

A narrative literature review to evaluate the effectiveness of

trauma-informed care within UK health care

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Introduction and background

Trauma-informed care (TIC) is becoming increasingly recognised within the UK.

TIC within the health care sector is identified to be an important approach in supporting people, based on the impact trauma has on life span and the prevalence within the population. However, there appears to be very little reported evidence that this approach is established.

Methodology

Searches were carried out on PubMed, CINAHL, Google Scholar, Medline and APAPsychinfo. Inclusion criteria was UK-based studies, written in English, health care providers, quantitative and qualitative empirical studies, all ages and populations. Date range of publication was 2010 to present, trauma-informed care approach.

Result

A total of four studies were evaluated. The overarching themes were TIC training and its outcomes, use of outcome measures and follow up data, asking about trauma and being trauma aware, medical model versus humanistic model and collaborative working and person-centred care.

Discussion

Staff training on TIC was variable between the studies and not all were evaluated. The outcome measures used had some reduced validity because they often needed modification to fit the study. Despite these limitations, training did significantly improve outcomes for staff in terms of knowledge and confidence, and for service users in terms of reduced negative behavioural responses.

The involvement of stakeholders to inform changes in practice also seems to be pertinent. Enquiring about trauma seems to be an issue but this did improve following training – the importance of enquiry and trauma awareness is discussed. The voice of the service user was not represented in any study.

Conclusion

TIC in the UK within health service provision has been evaluated to some extent but appears in its infancy. However, promising themes are emerging around the success of staff training – it has had a positive impact on staff working within TIC. Additionally, the recognition of a humanistic approach to TIC and the importance of collaborative working in person-centred care have been highlighted. Recognising the importance of involving stakeholders in changes to service provision so that TIC can be integral to this is also important.

Gaps in the research include the need to capture and document service user experience and perspective on TIC, the development of more valid outcome measures, and the development of standardised training. The push towards enquiry about trauma when engaging with service users is highlighted but still needs to be translated into practice, although it is acknowledged that for this to be successful, robust care pathways, staff training and support need to be in place. Statutory services, such as the UK health system, social care and the justice system provides an opportunity for services within this to be trauma-informed to support positive outcomes.

These findings shape future research into the area of TIC within health care settings in the UK. Further work, such as strengthening outcome measures and developing training packages, is needed to benefit the introduction of TIC through additional research. The voice of the service user needs to be embedded throughout future work in addition to statistical outcome measures to make sure needs are being robustly, holistically and humanly met.

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