



Centre for Academic  
Primary Care

**NIHR** | School for Primary  
Care Research

# Research evidence for implementing trauma-informed healthcare in the UK: findings from the TAP CARE study.

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National Trauma Informed Community Conference

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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/wider system levels

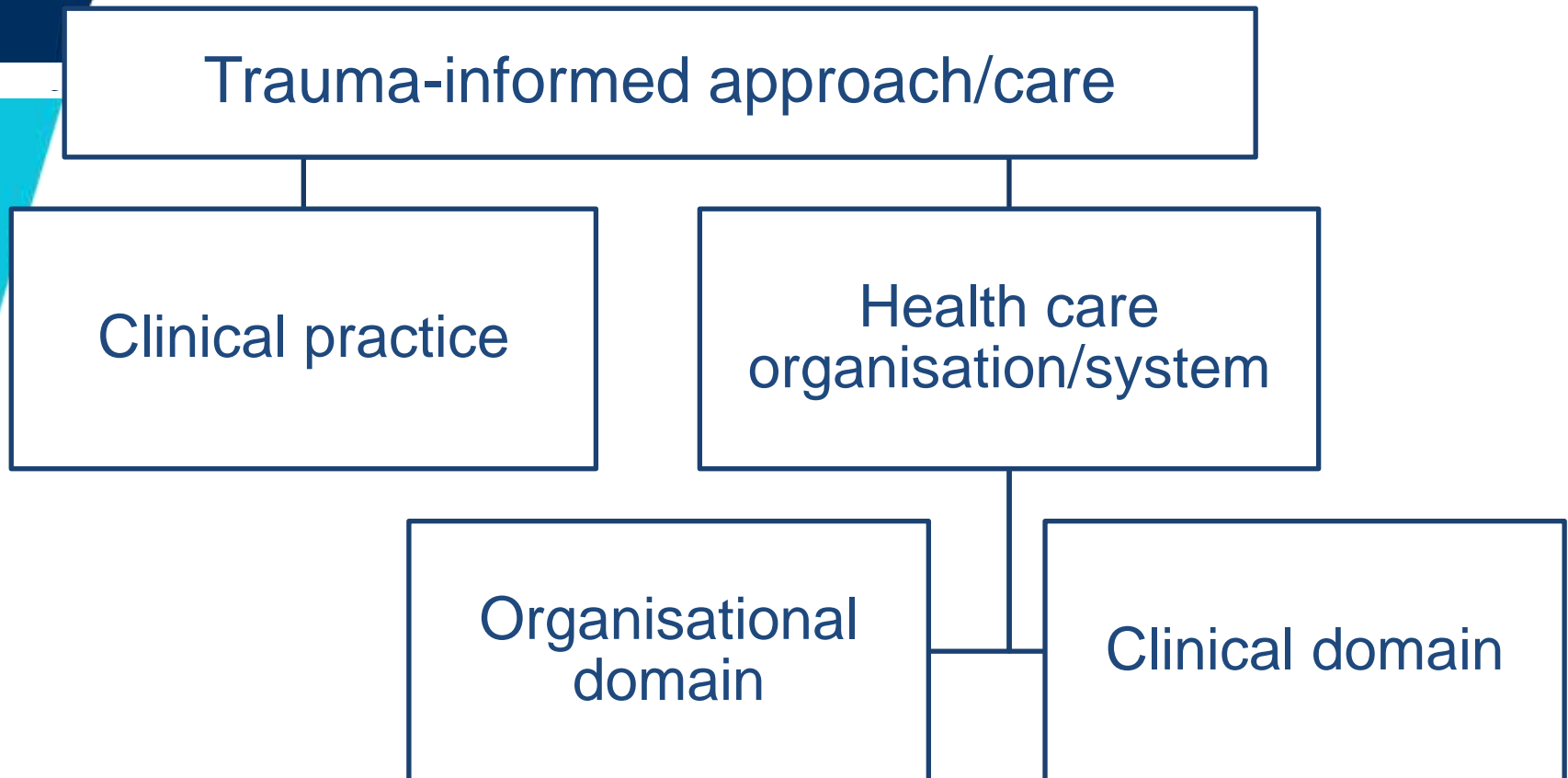
# The TAP CARE study

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

Systematic review 2: effectiveness of training programmes for healthcare professionals

