

**PE1596/I**

Open Secret Letter of 1 March 2016

**PE1596 (In Care Survivor Service Scotland)**

Dear Public Petitions Committee,

I have attached responses to two of the submissions. Apologies for all the paperwork but I felt clarification of points was important especially as some are inaccurate.

**FBGA letter of 15th February 2016**

While we respect and welcome the response by FBGA regarding ICSSS we feel there are some points of clarification that must be made to enable the petitions committee to be accurately informed.

Paragraph 3: We agree that survivors should have a choice of services. However, that has always been possible for survivors as there have been a range of support services and statutory services available and 933 survivors chose ICSSS. Open Secret agree that there should be specialist support and that is what the service offers.

Paragraph 4: We are surprised that FBGA have decided to refer to an unevidenced statement from 2010 when an external independent evaluation carried out the following year found the service to not only be "fit for purpose" but a model that should be replicated as a model of good practice in working with survivors. The evaluation document has been submitted to the petitioners as evidence as have a sample of redacted ICSSS evaluations including one from 2010.

Paragraph 4, first and second bullet points: ICSSS offer support Scotland wide but we also work with survivors in the rest of the UK and have offered support by email and phone to survivors from other countries (evidence can be provided). The service could have been delivered face to face in more areas of Scotland with more funding. In focus groups with survivors the ICSSS model of support was highly regarded and it was noted repeatedly that other services within the NHS and beyond did not meet needs the way ICSSS could<sup>1</sup>. The external evaluation reinforced this.

Paragraph 4, third bullet point and sixth bullet point: Open Secret chose not to tender as we were informed by the Scottish Government that the new service model would not include any support services and that the worker as the first point of contact would not be a trained therapist. We were informed that the NHS and existing services would be brokered or commissioned to work with survivors and if none existed then they would be created. Due to the chaotic nature of this arrangement, the fact that existing survivor agencies do not have confirmed sustainable core funding and the fact that many survivors did not have their needs met through the NHS prior to ICSSS we felt that it would be unethical to tender. In any case there was not the option to tender to provide support services the way that the tender was

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<sup>1</sup> [http://www.incaresurvivors.org.uk/index.php?option=com\\_content&view=article&id=161:focus-groups&catid=17:news-and-events-blog&Itemid=77](http://www.incaresurvivors.org.uk/index.php?option=com_content&view=article&id=161:focus-groups&catid=17:news-and-events-blog&Itemid=77).

presented with a tight deadline for submissions. Open Secret felt the way the tender was written and presented was a significant potential risk to survivors. part of our role as an organisation is to campaign for services that best meet survivor needs. large numbers of survivors accessing our services tell us what they need. Open Secret work with 1,200 new clients every year, at least 10,000 survivors since we started.

The tender process had a deadline of November 2015 but we would of course tender if support services were included.

Paragraph 5: Unfortunately the survivors from ICSSS stated that they were not consulted on the broker model as it was only presented to them at the final meeting with a small number of survivors in attendance and it was not made clear that ICSSS would not be part of it. None of the consultation involved discussion of ICSSS ending. As stated above ICSSS has worked with 933 clients and we were informed that only a very small number attending the final meeting supported the broker model.

We fully acknowledge the role of FBGA in promoting the needs of survivors and this response is merely to clarify some points.

### **Scottish Government letter of 16th February 2016**

Open Secret/ ICSSS would like to clarify some points/ concerns from reviewing the submission from the Scottish Government

### **Engagement Consultation**

*"Most respondents identified that counselling was essential, and this included specialised counselling which would address trauma and abuse, mental health problems and addictions. Physical health needs should also be addressed. Support should be provided in terms of education, employment, benefits, legal advice, housing and practical support. It was considered important that existing services be supported and expanded, and equal access to services across Scotland is important, particularly in rural areas."*

The above aspects are those that survivors identified to Open Secret and ICSSS throughout the years and they are aspects we have provided and ensured that survivors have access to. The ICSSS evaluations evidence that this is what survivors have received from ICSSS. One concern is that Survivor Scotland have focussed on a innovation fund rather than providing sustainable core funding to existing survivor services. Therefore it restricts them from expanding. While innovation is of benefit it requires stability to be achievable. ICSSS were committed to providing services in rural areas but the funding from the service was cut making this not possible and Survivor Scotland rejected applications for ICSSS to take this work forward. ICSSS funding started as £250,000 in 2008 not £200,000 as reported and this was a cut of almost £230,000 over three years from the amount in the original tender. this led to cuts and requirements set by the Scottish Government to reduce services in rural areas.

