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# Trauma-informed healthcare: where are we at? Findings from the TAP CARE study

Webinar  
19 July 2022

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# Housekeeping

Please be aware that **this session is being recorded**. The recording, transcript and slides will be shared within the next **7 days**.

**Please use the Q&A box to ask questions** at any time. We will answer as many of your questions as possible during the **Q&A session**.

We will keep **participants muted** whilst we are presenting. This avoids distracting our speakers and reduces sensory stimulation, which is important for some people.

**Your camera will be off** during presentations. You can't turn it on when asking questions.

**If you need a break**, please leave the meeting and re-join when you feel ready.

# Accessibility

Information on **accessibility features in Zoom**:

<https://explore.zoom.us/en/accessibility/>

Contact [kate.hardy@thesurvivorstrust.org](mailto:kate.hardy@thesurvivorstrust.org) with accessibility questions.

## Join the conversation on Twitter

Join the discussion using **#tapcare**.

# Agenda

12.00-12.05	Welcome	Fay Maxted OBE, CEO, The Survivors Trust
12.05-12.15	Findings from TAP CARE systematic reviews	Natalia Lewis, Research Fellow, University of Bristol
12.15-12.20	Involvement of people with lived experience in the TAP CARE	Shoba Dawson, Research Fellow, University of Bristol
12.20-12.30	Findings from TAP CARE review of UK policies	Elizabeth Emsley, Academic Clinical Fellow, University of Bristol
12.30-12.35	How TAP CARE findings can inform system-wide trauma-informed policy and practice	Jo Williams, co-director, Adversity and Trauma Health Integration Team (Bristol Health Partners)
12.35-12.55	Q&A	All
12.55-13.00	Closing remarks	



# Poll 1: Audience background



# Poll 2: Confidence checker



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# Findings from the TAP CARE systematic reviews

Natalia Lewis

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# The TAP CARE team

- Dr Natalia Lewis
- Prof Gene Feder
- Prof John Macleod
- Prof Stan Zammit
- Prof Katrina Turner
- Dr Shoba Dawson
- Ms Angel Bierce
- Dr Elizabeth Emsley
- Dr Joshua Smith
- Dr David Martin
- Dr Chloe Gamlin
- Dr Umber Malik
- Ms Esme O'Brien
- Advisory group of people with lived experience
- Advisory group of professionals



# Why a trauma-informed approach in healthcare?

1. Prevalence and impact of violence and trauma

2. Retraumatization within healthcare services

3. Interventions at the individual AND organisation/system levels

# The TAP CARE study

Systematic review 1: effectiveness in primary care and community mental healthcare

Systematic review 2: effectiveness and acceptability in healthcare systems

Systematic review 3: effectiveness of training programmes for healthcare professionals

Review of UK health policies

# What is a trauma-informed approach?

informed  
trauma  
care  
service approach  
system  
gender violence  
intervention working  
ways change  
model organisational practice

# What is a trauma-informed approach?



IT AIN'T WHAT YOU DO IT'S

THE WAY THAT YOU DO IT.

# How to implement a trauma-informed approach?

## 4R's key assumptions

1. Realise
2. Recognise
3. Respond
4. Resist re-traumatization

## 6 key principles

1. Safety
2. Trustworthiness
3. Peer support
4. Collaboration
5. Empowerment
6. Cultural, historical, and gender issues

## 10 implementation domains

1. Governance and leadership
2. Policy
3. Physical environment
4. Engagement and involvement
5. Cross sector collaboration
6. Screening, assessment, and treatment
7. Training and workforce development
8. Progress monitoring
9. Financing
10. Evaluation

# Trauma-informed approach models



# Systematic review 1 (n=6)

## Patient level

↑ ↓

↑self-confidence (n=2), ↑safety (n=2), ↑health management (n=1), ↑Quality of Life (n=1),  
↓pain (n=1), ↑ ↓mental health (n=3),  
↑ ↓ substance misuse (n=1)

## Care team level

↑

↑staff accepting attitudes (n=3)  
↑patient support (n=2),  
↑patient confidence in care (n=3)  
↑patient in control of treatment (n=2)

## Organisation level

↑ ↓

↑staff readiness (n=3), ↑change culture (n=2);  
↑staff safety (n=1), ↑patient access to care (n=2);  
↑patient satisfaction (n=3)  
↑ ↓ staff screening (n=2); ↑ ↓ staff self-care (n=2)

# Systematic review 2 (n=11)

## Acceptability

↑ ↓

- ↑ patient retention (n=1)
- ↑ staff retention (n=1)
- ↑ ↓ quality of service (n=5)
- ↑ ↓ staff attitudes (n=4)

## Effectiveness

↑ ↓

- ↑ trust, safety, empowerment (n=5)
- ↓ restrain and seclusion (n=2)
- ↑ ↓ mental health (n=6)
- ↑ ↓ substance misuse (n=5)



# Systematic review 3 (n=23)

**Readiness to provide  
trauma-informed  
care**  
↑↓

↑↓ knowledge (n=15)  
↑↓ attitudes (n=12)  
↑↓ confidence (n=13)  
↑ skills (n=5)

**Trauma-informed  
behaviour/practice**  
↑↓

↓ restrictive practices (n=1)  
↑ asked about traumatic events (n=3)  
↑ patients disclosed trauma (n=1)  
↑ incorporated information about trauma  
into consultation (n=2)  
↑↓ patient-centered communication (n=1)  
↑↓ referred to specialist services (n=2)

