

## 5 SPECIALIST HEALTH AND SOCIAL SERVICE PROVISION TO VICTIMS

### 5.1 Introduction

This section of our report seeks to identify the main providers of specialist health and social services to victims of the conflict and to identify the current format of specialist service provision.

### 5.2 Family Trauma Centre

The Family Trauma Centre is based in Wellington Park in South Belfast. The centre is a regional resource, with access open to all geographical health and social service board localities in Northern Ireland. The centre provides treatment services to children aged 0-18 and their families. Such treatment is primarily to those affected by the Troubles (approximately 80%), but treatment is also provided to other trauma cases i.e. road accidents etc. Work is carried out in partnership with the referring agency for the child/family. Treatment services include; individual therapy, play therapy, child psychoanalytical psychotherapy and family therapy.

Referrals can be received from GPs, Trusts, specialist teams, schools and voluntary agencies/community groups. Self-referrals can also be made (but only for conflict related trauma victims). Referrals to the service are speedy and can be immediately after an incident has occurred. Many of those treated by the centre are victims of multiple trauma and transgenerational trauma. Those attending the centre are in many cases low-income families with multiple and complex social problems.

The centre is staffed by multi-disciplinary professional staff drawn from the disciplines of family therapy, psychiatry, psychology, social work and child psychotherapy, with specialised training in trauma recovery. The original economic appraisal for the centre was based on funding 12.7 Whole Time Equivalent (WTE). The current staffing complement of the centre is 10.52 WTE and can be broken down as follows:

- Administrative Support x 3 WTE
- Research Assistant x 1 WTE
- Consultant Family Therapist x 1 WTE
- Trainee Child Psychologist x 1 WTE
- Family Therapist x 2 WTE
- Consultant Clinical Psychologist x 0.79 WTE
- Clinical/Training Coordinator x 0.53 WTE
- Trainee Family Therapist x 1.2 WTE

The centre also provides a consultation service, which is offered either by telephone or face-to-face to those seeking support for a client who has been traumatised in their local community. The centre is currently working with Family and Childcare staff in Foyle HSS Trust in the provision of a

consultation service on a monthly/bi-monthly basis. The feedback to date on this service from Trust staff has been positive and the service has developed to include some consultation sessions with foster parents. The centre is working with Foyle HSS Trust to identify a process to support Trust responses to this need. The centre is also in early discussions with the Trust with regard to supporting the development of a Trust based psychotherapy service.

The centre has provided consultation to Homefirst Trust to develop a Family Therapy post within the Child and Adolescent Mental Health Service. The centre manager is now a National Assessor for Adult and Family Therapy (the only assessor in Northern Ireland). This resource could be applied to help HSS Trust's to develop specialist family therapy services.

The centre provides training and teaching to statutory and voluntary agencies and community groups working with people traumatised by the Troubles. This includes promoting public awareness about the impact of the Troubles on individuals and families, conferences and workshops. The centre facilitated a training placement for a psychiatrist completing joint training in psychiatry and psychotherapy. The centre is also involved in the MSc in Systemic Psychotherapy at QUB. For the past two years the centre has provided supervised clinical training placements for three psychiatry students each year. The centre also provides placements for staff on professional training programmes in Northern Ireland including, social work students from QUB, family therapy students from QUB and psychology students from QUB and University of Ulster.

The centre has completed several research projects during the past three years including a satisfaction survey of centre service users. A service user telephone survey (2001/02) indicated that:

- 77% of adults had reduced concerns after treatment;
- 88% of adults reported the service to be very helpful;
- 72% reported that communication had become better after attendance at the centre with 79% reporting improved family relationships; and
- 80% reported that they were coping much better than before attending the centre.

Recent activity statistics, disaggregated by HSSB Board and Trust illustrate the use of Family Centre services. The information tabulated relates to referrals and sessions/contacts, but excludes other family centre activities such as:

- Consultations and meetings with statutory, voluntary and community sector bodies; and
- Training sessions provided to statutory, voluntary and community sector bodies.

