



**#traumadeepdive**

**How can adopting a trauma-informed approach to justice help drive forward improved outcomes as part of Scotland's roadmap for COVID-19 recovery, renewal and transformation?**

Kate Wallace

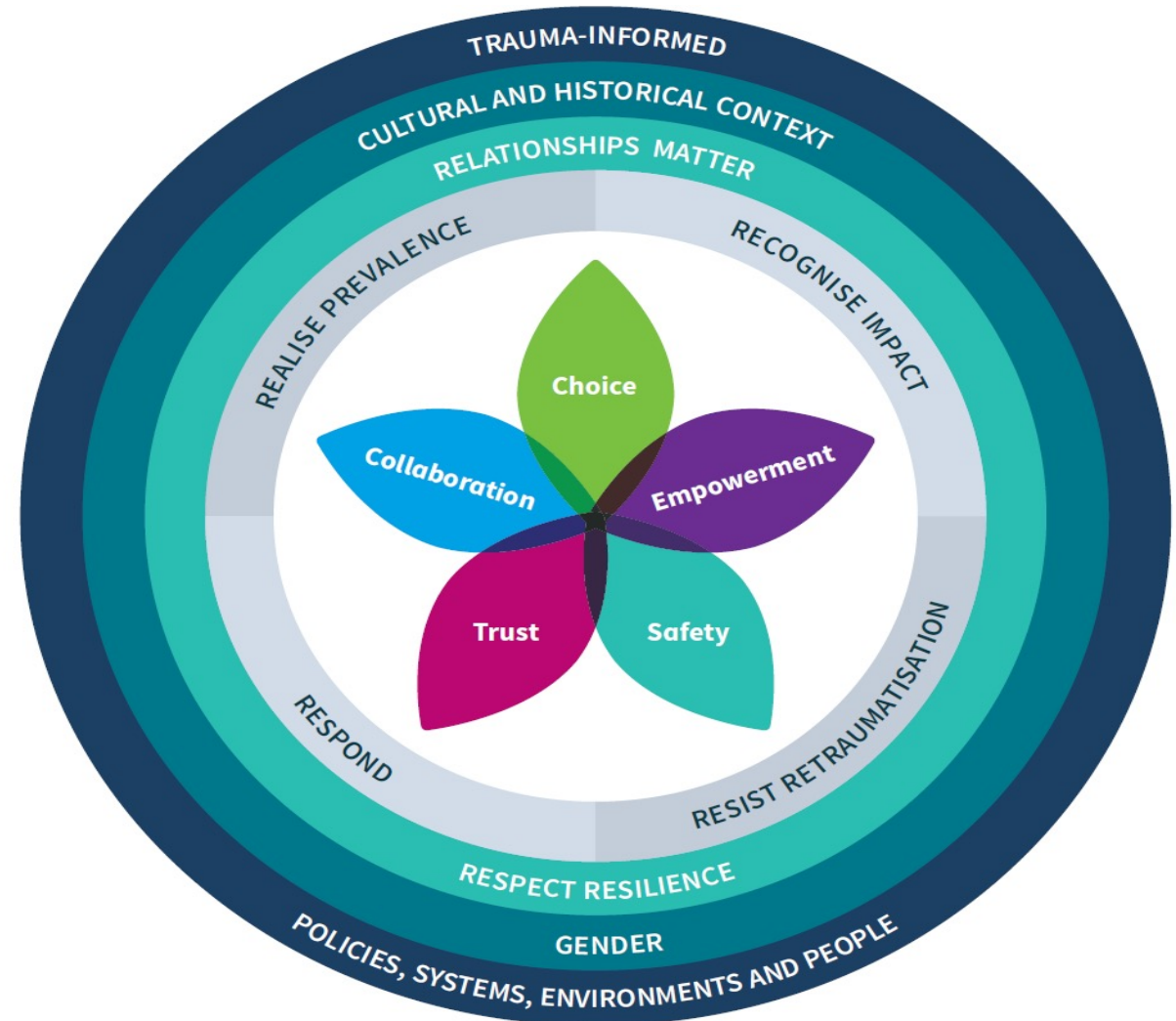
CEO, Victim Support Scotland

**Dr Caroline Bruce**

Head of Programme, Trauma  
NHS Education for Scotland

Please visit

[www.transformingpsychologicaltrauma.sco](http://www.transformingpsychologicaltrauma.sco)

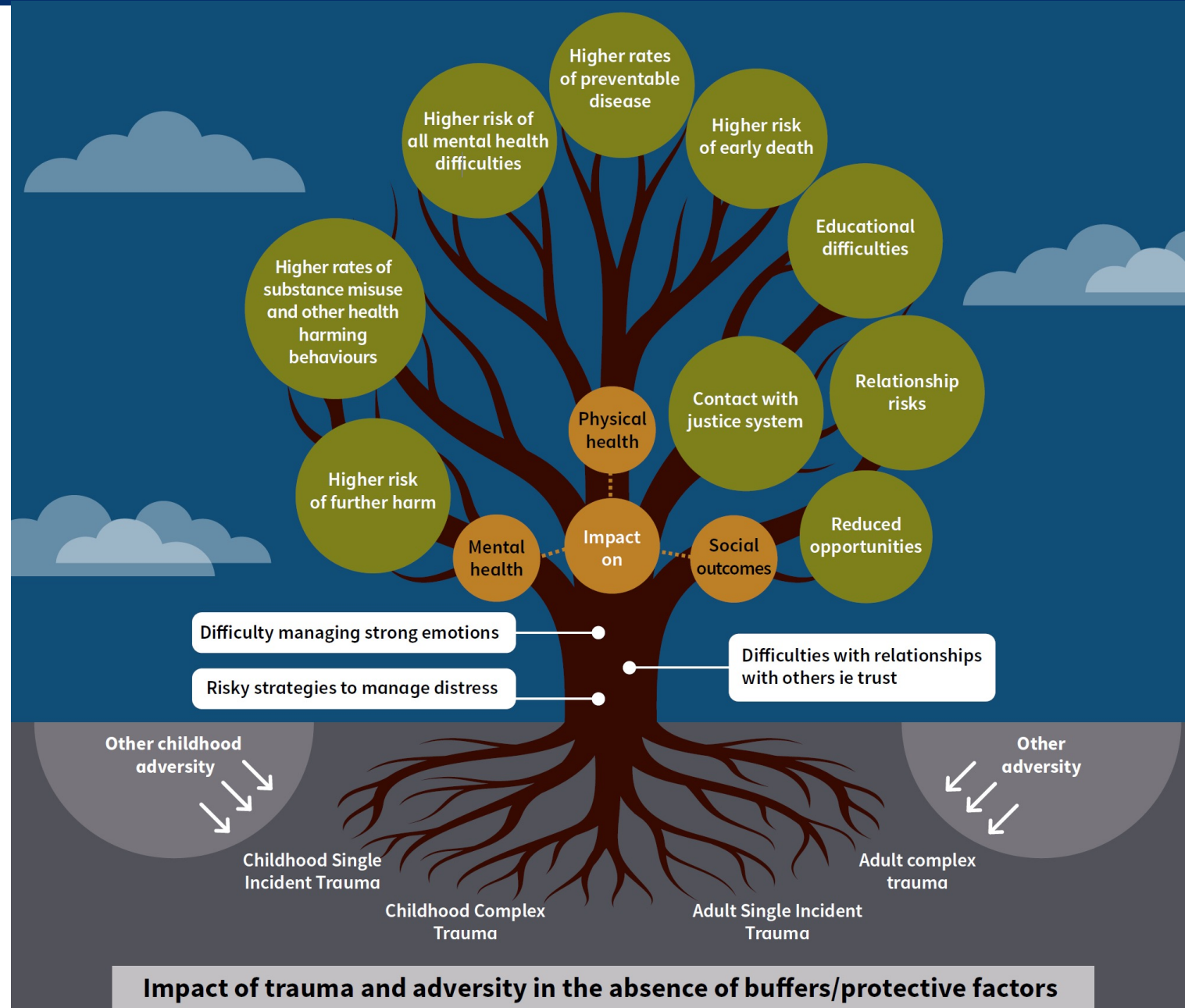
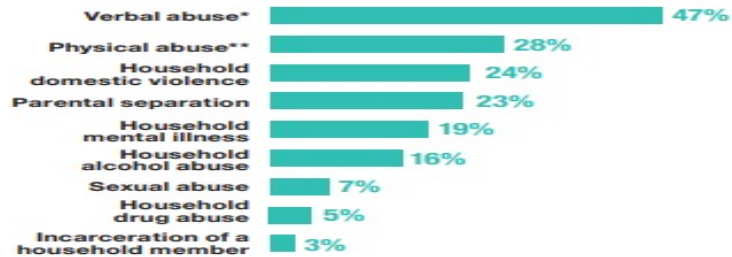


