

# COMMUNITY SAFETY PARTNERSHIP

## REPORT

**Subject:** Trauma Informed Health Intervention Model

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### 1. Purpose of Presenting the Report and Decisions Required

- 1.1 The Trauma Informed Health Intervention Model has been designed to address the increasing problem throughout London around serious youth violence. The number of victims of serious youth violence are increasing and therefore it is important to effectively address the root causes to determine the best solutions and interventions. It is vital that we put provisions in place to ensure we make a positive difference in the lives of our young people.
- 1.2 Barking and Dagenham CSP have developed a full pathway for intervening early, identifying and targeting exploitation across Barking and Dagenham, Havering and Redbridge, incorporating community and voluntary organisations in conjunction with universal services, schools, children's social care, the YOS, Police and Health. The model has been codesigned with local schools and the voluntary and community sector to support children and young people at an earlier age who are at risk of becoming involved in violence and crime. To deliver this, we need to work in partnership to identify and support individuals in delivering services that can make long term and sustainable positive change.
- 1.3 The priority for Barking and Dagenham is to make long term changes by addressing the causes of violence, not just the symptoms. To achieve this, we need to work in partnership across our three boroughs inclusive of schools, voluntary and community sectors to create space for positive opportunities to build aspirations for all our citizens.

### 2. Outline of the model

- 2.1 The model is five-tier programme that have been designed to deliver services to understand and address the impacts of trauma. All key workers and community leads will be trained to be able to recognise and deliver services in a trauma

informed approach. The first tier of the model is the risk assessment tool which sets out clear indicators that will help professionals identify individuals at risk and allow key workers to refer into the further strands of the model.

- 2.2 Tier two of the model identifies early interventions that are delivered through schools specific to the needs of the individual. This strand is delivered by trained workers who will be able to identify and deliver services to address trauma. Schools will utilise current provisions within the schools such as nurture groups which will be able to support the individual whilst maintaining main stream education.
- 2.3 The third strand of this model will be delivered through our six identified community interventions. The voluntary and community sector partners are fully engaged and have drafted community-based positivity activity intervention programmes. All partners are already well-established and are highly-respected providers of positive diversionary activities within the three boroughs, each being a specialist in a target group or activity. These are boxing (Box Up Crime), visual arts (Studio 3 Arts), drama (Arc Theatre), multi-sports and gender-based work (Future M.O.L.D.S.), light-touch mentoring (Lifeline) and intensive mentoring (Spark2Life).
- 2.4 Tier four will focus on targeted interventions will be focused around the delivery of the Triple P Positive Parenting Programme by key professionals working with the family. This will sit alongside close partnership working with agencies that can support the family with specific needs. These include, our substance misuse service, economic wellbeing team, mental health services, and independent domestic and sexual violence advocacy services. Referrals will also be made to healthy lifestyle programmes, currently commissioned under public health.
- 2.5 The last strand of the model is the intensive interventions that will use a trauma-informed approach and will be led by Clinical Psychologists, Speech and Language Therapists and a Behaviour Nurse, who will use a trauma-informed and clinical approach to address wider mental and physical health issues, including anxiety, depression, relationships and nutrition.

### **3. Adaptation of the model**

- 3.1 The model has been designed to ensure that various areas of work can be based upon it, recognising that the experiences of our residents are rarely because of one social, health or economic concern. For example, we know the correlations between sexual exploitation, domestic and sexual violence and VAWG, youth violence and gangs, criminal exploitation are correlative. This also correlates with childhood adversity based in poverty, substance misuse in the family home, family criminality, neglect, abuse and so on.
- 3.2 An example of what this looks like can be seen in a developing Home Office bid regarding children affected by domestic abuse:
  - i) Risk Assessment – early identification is imperative to protect children from experiencing domestic abuse. A project worker is sought to ensure the successful rollout of Operation Encompass, a data sharing agreement between police and schools. Additional wide reaching training to recognise coercion and control.

- ii) Early Intervention – A selection of assessment and intervention programmes to support the whole family to recognise and address the impact of ACES, with specific domestic abuse recovery toolkits. Training to deliver these licensed programmes
- iii) Community Intervention – Capacity building based on ringfencing training spaces for CVS members, and ensuring paid incentives for delivery during the life of the fund. Community campaign and awareness raising programme to be delivered through CVS organisations.
- iv) Targeted and Intensive Interventions – Specialist independent domestic violence caseworkers, perpetrator caseworkers and child counsellors to be based in child protection providing wraparound support to the family

#### **4. Recommendation(s)**

- 4.1 The Community Safety Partnership Board is recommended to note the content of the Trauma Informed Health Intervention Model.
- 4.2 Members are recommended to discuss the model and agree it's principles and consider work which could be in line with a trauma informed approach.
- 4.3 Consider if there are recommendations for further work which may arise from this.

#### **List of Appendices:**

**Appendix A: Trauma Informed Health Intervention Model (To be tabled)**