Review of UK health policies and professional perspectives

# What is a trauma-informed approach?



# What is a trauma-informed approach?

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

# How to implement a trauma-informed approach?

## 4R's key assumptions

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

## 6 key principles

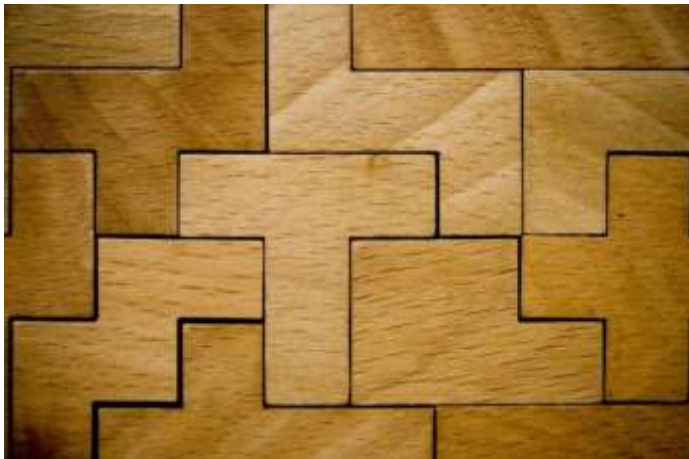
1. Safety
2. Trustworthiness
3. Peer support
4. Collaboration
5. Empowerment
6. Cultural, historical, and gender issues

## 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)

## Effectiveness of trauma-informed organisational change programmes

### THE INDIVIDUAL PATIENT

**Improvement** in self-confidence, safety, health management, quality of life, pain. 


**Conflicting evidence** for change in mental health and substance use. 

### THE CARE TEAM

**Improvement** in staff attitudes towards patients, patient and staff perception of support, patient confidence in care and feeling in control of treatment. 

