



FUTURE PATHWAYS

Scotland's In Care Survivor
Support Fund

Future Pathways Quarterly Report: Q4

16/17: Jan - Mar 17

4. Summary

6. Objective 1: Accessibility

Outcome 1A: Future Pathways is accessed from range of geographical areas and referral routes

How people found Future Pathways

Geographical Area:

13. Objective 2: Identifying Personal Outcomes

Outcome 2A: Registration: Survivors register with the support fund

Outcome 2B: Personal Outcomes Conversation

Outcome 2C: Continued engagement

16. Objective 3: Ready Access to Broad Range of Supports

Outcome 3A: Survivors access appropriate care, treatment and support that meets their needs.

17. Objective 4: Achieving Personal Outcomes

Outcome 4A: Survivors achieve their personal outcomes

19. Objective 5: Continuous Improvement

Outcome 5A: Quality standards achieved

14. Objective 6: Maximising Resources for Survivors

Outcome 6A: Survivors access resources to address their needs and improve their outcomes.

15 Case study – Jane* Name has been changed.

Summary

Following feedback from initial engagement events held in Sep–Oct 16, establishing a new name and identity for the 'In Care Survivor Support Fund' was agreed to be a priority. With input from individuals and support groups, Future Pathways was adopted as the new name on 20 Feb '17. We are developing a media presence and have featured on STV news, the Herald newspaper and Third Force News. We are continuing to work with the National Confidentiality Forum, Police Scotland and many others to promote registration.

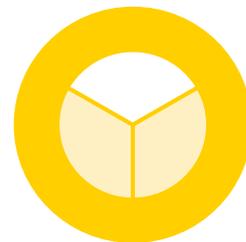
190 people are registered, 74 people in the last quarter. Referral trends remain very similar to last quarter, with a discernible reduction from third sector partners. This is expected and has been matched by a growing number of people who don't reference how they became aware of us. This could be an early sign of reaching new groups of people and should be viewed in context of engagement activities. Referrals from health services are low and offer an engagement opportunity.

There are concentrations of people in Edinburgh and Lothians, Greater Glasgow and Clyde and the Forth Valley with registrations from 27 of the 32 local authority areas, indicating good geographical reach. The association between SIMD ranking and registration has sharpened, giving us confidence that support is being targeted to those who are likely to need it most.

Demand for support has been higher than anticipated: partly because new registrants are coming forward and also because most people require more than one conversation to hone in on what matters most to them. 72 people have completed a baseline IROC (47.7%), an improvement on Q3 results. It is too soon to report follow up results: this can be expected in Q3–Q4 17/18.



190 PEOPLE ARE REGISTERED, 74 PEOPLE IN THE LAST QUARTER



ONE THIRD OF REGISTRANTS RECEIVE SUPPORT COSTING £1,000 OR MORE

As detailed in the Q3 report, people ask for supports ranging from access to records and befriending to specialist support work, requests to be more active and counselling. We are still working to resolve the backlog in data entry and expect this to be much reduced by Q2 17/18.

As of 30 April, 47 referrals were made to the Anchor Centre; about 25% of registrants. 23 are accessing support, 13 have been discharged and 11 await their first appointment. Demographic data is similar to general registration and 57% of offered sessions (n=65) were attended. This compares favourably with other trauma services. Surprisingly, demand was higher in Edinburgh and Lothians compared to Glasgow. We established a clinic as people seem unwilling or unable to travel, likely due to being part of an ageing population impacted by health inequalities and poor health. We also notice people are requesting clinical support but feeling unable to continue (attrition before first appointment is 13%). We will explore issues around motivation with the aim of ensuring that people aren't left in a position whereby they feel they have failed.

98 people have accessed discretionary fund, with an average level of support totalling £1,086 per person. Purchases are highly variable, ranging from the one off purchase of travel (£5.50) or food (£25.60) to the opportunity to renew family relationships in another country (£7,000). One third of registrants receive support costing £1,000 or more and few (8) have received more than £3,000. We are finding that relatively small sums can make a real difference. Please see our case study for a description of how Future Pathways works in practice. An expenditure report for the period up to 31 Mar 17 is found at the end of the report.



72 PEOPLE HAVE
COMPLETED A
BASELINE I.ROC
(47.7%)



98 PEOPLE
HAVE ACCESSED
DISCRETIONARY
FUND

Objective 1: Accessibility

Following feedback from initial engagement events held in Sep–Oct 16, establishing a new name and identity for the 'In Care Survivor Support Fund' was agreed to be a priority. Initial work with individuals and support group members produced a shortlist of suggestions that was presented to a focus group in Glasgow (14 Dec '16). Following this, a survey was circulated to 60 registrants and survivor organisations. 39 responses were received, indicating a clear preference for the name 'Future Pathways' and the path design logo. The final logo was refined to reflect feedback received. The new name and logo was launched on 20 Feb '17, alongside the launch of a new website, marketing materials and social media pages.

We received two mentions on STV News during February, signposting people to the website for further information. We were also featured in the Herald newspaper and extensively in the print and web editions of Third Force News on 21 February.

Outcome 1A: Future Pathways is accessed from range of geographical areas and referral routes

We continue to work with both the Scottish Child Abuse Inquiry and National Confidential Forum to ensure survivors are aware of support available and that people accessing Future Pathways are informed about the Inquiry and Forum and how to take part if they wish.

We attended Police Scotland's Sexual Offences Liaison Officers conference in February, and continue to work with Police Scotland on ways to promote Future Pathways.



IN FEB 2017
FUTURE PATHWAYS
RELAUNCHED,
WITH ITS NEW
NAME, LOGO,
BRAND AND
COMMUNICATIONS
CHANNELS

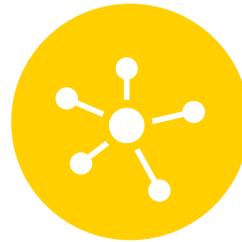
Through meetings, email and phone contact, Future Pathways has engaged with a range of organisations and services to promote the support available. This includes:

- Third sector organisations, including those supporting survivors and care experienced young people, and advocacy organisations
- Colleges
- Citizens Advice Bureaux
- Local Authority social work services in Glasgow, Orkney, West Dunbartonshire, Highland, Clackmannanshire, Renfrewshire, North and South Lanarkshire.

Since January, Future Pathways has also been featured in the following newsletters, helping to promote the service both to survivors and those who may work with them:

- VOX (Voices of Experience)
- National Adult Protection Co-ordinator
- CELCIS
- Social Work Scotland
- Action on Elder Abuse
- Glasgow Homelessness Network
- South Lanarkshire Social Work services
- Scottish Older People's Assembly.

So far, 190 people are registered as in service with Future Pathways, from a baseline of zero. The minimum standard, annually, is 145 people. 74 people were registered as In Service in Q4.



THROUGH
MEETINGS, EMAIL
AND PHONE
CONTACT, FUTURE
PATHWAYS HAS
ENGAGED WITH
A RANGE OF
ORGANISATIONS
AND SERVICES
TO PROMOTE
THE SUPPORT
AVAILABLE.

