Section 1. Context

1. How does your proposal demonstrate delivery of the 2050 Ambition?

One of Southend’s priorities is for Southenders to be Safe and Well in all aspects of their lives and to be well enough to enjoy fulfilling lives. People experience trauma in various ways, some of which are harder to overcome leading to debilitating symptoms which affect people's lives more broadly. Experiences such as witnessing or being subject to sexual or physical violence or the threat of violence, as adults or as children, creates feelings of being unsafe and insecure. Evidence shows that trauma i.e. sexual violence and rape, puts the individual at increased risk of violence and vulnerability, often leading to antisocial behaviours (i.e. drinking, substance misuse, hate crime), homelessness and isolation from society. Some people have many traumatic experiences over their lifetime, such as being abused as children and then entering into abusive relationships as adults.

People in all parts of the borough feel safe and secure at all times
The Health Profile for Southend shows a range of areas in which the deprivation level has an impact on its residents, from a lower life expectancy than the national average (11 years for men and 10 for women), to children’s poverty level, violent crime, hospital stays for self-harm and prevalence of opiate and crack use all being “significantly worse than the England average”. (Public health) This level of deprivation will result in a high proportion of people being vulnerable to experiencing trauma in Southend compared to the national average. Approximately 5,361 people in Southend will be experiencing diagnosable Post-Traumatic Stress Disorder (PTSD), with many more going undiagnosed. Trauma outreach work and health promotion will be delivered as a means of promoting access to trauma informed treatment with the aim of breaking cycles of trauma and investing in increased safety, security and education of the most vulnerable.

We are all effective at protecting and improving the quality of life for the most vulnerable in our community
We aim to break the cycles that traumatic experiences bring and support people to integrate and engage meaningfully in their communities. The service will be accessible, responsive and intensive, meeting the needs of the locality whilst achieving safety, safeguarding and empowerment. It will improve the quality of life of the most vulnerable in the community by supporting individuals to retain/secure employment, maintain relationships, whilst protecting the wellbeing of families. Through education and treatment the individual will build resilience and skills that will support them through later life, prevent further exploitation and vulnerability whilst reducing the demand on services in the future. Future aspirations include volunteer and peer support opportunities.

2. What evidence have you got that this approach will deliver of the outcome?
Existing local mental health services in the NHS deliver a range of trauma focused and trauma informed interventions across both primary and secondary care. These include established Trauma Stabilisation groups run by Psychological Services, aimed at offering people responsive access to understanding their experiences, managing associated distress and building resilience. Psychological Services spanning inpatient, community teams and IAPT provision also offer a range of evidence based trauma based interventions including Trauma-Focused Cognitive Behaviour Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR) and psychodynamic therapy for those experiencing ‘complex trauma’ where a more relational approach is most appropriate. In addition psychologists in community teams support the MDTs to develop understanding and skills for working with people experiencing trauma related difficulties, with workshops and consultation sessions established.

The third sector offers alternative holistic approaches to the medical model. The following feedback, from the third sector approach, is from over 700 clients over the last seven years:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree or strongly agree.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have better coping strategies to manage how I am feeling and acting</td>
<td>58%</td>
</tr>
<tr>
<td>I feel more emotionally and mentally stable than I did before entering the service</td>
<td>61%</td>
</tr>
<tr>
<td>I have future goals and a plan to move forward</td>
<td>65%</td>
</tr>
<tr>
<td>I have felt supported with my recovery</td>
<td>80%</td>
</tr>
<tr>
<td>I have increased levels of confidence and self-esteem</td>
<td>54%</td>
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Despite this great work, due to the levels of deprivation in Southend, there remains a high risk population of those vulnerable to trauma whom are unable to engage. This is impacted through a lack of awareness and education around trauma, a high level of stigmatisation in high deprivation wards and their increased risk of exploitation, which could result in safeguarding concerns.

This proposal is bold in its ambition as a pioneering approach to trauma. Outreach trauma support has been successful for those victims of combat related PTSD and physical trauma, however this has not been extended to other forms of psychological trauma. Southend is known to be an area of higher levels of social deprivation and harder to reach communities therefore a more assertive model which has an outreach function, is required to achieve positive outcomes for these people.

We are proposing to offer a pathway that brings together Psychological Services within the NHS, third sector and those with lived experience to bring an enhanced range of therapeutic approaches and outreach to ensure that the variety of intervention meets the unique needs of our most vulnerable residents. This integrated alliance model will not only look at the traumatic event that someone’s experienced, but will look at the social and economic impact on that person’s life. I.e. maintaining relationships, employment, tenancies and substance misuse. Trauma recovery will become embedded within community, ensuring a wrap-around range of resources working together to ensure increased cohesion and developmental pathways.

“…the Department of Health (1995) estimated that 91 million working days each year in the UK are lost through stress-related illness, at a cost to industry of £3,700 million. In 2003–4, social and welfare costs of claims for incapacitation and severe disablement from severe stress and PTSD amounted to £103 million, which is £55 million more than was claimed 5 years previously.” (NICE clinical guidelines).