# WHY have a National Trauma Training Programme?

In 2019, just over one in seven adults reported four or more ACEs.



Verbal abuse was the most common ACE reported, experienced by just under half of all adults.



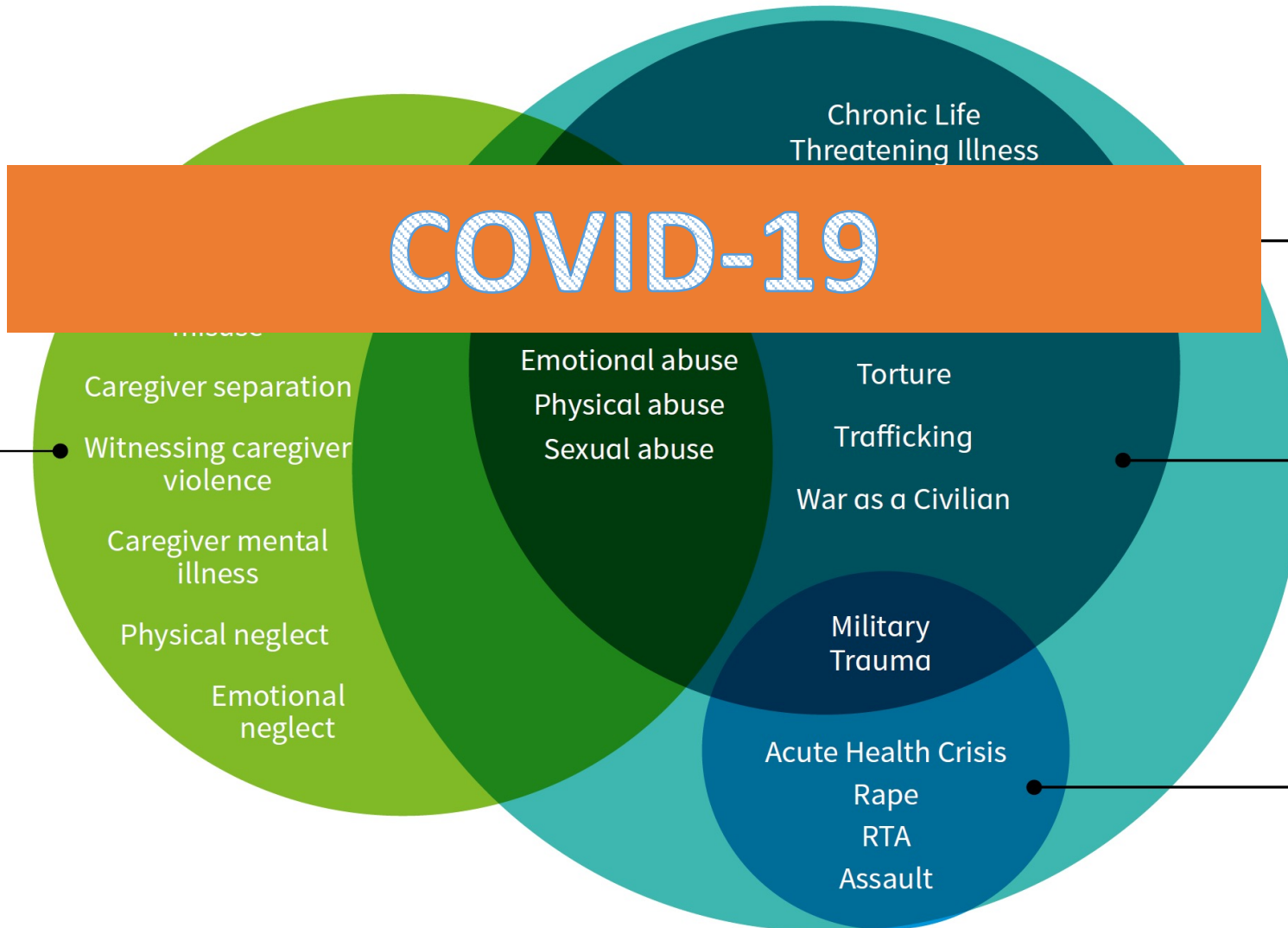
# COVID-19

TRAUMA

COMPLEX TRAUMA

SINGLE INCIDENT TRAUMA

ACE (ADVERSE CHILDHOOD EXPERIENCE)



- Caregiver separation
- Witnessing caregiver violence
- Caregiver mental illness
- Physical neglect
- Emotional neglect

- Emotional abuse
- Physical abuse
- Sexual abuse

Chronic Life Threatening Illness

- Torture
- Trafficking
- War as a Civilian

Military Trauma

- Acute Health Crisis
- Rape
- RTA
- Assault



# WHAT is a “trauma informed nation”?

**Realises** the prevalence of trauma.

**Recognises** the impact of trauma esp. wrt to barriers it can create to accessing life chances

**Responds** with that recognition in mind  
do no harm, support recovery, create systems, that remove potential trauma related barriers

**Resilience** recognised and supported

**Relationships** matter

## **Resists re-traumatisation:**

Understands that trauma memories feelings and responses can be “triggered” often by subtle or innocuous events / relationships

Offers the opposite of a “traumatising” relationship

## The vision of Scottish Government:

*“A trauma informed and responsive nation and workforce, that is capable of recognising where people are affected by trauma and adversity, that is able to respond in ways that prevent further harm and support recovery, and can address inequalities and improve life chances.”*

# National Trauma Training Programme

*Create and disseminate education and training tools and resources that enable organisations and individuals to create a trauma informed and responsive workforce that can support the SG vision.*