*Referrals and Sessions/Contacts to Family Centre April 2001 – March 2002*

Board/Trust	Referrals	Sessions/ Contacts	Number of Clients Seen
<b>EHSSB TOTAL</b>	<b>187</b>	<b>1209</b>	<b>1858</b>
South & East Belfast Trust	67	503	717
North & West Belfast Trust	96	546	909
Ulster Hospitals Trust	13	107	161
Down & Lisburn Trust	11	53	71
<b>NHSSB TOTAL</b>	<b>31</b>	<b>134</b>	<b>214</b>
Homefirst Trust	30	134	214
Causeway Trust	1	0	0
<b>SHSSB TOTAL</b>	<b>3</b>	<b>27</b>	<b>50</b>
Armagh & Dungannon Trust	0	0	0
Craigavon & Banbridge Trust	2	14	20
Newry and Mourne Trust	1	13	30
<b>WHSSB TOTAL</b>	<b>8</b>	<b>7</b>	<b>9</b>
Sperrin Lakeland Trust	1	0	0
Foyle Trust	7	7	9
<b>OVERALL TOTALS</b>	<b>229</b>	<b>1377</b>	<b>2131</b>

*Referrals and Sessions/Contacts to Family Centre April 2002 – September 2002*

Board/Trust	Referrals	Sessions/ Contacts	Number of Clients Seen
<b>EHSSB TOTAL</b>	<b>87</b>	<b>675</b>	<b>1058</b>
South & East Belfast Trust	39	286	412
North & West Belfast Trust	28	303	494
Ulster Hospitals Trust	8	54	81
Down & Lisburn Trust	12	32	71
<b>NHSSB TOTAL</b>	<b>9</b>	<b>96</b>	<b>153</b>
Homefirst Trust	9	96	153
Causeway Trust	0	0	0
<b>SHSSB TOTAL</b>	<b>0</b>	<b>4</b>	<b>12</b>
Armagh & Dungannon Trust	0	0	0
Craigavon & Banbridge Trust	0	2	4
Newry and Mourne Trust	0	2	8
<b>WHSSB TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>
Sperrin Lakeland Trust	0	0	
Foyle Trust	0	0	0
<b>OVERALL TOTALS</b>	<b>96</b>	<b>775</b>	<b>1223</b>

The above information demonstrates that during 2002 88% of the sessions/contacts with the Family Trauma Centre were with EHSSB residents, with 10% with NHSSB residents and the remaining 2% WHSSB and SHSSB residents. Based on projecting the 2002/03 activity to date this pattern is likely to be repeated with 87% of the sessions/contacts being provided to EHSSB residents, 11% to NHSSB residents and 2% to SHSSB residents.

The above information also demonstrates that to date during 2002/03 the WHSSB have not referred any patients to the Family Centre or availed of session or contact services. The SHSSB have not made any new referrals to the service, but the Centre has continued to treat 4 patients from the Board area. In addition, the pattern of referring Trust areas to the Centre has remained the same in 2002/03 (to date) compared to 2001/02.

By projecting the six month activity for 2002/03 to achieve a full year effect it would appear that the number of new referrals from the Eastern Board Trusts will be in line with 2001/02 activity, whilst the number of sessions/contacts will increase marginally. In respect of the Northern Board the projected number of new referrals for 2002/03 will be approximately 45% less than the previous year, with an increase in sessions/contacts of 134 (2001/02) to 192 (projected for 2002/03).

The activity statistics provided demonstrate that the Family Centre relies heavily on attracting patients from its host Board area (EHSSB), complemented by referrals made from Homefirst Trust in the NHSSB. Therefore, whilst the centre is intended as a regional resource it is not yet attracting referrals from across the HPSS in Northern Ireland.

The centre provides two outreach clinics; one to the voluntary group Survivors of Trauma (Cliftonville Road) and one in North and West Belfast Trust (Chestnut Grove). The centre has also had preliminary discussions with Homefirst Trust (NHSSB area) in respect of the provision of an outreach service.

