

# Community Chest Application Summary 2017/2018

Local Authority	St Edmundsbury Borough Council
Organisation	<b>Survivors in Transit (SiT)</b>
Amount Requested	<i>Yr1 - £11,560; Yr2 - £11,560</i>
Total Project Cost	£33,620
Match Funding	£9,000
Partnerships	Fresh Start New Beginnings, Ormiston MPower Project, and others
West Suffolk Bid?	No

## Key Points

- Survivors in Transition (SiT) supports adults (18+) who have experienced any form of sexual abuse, exploitation or violence in their childhood, from throughout Suffolk.
- We are seeking funding from St Edmundsbury Community Chest to assist us to deliver outreach, 1:1 and group therapeutic services for adult survivors of childhood sexual abuse in St Edmundsbury over the next 2 years whilst developing a peer support group and network in the area.
- Project start: **April 2017**
- Project end: **Ongoing**

**St Edmundsbury Borough Council  
Community Chest Grant Application Form  
Part A**



Community Chest funding supports voluntary and community groups who make a contribution to improving the quality of life for people in West Suffolk. The information you provide will help us consider your application. If you have any questions, please give us a call on 01638 719763. Before completing this form, we ask you to please read the guidelines, which are available on:

<http://www.westsuffolk.gov.uk/community/community-grants.cfm>

Please return your completed, signed form and supplementary documents to:

[richard.baldwin@westsuffolk.gov.uk](mailto:richard.baldwin@westsuffolk.gov.uk)

1. Name of your organisation(s):

Survivors in Transition (SiT)

2. Organisation address details

Address Ln1	84 Fore Street		
Address Ln2			
Address Ln3			
City/Town	Ipswich	Postcode	IP4 1LB
Main phone	01473 232499	E-mail	fiona@survivorsintransition.co.uk
Website	http://www.survivorsintransition.co.uk		

Main Contact Person		Second Contact Person	
Title	Ms	Title	Mrs
Forename	Fiona	Forename	Kate
Surname	Ellis	Surname	Hughes
Role	Operations Director	Role	Chair of Trustees
Daytime Tel No.	01473 232499	Daytime Tel No.	██████████
Mobile No.	██████████	Mobile No.	██████████
Email	Fiona@survivorsintransition.co.uk	Email	trustees@survivorsintransition.co.uk
Address Details (if different from Org address)		Address Details (if different from Org address)	
Ln1	As above	Ln1	As above
Ln2		Ln2	
Town		Town	

Post Code		Post Code	
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**About your organisation**

3. What local authority area(s) does your organisation work in?

Suffolk

\*Community Chest funding is offered by both Forest Heath and St Edmundsbury councils. As the decision making process is different any projects applying for funding across West Suffolk, must apply separately.

4. What is the status of your organisation?

Registered charity	*	Charity number:
Applying for charitable status		
Company limited by guarantee		Company number:
Community Interest Company		
Part of a larger regional or national charity (Please state which one)		
Constituted Community Group		
Social Enterprise		
Other (Please specify)		*Registered Charitable Incorporated Organisation (CIO) No. 1159782

5. How many people are involved in your organisation?

Management committee	5	Service users	12
Full Time staff / workers	2	Volunteers and helpers (non-management)	32
Part Time staff / workers	5		

6. What is the purpose of your organisation? Please briefly describe why your organisation was set up, its aims and objectives and who primarily benefits from your organisation.

Survivors in Transition (SiT) supports adults (18+) who have experienced any form of sexual abuse, exploitation or violence in their childhood, from throughout Suffolk. We aim *to break the cycle of abuse by empowering adult survivors of childhood sexual abuse*. SiT was formed in 2009 to address the lack of specialist support available for survivors of Childhood Sexual Abuse (CSA) in Suffolk. We are the only organisation in Suffolk who provide this support. 2 years ago we moved into our own rented premises in central Ipswich which enables us to deliver a broad range of individual, group, outreach and therapeutic services and cope better with ever increasing demand.

