**Name of petitioner**

Paul Anderson, James McDermott, Chris Daly

**Petition title**

In Care Survivors Service Scotland

**Petition summary**

Calling on the Scottish Parliament to urge the Scottish Government to retain our essential, dedicated In Care Survivor Service Scotland in its current form.

**Action taken to resolve issues of concern before submitting the petition**

Chris Daly had meetings with senior civil servants after the proposed change to the ICSSS to raise concerns.

The petitioners have sought and received support from a number of organisations regarding the continued funding for the ICSSS. The petitioners have received letters of support from several local authorities, Police Scotland, the Scottish Human Rights Commissioner, Celcis and others. These letters have been passed on to the Scottish Government.

**Petition background information**

**In Care Survivor Service Scotland**

The service was developed to highlight and address the long term effects, as well as current and future needs of those survivors subjected to neglect, physical, emotional and sexual abuse while in care.

The background to the development of the essential dedicated service was; in 2001 a cross party working group for survivors of child sexual abuse was established. The Scottish Governments National Strategy was the outcome of that group’s effects in 2005.

The In Care Survivors Service Scotland (ICSSS) provides a model of care that offers counselling, advocacy, informal support, group support and access to records. It provides a website and a part time helpline staffed by trained counsellors.

The service has built up experience over the seven years that it has been operating. The uniqueness of the service is the approach of offering all of the different strands in one service and in many cases with one worker. This ensures that survivors do not have to develop trust with a number of different workers. Focus group results and consultations have evidenced that this is what survivors find particularly beneficial about the service.
It is a crucial part of the service that the worker supports the survivor to access their records and then supports them to go through them. Counsellors work with an integrative approach utilising a number of counselling modalities depending on the needs of the survivor. In focus group results survivors have expressed that the approach is life saving and they were unable to have their needs met in NHS or generic services.

Broker Model

The Scottish Government has indicated that it will put the services of the ICSSS out to tender. The tender process will change the type of service that is being provided to survivors. Rather than a specialist service where support workers develop a one-to-one relationship with service users, the new proposal is a broker service where survivors will be signposted to a number of other service providers.

With the new broker model a worker will make contact with a survivor either by phone, Skype or in person. The worker will not be a specialist counsellor. They will then carry out an assessment of the needs of the survivor and will broker a service for them from existing services or the NHS. Where no service is available the new service will commission a service for them. We consider this to be a significant risk as currently none of the specialist survivor agencies with substantial experience of historic abuse have secured ongoing core funding.

Services within the NHS offer time limited support and the medical model of care is triggering for people who have been abused, particularly in a care setting. NHS staff, while very skilled in generic work, are not trained to work with complex trauma in many cases having utilised a time limited Cognitive Behavioural Therapy (CBT) approach, something that survivors do not feel works for them. The voluntary sector is trusted by survivors, particularly the specialist organisations that can offer flexibility. We understand NHS staff are being trained in complex trauma but this cannot be learned in short term courses it has to be a full organisational approach and NHS staff have many areas of support that they have to cover.

There are many aspects of this model that we consider to be a risk. First of all a worker who is not a specialist counsellor carrying out assessments could leave survivors having talked to the worker feeling suicidal but with no ongoing appropriate support. Most NHS services offer a medical model and CBT, time limited approach. Many survivors are diagnosed with mental health conditions that are considered untreatable. Many clients of ICSSS report that the service has kept them alive and has kept them from being admitted to hospital. One survivor was in hospital at least four times a year and since accessing ICSSS has not required any admissions. Another survivor has asked for the situation he faced to be included as an example. He was diagnosed with borderline personality disorder and his GP was informed that he was untreatable so would be discharged. On appeal by ICSSS he was offered a Community Psychiatric Nurse but that has now also been withdrawn. On one occasion he called to say he felt suicidal and was told that was his choice. In areas, which ICSSS have discovered are many, where there is limited support survivors may be at significant risk of harm by having to wait for support. When support is offered it is unlikely to have the ability to offer the specialist services that ICSSS can offer.

In the evaluation by Napier University in 2011 the ICSSS model was recommended as being the most appropriate to work with survivors of abuse in care and it was recommended that it could be a model of good practice to be rolled out to other services. The new broker model without ICSSS to refer to would be potentially dangerous. Survivors campaigned for many years for a specialist service and now it will be altered with no evidence of need and not according to views of survivors in consultations.

The service is in line with the Survivor Scotland national strategy which aims to improve services supporting those who have suffered childhood sexual abuse and other abuse including emotional and physical wellbeing.

As we survivors see it the service model currently in place is the essential dedicated service which addresses our needs. We survivors and service users believe the current
model meets our needs. As it is a trauma informed counselling and advocacy support service for adults who experienced abuse in care. Moreover the work of the locally based development workers across Scotland is saving lives. It’s a lifeline to the service users some of whom have suicidal ideation and other mental and physical disorders. These are a legacy of the childhood trauma. The current model is the model that survivors trust. For some service users it has taken years to develop that trust. A change in service has a potential to cause harm.

Unique web address
http://www.scottish.parliament.uk/GettingInvolved/Petitions/PE01596

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How many signatures have you collected so far?
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12 / 01 / 2016

Comments to stimulate online discussion
The Essential Dedicated Service ICSSS (In Care Survivor Service Scotland) is a lifeline to those who experienced in care abuse. Providing locally based development workers across Scotland to offer survivors and their families support, advocacy and confidential counselling.