Since the centre opened demand for treatment services has increased from those living in interface areas. In addition, treatment services are increasingly being provided to victims of punishment beatings etc. The centre has also experienced an increase in referrals from victims living in North Belfast and particular areas of the NHSSB (Glengormley, Carrickfergus and Larne). The centre does not experience as many referrals from West Belfast. Traditionally, residents of West Belfast can access well established community networks that provide support/treatment.

Start-up funding for the centre was provided by NIO. Current funding is provided on a capitation basis by HSS Boards (via DHSSPS allocation). SLAs exist with each to the 4 HSS Boards. The funding allocation is an ongoing contentious issue, particularly for the Southern and Western Board, the residents of which do not generally access the services of the centre. A

breakdown of the expenditure and income of the Family Trauma Centre is provided in Section 9 of this report. The centre has a guaranteed level of funding until April 2004. Uncertainty over the long-term funding of the centre creates recruitment difficulties, with the centre only able to offer short-term contracts. During a recent recruitment exercise it was not possible to attract applicants for a Grade A Clinical Psychologist with CBT training (as the post would only have been offered on a short-term contract basis).

An evaluation of the centre (commissioned by the management of the centre) was undertaken by Dr Arlene Vetere, Consultant Clinical Psychologist and Principal Lecturer in Systemic Psychotherapy at Tavistock in London. The evaluation was concluded in July 2002. Some of the key aspects highlighted during the evaluation included concerns regarding the need to prevent secondary traumatisation amongst the centre staff and a recommendation regarding an expansion of the multi-disciplinary team with an individual trained in Cognitive Behavioural Therapy (CBT) (a recommendation reflected in the Victims Strategy).

### **5.3 The Role of North and West Belfast Trauma Resource Centre**

North and West Belfast HSS Trust are in the process of developing a dedicated service to victims of the conflict. The development of this service is subject to the successful outcome of a current funding bid to Belfast Regeneration Office. Our findings in respect of the proposed North and West Belfast Trauma Resource Centre are detailed in section 6.4.1.

### **5.4 The Northern Ireland Centre for Trauma and Transformation**

The Northern Ireland Centre for Trauma and Transformation (NICTT) is a charitable trust based in Omagh, which aims to provide regional specialist trauma services (mostly to adults) for those suffering from conflict related and non-conflict related trauma. Phase two of NICTT's plans include the development of residential capacity (subject to securing sufficient funding for this facility). The centre was opened in November 2002, following a successful economic appraisal. The centre will be staffed by:

- Centre Director x 1;
- Therapeutic Team Manager x 1;
- Clinical Director x 1;
- Senior Therapist x 2;
- Therapist x 2; and
- Research Assistant x 1

Some of the above staff are currently in post and the remaining posts are currently being recruited for.

Three-year funding of £1.5 million for the centre has been secured from NIO. NIO currently have no commitment to fund the centre beyond this amount or after the initial funding period ends. The £1.5 million has been provided to

cover the set-up costs of NICTT and salaries, rent etc. The centre is also developing a fundraising strategy. The concept of the centre was approved by NIO without consultation with DHSSPS. The centre is subject to a quarterly monitoring process agreed with NIO. In addition, a mid-term evaluation of the centre will be conducted in December 2003 with a final evaluation in June 2005.

The estimated capital costs for the setup of the centre are estimated to be £1.3 million. This includes costs for fixtures and fittings, acquiring the initial site, building costs, fees and statutory fees. The total revenue cost per annum is estimated to be £475,620 (approximately 56% of the revenue costs can be attributed to salaries).

The centre's work is based on the work undertaken in the wake of the Omagh bomb, and follows a successful feasibility study and economic appraisal. The focus of the centre's work is on treating people with trauma, conducting research, developing innovative and best practice approaches to treatment, developing a broader 'transformational' approach for work with groups and communities, training and research programmes and humanitarian support for other communities.

The immediate aim of the NICTT is to provide regional specialist cognitive behaviour therapy (CBT) services to victims of the conflict. In the longer-term the NICTT may have the capacity to extend their specialist services to other trauma victims (i.e. road traffic accidents etc.). The centre's aim is to treat approximately 250 people per annum (225 suffering from chronic or complex PTSD as a result of the conflict and 25 people per annum suffering from non-conflict related chronic or complex PTSD). The centre also aims to deliver 144 training days per annum and 45 consultancy days on CBT approaches. The focus of NICTT's work will be on the treatment on the adult population. Referrals to the centre can be made from the statutory, voluntary or community sectors. NICTT are currently in the process of developing a business plan, indicating how it will progress and develop services.

