

**The Integration of Dedicated Services for Adult Historical Survivors of Institutional Abuse
Submitted to the Subgroup 12th September 2007 by FBGA**

Introduction

Using the 1999 Health Act flexibilities and section 31 partnership working, it is proposed by FBGA that an integrated service provision for adult institutional survivors be set-up which is multi-skilled and led by professional practitioners.

This type of integrated service should enable it to cover many of the health and social needs of Adult Survivors of Institutional Abuse in one setting.

This service should bring together the multitude of skills of health, social and voluntary practitioners within a single service providing a seamless service to the client (survivor).

This document will outline the following

- The reason for the proposal (the **context**),
- The scope of the integration (the **dimensions** of the proposed integrated team),
- What we hope to achieve by integration (the **why**),
- The process and time scale for the work including subgroup and action plans (the **process**).

The Context

Following a number of convictions in the Scottish Courts for the past abuse of children in Scotland's past institutions and other religious organisations a number of victims campaigned with regards a number of issues, including the lack of service provision in Scotland for Adult Institutional Survivors.

Within the Scottish, Court of Sessions there are currently approx 600 + cases awaiting to be deliberated on. A legal firm in Glasgow (Ross Harper) has approx 1000 + cases. The survivor groups themselves have many former children in their organisations claiming to have been abused in-care in Scotland. Many of these individuals claiming to have been abused have not been through the legal system.

With regards Quarriers to-date 9 ex-employees have been convicted with approx 9-12 former children in each case claiming to have been abused. If we take the conservative estimates based on figures from WHO and the Short Life working report. We believe it is reasonable to estimate that at least 3000 children out of a care population of 30,000 were abused during the life time of the Quarriers Homes organisation. There are many other residential, institutions where children have been abused such as Kerelaw, Larchgrove, Smylum, Nazareth House etc.

Currently in Scotland there is no dedicated service provision for these adult survivors providing a health and social care service for there needs.

In December 2004 the campaigning by the survivors of in-acre abuse accumulated in the Scottish Parliament debating the issues fully with the Scottish Executive and the elected parliamentarians of the day giving a number commitments to the survivors including accessing service provision and implementing services where required.

These commitments by the Scottish Minister Mr Peacock and others in the Labour led Executive also included engaging and working directly with survivors and there groups.

The past Scottish Executive Ministers and officials engaged with a survivor group at the time called INCAS which was considered to be representative of all survivors despite concerns raised with officials by a number of survivors that it was in fact not representative of all survivors. INCAS through the process of engagement with the Scottish Officials were to become fractured due to internal divisions within the INCAS organisation which were eventually fatal for the organisation which led to it disbanding and dissolving for a number of reasons.

Some survivors in turn set-up their own groups such as the former children abused in Quarriers Homes (FBGA). The break-up and demise of INCAS brought no conclusion whatsoever to the negotiations with the Scottish Officials in providing health and social provision services for Adult Historical Survivors. FBGA also requested of Scottish officials and the previous First Minister, Mr Jack McConnell to be represented on all the processes including the National Reference group and the Cross Party working group to no avail.

Through the National Reference group and following further representation of survivor groups such as FBGA who were not previously involved in any of the discussions or deliberations. It was considered appropriate to set up the subgroup in 2007. This was some 3yrs and 6months after the debate in the Scottish Parliament and the commitments previously made by the Ministers and the Parliamentarians. This subgroup is made up of survivors, professionals and members of the National Reference group looking at service provision requirements for adult historical survivors and other issues pertaining to this group of vulnerable adults.

In addition to the above since 2004 more large scale abuse cases were to be brought to the attention of the public by further convictions involving other organisations such as Kerelaw and Larchgrove and with other cases pending with regards Quarriers Homes i.e.

Proposal by FBGA (Former Boys and Girls Abused in Quarriers Homes)

With the continuing rise in cases and the demand by individual survivors of institutional abuse and their groups for services. FBGA have proposed within the subgroup an independent dedicated integrated seamless specialist service as a model of care going forward for all adult historical institutional abuse survivors in Scotland.

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 their social and economic needs also.

The service required by historical abuse survivors also needs to provide 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.

National Strategy for Survivors, A survivor-centred strategic approach

Please refer to attached foreword by Lewis MacDonald, Deputy Minister for Health and Community Care, September 2005.

Executive summary: www.scotland.gov.uk/News/News-Extras/sexualabuse

This National Strategy which is currently on going and out for consultation and the issues are currently being addressed, with policy formulated through the National Reference Group.

FBGA believes that with issues being brought to the Scottish official's attention prior to the demise of INCAS. The National Reference group should have included additional representation of other Adult Historical Institutional In-care Survivors and their groups. To ensure that National Reference group was in fact actually representative across a broad spectrum of Adult Historical Institutional In-Care Survivors from different organisations.

A Short Life working group was set-up following additional representation by institutional abuse survivors including David Whelan to the then Minister Malcolm Chisholm. This Short Life working report makes a number of recommendations including that services be integrated and tailored around Historical Institutional - In-Care Survivors with their involvement in the design and set-up of services.

The Short Life working group has also made a number of other recommendations and comments in its completed report with regards meeting the needs of this particular group of vulnerable adults.

Some of the examples outlined here are taken from the Scottish Executive Summary.

