

3 POLICY CONTEXT OF HSS SERVICE PROVISION TO VICTIMS

3.1 Introduction

This section of our report seeks to establish the policy context of health and social service provision to victims of the conflict and the manner in which services have evolved.

This evaluation presents an important milestone in the evolution of health and social services to support victims of the conflict. The formal context for this evaluation can be traced back to 1995 when the DHSSPS suggested that services to victims would benefit from a developmental project to examine and promote the further development of services to meet the social and psychological needs of individuals affected by the conflict. The key policy/strategy milestones which set the context for this evaluation of HSS to victims of the conflict are tabulated overleaf.

1995	DHSSPS decision to request Social Services Inspectorate (SSI) to conduct developmental project (<i>Living with the Trauma of the Troubles</i>) into services to meet needs of victims.
1997	Announcement by Secretary of State to lead a commission to undertake the Bloomfield Report. The aim of the report was to: “ <i>Examine the feasibility of providing greater recognition for those who have become victims in the last thirty years as a consequence of events in Northern Ireland.</i> ”
1998	Publication of SSI report <i>Living with the Trauma of the Troubles</i> The main recommendation outlined in the report which impacts on the current evaluation of HSS services provided to victims of the conflict is: “ <i>To improve coordination and liaison of services, a small advisory panel should be established in each Health and Social Services Board’s area, representative of the range of professionals and voluntary organisations working with those who have been affected by the conflict. The panel should include individuals who have encountered trauma and would be willing to advise the panel in the light of their own personal experience.</i> ”
1998	Publication of Bloomfield Report (<i>We Will Remember Them</i>) Key recommendations of the report which impact on DHSSPS were: <ul style="list-style-type: none"> • Community developments taking place should be supported and encouraged by Boards, Trusts and other funding bodies as part of an overall coordinated response to the needs of affected individuals; • The location of services must be carefully considered to ensure that they are easily accessible to those who need them; • The manpower requirements of the Psychology Service should be examined; • The DHSSPS should convene a Northern Ireland working group to address concerns about the counselling of persons affected by the conflict; • Each Trust should prepare suitable explanatory pamphlets on what services are available in its area with points of reference where help can be accessed; and • A number of the recommendations made in the SSI report (i.e. the establishment of the Trauma Advisory Panels) were incorporated in the Bloomfield report emphasising their importance and the requirement for them to be implemented.
1998	Statement published in the Belfast Agreement that it is essential to acknowledge and address the suffering of victims as a necessary element of reconciliation.
1998	Establishment of Victims Liaison Unit, NIO.
1998	DHSSPS Circular on victim’s issues. The focus of the circular was to instruct Boards and Trusts to take forward the recommendations of the Bloomfield and SSI reports. The circular recommended the establishment of the Trauma Advisory Panels and outlined their key responsibilities as: <ul style="list-style-type: none"> • Coordination of services in the Board’s area; • Enabling greater coherence and cohesion of the network which exists in the area; • Improving the understanding of emerging needs and the shared development of methods for tackling them; and • Clarifying and promoting a better understanding of roles and relationships on the continuum of provision.

