

Sexual Violence Trauma Pathfinder Briefing

NHSE Sexual Violence Pathfinder

Devon, Cornwall, Torbay and Plymouth are pleased to announce that we have been successful in our expression of interest for the NHSE Sexual Violence Trauma Pathfinder. The funding will be for three years. The objectives are to:

- create and improve pathways and partnership working approaches to the benefit of adults with complex trauma-related mental health needs associated with sexual assault and abuse;
- improve access to professionals trained in the identification of, and appropriate response to, complex trauma.
- reduce complex trauma-related symptoms, improve quality of life and individual wellbeing, reduce mental health symptomology, minimise harm and re-traumatisation, improve functioning (including social and occupational) and support healing and recovery.
- encourage establishment of trauma-informed systems that have impact beyond this service.
- build an evidence base to inform new approaches

The **core principles** of pathfinders for adult victims and survivors of sexual assault and abuse with complex trauma-related mental health needs are described below:

1. Reduce fragmentation in services and increase access to professionals competent and confident in identifying and responding to the needs of adult victims and survivors:

- Funds are to support delivery partnerships between NHS and specialist sexual violence and abuse voluntary sector organisations.
- Resources should be utilised to enhance existing care and support offers to victims and survivors of sexual assault with complex trauma-related mental health needs and be tailored to identified local unmet need. The core offer, further to review of local unmet need, may be:
 - Provide advice and support in biopsychosocial assessment and formulation for individuals with complex trauma associated with sexual assault and abuse, and to support development of pathways of care to enable people to access therapy where most appropriate
 - Provide consultation and advice to professionals in mental health services involved in the care of people who have experienced sexual assault and abuse and have complex trauma-related symptoms
 - Create some capacity for delivery of interventions to a small cohort of individuals who may benefit from tailored, trauma-informed support, such as through provision of stabilisation work or complex trauma and dissociation-informed interventions.

2. Every interaction matters. Promotion of trauma-informed and strengths-based approaches that acknowledge the need for personalisation, collaboration, and choice.

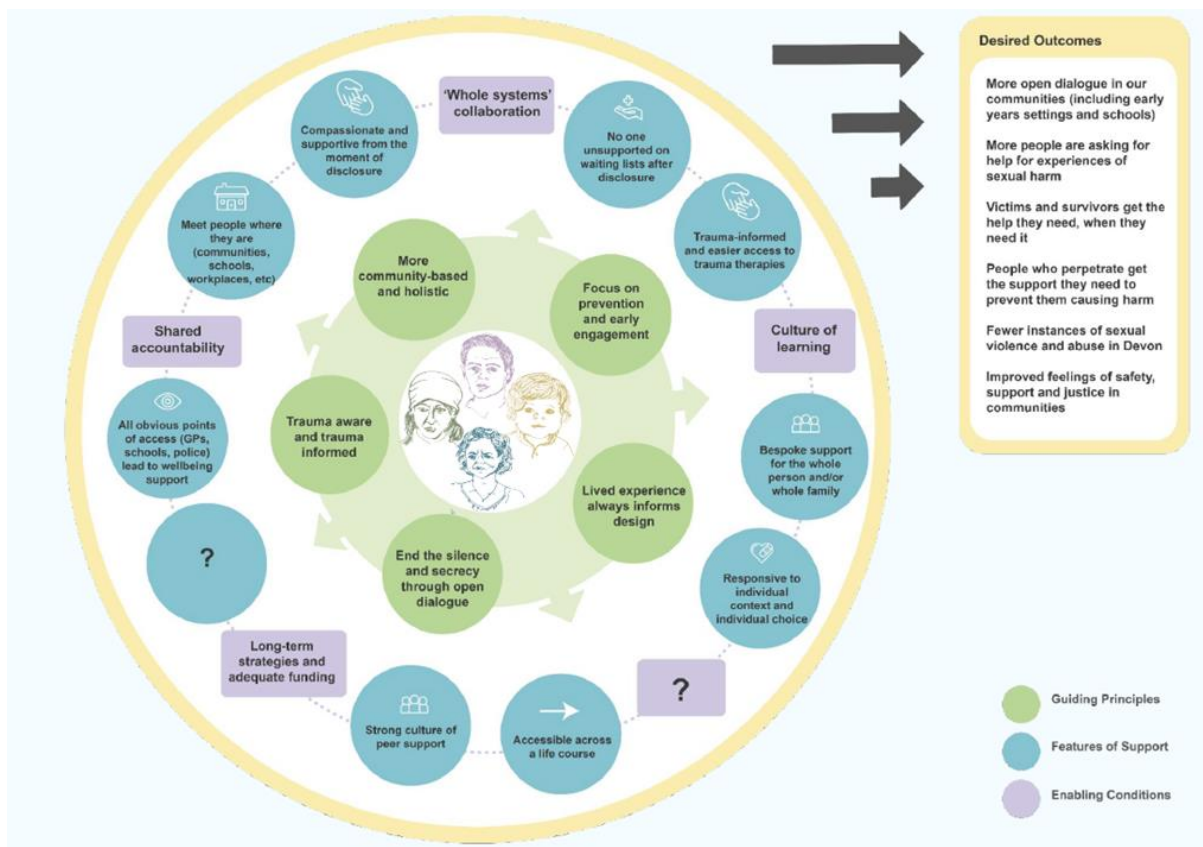
- Principles of trauma-informed, and formulation-based care must be at the centre of the approach. That is, we acknowledge that experience of rape, sexual assault and abuse, and where this is organised or chronic in duration, may:
 - Challenge the victim/survivor's ability to feel safe and build relationships and trust. All staff are to act with compassion and see safety, containment and trust as the foundation for engagement and ensure their actions support this through every contact. This will:
 - result in the victim/survivor developing their own coping mechanisms (such as dissociation, substance use, self-harm). Such behaviours are to be understood as learned survival responses to traumatic experiences.
 - involve those engaging in abuse having power over the victim/survivor, and that professional relationships can trigger such power imbalances. Concerted efforts must be made by service staff to remain aware of any power imbalance between victim/survivor and professionals and work to overcome this. For example, victims/survivors are to be supported to collaborate with healthcare professionals to make informed decisions about their care as a way to return control and power to the individual as part of the healing process.
- Approaches must be personalised and collaborative, and special consideration must be given to the different needs of groups/communities as described by protected characteristics outlined in the Equality Act, and of other groups/communities relevant to the local community, including those may often experience health inequalities (such as: Black, Asian and Minority Ethnic Communities, Gypsy/Roma/Traveller communities, refugees, asylum seekers, armed forces/veterans, and people who do not speak English as a first language, people with Learning Disabilities and Autistic Spectrum Conditions (ASC), those living in poverty).

