

# Deep End Health Inequalities Fellowship: Trauma-Informed Care

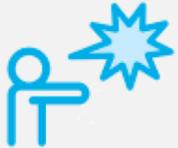
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# What is trauma?

## WHAT KINDS OF EXPERIENCES ARE ADVERSE?

Forms of ACEs include:



### Maltreatment

i.e. abuse or neglect



### Violence & coercion

i.e. domestic abuse, gang membership, being a victim of crime



### Adjustment

i.e. migration, asylum or ending relationships



### Prejudice

i.e. LGBT+ prejudice, sexism, racism or disablism



### Household or family adversity

i.e. substances misuse, intergenerational trauma, destitution, or deprivation



### Inhumane treatment

i.e. torture, forced imprisonment or institutionalisation



### Adult responsibilities

i.e. being a young carer or involvement in child labour



### Bereavement & survivorship

i.e. traumatic deaths, surviving an illness or accident

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”, SAMHSA

# Impact of trauma on health-risk behaviours

ACEs impact a child's development, their relationships with others, and increase the risk of engaging in health-harming behaviours, and experiencing poorer mental and physical health outcomes in adulthood.



Compared with people with no ACEs, those with 4+ ACEs are:

**2x**  
more likely to binge drink and have a poor diet



**3x**  
more likely to be a current smoker



**4x**  
more likely to have low levels of mental wellbeing & life satisfaction



**5x**  
more likely to have had underage sex



**6x**  
more likely to have an unplanned teenage pregnancy



**7x**  
more likely to have been involved in violence



**11x**  
more likely to have used illicit drugs



**11x**  
more likely to have been incarcerated



Early childhood trauma

Neuro-developmental disruption or delay

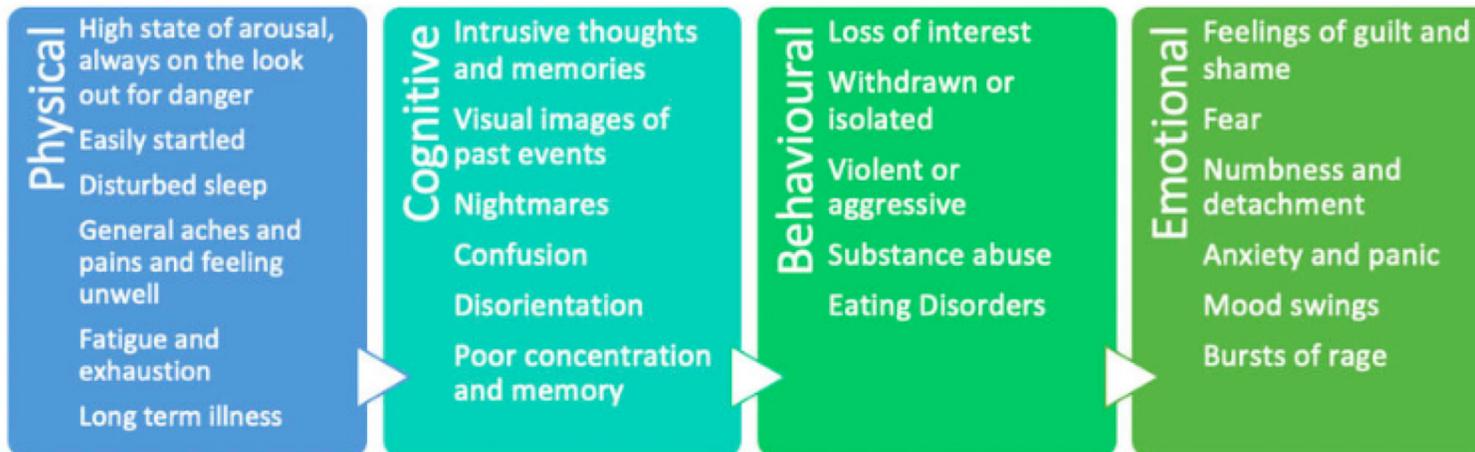
Social, emotional and cognitive difficulties