1999	Establishment of HSS Board Trauma Advisory Panels.
1999	Inter-departmental working group for victims established.
2000	Establishment of Victims Unit, OFMDFM.
2001	<p>Northern Ireland Executive's Programme for Government recognises that:</p> <p><i>"The Executive will continue to pay special attention to the particular difficulties faced by the victims of the 'Troubles.'"</i></p> <p>The Programme for Government recognises that service provision is not the remit of one department but rather a theme that should run across the current administration. One of the actions of Programme for Government is to:</p> <p><i>"Put in place a cross-departmental strategy for ensuring that the needs of victims are met through effective, high quality help and services. This will be facilitated by an inter-departmental working group on victims."</i></p>
2000-2002	Trauma Panel Coordinators appointed.
2002	<p>Publication of Victims Strategy (<i>Reshape, Rebuild, Achieve</i>). The strategy outlined a number of key aims that should be recognised by all groups providing services to victims of the conflict. Specifically the strategy details that the health sector should:</p> <ul style="list-style-type: none"> • Ensure that the forthcoming review of mental health policy and strategy considers the needs of victims; • Address the particular needs and difficulties of victims in relation to mental health through the development of a Mental Health Promotion Strategy; • By March 2003, review the Health and Personal Social Services recommendations from the Bloomfield Report (1998) and the Social Services' Inspectorate Report (1998) <i>Living with the trauma of the Troubles</i> and determine the extent of the implementation of the recommendations; • By June 2003, carry out research to determine whether counselling would be helpful for victims who apply for access to coroner's inquest papers, as they can often be shocking and direct in content; • By March 2003, ensure that all relevant Health and Personal Social Services staff are aware of how to respond to the health and social needs of victims and their representatives; • Consider the specific needs of victims when implementing the Social Services Inspectorate review of counselling; and • Through funding a worker in each Trauma Advisory Panel, allow an assessment of the need for Cognitive Behavioural Therapy courses in each Health Board area.
2002	OFMDFM funding identified for Trauma Advisory Panel Coordinator Posts.
2002	DHSSPS Commission Evaluation of Health and Social Services to Victims of the Conflict.

4 STRUCTURE OF HSS SERVICE PROVISION TO VICTIMS**4.1 Introduction**

This section of our report seeks to identify the regional and area health and social services board planning and coordination mechanisms in respect of health and social service provision to victims of the conflict. An illustration of the current service delivery model is presented in Figure 1 at the end of this section.

4.2 Current Format of Service Provision

The current format of health and social service provision to victims of the conflict is made up of a number of service layers. In our view these service layers are:

- Regional Coordination Mechanisms i.e. DHSSPS, OFMDFM, NIO, Trauma Advisory Panels and HSS Boards;
- HPSS Specialist Service Providers i.e. the Family Trauma Centre;
- HPSS Mainstream Service Providers i.e. HSS Trusts and Primary Care; and
- Community and Voluntary Sector and Other Service Providers.

In this section of our report we seek to identify the key roles and responsibilities associated:

- DHSSPS;
- Victims Unit;
- Victims Liaison Unit;
- Interdepartmental Group for Victims;
- Trauma Advisory Panels (TAPs); and
- HSS Boards.

Sections 5 and 6 respectively address the key activities associated with HPSS specialist services provided to victims, mainstream services (excluding primary care which is outside the scope of this evaluation) and community, voluntary and other services provided to victims.

4.3 The Role of DHSSPS

DHSSPS has responsibility for the Trauma Advisory Panels. DHSSPS has responsibility to take forward a number of the recommendations of the Bloomfield Report in respect of the provision of health and social services to victims of the conflict. In particular these are:

- Community developments taking place should be supported and encouraged by Boards, Trusts and other funding bodies as part of an overall coordinated response to the needs of affected individuals;

- The location of services must be carefully considered to ensure that they are easily accessible to those who need them;
- The manpower requirements of the Psychology Service should be examined;
- The DHSSPS should convene a Northern Ireland working group to address concerns about the counselling of persons affected by the conflict; and
- Each Trust should prepare suitable explanatory pamphlets on what services are available in its area with points of reference where help can be accessed.

All the recommendations made in the SSI report were incorporated in the Bloomfield report (such as the establishment of the Trauma Advisory Panels) emphasising their importance and the requirement for them to be implemented.

4.4 The Role of the Victims Unit

The Victims Unit is part of the Community Relations, Human Rights and Victims Division of the Office of the First Minister and Deputy First Minister (OFMDFM) and was established in June 2000 following devolution. The aim of the Unit is:

“To raise awareness of, and co-ordinate activity on, issues affecting victims across the devolved administration and society in general.”