We currently offer the following to individuals who have self referred (40%) or been referred by professionals. On average we receive 2 referrals per day for support. Clients are contacted with 3 days and we undertake a robust assessment to

establish what intervention/s would be suitable:

- 1:1 counselling and therapy
- Online and phone support
- Pre counselling programme ("Hold Fast" developed by SiT for survivors to prepare for formal counselling and increase self esteem, identify and provide any additional support)
- Targeted, facilitated group sessions
  - Evolve – closed, facilitated group for female survivors who have been referred
  - First Steps - open session for male and female survivors attending for the first time to reduce anxiety
  - Art therapy group session for women by referral
  - Facilitated men's group session
  - Peer support groups and sessions
- Legal advice in partnership with local solicitors Gotelee, pre trial counselling and support giving Police statements and throughout investigation
- Individual support plans (combination of practical support and therapy)
- Information, advice and guidance including referrals to partner organisations such as drug and alcohol support, domestic abuse, police, eating disorders support, self harming support and CV writing, employment and education support.

*Maximum of 300 words*

7. What was your organisation's total income for last financial year?

8. What was your organisation's total expenditure for last financial year?

9. Does your organisation have more than six months running costs? No

10. What are your organisation's current unrestricted reserves or savings?

11. West Suffolk prioritises building resilient families and communities that are healthy and active. Please indicate which of the following areas your project contributes towards:

- A thriving voluntary sector and active communities who take the initiative to help the most vulnerable. xx
- People playing a greater role in determining the future of their communities. xx
- Improved wellbeing, physical and mental health. xx
- Accessible countryside and green spaces.

**About your project – why are you applying for this funding?**

12. What do you want the funding for? Please be specific. Please note that 'project' is meant to describe the project for which you are seeking funding, and not your organisation.

“SiT in Bury”

We are seeking funding from St Edmundsbury Community Chest to assist us to deliver outreach, 1:1 and group therapeutic services for adult survivors of childhood sexual abuse in St Edmundsbury over the next 2 years whilst developing a peer support group and network in the area. Clients from St Eds postcodes will be offered a range of services closer to home which will ease anxieties and logistical issues related to accessing our centre in Ipswich, and be encouraged, trained and supported to build their own long term volunteer run support network in the area.

We want to pilot this approach with the involvement of survivors in Bury, and if successful roll out further afield. Our ethos is steeped in individual empowerment and building on resilience; we aim to work with the individual who may present with a common issue of sexual abuse we are dealing with but recognise each person will have been affected differently.

Childhood sexual abuse is strongly linked to subsequent poor health throughout life. The risk increases for a range of long-term psychological problems, including poor self esteem, insomnia, anxiety, depression, substance abuse, post traumatic stress behaviors, suicide attempts, eating disorders, higher vulnerability to stress, reduced incidence of pre- and postnatal care, and difficulty in personal relationships (Golding, Wilsnack, & Cooper, 2002; Wilson, 2010a).— all of which we see as ‘normal’ reactions to significant, unresolved trauma or ‘abnormal’ circumstances and we aim to treat the individual behind these symptoms.

*Maximum of 300 words*

13. How has the project been developed out of the community’s desire to improve the lives of local people? What evidence do you have that there is a need for this project? Please include sources of evidence, including any public/user/community consultation.