### THE ORGANISATION

**Improvement** in organisational culture, staff readiness and safety, patient access to care and satisfaction. 

**Conflicting evidence** for staff uptake of screening for trauma and self-care activities. 

# Systematic review 1 (n=6)

TAP CARE  
STUDY

## 7 Factors impacting effectiveness of trauma-informed organisational change programmes

### CONTEXTUAL FACTORS

Political and economic environments

Wider trauma-informed movement

Organisational culture

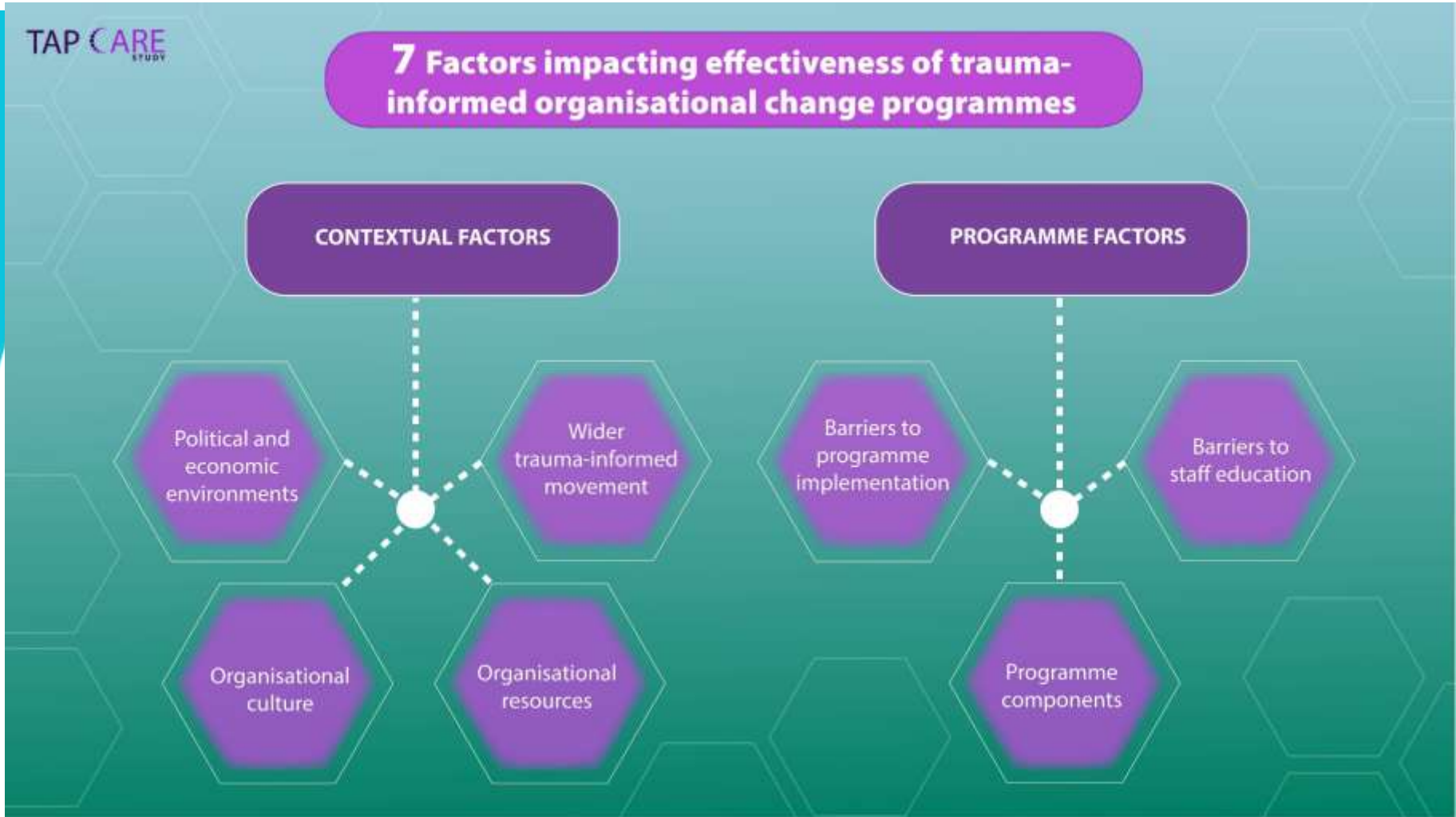
Organisational resources

### PROGRAMME FACTORS

Barriers to programme implementation

Barriers to staff education

Programme components



# 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)

# Policy review

TAP CASE STUDY

## 5 barriers to trauma-informed organisational change programmes being implemented successfully in the UK



# Conclusions

1. Research evidence is limited and conflicting
2. 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
3. Mixed effect on:
  - psychological outcomes
  - behaviour and practices
  - health outcomes
4. Standalone training → mixed effect on professional readiness and behaviour

# Implications

## Recommendations for stakeholders

### FUNDERS

*Commission a funding call to evaluate trauma-informed organisational change programmes and initiatives.*

### COMMISSIONERS OF HEALTHCARE SERVICES

*Include evaluation component into each trauma-informed organisational change programme.*

### POLICY MAKERS AND TRAUMA LEADS

*- Use research evidence to inform policy and implementation of trauma-informed organisational change programmes and initiatives.  
- Join national and local trauma-informed networks.*

### HEALTHCARE PROFESSIONALS AND PATIENTS

*- Use research evidence to inform practice.  
- Join national and local trauma-informed networks.*

### RESEARCHERS AND EVALUATORS

*- Use randomised design and validated measures.  
- Measure outcomes at individual, organisation, wider levels.  
- Assess cost-effectiveness, adverse events, staff health.*

# 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)

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