

FBGA (of Quarriers Homes)

Former Boys and Girls Abused of Quarriers Homes

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© Institutional Abuse Survivors Integrated Service Specification-Description
For Scotland, submitted to the Subgroup, Pages 1-10
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SERVICE SPECIFICATIONS

- Background
- Service Aims and Objectives
- People who use the service
- Referral Sources, How can you get into the service
- Staffing within the service provider
- How the service is delivered by the team
- When is the service available and Accessibility
- Personnel Skills Mix
- Details of staff who will work in the service
- Case Management
- Case Records Management
- Survivors and survivor groups involvement
- Education and Consultancy
- Quality and Standards
- How we check Quality and Standards
- Performance Indicators
- Partnership working
- Information sharing and confidentiality (permission & consent)
- Additional requirements

Background

The National Strategy recommends a range of actions. The service provision required should be in line with the Scottish Governments National Strategy, the recommendations of the Short Life Working Report 2005 and the Independent Historical Systemic Review recommendations 2007.

The service provider, the delivery and implementation of the service provision must take into full account the recommendations and presentations by survivors and their groups represented on the In-care-Institutional Abuse Survivors-Childhood Sexual Abuse Survivors Subgroup 2007-2008. The service provision must incorporate these recommendations into the service set-up for Institutional Historical Abuse Survivors in Scotland as these are what survivors require and value.

It must support and address fully all the needs of survivors in Scotland and incorporate fully the recommendations of the independent Historical Abuse Systemic Review 1950-1995 conducted by Tom Shaw and his team with regards meeting all the institutional survivor's needs and requirements.

Many adult survivors of institutional childhood abuse, physically, mentally and sexually have complex care needs, arising from its devastating and long term effects which may have been overlooked by statutory service providers, and care professionals. Too many survivors report a "revolving door" experience being moved from service to service without having their needs satisfactorily addressed.

In furtherance of this, we would recommend the Scottish Government to commission an independent reputable service provider to setup a centre and national service provision for historical abuse survivors and their families in Scotland.

Service Aims and Objectives

1. The Integrated Specialist Team will be a multi-skilled professional team including health and social professionals. The integrated team will provide advice and support to survivors/clients and their families in addition to primary care team, statutory and non statutory agencies. The team members, survivors and their group representatives will contribute to the development of the survivor's practice/provider. In respect of survivor issues, counselling, advocacy, health and social issues and education and training will be core elements of the service provision.
2. The Integrated Specialist Team and the service will take a lead in facilitating these long term support mechanisms for survivors and their families internally, externally and in the community. The team will be involved in liaising with the specific agencies including, primary care and voluntary and non-voluntary and other bodies where appropriate. The client group and their families are diverse and age ranges are across the spectrum including the elderly.
3. The Integrated Specialist Team will also have the responsibility for seamless effective and appropriate interventions and preventions whereby reducing health inequalities and improving health outcomes for this particular group of survivors.
4. A priority and focus of the work will be to enhance any existing provision and to improve the outcomes with regards the health and well being for survivors and their families. Many adult survivors and their families are currently excluded from services due in part to a lack of services and support for historical abuse survivors in Scotland. The service should aim to promote social inclusion for survivors and their families by enabling them to access services which are designed in part by survivors themselves while led by professional practitioners who will provide long term physical, social & health seamless pathways and support to adults affected by institutional abuse either sexually, physically or mentally and their families.
5. Integrated services are required to meet the increasing demand and needs of survivors of institutional abuse and should be flexible enough to meet the particular needs of this group of vulnerable adults due to the long term effects that this abuse has had on the survivor's health which has impacted on there social and economic needs also.
6. Seamless services and care pathways should be tailored to provide and offer focused long term support mechanisms and interventions so that it meets the needs of survivors and their families and provide long term help and support for families affected by this abuse. The service should provide a range of services which meets the needs of all the users so that they can make informed and independent choices around their health and social needs.
7. Assistance will be provided by the service provider to survivors to enable them to locate their individual children's records from past residential institutions or other establishments.
8. To undertake within the integrated service, single seamless health and social care pathway assessments and referrals to provide care, support and advice where required to survivors and their families.
9. The work will involve working with adults who have suffered neglect or abuse-emotional, physical or sexual within past residential care settings in Scotland.
10. To improve the support and inclusion of the non-voluntary and independent survivor groups and individuals affected by institutional abuse and other survivors currently excluded.