Objective 1: Accessibility

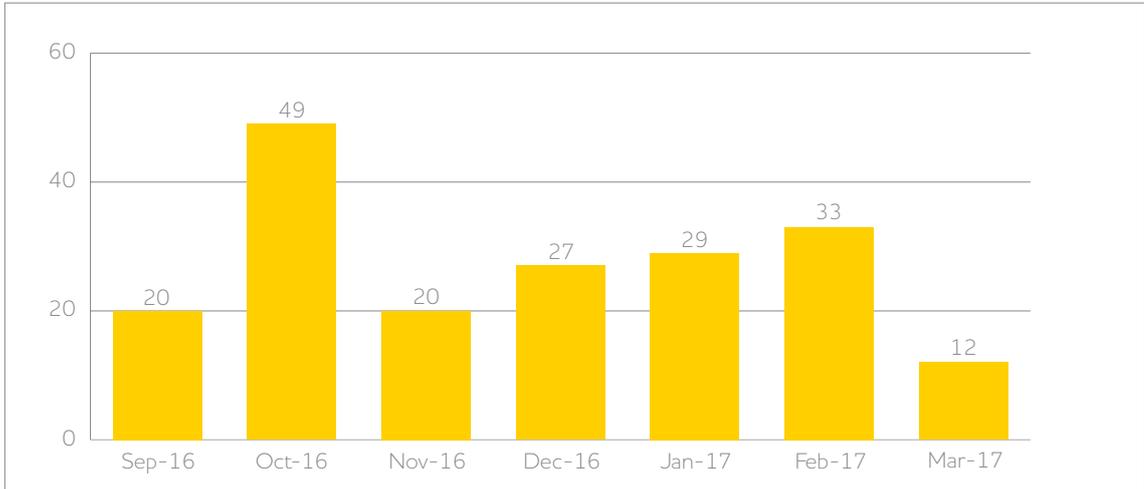


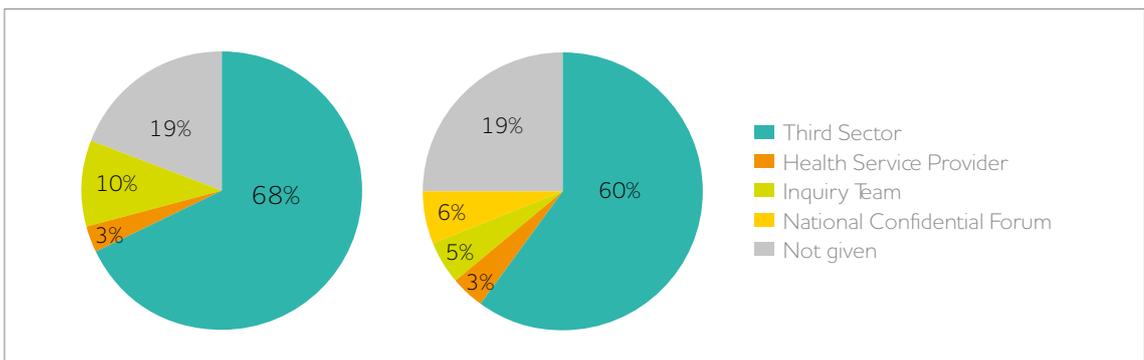
Figure 1.1: Number of people registered as In Service with Future Pathways (n=190)

As in the previous quarter, most people self-refer into the service (58%). Formal, third party referrals remain rare; most people make contact themselves reporting how they heard of Future Pathways. Many people (~40%) find out about Future Pathways through other organisations.

| Referral Route | Q4: Jan – Mar '17 | | Culmulative: Sep '16 – Mar '17 | |
|----------------|-------------------|-------------|--------------------------------|-------------|
| | Frequency | % | Frequency | % |
| Self | 43 | 58% | 99 | 53% |
| Organisation | 30 | 41% | 72 | 39% |
| Friend | 0 | 0% | 6 | 3% |
| Other | < 5 | 1% | 6 | 3% |
| Family Member | 0 | 0% | < 5 | 2% |
| Total | 74 | 100% | 186 | 100% |

The following two graphs show organisational referrals in more detail (Figures 1.3 and 1.4). Most people hear of us via the third sector, with demonstrably increased engagement by the National Child Abuse Inquiry. There is perhaps a need to engage with other services that are likely to be in contact with people who experienced abuse in care, notably health services.

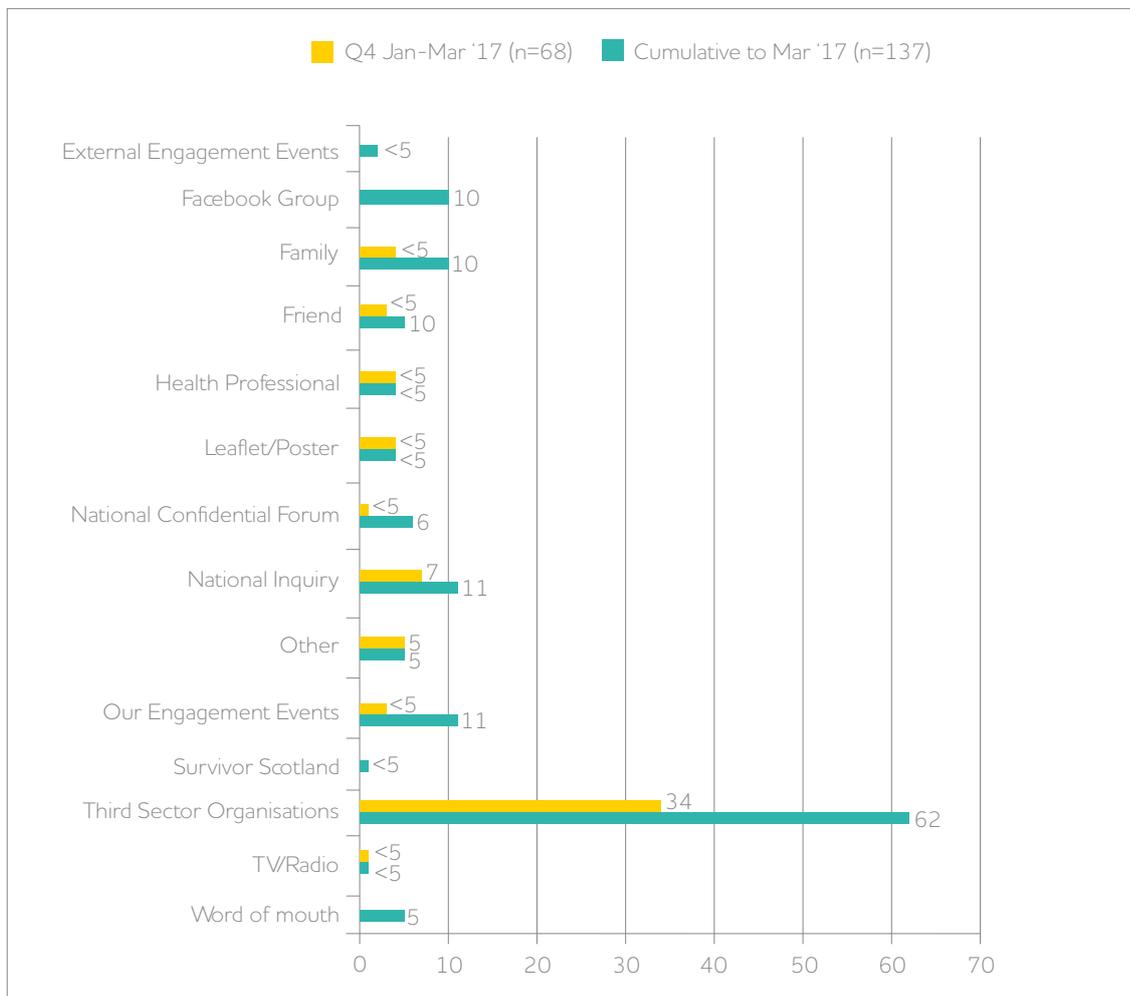
Figure 1.3: Q4 Percentage of referrals by source during Q4 and from Sep '16 to Mar '17.