1. Many survivors of childhood sexual abuse 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. Survivors frequently present in Health services with other symptoms e.g depression, self-harm drug/alcohol misuse and in Maternity, Genito- Urinary Medicine and Accident & Emergency.

- Childhood sexual abuse (CSA) is increasingly recognised as a major cause of morbidity and mortality.
- World Health report (2002) recognised that CSA is common in women (20%) and men (5-10%)
- Historically CSA and its prevalence have been under estimated in the UK this may be by 7-36% in women. There appears to be no reference to any UK underestimated figure for men in the report.
- There is a continuing need to remove barriers to joint working and co-operation in the delivery of services.
- Improved commissioning and resourcing of services at local level with more specialist services and intensive support for those who require it recognising the fluctuating and long-term needs of many survivors.
- Above all is the necessity to avoid re-traumatisation by services.
- Many survivors of CSA have complex needs.
- Other types of abuse have to be addressed and needs met.
- GPs are a crucial 1st point of access for survivors seeking help, Care pathways that are connected to primary care and specialist mental health services can help.

The National Strategy resulted in a conference for survivors held in Airth in Scotland. This again had minimal representation of in-care survivors at this conference and many Adult Historical Institutional In-care Survivors did not feel that it enable them to attend or put forward their points of view and continued to feel excluded. FBGA was invited and given limited representation which we took up attended this conference.

From an FBGA point of view it was felt that there was not the opportunity to question and scrutinise senior officials and professionals who were involved in the National Strategy and FBGA would have welcomed such an opportunity in a public forum debate.

A booklet was produced as part of the National Strategy by Dr Sara Nelson one of the leading professionals called a "Can of Worms". This booklet received some critical reviews and was criticized by a number of professionals including members of the Royal Society of Psychiatry. A review group was set-up to look at the content of the booklet. (We are not aware of the review group's outcomes)

Funding

There was an announcement with regards the provision of a Survivors Development Fund with 2 million pounds additional funds being allocated to services which was apparently to assist In-care Survivors and other groups. We have yet to see the actual allocation of this fund but given the complexities and the multiply needs. We are of the view that the monies being allocated with regards this fund of 2 million pound total amount being allocated through the development fund. That it is not sufficient to begin even to address the long term needs of adult in-care survivors.

FBGA had requested previously of the Scottish Officials that monies from this development fund be set aside for historical abuse survivors (as of to-date this has not happened).

The National strategy recommends a range of actions. Many of the Actions have been included in FBGA's proposals submitted to the subgroup with regards providing a service provision for historical adult survivors.

FBGA considers that overall our proposals compliment and are in line with the National Strategy and the Short Life working report and support the needs of survivors and recommendations of the Short Life working report and the Fife report (2002).

Funding Allocation and Resources

We would recommend that this type of service be adopted and implemented in its entirety on conclusion of the subgroup work without further delay. A project manager to be funded through the subgroup to assist in taking service provision plans forward to actual implementation.

FBGA would request that any funding provision allocated for the service provision of Adult Institutional In-care Historical Survivors that this funding be ring fenced with an extended contractual period in the set-up and immediate future and long term.

The Integrated Team

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 clients/survivors and their families in addition to primary care team, statutory and non statutory agencies. The team members and 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.

The Integrated Specialist Team, will take a lead in facilitating these 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.

The Integrated Specialist Team will also have the responsibility for effective and appropriate interventions and preventions whereby reducing health inequalities and improving health outcomes for this particular group of survivors.

The Dimensions

The team is multi skilled and includes the following professional and non-professional and it may be appropriate to include and consider other key personnel with additional skills to head up such a service provision.

- No less than 50% survivor representation on the committee overseeing the service.
- Team Management
- Qualified Counsellors
- Advocacy workers
- Key workers
- Psychology
- CNS Mental Health
- Social worker
- Survivor Volunteer roles (after training)

What we hope to achieve

- A one point of contact for the client. This means that the client can ring a contact number and speak to a professional who can help with both health and social issues.
- A Helpline, information point.
- An empathic and responsive service.
- A single assessment process that will encompass all aspects of the client's needs.
- A care pathway designed for and agreed with the client, that includes access to all appropriate services, through the referral system internally or externally.
- The full inclusion of survivors and their groups or representatives in the design, set-up, and actual implementation of the service. Services reflect what survivors value.
- Representation of survivors going forward on the board or committee of the service set-up.
- Devising training and development programmes for survivors and personnel.
- Advice and support, advocacy, counselling services for all adult institutional survivors as core values of the service provider.
- Outreach service.
- Media awareness campaign.
- Survivor involvement in all areas of independent research.
- Involvement in policy and engagement with policy makers and officials.
- Education and preventive policies/measures in line with the Cosgrove report and recommendations.
- A best practice model of service for adult survivors.
- Joined up services between statutory and non statutory.

The Process

- **Subgroup**
- **Timescales**
- **Action Plans, including specification and description of service and costs.**
- **Develop performance indicators and outcomes measures with regards the service.**
- **Quality Standards**
- **Subgroup final presentation of service and specification.**
- **Presentation by potential service providers to the subgroup**
- **National Reference Group**
- **Scottish Ministers**
- **Actual Implementation of Service Provision**