



School of Humanities,  
Social Sciences and Law  
University of Dundee

# Reshaping Practices of Care

## Monitoring and Evaluation Report

Partners in Change Project, Apex Scotland

Period covered: April 2022-March 2025

University of Dundee

**Coordination:** Dr Fernando Lannes Fernandes

**Project Team:** Teresa Brasio-McLaughlin and Dr Camila Biazus Dalcin

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## Introduction and overview

This report has been produced by a team of researchers at the University of Dundee. It provides an overview of the implementation of the project ‘Partners in Change’ (PiC), developed by Apex Scotland. The University of Dundee was one of PiC’s project partner, with the role of bringing research expertise to produce supporting evidence for wider organisational changes at Apex Scotland. As part of it, the research team, working alongside Apex Scotland and its partners, produced recommendations to inform new organisational approaches. This resulted in a novel conceptual framework and the co-design and development of innovative practitioner resources and organisational tools.

This report covers the period between March 2022 and March 2025. During this period, Apex Scotland went through substantial organisational changes underpinned by a critical review of its approaches to service delivery and staff wellbeing. Such changes took place in a wider policy context driven by a ‘trauma informed’ agenda taking place in Scotland. In response to that, Apex Scotland wanted to place themselves as an alternative voice, by bringing together the recognition of trauma as a relevant element of social policy, but, at same time, understanding its limits and the need to adopt a more holistic view of the complex context of the lives of people experiencing poverty and at risk of being in contact with the criminal justice system. Beyond that, the organisation wanted to ensure that such a renewed approach to trauma was not only addressed for vulnerable people engaging with them, but also, for their staff. In doing so, the organisation recognised that practitioners were subjected to traumatic experiences both as part of their own lived experience and, also, as a result of highly demanding levels of time, energy and psycho-emotional strains from the work they do.

The work carried out by the University of Dundee reflected Apex Scotland’s view and ambition to become an influential organisation in the complex intersecting fields of social care and criminal justice. That resulted in a model of partnership in which the University team engaged with Apex Scotland through shared values and principles. As part of it, the collaboration with the University of Dundee addressed the development of robust responses to the challenges faced by Apex Scotland as part of their organisational changes. Moreover, the partnership implied continuous dialogue for mutual understanding which was necessary to create the best possible conditions for co-producing the necessary information, resources and tools to aid an ongoing process of transformation.

We hope this report offers Apex Scotland the necessary information to advance with their ambition and produce positive impact in the lives of the people they work with.

The Project Team

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## 1. Overview and background

### 1.1. General contextualisation of partnership and the role of the University of Dundee in the Partners in Change project

The University of Dundee has been working alongside Apex Scotland and partners to monitor and evaluate processes taking place as part of a major institutional shift towards a “beyond trauma” approach.

The University of Dundee’s role in this strategic project can be summarised as follows:

- Help informing Apex Scotland’s decision-making through the monitoring and evaluation of training intervention offered by two project partners
- Work alongside Apex Scotland and its core partners to ensure positive impact from research carried out by the University of Dundee, with special attention to:
  - o Co-designing practitioner resources that are informed by evidence gathered as part of monitoring and evaluation
  - o Providing expert knowledge and supporting evidence to help Apex Scotland to increase their impact and influence in policy and practice in the field of criminal justice in Scotland

The University of Dundee team is composed by a group of academics from diverse disciplinary fields (Community Work, Public Health, Criminology) with extensive experience in field. The approach adopted by the University of Dundee is dialogical and values the collaborative nature of the Partners in Change Project. As such, Dundee University held regular meetings with Apex Scotland to ensure that research input is aligned with the project aims and objectives, which expect to inform Apex Scotland’s organisational changes towards a “beyond trauma” approach.

This report presents the results of our collaboration for the period 2022-2024 when we developed the monitoring and evaluation of organisational changes, with special attention to the “beyond trauma” approach. That involved, first, a broad understanding of what changes were needed to address Apex Scotland’s aspiration to become a leading trauma-informed organisation. Beyond that, we sought to engage with Apex Scotland on a critical review of existing trauma-informed-based approaches to help inform the development of a unique approach. Key for this was the view that Apex Scotland should adopt an holistic perspective in acknowledgment of complex issues affecting individuals and communities, and the need to develop an approach that should go “beyond trauma” to overcome some limitations of existing trauma-informed practices, but, at same time, without ignoring the relevance of trauma as one of the key, but not always the major, elements of social suffering. That highlights Apex Scotland commitment to make its part to address complex social injustices in support to people involved with the criminal justice system who are among the most vulnerable and yet, one of most stigmatised groups in society. Therefore, the collaboration with the University of Dundee was central to balance theory and practice by bringing together a team of academics with experience in field. As such, the university team adopted research methods that suited best to Apex Scotland context and needs. That involved the co-development of tailored research instruments with inputs from Apex Scotland staff to cover three training activities carried out as part of wider organisational changes. The data collected allowed a comprehensive view on the organizational changes and helped inform the co-design of key strategic drivers and key service delivery outcomes with a view on ‘beyond trauma’ approach. In addition, the findings supported the development of practitioner resources which helped

to implement, in practice, the key outcomes. This report presents the key findings of our collaborative research.

## 1.2. Critical overview of trauma-informed practices toward ‘beyond trauma’ approach

The concept of trauma has evolved significantly over time, expanding from its initial focus on physical injury to encompass complex psychological, social, and cultural dimensions. Traditional definitions describe trauma as “an event, a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening”<sup>1</sup>. Other leading trauma scholars<sup>2</sup>, emphasise trauma’s power to overwhelm an individual’s capacity to cope, often resulting in feelings of helplessness and disconnection from one’s sense of control or agency. However, Herman<sup>3</sup> also adds that trauma must be understood within its social and cultural context, arguing that it is not solely a psychological issue, but one intrinsically embedded within wider societal structures.

This broadened view of trauma has shaped the widespread adoption of trauma-informed and trauma-responsive approaches across mental health, education, criminal justice, and social care systems. In Scotland, this has been evident through the National Trauma Training Programme, led by NHS Education for Scotland (NES), which aims to embed trauma-informed practice across the workforce<sup>4</sup>. These developments have helped ensure greater awareness of the impact of trauma on individuals and communities. However, concerns are increasingly being raised about the limitations of dominant trauma paradigms, especially those rooted in medicalised or pathologising frameworks such as post-traumatic stress disorder (PTSD).

While PTSD remains a recognised clinical condition, research consistently shows that only a small proportion of individuals exposed to traumatic events go on to develop PTSD<sup>5</sup>. Furthermore, the use of PTSD as a proxy for trauma may underestimate the true scope of traumatic experience, particularly when ongoing, complex, or socially mediated forms of harm are to be considered<sup>6</sup>. For example, chronic poverty, institutional neglect, racism, and interpersonal violence may not always result in PTSD but nonetheless exert a profound and enduring impact on people’s lives. As Herman<sup>7</sup> argues, trauma cannot be separated from its social context, a point which is often raised by critiques which stress the ideological and policy-driven risks of framing trauma in overly narrow terms<sup>8</sup>.