11. To develop educational programmes, participate in research, in addition to educational preventative programmes and policy in line with the Cosgrove recommendations and improve practitioners and others awareness of the effects of institutional abuse and the detriment on survivors health. To engage with survivors, survivor groups and their representatives and others including voluntary and statutory agencies.
12. To enable survivors to fully participate in and contribute to the development of the services by building their skills and confidence to enable them to express their fears and concerns in confidence.

People who will use the service

1. Adults aged 18+ who are suffering from the effects of institutional abuse and who require one or more aspects of health and social care support, advice and advocacy from integrated services and the service provider. Families of those suffering from the effects of institutional abuse.

Referral Sources, How can you get into the service?

1. The integrated specialist team and service provider will accept referrals from survivors and their representatives, Self referral will be accepted.
2. Other types of referrals may include GPs, other agencies and organisations, NHS and Referral from families and carers. If mental health support is required, the service will require a formal referral from another health or social service provider.

Staffing within the service provider

1. The integrated professional specialist team working with the service provider will be led by senior professionals and practitioners. The team will be multi-skilled and suitably qualified and experienced to deliver a diverse and flexible service to all institutional abuse survivors and their families in Scotland.
2. They will provide access to a range of services to survivors and their families including social and health care assistance and other areas of support and assistance required such as Independent advocacy and independent counselling and assist in the location and accessing of service users children's files.
3. The service provider will initiate a programme of involvement of survivors groups and their representatives and consult fully going forward and in the set-up of the service and implementation of the service.
4. All staff and volunteers employed in any capacity within the service will be required to undertake a Criminal Records Bureau check.

How the service is delivered

1. The team provides specialist assessments and seamless care pathways which meet the needs of survivors suffering from the effects of institutional abuse whether that be from physical, emotional or sexual abuse.
2. Following assessment the team member will summarise and share their findings with the client or nominated representative in some cases and agree a mutually way forward.
3. Give advice to the client (survivor) and a personalised care plan.
4. Working in conjunction with other members of the team and other agencies.
5. Liaise with other agencies and organisations if required.
6. Liaise with voluntary and non voluntary bodies/organisations including survivor groups.

7. Provide any necessary advice, help, support or information for clients (survivors), carers, professionals and others.
8. Consent and permission from the client is applicable at all times to the sharing of any information.
9. Plan future follow-up if necessary. Continue to provide support and review.
10. Care co-ordination and care management.

When is the service available?

1. The main base of the integrated service is based within the service provider at-----
Core provision services will be weekdays 9am-till 5pm excluding public holidays. They have an agreed out of hours pathway for out of hours service. i.e. A+E or GPs.
2. The service will have flexibility within the system to respond to individual survivor needs as appropriate. The exact weekly hours will be agreed with the service provider.
3. A rota system shall be developed to ensure that staff are available to meet the demands and needs of all the service users and their families and to manage case loads effectively and efficiently.
4. The integrated service will provide a helpline, which may be manned by volunteers (after appropriate training) and hours to be determined by service provider.
5. The service provider and the integrated team will provide an out of hours helpline service.
6. The service will be a national nationwide service and must be available all year round.
7. Mental Health related issues clients to contact out of hours GPs or A+E in emergencies. Service Provider to provide contact details.
8. Social care out of hours emergencies service provider to provide appropriate contact details.

Accessibility

1. The organisation will at all times work to ensure that all survivors and their families including bme in Scotland are able to access the service irrespective of their language, cultural, physical, transport or other needs.
2. The organisation shall ensure that survivors and their families in Scotland most at risk from harm or social exclusion are targeted.
3. The organisation shall ensure effective targetting of services to survivors and their families living in Scotland.

Personnel Skill Mix

1. A high quality professional integrated staff group is central to the successful delivery of the service and the project. The team should be experienced voluntary, social and health care professionals and will be suitably qualified to meet the needs of this particular group of service users and the aims, objectives of the service in particular to undertake assessments and referrals. The work force should reflect the diversity of the community.

Details of the Personnel who will work in the Service.