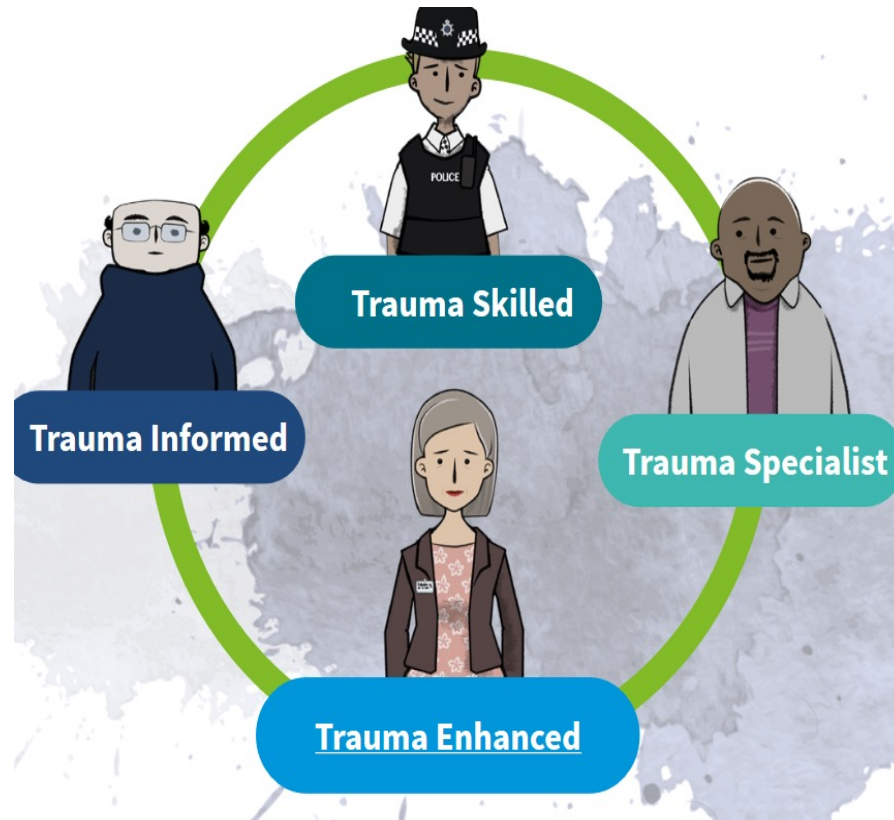
# WHAT is The National Trauma Training Programme?

**NHS**  
Education for Scotland

**TRANSFORMING PSYCHOLOGICAL TRAUMA:**  
A Knowledge and Skills Framework for the Scottish Workforce

In partnership with:  
 Scottish Government gov.scot

The cover features a network diagram of diverse people icons connected by lines, set against a teal background.



**NHS**  
Education for Scotland

**THE SCOTTISH PSYCHOLOGICAL TRAUMA TRAINING PLAN**  
NHS Education for Scotland (2018)

In partnership with:  
 Scottish Government gov.scot

The cover features several circular icons: a woman at a computer, a police officer, a group of people, and a man pointing at a chalkboard with mathematical formulas.

# National Trauma Training Programme

## Who?

People who have an explicit role in supporting children or adults affected by trauma to recover

**Trauma Specialist**

**Trauma Enhanced**

## What can you do?

Offer evidence based approaches to recognise resilience and support recovery.

People who do not have an explicit role in the recovery of people affected by trauma.

**Trauma Skilled**

1. Understand how the impact of trauma might affect people's responses to you & your organisation

**Trauma Informed**

2. Adapt how you work so:  
a. you do no further harm  
b. the impact of trauma does not create a barrier



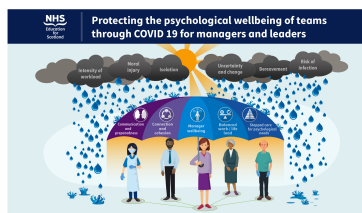
# HOW do we implement it?

## National Trauma Training Resources:

Animations and filmed workshops:



E-modules

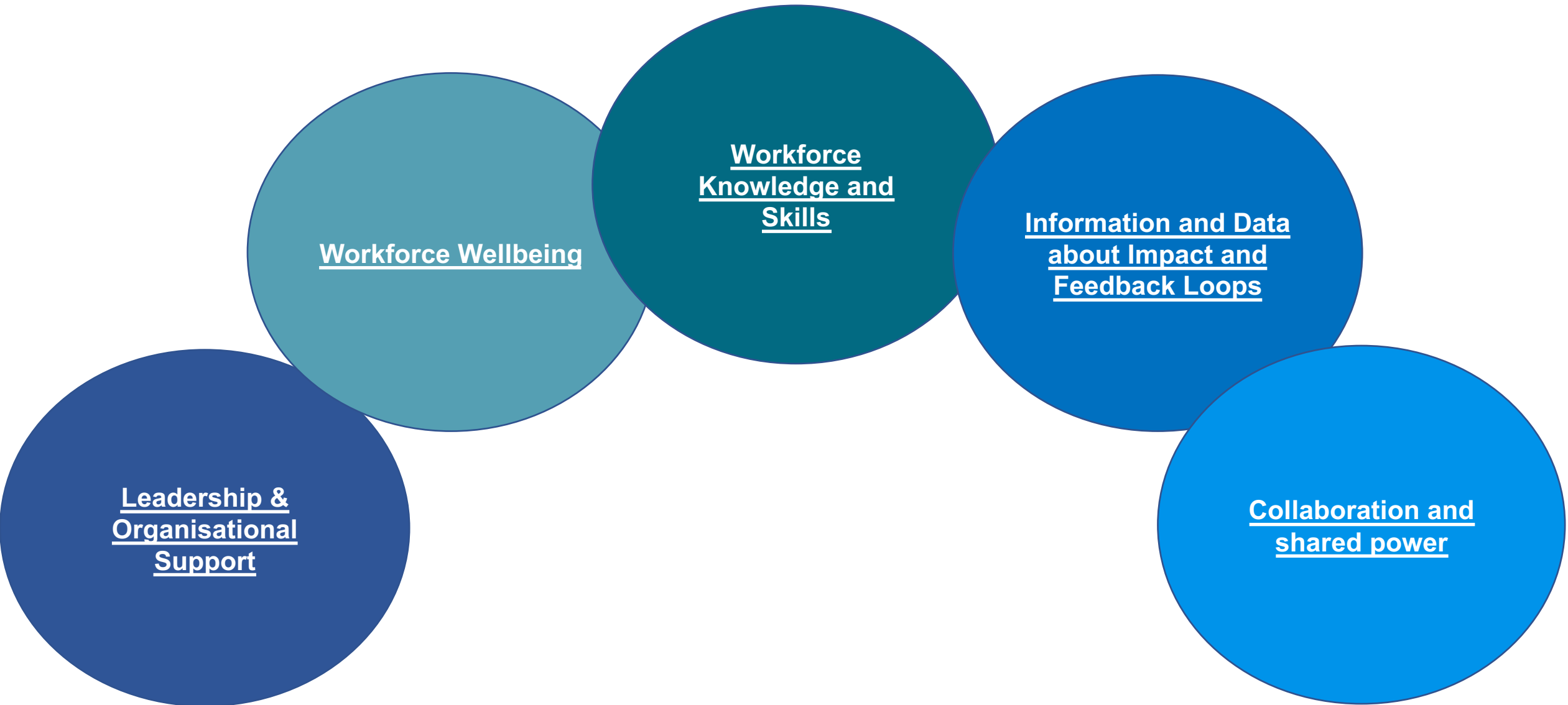


Films:



The main graphic features the NHS Education for Scotland logo on the left. To the right, the title 'Transforming Psychological Trauma National Trauma Training Programme Online Resources' is displayed. Below the title is a large illustration of a diverse group of ten cartoon characters, including a man in a turtleneck, a woman in a business suit, a man in a white lab coat, a woman in a grey suit, a woman in a green scrubs, a police officer, a man in a light blue shirt, a woman in blue scrubs, and a woman in a dark blue dress. They are all holding hands and standing on a light blue background.