Therefore, this has led to growing interest in approaches that seek to move “beyond trauma”. In some contexts, the term is associated with recovery and integration, incorporating mind-body techniques such as yoga, mindfulness, and somatic practices as part of therapeutic healing. For instance, some services or programmes use “beyond trauma” to signal a transition from crisis to resilience, or from survival to post-traumatic growth. However, these interpretations often remain situated within individualised and therapeutic models, with limited attention to broader structural or systemic factors.

Academic and critical literature on the other hand has started to reclaim the term to push for a more holistic and intersectional understanding of trauma. For example, attention has been drawn to the risks

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<sup>1</sup> SAMHSA, 2014, p. 7

<sup>2</sup> van der Kolk, 1989, 2002, 2015

<sup>3</sup> Herman, 1992

<sup>4</sup> NES, 2022

<sup>5</sup> Atwoli et al., 2015 & Jang et al., 2007

<sup>6</sup> Caramanica et al., 2015 & Fossion et al., 2015

<sup>7</sup> Herman, 1992

<sup>8</sup> Smith and Montoux, 2023

of “cultural myopia” in trauma studies and called for a decolonised and global approach to understanding trauma and recovery. Such perspectives emphasise the need to challenge Eurocentric framings of trauma and instead recognise how experiences of suffering, healing, and resilience are shaped by cultural, political, and historical contexts<sup>9</sup>.

Some scholars<sup>10</sup> argue that trauma, particularly when embedded within policy or service delivery frameworks, risks being used as a tool for governance and categorisation by defining individuals based on their experiences of harm rather than their capacities for resistance or transformation. Others point out that trauma language can inadvertently individualise complex social problems, locating distress within the individual while obscuring the systemic conditions that contribute to their suffering such as poverty, racism, or social exclusion<sup>11</sup>. These critiques resonate particularly in contexts where individuals face severe and multiple disadvantage (SMD), such as homelessness, substance dependency, and criminal justice involvement, where trauma is pervasive but often underpinned by intersecting social inequalities<sup>12</sup>.

In response, a “beyond trauma” approach advocates for more integrated, relational, and socially aware frameworks moving away from fixed diagnostic labels and toward approaches that acknowledge individual agency, community connection, and collective forms of healing. This means attending not only to what happens to individuals but also to what happens around them such as their access to housing, healthcare, income, social networks, and cultural belonging. It also means resisting the urge to categorise people through deficit-based lenses and, instead, building on their strengths which are part of their everyday stories of survival, resistance, and struggles for meaningful change in their lives.

In practice, this may involve creating spaces where individuals can explore their experiences through different practices beside traditional therapy models. It may also involve rethinking how services are designed and delivered by ensuring that they are flexible, culturally responsive, and grounded in genuine relationships rather than bureaucratic or procedural frameworks. A growing body of literature also highlights the importance of addressing the emotional toll on staff and practitioners, including the risks of vicarious trauma and burnout<sup>13</sup>. Supporting those who support others is a key part of building sustainable, compassionate systems of care.

While the terminology of “beyond trauma” is not new, its application remains uneven and sometimes superficial. Most commonly, it continues to be associated with therapeutic approaches focused on overcoming or managing symptoms. However, the literature indicates clear scope and a realistic pressing need for approaches that are holistic, critical, diverse, and socially situated. If used meaningfully by organisations such as Apex Scotland, the concept can serve as a powerful framework: one that integrates personal healing with social justice, honours complexity, and moves away from viewing people through a purely pathological lens.

Ultimately, moving “beyond trauma” is not about denying trauma or its impacts but about widening the lens. It is about recognising that trauma does not define a person, that recovery is not linear, and

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<sup>9</sup> Smith and Monteux, 2021

<sup>10</sup> Hopper et al., 2010 & Smith and Monteux, 2023

<sup>11</sup> Larkin et al., 2014 & Mongan et al., 2017

<sup>12</sup> Bramley et al., 2019

<sup>13</sup> Figley, 1995

Bride, 2004

Stanley et al., 2007

that healing is often rooted in connection, community, and structural change. It is also about embracing flexibility in practice and theory, acknowledging that no single model or framework can fully capture the richness and complexity of human experience.

## 2. Perspectives of staff and participants<sup>14</sup> toward a ‘beyond trauma’ approach

### 2.1. Methodological approach

This report covers data collected between December 2022 – December 2024. The monitoring and evaluation process involved direct observation and data collection from staff of three training interventions as follows:

#### 2.1.1. Staff training on trauma informed practice offered by Psychotherapist Jan Montgomery

##### i. Post session feedback sheet (completed as a group)

A total of ten sessions took place every four-week period since February 2023 until November 2023. Data was collected using a standardised feedback form always covering a total of six questions/statements. All questions from the feedback form remained the same except for one which was subject to change as it aimed to be adapted to the training content that was being delivered. Questions allowed staff the opportunity to elaborate their answer as much as they wished. A total of 49 feedback forms were analysed. The feedback sheet template is in Annex 1.

##### ii. Staff electronic survey (completed individually)

Two electronic surveys were designed and made available to individual staff in order to gauge perceptions and feelings regarding Jan Montgomery’s training. The first survey was carried out around May 2023, after 5 sessions of Jan Montgomery’s training took place. There was a total of 29 responses. The second survey was made available after session 9 which took place in October 2023 and attracted a total of 24 responses. A copy of the electronic survey is in Annex 4.

#### 2.1.2. Staff training on lived experience offered by partner organisation Resilience Learning Partnership (RLP)

##### i. Post session feedback (completed individually)

A total of eight training sessions took place throughout the year and were delivered by Shumela Ahmed (RPL) to Apex staff; including two sessions delivered to the corporate leadership team (CEO and Directors) and the Apex Board of Trustees. The content of these sessions focused on trauma and trauma informed practice with a nuance on a leadership context for the separate training sessions delivered to the leadership team. In terms of the training facilitated to staff, the content of the sessions was made available to regional Apex teams but in certain occasions some sessions have been combined to facilitate delivery. Most sessions were delivered online via Microsoft Teams. Data was collected individually, using a standardised feedback form always covering a total of six

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<sup>14</sup> By ‘participants’ we refer to those people engaging with Apex Scotland services. We opted for this terminology to highlight the agency of those involved with Apex Scotland, and therefore, *participating* and taking agency in their processes of change and recovery. This aligns with the principles Apex Scotland adopted as part of our research work, which resulted in a shift from the terminology of ‘service users’ to ‘participants’.

questions/statements, which remained unchanged from session to session. A total of 40 feedback responses were collected after the training sessions. The feedback sheet template is in Annex 2.

### 2.1.3. Participants reflective sessions facilitated by the partner organisation Resilience Learning Partnership (RLP)

#### i. Post session feedback (completed individually) followed by group discussion (*in loci*)

A total of six sessions were delivered by Shumela Ahmed from RLP to individuals with lived experience of accessing services in community organisations. Participant recruitment was carried out through posters and mostly word-of mouth. These sessions were always delivered face-to-face. Data was collected using a standardised feedback form always covering a total of six questions/statements which remained unchanged from session to session. A total of 32 feedback forms were analysed. In addition to this, a verbal discussion was also carried out with individuals at the end of the session to probe further on certain relevant topics. The feedback sheet template is in Annex 3.



