Beyond survival:

Sustaining services, organisations and impact

Scottish Government
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Beyond survival: Sustaining services, organisations and impact

Background
Through the Survivor Support Innovation and Development Fund, there has been an increase in provision of support for survivors of child abuse, and increased capacity within services. Scottish Government wants to ensure that services – and their impact – can continue beyond the time-limited period that they are supported by the Fund. For this to happen, organisations supporting survivors need to consider a range of sustainability options, including:

- Involving survivors and adapting to emerging needs
- Setting and measuring outcomes
- Demonstrating their effectiveness and cost-effectiveness
- Demonstrating influence on higher-level outcomes and strategies
- Inform policy and influence Scottish Government strategies
- Understanding and assessing the sustainability of their services and ways of working
- Identifying the extent to which they make a sustainable impact on survivors, other services, policy and communities

This guide provides resources to help with each of these steps.

Foreword

'This is a valuable resource for organisations working with and for people affected by abuse in childhood, but also has potential applicability across a wider range of services and organisations. The focus on sustainability and evaluation is hugely welcomed but particularly the ways in which this provides clear, easy to follow guidance that I am sure will support what we all ultimately want to achieve which is the best outcomes for survivors.'
Dr Sandra Ferguson, Associate Director, NES Psychology and Lead for the National Trauma Training Framework

'As obtaining funding becomes ever more competitive, it can be a year on year challenge for charities to ensure survival. This trend is likely to increase, with toughening economic conditions leading to less funding, increased competition for funding and increased demand for services. Sustainability therefore is a challenge faced by many of the charities in the Survivor Support Innovation and Development Fund. The resource developed by the charities themselves will help survivor support organisations begin to tackle these challenges. At Inspiring Scotland we are delighted to be working in partnership with the Scottish Government and funded charities to support the development of this sector and the guide will be a useful tool useful in our work to help organisations with their long term planning.' **Jill Fraser, Inspiring Scotland**

'This is a clearly set out and well thought-through document that organisations will benefit from using. It is encouraging to see that the concepts of service provision being both targeted and universal are mentioned and I hope that organisations will take on board the importance of this in preventing stigmatisation and enabling survivors to find a way in to services without initially having to embrace a particular label. I hope too that organisations will truly take on board the need to keep listening to survivors' groups about what they want and need. I am pleased with the emphasis on the need for services to be trauma-informed and hope that this enables suitable training to be developed at all levels.' **Linda Hill, Trauma Training in Scotland**

'This hugely practical resource covers key areas of evaluation and sustainability in easily accessible ways, backed up by case studies that bring the practice to life. It has been developed by people who have first-hand experience of working with survivors, who understand the necessity and reality of delivering work with sustainable impact. Anyone can pick this up and use some or all of it, in Scotland, other areas of the UK or more widely. Doing so will benefit organisations: improving their ability to deliver; removing barriers to access; and helping to attract funding. Most importantly, this will help survivors, meaning more people can access the right support at the right time' **Catriona Henderson, Corra Foundation**

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PART ONE: Introduction

Between May and December 2017, a group of funded projects developed resources focused on sustaining the impact of survivor support organisations. The group's aims were:

- To help Scottish Government, funded organisations and their stakeholders to understand the impact of survivor support services.

- To develop practical resources to help funded groups – and the wider survivor support sector – to assess, prepare for and improve their sustainability.

- For organisations – or their impact - to be sustained in the long term.

About sustainability

To some extent, sustainability is a myth. There is a common belief that once something has been funded it can be continued without further resources or input. In reality, nothing is self-sustaining. And nothing is sustainable without fresh inputs and new influences. Sustainability can exist, but it is a journey not a destination.

Another myth is that sustainability is about survival and staying the same. This guide emphasises the need to continue listening, learning and adapting. Things change, and so must we. Your organisation's core purpose might not change, but organisations must evolve or they'll lose relevance and be left behind.

Finally, sustainability isn't just about organisations or their services. It can also be about impact. Rather than asking *'How can we sustain our service?'* we need to start asking *'Who does the service belong to?'*, *'How can we make a lasting difference?'* and *'Are we doing everything we can to develop capacity and reduce dependence on our services?'.*

For these reasons, we define sustainability as 'The capacity to make a lasting difference'[1]

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[1] Definition taken from 'A Lasting Difference: tools for organisational sustainability', Wren and Greyhound Limited.

Group members

The projects who created this guide represent a variety of perspectives: large organisations and small; local and national; specialist and generic. In this way, we aimed to make the resource as representative as possible of a range of approaches.

Flora Henderson	Future Pathways
Lorraine Thomson and Helen Provan	Glasgow Council on Alcohol
Lorraine Sorley	Health in Mind
Elaine Wroe	Mind Mosaic Counselling and Therapy
Angela Gribben	Moira Anderson Foundation
Dawn Fyfe	SAY Women
Julie Crawford	Scottish Government Survivor Support Team
Willie Manson	Stop It Now Scotland
Laura Herculson	Survivors of Sexual Child Hood Abuse Information & Resources
Traci Kirkland	Wellbeing Scotland
Graeme Reekie	Wren and Greyhound (group facilitator)

We would also like to thank the following people for providing expert peer review of the resource:

Catherine Alexander
Sandra Ferguson, NES Trauma Training Framework Team
Jill Fraser, Inspiring Scotland
Catriona Henderson, Corra Foundation
Linda Hill, Trauma Training in Scotland
Allison Mathews, Big Lottery Fund
Monika Sharma, Voluntary Action Fund
Vikki Milne, Survivor Support, Scottish Government
Katie Wotherspoon, Survivor Support, Scottish Government

Our hopes for the resources

We want our resources to help facilitate conversations about sustainable survivor support. We have designed them to be:

- Open enough to be suitable for a range of organisations.
- Easy to understand.
- Top down: linking to Scottish Government outcomes and strategies.
- Bottom up: Reflecting what survivors say they want and need.
- Clear: helping survivors support organisations to describe and promote themselves.
- Challenging: allowing organisations to question themselves.
- Encouraging and empowering: with positive messages – sustainability is a major challenge, but we can make a lasting difference by working with survivors, services, funders, commissioners and policy makers.
- Honest: About the challenges of finding for money and resources to support survivors who are missing out on support.
- Focused: on sustainability in survivor support.

Note: Although it was designed for and by survivor support services in Scotland, the guide is likely to be useable or adaptable in other countries and settings.
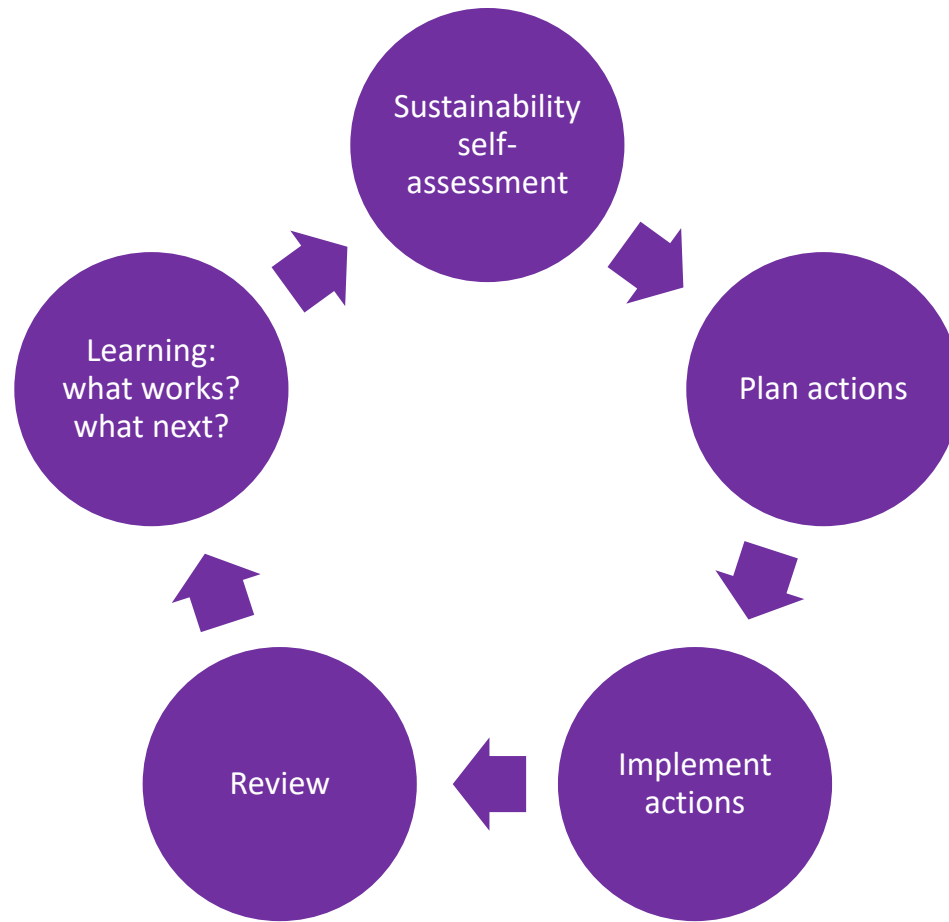
How to use this guide

The guide is designed to help facilitate conversations, not to be used as a tick list. Sustainability is a journey not a destination, so it is important to involve other people and take action. Rather than reading or using the whole guide, we would encourage you to select relevant parts to use within your organisation or teams, for example during team meetings, away days, conferences, board meetings, or strategic planning events.

It can also be used to facilitate conversations with external stakeholders, partner organisations, funders, commissioners and policy-makers. For example, is there joined-up support for survivors locally? Where do survivor support services fit into strategic commissioning plans? How can local or national funding and policy contexts improve services' sustainability?

Involve survivors in these conversations. As the experts in their own lives, they will help to make your work more inclusive, informed and relevant. This ensures your service reflects the needs and aspirations of survivors.

Tips:
- Don't wait too long – the time to start thinking about sustainability is NOW! Don't wait until the end of a project or funding period is in sight.

- Use the self-assessment to identify strengths to build on, and weaknesses to address. Use this to create an action plan, prioritising issues.

- Take action – you will learn a lot from a self-assessment, but draw conclusions and take action on them. Once you've made an action plan, implement it and review it.

Sustainability self-assessment → Plan actions → Implement actions → Review → Learning: what works? what next? → (back to Sustainability self-assessment)

Definitions:

Child abuse and child sexual abuse are complex, systemic and potentially overwhelming problems, but preventable ones, and ones which it is vital to address. They are everybody's business and there are things we can all do. Different contributions from different types of organisations, services and communities must be recognised and valued. We therefore offer definitions of common terms below to help people who work in services feel better able to understand and act on them.

Survivor – A person who experienced abuse in their childhood.

Abuse – Abuse can take a number of forms; emotional/verbal, physical and sexual, often within a relationship, usually with someone who you know. Examples include childhood sexual abuse, physical or psychological abuse and neglect[2].

Trauma – An event, series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening[3].

Trauma Informed – Understanding and responding to the issues that can arise for survivors of childhood abuse. 'Trauma-informed practice is not designed to treat trauma related difficulties. Instead it seeks to address the barriers that those affected by trauma can experience when accessing the care, support and treatment they require.' [4]

Trauma-specific services are specialist services offering specific care, support and interventions for the consequences of trauma. They may also take a role in informing, supporting and supervising trauma-informed services.

Triggers – Anything that causes survivors to relive experiences of trauma, retriggering an emotional or physical reaction to a past event or situation.

Adverse Childhood Experiences – A group of traumatic and adverse experiences in childhood which can lead to increased risk of long term impacts on physical and mental health as well as social consequences for some, particularly when several of these experiences are part of someone's early life.[5] (For more information, see Appendix 2)

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[2] http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx, NHS education for Scotland
[3] Transforming psychological trauma: A knowledge and skills framework for the Scottish workforce, NHS Education for Scotland, 2017
[4] As above
[5] As above

For more in depth information and guidance we strongly encourage readers to refer to the knowledge and skills framework Transforming psychological trauma **produced by NHS Education for Scotland.** Most survivor support work follows this framework and the 'phase-based approach' it contains.

There is no 'typical' survivor – anyone can be affected by childhood abuse and survivors should not be defined by their past experience. Survivors are often strong and resilient contributors to community and organisational life. Survivors can be the nurse in your local hospital, the lawyer standing in the courtroom, the homeless person on the street or the person serving on the till in your local supermarket.

At the same time, reliving the traumatic experiences of abuse (e.g. through triggers or flashbacks) mean that support can be needed at any time. There is still a need for trauma awareness and trauma-informed practice, with services recognising symptoms (like alcohol and drug misuse, self-harm, mental distress) rather than treating them as a cause of the difficulties being experienced.

Abuse and trauma are still taboo subjects in many places, communities, and services. But there can be no doubt that child abuse is a problem of epidemic proportions in Scotland and around the world[6]. See Appendix 1 for more information.

- 1 in 20 children in the UK have been sexually abused[7], though some research suggests the figure could be much higher.
- 1 in 3 children sexually abused by an adult did not tell anyone[8], though some research places this as high as 80%
- Over 90% of sexually abused children were abused by someone they knew, not strangers[9]
- Around a third of sexual abuse is committed by other children and young people.[10]

'It is only in recent years that we have come to appreciate the true scale of the sexual abuse of children. The secrecy surrounding such abuse is evident in the fact that only a quarter of children who are sexually abused tell anyone about it at the time. Of these, most tell a family member or friend. Hardly any come to the attention of police, social services or health professionals. In a major study conducted in the UK, 1 in 6 young adults said that they had been sexually abused before they reached the age of 16. It is no exaggeration to describe this as an epidemic, impacting tens of thousands of children every year.' Stop It Now

Examples of survivor support activities and their benefits[11]:

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[6] The World Health Organisation define 'epidemic' as 'The occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events clearly in excess of normal expectancy. The community or region and the period in which the cases occur are specified precisely. The number of cases indicating the presence of an epidemic varies according to the agent, size, and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence.' http://www.who.int/hac/about/definitions/en/

[7] Radford, L. et al (2011) Child abuse and neglect in the UK today.

[8] As above

[9] As above

[10] Hackett, S. (2014) Children and young people with harmful sexual behaviours.

Charities can offer services that can save both local authorities and health services a large amount of money but, how can you evidence that? By going through the process of undertaking a basic cost benefit analysis, you can begin to demonstrate the overall value and outcomes of your service in relation to its costs, as well as the potential savings to the public purse that can be made by you providing that service in the short term.

The process takes time, but it is certainly worth it and by involving your public sector partners in the process, you can garner trust and start real partnerships and collaborations with the public sector to achieve your vision.

The simple case studies that follow show a very basic approach based on the interventions provided by the charities and estimates of the costs avoided as a result of these intervention. It is important to note though that additional assumptions are built in to the findings and there is a risk of bias in the answers, which sceptical funders will be alert to.

Once you have worked out the potential costs avoided over a range of case studies, you can then estimate what the success rates need to be to cover those costs, which can be very powerful in times of scarce funding. Bear in mind that a lot of assumptions are being made in arriving at these estimates, so it's a good idea to carry out a sensitivity analysis on your key assumptions. What if costs were 50% higher than planned for example? Or if the benefits were only half as big as expected?

For a more detailed explanation of this approach please visit https://www.inspiringscotland.org.uk/hub/approach-cost-benefit-analysis/

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[11] Source information for costings: Early Intervention Foundation, "Making an Early Intervention Business Case: Evidence and resources". Data sources New Economy Manchester, Department of Education, Personal Social Services Research Unit. Figures based on 2011/2012 not adjusted for inflation.

Case Study 1: Health in Mind
An adult survivor with chronic pain issues, depression and self-harm. They are in part time employment and have their own home. They engaged with Health in Mind telephone counselling for 18 sessions over a 4-month period.

Potential additional costs implied without support
- If unable to manage chronic pain condition potential loss of employment – Full Housing Benefit and Universal Credit (Job Seeker) for 4 months = £8800[12]
- Potential for increased GP appointments fortnightly instead of monthly for 4 months = 8 GP Visits @ £90 = £720
- Depression and self-harm could lead to A&E visit = £146, hospitalised for 2/3 days @ £286 per day = £858 – Total £1004
- Self-harm CPN team 2 weeks @ 5 half hour visits per week @ £35 per hour for 2 CPNs = £350
- 8 weeks single CPN follow up @ £35 per hour = £280
- **Total potential costs = £ 11,154**

Health in Mind support
- 18 sessions at unit cost of £66 per session for 4 Months = £1188
- Client is in receipt of housing benefit assumed for 4 months = £1700
  Total support costs = £2,888

Potential Saving = £8,266
- Client reports improvement in state of mind, better able to manage pain and self-harm triggers. They have retained their employment and still have their own home.

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[12] Community investment and homelessness values from the Social Value Bank, HACT and Simetrica, www.socialvaluebank.org (www.hact.org.uk / www.simetrica.co.uk), *Licence:* Creative Commons Attribution-NonCommercial-NoDerivatives licence (http://creativecommons.org/licenses/by-nc-nd/4.0/deed.en_GB)

Case Study 2: Survivors of Sexual Child Hood Abuse Information & Resources (SSCHAIR)

Lady A self-referred to SSCHAIR after speaking with another service user. She was experiencing flashbacks, anxiety and depression as well as a flare up of her fibromyalgia. She was struggling with work due to a lack of support and her mental health deterioration, and was on the verge of being signed off. She was living in a difficult situation as the house was in her ex-partners name. She had nowhere else to go, so she had to wait on the housing list while still living in the house with her ex-partner which added to her stress and anxiety. She was also primary care giver to her mother who suffers from various physical ailments and poor mental health.

Potential additional costs implied without support
- Signed off from work for 4 weeks @ £553 per week = £2212
- Weekly CPN support at 1 hr for 6 weeks @ £35ph =£210
- Increased GP visits for mental and physical health, 3 @ £90 per 11-minute visit = £270
- **Total potential costs = £2692**

SSCHAIR support
Lady A engaged with one to one support with a support worker. She was given a safe space to talk about her relationship break down and the abuse in her childhood. The support worker provided advocacy for Lady A when dealing with housing and workplace meetings. Lady A gained knowledge and increased confidence and felt able to advocate on her own behalf. She felt an improvement in her physical health and a reduction in her depression and anxiety. Due to the input of the support worker she was able to remain at work throughout.
- 7 x 1hr support sessions @ £14.03ph = £98.21
- 3 hrs telephone support @ £14.03 ph. = £42.09
- 3 hrs telephone support @ £0.01 ph. = £0.03
- **Total support costs = £140.33**

Potential saving = £2551.67
Lady A is now feeling more confident and in control of her life and she is experiencing less anxiety and depression, which has helped to reduce her fibromyalgia symptoms. The estimated value of these outcomes[13] is:
- High Confidence   £13096
- Relief from Anxiety and Depression   £36706
- Feel in Control of Life   £13050

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[13] http://www.hact.org.uk/social-value-bank

PART TWO: Setting and Measuring outcomes

2.1 The outcome framework

We hope the framework is useful for:
- Helping people and projects to plan and measure their progress.
- Showing the unique contribution of survivor support projects to higher level impacts, policies and strategies.
- Showing the parallel but intersecting journeys that survivors, families and communities (including services) are on. It shows that for survivors to achieve their outcomes, services also need to learn, develop and change.
- Giving survivor support projects/organisations a systematic way to measure – and communicate - their outcomes
- Potentially, the framework could also be used as a touchstone for developing policy and legislation, for example making sure outcomes and aspirations are aligned.

2.2 Things to note

The outcome framework shows a 'theory of change', with outcomes presented in a sequence. Real life is less linear than this - links between cause and effect are more complicated - and progress isn't always straightforward. It is also easy to oversimplify individual lives and stories into a framework like this. It is important to remember the model is a simplified representation of the outcomes people or services might achieve in a particular order, rather than a prescriptive 'road map'. The framework also contains several 'assumptions' and beliefs:
- The 'areas of activity' listed are illustrations of activities provided by survivor support services, not an exhaustive list.
- Survivors and services might have parallel journeys, summarised by the outcome headings in bold.
- With better awareness of abuse, trauma and survivors, services will be better able to support and serve them appropriately.
- Trauma Informed education can be integrated in the community.
- Policy and practice will both be improved by involving and learning from survivors' experience
- Long term, survivor support should be integrated in other relevant policy and service areas – survivor-specific policy would not be needed.

The framework outcomes contribute to National Health and Wellbeing Outcomes 1, 3 and 9 :

Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected

Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services

And national outcomes:
- We live our lives safe from crime, disorder and danger.

- We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.
- Our public services are high quality, continually improving, efficient and responsive to local people's needs.

Situation/need	Areas of activity	Increased capacity and capability to recognise and respond to the signs of childhood abuse.	Survivors have access to resources and services which are trauma informed	Survivors enjoy a safe and healthy life, with increased choice and control	Policy and provision are better informed by evidence and learning from survivors and services

Situation/need

Survivors needs are often unrecognised and unmet.

Their situations will vary, depending on any number of circumstances (e.g. housing, employment, social support, income)

There are sometimes major barriers to partnership responses to trauma

Legislation in this area is complex - and sometimes conflicting.

Areas of activity

With survivors
1:1 support

Accommodation

Alternatives to prison

Awareness raising

Befriending

Children and Families support

Counselling

Employability support

Group work

Helpline support

Information

Involvement

Peer support

Specialist trauma therapy

Throughcare

Training

With services
Workforce training and awareness raising

Promotion and prevention

Partnership working and appropriate information sharing

Increased capacity and capability to recognise and respond to the signs of childhood abuse.

1. Improved access to information and support

2. Individual barriers to accessing support are removed

3. Increased knowledge of choices and support for wellbeing and work

4. Services have better access to trauma-informed information about supporting survivors

5. Services are better able to recognise trauma - and survivors

6. Services make it easier for people to get support - removing barriers, reducing stigma

7. Services are more able to provide choices and support for wellbeing and work

Survivors have access to resources and services which are trauma informed

8. Improved opportunities and services that meet personal outcomes

9. Reduced isolation

10. Increased mutual trust and understanding between services and survivors

11. Services are better able to serve survivors and make appropriate referrals

12. Improved partnership responses

13. Increased prevention

Survivors enjoy a safe and healthy life, with increased choice and control

Contributing to National Health & Wellbeing Outcomes 1, 3 & 9

14. Development of coping strategies and resources for life

15. Increased resilience

16. Increased social confidence

17. Reduced impact of trauma

18. Increased access, social inclusion, and contribution to community life and activities

Policy and provision are better informed by evidence and learning from survivors and services

Contributing to national outcomes:
Strong, resilient & supportive communities.

Lives safe from crime, disorder and danger.

20. Improved policy and service responses to the risks and impact of abuse

21. Reduced costs through improved partnership responses and increased prevention

2.3 Why setting outcomes improves sustainability

There are lots of good reasons to set and measure outcomes.

- The people you work with need to know how they will benefit from your support. They also need opportunities to look back, reflect on their progress and plan their next steps.
- Staff and managers need to know what works – and what doesn't. We all evaluate our work every day, even if we don't call it that. Using outcomes keeps us focused on making a difference and learning.
- Funders, commissioners and policy makers need good evidence about the impact of their policies and funding. Increasingly, they don't just want to know what difference has been made, but what's been learned.

For all these reasons, organisations that measure their impact effectively are likely to be more sustainable than those who don't. See the Mind Mosaic case study for an example of the ways this can help.

2.4 How to set and measure outcomes For more information and resources visit www.evaluationsupportscotland.org.uk
Outcomes are about change, the difference your work makes. You can start setting or reviewing your outcomes by answering a few simple questions:

- What is the problem, need or situation that you are trying to address? Your outcomes should reflect that. In our framework, the starting point is that survivors' needs are often unrecognised or unmet. So, several of our outcomes are about survivors being better understood and supported.

- Who is changing, what is changing and how is it changing? An outcome should answer all three questions. For example: survivors (who) access to information and support (what) is increased (how).

- So what? List your current activities, and for each one ask 'So what?'. Why does that activity take place, what's it trying to achieve? Your answers should lead you towards useful outcomes. For example: We produced a sustainability guide (activity). So what? So…
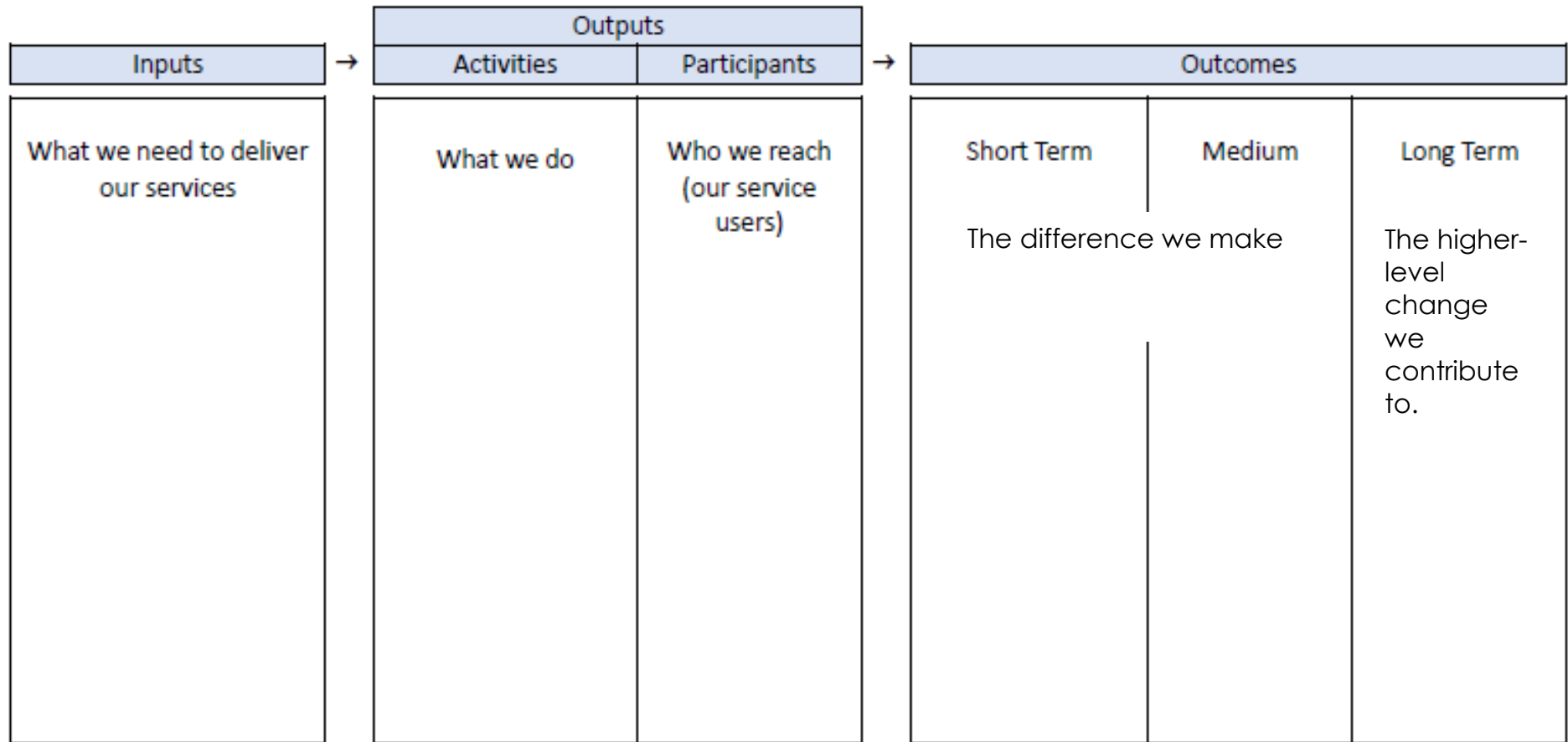
Organisations' understanding of sustainability will improve.
[Who]   [What]   [How]

You might find the following templates helpful.

2.5 Template outcome framework/logic model (with thanks to Inspiring Scotland)
This is a template outcome framework (sometimes called a logic model) like the one we used above. This format can be particularly useful for showing how a number of different activities (or services, partners etc.) contribute to a set of shared outcomes. It also helps you to work out what to measure and when – most people find short term outcomes easy to measure, and long term ones too hard to prove. So a framework like this can help join the dots by showing the links between the two.

Measuring the short and medium term outcomes helps show your contribution to longer term or higher level outcomes. In our example, we cannot achieve the Scottish Governments national outcomes on our own, but we can show how our work contributes. Increasingly, organisations (and evaluators) are less concerned about 'attribution' (how do we know our services made the difference) and are more interested in 'contribution'. Imagine the outcomes are links in a chain – what would happen if your links were removed?

Inputs	→	Outputs		→	Outcomes		
		Activities	Participants		Short Term	Medium	Long Term
What we need to deliver our services		What we do	Who we reach (our service users)		The difference we make		The higher-level change we contribute to.

2.6 Template evaluation plan

One of the downsides of outcome frameworks is that they only show you what to measure and when – they don't show you how. So most organisations create a separare evaluation plan. This helps break the outcomes down into a series of measures (indicators – see 2.7 below), each linked to appropriate evaluation tools and methods. A plan like this makes your evaluations much more systematic.

Outcomes (the difference you make)	Indicators (which show if you are making the difference)	Evaluation Methods (tools and techniques for gathering information)	Responsibilities and Frequency (who will collect the data and when)

2.7 Working with indicators

Indicators are useful for measuring 'soft' outcomes, breaking intangible ideas down into specific measures that describe what the outcome looks like in practice.

For example, what would the outcome *'Improved access to information and support'* look like in practice? Potential indicators might include:

- The extent to which individual survivors know where to go for help
- The number of local services providing trauma-informed support
- The number of appropriate referrals your service *makes* to other services
- The number of appropriate referrals your service *receives*
- The availability of information in appropriate languages and formats

Indicators are useful in lots of ways:

In **evaluation planning** they can help you to:

- Involve survivors to define success for themselves (individually or in groups). What would it look like or feel like when they achieve their goals? (For some survivors the first goal might be to get them to a place where then can begin to envisage the possibility of setting goals for themselves or even to begin to view that as a legitimate or possible activity).
- Work out exactly what to measure and when – ideally giving you a baseline or starting point too, so you can measure progress over time
- Developing or selecting evaluation tools for gathering evidence, specific to what you want to measure.

In **analysing** information they help you to:

- Link the evidence you have gathered back to your outcomes, in a systematic way
- Work out *the extent to which* outcomes have been achieved. Outcomes aren't usually black and white. Good quality, convincing reports are honest about which indicators have been evidenced – and which have not.

In **reporting** they help to:

- Structure reports, keeping them focused on what matters.
- Presenting a picture of what the outcome 'looks like' with examples from real life.

Example activities and indicators for the framework outcomes

These examples are intended to help you think about the sorts of measures you could use for each of the framework outcomes. Remember that the outcome might look very different in different settings, so it's best to develop your own specific indicators. Survivors should be able to help you with this – individually or in groups, they are likely to know exactly what the outcome would 'look like' or mean for them. Involve survivors in developing indicators if you can.

1. **Improved access to information and support**

Example activities:
Promoting services e.g. in GP surgeries, schools, colleges, social media etc.
Providing a database of services
Early assessment and appropriate signposting
Shared understanding and regular communication with other agencies

Example indicators:
- The extent to which individual survivors know where to go for help
- The number of local services providing trauma-informed support
- The number of appropriate referrals your service *makes* to other services
- The number of appropriate referrals your service *receives*
- The availability of information in appropriate languages and formats

2. **Individual barriers to accessing support are removed**

Example activities:
- Awareness raising e.g. via social media, positive campaigns
- Providing appropriate information in public spaces
- Self-management and self-advocacy workshops

Example indicators:
- I know I am a survivor
- I accept I am entitled to support
- I don't stigmatise myself…

- I understand my experience and start managing its impact

3. Increased knowledge of choices and support for wellbeing and work

Example activities:
- One to one support and signposting
- Maintaining up to date awareness of local resources
- Helping survivors to access other services that can help to identify and get support with their needs e.g. advocacy, CAB

Example indicators:
- Number of people who report awareness of appropriate services
- Number and range of supports accessed by people
- Reported levels of confidence in accessing future supports
- Choices and decisions are reflected in personal action plans

4. Services have better access to trauma-informed information about supporting survivors

Example activities:
- Input to meetings and events
- Sharing publications and articles with other professionals
- Connecting partner organisations with relevant supports e.g. NES Trauma Framework

Example indicators:
- Number of services attending training
- Number of services attending relevant partnership meetings, number of meetings attended
- Reported knowledge of participants

5. Services are better able to recognise trauma - and survivors

Example activities:
- Service-based workshops on responding to disclosure
- Support line for external agencies' staff

- Promoting and training professionals in the NES Trauma Training Framework

Example indicators:
- Workers recognise the signs to look for
- Workers feel confident to approach the subject
- Number of enquiries specialist services get from other agencies seeking information

6. Services make it easier for people to get support - removing barriers, reducing stigma
Example activities:
- Providing information on impacts of abuse on physical wellbeing as well as psychological
- Proactive referrals, not just signposting
- Open access and walk-in referrals

Example indicators:
- Services make necessary adjustments to systems and procedures to simplify and improve access to services
- Survivors report feeling safe and welcome
- Increased follow-on referrals
- Survivor engagement with partner organisations

7. Services are more able to provide choices and support for wellbeing and work
Example activities:
- Scoping services, gathering recent data on other services and their focus
- Survivor journey mapping – your own service and those they come into contact with
- Person-centred and survivor-centred practice forums

Example indicators:
- Services mention survivors and trauma informed work in their publicity information
- Services make necessary adjustments to systems and procedures to simplify and improve access to services
- Survivors report feeling safe and welcome Enhanced range of services available

8. Improved opportunities and services that meet personal outcomes
Example activities:
- Coordinating partnership and network events e.g. Trauma and Addiction Partnerships
- Scoping services, gathering recent data on other services and their focus

Example indicators:
- Number of trauma informed services
- Number and variety of survivor-specific services
- Geographical availability of support
- Number of services attending relevant partnership meetings

9. Reduced isolation
Example activities:
- Peer support groups/events
- Workshops on improving personal capacity and relationship building
- Volunteering opportunities

Example indicators:
- Ability to build relationships
- Survivors report feeling less alone
- Survivor involvement in formal or informal peer support
- Time spent with others, for example in group activities
- Taking part in community events, services and activities independently

10. Increased mutual trust and understanding between services and survivors
Example activities:
- Staff training in childhood abuse and its impact
- Welcoming and addressing clients appropriately, taking time with them, showing acceptance
- Signing up to appropriate standards, e.g. LGBT Charter awards

Example indicators:
- Level of mutual comfort with disclosure
- Services make necessary adjustments to systems and procedures to simplify and improve access to services
- Survivors report feeling safe and welcome Services and clients understand and uphold confidentiality
- Number of other services reporting increase in uptake from survivors

11. Services are better able to serve survivors and make appropriate referrals

Example activities:
- Involving survivors in developing services and approaches
- Carrying out evaluation and quality control
- Hosting an open day for partner organisations

Example indicators:
- Services make necessary adjustments to ensure survivors feel safe and welcome
- Number or survivors accessing other services
- Number of other services reporting increase in uptake from survivors
- Improvement in service waiting times

12. Improved partnership responses

Example activities:
- Evaluation and quality control processes
- Providing opportunities for partnership working and sharing experience
- Establishing information sharing processes and protocols
- Reciprocal inter-agency training

Example indicators:
- Demonstration of coordinated approach to survivor support
- Level of waiting time for appropriate support
- Appropriate information sharing where express permission is given

13. Increased prevention
 Example activities:
- Safe (confidential) opportunities for disclosure
- Training and supporting other organisations to develop policies and practices on prevention
- Public awareness and media campaigns, including survivors' voices
- Support for people with thoughts/behaviour that could lead to abuse

Example indicators:
- Services and people can give examples of recognising and responding to grooming
- People can give examples of what to do if they don't feel safe
- Professionals know how to have a conversation about their or others' concerns
- The wider public knows the early signs of risk and know where to go for help
- Length of time between negative experience and disclosure
- Professionals' ability to challenge organisational practices that are not helpful to prevention

For more information on prevention activities and outcomes, there is a Child Abuse Prevention Framework written by practitioners for practitioners, to help explain and evaluate work to prevent child abuse happening. It was created by a working group facilitated by Scottish Government and Evaluation Support Scotland. The framework is not a finished product and it can be developed for your own work.
http://www.evaluationsupportscotland.org.uk/media/uploads/prevention_framework_for_website_prevention_page.pdf

14. Development of coping strategies and resources for life
Example activities:
- Workshops to develop self-management and self-advocacy skills
- 1:1 support on developing enhanced self-awareness
- Groups and 1:1 support to develop alternatives to harmful coping mechanisms

Example indicators:
- Awareness of self-management skills
- Awareness of self-advocacy skills
- Ability to choose appropriate responses in specific situations, e.g. using logic to overcome emotions that don't belong in present situations

- Ability to express needs and aspirations

15. Increased resilience
Example activities:
- Practising self-management tools and techniques in role plays in safe groups
- Providing therapy
- Helping survivors to plan and measure progress towards their outcomes

Example indicators:
- Use of self-management skills
- Use of self-advocacy skills
- Ability to choose appropriate responses in specific situations
- People have the information they need to make informed decisions

16. Increased social confidence
Example activities:
- Befriending and peer support groups
- Volunteering opportunities
- Running activity groups, helping people identify and start/restart hobbies and interests

Example indicators:
- Ability to express needs and aspirations
- Level of participation in activities and conversations
- Ability to form relationships
- Taking part in community events, services and activities independently

17. Reduced impact of trauma
Example activities:
- Supporting self-advocacy and self-management, helping people to identify, develop and use healthy coping strategies
- Support to attend appointments e.g. GP, hospital, mental health services
- Producing toolkits of resources and coping strategies

Example indicators:
- Increase in reported ability to manage the ups and downs of life
- Ability to choose appropriate responses in specific situations, e.g. using logic to overcome emotions that don't belong in present situations
- Ability to express needs and aspirations
- Ability to set and work towards personal goals
- Levels of self-worth and self-care: 'I am a good person, who deserves to be heard and valued by myself and other people'

18. Increased access, social inclusion, and contribution to community life and activities
Example activities:
- Develop and implement tiered approaches to community service provision
- Targeted services for people identifying as having experienced childhood abuse
- Universal services for people who have experience of childhood abuse but who can't or aren't ready to identify and seek specialist support

Example indicators:
- Level of participation in community activities
- Survivors achieve their own goals for improving their situation or quality of life
- Involvement in community volunteering opportunities
- Contributions to 'service user voice' activities; capturing impact and resilience journey

21. Reduced costs through improved partnership responses and increased prevention
Example activities:
- Participation in relevant local and national fora to learn about and influence policy
- Identifying which national and local strategies your service contributes to

- Developing local (or national) policy, not just waiting for others to take the lead
- Sharing/promoting opportunities for joint funding bids
- Exploring options for 'sharing' access to specialist staff

Example indicators:
- We are viewed as valuable partners by policy and decision makers
- Policy and decision makers report finding our evidence valuable and credible
- Commissioners and policy makers know how we contribute to their strategies
- Survivors and groups report consistent, satisfactory involvement with policy making processes
- Trauma informed practice is recognised as a crucial element of other policy strands (social care eligibility and provision, health outcomes, adverse childhood events, etc.).

As noted in Part One, sustainability is partly about organisations and their capacity to keep developing and delivering services over time. This guide introduces eightthemes for **sustainable services,** each with five indicators.

But sustainability is also about impact, making a lasting difference. We have developed five themes relating to **sustainable impact**, focusing not just on survivors but on making other services and policies more accessible and appropriate too.

3.1 Indicators of sustainable survivor support *services*

1. Survivor focused
2. Staff capacity and wellbeing
3. Quality and processes
4. Strategy and governance
5. Outcomes, learning and improvement
6. Finance and resources
7. Flexibility and development around a solid core
8. Working in partnership

Indicators of sustainable survivor support services - 1. Survivor focused

Who are you trying to reach?
What methods do you use to help survivors tell you what they want?
What is your organisation doing to build trust with survivors? How long might that take?
How much influence should the people you work with have to have?
Are there opportunities for survivors' voices to come through? What could you do to help get them out there?
Do you have a spectrum of how people can get involved and increase their support?

	1. Survivor focused	Your notes
1.1	We have a good understanding of the need for our service and know who we are trying to reach with it.	
1.2	We work in person centred ways. Our systems and practice are trauma informed.	
1.3	We work in partnership with survivors to identify and work towards their personal outcomes.	
1.4	Our work is informed by active survivor participation – we have a range of ways to help survivors to tell us what they want.	
1.5	We provide a range of support and levels of support.	

See the SAY Women case study for an example of a survivor-focused engagement.

Indicators of sustainable survivor support services - 2. Staff capacity and wellbeing

Are you the best people to be doing this work?
Where is your time best spent?
Are you spread too thin? What can you achieve if you are? Do you recognise the early signs that you need additional support?
Do you know what you're good at? Can you achieve your goals with the capabilities you've got?
Is any of your work high demand and low value?
What can you learn from other organisations that have the same staffing/resourcing numbers but use them differently?
Can you create creative opportunities for staff and survivors to contribute ideas?

2. Staff capacity and wellbeing		Your notes
2.1	We fulfil our duty of care to staff, prioritising wellbeing at work.	
2.2	Staff are working within capacity and are supported to recognise when this is stretched to unhealthy or unsustainable levels.	
2.3	When we cannot meet demand for our services we find alternatives, for example reviewing referral arrangements, or referring to other organisations.	
2.4	All staff and volunteers have clear support and supervision, direction and know their boundaries.	
2.5	Staff and volunteers have opportunities to develop within – and beyond – their current roles, with time for reflection, learning and 'off task' activities.	

Indicators of sustainable survivor support services - 3. Quality and processes

How do you measure your processes so you can show what works – and sustain it?
How much reach is enough? How good is good enough?
How much are you willing to invest in quality control?
What sorts of organisations can you benchmark and compare against?
How will you know good practice when you see it?
What would quality look like in the context of your service?
What quality standards apply?
Maybe evaluating processes could help you benchmark practice

3. Quality and processes		Your notes
3.1	Our organisation works effectively within its constitution, working within budget and agreed timelines.	
3.2	We work to appropriate quality standards or organisational/professional codes of conduct, e.g. NES Trauma Framework, Nolan principles	
3.3	We monitor demand and work within our capacity to manage quality and safety.	
3.4	We continuously improve the quality and safety of our services, for example making training and learning available to staff; benchmarking and learning from other organisations.	
3.5	We identify good practice, identifying, applying and sharing learning and spreading good practice in other organisations.	

Indicators of sustainable survivor support services - 4. Strategy and governance.

Has your board reviewed the mission and strategy to make sure they are still relevant?
Are you clear on what change you want to see in the world?
Is everyone clear on the boundaries between management and governance?
Do trustees and staff know what they want and need from each other?
What other strategies/frameworks are out there?
How does a trauma informed approach reflect your core organisational values?
How have other organisations achieved the same things you want?
When was your last board skills audit done?

	4.Strategy and governance	Your notes
4.1	We look ahead, with planning cycles and strategies for the next three to five years.	
4.2	Our board and/or committees are diverse, well established, and have the right skills and experience to guide our work.	
4.3	We regularly review the make—up and effectiveness of our board and/or committee.	
4.4	Trustees and staff are clear on their respective responsibilities. Board meetings are spent on appropriate business, including Board-only time.	
4.5	We fulfil our regulatory and legal requirements, e.g. prompt and accurate annual returns to OSCR, Companies House.	

Indicators of sustainable survivor support services - 5. Outcomes, learning and improvement

What does good data look like for you, your funders and survivors?
Who is evidence for?
Can you apply the principles of person centred planning to evaluation?
How can you help funders hear people's stories?
What data do you already have and how much more do you really need?
What other data sets exist (e.g. Scottish Attitudes survey)?
Who else might be interested in measuring the same thing?

	5. Outcomes, learning and improvement	Your notes
5.1	We can evidence the ongoing need for our service.	
5.2	We work in outcome-focused ways. Our outcomes are based on and measured by what matters to survivors.	
5.3	We monitor our performance and evaluate our impact. We know what evidence is needed by funders, commissioners and other bodies and publish our outcomes and results appropriately.	
5.4	Our outcomes are linked to other frameworks as appropriate. We use internal and external data effectively to help us learn and improve.	
5.5	Our organisational culture encourages learning and improvement. Innovations from different services are shared across the organisation.	

See the Mind Mosaic case study for an example of how outcome-based planning can improve an organisation's focus and functions.

Indicators of sustainable survivor support services - 6. Finance and resources

Should you be looking to earn more – or spend less?
Does being funded for one thing stop you from doing something else?
Is your fundraising cost effective?
Do fundraisers get a chance to meet the people they're helping?
Are there different messages and purposes for reaching different audiences?
Would it be more cost effective to campaign/raise awareness in partnership with other organisations who have a shared interest?
Is your challenge about funding, communications, marketing or stakeholder engagement?
What happens if your marketing strategy is successful?
How well known is your organisation, and for what? What do you want to be known for?

	6. Finance and resources	**Your notes**
6.1	We have the right resources to deliver quality services (including funding, staffing, skills, knowledge, partnerships)	
6.2	We have long-term plans for development and finances, including an effective strategy for income generation, marketing and communication.	
6.3	We know the true costs of our work, review them regularly, and adjust our activities in response to changing times.	
6.4	We have a reserves policy and a clear strategy for the circumstances in which we would use reserves to fill a funding gap or invest in development.	
6.5	We manage and report on finances competently, including cashflow. We provide management accounts in advance of every board meeting.	

Indicators of sustainable survivor support services - *7.* Flexibility and development around a solid core

How has your organisation managed change and adaptation in the past?
If you want to try out new work, could you set up satellite projects/initiatives?
What can you learn from how other organisations innovate?
How does your organisation deal with innovation and creativity? Does the squeaky wheel get the grease, or does the nail that sticks up get hammered down?
Do you have a change management policy?
How do you manage culture change?

	7. Flexibility and development around a solid core	Your notes
7.1	We are flexible in our approaches but are clear on our purpose – and our strengths. We make decisions about new opportunities based on achieving our priorities.	
7.2	We navigate and manage external pressures (e.g. money, societal changes, other stakeholders) without compromising our values.	
7.3	Knowing our history helps us, it doesn't hold us back. We are clear about what we need to sustain but we are confident to drop approaches that are no longer relevant.	
7.4	We develop new approaches in response to evidence and need.	
7.5	We strike the right balance between continuity and change.	

See the Moira Anderson Foundation case study for an example of development around a solid core.

Indicators of sustainable survivor support services - 8. Working in partnership

Who are your potential partners?
How do you make sure there are referral routes back to you if another service doesn't accept a referral for someone?
How does your organisation assess potential partners?
Do your partners share your vision?
Are your partners organisations – or people?
What can you do to make collaboration worth it for partners? What do your partners get out of working with you?
How does your organisation tap into the skills and emerging ideas the sector has?

	8. Working in partnership	Your notes
8.1	We invest time in building trust with survivors, partner organisations and others. We and our partners have clear mutual understanding, vision and expectations. Our work is valued by our partners and funders.	
8.2	We have good, up to date knowledge of other organisations and work in partnership with them where appropriate to meet survivors' needs.	
8.3	We have established referral routes with partner organisations so that people experience joined up, appropriate support.	
8.4	We work with other organisations to achieve greater impact and influence, for example: developing new approaches to common challenges; campaigning and awareness raising.	
8.5	When campaigning, marketing and communicating, we tailor our messages for different audiences.	

3.2 Indicators of sustainable impact

Sustainability doesn't mean sustained. Even if an organisation in its current form no longer exists, it may make a lasting difference. There may be an impact on **survivors' quality of life** and other **agencies'** and **communities' understanding that can be sustained into the future.**

We have split sustainable impact into five themes:
1. Survivors experience short and long-term benefits of support
2. Our services support independence, choice and control
3. Other organisations are more aware of and respond to survivor support needs.
4. Policy responds to evidence of survivors' changing needs
5. Communities are better informed: Awareness is raised, stigma reduced and supportive action taken

It is hard to achieve and measure our influence on other organisations, policies and communities, but these are important goals to work towards if we want to make a sustained difference. Survivor support organisations can contribute to long term change even by raising awareness, educating others and facilitating ongoing dialogue.

Indicators of sustainable impact 1. Survivors experience short and long-term benefits of support

What evidence is there that your model works?
How do survivors define success, and their goals for working with you?
How do you collect and share the feedback you receive?
Can you incorporate evaluation into your everyday activities?
What's difference do you want to make?

1. Survivors experience short and long-term benefits of support *(See outcome framework for other relevant outcomes)*		Your notes
1.1	Survivors understand their rights and know where to go for information, support or advice. (This might include knowing they are able to re-enter support when needed.)	
1.2	Survivors have increased resilience, coping strategies and resources for life (e.g. self-management; self-advocacy skills).	
1.3	Survivors have increased confidence and are supported to articulate their needs.	
1.4	Survivors are less isolated, with increased access, inclusion, and contribution to community life and activities.	
1.5	Survivors achieve their own goals for improving their situation or quality of life.	

Indicators of sustainable impact 2. Our services support independence, choice and control

Do you have an open door – or a revolving door?
How do you help people to move on?
Do you have a role or responsibility to introduce people to other services?
If clients want to give something back to your service, can they?
How does your organisation involve survivors in how it is run?
Are you trying to sustain your service – or its impact?
Where is the power and where does it need to be?
How does your services acknowledge and address power imbalances?
What are the limits on choice and control in your service?

2.Our services support independence, choice and control	Your notes
2.1	Survivors own or are involved in making their own support plans, setting outcomes, reviewing progress and evaluating their support.	
2.2	We know our limits and what we can – and can't – do most effectively. We signpost people to other support where appropriate.	
2.3	Informal networks and peer support groups are available.	
2.4	We support people to develop self-management skills and use appropriate resources, toolkits, and support strategies.	
2.5	People are empowered to make informed decisions.	

Indicators of sustainable impact 3. Other organisations are more aware of and respond to survivor support needs.

What would help good practice to be embedded?
What partners do you have?
If your goal is to influence, is it okay if the thing gets done, even if it's not you that does it?
Are there parts of your work you could equip other people to do, so you don't need to?
How do you build the capacity of other organisations?
Do other organisations respect and involve you as a partner?
How do you share learning about what works?
If it's not your job to educate other services, whose it?

3. Other organisations are more aware of and respond to survivor support needs.		Your notes
3.1	Organisations have better access to trauma-informed information about supporting survivors.	
3.2	Services are better informed by involving and learning from survivors and services.	
3.3	Services make it easier for people to get support - removing barriers, reducing stigma	
3.4	A greater number of professionals and services are aware of abuse, survivor needs and respond appropriately, including: • When someone discloses prior abuse • When making initial offers of support • Providing services sensitively • Making referrals • Appropriate information sharing where express permission is given	
3.5	There are improved partnership responses to the risks and impact of abuse. There is evidence of different relationships being formed, and decisions being made, for the benefit of survivors.	

See Mind Mosaic case study for an example of how one organisation went about some of these steps.

Indicators of sustainable impact 4. Policy responds to evidence of survivors' changing needs

Do you know the aims and objectives of your local Health and Social Care Partnership/Integrated Joint Board (IJB) and how you can link to those?
Have you articulated what difference you make to IJBs' outcomes – and what would happen if you weren't there?
How can you use your evidence of need to help make your case?
What costs do you save commissioners? And other services?
How can you raise your profile amongst services that can promote you to potential users? And to people who could influence IJBs?
Are you part of a national landscape?
Are you a member of any organisations that provide policy updates – and influence?
Who takes responsibility for policy engagement in your organisation?

4. Policy responds to evidence of survivors' changing needs		Your notes
4.1	We participate in relevant local and national fora to learn about and influence policy. We have the credibility, evidence and links to influence future policy (local and/or national).	
4.2	We identify which national and local strategies we contribute to. Commissioners and policy makers know how we contribute to their strategies.	
4.3	Survivors and groups report consistent, satisfactory involvement with policy making processes.	
4.4	Trauma informed practice is recognised as a crucial element of other policy strands (social care eligibility and provision, health outcomes, adverse childhood events, etc.).	
4.5	We are proactive in developing local (or national) policy, not just waiting for others to take the lead.	

Indicators of sustainable impact 5. Communities are better informed: Awareness is raised, stigma reduced and supportive action is taken

Do you take active steps to change attitudes, or does it happen in other ways?
Who does your work 'belong' to?
What does prevention look like?
Are survivors and survivor-support groups visible and involved in community life?
Do awareness raising campaigns have to be done by you alone?
Can other organisations support awareness-raising, sharing the load?
What are the signs of stigma in your community?
How would you know when stigma has reduced?

	6. Communities are better informed: Awareness is raised, stigma reduced and supportive action taken	Your notes
5.1	Increased public discussion about child abuse and its impact.	
5.2	Increased public understanding of abuse: survivors are believed, accepted, supported - and not ostracised	
5.3	Our communities are knowledgeable about child abuse and its impact.	
5.4	Communities take supportive action to improve prevention and/ or supports available to people who have experienced abuse.	
5.5	Survivors are better connected and included within community life and activities.	

Mind Mosaic Counselling and Therapy

Mind Mosaic is a charity within Inverclyde offering Counselling and Therapy support for Adult Survivors of psychological, physical and sexual abuse.

The challenge

Increasing numbers of clients requiring support from a broad range of Survivor Counselling and Therapy services, together with the needs of funders and partnerships encourages us to look at the sustainability of our business model. As we grew along with demand, more administrative and business tasks were being handled by Counsellors. More work was also needed to support local partnerships, developing these for the long term and having funding to continue to drive Trauma Informed Awareness across our networks and the Inverclyde community.

What we did

It made sense to employ someone with Business Management experience and skills to review business aspects of the charity and enable Therapists to focus on delivering survivor services. This extra capacity enabled robust new planning and reporting systems to be introduced.

Managers used a logic model to reassess Mind Mosaic's outcomes, and align them to the Beyond Survival outcome framework. An evaluation plan was then developed to ensure that key outcomes were measurable and able to be analysed. Counsellors in the team looked at key survivor data related to these, to measure the effectiveness of services, anticipate the needs of survivors, enhance existing services and develop new services for the future.

This allowed Counsellors to focus on delivering Counselling and Therapy, and administration staff to increase their activity in developing partnerships and raising the profile of Trauma Informed education across Inverclyde. This will contribute to having a Trauma Informed community with a broad range of bespoke support services available for all.

The difference it made

Allocating skilled subject matter experts allowed us to define measurable outcomes that met the needs of survivors and partnerships and contributed to developing a long-term sustainability plan. Analysing data helped Therapists to understand the

changing demands and needs of survivors, so they can develop new and existing service offerings that will meet the needs of clients and partnerships. This will help to build for the future, with survivor feedback also informing training plans, to enhance the skills of all staff to meet survivors' needs.

What we learned

Allocating appropriate skills to allocated tasks and giving people the time to clearly define measurable outcomes (at Client, Service, Business and Partnership levels) enables an organisation to analyse data and make positive and constructive changes across the charity. This allows managers to create and implement a meaningful sustainable business plan. Utilising the logic model and evaluation plan to define a strong management system was key to these successes.

> 'A sustainable business model is not just being able to offer counselling and therapy support but also requires the charity to analyse data to understand the changing demand and requirements of Survivors to enable services to be developed, improved and implemented.'

SAY Women

SAY Women is a voluntary sector organisation that provides support to young survivors (16 – 25 years) of child sexual abuse and other forms of sexual violence/abuse, who are also at risk of or experiencing homelessness. SAY Women provides supported accommodation, 1:1 emotional support and groupwork. A national training service also provides training on child sexual abuse and related issues, such as self-harm. SAY Women is a membership organisation '*open to individual women who agree with the objectives of the organisation and have a positive interest in the promotion and development of SAY Women and services for sexually abused women and children.*'

Support reflects Judith Herman's Trauma and Recovery model, which identifies 3 stages of recovery;
➢ Establishing Safety
➢ Remembrance and Mourning
➢ Reconnection

Challenge

A holistic service, based in feminist theory, SAY Women were conscious that whilst individual support achieved high results in the first two stages, more could be provided in relation to the 'reconnection' stage.

This stage not only supports survivors to connect with internal emotions and conflicts, but also requires a dialogue between survivors and their communities. Ideally this dialogue results in the community responding positively to survivors' experiences, increasing the survivors feeling heard and reducing risk within the community. This not only provides survivors with the opportunity to reassess their responses to potential danger, but for some can provide the opportunity for what Herman recognised as "survivor mission", where survivors, *"recognize a political or religious dimension in their misfortune and discover that they can transform the meaning of their personal tragedy by making it the basis for social action."* (Herman, 2001)

What we did
In 2017 SAY Women secured funding for a Volunteer Support Worker to provide learning opportunities for the women, including the development of an advisory group to the Board of Directors. In preparation for the recruitment of the worker, SAY Women encouraged the women to become members of the organisation. Many of the women quickly embraced this opportunity, engaging on a number of levels, including voting at the Annual General Meeting, creating a blogging group for SAY Women's website.

The difference it made
SAY Women will gain as an organisation from the input of survivors to their structures and development, increasing the opportunity to provide appropriate services. This will not only ensure higher success rates for the women using services, but also improve the organisation's sustainability by ensuring continuing relevance to the recovery of survivors.

The Moira Anderson Foundation
The Moira Anderson Foundation is a Scottish charity based in Airdrie. We support people affected by Childhood Sexual Abuse (CSA). We offer a range of services, including: one-to-one support, counselling, complimentary therapies, Cognitive Behavioural Therapy, group work and peer support groups.

The challenge
Our ongoing challenge is the year-on-year increase in the number of people seeking support. We also notice spikes in referrals when people in the public sphere disclose CSA, for example when a number of footballers disclosed that they had been victims of CSA there was an unprecedented spike.

Without adapting the service, these spikes would have meant clients waiting longer than our three-week target for an initial appointment. Delays in seeing clients could have had a reputational impact on the Foundation and a detrimental effect on potential clients.

What we did

We are aware that making the first call or giving a service provider permission to refer to our specialised centre, was a huge step for clients on their recovery journey. We wanted to be able to see people quickly for their first appointment and offer them support whilst waiting on counselling or other services. We didn't have the financial capacity to immediately engage additional staff or staffing hours. Instead, we reviewed and re-structured the way in which we worked on a temporary basis and continued our ongoing fundraising activities to enable us to engage additional support staff.

The difference it made

The short-term re-arrangement of tasks resulted in Client Support Officers offering 10 additional appointments a week. This was a short-term solution that enabled us to keep our commitment to offering appointments quickly, and uphold our reputation.

We were also successful in attracting additional funding for one full time post. Additionally, as a result of being presented as a Comic Relief beneficiary, we have been adopted as British Airways charity of the year, enabling us to engage additional hours of support and therapy. This experience has galvanised our commitment to continue offering quality services, uphold our reputation, and seek additional funding so that we can be responsive to unexpected peaks in referrals. We have an ongoing commitment to grow the service in response to year-on-year demand and support the needs of our staff and service users.

Clients comment on our response times, often in comparison to other services. Comments include, 'I was surprised at how quickly I was offered an appointment' and, *'I was so pleased to get an appointment as quickly as I did, waiting would have been very difficult for me'.*

What we learned

We have learned that with the goodwill of staff, flexibility of thinking and keeping clients' interests at the heart of what we do, we can respond to need created by external events. As an Investors in People Gold Award organisation we take pride in taking care of our staff. This is mutually beneficial, as seen in the staff response to adapt to unprecedented numbers of referrals.

Appendix 1: Evidence and information on the scale and nature of abuse.

DOMESTIC ABUSE
Around 1 in 5 children have been exposed to domestic abuse.
Source: Radford, L. et al (2011) <u>Child abuse and neglect in the UK today</u>.

Domestic abuse is a factor in over half of serious case reviews
Source: Sidebotham, P. et al (2016) <u>Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014: final report (PDF)</u>.

A third of children witnessing domestic violence also experienced another form of abuse.
Source: Radford, L. et al. (2011) <u>Child abuse and neglect in the UK</u>. NSPCC.

TRAFFICKING
1 in 3 potential victims of modern slavery referred to the National Referral Mechanism (NRM) in 2016 were children
Source: National Crime Agency (2017) <u>National referral mechanism statistics: end of year summary 2016 (PDF)</u>.

Over 1,200 children were identified as potential victims of trafficking in 2016
Source: National Crime Agency (2017) <u>National referral mechanism statistics: end of year summary 2016 (PDF)</u>.

The most common countries for children to be trafficked from are UK, Albania, Vietnam, Afghanistan and Eritrea
Source: National Crime Agency (2017) <u>National referral mechanism statistics: end of year summary 2016 (PDF)</u>.

The most common reasons for children to be trafficked are labour exploitation and sexual exploitation
Source: National Crime Agency (2017) <u>National referral mechanism statistics: end of year summary 2016 (PDF)</u>.

Over 1,900 cases of child trafficking dealt with since 2007
Source: Bentley, H. et al (2017) <u>How safe are our children? The most comprehensive overview of child protection in the UK 2017</u>.

ONLINE ABUSE

1 in 4 children have experienced something upsetting on a social networking site.
Source: Lilley, C., Ball, R. and Vernon, H. (2014) The experiences of 11-16 year olds on social networking sites.

There were over 12,000 counselling sessions with young people who talked to Childline about online issues in 2017
Source: Bentley, H. et al (2017) How safe are our children? The most comprehensive overview of child protection in the UK 2017.

1 in 3 children have been a victim of cyberbullying.
Source: McAfee survey of children and parents as reported in the Guardian (14 November 2014) "Number of children who are victims of cyberbullying doubles in a year"

Almost 1 in 4 young people have come across racist or hate messages online.
Source: Livingstone, S. (2014) Net children go mobile: the UK report: a comparative report with findings from the UK 2010 survey by EU Kids Online (PDF)

PHYSICAL ABUSE

1 in 14 children have been physically abused
Source: Radford, L. et al (2011) Child abuse and neglect in the UK today.

Disabled children are over 3 times more likely to be abused than non-disabled children
Source: Jones, L. et al (2012) Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies.

Over 6,000 children were identified as needing protection from physical abuse in 2016
Source: Child protection register and plan statistics for all UK nations for 2016.

EMOTIONAL ABUSE

1 in 14 children have experienced emotional abuse by a parent or guardian.

Source: Radford, L. et al (2011) Child abuse and neglect in the UK today.

Emotional abuse is the 2nd most common reason for children needing protection from abuse in the UK
Source: Child protection register and plan statistics for all UK nations for 2016.

NEGLECT
1 in 10 children have experienced neglect
Source: Radford, L. et al (2011) Child abuse and neglect in the UK today.

Neglect is the most common reason for taking child protection action
Source: Child protection register and plan statistics for all UK nations for 2016.

Neglect is a factor in 60% of serious case reviews
Source: Brandon, M. et al. (2013) Neglect and serious case reviews: a report from the university of East Anglia commissioned by NSPCC.

CHILD SEXUAL EXPLOITATION
Over 2,400 children were victims of sexual exploitation in gangs and groups from August 2010 to October 2011
Source: Berelowitz, S. et al (2012) "I thought I was the only one. The only one in the world." The Office of the Children's Commissioner's inquiry in to child sexual exploitation in gangs and groups: interim report (PDF).

Over 360 children were trafficked for sexual exploitation in 2016
Source: National Crime Agency (2017) National referral mechanism statistics - end of year summary 2016 (PDF).

Appendix 2: About Adverse Childhood Experiences

Adverse Childhood Experiences are *"intra-familial events or conditions causing chronic stress responses in the child's immediate environment. These include notions of maltreatment and deviation from societal norms"*.[i] The landmark Adverse Childhood Experience Study conducted by Kaiser-Permanente in America involved surveying 17,000 people about their childhood experiences and health. For the first time, a relationship was observed between childhood adversity and lifelong impact in the domains of:

- Injury and death during childhood;
- Premature mortality and suicide;
- Disease and illness; and
- Mental illness[ii].

Impacts affected immediate and long-term health with significant costs over one's lifetime[iii]. For example, studies consistently show strong, graded associations between childhood adversity and risk of adult substance misuse, development of anxiety and depression and suicide risk, as well as poor physical health including development of long term conditions like heart disease and cancer among others. Findings in the United States have been replicated in the UK[iv].

The findings are compelling and indicate that the cost to our communities is tremendous and deserving of focused attention[v]. There is a growing body of evidence that high quality support can make a real difference to a person's ability to cope with the impact of abuse, and that the benefits of providing such supports are worth it: to people, to communities and to our society. The Scottish Public Health Network observes the importance of creating a culture of compassion that links individual experience to societal solutions. [vi]

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    Adverse childhood experiences and premature all-cause mortality. European journal of epidemiology. 2013;28(9):721-34.
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2. UCL Institute of Health Equity (2015). The impact of adverse experiences in the
    home on the health of children and young people, and inequalities in prevalence and effects.
    http://www.instituteofhealthequity.org/Content/FileManager/adverse-experiences- book_final.pdf

3. Felitti V, Anda R, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*. 1998; 14(4):245–258.

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   Gilbert LK, Breiding MJ, Merrick MT, et al. Childhood adversity and adult chronic disease: an update from ten states and the District of Columbia, 2010. *Am J Prev Med*. Mar 2015;48(3):345-349.

6. Coupar, S. and Mackie, P. (May 2016). 'Polishing the Diamonds; Addressing Adverse Childhood Experiences in Scotland. Scottish Public Health Network (ScotPHN).

Appendix 3: Further reading

ACOSVO board self-assessment and skills audit: https://www.acosvo.org.uk/path-impact-resources

Child abuse and neglect in the UK today: https://www.nspcc.org.uk/services-and-resources/research-and-resources/pre-2013/child-abuse-and-neglect-in-the-uk-today/ Radford, L. et al (2011)

Child Sexual Abuse Prevention Framework:
http://www.evaluationsupportscotland.org.uk/media/uploads/prevention_framework_for_website_prevention_page.pdf

Children and young people with harmful sexual behaviours, Hackett, S. (2014)

Early Intervention Foundation, "Making an Early Intervention Business Case: Evidence and resources".

Equally Safe - A Delivery Plan for Scotland's Strategy to Prevent Violence Against Women and Girls:
http://www.gov.scot/Publications/2017/11/5647

Evaluation Support Scotland: www.evaluationsupportscotland.org.uk

HACT: www.hact.org.uk

The Lasting Difference: tools for organisational sustainability www.TheLastingDifference.com

NHS Education Scotland Trauma Framework: http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/national-trauma-training-framework.aspx

Social Value Bank: www.socialvaluebank.org

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