The NICTT have particular specialist skills in the use of CBT. This is strongly influenced by international best practice and the learning generated from experience post the Omagh bomb. Immediately following the Omagh bomb in August 1998 the Community Trauma and Recovery Team was established by Sperrin Lakeland Trust. From the start, the dedicated trauma team facilitated central coordination of therapeutic assessments and responses. In addition, the team set in place mechanisms to monitor and evaluate their work. The team also had access to trained cognitive therapists and quickly established links with the Department of Psychiatry in Oxford University. Early interventions included focussing on community initiatives with a therapeutic focus on bereavement, acute distress disorder and other traumatic related disorders. The monitoring and evaluation of the team's work identified key learning points in respect of the numbers affected by Post Traumatic Stress Disorder (PTSD), the association between PTSD and exposure to the trauma and distress-trauma risk assessment.

The evaluation and monitoring work conducted post the Omagh bomb, along with other research references has provided powerful evidence to demonstrate the effectiveness of CBT as a treatment for PTSD. In addition, the research demonstrates the public health implications of PTSD. Extrapolating data of those upon whom the conflict has impacted, in conjunction with estimated trauma levels from the conflict provides some estimates in respect of the costs of chronic PTSD i.e. health care costs of approximately £3,620 per person/per year, £4,480 costs associated with lost working days each year. Many of these costs can be associated with treating complications associated with trauma, but not addressing the underlying cause. Whilst these costs are estimates, it does demonstrate the financial impact associated with PTSD. This research also serves to highlight the financial benefits which could be realised from effective CBT. In addition, the team's monitoring and evaluation work in respect of Omagh demonstrates the scale of the traumatic impact of a single incident.

## 5.5 Main Findings from Evaluation of Specialist Services

Our evaluation of the specialist services to victims of the conflict has revealed the following:

- The main specialist service provider is the Family Trauma Centre;
- The Family Trauma Centre was established with the remit of providing a regional service to the entire population of Northern Ireland;
- The Family Trauma Centre is funded by DHSSPS. The funding application from North and West Trauma Resource Centre sits with another body – Belfast Regeneration Office;
- The Northern Ireland Centre for Trauma and Transformation (NICTT) is a charitable trust in Omagh, which aims to provide specialist trauma services to adults. NICTT is only recently established, with the set up costs funded by NIO. There is no DHSSPS funding for NICTT;
- Those consulted as part of this evaluation expressed the view that the Family Trauma Centre was not readily accessible for a large percentage of the NI population;
- It would appear that the Family Trauma Centre is not yet attracting service users from across Northern Ireland. To date approximately 87%-88% of the sessions/contacts at the Family Trauma Centre are from EHSSB residents;
- It is our view that the treatment regimes of the Family Trauma Centre are based on well-established research and best practice. In addition, the organisation has applied service feedback evaluation processes with service users;
- The majority of stakeholders consulted as part of this review indicated that they believed that the Family Trauma Centre provided a good, quality, effective service;
- Some of the stakeholders consulted felt that decisions in respect of specialist services have been 'politicised' in some instances, rather than based solely on need;

- The Family Trauma Centre expressed the desire to increase their levels of service provision, provided this was underpinned by adequate resourcing;
- The Family Trauma Centre expressed a desire to increase collaboration with the TAPs; and
- The Family Trauma Centre expressed the view that the current services provided to victims of the conflict are not holistic, and that in many cases mainstream services do not have the awareness or skills to treat victims of the conflict.

## **6 SERVICE PROVISION BY HSS TRUSTS, VOLUNTARY AND COMMUNITY GROUPS, CHARITIES AND OTHERS**

### **6.1 Introduction**

This section of our report outlines briefly health and social services provision for victims of the conflict provided by HSS Trusts, voluntary and community groups, charities and others. Our analysis of these services is presented as follows:

- Identification of HSS Trusts who provide mainstream services only which are accessed by victims of the conflict;
- An outline of HSS Trust dedicated services for victims of the conflict; and
- An outline of the sample of voluntary and community groups, charitable organisations and others with whom we consulted whose services are accessed by victims of the conflict.