Participants who accessed Apex Scotland services taking part in a reflective focus group (Jun 2023)

2.1.4. In addition, we carried out staff focus groups with the aim to capture staff perspectives on the wider organisational changes, and cover, in special, their views on the training activities and the development of practitioner resources as follows:

#### i. Staff focus group

- a. Pre-training (December 2022) in three locations
- b. Post-Training (October/November 2023) in three locations
- c. Follow up feedback on co-design of resources

Focus groups were conducted pre-training (December 2022) and post-training (October 2023) in three locations each time. The focus was to establish a baseline first and cover a variety of key points in terms of staff's views on a trauma informed approach and Apex organisational stance in line with this. The second round of focus groups took place after nearly a year of trauma training and aimed to ascertain the extent of its impact on staff's perspectives covered in the baseline. Finally, we carried out staff and participants focus groups with the intention to explore the co-design of practitioner resources.

While this report focuses on data collected between December 2022 and December 2024, it is important to acknowledge that the overall scope of work extends beyond this timeframe. Significant preparatory work took place between March 2022 and December 2022 to lay the groundwork for data collection. Likewise, most of the year 2024 to the present involved both on-going data collection and the development of a practitioner resource tool, the Apex Scotland's deck of cards. The production of these cards is not a central focus of this report because their implementation and intended use are still evolving. Apex Scotland is currently exploring how best to integrate this tool into staff practice and service delivery. A more detailed account of the cards' development and impact will be included in a future report. Nonetheless, insights gathered during their production have helped to inform and reinforce key themes identified at earlier stages of data collection, which are indeed the primary focus of this report.

Data collection follows research ethical procedures and has been approved by the University of Dundee Research Ethics Committee.

## 2.2. Overview of data/key findings

The results presented reflect the transitional moment experienced by Apex Scotland during the project. It is evident that organizational culture change involves questioning the existing structures and finding responses to address the challenges raised by staff and participants. Therefore, it is important to highlight the relevance of such feedback to help inform the changes aspired by Apex Scotland toward a 'beyond trauma' approach. The results show how training offered to staff helped them to incorporate new principles as well as critically reflect upon good and bad practices. It also highlighted the issues faced by staff with regards the impacts of counterproductive modes of operation Apex Scotland was seeking to overcome as an organisation.

### Changing Perspectives on Trauma

A core finding across the project was the evolution in staff understanding and perceptions of trauma-informed practice. Initially, there was some resistance or scepticism about the relevance and applicability of the training. Over time, however, this gave way to broader appreciation for the training's relevance, with many describing a shift in how thought about their roles, relationships, and the impact of trauma on both themselves and those they support.

The training prompted deeper self-awareness and reflection among staff. Many acknowledged personal growth, gaining new insight into how trauma affects others, and increased sensitivity in their professional practice. However, experiences varied, and some staff felt the training reinforced what they already knew, while others described it as transformational. Younger staff were often more open and receptive, while others, particularly more experienced or male staff, were seen as less willing to engage in deep self-reflection.

There was frustration among staff about inconsistent practical elements of how the training was delivered and received. In some cases, teams attended sessions together, while others completed the training alone from home which contributed to some staff engaging and actively participating in the training more than others. This inconsistency contributed to a sense of division, with some staff feeling emotionally exposed or burdened by the process, especially when others around them chose not to engage. The lack of shared experience created an imbalance that affected team cohesion and mutual understanding.



Apex Scotland staff take part in a reflective workshop (Feb 2024)

### Staff Wellbeing, Stress, and Organisational Support

Many staff described an on-going work culture marked of exhaustion, emotional strain, and lack of appreciation. They felt undervalued, unsupported, and often overwhelmed by rising responsibilities tied to staffing shortages and high turnover. There was a widespread view that the organisation did not adequately acknowledge or reward their efforts, especially in relation to the emotional demands of their work.


Supervision was often perceived as a procedural tick-box exercise and impersonal, therefore not affording staff with space for genuine reflection or support. Staff spoke of needing more flexible, responsive systems to access help when it's truly needed, rather than through rigid monthly based processes. Some suggested a preference for external support options to protect emotional safety and confidentiality.

Many also recognised that they had been internalising the emotional impact of their roles. Staff described suppressing feelings, avoiding emotional triggers like the news, and keeping themselves constantly busy as a coping strategy. Very few were actively engaging in self-care practices. While some

appreciated the organisation’s intention to support wellbeing, they felt current systems were ineffective or inaccessible.

There was a tension between delivering meaningful work and meeting organisational expectations. Staff were frustrated that their efforts to build trust with participants were undervalued because they didn’t align with “hard” performance metrics set out by funders. They felt that “soft outcomes” were only celebrated for promotional purposes, such as annual reports or newsletters, and not genuinely recognised as being the core to Apex’s mission and values.

**In your view, what are the key themes that should inform the narratives about the work that Apex does?**

<p>Increased Autonomy. increased social capital. Open minded approach</p>	<p>The importance of the 'every day' response services need to have, the diversity/complexity of skill required to support daily UNKNOWN situations and circumstances.</p>	<p>To nurture people.</p>	<p>Change happens in the discreet elements of people's lives &amp; we work with human beings in the context of their lives.</p>	<p>Alleviate issues for individuals and their families involved in Justice system</p>	<p>Meeting basic needs before anything else (Maslow)</p>	<p>Outcomes; Belonging Engaging Connecting Increased Autonomy</p>	<p>What the outcomes are, that we are helping our participants work towards.</p>	<p>Considering joy and positive well being</p>
<p>Consideration of the interconnecting links between personal and social struggles</p>	<p>Simplicity of service: take into account regional differences but have more holistic approach to services.</p>		<p>A clear link to justice through everything we do. (Or at risk of entering)?</p>	<p>Being aware that everyone reaches their goal or aspirations in their own way.</p>	<p>advocating in terms of employing people with convictions</p>	<p>Needs led depending on the individual, one size wont fit all.</p>	<p>Positive destinations, the barriers in place and what resources our staff/organisation needs to overcome them.</p>	<p>Shared KPI's through all services.</p>
<p>Being in charge of our own narrative</p>	<p>Recognition of the possibility in everyone. Empowering people to increase possibility</p>	<p>Recognising that success is different for everyone.</p>	<p>Giving everyone the chance to succeed</p>	<p>Holistic approach looking at the whole person and their needs - education, employment, home</p>	<p>understanding justice - policies, processes etc</p>	<p>empowering people who have entered the justice system or who are close to entering</p>	<p>Supporting people in finding their positive destination</p>	<p>clear about what sectors we work in or across</p>
<p>Lead with a values led culture</p>	<p>Emphasise APEX practitioners' skills/knowledge/role . Embed this in marketing.</p>	<p>All ages all stages service provision</p>	<p>HOPE, HAPPY, FULFILLED PEOPLE IS OUR GOAL.</p>	<p>Develop professional partnerships with private sector in order to create opportunities for participants and potential funding streams</p>	<p>Who we are, what we do and who we're doing it for.</p>	<p>Campaigning element to the work we do - having our voices as those with lived experience heard</p>	<p>Helping people work <u>towards</u> employment (as opposed to in to employment)</p>	<p>Reducing re-offending.</p>
								<p>It is not a service that 'fixes' people and we need to be more assertive about contribution &amp; attribution.</p>

An example of interactive activity in one of the online workshops. The example above illustrates staff feedback on key themes to inform Apex Scotland narratives about the work they do. Such feedback was important to align staff expectations with wider institutional strategies (Mar 2024)

### Training Content and Delivery

Staff generally valued the opportunity to participate in trauma-informed training. Many appreciated the interactive and conversational style, particularly opportunities for group discussion and reflection. The training helped better understand the origins of behaviour and how trauma influences individual responses. There was also a strong sense that the training supported both professional and personal insight, with several staff describing how they had changed the way they thought about their own emotional experiences and relationships.