<https://transformingpsychologicaltrauma.scot/media/w3hpiif4/national-trauma-training-programme-training-resources.pdf>



# What is trauma informed justice for victims and witnesses?

**Realises** the prevalence of trauma.

**Recognises** the impact of trauma esp. wrt to credibility and evidence  
("What's happened?" not "what's wrong?")

**Responds** with that recognition in mind  
(do no harm, support recovery, create environment for best evidence)

**Resilience** recognised and supported

**Relationships matter**



**Resists re-traumatisation:**

Understands that trauma memories feelings and responses can be "triggered" often by subtle or innocuous events / relationships

Offers the opposite of a "traumatising" relationship

What senior clinicians working in psychological trauma services for adult survivors of childhood sexual abuse told us (*Morrison 2016*)

*“The majority of my clients haven’t [legally disclosed]... the vast majority.”*

*“I would say there is far more people who don’t do anything [disclose legally] than do.”*

*“I think they [victims] find it [the legal system] very intimidating. They are afraid that they won't understand it... That they won't be supported, that they're not given any information, that police will come and interview them and then they don't hear from them, they don't know what's going to happen to that information... That they then can't take it back, they don't have any power, and they don't have any control. They feel that they don't have any power over that [the disclosure] and also that their safety can be compromised.”*



## What adult survivors of childhood sexual abuse told us about the challenges of engaging with prosecution

(Plastock, in press):

*“...it’s going to be worse than twenty grenades getting the pins wheeled out, thrown and kaboom! And I’m going to be right in the middle of all that.”*

–Nadine

*I don’t know how I could possibly ever manage all the different steps in it without...giving up and going “that’s too much” and ending up in hospital. I don’t see me being able to get through to the other end of it...”*

–less

## What experienced VIA officers and SRC advocates told us (Harpur 2018):

*"I think every woman has said to me if they knew that the process was going to be like this, or this is what would be happening, they would never have reported to the police."*

L

Lorna

*"I know some really good examples where, you know, people have had an OK time [...] they've been treated with respect, they've been believed, things have been explained to them [...] they've had control, they've had options [...] And I think even then if the result doesn't go their way, you know, that's something they can cope with."*

Stephanie

## Key aims of a knowledge and skills framework for trauma informed justice workforce:

- Do no harm (minimise re-traumatisation)
- Support and do not hinder recovery
- Gain, communicate and interpret best evidence with an understanding of the impact of trauma in mind.
- Maintain and improve staff wellbeing in the face of frequent direct and indirect exposure to traumatic events, and emotional load.

Trauma Informed	Trauma Skilled	Trauma Enhanced	Trauma Specialist
<p><b>All staff should be trauma informed</b></p> <p>Limited to those who are unlikely to have direct contact with anyone that has experienced trauma, whether known about or not, and will not be exposed to trauma material indirectly (through evidence review for example)</p>	<p>Staff who are likely to come into contact with children or adults who may have been affected by trauma whether or not trauma is known about <b>and/or</b></p> <p>who are regularly exposed to trauma material including correspondence, statements, narratives and other evidence in the course of their work</p>	<p>Staff who have a specific remit to respond to those affected by trauma because they:</p> <p>are required to effectively obtain information or evidence related to potentially traumatic experiences directly from people affected by trauma <b>or</b></p> <p>are required to provide advocacy, support or interventions <b>or</b></p> <p>are required to manage those who do either of the above</p>	<p>Staff who have a specialist remit to interpret and present information or evidence relating to traumatic events obtained from people known to be affected by trauma <b>and/or</b></p> <p>Staff who are required to make decisions based on information or evidence relating to traumatic events obtained from people known to be affected by trauma</p>

## Who?

People who have an explicit role in evidence collection, presentation or interpretation, or in support or advocacy for victims and witnesses

Specialist

Enhanced

Skilled

Informed

People who do not have an explicit role in evidence collection, presentation or interpretation.

## What can you do?

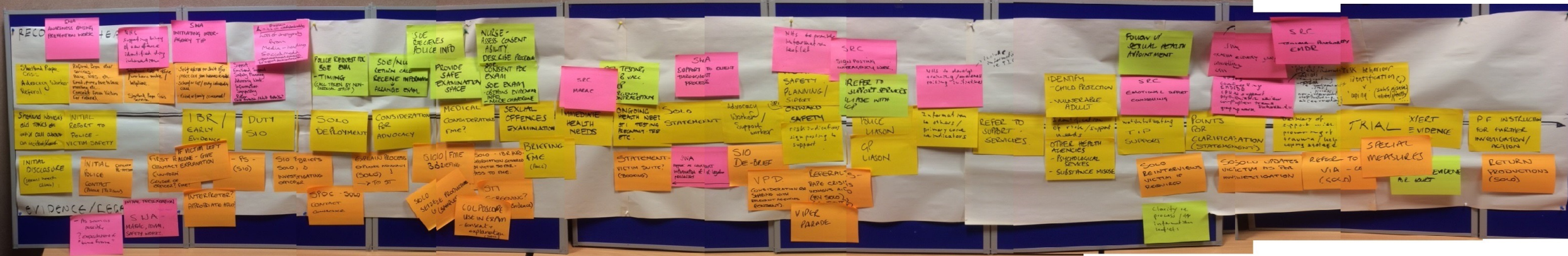
Recognise when and how to adapt how you collect, communicate or present evidence taking account of impact of trauma.

1. Understand how the impact of trauma might affect victims and witnesses

2. Adapt how you work so:  
a. you do no further harm  
b. the impact of trauma does not create a barrier.



# Complex multi agency systems in practice: Sexual Offences



- Yellow: Survivor Journey / Pathway
  - Orange: Police Scotland roles
  - Green: FME roles
  - Pink: NHS, Rape Crisis, SWA, SRC roles
- ( Upper – recovery, lower - evidence collection)

# NES Educational resources for justice context:



Trauma Skilled E-Module,  
Trauma informed practice for Forensic medical examiners, and for justice professionals,  
Supporting wellbeing for individuals and in teams.







EDINBURGH  
THE CITY OF EDINBURGH COUNCIL



Re:d  
working with people with  
multiple and complex needs



NHS  
Lothian



COMMUNITY  
JUSTICE  
SCOTLAND

# DEVELOPING, IMPLEMENTING AND EVALUATING TRAUMA INFORMED SERVICES IN CRIMINAL JUSTICE SOCIAL WORK

Kirsty Pate, Sector Manager

Dr Jim Geekie, Senior Clinical  
Psychologist

**Developing,  
Implementing  
and Evaluating  
Trauma Informed  
Services in  
Criminal Justice  
Social Work**

- The project
- Our activity
- Key findings



# PROJECT ASSUMPTIONS & HYPOTHESES

There are high rates of trauma and associated mental health difficulties in criminal justice social work population

There are high levels of unmet need

A trauma informed service model would:

- Be compatible with aims and objectives of criminal justice service
- Support social work staff to effectively develop new approaches and interventions in response to trauma prevalence and impact
- Be well received by staff and service users.