- 1 Team Manager FT
- 1 Psychologist FT
- 2 Community clinical nurse Specialist-Mental Health. FT
- 1 Independent Counsellor FT
- 1 Independent Counsellor PT
- 1 Social worker FT
- 1 Team administrator/ secretary FT
- Community/ Advocacy worker FT
- Community/ Advocacy worker FT
- Researcher/Statistical record mgt FT

Case Management

1. Each referral shall have an agreed work/care plan that sets out the service required, outcomes and timescales, evidence and review data and evaluation method.
2. Each referral shall have a risk assessment conducted using an agreed model.
3. Each referral shall have focused intervention for up to 13 weeks initially subject to periodical review and with agreement with the service user.

Case Records and Management

1. Staff will be required to produce high quality reports and analysis that will be used to monitor the service quality and standard. All reports-documentation, plans, agreements and risk assessments in connection with service users and their families shall be kept up to-date and secure as part of the overall case work. Reports that may or shall be required by event or other circumstances as detailed in the work plan. Notes of sessions must be taken contemporaneously and kept by the project with the prior consent and agreement of the service user.

Survivors & Volunteers involvement

1. Survivors who may wish to be involved in the service will have a full role and involvement in the service in assisting the Service Provider after appropriate training. Agreement should be reached between the service provider and survivors. The involvement level will be determined by survivors, their groups and their representatives in conjunction with the service provider and others that involvement is appropriate and relevant. The service committee make up will ensure a diverse and cross section of survivor representation.

We would consider the following appropriate and relevant areas for survivors involvement after specific training

- Possible initial manning of helpline to referral line.
- Educating programmes awareness
- Group sessions facilitated by a qualified independent counsellor.
- Women and men individual groups.
- User surveys implementation and collation.
- Full consultation process on going with survivors and their families.
- Ongoing full involvement of all survivors groups and their representatives determining their roles and areas of involvement in all areas of matters concerning survivors such as legal, politics, research and law.
- Strathclyde University research and the independent processes.
- Independent service auditing processes.

Education and Training

1. The Service Provider is an educational resource centre and provides and promotes educational material on a wide range of issues pertaining to survivors and their needs.
2. The service provider will develop a programme in conjunction with survivors for the full involvement of Institutional survivors their groups and representatives.
3. A comprehensive package of relevant information on historical Institutional abuse issues and material to be available.
4. Addressing the complex needs of Survivors and engaging with survivors and others in educational seminars and other forms of education to bring a clear and comprehensive understanding of the issues affecting survivors and their long term effects of institutional abuse to a range of professionals and non professionals.

5. Working closely with individual survivors, survivor groups and their representatives in delivering education packages.
6. Engaging with groups who deal with offending issues and develop a preventative strategy which will benefit all in the community in line with Cosgrove recommendations.
7. Team members to deliver education programmes to other practitioners and non practitioners outwith the service.

Consultancy

1. The team and the service provider provides an expert service seamless to service users, to GPs and other professionals enabling the client (survivor) to have an enhanced service which is co-ordinated and provides further support in the community.
2. The team and the service provider has close links with survivor groups and their representatives.
3. The multi Specialist team and service provider will liaise and work closely with other voluntary and non voluntary agencies who may be involved in their clients care.
4. The service provider will establish good practice models in providing health care, social support and advice to survivors
5. The team will share information and plan clients care and social needs accordingly including outwith the service provider (having gained clients prior consent to share information)
6. Appropriate referrals to other agencies with the consent and permission of the client to take place.
7. Appropriate handovers and updates on individual clients to take place.
8. All complex cases to be co-ordinated and monitored by senior management.
9. Discharge planning meetings to take place and identify any client requiring further specialist support on discharge.
10. Liaise with independent counselling and independent advocacy services where appropriate.
11. Liaise with care organisations where appropriate and required.

Quality and Standards

1. The Survivors groups and their representative's vision is that all survivors and their families in Scotland should have full access to quality services and opportunities to improve their quality of life, and will be included as equal members of society. In this connection the service must be underpinned by the principles set out by the Scottish Government-Tom Shaw report 2007 and the Shortlife working group report 2005 and the service is underpinned by the recommendations contained with the said reports.
2. In setting the tone that when these standards are determined the minimum standard set does not become the maximum standard.
3. Services must at all times be centred on the needs of the survivors and their families not on processes or funding streams. (Please see notes re: funding under additional requirement)
4. Services must be individualised and person centred.
5. Services should enable survivors and their families to enjoy the same choice, control and freedom of any other citizen.
6. Services must be empowering.

