



PE1596/A

Response to Request or Information Petition PE1596

Thank you for contacting Open Secret in relation to the above petition.

Open Secret would support the evidence presented by the petitioners and as an organisation we share their concerns that survivors may be left at risk and that the new service specification presents the potential for there to be further gaps in service provision as with the brokerage model in some geographical areas there will be no adequate support currently available in which case survivors will be left unsupported during commissioning processes therefore not providing responsive, timeous support. We also have a concern that the services on offer will not offer the therapeutic, responsive and flexible support which the In Care Survivors Service Scotland currently offers.

We also have serious concerns over the consultation processes that have been undertaken which led up to the development of the brokerage and commissioning model and the impact the process has had on survivors. Our staff who are an extremely experienced team in dealing with in care survivors and the issues they present have been concerned on more than one occasion by uncaring, throwaway comments made by Scottish Government officials leading the consultation process.

We have also had staff members present at several consultation events held by the Scottish Government with survivors of in care abuse and can confirm the points raised by Mr Anderson and Mr Daly that the feedback survivors were providing on what kind of service would work for them is in no way reflected in the service specification model which has now been presented. This has left many survivors feeling like the consultation was tokenistic and they were not partners in the process in any way shape or form but were simply used to enable a consultation box to be ticked.

We have witnessed written documentation sent to Mr Anderson from Scottish Government officials where assurances were given in writing that the support currently offered through ICSSS would continue alongside any new service provision to ensure continuity of therapeutic support for those already using the service.

We can confirm that the threat of the loss of the support currently on offer to active clients has caused a great amount of anxiety and stress to individuals current accessing support through ICSSS and we have a concern about the support being offered to these individuals when ICSSS comes to an end.

We have supported many survivors through the increased level of distress the consultation process has caused them, and a lot of the

distress reported during support sessions has been due to feeling yet again that trust has been broken and they have again not been listened to.

Open Secret have operated the In Care Survivors Service since 2008 and in that time have supported 933 survivors. The cost of the service has been £200,000 per annum which equates to a unit cost of £29 per hour of support.

We believe this service is extremely effective and can provide personal outcome focused evaluation evidence to support that statement. The service is also extremely cost effective when compared with NHS short term interventions and costs of hospital stays so the service is a good example of preventative spend.

The service has developed 7 years of expertise in working with survivors of in care abuse. The model developed by ourselves, provides survivors of in care abuse with a multi strand service, all offered by the same worker offering advocacy, in particular in accessing records, therapeutic counselling and informal and practical support where this is required. The service also offers a part time helpline which is also staffed by counsellors. In addition to this there are opportunities to access group support and befriending if required.

This model was developed in response to consultation feedback received from survivors that building trust is a crucial part of the therapeutic relationship, and that not having to retell their stories to different workers for each part of the service significantly reduced the barriers to survivors in feeling comfortable to access support. This model of working was evaluated by Napier University and acknowledged as a recommended model for working with survivors of in care abuse. The evaluation report also refers to brokerage models **as being 'outdated'**. Positive aspects regarding the service were later requested to be removed from the report by a SG official. **(evidenced by email correspondence if required)**

Open Secret made a difficult, values based decision not to submit a tender bid for the new service specification based on our belief that the new specification will leave gaps in service provision, and will be placing very vulnerable adults at risk. The brokerage and commissioning model will making it again a postcode lottery for survivors on accessing support. We would have tendered if support for survivors directly was included but this was not the case and the deadline for submissions passed in November 2015. Had this element been included we would of course have tendered. In a meeting with the Scottish Government in August 2015 it was made very clear that the new model would not include any support from the service.

Our concerns over the specified model are outline below:

Survivors seeking support more often than not do so at a time of crisis in their life. Their initial contact with a service can be make or break on whether they decide to engage with services. In our experience most survivors of in care abuse when first reaching out for support do so in an extremely heightened state of anxiety, often in a position of having attempted or contemplating suicide and other measures of harm to themselves or others, or dissociating throughout the process. In this state of crisis, which is extremely normal for an adult who has experienced childhood abuse, disclosures are often made in an uncontrolled, detailed manner. Their first point of contact with the new service is going to be with a communication support worker, who will not be a counsellor or clinician with the adequate skills or experience to support them and we have real concerns that this will leave survivors feeling unsupported in their crisis and with a higher risk of further disengagement from support.

The next stage of accessing support would involve being put in touch with a personal outcome support co-ordinator. The Scottish Government acknowledge that feedback from survivors tells us that survivors do not find it helpful or supportive to have to repeat their situation to different workers repetitively yet already before accessing support they are dealing with two separate contacts. This is not conducive to building a trusting relationship and trust is a huge issue for survivors and one of the biggest barriers to accessing support. With the proposed model there is the potential that survivors could have had contact with a number of professionals, having to repeat their stories on several occasions not just once or twice.

The pathway for personal outcome care and support will be to be set up with existing services in their locality. In many areas these services will be statutory or voluntary services which survivors have already tried to access and found do not fit their personal outcomes needs due to lack of skills/knowledge in trauma support or services they have already been informed can only offer them short term interventions such as cognitive behavioural therapy which survivors confirm is not an effective intervention for their trauma.

A further concern is that in areas where there is deemed to be no service available to meet the survivors personal outcomes pathway, a service will be developed and commissioned. This process will take time to develop properly and what will happen to those survivors who need support in the meantime – they will be left in a state of distress on a waiting list awaiting adequate service provision to be developed. This in our view, and the view of survivors who provide us with feedback will increase risks of suicide and self harm.

All of the above has the potential to be a significant risk to survivors.

We feel that the new model may be appropriate for allocating the support fund and we know that some survivors do recognise and value this element of the model. However it must be provided alongside the ICSSS service which is evidenced of significant value to survivors.

I hope this information is helpful and if you require any further information, please do not hesitate to contact me.

Yours sincerely

Traci Kirkland
Deputy CEO
Open Secret