Adoption of coping mechanisms - which often pose health risks

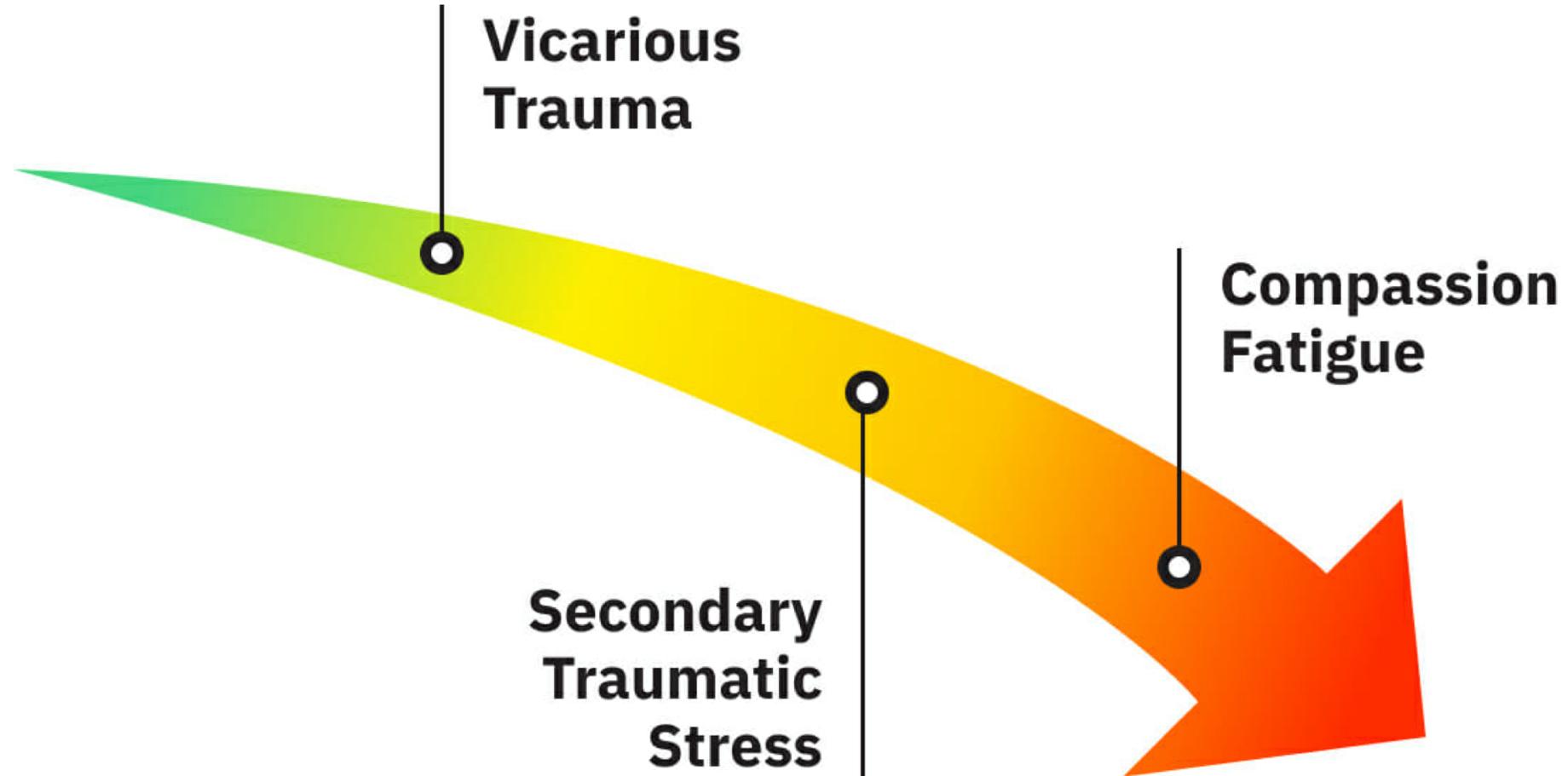
Disease, disability and social problems

Early death

# What we see in Primary Care



# How can working with trauma affect us as staff?



# Principles of trauma-informed care:

Shifting from  
“what’s wrong with  
you?”  
to  
“what happened to  
you?”