How people found Future Pathways

68 of 74 people who registered this quarter told us how they found Future Pathways. Most found out about us through other third sector organisations.

Figure 1.4: How registrants became aware of Future Pathways

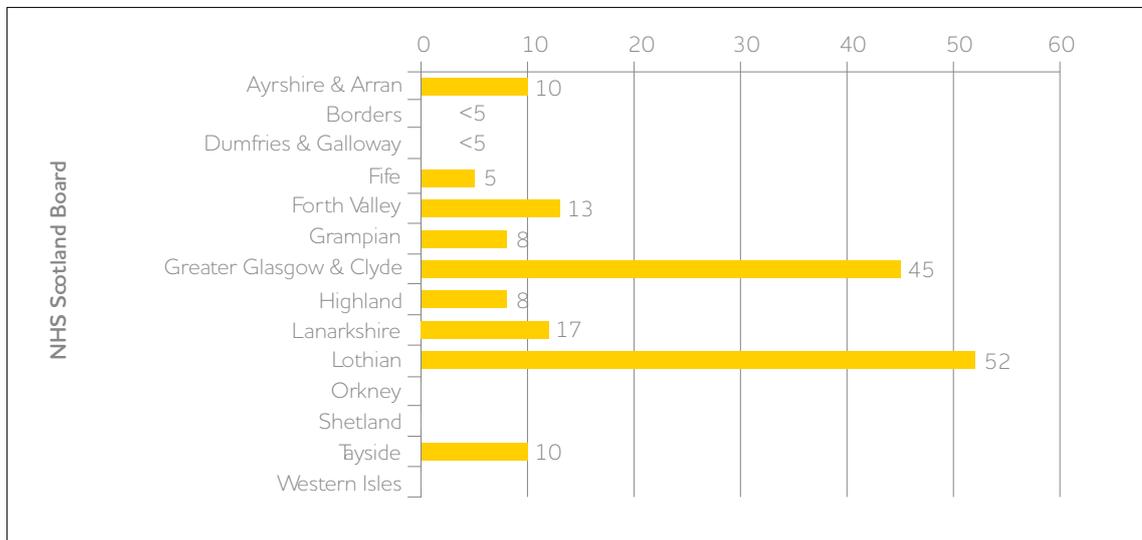


Geographical Area:

Most people shared where they live (n=168). **Nearly all live in Scotland with some living in other parts of the UK (5%) and small numbers living elsewhere in the world (3%).**

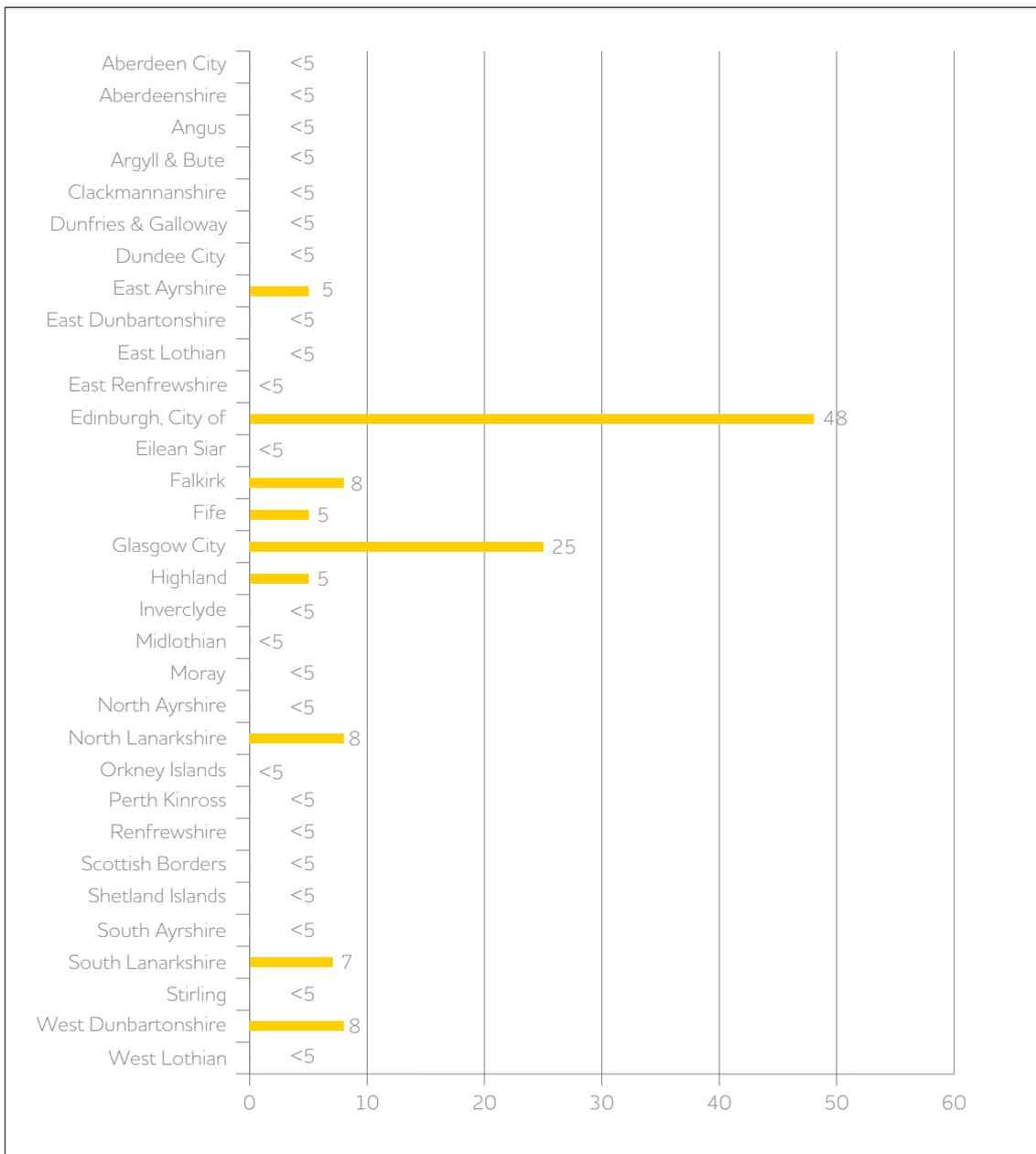
There are concentrations of people in Edinburgh and Lothians, Greater Glasgow and Clyde and the Forth Valley (analysis by NHS Board area, figure 1.6) with registrations arising from 27 of the 32 local authority areas, indicating good geographical reach.

Figure 1.6: Future Pathways registrants by NHS Scotland board area (n=168)



* Numbers don't sum to 168 as frequency of registrants isn't reported if fewer than 5 people in a board area. This is to avoid inadvertent disclosure of identifiable information.

Figure 1.7: Future Pathways registrants by Scottish Local Authority Area (n=168)



* Numbers don't sum to 168 as frequency of registrants isn't reported if fewer than 5 people in a board area. This is to avoid inadvertent disclosure of identifiable information.

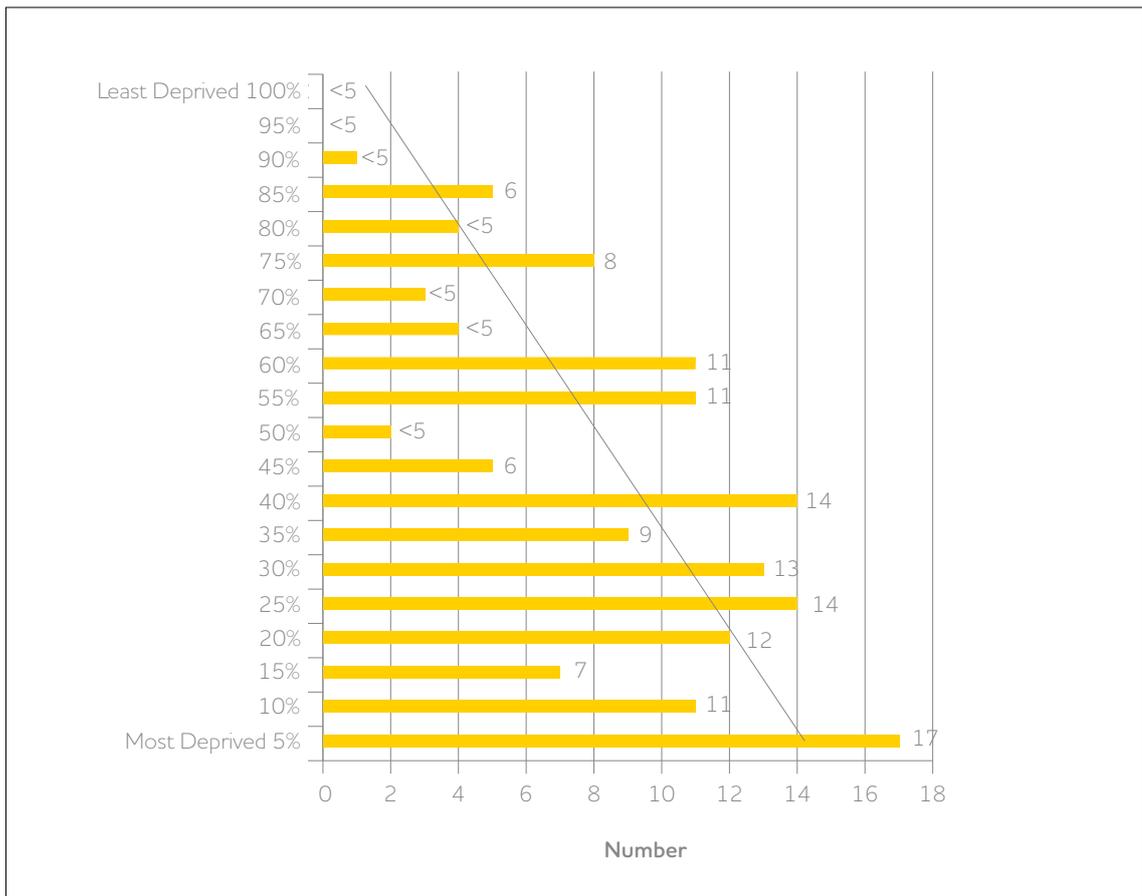
Outcome 1B: Equality of access to the Support Fund

We ask each person to provide equalities data during the registration process via a monitoring form. Due to a relatively low response rate, this information will be evaluated next quarter as we refine our data collection process to improve returns.

SIMD 2012 (Scottish Index of Multiple Deprivations)

We analysed Scottish postal codes provide by 153 of the 168 Scotland based registered users of Future Pathways to identify their SIMD ranking . We found that people who registered are likely to live in deprived areas, which gives us confidence that support is being targeted to those who are likely to need it most.

Figure 1.13: Total Registrants Sep 16 – Mar 17 by SIMD 2012 Vigintile (n=153)



The Scottish Index of Multiple Deprivation uses seven domains to measure the multiple aspects of deprivation (employment, income, health, education/ skills/ training, geographic access to services, crime and housing).

Objective 2: Identifying Personal Outcomes

Outcome 2A: Registration: Survivors register with the support fund

Eligible registrations in this quarter: Q4 = 74

Outcome 2B: Personal Outcomes Conversation

Demand for support has been higher than anticipated: partly because numbers of new registrants have remained high and also because most people require more than one conversation to hone in on what matters most to them. So the number of IROCs completed is lower than 75%. We are working through a backlog of information to be uploaded. 72 people have completed an IROC (47.7% of 151 people who have registered and met their Support Coordinator at least once).

Outcome 2C: Continued engagement

Future Pathways is at an early stage of development: no one has de-registered.

Objective 3: Ready Access to Broad Range of Supports

Outcome 3A: Survivors access appropriate care, treatment and support that meets their needs.

As detailed in the Q3 report, people ask for supports ranging from access to records and befriending to specialist support work. Other common requests are to be more active and counselling. Due to delays in uploading information associated with incremental development of Carista to be more user friendly for frontline staff, this analysis is not available yet.

Outcome 3B: Survivors actively engage with support/services

The Anchor Centre (Glasgow's Psychological Trauma Service)

As of 30 April, 47 referrals were made to the Anchor Centre: approximately 25% of registrants seek referral for specialised psychological support related to trauma:

- 11 await an initial appointment
- 23 cases are 'open'
 - 10 are in assessment phase
 - 6 are receiving phase based intervention for complex trauma
 - 3 await referral to local clinical psychology support
 - 1 awaits referral to the Anchor's CBT therapist
- 13 people were discharged

Demographic data is similar to general registrations: people in the 41-50 and 51-60 age group are most frequently referred (n=15 for both categories) though referrals range from 23-80 years old. Demand is highest the Lothians (n=16) followed by Greater Glasgow and Clyde (n=12). Help to procure clinical psychology support outwith Scotland was given in 3 instances.

57% of offered sessions (n=65) were attended with non-attendance due to client cancellation (17%), non-attendance (14%), psychology cancellations (12%). The high rate of psychology cancellations was due to staff illness and is expected to reduce going forward. This rate of attendance is considered good compared to work with similar populations, though the service is in its early days.

Objective 2: Identifying Personal Outcomes

It's surprising that the Lothians generate more referrals despite smaller population. Establishing an Edinburgh clinic was vital as people seem unwilling or unable to travel, likely due to being part of an ageing population impacted by health inequalities and poor health.

When someone travels, it's usually facilitated by the Support Coordinator, with alternative support required for ongoing sessions; this appears to be the biggest barrier to accessing support.

We also notice that attrition before first appointment is 13%: so people are requesting clinical support but feeling unable to continue. We will explore issues around motivation with the aim of ensuring that people aren't left in a position whereby they feel they have failed.

Discretionary Fund

98 people have accessed discretionary fund, with an average level of support totalling £1,086 per person. Purchases are highly variable, ranging from the one off purchase of travel (£5.50) or food (£25.60) to the opportunity to renew family relationships in another country (£7,000).

As Figure 3.1 shows, most discretionary support is less than £1,000.

Figure 3.1: Total value of support (from less than £250 to more than £7,000) per person (n=98)

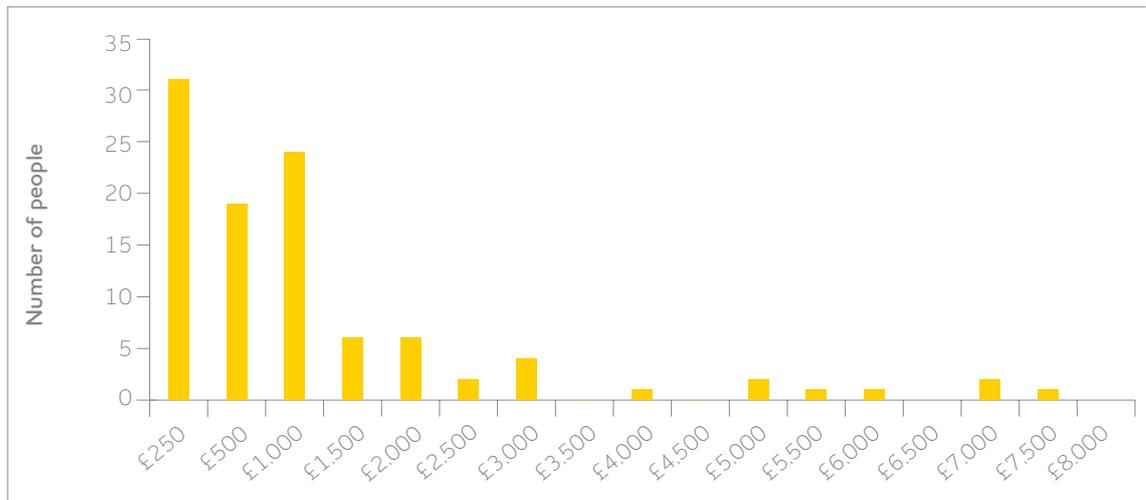
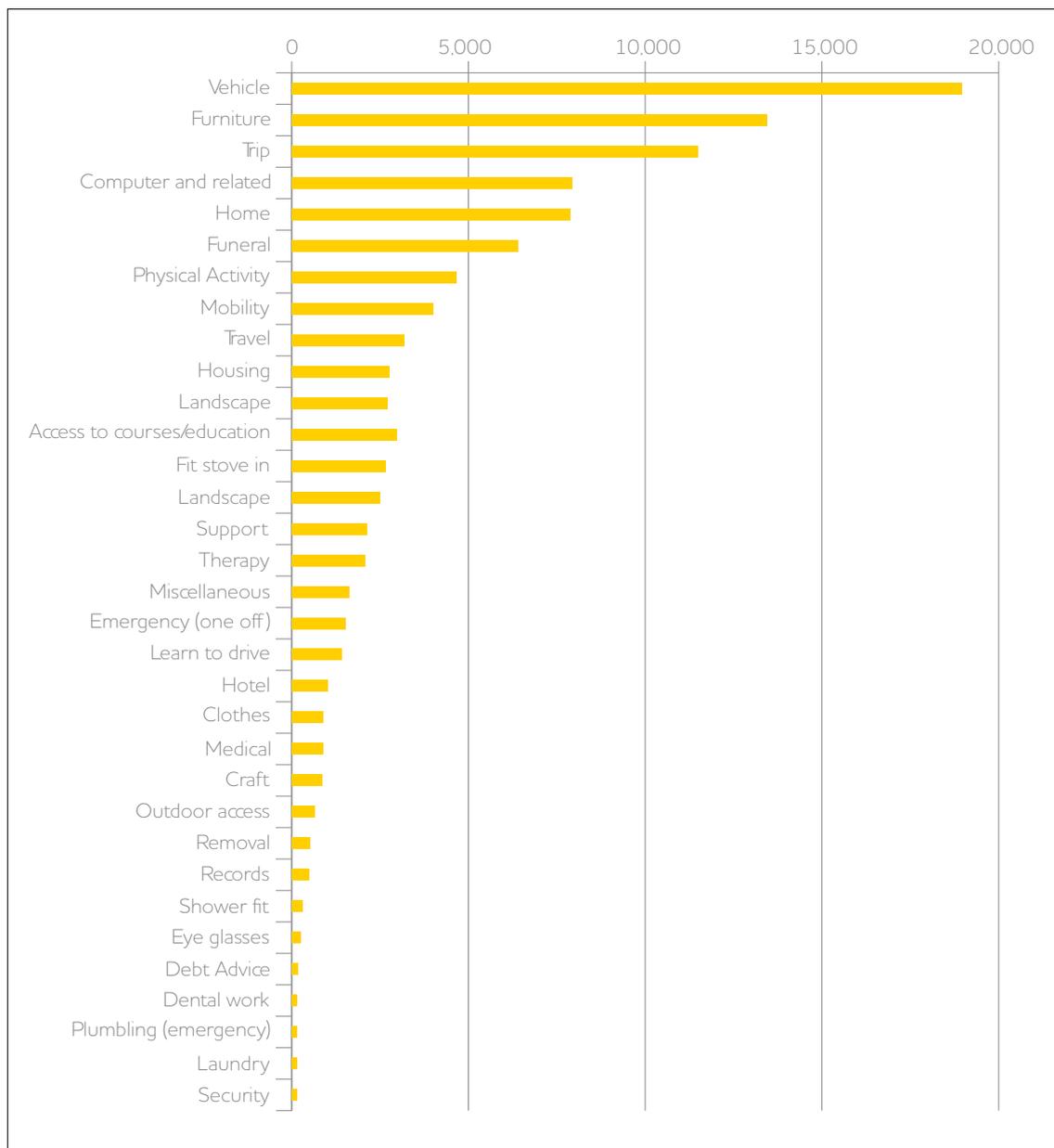


Figure 3.2 and 3.3 show the variety of expenses covered alongside amount and frequency of disbursed payments. We are finding that relatively small sums can make a real difference. Please see our case studies for a description of how Future Pathways works in practice and the range of support available. Furniture and improvements to the home is the most common request (28 people) as is travel (22 people). Travel can be for a range of purposes, for example attending therapy or counselling, or to visit/ reconnect with family connections.

We are noticing and concerned about the small number of people who struggle to have their housing needs addressed appropriately (n=6). These tend to be complicated situations where survivors are dependent on social housing / housing benefit and risk mental ill health when they don't feel safe in their home or community. Our action so far has been to provide one-off payments that offer time to negotiate acceptable solutions via private landlords or identifying additional income or benefits.

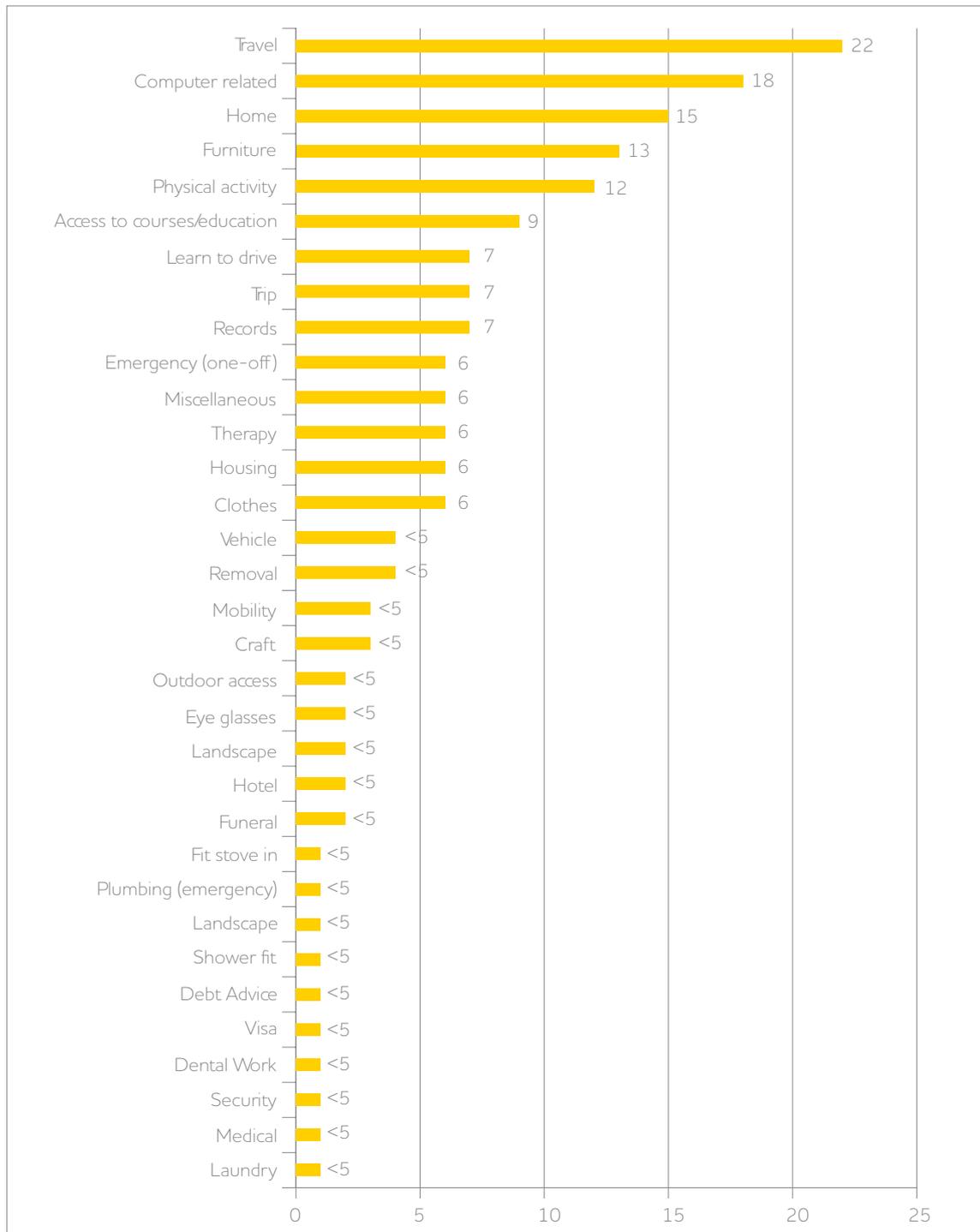
This approach is consistent with our principle of not duplicating existing supports. Our experience is that people are pro-active and constructive in identifying solutions that work for them, but face barriers when accessing housing services and related benefit payments.

Figure 3.2: Discretionary Fund Expenditure categorised by purpose.



Objective 3: Identifying Personal Outcomes

Figure 3.3: Number of people who access each type of discretionary fund payment



*Note that people can access more than one payment, so numbers don't sum to 98.

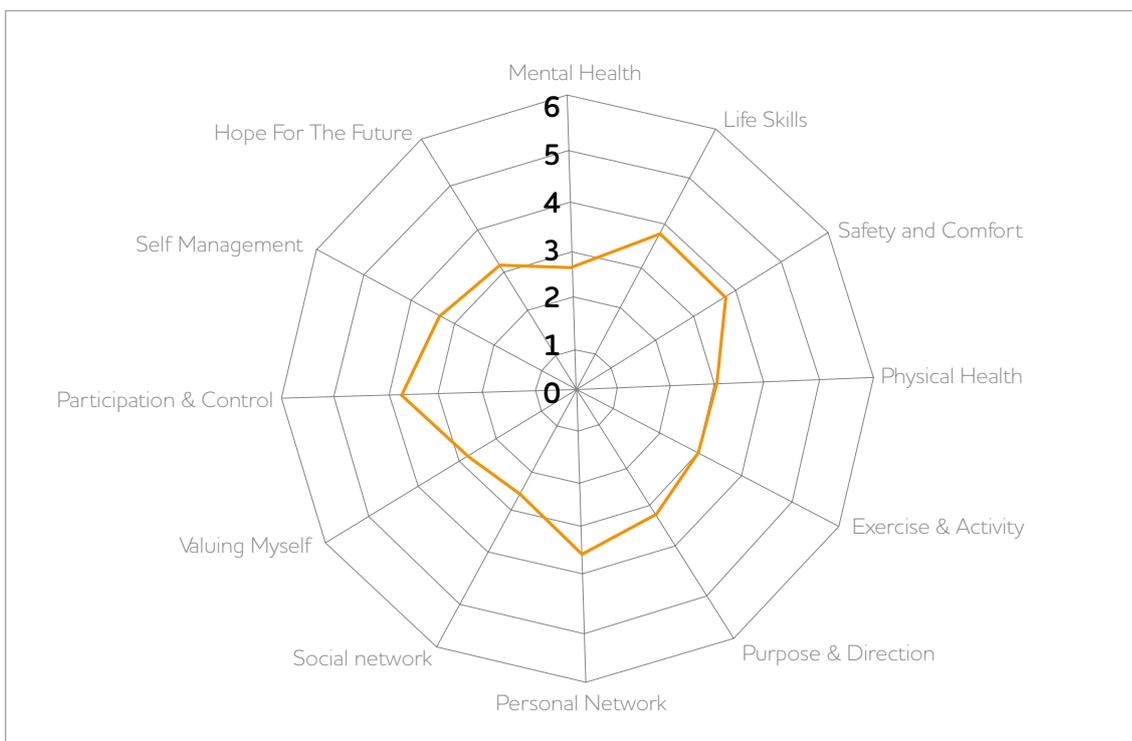
Objective 4: Achieving Personal Outcomes

Outcome 4A: Survivors achieve their personal outcomes

The following two graphs show baseline I.ROC scores for registrants. Lack of social network was identified as the minimum rated score for those who completed I.ROCs. It should be noted that a person's priority may not coincide with I.ROC scores. It's possible that a low score is not perceived to be problematic for someone who would rather focus on another aspect of their life.

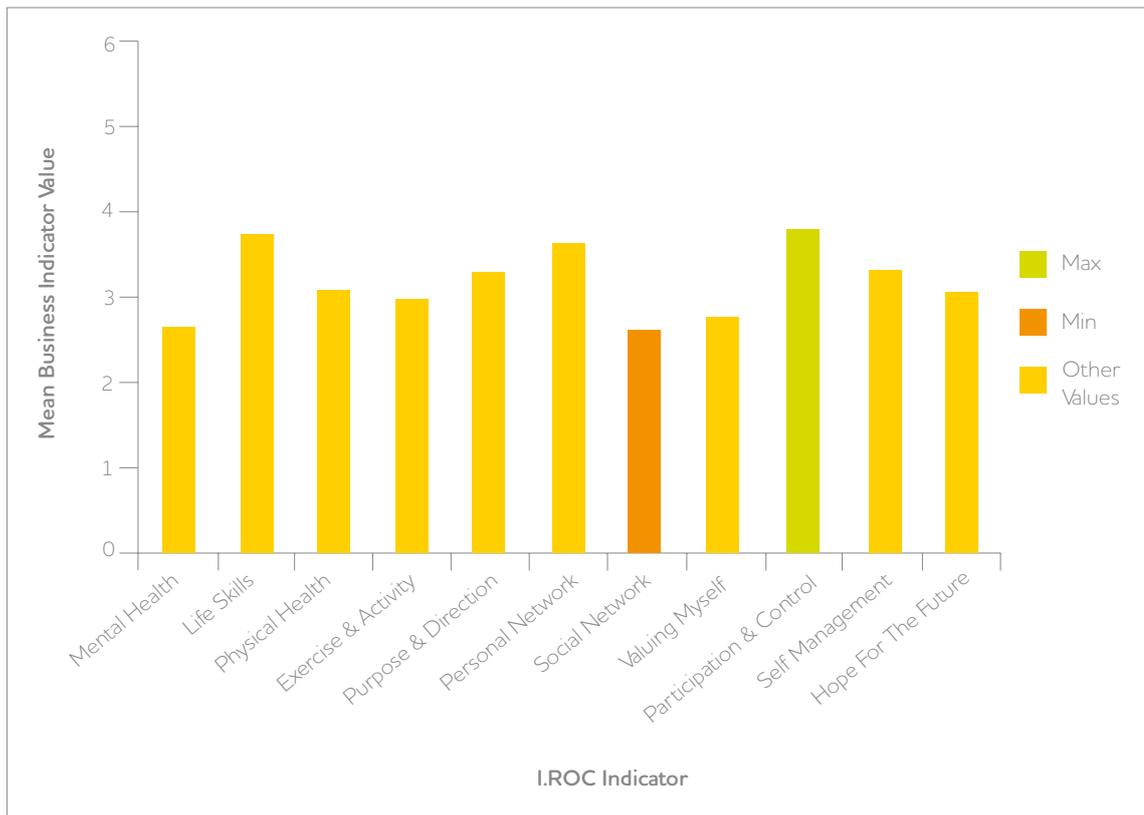
In time, our hope is to evidence visible improvement in people's lives through I.ROC which takes a holistic approach to identifying priority areas. Please also see the following case study which offers a practical example of how Future Pathways has supported one person.

Figure 4.1: Future Pathways Baseline I.ROC Results (n=62)



Objective 4: Achieving Personal Outcomes

Figure 4.2: Average baseline I.ROC score (n=62)



Outcome 5A: Quality standards achieved

We have been working with 23 organisations, all at different stages of signing up to become providers of support to Future Pathways clients. A contract has been signed with one provider, and interim agreements are in place for four others. Four additional organisations have completed the due diligence process.

Most have been hesitant until it's understood how a relationship would benefit people they already support. It takes time for providers to understand the operational model and while some were initially uninterested, most have since been in touch positively. Barriers have been around the relative unattractiveness of individual support contracts. Sole traders and smaller organisations have sometimes found the sign up process can be onerous. Some are reluctant to 'let go' of clients to an unknown service and trust that business won't diminish, given difficulties in the wider environment around reduced public funding.

Enabling factors have been around a supportive process that explains the due diligence criteria and works with organisations to fill identified gaps in policy or procedures. Acknowledging the importance of full cost recovery and working with providers to ensure contracts reflect this has been vital. Making time for face to face conversations has been an important part of the process.

Outcome 6A:

Survivors access resources to address their needs and improve their outcomes.

| | |
|--|-----------------|
| 1 - Survivor Engagement | £108,724 |
| Salary and travel | £49,707 |
| Interim staffing costs | £35,115 |
| Publicity and Engagement | £17,095 |
| Website Development Costs | £6,807 |
| 2 - Registration & Agreeing Support | £253,788 |
| Recruitment | £6,137 |
| Salary | £218,099 |
| Travel | £8,370 |
| Subsistence | £357 |
| Venue hire | £11,974 |
| Meeting Expenses | £2,546 |
| Telephone - Mobile | £2,753 |
| Postage and Stationery | £727 |
| Training and Development | £2,826 |
| 3 - Tailored support to survivors | £231,902 |
| Commissioned Support | £117,376 |
| Discretionary Payments the Anchor Trauma Centre | £114,526 |
| 4 - Measurement and Learning | £51,970 |
| Salary and travel | £33,930 |
| Software Renewal & Cover | £18,040 |
| Desk space | £2,585 |
| Training and Conferences | |
| 5 - Admin | £62,248 |
| Contribution to overheads (all partners) | £43,067 |
| Repairs and Renewals | £1,050 |
| Capital Items | £13,936 |
| Miscellaneous | £124 |
| Bank Charges | £221 |
| Subscriptions | £1,260 |
| Disclosure Scotland & SCSWIS Fees | £334 |
| Legal Fees | £2,256 |
| Total Spend Oct to Dec 2016 | £708,631 |
| Net (income - expenditure) | -£90,535 |

These are the Q4 16/17 management accounts. Final accounts will differ as outstanding contracts and accruals are confirmed. Audited final accounts will be published with our Annual Report in Sep/ Oct.

CASE STUDY

* JANE

*NAME CHANGED TO PROTECT PRIVACY

How Future Pathways works

Jane (name changed for privacy reasons) decided to register with Future Pathways even although she was unsure of exactly what support would be available. Jane is in her early 50s and sought support as she often felt really anxious and would clean compulsively. She'd also been self-harming and struggled with breathing difficulties due to a serious lung condition. She described not leaving the house very often, and that she seldom interacted with others. "I hate other people but love animals," was a remark she often made. Jane had felt suicidal in the past and said that such feelings were never far away.

Accessing Support

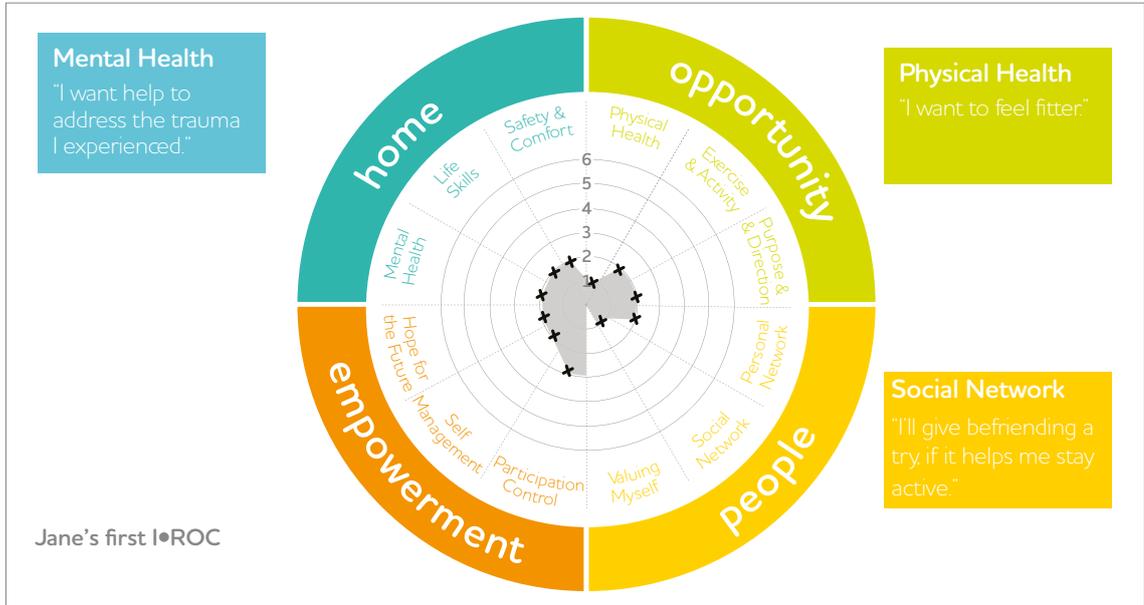
Despite being unsure of whether Future Pathways would be right for her, or even if she would feel able to meet a Support Co-ordinator, Jane registered with the service. She was connected with a Support Co-ordinator who contacted her, and after an initial discussion arranged to meet her at a place of her choosing, close to where she lived. Still feeling unsure, Jane attended the first meeting with a relative. She felt able to meet the support coordinator alone on the next meeting, though it took time to build trust and confidence in the process.

Initial conversations focused on what mattered to Jane and exploring the types of support that she would find most helpful. The support coordinator used I.ROC, an outcome measurement tool, to help Jane reflect on specific aspects of her life.

I.ROC is an outcome measurement tool created by Penumbra to measure recovery. Recovery is linked to wellbeing and is described as the realisation of a meaningful and fulfilling life. I.ROC is a facilitated self-assessment consisting of three indicators for each of the four HOPE domains that make up the HOPE framework of wellbeing (home, opportunity, people, empowerment). Each indicator has been validated as a factor linked to recovery.

From the conversations with her Support Co-ordinator, and from reviewing the results of her I.ROC, it was clear that Jane's priorities were about feeling better physically and mentally, and having more contact with other people.





Finding the Right Start

Jane had been a keen athlete, had run regularly, and had played rugby and basketball. She felt that improving her fitness would help with her physical and mental health. It was agreed with Jane to identify a personal trainer with the expertise and qualifications to support her in working towards her goals. A small and welcoming community gym was also identified close to her home and Jane began to use this. Jane since went on to obtain full membership of this gym. Her Support Coordinator also helped progress a Personal Independence Payment application.

Agreeing to access the Anchor's psychological trauma service was a scary next step for Jane. When thinking about accessing trauma support Jane likened it to 'opening a wardrobe where if you try and take one thing out, it all comes out, collapsing on you so that you can't survive'. She decided however that it was a step she wanted to take, and so her Support Co-ordinator connected her to the Anchor service and she is now using the service regularly. The Anchor service and the personal trainer are now just two of the range of resources that Jane is now using:



Early Signs of Change

Over time positive experiences have helped new outcomes emerge for Jane.

Although it was hard to go at first, the gym is now something that Jane enjoys. Originally going with her trainer once a week, Jane now goes to the gym on a regular basis. As a result, she's met other people who go regularly and is developing new friendships. As her fitness has improved, she's decided to reduce smoking, which is especially important to help her manage her lung condition.

Though initially fearful of psychology support, her Support Coordinator and Psychologist worked together to ensure a responsive, personal experience. Simple things like on occasion, arranging appointments to be in the same place made those appointments more convenient and easier to manage. Jane noted that the two professionals knew each other, and that this helped her feel able to continue.

Jane recently observed that she's moving beyond feeling 'stuck' and that this was scary, but good. For the first time in many years, she felt she was getting in touch with her former self and rediscovering a sense of control arising from physically testing her body. Recently, and after much discussion, a careful match was made to a befriender with similar interests. After a cautious start, Jane is feeling positive that this could be an important relationship for her.

Managing Setbacks

It's early days and there have been set backs. The thought of support coming to a conclusion is frightening for Jane, now that there's a glimmer of how life can be. A text on the weekend alerted the Support Coordinator that Jane wasn't well. The Support Co-ordinator offered support and encouraged Jane to share her feelings with her psychologist, who she'd see shortly. One of the benefits of partnership working in this way is the ability to offer a quick and appropriate response to distress. It enabled Jane to explore how change feels unfamiliar and scary for her, but less scary than being 'stuck.'

The next step, as agreed supports continue, is to further develop skills and strategies that will help Jane manage in the future so that she can live her life with ever growing self-confidence.

Reflections on Jane's Story

The process of putting support in place isn't simply a purchasing exercise. It's regular, encouraging conversations that develop confidence in exploring feelings with someone else. It's about building trust and confidence, lessening anxieties, and supporting people to access the services, support and resources that they feel will make a positive difference.

Some people might say that getting fitter is a 'nice to have' type of support that comes after everything else is taken care of. Jane's experience suggests that it can also be a first step toward taking care of wider issues. Choosing a priority that feels both important and manageable can start a journey of incremental steps that opens out to other outcomes that initially seem impossible.

Perhaps the most important result is feeling confident enough to try new things, and even to try different things if an initial plan doesn't work. Seemingly small steps might help with complicated situations. Jane's story can inspire us to take those steps that are important to us.