ORGANISATIONAL  
CHANGE  
THROUGH  
IMPLEMENTING  
TRAUMA  
INFORMED  
SERVICE MODEL

- ▶ Leadership experience in implementing TI model in Criminal Justice Social Work
- ▶ Clinical expertise in trauma, it's impact & highly specialist mental health knowledge
- ▶ Senior Clinical psychologist (0.5 FTE)
- ▶ Commenced Autumn 2018 – March 2021
- ▶ Focused on 3 specific domains of activity (7 domain model)
- ▶ Evaluation staff questionnaires; training feedback, focus groups; psychometrics, service users feedback

# Developing Trauma Informed Services

Leadership

Staff training  
development  
and support

Trauma  
knowledge  
inherent in  
practice

Service user  
participation  
and  
collaboration

Safe and  
supportive  
environment

Policies and  
Procedures

Trauma focused outcomes

# LEADERSHIP ACTIVITIES

- Service preparedness
- Ongoing “trauma leadership” sessions for all leaders x 4
- Build capacity through coaching, shadowing, immediate on site advice from sector manager, additional training
- Involvement in project planning and delivery including
  - training delivery, and
  - facilitating trauma informed group supervision
- On site direct access to Clinical Psychologist (ad hoc and planned consultations)

# STAFF TRAINING, DEVELOPMENT AND SUPPORT ACTIVITIES

## Developed 4 days of training

- 78 staff
- Understanding and working with complex trauma
- Responding to common trauma reactions; skills practice
- Mental health in the context of trauma
- Developing trauma informed services
- Staff wellbeing and self care

## Trauma Informed Group Supervisions

Ongoing coaching/discussions with leaders to support trauma knowledge into practice



# TRAUMA PRACTICE ACTIVITIES

Introduced new practices, specifically:

- Routinely asking about trauma and its impact; implemented resilience focussed approach to Trauma and Mental Health Screening (TAMHS)
- Responding to trauma and its impact; new practices, resources and materials to support new work; psychoeducation and normalising, symptom management and coping skills training
- Survive and Thrive psycho-educational course – piloted male forensic version in a community based setting



WHAT WE  
FOUND:  
EVIDENCE OF  
TRAUMA &  
MENTAL  
HEALTH NEEDS

## Trauma and Mental Health Screening (TAMHS)

- ▶ Including range of psychometrics
- ▶ NB: limited number; N=28 (impact of covid/working from home)

### What we found:

- ▶ ACEs: mean 4.2
- ▶ >50% of service users 4 or more ACEs
- ▶ Welsh study: 4+ ACES -> 15x risk of violence; x20 risk of prison

WHAT WE  
FOUND:  
EVIDENCE OF  
TRAUMA AND  
MENTAL  
HEALTH NEED

**PTSD related (ITQ)**

- ▶ 79% positive for at least four 'symptom clusters'
- ▶ 36% meet diagnostic criteria PTSD (including 21% cPTSD)

**Other mental health issues (% reporting moderate/severe)**

- ▶ Anxiety (GAD7 ) 61%
- ▶ Depression (PHQ9) 52%
- ▶ General Psychological Distress (CORE10) 37%

# ACCEPTABLE TO SERVICE USERS

What are your general thoughts on how the course was for you?

Did the course affect you in any way? If so, how?

*Very encouraging to realise I wasn't alone in my thoughts*

*Brand new*

*Was helpful to understand shared experience*

*Was good having other people I could relate to*

*The course made me look at certain issues in a totally different way*

# ACCEPTABLE TO STAFF

	Agree	No Opinion	Disagree
The information in this training has given me a better understanding of how to work with people affected by trauma	94%	3%	3%
I will use information from this training to inform my work	94%	3%	3%
I would recommend this training to a colleague	91%	6%	3%

# ACCEPTABLE TO STAFF

*“These developments have helped aid something of a cultural shift within our team where we are acutely more aware of the impact of trauma and better able to acknowledge the impact of this with clients in a way they understand and feel heard”.*

*Social Worker*

# ACCEPTABLE TO STAFF

**“We have always worked with people who have trauma – it’s how we work with them that’s different”**

**Social worker**

**“The training and supervision has been excellent and has really helped me improve and develop as a practitioner. I have already seen how the people I work with have benefited”**

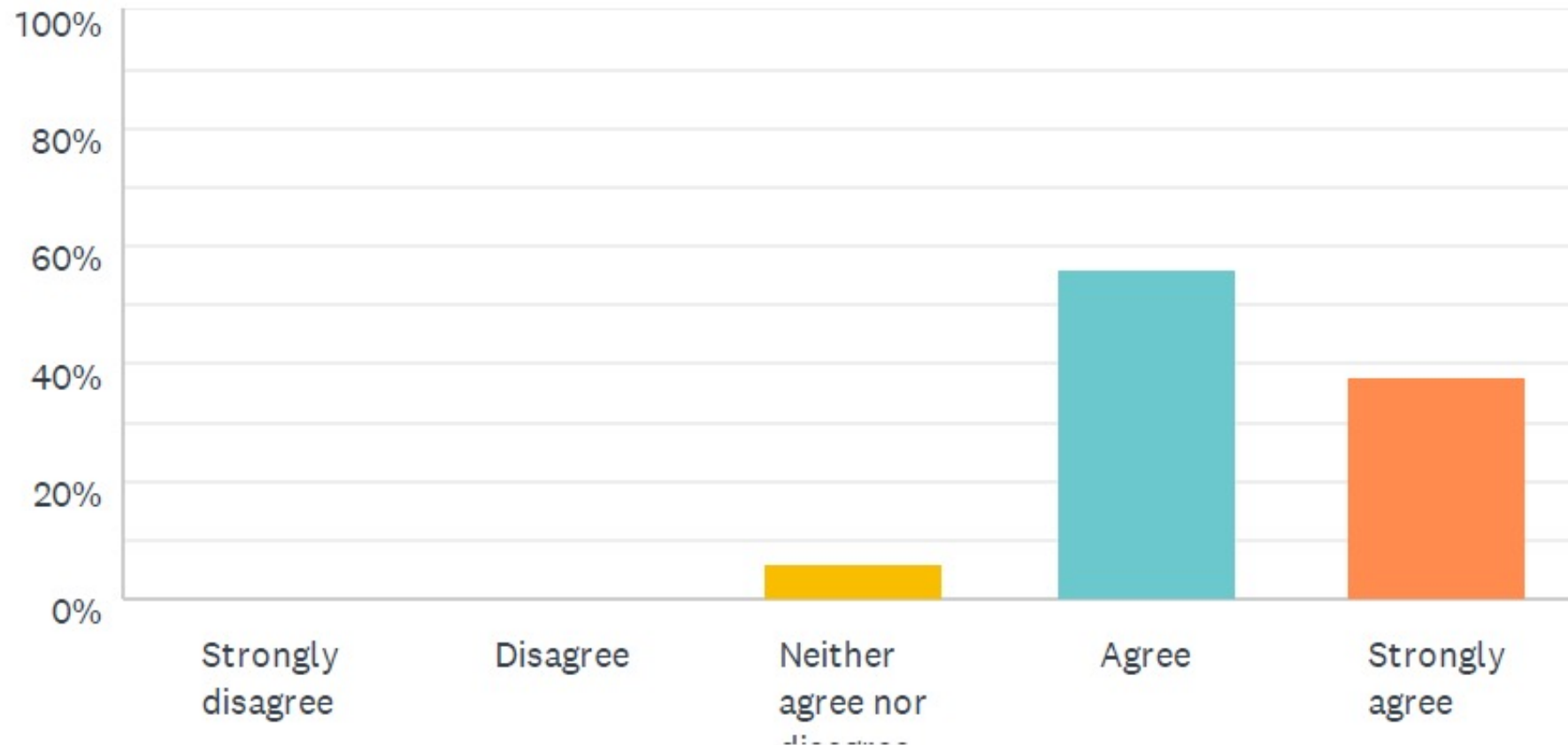
**Social worker**



# ACCEPTABLE TO STAFF

Q2 The training I have received as part of the Trauma Project supports me in working in a trauma informed way

