Victims and Witnesses (Scotland) Bill

NHS Greater Glasgow and Clyde

1. The functions and powers of the National Confidential Forum

NHS Greater Glasgow and Clyde welcomes the proposal to establish a National Confidential Forum as set out in the Victims and Witnesses Scotland Bill. The Pilot Forum Time to be Heard (2011) produced significant evidence that such a Forum is largely experienced as a valuable opportunity for validation of abusive and neglectful experiences in institutional care and an opportunity for closure. While the Bill rightly proposes the confidentiality of those giving evidence, it is felt that the limits to confidentiality outlined are also essential to ensure the protection of children currently in care.

2. Status of the NCF – housed as a sub-committee of the Mental Welfare Commission – and its independence

It is important that the NCF is seen as independent of the government as participants may wish to describe historical abuse or neglect in government funded or run institutions. We support the proposal to house the NCF as a sub-committee of the Mental Welfare Commission.

3. Support for participants before, during and after their input

It is thought that the support model described in the Time to be Heard report provides an excellent model of the type of support required and the type of venue required for the NCF. The consistent presence of a support staff member to guide the person through the process of the hearing and also to phone them up a few days later to confirm they were well and to check if they required any support or assistance is a model of good practice. A private, non-institutional and comfortable setting to give testimony is also important. The fact that, in the Pilot study, the Commissioners were experts in the area of child abuse and neglect, would have also contributed to a containing and validatory experience for the participants and it would be hoped that the NCF could appoint similarly qualified commissioners. The support of In Care Survivors Scotland with their confidential phone line, leaflet and signposting to services as required is a useful model. It is noted that only 10% of participants in the pilot study required professional intervention, although it is recognised that the majority of these participants had personal support and this may not always be the case for others in the future.

NHSGG&C services for adult survivors of childhood abuse and neglect with mental health problems

Many individuals who have experienced childhood abuse and neglect in institutional care will suffer poor mental and emotional health. Some will go on to develop substance misuse problems as a way of coping. As a result many survivors of institutional abuse are likely to already be users of a range of health services. However, there is evidence that the abuse if not always
disclosed or addressed as part of the treatment and care process and the source of the individual's poor health may not be identified or addressed.

Like other health boards NHSGG&C has been working to introduce a programme of routine enquiry of gender based violence within its addiction and mental health services.

To help ensure that survivors who have the courage to participate in the NCF and access the support they need to assist their recovery, the Scottish Government should take steps to

- Ensure that all sexual health, mental health and addiction services are robust in meeting their responsibilities to identify and support survivors of abuse within a reasonable timeframe as set out in CEL 2008 (Gender Based Violence)
- Ensure that health services are equipped and resourced to respond effectively to trauma related psychological and psychiatric problems resulting from childhood abuse and neglect.

As noted above, it may only be a minority of participants who need or wish professional help following giving testimony. NHSGG&C has a wide range of mental health services ranging from primary care mental health teams through Community mental health teams to a specialist Trauma service which provides psychological intervention to survivors with complex psychological problems related to past trauma. The spread of specialist Trauma provision is currently unevenly spread across GG&C and this is likely to be the case across Scotland.

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