**Attendee Q&A from the webinar “Trauma-informed healthcare: Where are we at?”**

*Below are panellist responses to some of the Q&A’s we did not have time to address the webinar.*

1. **What changes do you think would make the biggest difference?**

Our systematic review 1 on trauma-informed (TI) primary care and community mental healthcare identified eight mechanisms that linked TI activities and outcomes with limited evidence from five studies: multicomponent intervention as a whole, women only space, increased effect over time, staff education tailored to the organisational context, staff self-care activities, safe environment, shared decision making. Here is the link to the preprint: <https://www.medrxiv.org/content/10.1101/2022.07.09.22277443v1>

1. **What sort of data capture would you recommend to be able to measure outcomes for patients?**

In studies included in our systematic reviews, researchers measured the following patient outcomes: psychological readiness for disease management (questionnaire, qualitative interview), satisfaction with services (qualitative interview), access to services (qualitative interview), patient safety (qualitative interview), quality of life (questionnaire), depression and PTSD symptoms (questionnaire, qualitative interview), severity of alcohol and drug problems (questionnaire).

Here is the paper which summarises existing tools: <https://eprints.ncl.ac.uk/file_store/production/279376/81A2E209-46AD-485C-9CD7-DA46D357B6D3.pdf>

1. **Thank you very much for a set of great presentations. Please could you give some examples of TI services that would epitomise TI practices.**

Our systematic reviews included UK evaluations of TI approaches in the Nelson Trust one-stop-shop centre, NHS crisis house and two supported housing projects. You can also find examples of best TI practice on the Open Narrative System platform: <http://opennarrativesystem.co.uk/cms.php?siteID=10>

1. **How does TI-practice differ or is line with the Community Mental Health Framework?**

The Community Mental Health Framework (CMHF) references trauma-informed care, especially when discussing the NHS Long Term Plan recommendations. Although the CMHF focuses on mental health services, there is some alignment with TI practices when discussing person-centred, individualised recovery, collaborative working and recognising racial disparities.

1. **One of the worries from GPs in my area about undertaking a Trauma Enquiry approach is that they will need to make lots of onward referrals to services that are over stretched. Did any of your research find evidence to support / refute this?**

Not much evidence, I am afraid. Our systematic review of standalone training programmes on TI approach for healthcare professionals found two studies from US which reported conflicting findings on the change in referral rates pre-post training:

Dueweke 2019: <https://doi.org/10.1177/0009922819859868>

McNamara 2021: <https://doi.org/10.1016/j.acap.2020.05.019>

1. **What order would be most effective to create change - policy first, environment next, training last - to then enable practitioners to step straight into their new work model?**

The studies we found did not report the order of their activities. However, the two frameworks that we analysed highlighted that the changes in the structure and culture of the organisation should precede any changes in clinical services:

Harris, M., & Fallot, R. D. (Eds.). (2001). Using trauma theory to design service systems. Jossey-Bass/Wiley.

Centre for Health Care Strategies, Inc, US: <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/?_ga=2.91349727.49277320.1658422051-75795454.1587723566>

1. **I would be interested in understanding what was incorporated in the Competence Framework identified in BNSSG and any key suggestions in building staff skills and confidence (esp across systems).**

You can access BNSSG knowledge and skills framework here: <https://bristolsafeguarding.org/media/zbyefwvp/bnssg-trauma-informed-practice-knowledge-and-skills-framework-march-2021-web-version.pdf>

1. **In the work completed did you look at or find anything about the impact of trauma in prison healthcare provision specifically? There are a high level of people who have experienced trauma in prison and some of the self-harm and behaviours are very likely to cause trauma to staff or retraumatise staff.**

No, we did not find any studies from the prison healthcare settings. I remember there was a webinar on trauma-informed prisons from the National Trauma-informed Community of Action (TICA). You can access all webinar materials on the TIC NHS Futures Platform. Join here: <https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2FTICC> Alternatively, you can email: divya.dinraj@ahsn-nenc.org.uk for an invitation to join.