However, concerns were raised about the format and intensity of the sessions. Some found the content heavy or overwhelming, and there were requests for shorter, more accessible formats. Others wanted the opportunity to access content in advance to prepare emotionally especially if the topic might be triggering. Suggestions included more engaging activities, practical case studies, and opportunities for real-life application, rather than overly clinical or theoretical material.

There were also requests for greater interactivity with the facilitator, and dedicated time for questions. Some staff reported feeling frustrated that not all staff engaged equally, with certain people appearing disengaged or resistant. The lack of regular interaction across teams from different regions outside of training also made it difficult for teams to reflect in a collective manner, resulting in some discomfort when sharing personal insights.

Staff expressed that while the training deepened their understanding of trauma, they still felt ill-equipped to apply this knowledge within a system driven by targets, deadlines, and performance pressures. There was a call for more support in turning theory into practice, and for trauma-informed principles to be reflected in organisational expectations, not just individual actions.

### Challenges in Organisational Culture

Staff consistently reported a disconnect between the organisation's stated values and their lived experience at work. While many appreciated Apex's commitment to trauma-informed work in theory, they felt this wasn't always reflected in leadership behaviour, communication, or organisational structures. It was relevant feedback since Apex Scotland aimed to be trauma-informed not only across services but also internally by reflecting such principles among staff.

Concerns included poor communication, unclear policies, and inconsistent application of rules and expectations. Managers reported struggling with outdated guidance and uncertainty about how best to support their teams. There was also anxiety around funding instability and lack of transparency about organisational decisions, which contributed to low morale and a sense of insecurity.

Staff expressed hope that leadership changes might bring improvement but remained cautious. They expressed a desire to see more authentic, visible engagement from senior leadership, including direct participation in training and regular communication about changes. Some described a sense of disconnection from head office and questioned whether their concerns were being meaningfully heard or acted upon.

Importantly, staff consistently distinguished between dissatisfaction with the organisation and satisfaction with their actual roles. Many felt proud of the work they did and the relationships they build with participants but let down by the internal dynamics of Apex as an employer. They described feeling like they were working in silos, with limited support from other agencies and few opportunities to collaborate or reflect across services.

### Importance of Empathy and Personalisation in Services

The contributions of participants highlighted the value of feeling heard, respected, and understood. Participants reflected positively on their experiences with Apex, describing support that helped with transport, appointments, and confidence-building. They valued the chance to share their views and felt the organisation genuinely wanted to learn from their insights.

The sessions created space for participants to reflect on their own engagement with services and the importance of trust, empathy, and relational work. Participants linked trauma to broader life circumstances and expressed the need for services to treat them as whole people and not just problems to be solved.

There was a call for services to be tailored and flexible, recognising the unique needs of each individual. Participants emphasised the importance of safety, choice, and empowerment, and advised that standardised approaches could exclude those who most need support. Intersectionality was another key theme: participants noted that experiences of trauma, and how people access or trust services, differ across gender and other identity markers.

Participants also expressed appreciation for being included in the conversation and for having a platform to share their stories. This participatory approach was seen as validating and contributed to a sense of belonging and trust.

### Leadership, Relational Culture, and Modelling Change

Staff training led by facilitators with lived experience reinforced the need for relational, responsive leadership. Participants described a shift in perspective from a mindset of “fixing” people to breaking down barriers within systems. They valued transparent communication, the use of real-life case studies, and the opportunity to share personal experiences within a safe and structured environment.

However, staff also experienced emotional triggers during training, underscoring the emotional labour involved in trauma-informed work. These moments served as reminders of the need for psychological safety, trust, and support which is not just for participants but for staff as well.

From a leadership perspective, staff called for clearer alignment between the principles of trauma-informed practice and the expectations placed on teams. They urged leaders to model openness, empathy, and reflective practice not just discuss it. Trust and authenticity were seen as foundational, especially in fostering a culture where staff feels safe enough to be honest, vulnerable, and collaborative.

There were also reflections on the need for policies and procedures to be flexibly applied, recognising the complex realities of trauma, not just in the lives of participants but in the lives of staff. Rather than rigid rules, staff wanted space for discretion, care, and relational judgment in how policies are enacted day to day.

### Aspiration vs Reality

Across all findings it was clear that while Apex aspired to be trauma-informed, structural and cultural barriers made that difficult to materialise. Staff and participants alike describe moments of care, connection, and transformation but these were often undermined by systems that prioritise targets over relationships, or that fail to provide the emotional and practical support needed to sustain meaningful work.

There was strong support for the idea that trauma-informed practice must extend beyond frontline work. It must be embedded in leadership, policy, supervision, training, and organisational communication. Trauma-informed values such as empathy, trust, and flexibility must shape not only how Apex works with participants but how it engages and supports its own staff.

The work done thus far contributed to important groundwork. Staff were more reflective. Conversations about wellbeing were happening as training provided was deepening understanding.

But staff felt that lasting change required alignment between values and behaviour, between theory and practice, and between leadership vision and day-to-day experience.

Ultimately the findings of this project during the period of data collection between 2022 to 2024 highlighted both significant progress and persistent challenges in Apex's journey toward trauma-informed practice. The work has fostered greater reflection, improved understanding of trauma, and prompted conversations about wellbeing, both personally and professionally. Staff and participants alike expressed appreciation for being listened to and supported.

