

**PE1596/R**

Wellbeing Scotland submission of 18 April 2018

Wellbeing Scotland have delivered the In Care Survivors Service Scotland (ICSSS) since 2008 and we greatly appreciate the work of Paul Anderson in pursuing this petition. We are pleased to have the opportunity to respond regarding progress made, particularly in relation to the Future Pathways service.

We appreciate that the Interaction Group initiated the idea of a support fund for survivors. The decision was taken by the Scottish Government to integrate this fund with support services in a broker type model to broker and commission support services alongside meeting practical needs through the support fund. Along with some of our colleagues with long experience in the field of childhood abuse we raised concerns about the potential of this additional layer being traumatic for some survivors and that there was a significant potential risk. This would be exacerbated by potential long waiting times. Our long experience of working with people abused in care has enabled us to build specialist knowledge. Despite us raising these concerns the model was progressed.

We acknowledge that many survivors have benefitted greatly from accessing the additional support offered by Future Pathways. Our concern was that this element should not have been combined with therapeutic support. Future Pathways employ Personal Outcome Co-ordinators (POC) who work with survivors to develop personal outcomes with regular review. This approach is potentially problematic where many survivors may feel that their autonomy is compromised. In our experience the survivors we work with are capable of making their own choices and many have reported that this approach feels condescending and disempowering. Some have reported feeling like they have a 'begging bowl'. As we anticipated this increased suicidal ideation in many survivors.

This approach has been mirrored in Future Pathways treatment of our own organisation. We have been funded by Future Pathways and therefore it would appear that the petition has been successful and there is no need to continue it.

On the contrary we are in an ongoing unstable situation and we feel that we are in a subservient power dynamic with Future Pathways. It has been suggested that we must prove that the survivors we report on are "real people". If new referrals are not registered with a personal outcome co-ordinator by three months we have been told we will not be paid to work with them. This is causing severe anxiety for survivors particularly as some never want to be registered and they have accessed our service due to its confidential nature.

There is limited trust and we are in a position of accounting for every hour. While we recognise the need to account for public money we are audited annually and we agreed to an intensive audit to evidence that the funds had been used appropriately. This has felt like a zero hours contract to our workers and it has not been a positive way of working. We have skilled and experienced staff who feel that they are not being fully appreciated. Many of the Future Pathways referrals have been directed to the Anchor Centre. While this may have been beneficial for many survivors for others the feeling that they now have their abuse history as part of medical files is something that they are not happy with. This could potentially affect future life insurance or employment. We have had scenarios where our worker has been at a meeting with a client and the POC where the client has been encouraged to go to the Anchor despite receiving therapy from ICSSS. This is another potential risk to the survivors from too many interventions. As detailed below there is a cost implication.

Many of the specialists in the field have been concerned at this move towards a medical model. Many survivors do not identify with mental health services. This element of the Future Pathways model has caused further confusion and concern. The Scottish Government carried out consultations with survivors and the outcome was a promise of lifelong support if necessary. Many survivors have experienced the medical model of short term support offering inappropriate interventions or being assessed as untreatable. Future Pathways appear to be working towards a model of time limited support. The personal outcomes approach has regular quarterly reviews that require evidence of progress towards outcomes and ultimately the end of support. For some survivors this is causing increased anxiety. They feel the promise of lifelong support given by the Scottish Government has been withdrawn. Survivors were promised nothing would change but survivors abused who were adopted or in kinship care do not fall under the criteria for Future Pathways, nor do family members. Therefore we have been told we have to end with those clients. Future Pathways have not committed to continue the groups we deliver, reported by clients as essential.

Future Pathways require us to have all new clients registered with the fund within three months in order to receive payment. For many survivors this is far too fast as time has to be taken to build up trust. Again this is a potential risk. The waiting list for Future Pathways, at in some cases nine months, has made this impossible in many cases and our funding was withheld causing severe financial consequences. Quite some time was spent coming to an agreement on data protection issues. This delay on contract signing has been misrepresented as Wellbeing Scotland not complying with requirements on reporting.

We have been required to complete an individual agreement for all clients and many clients have not given permission for us to do so. Therefore if we did we would be breaching data protection. The views and safety of our clients is paramount to our service.

We are different from all other agencies in that we have around 160 ongoing clients from before this new arrangement and 200 new clients where many other agencies will have only a few clients. In reports by Future Pathways they report 50 other clients and 31 partner agencies. Future Pathways are still not referring clients to us.

At least 314 clients registered are not receiving therapeutic support. 90 are or have attended the Anchor Centre and 171 have accessed other services leaving 314 although in reality some of those clients will be attending more than one service leaving potentially more than 314 clients without therapeutic support as Future Pathways have been clear that is not their role.

A further issue is the approach that Future Pathways have taken in signing up partner organisations. While this does give survivors choice, the way that this has been implemented has a risk of creating conflict and competition between the longstanding organisations. Many small to medium sized charities are in a financially unstable situation with the move towards large charities being favoured and often quangos. The approach to funding survivor services through the network of specialist survivor charities is not to fund core. This is in contrast to the Rape Crisis funding where funding is ring fenced for those organisations to ensure their survival and it is at a positive level. Charities are pitched against one another in achieving funding. Creating a competitive environment with this additional layer has the potential of damaging not creating partnerships.

