participants emphasised how the physical environment in which they worked within justice services was not conducive to TIP. Participants described the physical environment as being cold, impersonal, sterile, unwelcoming, uncomforting and institutional. They reflected on the challenges this presented in working in a trauma informed way and how it impacted on both clients and staff:

- *"It's pretty awful, it is, it **doesn't, it doesn't say much about how we value our clients or workforce really**. It's ... falling apart." (Sara)*

- *"They're **just bare minimal** … and this might be the same office that they've (service user) had that kids removed… that they've had their last contact with their kids …" (Jennifer)*

- *"Our **offices are horrific**. You come in and it is the ugliest building. It's not a nice, cosy, warm and supportive environment" (Clare)*

- *"Our actual offices… are they trauma informed? They're usually **run down decrepit, cold, drafty places** that people can hear you in a room talking to somebody else" (Emma)*

Participants described how they experienced their working spaces as being psychologically unsafe environments. They emphasised the lack of safe and therapeutic spaces to engage in TIP and the adverse impact this had on staff-client relations and team working relationships.

Barrier theme (2): Limited resources and infrastructure to support TIP

Participants emphasised how a lack of resources, funding, and infrastructure acted as a barrier to fully supporting or embedding TIP policies and practices within justice services. They stressed the need to build more support and resources to provide more trauma informed therapeutic support and interventions specific to the needs of clients and staff working within justice services:

- "We do **need more resources in terms of counselling services, particularly bereavement.** That's one that comes up for us a lot and I know the waiting lists are really huge. Um, we also probably need a lot more services that work with our specific client group who are quite challenging, particularly sex offenders, domestic violence" (Alison)

- "when I set up the (organisation) it was all about having a more trauma informed model. Well we have been saying the same things for the past twenty years that nobody has ever listened (to it within) the justice system. **But I hope it isn't just lip service** and **we actually imbed it properly and support it and resource it.**" (Emma)

Participants emphasised that one of the key barriers to adequately imbedding TIP in justice services related to the lack of external psychological support and clinical supervision for staff to help support its implementation.

Barrier theme (3): Resistance to change.

Participants recognised that one of the key barriers to implementing TIP in justice services concerned resistance to change within the wider justice system. They placed emphasis on the perceived lack of intra- and inter-sectoral coordination and collaboration across different aspects of justice services and across professional disciplines.

Challenges with multi-disciplinary working and multi-agency coordination were considered to major factors contributing towards resistance to change and barriers to implementation of TIP. Some participants identified stigma surrounding trauma and justice services as being a potential reason barrier to embedding TIP. Concerns about staff not feeling confident enough/supported to work in a TIP way were raised:

- "there's some **anxiety about unlocking things** we aren't trying to deal with" (Gregg)
- "I suppose **resistance from staff**. Ehm, and **senior management, organisational resistance**" (Elaine)
- "its definitely people **being scared** to examine their own practice" (Mary)
- "here (are clients) who've been abused and who have suffered the same trauma.... We will interview them but for men because you're society **doesn't allow them to be open and honest** sometimes it's a long time before you get beneath that and what's really wrong with them" (Donna)
- "there's been **no buy-in** or follow up with the Council" (Mary)

Despite the apparent challenges and barriers towards implementing TIP in justice services, themes which related to factors which helped facilitate the implementation of TIP were also identified:

Facilitator theme (4): Recognition and validation of the importance of TIP through training

Participants recognised the high prevalence of trauma and its impact on both service users and staff working within justice services. They fully recognised the potential benefits of implementing TIP in justice services and how this approach helps validate both service users and staffs' experiences of living and working with trauma.

They focused on the need to support staff wellbeing as being a central component of supporting staff in adopting TIP; the need for an efficient support structure was emphasised:

- "**You can't unhear or unsee the flashback** ... you **can't unhear what they've said to you…**we need support in dealing with this (Emma)

- "It can be quite triggering for staff who have their own trauma. Um, and I suppose **I need to be really mindful** of that, um, and within supervision and

just kind of a day-to-day working life I suppose, that I make sure that I have an awareness of that and that I'm able to **support my staff with their own trauma,** because if they don't have support with their trauma, they're not going to be able to work with clients in terms of their trauma." (Alison).