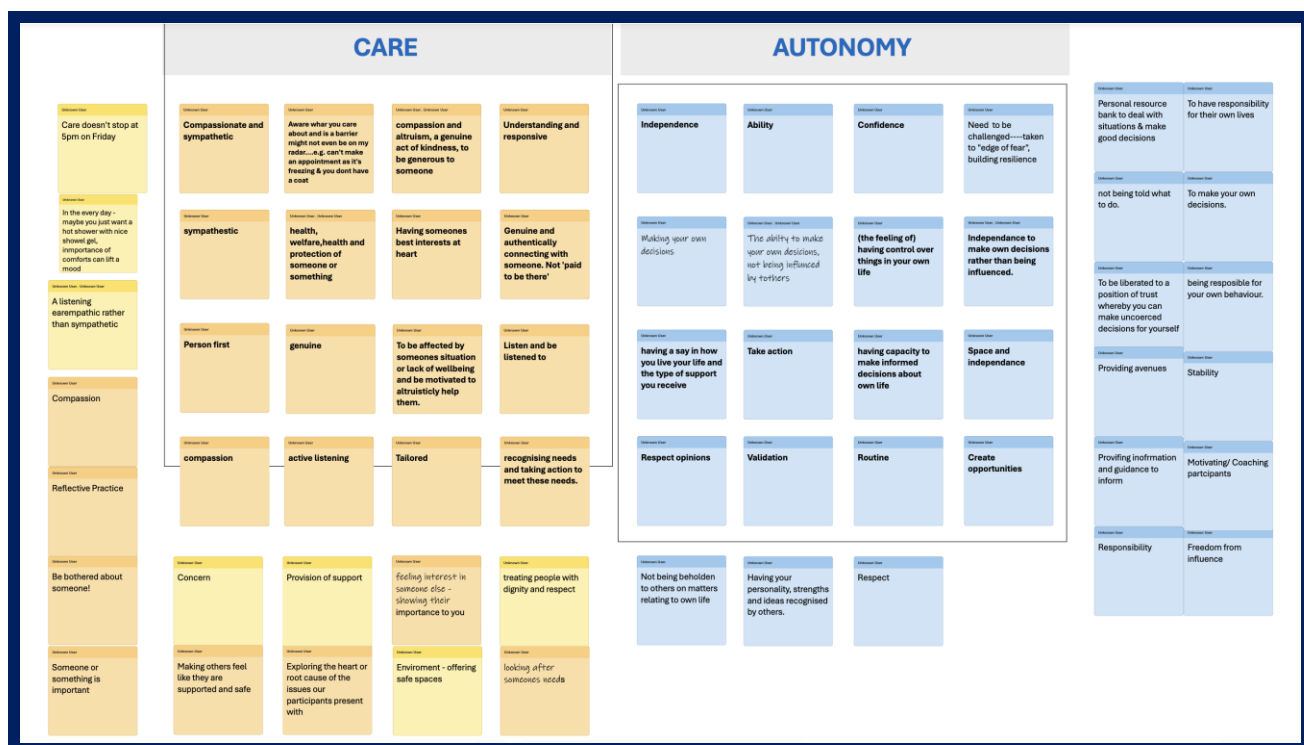
However, many structural issues remained. Staff felt overworked and under-supported, supervision was often inadequate, communication from leadership was lacking, and training was not consistently integrated into practice. As such, it was perceived that trauma-informed principles risked being reduced to rhetoric if they were not reflected in policy, leadership behaviour, and the day-to-day realities of organisational structure.

These were strong messages to Apex Scotland on its efforts to change organisational culture and existing structures and modes of operation. The next section explores the responses developed by Apex Scotland to address these issues.

### Practitioner resources and organisational tools

Much of the staff feedback focused on concerns about excessive paperwork and the amount of time spent on administrative tasks, which limited the time they could dedicate to working directly with participants. Staff also raised issues around inconsistency across services, which contributed to a sense of working in silos. While geographical differences naturally played a role, variations in how the same services were delivered further undermined a sense of cohesion.

Although the feedback was not specifically directed at resource development, it helped shape the creation of the Apex Scotland's practitioner resource, the deck of cards. These cards were designed as a practical tool to support staff in their day-to-day roles, with the aim of promoting consistency across practice, locations, and services. They also have the potential to support monitoring and evaluation, contributing to more aligned and effective service delivery. Apex Scotland is currently still exploring what is the best approach for the integration of this tool in the future of the organisation.



Feedback from staff in online workshop to discuss core concepts, values and principles underpinning practitioner resources and wider Apex Scotland's organisational narrative (Apr 2024)

Staff workshop to discuss the design and applicability of the practitioner resource, the deck of cards (Oct 2024)

### 3. Key learnings

The feedback highlighted that staff are deeply committed to their roles and took great pride in the positive impact they have on participants. There was a shared appreciation for the diversity of services offered, with many feeling that this flexibility allowed them to respond effectively to complex client needs. However, this same diversity also contributes to inconsistency and confusion around role expectations, organisational processes, and how best to deliver trauma-informed care particularly when they found themselves faced with issues that were outwith the scope of the service they provided and/or had to rely on other organisations to provide further support.

The trauma-informed training was partially successful in raising awareness and initiating self-reflection among staff, some of whom, as a result, felt better equipped to recognise trauma in others and themselves. Yet, many also expressed that the training lacked practical applicability, did not always feel that it was relevant to their work, and at times created emotional strain. The structure and delivery of training which spanned over months and lacked advance content warnings, was a barrier for some, particularly those with lived experience of trauma.

Across all localities within Apex Scotland, there was a strong sense that the organisation needed to do more to support staff wellbeing and professional development. This included clearer communication, more responsive leadership, improved supervision structures, and organisational alignment with the trauma-informed principles Apex Scotland was aiming to promote.

Staff morale was very mixed. While there was pride in the work and strong peer support, there were deep frustrations about resource limitations, unclear expectations, and a perceived lack of recognition

from senior leadership. Job satisfaction was felt to be undermined by inconsistent support, insufficient pay for demanding roles, and limited career progression. Despite this, staff remained hopeful for change, particularly with, at the time, the appointment of a new CEO, and show continued dedication to clients.

One of the clearest points of feedback was that a trauma-informed approach could not be effectively implemented in isolation from organisational change. If the working environment did not reflect the same principles of safety, choice, collaboration, and empowerment that staff were being trained to deliver to participants, the training risks feeling hollow or even harmful.

Additionally, meaningful staff engagement, such as listening to staff's training needs, offering flexible options, and providing space for emotional processing was seen as essential for embedding new approaches. Recognising the emotional labour of frontline work, and offering consistent support, was perceived not just as a wellbeing issue but central to service quality and staff retention.

At the time, from the feedback provided, staff reported that to build a more trauma-informed, sustainable, and supportive workplace, the organisation should consider:

- Revising contracts and caseload expectations to reflect the reality of the work being undertaken.
- Investing in flexible, relevant, and accredited training tailored to staff roles and experiences.
- Clarifying organisational roles, processes, and policies to reduce confusion and enhance fairness across services and locations.
- Separating staff wellbeing check-ins from service focused supervision.
- Providing more consistent leadership and better communication from senior management.
- Aligning internal practices (including training, remuneration, and recognition) with the trauma-informed values expected of staff.
- Addressing systemic issues such as funding instability and limited career progression opportunities.
- Strengthening mechanisms for staff feedback and participation in decision-making.

## 4. The Apex Scotland response

### 4.1. Organisational change

The findings of our monitoring and evaluation highlighted four relevant scales of work that needed to be addressed as part of Apex Scotland's institutional development. These recommendations set out the work developed by the University of Dundee with Apex Scotland and its core partners during the year of 2024.