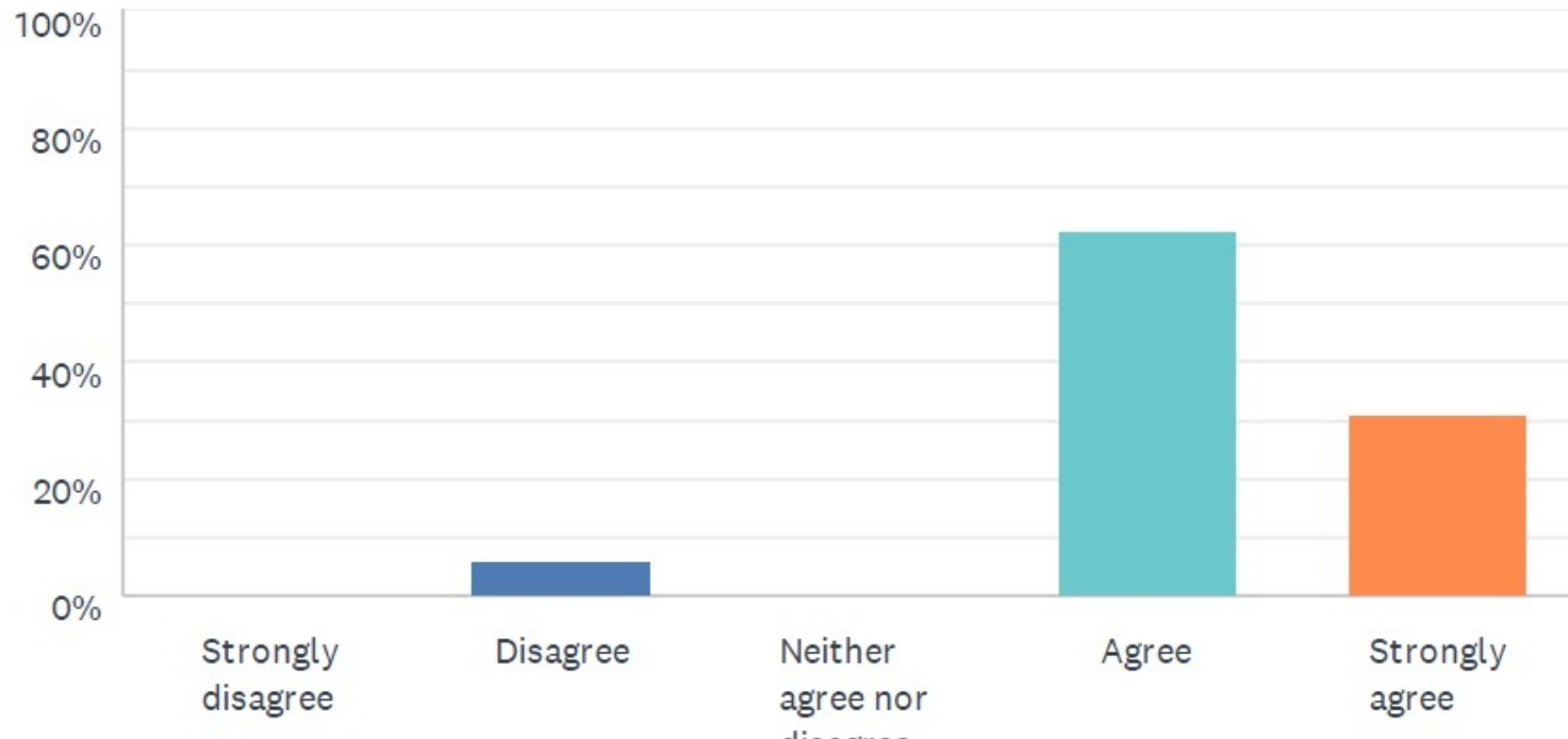
Answered: 16 Skipped: 0



# ACCEPTABLE TO STAFF

Q15 Using a trauma informed approach helps me work more effectively with service users

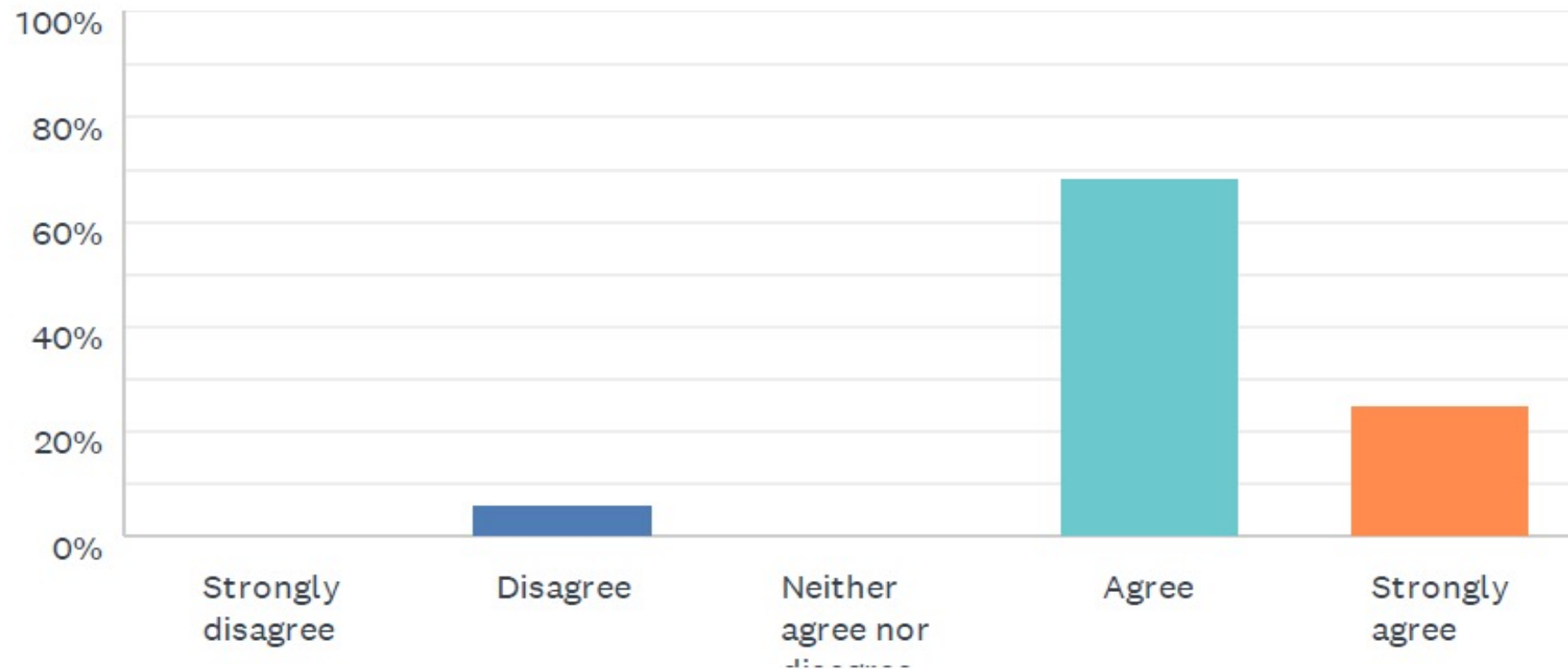
Answered: 16 Skipped: 0



# ACCEPTABLE TO STAFF

Q16 I feel more skilled and equipped to respond to the impact of trauma with service users (e.g. safety and stabilization skills including normalizing, psycho-education, mindful breathing etc)