We currently have 34 clients waiting for a service with a St Eds postcode, which is in itself the best indicator of need. In the last year we have worked with 145 clients with a St Eds postcode. We believe that this number will increase if survivors could access and knew about a service in their local area – we have consulted with 10 of those on waiting lists via phone, referrers such as Suffolk Wellbeing service, Linkworkers and counsellors in the area who are unanimously of the view that bringing the service to survivors will ease anxiety, reduce travel pressure and time and ultimately improve client engagement and improve life outcomes. Of the 10 clients we spoke to on our waiting list 7 are extremely isolated with little contact and support and 1 has not left the house for some months, 2 had recently had suicide attempts and 8 of them were experiencing acute anxiety or depression. Of the current waiting list 50% have been assessed as requiring specialist 1:1 counselling / therapy and although we operate an online /phone counselling service this is not appropriate for all clients, although we are offering check in calls for the time being. A nurse based at Guildhall & Barrow Surgery told us “we are overwhelmed by the number of disclosures of historic CSA by patients and there is no local provision apart from yourselves’

Prevalence of sexual abuse can be difficult to determine but most recently a new

module of questions included in the Crime Survey for England and Wales (CSEW) between 1 April 2015 and 31 March 2016 asked adult respondents aged 16 to 59 whether they had experienced a range of abuse while a child. The survey showed that 7% of adults aged 16 to 59 had experienced sexual assault in childhood. To put this in perspective approximately 6.4% people in England have diabetes, and 6.0% have asthma (source: <http://fingertips.phe.org.uk/>). This means that over 6,000 adults in St Eds may have been affected and will likely be experiencing negative health and social consequences directly related to their experience.

As a charity with skilled staff and volunteers in this specialist field, we currently fill a gap where statutory provision is lacking or inadequate, as reported by our service users, many of whom have accessed numerous services over long periods of time “Through my adult life I have been with lots of organisations who didn’t provide what I needed which was **help with my sexual abuse**”

We believe that the model we are proposing is a good, strong fit with West Suffolk’s Families and Communities strategy as we aim to firstly stabilise and improve wellbeing and self esteem of survivors and then support them to become volunteers and offer peer support groups and networks across their community creating a pathway that is not dependant or draining of services whilst challenging stigma and raising awareness of sexual abuse in the community.

Maximum of 300 words

14. How will the project help local people to support one another?

The model is based on survivors who have received support and made significant improvements against set outcomes in terms of dealing with the negative effects of childhood abuse being encouraged, trained and supported to start their own support network in their own community. This will be supported by SiT with facilitators being available and assisting in the establishment of guidelines and structure of the peer support.

Maximum of 300 words

15. Are you working with any other organisations on this project? Yes

If yes, please state the names of these groups and the nature of the relationship.

We will be delivering the project but due to the complex nature of the effects of childhood sexual abuse we work in collaboration with a number of local organisations as follows:

- Fresh Start New Beginnings (work with under 18 abuse victims of CSA, tell us that 70% of the parents they come in contact with have also been sexually abused)
- Ormiston MPower Project (Parents whose children have been taken into care, tell us over 90% of the parents they work with have been sexually abused)
- Icenl (family support and addiction)

The following organisations are primarily used as part of a mutual referral system:

- GPs (40% of our users tell us the GP is their first point of disclosure,

- Sexual Assault Referral Centre / Police – we receive 30% of our referrals from ISVAs or Police / Victim Support  
- NSFT Suffolk Wellbeing Service (who aren't able to provide specialist support for sexual abuse)  
-Drug and alcohol services Turning Point

Maximum of 300 words

16. When will the project start?

April 2017

17. When will the project finish?  
project ongoing?

Ongoing

or is the

If this is an ongoing project, how will it be funded and continue going when the funding ends?

We hope to be able to evaluate the project on completion and apply to other sources of grant funding to continue offering specialist therapeutic services and counselling.

By Year 3 of the project we hope the peer support project will be staffed by volunteers and need little financial input.

Maximum of 300 words

18. Which years funding are you applying for?

2017-19

19. How many people do you expect to benefit directly from the project on either a weekly, monthly or annual basis?

60 - 100 annually

20. What results (including targets/numbers) do you expect to see as a result of the funding and how do these relate to the Community Chest funding criteria? If your project is health related how does it improve health outcomes for residents within community networks and beyond?

