An Online System for Consensus and Opinion Development

A Collaboration between Northumbria University and the National NHS-E Community of Action for Trauma Informed Care

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Purpose of the new tool

To see if an online tool can help a group of people to reach consensus (agreement) on some statements relevant to Trauma Informed Care. Gathering a range of opinions and building consensus on these topics would inform the direction and strategy on the implementation of Trauma Informed Care across the service.

Description of tool

Participants (NHS staff) were asked to log onto the online system every day for five consecutive days. Upon first access to the online system, participants saw a statement related to a current issue within the Trauma Informed Care Programme and were asked to submit their opinion based on the statement. They were also given an opportunity to state their reasons for their opinion. From day two onwards, participants could log onto the system and see their original opinion amongst the opinion of other participants. Whilst taking into account the opinion of others, participants were asked to review their original opinion and submit another opinion based on the same statement.

There were three trials of the system and each trial used a unique statement:

1. Trial 1: The implementation and embedding of Trauma Informed Care in your service is dependent on engagement of senior leaders who are not involved in direct care.
2. Trial 2: We have limited budget on the Trauma Informed Care Programme. It is important to spend a significant amount on research in order to create an evidence base.
3. Trial 3: Trauma is best understood within a societal/systemic model that acknowledges how a person's unique social, political and cultural contexts intersect to cause and compound inequality and discrimination, rather than understanding trauma as located within individual minds and reactions.

Results

Only a few participants engaged for the full five day period. Participants were asked to rate their level of agreement to a particular statement on a scale of 1(do not agree) to 10 (agree). Results of the three trials are shown in Table 1.

There was a high level of initial agreement with the statement The implementation and embedding of Trauma Informed Care in your service is dependent on engagement of senior leaders who are not involved in direct care. Consensus started very high. Opinions did not appear to change significantly, although there did appear to be more variance in scores and therefore less consensus.

There was a much broader set of opinions for the second trial. We have limited budget on the Trauma Informed Care Programme. It is important to spend a significant amount on research in order to create an evidence base. This was a very divisive statement although there was a little more consensus gained over the trial.

In the final trail, the initial agreement was also very broad to the statement Trauma is best understood within a societal/systemic model that acknowledges how a person's unique social, political and cultural contexts intersect to cause and compound inequality and discrimination, rather than understanding trauma as located within individual minds and reactions. There was some indication that a shift in consensus was gained over the trial.

No. of Participants	Trial 1 (N = 12)		Trial 2 (N = 9)		Trial 3 (N = 22)	
	Initial	Final	Initial	Final	Initial	Final
Mean	9	8.83	7.11	7.44	7.55	7.86
Variance	1.45	2.52	5.11	4.53	5.31	4.41
Range	3	5	7	7	8	8

Experience of using the tool

Only a few participants engaged for the full five day period. This is most likely due to the workload of the participants. Participants found the system easy to use.

Conclusions

Staff who took part agreed that implementation of trauma informed care required leadership support but there was greater divergence of opinion regarding whether research was important and whether it needed a systemic rather than intrapsychic model.

The system did work as designed with users able to view the opinions of others and enter their own. Results showed that there were changes in opinions which moved away from consensus (trail one) and towards consensus (trails two and three) but further research with larger groups would be required to explore this.