The primary responsibilities of the Unit are:

- Ensuring that the needs of victims are addressed in the devolved administration, including the management of an interdepartmental working group on victims’ issues and management of a £3m Strategy Implementation Fund;
- Ensuring the implementation of the actions contained in the victims’ strategy, *Reshape, Rebuild, Achieve*;
- Management of the Victims Measure of Peace II;
- Funding a support worker in each Trauma Advisory Panel to develop networks between service providers and victims, and their representatives at local level;
- Maintenance of a website with information of interest to victims and their representatives;
- Operating a Helpdesk for people experiencing problems in dealing with any of the devolved government departments or other public bodies; and
- Support for Ministers in the devolved administration.

Funding for the TAP Coordinator posts is provided by the Victims Unit since April 2002.

4.5 The Role of the Victims Liaison Unit

The Victims Liaison Unit was established within the Northern Ireland Office (NIO) in June 1998 to take forward the recommendations made in the Bloomfield report. Initial funding of £5 million was allocated for the support measures for victims. The main responsibilities of the Unit include:

- Provision of core funding to victims' groups;
- Management and provision of grant aid to the Northern Ireland Memorial Fund;
- Ensuring the victims' issues are dealt with in the reserved and excepted fields in Northern Ireland, particularly in areas such as compensation, criminal justice, security and dealing with the 'disappeared';
- Prioritisation and allocation of central government funding for victims;
- Primary responsibility for implementing the findings of the Bloomfield Report; and
- Support for Ministers in the NIO, particularly the victims' Minister.

To date the Unit has committed over £18.25 million to support measures for victims of the troubles which include:

- Establishment of a the Family Trauma Centre;
- Educational Bursary Scheme;
- Northern Ireland Memorial Fund;
- Review of Criminal Injuries Compensation; and
- Funding for groups working with victims.

The Unit has contact with health and social service professionals on a networking basis (formal and informal and on an ad-hoc basis as required) and are not involved in the commissioning of any of the services provided by the health and social services sector. Contact with victims and carers is limited to meeting with victims groups which are funded by the Unit.

4.6 The Role of the Interdepartmental Group for Victims

The Interdepartmental Working Group for Victims was established in 1999. The chair of the group was initially the Minister with responsibility for the Northern Ireland Office. Chairmanship was later transferred to two junior ministers from OFMDFM. Original membership of the group was confined to representatives from NICS departments. However, membership has now been extended to include representatives from the Northern Ireland Housing Executive and the Social Security Agency. The Interdepartmental Group also invites representation/presentations from other statutory sector bodies involved in the coordination and/or provision of services to victims of the conflict i.e. representatives from the Northern Ireland Centre for Trauma and

Transformation, Trauma Panel representatives, victims representatives from the Civic Forum etc.

The main function of the group is to provide a forum for all NICS departments to come together in the interests of the meeting the needs of victims of the conflict. In particular, the interdepartmental group aims to provide a forum to advise OFMDFM on developing policy that will impact on victims of the conflict. The group also has a responsibility to identify funding for services to support victims of the conflict. The group meet on a quarterly basis.

4.7 The Role of Trauma Advisory Panels (TAP's)

The establishment of the TAPs was first recommended in the 1998 SSI report *Living with the Trauma of the Troubles*, and later endorsed in the Bloomfield report. The TAPs were established in 1999, with one TAP in each HSS Board geographical area. TAP Coordinators were appointed at different times in each HSS Board area (i.e. the Foyle Area TAP Coordinator was originally funded by Foyle Trust and has been in post since 2000, whereas the Northern Area TAP Coordinator has been in post since December 2002). Each TAP now has a full-time Coordinator, with panel membership drawn from key stakeholders across statutory and voluntary sectors. The Victims Unit provide funding for the TAP Coordinator posts. Individual TAP activities are funded by contributions from panel members and successful funding applications from sources such as the Victim Programme Implementation Fund. Applications have also been made to the Strategy Implementation Fund.

The main functions of the TAPs are to:

- Coordinate services in the Board's area;
- Enable a greater coherence and cohesion of the network which exists in the area;
- Improve the understanding of emerging needs and the shared development of methods for tackling them; and
- Clarify and promote a better understanding of roles and relationships on the continuum of provision.