3. What are the measures of impact, success and how will you embed learning?

Impact:
- Reduced isolation and increased integration into society
- Increased feelings of safety and security
- Increased confidence, self-esteem and empowerment for clients
- Increased quality of life overall
- Reduction in vulnerability of clients’ tenancies
- Reduction in misuse of substances
- Strengthened partnership working for the most vulnerable in the community
- Ensuring that victims of trauma are heard and that their experiences mould the future of trauma care

Impact could be measured using a bespoke Outcomes Star designed with the people of Southend. Validated clinical outcome measures could also be used to capture impact of engagement with the new community model of trauma resilience. Measures that directly capture the experiencing of trauma related suffering could be used alongside identified Quality of Life Measures and more global measures reviewing distress, risk and functioning In additional qualitative
reviews of Southenders experiences of accessing the community embedded trauma pathways would offer a rich insight into personal narratives. Such qualitative outcomes can be attained via digital surveys, feedback questionnaires and focus groups.

- Embedded learning to the wider system on trauma and trauma informed working
- Increased understanding and awareness of those most vulnerable to trauma

An aspiration would be a research opportunity into the links between social deprivation and trauma. There is also evident opportunity for research to evolve in terms of evaluating the effectiveness of the local population accessing the developed and enhanced trauma focused provision.
Section 2. Aims, Objectives & Collaboration

4. What are the key aims and objectives of the proposal?

The aim of the proposal is to reduce the adverse impact on victims of trauma. Aiming to maintain their place in the community, offering hope and support to reclaim purposeful and resilient lives. We aim to support the victim’s recovery to break the cycles of trauma in conjunction with the aim to increase public awareness, education and early identification.

 Objectives:
  1. To develop clients’ wellbeing in terms of self-esteem, confidence and empowerment
  2. To decrease social isolation and increase clients’ engagement in the community
  3. To decrease negative social conditions e.g. reliance on illicit substances and insecure tenancies
  4. To reduce the risk of engaging in anti-social behaviour
  5. To empower the individual to maintain or seek employment
  6. To reduce the risk of further exploitation and/or vulnerabilities
  7. To increase awareness and understanding of trauma in the wider system

5. Who else have you involved in discussions and how have the helped to shape the proposal?

Sarah Range
Integrated Commissioning Team
Ken Sanderson (MIND)
Kerry Mayers (Psychological Services, EPUT)
Dr Taz Syed

6. What are the links and dependencies with the other outcome proposals?

Developing a whole system approach to the impact of trauma, working with the justice system, and other statutory and non-statutory agencies to empower and holistically support those who are at an increased vulnerability to trauma. Recognition of the socially deprived areas in Southend and an enhanced offer to those victims of trauma in the locality.

7. Who are the partners (or potential partners) and how to you envisage their role(s) in collaborating to delivering the proposal to achieve the outcome?

Third sector
Peer support
People with lived experience of trauma
Primary care NHS
Secondary care NHS
Voluntary Community and Social Enterprise (VCSE)
Justice System
Social Care
DWP
Housing
Education

8. What potential challenges do you anticipate in respect of a) implementing this proposal, b) caused by this proposal once implemented?

a). Building relationships between potential providers
Avoiding duplication of existing trauma services and ensuring that developed resources match the needs of the local population.
Overcoming stigma in relation to social deprivation and vulnerability, as well as the stigma associated with mental distress. Promotion of project.

b). Level of need outweighing provision
Ensuring this service is accessible to all, particularly harder to reach individuals
Management of level of risk of these individuals
Section 3. Social Value

9. How could the proposal deliver social value - in terms of the local community, businesses, economy and environment and what will the specific impact and benefits be?

In essence this proposal aims to become a trauma informed engagement model, with a transparent focus upon building a culture of community. It acknowledges the value of Southend’s being able to live within a strong social fabric, able to achieve more positive health outcomes and investing in meaningful community leadership. It endeavours to support a more vibrant and engaged population by de-escalating chaos and fostering community resiliency. By striving to secure the global goal of improving quality of life for the most disadvantaged the promise of safer neighbourhoods becomes more tangible. The potential for all wards to become diverse and cohesive, whilst investing in pursuing life quality goals further supports the premise of safety forming the needed foundation for growth.

More specifically, impact can be anticipated in the following specific areas: housing rentention and tenancy assurance, reduced crime, reduced social isolation, increased employment, increased investment in neighbourhoods and improved quality of life.

10. What is the perceived impact the proposal will have on groups with ‘protected characteristics’?

The trauma informed community model would scope the protected characteristics of Southend and embed outreach and culturally sensitive interventions throughout the community based delivery of trauma informed pathways. It is envisaged that groups with protected characteristics would be able to identify with an emerging community culture that both respects and celebrates diversity as well as recognising the need to be adaptive to personal needs.

11. What is the proposal’s potential direct or indirect impact on the wider community?

Long term the proposal goes beyond traditional community building, in that it can serve to influence institutions to harness a holistic and alliance model of trauma informed engagement. Trauma informed models typically cite established phases of development; stabilisation and overcoming dysregulation, processing of the trauma/chaos and then reconnection with growth opportunities. The current recognition of some Southend neighbourhood also traversing the same phases of development offers potential to narrate a strength and resilience based outcome that repositions Southend as being a safe, community based and progressive population. Increased community pride alongside continued investment offers meaningful potential to improve the safety and quality of life of both trauma sufferers as well as their families and the wider community.