Our KPIs are as follows (highlight those related to criteria)

- 90% of referrals contacted within 48 hours of receipt (*Service users feedback that waiting for contact after referral was causing additional anxiety*)
- Maintain awareness raising activities to sufficient level to ensure 40% of self referrals (*A significant proportion of our referrals are self and these referrals engage best -90% engagement / attendance*)
- 90% of referrals receive an assessment within 14 days (*Service users feedback that waiting fro an assessment / service caused anxiety – we also ensure that service users who are waiting receive regular welfare calls*)
- 75% of service users allocated to a service / worker within 6 weeks (*Our service users described that they were used to waiting long periods of time to receive a*

service and often this had devastating consequences and negative effects on their mental health)

- At least 65% improve self esteem by at least 40% (*Improving self esteem is a core outcome at SiT*). Measured by Rosenberg Self Esteem Scale and critical in demonstrating resilience, empowerment
- 20% tracked into employment / education (*Through anecdotal evidence in 2015 we realised a significant proportion of our users are going into work / education as a result of improved self esteem and empowerment*)
- 50% Reduce the number of negative mental and physical health issues as a result of intervention (*Core outcome*)
- 65% increase outcomes star measures across all areas (*Core Outcome*)
- 50% report being less socially isolated and having an improved support network (*Core outcome – due to the nature of CSA many survivors feel alone or isolated*)
- 80% meet or exceed their main objective (*In 2014 we started to ask service users what their main objective was, in order to plan goals with them. They self report on whether they have achieved this at the end of an intervention*)
- 80% rate the service they receive as good or better (*Core outcome*)
- At least 25% of those who receive a service go on to volunteer / offer peer support
- Retaining a ratio of 1 staff member to 10 volunteers (*Core outcome*)
- 95% of parents report increased confidence in ability to safeguard their children (*Core outcome - The effect of CSA on families is well documented and approximately half of mothers of sexually abused children incest have been sexually abused themselves*)

Maximum of 300 words

21. What is the total cost of the project?

£ 33,620

Please provide a full breakdown of the total cost of this project, including VAT if applicable along with any in-kind contributions such as volunteer hours.



Item or activity	Cost (£)
Cost per year:	
<b>Year 1</b>	
Outreach costs	
outreach worker 3 hours p/w @ £10ph (full cost) = £30 x £50 weeks	1500
£1500	
travel expenses, parking £500	500
Individual counselling / therapy for 15 clients £40/ session x avg 15 sessions = £9,000 (includes supervision costs)	9000
Print / materials	1000
<u>Match funding</u>	
Volunteer hours 6 per week @ £5/hr	1500
Room / venue hire @ £40/wk	2000
<b>Year 2</b>	
Develop and implement peer support group – volunteer costs & materials £1500	1,500
Outreach worker costs 2 hours per month @ £10 = £10x 12 = £120	120
Individual counselling / therapy for 20 individuals £40persession x avg 15 sessions each = £600 x 15 clients = £12,000	12,000
Print / materials	1000
<u>Match funding</u>	
Volunteer hours 2 per week @ £5/hr	1500
Room / venue hire @ £40/wk	2000
<b>Total cost of items listed above:</b>	<b>33,620</b>

22. How much funding are you applying to us for?

£23.120

23. What funds have you raised so far for this project?

Source	Amount (£)
In kind funding as demonstrated above (Volunteer costs, venue hire)	7,000
Print costs, materials (Suffolk Community Foundation)	2,000
<b>Total fundraising:</b>	<b>9,000</b>

24. What other funders have you applied to for further funding for the project?

<b>Funder</b>	<b>Amount (£)</b>	<b>Timescale for decision</b>
Range of Suffolk Community Foundation Small Grants	10,000	Feb17
<b>Total:</b>		

25. What other grants and contracts has your organisation received over the past year from either Forest Heath District Council or St Edmundsbury Borough Council?

<b>Funder</b>	<b>Amount (£)</b>	<b>Reason for funding</b>
<b>None, first time application</b>		
<b>Total:</b>		