4.7.1 Southern Area TAP

The remit of the Southern Area TAP extends across the entire geographical area of the Southern Board. The TAP was established in May 1999, with the TAP Coordinator established in post in July 2002. The TAP initially met on a quarterly basis, this has now increased to bi-monthly meetings. The membership of the TAP is made up of representatives from the following organisations:

- The three HSS Trusts in the SHSSB area;
- Representatives from the SHSSB (public health, planning and social services);

- Banbridge Local Strategy Partnership;
- Dungannon Local Strategy Partnership;
- The four main churches;
- South Armagh Victims Encouraging Recognition (SAVER);
- WAVE Trauma Centre;
- Cumann na Meirleach Ard Mhaca Theas (South Armagh ex-prisoner group);
- Families Acting for Innocent Relatives (FAIR);
- CRUSE;
- Samaritans;
- Victim Support;
- NOVA;
- Disabled Police Officers Association;
- Southern Education and Library Board; and
- Northern Ireland Housing Executive.

The role of the TAP can be summarised as:

“To bring together victims/survivors, voluntary and statutory agencies and the churches to acknowledge the impact of the Troubles, to share information, to assess need and influence the development of services to meet needs.”

The work of the TAP includes:

- Identifying the needs of victims/survivors;
- Establishing current levels of service provision; and
- Identifying gaps and encouraging the development of appropriate services to meet service needs.

The TAP has developed a time related action plan, informed by the recommendations of the Bloomfield and SSI reports.

When the TAP was established it identified a number of key issues that impact on services to victims. These are:

- The complex emotional issues arising in respect of individual victims i.e. sense of justice, sense of guilt;
- The value of statutory and voluntary bodies meeting and giving priority to the above issue;

- The need for improved information on services available to victims (mainstream and specialist); and
- The need for effective use of new funding coming into the ‘victims sector’.

As part of their response to these issues the TAP developed a directory of services (which was launched in January 2000), a series of information leaflets for service users and assessed the need for additional statutory counselling services to trauma victims within the SHSSB area. In response to the latter the SHSSB have recurrently funded (£18,000 per annum for each post) three part-time dedicated trauma counsellor posts for victims of the troubles. These posts have been in operation since 1999. The counsellor posts are based in three separate geographical locations in each of the three HSS Trust areas. This dedicated trauma counselling service has been evaluated using a CORE Evaluation Approach, evaluating the outcome of individual service referrals. The findings from the evaluation indicate that those who accessed the counselling service experienced a positive effect from the outcome.

The SHSSB also makes a non-recurrent nominal financial contribution and staff resourcing contribution to a counselling service provided in the Craigavon and Banbridge area in partnership with NOVA (a voluntary organisation which works with victims of the conflict).

In recognition that the role of the TAP is continually evolving TAP members have recently reviewed the role of the TAP and its aims and objectives.

Recently the TAP (supported by the SHSSB) has made four applications for funding to DHSSPS to access the Victim Strategy Implementation Fund. One of these applications was later withdrawn. The three remaining applications are for the following initiatives:

- Training for SHSSB and Trust personnel on the impact of the Conflict and increasing awareness of the service needs of victims;
- Academic research to evaluate the specialist trauma counselling service provided in the SHSSB area, with a view to learning from best practice; and
- Training for TAP members to facilitate the growth and effectiveness of the TAP and promote better partnership working with other organisations.

The outcome of the funding applications is currently awaited.

4.7.2 The Foyle Area TAP

The Foyle Area TAP differs from the other three TAPs in the respect that TAP membership and remit does not extend across the entire geographical area of the Western Board, but rather covers only the geographical area of Foyle (i.e. the geographical areas of Londonderry, Strabane and Limavady). The TAP has evolved in this way due to practical difficulties of trying to coordinate a TAP to cover the large geographical area of the Western Board (the WHSSB has the largest geographical and most rural area of the four HSSB’s in NI). In

addition, there are unresolved tensions in respect of HSS service provision between representatives of the geographical areas of Omagh and Enniskillen. It was assessed that these tensions could not be sufficiently resolved to allow a Western area board TAP to function effectively. Sperrin Lakeland HSS Trust had envisaged developing a TAP to cover the Trust's geographical area (i.e. Omagh and Enniskillen). Whilst this is still a Trust aim it has not yet been realised due to resource constraints.