- Conceptual scale – what Apex think about trauma
- Individual scale – staff
- Community scale – people who access Apex services
- Environmental scale – Apex as an organisation

#### 4.1.1. Conceptual scale

- a. Institutional clarity on trauma informed approaches. Apex Scotland was encouraged to develop their own view of trauma informed approach. In our view this vision should be holistic and supported by a broad understanding of trauma to cover complex issues faced by people who access Apex Scotland services, staff and the organisations working primarily within the field of criminal justice.
- b. Apex Scotland was advised to incorporate other elements of “informed practice”. Trauma is certainly a driver for institutional shift and aligns with the Scottish government's vision for social policy. Trauma, however, can be a limited concept itself. A view on intersectionalities and stigma, for example, seems to be needed to address specific issues and populational groups Apex Scotland works with (young people, women, etc).

These recommendations resulted in the development of a unique perspective based on learnings and critical understanding of existing trauma informed practices, which evolved in Apex Scotland’s ‘beyond trauma’ approach.

#### Key impact

- Simplification of services around the human experience and four key areas of personal development required for individual progress to sustain.
- Thematic management team roles to enable expertise to be implemented across intersectionality so knowledge translates into practice and participant experience.
- Changing the Story: launch of our lived experience forum, enabling diversity of experience to be represented.

#### 4.1.2. Individual Scale

- a. Apex Scotland was advised about the need to strengthen mechanisms to monitor staff wellbeing. This would help address the issue of stress and burnout highlighted in many opportunities by staff. Apex Scotland was encouraged to develop systems to monitor staff wellbeing, with special attention to mental and emotional wellbeing.
- b. Creation of internal protocols. Apex Scotland was advised to create mechanisms to address issues of wellbeing, by creating internal protocols where staff have clarity about their roles and expectations about their work, with a focus on a better balance of tasks that take into consideration a holistic approach to trauma as part of their ‘beyond trauma’ approach. Workload models as well as reward systems (promotion, prizes, wider recognition of staff work) were areas that could help increasing staff confidence and satisfaction in Apex Scotland as a credible employer. There was also the need to address apparent mismatch between job descriptors and actual work.
- c. Caring for careers. Apex Scotland was advised on the need to strengthen existing systems of support for staff. Many staff commented on the limited support they have from Apex Scotland to address mental wellbeing and emotional issues. There is good will and positive caring practices, but these need to be more embedded in the institutional set of responses that are part of the duty of care Apex have with staff.

These recommendations helped to inform changes adopted at management level, including revision of staff roles and new approaches to Human Resources within Apex Scotland.

### **Key impact**

- Organisational job evaluation process which reviewed market analysis, organisational structure, job roles and associated salary scales, achieving primarily increase to our rates of pay (December 2024).
- Separation of ‘support’ and ‘supervision’ processes to allow due focus on the person and the role.
- Launch of Employee Assistance Programme

### **4.3. Community scale**

- a. Ensure Apex Scotland have a positive impact in communities. Apex Scotland need to ensure their work has a clear impact on people’s lives. It is necessary to design and adopt monitoring and evaluation tools to keep a good track record of Apex Scotland activities, the needs of people they work with, and the feedback received from them.
- b. Integrating service provision. Apex Scotland seem to be stretching in every direction with diversified services across different age ranges and demands from people in contact with criminal justice. One recommendation is to better integrate these diversified areas of work for both create a better sense of institutional identity for external people (how they see Apex Scotland) and give staff a sense of unity around common areas of work.

These recommendations resulted on the development of practitioner resources and monitoring & evaluation tools to help Apex Scotland to assess impact, identify areas for improvement and celebrate good practice. These resources will contribute to better integrate service provision, giving staff across different geographic locations and strands of work a sense of cohesion in their practice and understanding of everyday work in alignment with major institutional drivers.

### **Key impact**

- Implementation of the Apex Scotland Participant Journey, a consistent approach to services
- Launch of the Apex Scotland Foundation Programme, a service we design and own, not dictated by a funder
- Production of a physical Practitioner resource tool, a deck of cards, as a practice aid
- Review of organisational impact supported by Evaluation Support Scotland

### **4.4. Environmental scale**

- a. Need to sustain an institutional narrative. Apex Scotland need to create a vision that is sustainable by example. If the direction is to become trauma informed, trauma needs to be addressed at all levels of organisation, not only in service provision. This demands some reflections that go beyond staff training and imply a clear vision for a broader and sustainable cultural change at Apex.
- b. Need to improve facilities. Feedback and direct observation showed that improvement in facilities was much needed. This can help to address staff wellbeing with a welcoming and pleasant workplace, and at same time, provide people from communities a service which quality, values and principles are visible in their direct

experience with the organisation. The physical space needs to incorporate the concept. That means, facilities need to adopt a trauma informed approach.

### **Key impact**

- Design and develop a progressive people strategy which not only incorporates a truly beyond trauma approach to staff wellbeing but also looks to ensure Apex Scotland can retain and attract talent to sustain its mission.
- Review how Apex Scotland can build and improve its flexible and hybrid working model to break down silos and create connection between the team and across the country.
- Build in the structures, championed by the organisation's leadership. to improve the Apex Scotland organisational culture empowering staff voice and ownership of change

## **5. The four outcomes**

The findings from our research helped to outline the areas for organizational change as discussed in the previous section. It also helped to develop a better understanding of the expected outcomes emerging from such changes, with particular attention to the 'beyond trauma' approach being adopted by Apex Scotland. As result, four outcomes emerged as the core areas Apex Scotland should drive its activities, resources and wider strategy to generate positive impact on people's lives. In addition, these outcomes offer an opportunity to explore alternative ways to measure impact in the sector, opening opportunities to dialogue with other organizations and policy makers.

### **5.1. Building Trust**

Apex Scotland seeks to develop a trustful relationship with participants and, as part of it, increase their self-trust and trust in others to achieve increased self-esteem and healthy relationships. Moreover, building trust will equip participants to develop better communication and socio-relational skills, increasing their circle of trust and build good relationships to strengthen support network around them.

### **5.2. Widening the Window of Tolerance**

Apex Scotland values people's existing strengths and seeks to promote their self-reflexive skills to achieve positive emotions outcomes. Apex Scotland interprets window of tolerance as an opportunity to engage participants in a reflection about their self-awareness and ability to develop mechanisms to deal with everyday life challenges and achieve their goals.

### **5.3. Taking Responsibility and Establish Autonomy**

Apex Scotland works with participants to build a sense of responsibility for themselves and for others. Apex Scotland wants to work with participants to increase their confidence in themselves and gradually develop a sense of autonomy in different areas of their lives. For that, Apex Scotland engages with participants to develop a set of skills and competencies to reduce dependence from others and, as part of it, valuing the role of co-responsibility, solidarity and compassion in healthy and trustful relationships. Critical to the establishment of autonomy is that people feel they have viable choices and control within their own lives.

### **5.4. Wellbeing**

Apex Scotland encourages participants to be able to take care of themselves and, as part of this, develop a wider sense of caring, solidarity and co-responsibility for those around them. As participants

self-confidence and autonomy grows, Apex Scotland supports them to recognise when they may need to access specialist input for their wellbeing, and to establish day-to-day strategies as coping and regulation tools.