7. Services must aim to remove barriers perceived or otherwise on behalf of survivors and their families.
8. The service must have robust systems to safeguard all service users and those who are particularly vulnerable.
9. Services must have programmes to educate the wider public to prevent abuse in line with the National Objectives and the Cosgrove report.
10. NHS Guidelines and Protocols for the treatment of vulnerable adults in the community.
11. The relevant Social Services and Health Acts and Charity Acts.
12. Importing good practice care pathway models for survivors services which have been initiated and implemented by other countries such as Ireland and Australia
13. Ring fence funding going forward for survivor's grants and services.

How Quality and Standards will be checked.

1. Independently audited and in consultation and agreement with survivor groups and survivor representatives and others including the Scottish Government.
2. User feedback at all levels, regular user satisfaction surveys tailored to survivor requirements, collated and implemented in conjunction with survivors.
3. A clear complaints procedure process.
4. A review will take place (timescale to be determined) in consultation with service users and survivors group representatives to ensure delivery in line with original objective and to agree any service variations in response to changing needs . Survivors shall be fully represented on the committee of the service by at least 50% representation
5. An annual evaluation of the service will be conducted to determine whether the service is meeting the original objectives agreed and to assess its contribution to improved outcomes for survivors and their families (service users).
6. The service provider will be expected to develop and implement a quality assurance system in corroboration with survivors and the Scottish Government.

Performance Indicators.

- Measures agreed In conjunction with the service provider and other parties including survivor groups representatives impute.
- Activity target per annum
- Integrated active client case load.
- Integrated data base (bespoke for this service)?
- Number of service users/activities.
- Number of support packages provided
- Number of service users taking part in activities
- Number of activities
- Number of referrals to statutory and non statutory organisations
- Number of assessments /referrals

Suggested Activity: Practitioners Measures/Definitions/Contacts

- A referral/assessment.
- Individual case work.
- A client visit inhouse or in the community.
- Amalgamated telephone calls regarding a client (e.g 3 calls re: one client = one contact.
- A telephone call to a client for a minimum of 15 minutes.
- Face to face liaison with other professionals regarding a client that is 15 minutes or more.
- Contacts to helpline up to 5minutes or more =one contact
- Contacts to helpline up to 10minutes or more = two contacts ect.
- Contacting other organisations with regards case work.
- Providing assistance to access children's records

Partnership Working

1. In line with the National Strategy the service provider will be involved in research, education and preventive measures to collaborate and engage fully with survivors and their groups, other agencies voluntary and non voluntary, other community groups and other organisations and professional bodies.
2. The service provider will be required to work and implement appropriate mechanisms for involving service users and survivor groups and their representatives in reviewing and evaluating the service.
3. We would specifically recommend that the service provider take into full account the recommendations, submissions, presentations presented by survivors and survivor groups to the In-care-Institutional Abuse Survivors-Childhood Sexual Abuse Survivors Subgroup 2007-2008.

Information Sharing

1. All data/information with regards all service users shall be held securely. .Permission and consent will be required from service users at all times with regards sharing of any data or information with any third party.
2. Service users to be kept fully informed of all data systems electronic and non electronic used to collate or compile information with regards service users.
3. Consent and Permission procedures and protocols to be initiated and agreed with service users and survivor group representatives.

Additional Requirements

1. As this work and project is new, flexibility is an essential requirement of this service.
2. The service going forward may have to consider in conjunction with services users the introduction of holistic therapies which may help and assist to alleviate the stress and anxiety that many survivors and their families experience.
3. In line with Tom Shaw's recommendations with regards former children's records and the management and secure archiving of such records with regards Scotland. This should be considered as a separate topic within the processes and set-up requiring further discussion with survivors and their groups.

4. It may be that the service will have to change and adapt to the service users expectations and needs and in response to the Scottish Governments expectations and targets. It is expected that the service will have to provide monitoring data and management information as required.
5. The service provider will be required to provide statistical data/information with regards service users.
6. With regards funding the service long term and the service provision being sustainable over time there should be an analysis of funding stream which will ensure the service is sustainable. Implementation of the initial service provision contract should be within 6 months with special government ring fenced funding.
7. We would recommend a funding manager to be employed as part of the set-up within the initial service contract period over and above service provision budget.

This document has been prepared by the working group of FBGA (Former Boys and Girls Abused In Quarriers Homes) FBGA Ltd for submission to the subgroup set-up by the Scottish Executive. January 2008, ©