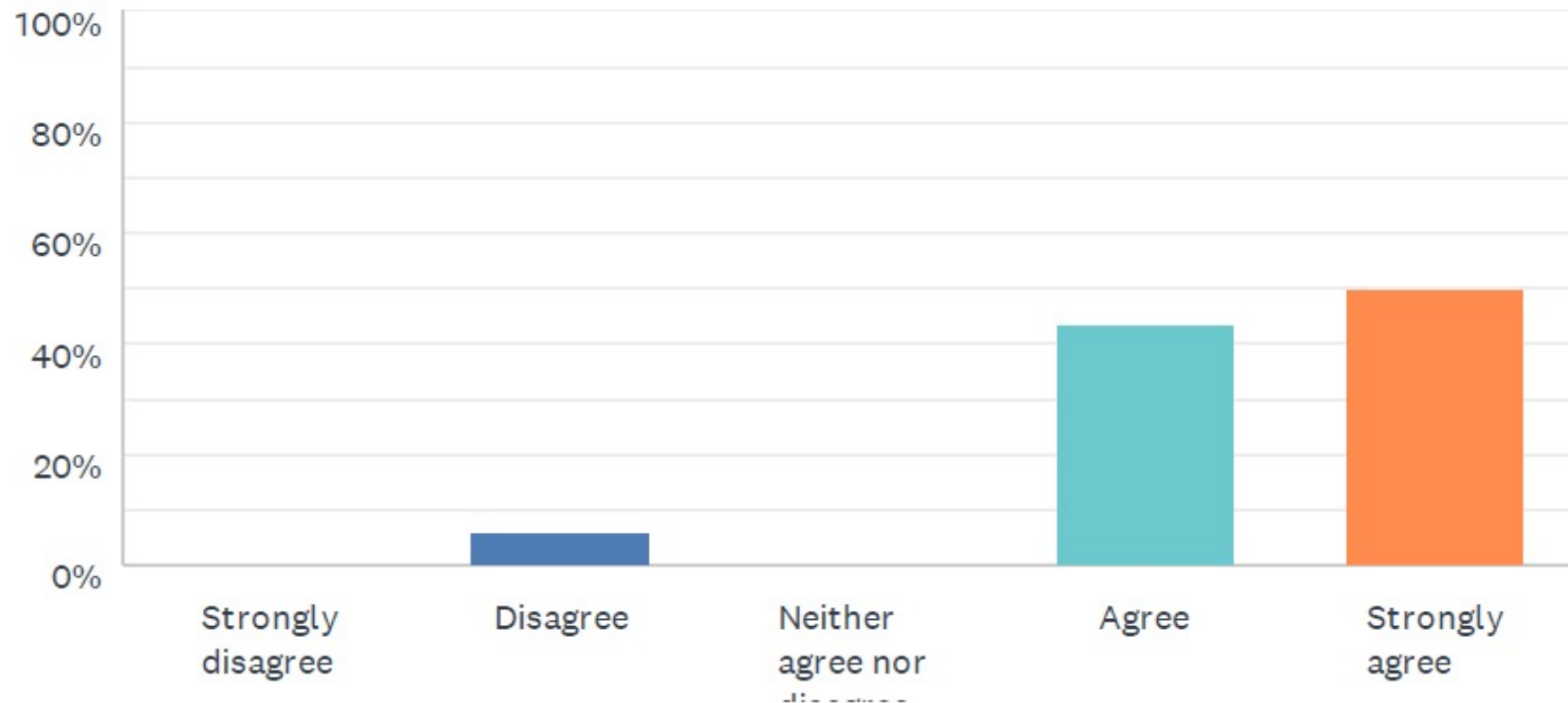
Answered: 16 Skipped: 0



# ACCEPTABLE TO STAFF

Q17 On the whole, my relationships with service users benefit from my working in a trauma informed way

Answered: 16 Skipped: 0



## KEY FINDINGS

- ▶ Experiences of trauma are highly prevalent within the community population of men in contact with the Scottish criminal justice system
- ▶ Very high levels of mental health impacts are present in this population:
  - ▶ 4 out of 5 service users describe post traumatic symptoms indicative of significant levels of distress and impairment;
  - ▶ Two thirds of men meet the clinical threshold for moderate or severe anxiety;
  - ▶ Just over half report moderate or severe levels of depression

# KEY FINDINGS

- ▶ Trauma prevalence and its impacts, indicates need for trauma informed approaches across criminal justice system, including criminal justice social work services
- ▶ Trauma informed service model adopted in this project highly compatible with practice in broad range of Criminal Justice Social Work services
- ▶ The model and approaches were found to be highly acceptable to front line staff, managers and service users.



# KEY FINDINGS

- ▶ Significant leadership resource essential for implementation of the model into existing Criminal Justice Social Work practices.
- ▶ A high level of commitment from front line managers required to:
  - ▶ develop their knowledge, skills and confidence
  - ▶ coach and support staff to adopt trauma enhanced practices
  - ▶ effectively bringing about culture change across teams.

## KEY FINDINGS

- ▶ NES knowledge and skills framework relevant in design of bespoke CJ training
- ▶ Clinical Psychologist embedded in service was highly effective to provide expertise and appropriate governance (TAMHS and Survive and Thrive)
- ▶ Group Supervision highly regarded to embed trauma enhanced approaches into social work practices
- ▶ CJ social workers can deliver protocol based psychological interventions. Preliminary findings indicate these are valued by service users.

## TRAINING

The Level of Service/ Case Management Inventory (LS/CMI) is a comprehensive general offending risk / need assessment and case management planning method. This approach is used in Scotland to aid decisions on the level and focus of intervention with people (aged 16+).

Level of Service / Case Management Inventory in Practice National Report - RMA

# POTENTIAL PITFALLS

Actuarial assessment element

Habits

Language

Towards Trauma Enhanced Practice

LS/CMI  
Scotland Edition

QuikScore™ Form

Level of Service/Case Management Inventory  
D.A. Andrews, Ph.D., James L. Bonta, Ph.D., & J. Stephen Wormith, Ph.D.

## Section 1: General Risk/Need Factors

### 1.1 Criminal History

- No Yes 1. Any prior documented episodes of offending as a youth/child (number \_\_\_)?  
or adult convictions (number \_\_\_)?
- No Yes 2. Two or more prior documented episodes of offending as a youth/child or adult convictions?
- No Yes 3. Three or more prior documented episodes of offending as a youth/child or adult convictions?
- No Yes 4. Three or more present offences (number \_\_\_)?
- No Yes 5. Arrested or charged under age 16?
- No Yes 6. Ever imprisoned upon conviction?
- No Yes 7. Ever punished for institutional misconduct or a behaviour report (number \_\_\_)?
- No Yes 8. Charge laid, probation breached, or parole suspended during prior community supervision?  
Strength?

### 1.2 Education/Employment

When in the labour market (either in the community or long-term imprisonment with work opportunities):

- No Yes 9. Currently unemployed?
- No Yes 10. Frequently unemployed?
- No Yes 11. Never employed for a full year?
- School or when in school:
- No Yes 12. Left school at minimum legal leaving age without further formal education?
- No Yes 13. Left school without any qualifications?
- No Yes 14. Suspended or expelled at least once?

For the next three questions, if the offender is a homemaker or pensioner, complete question 15 only. If the offender is in school or working, complete 15, 16 and 17. If the offender is available for the labour market but is unemployed and not in school, rate 0 for 15-17.

- 3 2 1 0 15. Participation/Performance
- 3 2 1 0 16. Peer interactions.
- 3 2 1 0 17. Authority interaction.  
Strength?

### 1.3 Family/Marital

- 3 2 1 0 18. Dissatisfaction with marital or equivalent situation.
- 3 2 1 0 19. Nonrewarding, parental.
- 3 2 1 0 20. Nonrewarding, other relatives.
- No Yes 21. Criminal —family/spouse.  
Strength?