The TAP development was originally a joint venture between the WHSSB and the Derry District Partnership. The two organisations held a public meeting in January 1999 for all voluntary and statutory agencies working with victims of the conflict. At the meeting, the key recommendation was to establish a regular forum for all agencies working with victims of the conflict. This decision resulted in the creation of the TAP in early 1999. The Coordinator post was originally funded by Foyle HSS Trust from 2000. OFMDFM funding for TAP Coordinator posts in Northern Ireland was only made available from April 2002. The TAP meet on a monthly basis with membership made up of representatives from the following organisations:

- WHSSB;
- Foyle HSS Trust;
- Addictions Services;
- CALMS;
- Centre for Creative Energy;
- Columbia Community;
- CRUSE;
- Cunamh;
- Derry Well Woman;
- Foyle Woman's Aid;
- Greysteel Enterprises;
- The Koram Centre;
- Newbuildings Community and Environment Association;
- Peace and Reconciliation Group;
- Foyle Rural Women's Network;
- The Services Club;
- Social Security Agency;
- Towards Understanding and Healing;
- Victim Support NI;
- WAVE;
- STEER; and
- ZEST.

The TAP's mission statement is:

“To ensure that those experiencing trauma and the effects of violence have access to a high quality network of support.”

The TAP developed a Strategy Plan covering the period (February 2002 to March 2004). This plan builds on the DHSSPS identified TAP activities and outlines the main aims and objectives of the Foyle TAP as:

- Providing a supportive network for members and agencies, facilitating development of referral systems and disseminating good practice;
- Acting as a consultative forum to advise the WHSSB, Local Strategy Partnerships and other funders regarding the best use of resources in the delivery of services to victims and ensuring that the views of service users feed into service planning and delivery;
- To assist the WHSSB and Local Strategy Partnerships in developing and implementing the Strategy plan;
- To assist in the development of appropriate training programmes for staff across statutory and voluntary sector organisations;
- To promote and develop evaluation of support services to victims;
- To develop long-term monitoring of the needs of victims;
- To promote understanding of how “The Troubles” have affected people in Northern Ireland;
- To build information and intelligence that can influence other key policy makers and develop understanding about the nature of trauma and post conflict healing;
- To develop and share best practice in interventions with trauma and community healing; and
- To ensure that the TAP works effectively in response to the needs and aspirations of member organisations.

The overall cost of planned TAP activities outlined in the Strategy Plan is estimated to be £212,334 over the next two years. This includes costs associated with salaries and administration support, training and conferences and goods and services.

TAP activities to date have included:

- Development of an information pack providing information about each group represented in the Panel;
- Development of leaflet “Coping with Trauma”;
- Development of a directory of services;
- An Audit of the Needs of People Affected by the Troubles and an Evaluation of The Work of the Trauma Advisory Panel (undertaken by Dr Roger Manktelow, May 2001);

- Lobbying key policy makers;
- Securing training for the TAP members and groups; and
- Securing media coverage for victim related issues.

Within the Western Health and Social Services Board area there are no dedicated statutory services for health and social services to victims of the conflict. However, victim's access mainstream services including, Occupational Therapy, Physiotherapy Clinics and Mental Health Services (e.g. cognitive behavioural therapy, counselling services and psychotherapy).

The evaluation of the TAP conducted in May 2001 was based on consultation with TAP representatives. The evaluation focussed on seeking feedback on each of the TAP's key objectives. In each of areas evaluated the majority of the responses rated the TAP's achievement of the objectives as 'Good' or 'Very Good'.