### Apex Scotland's Beyond Trauma approach key outcomes



## 6. Recommendations and further developments

### 6.1. Making the 'beyond trauma' approach work

Apex Scotland needs to ensure that a 'beyond trauma' approach is not only visible through documents, leadership narratives and marketing materials, but effectively implemented across the whole organisation. To achieve that leadership must commit to actions that are underpinned by the values and principles of 'beyond trauma'. Consistent speech and action across the organisation will be strategic to embed 'beyond trauma' with staff and services, as well as engagement with stakeholders and participants. Leadership attitudes should be underpinned by empathy, openness and flexibility in understanding staff and participants experiences and take onboard their feedback. For this to happen, leadership should continue engaging in the staff training and any reflective practice alongside frontline practitioners.

Some key actions are recommended:

- i. Formalise having a space and time for regular reflective practice for staff which is separate from supervision and where they can process the emotional labour resulting from their day-to-day practice.
- ii. Implement participant reflective sessions to incorporate feedback from more diverse voices and use findings to promote service improvement and community engagement.

- iii. Improvement of impact measurement so “soft outcomes” can be recognised as legitimate measures of success in funding and policy contexts.
- iv. Provide opportunities for career development through training integration by offering shorter training sessions with practical case studies, skills practice and accreditation where possible. Advance content warnings should be provided where applicable.
- v. Use the Apex Participant Journey and the Apex Scotland’s deck of cards to ensure coherence across geographical regions while still retaining enough flexibility to address specific local needs.
- vi. Explore more sustainable funding streams and partnerships to reduce staff’s feelings of insecurity and allow for more longer-term planning.

## **6.2. Develop and consolidate practical tools to implement, monitor and evaluate ‘beyond trauma’ approach**

The steps suggested in item 6.1. are situated in the scale of ‘political’ action within the organisation. They are core drivers for wider organisational change that demand fully commitment from leadership in first place to create the enabling conditions for its realisation. There are, however, additional steps to aid such actions, which are practical resources that can offer tangible mechanisms to implement change and, in addition, check on the directions of such changes to ensure the objectives of the organisational change are met. For this to happen, leadership must ensure the implementation of efficient tools that reflect the values and principles of ‘beyond trauma’. In addition, it is necessary to work towards the implementation of continuous monitoring and evaluation of organisation activities.

Some key actions are recommended:

- i. Advance on the development of the practitioner tool, the deck of cards, with the aim to combine the four outcomes in practice. The deck of cards implementation demands planning and the appropriate conditions for its effective use. This includes, in first place, the staff buyout, which can be challenging in an organisation going through so many changes in the recent years. Therefore, it is advised that Apex Scotland allows time to gradually implement the practitioner resource, with a combined focus on training and addressing more immediate demands for staff wellbeing.
- ii. Alongside the deck of cards, it is advised that any effort to implement its monitoring and evaluation also incorporates the wider organisational changes. While it is necessary to evaluate the effectiveness of specific tools, it is important to combine that with broader evaluation to ensure that wider organisational changes are well integrated in service delivery.

## **6.3. Consolidate Apex Scotland as a leading criminal justice organisation in Scotland**

Apex Scotland is in a strategic position to influence the field of criminal justice and social care in Scotland. It is a large organisation covering diverse geographies and populations across Scotland, with expertise and reputation in the field accumulated over many years. Past organisational structures may have prevented Apex Scotland to have a stronger presence in the field, but the recent changes and leadership model offers a unique opportunity to become an influential organisation in the interfaces between criminal justice and social care.

Some key actions are recommended:

- i. Strengthen organisational narratives with the production of practitioner resources to made available for the wider field of criminal justice and social care. This follows the development and consolidation of practitioner resources (item 6.2) and should be part of a wider strategy once the resources are consolidated and integrated within the organisation. Therefore, while this advice sets a long-term strategy, it indicates the need to articulate such long-term strategy within the implementation of the resources inside the organisation. Such strategic view will help embed the need for translational languages and approaches, as well as more universal ideas to balance with specific needs.
- ii. Carve pathways for knowledge exchange to position Apex as a leader within the Scottish criminal justice and social care landscape. This can be achieved through conferences, academic publications in collaboration with research institutions, but also by building strong collaborations with other organisations in the field. This, in addition, reduces siloed practice and strengthens referral pathways.

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## Annexes

### Annex 1 - Jan's Training



**Monitoring and Evaluation of  
Partners in Change Project**

We wanted to invite the group for an exercise to reflect about the learnings from today's session.

The information gathered in this exercise will help us to better understand processes of learning and changing within Apex as part of Partners in Change project

As a group, have you enjoyed the session today?

Yes

No

No consensus

What explains your response?

What are the things you wanted to change for the future sessions?

What are the things you wanted to keep in the future sessions?

In few words, describe the key learning from today's session

Do you feel that today's learnings and sharing of real cases can help you make adjustments to your practice? Please explain your response. Can you give any examples of practices that you might try to apply to your own role?

## Annex 2 – Feedback from staff after training sessions with RLP



Monitoring and Evaluation of  
Partners in Change Project

We wanted to invite you to reflect about the learnings from today's session.

The information gathered in this reflective exercise will help us to better understand processes of learning and changing within Apex as part of Partners in Change project

Have you enjoyed the session today? (please delete boxes accordingly)

Yes

What explains your response?

What are the things you wanted to change for the future sessions?

What are the things you wanted to keep in the future sessions?

In few words, describe the key learning from today's session

Can you explain how this learning impacted on you? Do you feel the learnings helped you to better understand the relevance of lived experience of trauma for practice? Does it make you consider changes in your practice?



### Annex 3 – Feedback from participants after training sessions with RLP



Monitoring and Evaluation of  
Partners in Change Project

We wanted to invite the group to reflect about the learnings from today's session.

The information gathered in this reflective exercise will help us to better understand processes of learning and changing within Apex as part of Partners in Change project

As a group, have you enjoyed the session today?

Yes

No

No consensus

What explains your response?

What are the things you wanted to change for the future sessions?

What are the things you wanted to keep in the future sessions?

In few words, describe the key learning from today's session

Can you explain how this learning impacted on you? Do you feel the learnings helped you to better understand the relevance of lived experience for practice? Does it make you consider changes in your practice?

## Annex 4 – Staff Survey Questions

1. Has the training changed the way you see yourself in your role?
  - a. To what extent?
  - b. Why?
2. Has the training influenced on the way you are connected to apex as an organisation?
  - a. What do you think has made a difference?
3. How have the topics developed during the training influenced you?
  - a. Self-awareness
  - b. Self-care
  - c. Work/life balance
  - d. Life wheel
  - e. Resilience
  - f. Emotional regulation
  - g. Recognising needs
  - h. Psychological development
  - i. Brain development
  - j. ACE study
4. What in the training you found most emotionally challenging?
  - a. Brain development
  - b. Childhood brain
  - c. Ace study video clip of woman sharing her experiences of ACES
  - d. Video clip of people in prison
5. Thinking back to the first session to where we are now, are you more familiar and comfortable with the training?
  - a. To what extent?
    - i. Why?