1. **For the panel: If I was to develop an audit tool for my team within an NHS organisation to review how trauma informed we are, what would be your advice?**

You can adapt an existing tool for your organisation:

BNSSG trauma-informed system knowledge and skills framework. Implementation toolkit: <https://bristolsafeguarding.org/media/4gobhkjc/bnssg-k-s-framework-implementation-toolkit-march-2021-web-accessible.pdf>

NHS Education for Scotland Knowledge and Skills Framework, which provides different levels of TI working and practice. This may provide a standard to measure your practice against: <https://transformingpsychologicaltrauma.scot/media/x54hw43l/nationaltraumatrainingframework.pdf>

Roots. A reflective framework for mapping the implementation journey of trauma-informed care: <http://opennarrativesystem.co.uk/assets/roots_framework.pdf>

1. **Do you think that the HEE PTSMHP training roll out and new roles supports the development of trauma-informed approaches to care - and if not how can organisations address this? Do you have any research relevant to this issue?**

The inclusion criterion for our systematic reviews was a trauma-informed approach at the organisation level. We excluded studies that evaluated trauma-specific psychological therapies. In theory, upskilling workforce on psychological therapies for severe mental health problems maps on the implementation domain ‘training and workforce development’.

1. **While we are hopefully all becoming more trauma informed, there seems to be little about implementation. Regarding 'it's the way that you do it', can you comment on any papers or examples of successful practical implementation of TI strategies in organisations?**

Please look at the six primary studies included in our systematic review 1: <https://www.medrxiv.org/content/10.1101/2022.07.09.22277443v1> The UK example is the Nelson Trust One-stop-shop Women’s Centre.

You can find examples of best practice TI implementation on the Open Narrative System platform: <http://opennarrativesystem.co.uk/cms.php?siteID=10>

1. **I am from an occupational health background. What support are there for staff whose role it is to deal with patients who have experienced trauma. What kind of support is recommended/ evidence-based to prevent vicarious impact on staff. How can this be implemented in IAPT?**

In studies which we included in our systematic review 1, each organisation developed their own package for preventing vicarious trauma which tailored to their local needs, abilities, and preferences. Examples: relaxation hotline for staff, reflective supervision, mindfulness and yoga classes, wellbeing days, trauma-informed supervision, education about preventing vicarious trauma. Please look at the six primary studies included in our systematic review 1: <https://www.medrxiv.org/content/10.1101/2022.07.09.22277443v1>

**Links shared within the Q&A**

<https://www.nes.scot.nhs.uk/news/the-national-trauma-training-programme-nttp/#:~:text=The%20National%20Trauma%20Training%20Programme%20(NTTP)%20was%20formed%20in%20partnership,prevent%20further%20harm%20and%20support>

<https://transformingpsychologicaltrauma.scot/>

<https://transformingpsychologicaltrauma.scot/media/22vof1pi/scottish-trauma-informed-leaders-training-2-year-evaluation-report-summary.pdf>

Government leadership pledge - <https://transformingpsychologicaltrauma.scot/working-together/pledge-for-partners/>

**Free resources on trauma-informed approach at the organisation/system level**

* An Open Narrative System for Trauma Informed Implementation: <http://opennarrativesystem.co.uk/cms.php?siteID=10>
* BNSSG trauma-informed system knowledge and skills framework: <https://bristolsafeguarding.org/media/4gobhkjc/bnssg-k-s-framework-implementation-toolkit-march-2021-web-accessible.pdf>
* Systems Measures of a Trauma-Informed Approach: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7003149/>
* Instruments for exploring trauma-informed care: <https://eprints.ncl.ac.uk/file_store/production/279376/81A2E209-46AD-485C-9CD7-DA46D357B6D3.pdf> "

**The recording for the webinar "Trauma-informed healthcare: where are we at? Findings from the TAP CARE study" is now available to watch via the Centre for Academic Primary Care Bristol YouTube channel -**[**www.youtube.com/watch?v=oNohtuM3v40**](http://www.youtube.com/watch?v=oNohtuM3v40)

**Find out more about the TAP CARE study online at** [**www.bristol.ac.uk/tapcare-study**](http://www.bristol.ac.uk/tapcare-study)

To join National Trauma-informed Community of Action on the NHS Futures Platform: register via this link: [Trauma Informed Community of Change - FutureNHS Collaboration Platform](https://future.nhs.uk/TICC)

**OR email:** **divya.dinraj@ahsn-nenc.org.uk** **.**