3. Focus on collaboration and co-production:

- An ongoing approach to collaboration and co-production is central to ensuring the service meets the needs of victims and survivors and also builds on existing learning from system partners about unmet need. Ongoing engagement and collaborative working with victims and survivors with lived experience, representatives of local communities, clinicians, specialist sexual violence and abuse voluntary sector partners and commissioners, and beyond, will enable maximum impact. Best practice approaches for engaging lived experience representatives are to be implemented and participation is to be funded in line with NHS England and Improvement Patient and Public Voice (PPV) engagement policies.

Our ambition is to develop a dedicated 'whole systems' SVA strategy:

1. Developed with and informed by people with lived experience
2. Trauma-aware and trauma-informed (with radical upskilling of workforces and communities)
3. Focus on prevention and early engagement
4. A community-based response with a more 'holistic' offer (including peer support)
5. Enabled by 'whole systems' collaboration, shared accountability and bolder long-term strategies
6. A dedicated prevention and early intervention strategy
7. Wider community dialogue and awareness raising (people need to know the prevalence of the problem and have more open conversations about the issue)
8. Asset based/ strengths-based models of care/support



This Pathfinder will enable us to accelerate our ambitions and address the system change required to **enhance mental health pathways and access to professionals competent and confident in responding to the needs of victims and survivors of sexual assault and abuse with complex trauma related mental health needs** by:

- Workforce development for mental health services in complex trauma and SVA
- Workforce development for the wider system in identifying and responding to sexual violence/abuse
- Pathway development across the peninsula
- Developing consistency and quality across the peninsula



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- Identifying improvements in current commissioning models, such as co-commissioning across the peninsula and a joint commissioning strategy

It also provides the opportunity to prototype new ways of working that better meet the needs of those with complex trauma and mental health needs, including but not limited to:

- Enable peer support and community-based support to increase access to power resources
- Explore a hub of expertise, opportunities for co-location and triage of our cohort
- Clear commitment and embedding of lived experience in all design
- Continue to listen and respond to those with lived experience
- Support a movement of change with investment in our wider workforce

Next steps

We have identified in partnership with providers, colleagues and people with lived experience, a number of activities to support our system change ambition:

- Review of commissioning model across the Peninsula and develop joint commissioning strategy
- Development of consistent data set to improve understanding
- Development of quality standards to drive up quality of services and provide assurance
- A shared cross-system workforce development and induction programme including complex trauma and SVA and mental health
- Trauma-informed programme across the Peninsula aligned to the community mental health framework. To improve mental health awareness and responses to trauma utilising the 'power threat meaning' framework to underpin the content.
- Embedding of lived experience work as a critical element to trauma-informed and restorative practice – use this to monitor inequalities and what is working for people
- Agree best practice therapeutic support for victims, creating a common understanding and language that all system professionals, communities and people who use the service will understand

In the next few months, we will be seeking to:

1. Conduct a review of commissioning models across the Peninsula and develop a joint commissioning strategy in partnership with key stakeholders and people with lived experience
2. Develop a consistent data set
3. Develop a Peninsula-wide dashboard to improve understanding of the SV system and its effectiveness of meeting the needs of those with lived experience
4. Develop quality standards to drive up quality of services and provide assurance
5. Embed lived experience work as a critical element to trauma informed and restorative practice
6. Agree best practice therapeutic support for victims, creating a common understanding and language that all system professionals, communities and people who use the service will understand
7. Appoint a Programme Lead across the Peninsula to drive forward this system change



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8. Learn from Devon's Sexual Violence Action Group to develop a Peninsula steering group for the pathfinder work

If you would like to be involved in this pathfinder or for any further information, please contact:

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