*"We have documentation setting our survivor engagement and their views which developed the principles underpinning the new model - the In Care Survivor Support Fund - and would be happy to share that with the Committee should it wish. Whilst the views of certain users of the current In Care Survivors Service Scotland (ICSSS) are to be respected we cannot ignore what other survivors have told us: what they need is a service that is designed around their own individual needs not pre-defined services. Indeed, Mr Paul Anderson and Mr Chris Daly acknowledged this during the Public Petition Oral Hearing on 26 January 2016. The majority of survivors who took part in the engagement and consultation process agreed that any future model of support must be led by users' needs not predefined service led."*

Again we agree that services should be survivor choice but without appropriate choices being available then survivors will be left potentially at risk. Survivors have told us that they were not informed through the consultation process that ICSSS would end and therefore felt they had been misled. While ICSSS do not represent all survivors they do represent very much the majority of survivors and they were mostly not included in the consultation. At the final meeting where the new model was presented there were only a small number of survivors in attendance. Therefore the consultation did not properly represent the views of survivors. We can provide direct representations on the way that matters were presented to survivors attending the events.

*"The aim of the In Care Survivor Support Fund is to provide support services specific to survivors' often complex needs. It will work with survivors in identifying and responding to their unique needs and aspirations and in achieving the outcomes they would wish to see for themselves. The Support Fund is not diagnosis-led and does not focus on counselling or mental health services only. Through intensive engagement with a wide range of survivors they have told us that they want local access to information, resources, and support that meets their individual psychological, physical, social, education, employment and housing requirements. One size does not fit all. We know that what matters to individual survivors is achieving personal goals with favourable outcomes. That is why we are adopting an outcomes-based approach in going forward."*

We value funding for survivors to access a range of potentials e.g. education but this should be provided along with support particularly as a number of survivors require support to enable them to access the above as can be seen in our advocacy evaluations.

### **The future of the In Care Survivors Service Scotland**

*"The current ICSSS administrator, Open Secret, will of course, be able to work with the In Care Survivor Support Fund in the provision of services for survivors at local level. The Support Fund will engage and broker appropriately at local level with statutory and non statutory agencies and professionals who provide existing services in order to meet the needs of survivors as close to home as possible. It is important to maintain sustainable services at local level. Utilising the expertise of those organisations already working with survivors will help build local services that respond to the needs of local communities. This will include services that Open Secret provides if that is what survivors identify as what they want and need. By using the expertise and knowledge of existing organisations that already work with survivors, the aim is to enable a truly Scotland-wide network of service provision*

*that supports survivors by developing and enhancing existing local services and introducing new services that can be matched to survivors' needs, including the needs of survivors that live in rural locations."*

As highlighted above existing services do not have confirmed core funding and ICSSS funding will end in March 2016. That would mean the loss of the specialised workers, the website, office arrangements for offering counselling, supervision arrangements, the helpline and the established groups. Spot purchase or a delayed commissioning process would mean an unsustainable model of support for survivors locally. Employment of specialised staff cannot be achieved on a spot purchase basis nor is it ethical as clients would have to wait for services to be in place. We feel that a more structured sustainable and ethical approach would be to strengthen existing specialist services and expand the funding that they currently receive to enable them to use their long standing experience to offer additional support to more clients. This still enables clients to have choice but without those services clients will not have choice. Development of new services without the relevant track record and experience is a risk in a specialist area such as trauma support and the gaps cannot be filled by training. The 60,000 that Open Secret received was for developing (not delivering) EMDR and specialised group support not funding for either infrastructure or specialised trauma service delivery.

### **How the survivor support fund works**

*"This model ensures that appropriate boundaries are adhered to within agreed therapeutic contracts with survivors<sup>3</sup>. Depending on circumstances the support co-ordinator may be the same person providing services to meet the survivors needs however if counselling is involved then the boundaries of the therapeutic contract should be clearly defined and agreed with the survivor."*

The tender issued to be responded to by November 2015 made it clear that this individual would not be a counsellor nor would they offer services therefore we feel we were misled and have serious concerns.

Personal Outcomes Focus - ICSSS already do this.

By the time the commissioning process is in place services may be gone due to lack of funding leaving significant gaps and risks for survivors.

Jessica McPherson from the Scottish Government made it clear to us that the new service would not include any element of support and she informed us that ICSSS would end with the broker service commissioning services largely from the NHS. It was made clear that the workers meeting clients would not be trained counsellors which we felt would be a risk and we expressed our concerns. At no time then or since were we told that support services could be part of the new model and the tender submission date was November 2015.

We have concerns about the term "transitioning" clients. This has an implication of taking choice from clients. Open Secret manage ethical endings with clients and as part of that we assist them by making them aware of all other available services to enable them to choose which would be appropriate to meet their needs. Many survivors who were in care will have been transitioned from one care environment to another with choice taken from them. We have continued to have concern regarding

this approach. Survivors may choose to access the new service but it should be their choice, not imposed on them.

Janine Rennie  
Chief Executive  
Open Secret