4.7.3 Eastern Area TAP

The remit of the Eastern Area TAP extends across the entire geographical area of the EHSSB. The TAP was established in January 2000, with the Coordinator taking up post in December 2002. The TAP meet on a quarterly basis and its membership is drawn from the following groups:

- EHSSB;
- Mater Hospital Trust;
- Green Park Trust;
- Down and Lisburn HSS Trust;
- Royal Hospitals Trust;
- Belfast City Hospital Trust;
- South and East Belfast HSS Trust;
- North and West Belfast HSS Trust;
- Ulster Community & Hospitals Trust;
- Coiste na n-Irchimi;
- Northern Ireland Housing Executive;
- Survivors of Trauma;
- Breaking the Silence;
- Victims and Survivors Trust;
- Contact Youth;
- Counselling Service;
- WAVE;
- CRUSE;
- Eastern Health and Social Services Council;
- Newlife Counselling Service;
- Northern Ireland Voluntary Trust;
- Belfast Education and Library Board;
- EHSSB GP Forum;
- South Eastern Education and Library Board;

- Royal College of Nursing;
- Faith Communities; and
- Survivors of Trauma.

The TAP developed a Statement of Intent document (March 2002). This document identifies the mission of the TAP is to:

“Advise and influence the EHSSB to improve the development and coordination of quality services to address the needs of those affected by the Troubles.”

The main aims of the TAP are:

- To increase understanding of the range of needs, services and gaps in services and additional services required;
- To identify and promote best practice regarding work with people affected by the Troubles;
- To provide advice and support and respond to the key issues relating to needs and services for people affected by the Troubles;
- To promote actively the prioritisation of the issues of people affected by the Troubles; and
- To build the capacity of the TAP to fulfil it’s remit/achieve its mission.

The TAP is the principal advisor to the EHSSB on issues relevant to Troubles related trauma.

TAP specific ad-hoc working groups are established to take forward particular initiatives. In addition, the TAP has developed an Implementation Plan covering the period April 2002 to March 2004. The plan outlines the TAP’s aims, key actions and responsibilities.

Current TAP activities include:

- Child Bereavement Pilot Project. This Project aims to provide support to children and their families in cases where the child has suffered a traumatic bereavement. The project included the development of a range of information guides including; Parent Information, Traumatic Grief Stress, Dealing with Traumatic Grief Stress, Schools and Traumatic Grief Stress and Other Services i.e. the coroner
- Commissioning of needs assessment study for victims across the EHSSB area. The study will be undertaken by Conflict Research;
- Reviewing pain management services access by victims of the conflict;
- Developing a directory of services; and
- Identifying of training needs.

4.7.4 Northern Area TAP

Northern Area TAP covers the entire geographical area of the Northern Health and Social Services Board. The TAP was established in December 1998, with the Coordinator taking up post in December 2002. The TAP currently meet bi-monthly. The membership of the TAP includes representation from the following groups:

- PSNI;
- Regimental Association UDR;
- Community Foundation for Northern Ireland;
- Coleraine Girls' Secondary School;
- Homefirst HSS Trust;
- Garden Street GP Surgery;
- Northern Health and Social Services Council;
- Social Services Training Centre;
- Northern Health and Social Services Board;
- WAVE;
- Victim Support;
- CRUSE Bereavement;
- Causeway HSS Trust; and
- Northern Ireland Housing Executive.

The TAP is the key link with policy makers for service delivery. It exists to:

- Facilitate the coordination of services for victims of the NI conflict within the NHSSB area;
- Enhance the cohesive network of partners working with agreed objectives to promote and develop better services for victims of the conflict;
- Provide a forum for improved understanding and addressing identified and emerging needs of victims of the conflict;
- Assess the training needs of the appropriate professionals and victims groups and provide training programmes accordingly; and
- Work collaboratively with key organisations, victims and victims' groups to develop methods for tackling the needs of victims.

The work of the TAP is supported by sub-groups who provide support for particular initiatives. The TAP is currently in the process of reviewing the general TAP membership and the composition of the sub-groups. The TAP has also recently reviewed their Strategy Plan. The TAP's Plan for 2002 to 2004 outlines their key strategic and operational objectives as:

- Creating a vision for the future role of the TAP;
- Developing policy and procedures;
- Developing a Strategic Plan;
- Developing an Action Plan for the way forward;

- Establishing the identified and perceived service needs of victims of the conflict;
- Participating in development and coordination of training programmes for professional groups and interest groups working with victims of the conflict;
- Creating and promoting public awareness and understanding of the role of the TAP and its objectives; and
- Working with member groups to identify and promote good practice.