Participants described how gaining increased knowledge, comfort and confidence in TIP through ongoing trauma training, supervision and support was essential. Some participants placed particular attention on the need for reflective practice and supervision in order to increase self awareness, to recognise their own 'blind-spots' and to gain confidence in adopting TIP in their day to day working practices.

- "If we're genuinely serious about trauma informed practice, I think it (...) it would **significantly reduce the burden on social services** who a lot of time are reacting to crisis in interventions, which are based on emergency. I think it would have **better outcomes for the client group and for the society at large**." (Stewart)

- "It [trauma training] reduced my anxiety about how we managed the risk. Um, it kind of lowered my expectations but in a good way, so instead of us trying to get people towards services or into programs or to do big things in their life like stop drinking or whatever, it allowed us just to do **basic grounding techniques**, mindfulness, you know; what is it you can see, what is it you can smell, you know, like **basically safety… establishing safety** was the first thing for us." (Emma)

Facilitator theme (5): Focus on staff wellbeing and therapeutic support as priority

The importance of prioritising staff wellbeing and providing emotional and/or therapeutic support to staff implementing TIP was a re-occurring theme through participants' accounts. While participants often recognised how significant 'peer to peer support' can be in helping to maintain staff wellbeing, they also felt that having access to specialist TIP training, supervision and therapeutic support (when needed) were key components of successfully implementing and embedding TIP in justice services.

- "**Colleagues are brilliant**. (...) it's our colleagues that we turn to for support and guidance, debate. We've all been through quite traumatic experiences and, and things, and it's **your colleagues that pull you through**" (Steven)

- "How are we supporting our staff. Because I think **safety, collaboration, choice, empowerment and trust** has to be... that's the model were working with a trauma lens, we need to be doing that to ourselves, do we not?" (Emma)

- "I have worked very closely with psychologists and we would always debrief. It was great. It was new. It was something different. It was great. So every time we interview somebody we would **debrief** and we would go through that. So that was great…I felt supported and like someone understood what it was like to work with trauma in our services" (Steven)"

Facilitator theme (6): Flexible and creative ways of working within contextual restraints

Participants described how they sought to be flexible and find creative solutions to some of the challenges they faced in implementing TIP within justice services given the organisational constraints.. Such creativity and adaptability in response to perceived constraints of working within justice services:

- "in justice services were kind of stuck a little bit in that bureaucracy, um, you know and we, we have to be because we have to be accountable to the court. But I think well, perhaps we, **we could be flexible** " (Laura)

- "We need to be creative and flexible in how we work…t's very important that we are doing it for them or bringing them on that journey because it's that kinda **empowerment** and saying to them, you know, this is YOUR life. **What do you want to achieve within your life**." (Alison)

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Strengths and Limitations

The current project is a qualitative study exploring senior justice workers' experiences of implementing TIP in their service settings. While a strength of the current research is the rich and in-depth information that was gathered, a limitation is the inability to generalise qualitative findings. Nonetheless, transferrable insights from participants' accounts illuminate understandings of barriers and facilitators to the implementation of TIP which warrant further, longitudinal investigation.

Implications and recommendations

In summary, the findings from the current study emphasise the:

- Importance of maintaining and sustaining TIP through infrastructure of support, supervision, reflective practice and training
- Reciprocal connection between service user and staff members – recognition of trauma, awareness and its impact and important role of TIP training
- Challenges and barriers to TIP implementation given constraints of working in justice settings (the need for flexible and creative working)
- Need for TIP training tailored for specific needs of staff working in justice services (e.g., provision of supervision and support, flexibility within constraints)
- Staff wellbeing being a priority, recognition of the impact of trauma and vicarious trauma on staff and clients
- Call for more infrastructural support for TIP within a stressed out system
- Whole-system approach: Initiate changes at the service level, recognition of the multi-agency nature of the justice setting, shared TIP ethos

In terms of recommendations for future research and practice developments in this important area of investigation, there is a need for:

- longitudinal, mixed-methods research on TIP implementation within justice services and comparative work with other public and third sector services
- Further work measuring TIP across a range of practice settings. evelopment of a psychometrically valid TIP measure is recommended.
- Further trauma training across the whole system (e.g., focus on multi-agency collaboration), including trauma awareness of clients and among staff working with trauma
- Address the stigma around mental health, trauma and justice services as this in itself may act as a barrier towards the implementation of TIP

Conclusion

This project is an important insight into social workers' experiences of the implementation of TIP in justice services in Scotland. This project highlights the importance of understanding social workers' perspectives and experiences of the potential facilitators and barriers to implementing TIP in justice settings. Engaging with users of justice services, and staff who have experienced the implementation of TIP, and other key stakeholder groups, will contribute towards furthering our understanding on how best to support the implementation of TIP moving forward. The conclusions concerning the implementation of TIP are dependent on ongoing and future research demonstrating that it has a generalisable benefit on key outcomes such as reducing trauma and improved services user and staff mental health outcomes.

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Appendix A: Interview schedule.

1. **Working**   **Context**

In the survey you completed prior to meeting with me today, you said that you worked as
_____. If we could, I'd like to start by finding out more about your role as a _____.

- What does a typical working day look like for you?
- What are your key responsibilities in this role?
- How long have you been in this role?

2. **Trauma informed practice and training undertaken**

As you know, I am interested in finding out about your experiences in relation to trauma
informed practice within a criminal justice setting.

- What does trauma informed practice mean to you?
- How has your experience of trauma informed training been so far?
  - o **Prompt:** What training have you received in relation to the Glasgow pilot?
- How has trauma informed training impacted your role within your practice?
  - o **Prompt:** What training have you received in relation to the Glasgow pilot?
- What might be the potential benefits of trauma informed practice within your workplace?
  - o **Prompt:** What might be the benefit of taking a 'trauma-lens' to your service?

3. **Workplace Support**

Following your involvement in trauma informed training, I am interested in finding out about
your experiences in relation to the support offered by your workplace after completion of the
training.

- What kind of support would you consider helpful following attendance at trauma informed training?
  - o **Prompt:** What support have you received so far?

- o **Prompt:** What is your experience of this support?
- o **Prompt:** What further support would you consider helpful?
- How have you found the support given by your workplace so far?
  - o **Prompt:** Is there any further support you would consider helpful?

4. Enablers and barriers to implementation

I'd now like to understand what your thoughts are on potential facilitating factors and challenges to implementing a trauma informed approach.

- What might help the implementation of a trauma informed approach in your workplace?
- What might be the challenges to implementing a trauma informed approach in your workplace?

5. Wellbeing

I'd like to hear your reflections and experiences on the impact trauma informed training has had on your wellbeing.

- What do you think the impact of trauma informed training might be on your client group?
  - o **Prompt:** What effect might this have on their wellbeing?
- What do you think the impact of trauma informed training might be on the staff in your workplace?
  - o **Prompt:** What effect might this have on their wellbeing?

6. COVID-19 impact

With COVID-19 being a major issue to this day, I'd like to find out more about the impact it has had on your role within your practice and your workplace in general.

- How has COVID-19 impacted your practice within your workplace?

7. Quality indicators and change

Now that you've taken part in the first stages of the Glasgow pilot, I'd like to explore your service outcomes and changes to your service that might come from the training.

- What is a good outcome within your working context?
- If you were able to embody trauma informed practice as a leader and apply a trauma informed lens to the whole service, what would you expect the outcome to be?
- How might you envisage services could look like if they were to implement trauma informed practice through their whole system?
    - **Prompt:** What would change look like within your service?
- How might this help shape your action planning and impact evaluation in the future?
    - **Prompt:** What are indicators of change?
- How would they know things had changed for the better?

8.   **Closing**   **Questions**

- Is there anything else we have not discussed that you feel is important for me to understand your experience of implementing trauma informed practice within your workplace?
- How have you found this interview?
- Would you like to receive a summary of the results once all the interviews are complete?