**Safety**



**Empowerment**



**Inclusivity**



**Collaboration**



**Trustworthiness  
and transparency**



**Choice and  
clarity**

## The Four Rs of Trauma-Informed Care



This figure is adapted from: Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

# Trauma-informed care – how can it be implemented?

Research and evidence have identified key components or domains to consider when looking to implement a trauma-informed approach.<sup>38 39 40</sup> These include:

- Support from senior managers and a commitment to compassionate leadership
- Training and support for all staff (including reflective supervision and training designed to meet the needs of different roles)
- Incorporating trauma-informed principles and a commitment to trauma-informed practice into joint working with other organisations
- Funding to support the development of trauma-informed practice
- Environments that are physically and psychologically safe for all
- Involvement of people with lived experience
- Screening, assessment, treatment services to support identifying trauma-related needs, where appropriate/relevant
- Progress around trauma-informed journey is monitored and reviewed
- Strategies, policies and procedures reflect trauma-informed principles
- Evaluation of trauma-informed approach

Creating a committee or working group is also seen as useful to successfully embedding trauma-informed approaches.<sup>41</sup> Working groups should aim to include staff working in a variety of roles across different levels of an organisation or part of the system. The role of this working group can be to oversee the implementation of this Framework across the organisation, and to work with the organisation's leadership team and staff to develop an Action Plan.

# Benefits of a trauma-informed approach

- Improved employee mental health and wellbeing
- Improved employee productivity and performance
- Improved staff retention rates
- Improved accessibility of services
- Improved engagement from service users
- Improved experience from service users
- Improved outcomes for service users

(Research backed)

My work – Trauma Informed evaluation and  
research at LHHC

# Service evaluation at LHHC with ICB Trauma Informed Systems Manager

- Workshop with BNSSG ICB Trauma-Informed systems manager in October 2023 with Lawrence Hill Health Centre staff to raise profile of trauma-informed approach
- Co-production and distribution of staff questionnaire to understand where LHHC is on its journey to being trauma-informed, as well as understanding staff's lived experience, working culture and awareness
- 60% response rate from all staff, across clinical and non-clinical groups
- Significant lived experience in staff group

# Service evaluation at LHHC with ICB Trauma Informed Systems Manager (cont'd)

- Areas for development highlighted: organizational culture, knowledge and skills, patient experience
- Second workshop February 2024 to facilitate a discussion about ongoing areas of work at LHHC, focusing on:
  - Improved involvement of front of house staff (time for training and reflection)
  - Improving the waiting room to make it more of a psychologically informed environment
- ICB trauma-informed systems team will aim to take this work forward on a PCN level with Inner City and East PCN to embed the work and principles further

# TAP CARE GP

- Collaboration with UoB senior researcher on her TAP CARE GP study: Informing development of an organisational intervention to strengthen primary care readiness to provide trauma-informed care: a multimethod qualitative study.
  - We want to explore the gaps, enablers and obstacles to implementing trauma-informed care in UK general practice.
- Recruitment of staff and patients for qualitative interviews from LHHC
- Facility observation at LHHC
- Supporting with data analysis: having a subset of interviews to code, summarise and map onto a trauma-informed journey

# Next steps

- Sharing evaluation and TI work across PCN, ideally asking practices to sign the TI pledge
- Ongoing improvement of physical environment at LHHC – Health and Wellbeing Coach to lead on this
- Writing up of TAP CARE GP study and sharing of this