To date TAP activities have included:

- Development of a directory of services;
- Facilitation of conferences;
- Support for a service planning initiative for families living in high deprivation areas in Larne. This was not a 'trauma' specific project, but did provide support to the TAP in needs assessment issues;
- Support for needs assessment initiative undertaken in Larne and Carrickfergus in respect of intimidated families. This initiative helped to support the TAP's work;
- Development of a mapping exercise to identify service needs and providers as well as information gathering to provide a baseline data bank of incidents in local areas and interfaces and the impact on those affected; and
- Review of current service levels, referrals, activity reports, service development initiatives and effectiveness of service provision.

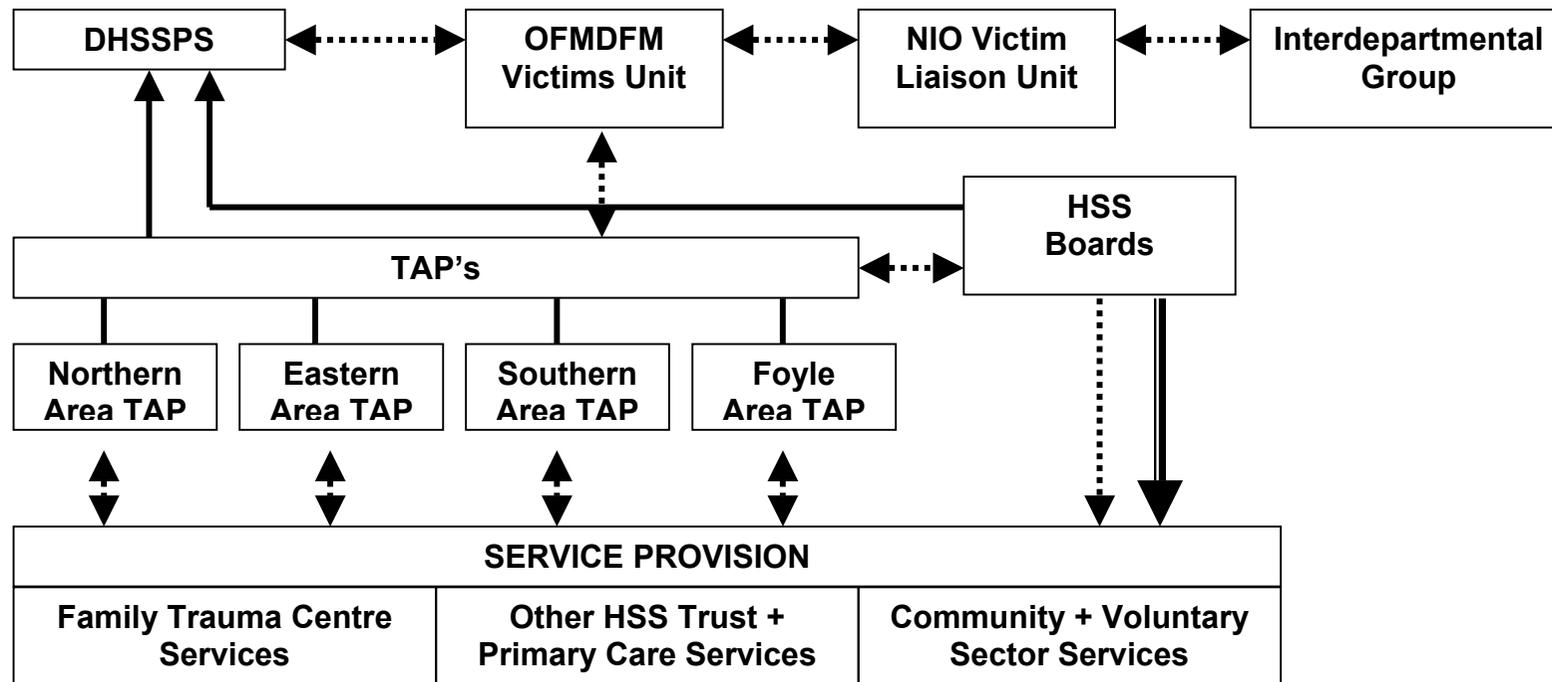
The approach of the Northern Area TAP and TAP Coordinator is to link as closely as possible with community development approaches. This is reflected by the reporting structure for the Coordinator, whose line manager is a project leader within Community Development in Homefirst Trust.