# PEOPLE

Risk.....  
but also Needs and Responsivity  
and.....  
Strengths

### 9.2.2 Other Client Non-Criminogenic Needs Requiring Attention

Other Need	Goal	What work will be done to achieve goal?	Who will do the work to achieve goal?	Timescale
1.				
2.				
3.				
4.				

### 9.2.3 Special Responsivity Considerations

Responsivity Issue	Proposed Approach to Address Issue (what could be done to address this issue?)
1.	
2.	
3.	
4.	

### 9.2.4 Identified Strengths

Strength	Implication for Approach (what can be done to reinforce this strength?)
1.	
2.	
3.	
4.	

### 9.2.5 Agreement

I agree with the above plans:

\_\_\_\_\_  
Offender Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd / mm / yyyy

\_\_\_\_\_  
Case Manager Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd / mm / yyyy

9.2.6 Date of next review: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Action Learning Sets

**People working in  
small groups or  
'sets'...**

**...tackling important  
organisational,  
professional or  
personal issues in a  
safe space...**

**...and learning from  
their attempts to  
change things.**

Communities of Reflective Practice around Trauma Informed / Enhanced practice

## So what do people present to the set?

**A difficult  
interaction or  
confrontation  
with a client**

**A time when you  
struggled to  
think positively  
about work**

**A client that you  
struggled to  
like/get along  
with**

**A work  
relationship that  
could be  
improved**

## Practitioners

- Reflecting on an LS/CMI that they are finding troubling to complete, and strategies on how they can get either relevant, appropriate, and timely information, or additional knowledge on the tool. (Ditto for specialised tools)
- A Case Management Plan where nothing seems to work, or don't really know where to start.
- I know I make a difference, but I'm not sure how to evidence it?
- My workload is overwhelming. How do I start to take ownership of this to help myself?
- COVID has disrupted everything. I wish to adapt an aspect of my practice to help.

## Leaders / Supervisors

- Areas of practice that frustrate them, and how to go about improving them.
- Overwhelmed with issues / performance measures. Where to start in prioritisation?
- Concerned about Quality in any aspect of the service, and how to construct a Quality Assurance Tool?
- How to go about gaining the opinions of service users.
- How can I promote our services positively to service users and the community?
- How do I bring the service together (eg social workers and unpaid work supervisors?). What is a good first step?

Towards Trauma Enhanced Practice

- Morale is low. How do we improve it?

# Shine Women's Mentoring Service

Deep Dive Justice

28 January 2021





# The Partnership



In Partnership with



# Shine Women's Mentoring Service

Shine Women's Mentoring Service was established as a direct response to the report from the **Commission on Women Offenders**.

'Intensive mentoring (a one-to-one relationship where practical support and monitoring is provided by mentors on a wide range of issues relating to offending behaviour) should be available to women offenders at risk of reoffending or custody to support compliance with court orders.'

*[Commission on Women Offenders 2012]*



# Profile of women in CJS

- \* Poor Health including high levels of Mental Health issues
- \* Childhood and ongoing trauma
- \* Substance misuse
- \* Relationship issues
- \* Accommodation issues including homelessness
- \* Domestic and sexual abuse
- \* Parenting issues including loss of child(ren)

# Shine Core Principles

- \* Non Judgemental
- \* Listening & encouraging choice & change
- \* Reducing 'Post Code' Lottery & consistent approach
- \* Supporting access to essential Services
- \* Emotional and practical support and encouragement
- \* Person Centred and Personal to individual women
- \* Advocacy and improving confidence and self belief

# Shine Target Group

- \* Women: 16 +
  - \* Remanded in custody
  - \* Serving sentences of less than 4 years
  - \* Subject of a Community Payback Order & at risk of breach
- \* Profile - long standing history of multiple and complex issues





# What really works with women

- Listening
- Building Trust
- Earning Respect
- Building a working relationship
- Non-judgemental
- Understand that relapse, dis/re-engagement is part of a woman's journey towards 'taking back charge' of her life

# Quote from mentee

“Thanks for taking me to McDonalds, I’ve been chocking on a big mac for months! Oh and thanks for being there, you have always stood by me and done what you said you were gonna do, some workers just bulls\*\*t but you don’t and I know I’ve been a pain at times.”

# Shine Women's Mentoring Service

Shine Women's Mentoring Service

Sacro National Office

29 Albany Street

Edinburgh EH1 3QN

0131 624 7263

[infoshine@sacro.org.uk](mailto:infoshine@sacro.org.uk)

[www.shinementoring.org](http://www.shinementoring.org)



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# A Trauma Informed Approach to Supporting Children & Young People

CI Colin Convery

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**POLICE SCOTLAND**

## Background to the Pilot

- 88% of children in care are referred on care and protection grounds.
- Research was carried out by the Centre for Youth & Criminal Justice (CYCJ) on the unnecessary criminalisation of children in care (Between a rock and a hard place 2016).

### Police Scotland led – National Policy

- September 2019 to February 2020 – Dumfries & Galloway
- September 2020 to present – Greater Glasgow



# Foundations

Vulnerabilities

Corporate Parenting

GIRFEC

UNCRC

The Promise

# The Approach

- Multi Agency Approach
- Children Missing From Care Protocol
- “Non Criminalisation of Children Pilot”
- Dumfries & Galloway

OFFICIAL NONE

# The Pilot

- Strategic Steering Group
- Training
  - Dumfries & Galloway Approach
  - Greater Glasgow Approach
- Support
- Evaluation

# Training

- Multi Discipline
- Trauma Informed Principles
- Missing Protocol (Approach)
- Non Criminalisation (Approach)



**POLICE SCOTLAND**

OFFICIAL: NONE

# Evaluation

- Centre for Youth and Criminal Justice  
(University of Strathclyde)
- Qualitative and Quantitative
- Training Element



**POLICE SCOTLAND**



# D&G Quantitative

154 Incidents to 149 Incidents

Attendance – 56% of incidents

90 to 38 Recorded Crimes

74 to 43 Reported Missing Persons



**POLICE SCOTLAND**



# Qualitative Outcomes

Trust

Interventions

Empowerment

Belief in Approach



**POLICE SCOTLAND**

# Key Learning

Governance & Quality Assurance

Liaison Officers

Relationships

Partnership

Found the So What

# The Next Steps

Strategic Drivers +

CoVID 19 Pandemic

Evaluation

NES Material

Change in Policy

Adoption



#traumadeepdive

How can adopting a trauma-informed approach to justice help drive forward improved outcomes as part of Scotland's roadmap for COVID-19 recovery, renewal and transformation?

28 January 2021, 10.00am - 12.30pm



Feedback from breakout sessions

Go to [www.menti.com](https://www.menti.com) and use the code ☺

**What key actions are you going to take forward after today's event?**

 Mentimeter





**#traumadeepdive**

**Thank you!!**

For more info:

<https://www.improvementservice.org.uk/>  
<https://transformingpsychologicaltrauma.scot/>

To join our new online community of practice, open to all professionals interested in a trauma-informed approach:

<https://khub.net/group/trauma-informed-approaches-in-scotland>

We'd really appreciate you taking the time to complete a short feedback survey to help us learn about your experiences of today's event:

<https://forms.office.com/Pages/ResponsePage.aspx?id=NyC-e9zDh06xe2vS0icfR9ujb9h6R9pJvDSnJYjznphUMFFXQ0I0SFdRUUY0MEtONTJMSjhNQjZDVy4u>