Therefore the structure and operation of the model has been positive for some survivors, a significant risk for some and mixed for the majority. If it continues in this way we have serious concerns, some of which have already been borne out. The funding is not unlimited and at some point it will reduce or stop. For some survivors that has already been the case.

Similar to the response to CBT there will be initial euphoria and positivity which will change to increased distress when the funding runs out. Therefore the ICSSS service with its 10 years experience will be vital to ensure that survivors have the support they need to cope with navigating these processes. Added issues are the National Inquiry, Confidential Forum. Redress consultation and the ability to bring civil cases. We have evidence that our support in all of these initiatives is vital.

We would request that the committee consider that our organisation is vital to the wellbeing of people abused in care and our ten years experience cannot be replaced. Our autonomy and confidentiality is vital for survivors to feel safe and therefore we would propose that we should have ongoing secure funding to run alongside Future Pathways working with them, not for them. All of the abuse organisations should be appropriately core funded through the Survivor Support Fund in a method similar to the Rape Crisis fund to enable security and sustainability. This will give choice and control back to survivors. It will also be more stable for the Scottish Government as they will know what ongoing funding will be rather than this unit cost, unpredictable model.

Below we will detail some financial concerns from the Future Pathways initial budget analysed with the information available. 47% of the overall budget covers the cost of this additional brokerage level. Had the current survivor specialist agencies been provided with funding each they could have provided the support to access the fund safely with a panel in place as it is currently to consider larger requests, as well as the current committee structure. However it is essential that ICSSS continue to ensure safety for clients.

We note that the petitions committee previously asked why we did not tender to deliver Future Pathways. There was substantial evidence presented below that brokerage models were ineffective and potentially harmful and therefore on ethical grounds we made the decision not to tender.

We would like to offer our sincere thanks to Paul Anderson and to the Petitions Committee for keeping the petition open as we have no doubt that our service would not have survived otherwise.

Annex

### **Financial Information/ statistics**

Future Pathways have indicated overall spend to date £2,863,559

Annual figures for 2017/18 projected from 9 months figures reported £2,558,149

Amount to deliver Future Pathways £1,331,624

Of which salaries £845,192

Publicity £79,338 (ICSSS budget was £2,000 per annum)

Amount to survivors £920,366 – 244 clients had material support £3,243 average per person

Support to survivors £489,869

Anchor Service £121,416 equating to £112 per hour based on 90 clients average 12 sessions, 462 total sessions (based on FP report), (equates to 38 clients for the 9 months so clients likely to be average 6 sessions). Therefore unit cost could be significantly higher.

Wellbeing Scotland 121 survivors cost for the period £238,130 @ £43.15 per hour. Wellbeing Scotland average quarterly hours 1970.

Other partners 50 survivors cost for the period £258,739 – hourly cost would appear to be very large

Miscellaneous costs are reported as £142,719 with no description as to what this is

Contribution to overheads of the partners is £126,802

Costs to the partners and on overheads alone are higher than the costs of the ICSSS service for nine months.

A new brokerage layer has been put in place at 47% of the overall funding from the Scottish Government.

This does not appear to be a cost effective model for survivors.

### **Broker/ case management models**

In comparing case management to standard community care, Marshall et al (1997) draw a number of unfavourable conclusions. Although criticised for their exclusive study of the brokerage model (Shepherd, 1998), they find that whilst case management facilitates increased contact with psychiatric services, there are increases in rates of admission to hospital with a possible corresponding increase in the duration of stay. Similarly, despite the fact that improved compliance is reported, there is an absence of evidence to support improvements in mental state, social functioning and quality of life. They conclude that case management is "an intervention of questionable value, to the extent that it is doubtful whether it should be offered by community psychiatric services." These findings are supported by a randomised controlled study in London over an eighteen-month period. The

study found that whilst a higher level of supervision lead to a reduction in loss of contact, the approach lead to an increased use of psychiatric beds (Tyrer et al, 1995).

Shepherd G. (1998) Models of Community Care. *Journal of Mental Health*, 7,2, 165-177. Vanerplasschen et al. conducted a systematic review of case management models in which only one brokerage model was identified with little evidence to support it.

To date, most research has examined the efficacy of case management services for people with severe mental illness. The Clinical Case Management Model is associated with improved social functioning and mental health and higher client satisfaction (Ziguras & Stuart, 2000). In contrast, Rapp and Goscha (2004) found that most studies of the Broker Model do not yield positive outcomes.

In fact, findings include increased use of psychiatric hospitalization, little difference in quality of life, and lower consumer satisfaction with services.

<http://www.air.org/sites/default/files/March%202011%20-%20Step%20by%20Step%20-%20A%20Comprehensive%20Approach%20to%20Case%20Management.pdf>

The case manager in the brokerage model tends not to be a mental health professional and works outside of the mental health system acting as an advocate for the service user and as a 'purchaser' of services (Mueser et al., 1998). We shall dispense with the brokerage model, as it was more suited to the US health and social care systems and even there "was soon recognised to be of limited value" (Burns, 1997: p393). It has rarely been adopted within the UK where the vast majority of care co-ordinators are clinically qualified, are employed within psychiatric services usually as CPNs or social workers (Schneider et al., 1999), and do not simply negotiate the supply of services

## **Kings Fund**