# Conclusions

1. Research evidence is limited and conflicting
2. Translational and implementation evidence gaps
3. Common components:
  - budget
  - buy-in from all staff
  - ongoing training and support for all staff
  - engagement of people with lived experience
  - changes in physical spaces and clinical practices
4. Mixed effect on:
  - psychological outcomes
  - behaviour and practices
  - health outcomes
5. Standalone training → mixed effect on professional readiness and behaviour



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# Role of patient and professional stakeholders in the TAP CARE systematic reviews

Shoba Dawson

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# Stakeholder involvement

Two advisory groups:

- People with lived experiences of trauma and experience of health services (n=8)
- People who plan, fund and deliver health services (n=10)

# Level of involvement



Informal training on systematic review provided



Brainstorm research questions



Listed outcomes meaningful to them



Inconsistent terminology use identified by professionals



Consulted on data collection, analysis and dissemination

# Reflections from patients

[TAPCARE study: reflection on patient and public involvement \(PDF,92KB\)](#)



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# Findings from the TAP CARE policy review

Elizabeth Emsley

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# How we did it

1. Document review: How are trauma-informed (TI) approaches represented in UK health policies?
2. Stakeholder interviews:
  - How are TI approaches understood by policy makers and healthcare professionals?
  - How are TI approaches implemented in the UK healthcare?



# What we found

1. How are TI approaches represented in UK health policies?

Promotion of TI approaches in UK health policy

... but little detail, guidance or funding

# What we found

2. How are TI approaches understood by policy makers and healthcare professionals?

TI care as  
different from  
other practices

... differences when unravelling the  
meaning of the term



An organisational  
approach

... tailored to the organisation and  
service user needs

TI care as a  
remedy to  
challenges

... from achieving integrated care to  
addressing the impact of the  
pandemic



# What we found

## 3. How are TI approaches implemented?

Piecemeal implementation

... national TI strategy in Scotland, patchy in England



Barriers and facilitators

... within the organisation and beyond

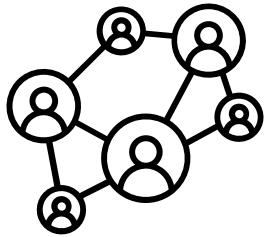


Evidence-policy gap

... policy support for TI care however limitations in evaluation and evidence

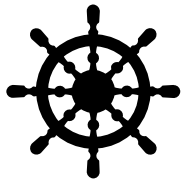
# What we found

## The future of TI care



Strengthen national and regional networks

Coordinate and harmonise local TI initiatives across the UK



Call for leadership within the UK government

Coordinate, support and fund local TI initiatives



Support and fund evaluation of all TI initiatives

Expand the UK evidence base

# Acknowledgements

This study was funded by the **National Institute for Health and Care Research (NIHR) Bristol Biomedical Research Centre**. This work was a partnership between the **Centre for Academic Primary Care, University of Bristol** and **NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group**. *The views expressed are those of the authors and not necessarily those of the NIHR, NHS Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group or the Department of Health and Social Care.*



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# How TAP CARE findings can inform system-wide trauma- informed policy and practice.

Dr Jo Williams

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# Informing local system-wide Trauma-informed policy and practice

- **Governance & Leadership** – commitment from Healthier Together Executive to support and champion the development of a Trauma Informed Integrated Care System across Bristol, North Somerset and South Gloucestershire (BNSSG)
- **Policy** – agreed BNSSG Principles for Trauma Informed Practice. References to TI is increasingly apparent in corporate and partnership policy and strategy and requirements for commissioning being developed
- **Engagement and involvement** – through membership of the system-wide Trauma Informed System Oversight Group

# Informing local system-wide Trauma-informed policy and practice

- **Cross- sector collaboration** – work with City and BNSSG partners including health, social care, police, schools, VCSE, universities
- **Training and workforce development** - agreed BNSSG Knowledge and Skills Framework built on engagement of young people and adults
- **Evaluation** – the **Adversity and Trauma Health Integration Team (Bristol Health Partners)** enables bridge to ongoing research and evaluation



# Q&A

**Please add your questions to the Q&A box.**

If we do not have time to answer your question, we will address frequently asked questions in an email following today's session.

You can also continue the discussion and to ask questions using **#tapcare** on Twitter. We will monitor this for questions following the webinar over the next week and will reply as soon as we can.



# Poll 3: Confidence checker

# Keep in touch

**Thank you for joining and participating in this webinar.**

There are a number of ways to keep in touch:

**Email:** [trauma-informed-study@bristol.ac.uk](mailto:trauma-informed-study@bristol.ac.uk)

**Study website:** [www.bristol.ac.uk/tapcare-study](http://www.bristol.ac.uk/tapcare-study)

**Twitter:** [@capcbristol](https://twitter.com/capcbristol)

Sign up to the Centre for Academic Primary Care **newsletter** at [www.bristol.ac.uk/capc](http://www.bristol.ac.uk/capc)

# Sources of help and support

**The Survivors Trust** Free, confidential UK Helpline: **08088 010818**

Membership organisation for specialist rape and sexual abuse services in the UK - [www.thesurvivorstrust.org](http://www.thesurvivorstrust.org)

**National Domestic Violence Helpline** Freephone **0808 2000247**

Free 24hr confidential helpline for women experiencing domestic violence and abuse, and their friends, family and work colleagues

**The Samaritans** Freephone **116 123 (24hr)**

Telephone helpline for people to talk at any time, about whatever they are going through or whatever is worrying them

**Victim Support** Freephone **0808 1689111**

Independent charity providing free and confidential support to help people affected and impacted by crime