## Annex 5 – Participant Information Sheet



### Participant Information Sheet (staff)

#### 1. Research title

Monitoring, Evaluation and Systematisation of Partners in Change project

#### 2. Background and aims of the study

You have been invited to take part in this study by researchers at the University of Dundee, and by the Partners in Change Researcher at Apex Scotland. Before you decide whether you would like to participate or not, we would like to explain why this study is being conducted and what your involvement would entail. If you have questions about the study, please ask a member of the research team (their details are at the end of this document).

We are conducting this study to find out more about the service provided by Apex Scotland, from the perspectives of staff and people who use the service. The research project will monitor, evaluate and seek to better understand the successes and challenges of moving toward a more trauma informed approach to providing Apex Scotland services.

#### 3. Why have I been invited to take part?

You have been invited to take part in this research because you work at Apex and we would like to understand your perspectives.

#### 4. Do I have to take part?

Participation is voluntary, you do not have to participate if you do not want to. If you do decide to take part, you can withdraw without needing to explain and without penalty, by advising the researcher of your decision. You can request to be withdrawn up to 48 hours after data is collected (focus group/group activity). For the questionnaires, after the survey is submitted it will not be possible to withdraw (as it will not be possible to link you personally with the information submitted online). At this point, your data will be kept and used in the data analysis (this includes your responses to questionnaires).

#### 5. What will happen if I take part?

Your participation **may** involve participation in four activities:

- a. Completing a ProQOL. Version 5 survey, which will take approximately three minutes to complete. The ProQOL is a tool that was developed by Stamm (2010)<sup>1</sup> to analyse staff wellbeing.
- b. Completing a staff questionnaire (which will take approximately four minutes to complete).
- c. Taking part in a focus group/group activities (which will take approximately between 1.5 – 3 hours depending on the activity).
- d. Completing a reflective exercise as part of evaluation of training activities

Focus group/group activities will be voice recorded with your consent. This will be transcribed by a professional service. Recordings and transcripts will only be accessible to select members of the research team. All data will be stored securely via OneDrive cloud storage, provided by the University of Dundee. All transcripts will be pseudo anonymised<sup>2</sup> at the earliest possible opportunity.

#### 6. Are there any risks in taking part?

You might be asked questions you find difficult to answer or distressing. In the unlikely event that this happens, the researcher will provide you with some information so that you can access appropriate support. You do not have to answer any questions you do not wish to answer.

#### 7. Are there any benefits in taking part?

You will not directly benefit from taking part in the study, although some people enjoy the experience. However, you will be providing us with important information for our study, which can be used to improve the Apex service, and knowledge about trauma informed services more generally.

<sup>1</sup> Hundall Stamm, B. (2009). Professional quality of life measure: compassion, satisfaction, and fatigue version 5 (ProQOL).

<sup>2</sup> This means that names will be changed.

#### **8. What information will you collect about me?**

The researcher will collect some basic information about you, so that they know who they are talking to. During the focus group, you can tell them as much or as little about yourself as you would like to. We are interested in your views about trauma informed care and Apex Scotland, as well as your role, but you do not need to share any personal details about yourself.

As part of the project, we will be recording some basic personal data relating to you, such as where you work and how to contact you. This personal information will not be used as research data and will never be disclosed outside of the core research team. This will be processed in accordance with the General Data Protection Regulation (GDPR). Under GDPR the legal basis for processing your personal data will be public interest/the official authority of the university.

#### **9. What happens to the data I provide?**

Only the research team will have access to your data. All data will be kept confidential and all identifiable information will be removed to prevent participants being identified. We might use direct quotes in study outputs, but these will have names and other identifiable data removed. However, you might still be identified by people who know you well by the stories you tell. Confidentiality will be adhered to, except in circumstances where a person is being harmed or abused. If you disclose information about yourself or another person being harmed or abused, the researcher will have to break confidentiality and inform the Service Manager and the Study Lead.

#### **10. Will the research be published?**

The findings from the project may be published in a research briefing for relevant stakeholders and may also be published in an academic peer-reviewed journal. Selected findings may also be presented at conferences. You will also be provided with a copy of the findings. You will not be identifiable in any report or publication. Unless funder/publisher/partner requirements prevent it, the research findings may also be publicly disseminated through the University of Dundee open access repository.

#### **11. Who is organising and funding the research?**

The study is funded by the Robertson Trust. The study is being conducted by a team from the University of Dundee.

#### **12. Who has reviewed this research project?**

All research conducted at the University of Dundee is reviewed by an independent group of people, called a Research Ethics Committee which is there to protect your safety, rights, wellbeing and dignity. The study has been reviewed and was awarded ethical approval by the Research Ethics Committee (ESW) application number E2021-141.

#### **13. Your rights**

You have the right to request to see a copy of the information we hold about you and to request corrections or deletions of the information that is no longer required. You have the right to withdraw from this project at any time without giving reasons and without consequences to you. You also have the right to object to us processing relevant personal data, however, please note that once the data are being analysed and/or results published, it may not be possible to remove your data from the study.

#### **14. Who do I contact if I have concerns about this study or I wish to complain?**

If you have a concern about any aspect of the study, you should contact the Study Lead, Fernando Fernandes (f.l.fernandes@dundee.ac.uk) . If you remain unhappy and wish to speak to someone independent of the study, you can do this by contacting the convener of ethics committee Murray Simpson (m.k.simpson@dundee.ac.uk).

You have the right to lodge a complaint against the university research team regarding data protection issues with the Information Commissioner's Office (<https://ico.org.uk/concerns/>). If you have any questions relating to data protection these can be addressed to [dataprotection@dundee.ac.uk](mailto:dataprotection@dundee.ac.uk) in the first instance.

#### **15. If you have any questions or concerns about the study, or if you would like to participate, you can contact:**

Fernando Lannes Fernandes  
f.l.fernandes@dundee.ac.uk

## Annex 6 – Consent Form



University  
of Dundee

### Participant consent form

Monitoring, Evaluation and Systematisation of Partners in Change project.

Ethical Approval Number: E2021 -141

Please put tick in each box to confirm that you agree to each statement. For questions that are optional please leave the box blank.	
I confirm that I have read and understood the information sheet explaining the above research project and I have had the opportunity to ask questions about the project.	
I understand that my participation is voluntary and that I am free to withdraw at any time during interview and withdraw my data within 48 hours of it without giving a reason, and without any penalty. I understand that beyond 48 hours it may not be possible to remove my data from the study.	
I understand that while all information will be kept confidential, the researcher will break confidentiality if they feel that <u>myself</u> or another person is being harmed or at risk of being harmed.	
I understand that my responses will be pseudo anonymised (this means that your name will be changed). I give permission for members of the research team to have access to my pseudo anonymised responses.	
I consent to being audio recorded.	
I understand how the audio recordings will be used in research outputs. I am aware that I will not be named in any research <u>outputs</u> but I could be identified by people I know through the stories I tell.	
I give permission to be quoted directly in the research publication and understand that all identifiable information will be removed from these quotes, and my real name will not be used. I understand that I could still be identified by people I know through the stories I tell.	
I agree to take part in this study.	

Name of Participant:

Signature:

Date:

Name of Researcher:

Signature:

Date: