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# Bridging Gaps: How can co-production be more trauma-informed?

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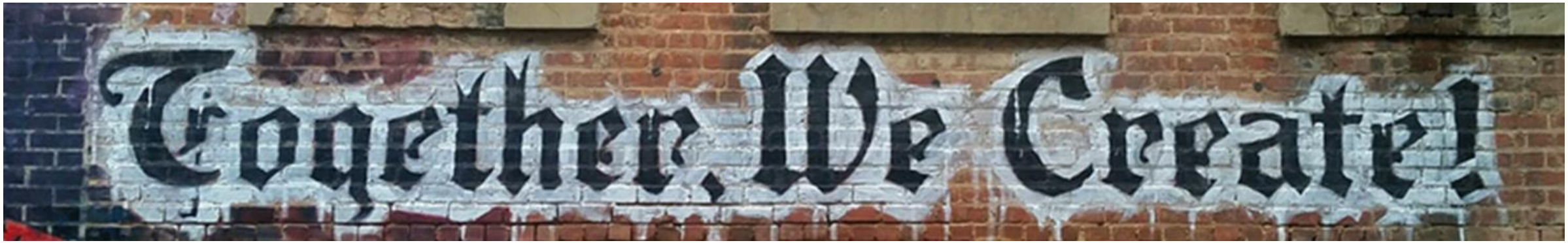
One25

For women to heal and thrive

- As trauma affected women, we want a safe space where we are not judged, made to feel less than a person that we are worth someone's time. Also somewhere safe comfortable and confidential where we can talk and even just for a moment feel cared for and valued. Confidentiality is important as not everyone wants to hear our stories.
- As my saying goes we are real people with real trauma, not just a statistic, our stories and pain are real, and we need time and space to talk.
- Bridging Gaps works with GP surgeries to improve access. When you ring up a doctors the receptionist asks you, what's wrong and that immediately makes you put the phone down, also missed appointments I know they cost money, but for us it's simply that we are having  a bad day, that we can't make it that day as something has gone wrong.
- We don't want sympathy, or judgements. Empathy and understanding means a lot.

# Introduction to Bridging Gaps

- Project idea developed with women at One25 in conversations with Dr Lucy Potter (GP academic and One25 GP).
- Aim: to improve access to healthcare through trauma-informed service improvements
- Award-winning & co-produced between:
  - A diverse group of women who've experienced trauma:
    - E.g. sexual violence and exploitation, domestic abuse, homelessness, addiction, mental health and children-taken-into-care
  - One25, a charity for some of Bristol's most marginalised women
  - University of Bristol researchers
  - GPs and trainee GPs
- Working with people where they are at




**Motivation: to improve outcomes - what we've done over 4 years**

- Fortnightly BG meetings
  - Importance of having regular meetings so decisions are made together
  - Flexibility so that people can get involved when it works for them
  - Support from One25 staff
- Developed and run trauma-informed training with GP practices
- Co-developed and facilitated training and collaborative meetings with general practices and Homeless Health Service
- Co-delivered online training on co-production
- Co-presenting at national and international conferences with lived experience members

# Outcomes

- Co-designed an Open Doors clinic for people with complex needs at Wellspring surgery. Been running for 2 years.
  - 100 patients who would otherwise be struggling to access healthcare are being supported: 30-minute appointments with the same GP
- A second GP practice has set up their own Health Inclusion Team
  - Helped develop Care Co-ordinator roles to support access for people with complex needs, recruited for a second Care Co-ordinator.
- The Homeless Health Service is looking at more ways to provide a women only space - identified as important for women to access services safely
- Producing trauma-informed co-production guidance https://doi.org/10.1111/hex.13795

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# Reflections on co-production and trauma-informed practice

https://doi.org/10.1111/hex.13795
Table 9 at end - set of reflections and recommendations to guide practice

# Sharing expertise rather than personal experiences

- “You don’t have to disclose your trauma as a badge to say I should be here”
- It’s about having an impact on services, but not on you
- Having power and control to choose how, what and when to share, and whether people wish to share their expertise or experiences
- Peer support can be really helpful but also has potential to retrigger experiences – providing support for all

# Balancing safety and empowerment

- Having a women's only space so everyone feels comfortable to share
- Acting to change services can be highly rewarding, but can involve stepping out of comfort zones
- Recognise and anticipate potential issues e.g.:
  - Previous relationships with professionals/ other co-producers, places
- Working with individuals to support their expertise in how they manage their own sense of safety
- Making space/ time/ safety for people to be able to say no

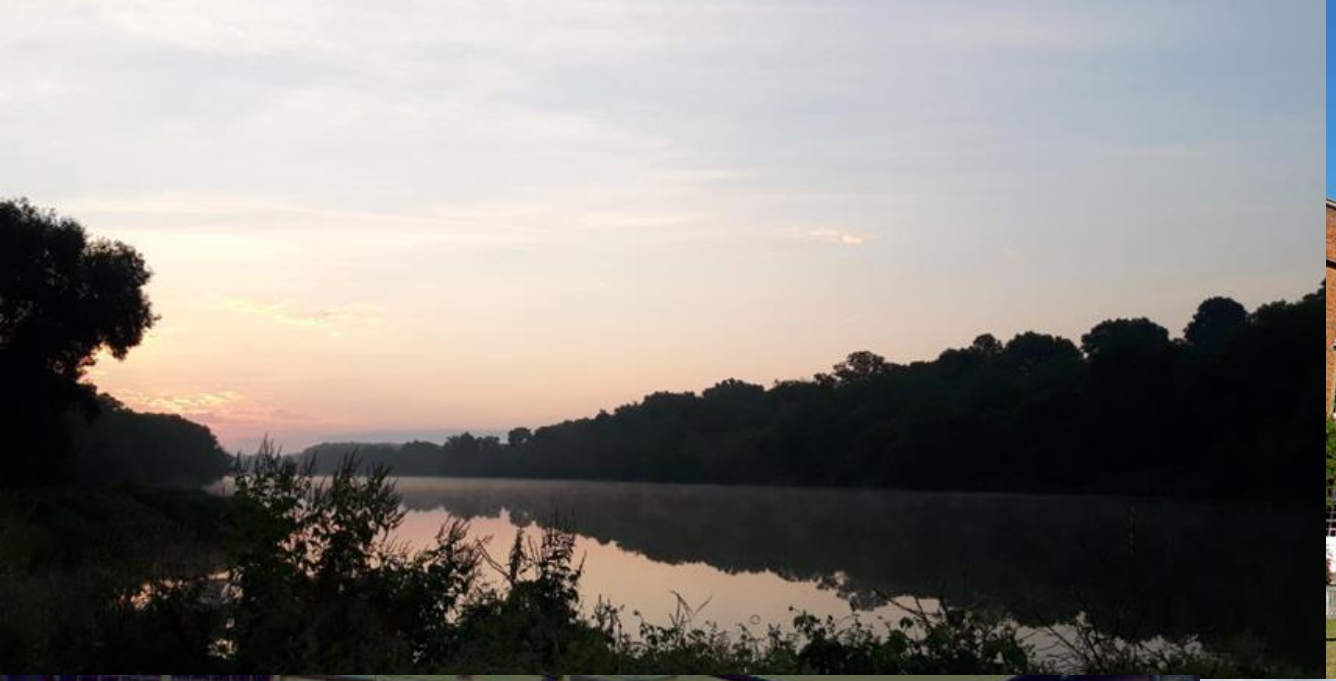
# Making changes

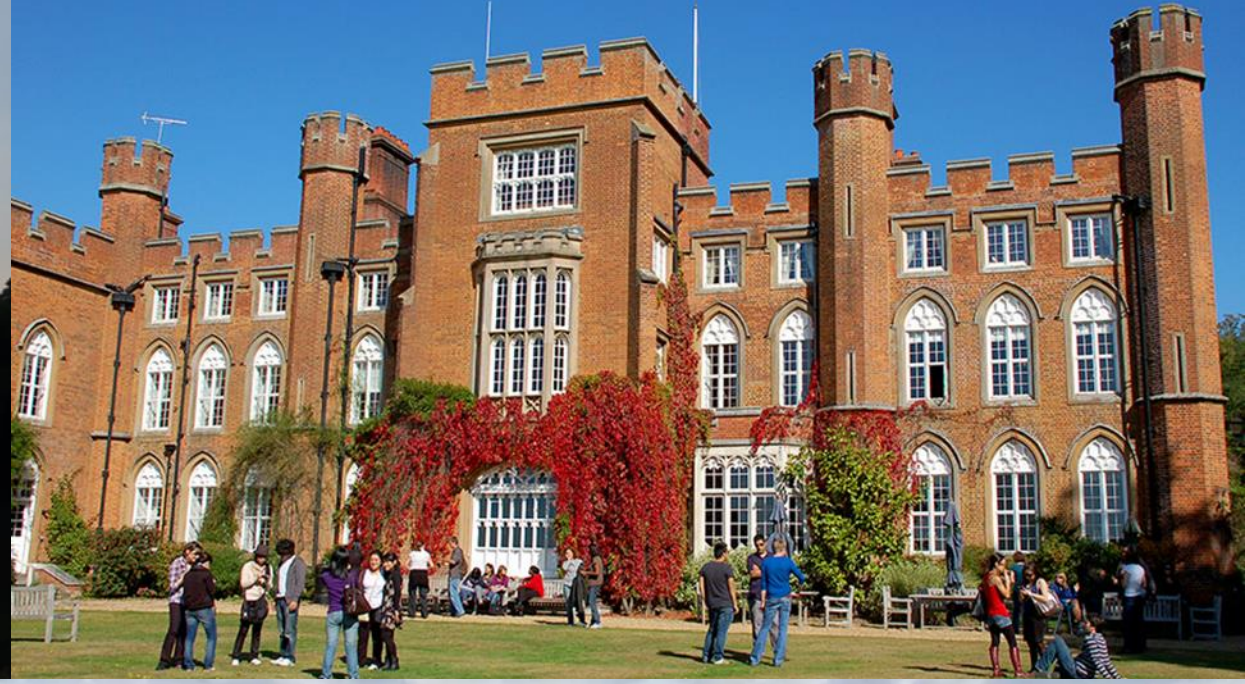
- Professionals who don't have the lived experience don't know what it's like
  - Cannot feel the full impact of what it's like for someone who has got lived experience of trauma
- Amplifying voices and experiences to decision makers
  - Creating platforms for people
  - Joint process – using the institutions and systems to create change
- Co-production means having control, being able to make changes
  - Budgets to pay people appropriately and the systems to do this
- How can you as a professional use your place in the system to amplify voices and make change?
  - Gaining a greater sense of our own power to create change

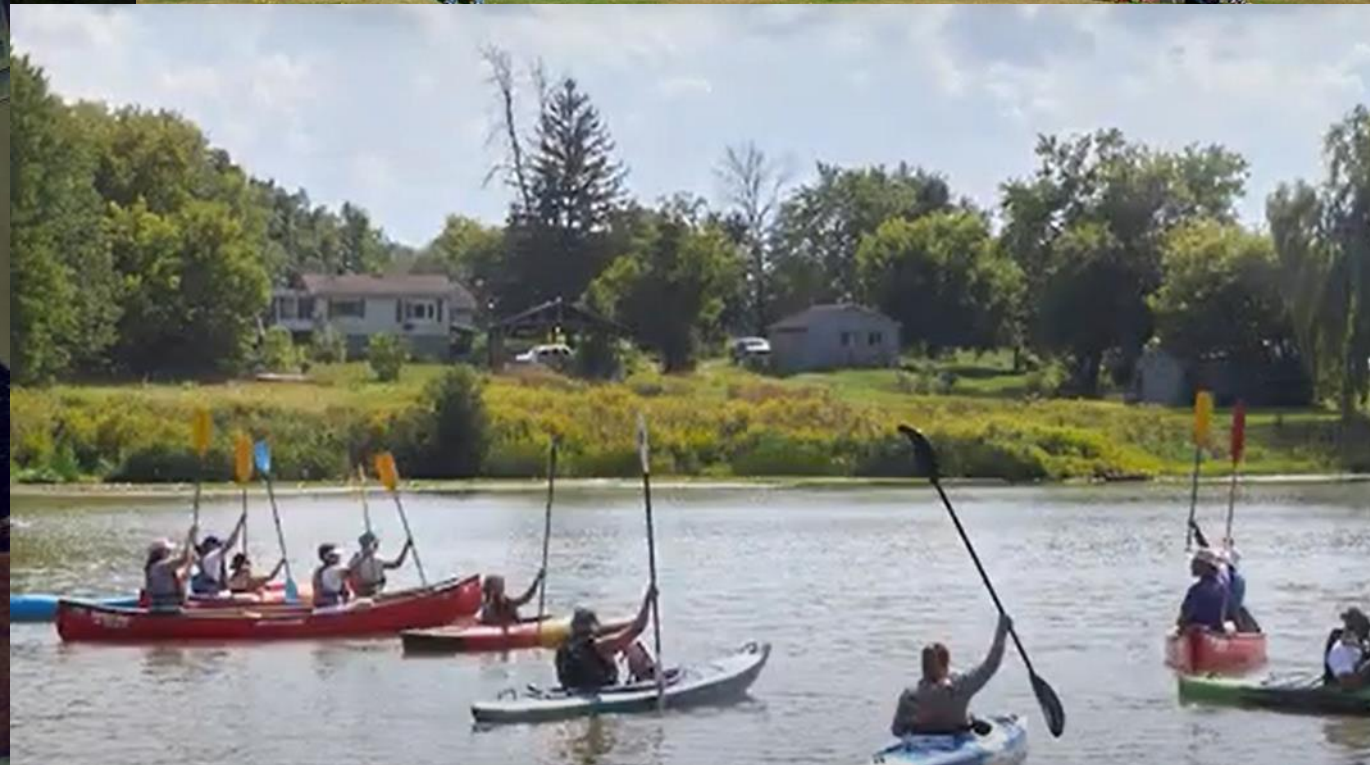
- What are the concerns of people with lived experience, rather than your own organisation's?
  - Whose agenda are we following?
- We have failed before we have begun – services can be re-traumatising
  - Acknowledging distrust and where systems have failed
- Humility – often get it wrong, having space for conflict and disagreement
  - Honesty, openness and authenticity are key
- As professionals we need to step up and challenge the system
  - How can our position help to change things? Using the institutions and systems to create change
- Being an ally (Anne Bishop, Lynn Gehl, Nova Reid)
  - Listen more than you speak, it's not about professionals wants and needs but the communities
  - Act from a genuine interest in changing services

# Love and kindness

- Bristol Health Partners Psychosis Health Integration Team event “Love, Patience and Kindness”
- Love as a core value of One25 service
- Love and its links to trauma-informed practice
- Love as bringing people together in solidarity, overcoming previous problems.
- ‘A way of doing things individually or collaboratively for the wellbeing of others’ (Author bell hooks)
- Connecting to values of justice, honesty and generosity
- How might our practice change by putting love at the centre?







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# Thanks to…


- The Bridging Gaps group and One25 staff
- The GP trainees and GP practices who have got involved in this project and training
- This project is funded through the Q Exchange by the Health Foundation and NHS England and NHS Improvement and National Institute for Health Research (NIHR) Research Capability Funding through the NHS Bristol, North Somerset and South Gloucestershire CCG. It has also been funded by the Co-Production Collective (formerly UCL Centre for Co-production in Health Research) as part of the 2019/20 Phase 2 Pilot Projects and by the NIHR School for Primary Care Research with support from NIHR Applied Research Collaboration (ARC West) at University Hospitals Bristol and Weston NHS Foundation Trust. The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care


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