4.7.5 HSS Boards

Each of the four HSS Boards were issued with a questionnaire for completion and offered the opportunity for a face-to-face consultation with a member of the Capita team. In all cases it was suggested that consultations with Board representatives would be most appropriately undertaken in conjunction with consultation with representatives of the Trauma Advisory Panels. This was the method of consultation applied. Each of the HSS Boards viewed the TAPs as a key forum to inform service planning and commissioning processes. HSS Boards do not seek to commission 'victim specific services' (with the exception of services provided by the Family Centre in the case of the Northern and Eastern Boards and to a lesser extent the Western Board). Service provision for victims is commissioned as part of overall Programme of Care commissioning priorities.

Figure 1

CURRENT SERVICE PROVISION MODEL



Accountable To
 Liaison with Co-ordination
 *Members of Interdepartmental Group
➔ Commissioning Services

4.8 Main Findings from Evaluation of Current Service Provision Structure

Our evaluation of the regional and area HSS Board coordination and planning mechanisms to support health and social services to victims has revealed the following:

- DHSSPS has responsibility for the TAPs. The Victims Unit provides funding for the coordinator posts;
- The main TAP funding sources are provided via the HSS Boards with funding also provided by the Victims Unit (for funding of the coordinator posts and access to the Strategy Implementation Fund and Victims Programme Fund). To date no current monies have been issued from the Strategy Implementation Fund.
- Each of the TAPs are at different stages in development;
- The TAPs are broadly working towards the same main aims;
- Each of the TAPs has developed a strategy/plan/statement of intent outlining their main objectives. However, the individual strategy/plan/statement of intent documents are presented in varying degrees of detail;
- Some of the TAPs have adopted a sub-group approach to take forward particular initiatives;
- Some TAP representatives expressed the view that they were unclear about the role of the Interdepartmental Group and would like to be more involved with the work of this group;
- Each of TAPs recognised the importance of the Victims Strategy and the impetus that the strategy and subsequent funding has given to raising the profile of victims and supporting victims of the conflict. However, TAPs expressed concern regarding the long-term and recurrent funding opportunities to support the work of the Victims Strategy;
- Each of the TAPs recognises that opportunities exist for more regional coordination across the four TAPs. The TAPs anticipate that this coordination will increase now that the coordinators are all in post;
- Representatives of the Southern Area, Northern Area and Foyle Area TAPs expressed concern that the location of the regional specialised services are not readily accessible to the populations they represent;
- Our assessment has revealed that the membership of each of the four TAPs is quite different in some cases. Whilst this is to be expected, given the need to ensure that the TAPs reflect local issues, there is still a need to ensure the ‘right’ balance between statutory and non-statutory sector bodies. The TAPs identified that some non-statutory bodies do not always have the capacity for involvement with the TAP;
- Each of the TAPs expressed the view that there is a need to increase awareness amongst mainstream services of the needs of victims. In

addition there are some mainstream services where there are particular service gaps in respect of services for victims. These are specialist physiotherapy, speech therapy and chronic pain. However, it should be noted that these services are subject to general services pressures (due to availability of staff resources, increasing waiting lists etc.) and therefore it is not just victims of the conflict who experience difficulties in accessing such services.

- The TAPs expressed the view that opportunities exist for increased partnership working across the statutory, voluntary and community sectors; and
- Given the current coverage of the Foyle Area Panel (where coverage excludes the geographical areas of Omagh and Enniskillen) it is our view that there is a current gap in coordination of victim's services in the Western Board area.