### **6.2 HSS Trusts**

The Capita team's proposed methodology included issuing a pre-consultation questionnaire to each HSS Trust in NI. In most cases individual trust questionnaires were completed and returned. In every case each HSS Trust was offered an opportunity for a face-to-face consultation with a member of the Capita team. However, in some instances some stakeholders declined the opportunity to meet with the Capita team and suggested other appropriate channels through which their views could be represented. In addition, in three cases the Capita team have made several unsuccessful attempts to consult with the Mater Hospital HSS Trust, Belfast City Hospital HSS Trust and Newry and Mourne HSS Trust. Down and Lisburn HSS Trust declined the opportunity to meet with the Capita team.

The table overleaf illustrates the pattern of consultations conducted.

Stakeholder Organisation	Organisation who provided representation
North & West Belfast HSS Trust	North & West Belfast Trauma Resource Centre
Royal Group of Hospitals Trust	Royal Group of Hospitals Trust
Ulster Community and Hospitals HSS Trust	Ulster Community and Hospitals HSS Trust
Green Park HSS Trust	Green Park HSS Trust
South and East Belfast HSS Trust	Family Trauma Centre
Homefirst HSS Trust	Northern Area Panel representatives (the Trust also completed a separate Trust questionnaire)
Causeway HSS Trust	Northern Area Trauma Panel representatives
Altnagelvin HSS Trust	Capita team referred to Foyle Trust for consultation
United Group HSS Trust	United Group HSS Trust
Sperrin Lakeland HSS Trust	Sperrin Lakeland Trust
Foyle HSS Trust	Foyle Area Trauma Advisory Panel representatives
Armagh and Dungannon HSS Trust	Southern Area Trauma Advisory Panel representatives
Craigavon and Banbridge HSS Trust	Craigavon and Banbridge HS Trust
Craigavon Area Hospital Group Trust	Capita team referred to Craigavon and Banbridge Trust for consultation

### 6.3 HSS Trust Mainstream Services to Victims of the Conflict

A number of HSS Trusts do not provide dedicated services for victims of the conflict. However, Trust services are routinely accessed by victims of the conflict. It should be noted that in most cases Trusts were unable to provide quantifiable information in respect of mainstream services accessed by victims. In addition, in most cases there are no dedicated HSS Trust staff providing services to victims, but rather staff are involved in the provision of mainstream services which are accessed by victims. Some Trust staff do possess additional qualifications in areas such as trauma counselling and trauma management. This information was not readily quantifiable or accessible to support the findings of our analysis.

Whilst all mainstream HSS Trust services can be accessed by victims of the conflict there are particular services which are likely to attract higher levels of service usage from victims. These are:

- Physiotherapy Services;
- Mental Health Services;
- Social Services;
- Occupational Therapy Services;
- Pain Management Clinics;
- Rehabilitation Services.

HSS Trusts consulted also advised that Crisis Response and Trauma Teams are established as required in the event of a major incident.

HSS Trusts who provide only mainstream services to victims of the conflict:

- Royal Group of Hospitals Trust;
- Belfast City Hospital Trust;
- Mater Hospital Trust;
- Down and Lisburn HSS Trust;
- Altnagelvin Trust;
- Ulster Community and Hospitals HSS Trust;
- Green Park HSS Trust;
- Homefirst HSS Trust;
- Causeway HSS Trust; and
- United Hospitals Group HSS Trust.

#### **6.4 HSS Trust Dedicated Services to Victims of the Conflict**

##### **6.4.1 North and West Belfast HSS Trust – Trauma Resource Centre**

North and West Belfast HSS Trust are in the process of developing a dedicated service to victims of the conflict. One of the Trust staff senior social workers has been on secondment since November 2001 as Project Manager to facilitate the establishment of the North and West Belfast Trauma Resource Centre.

North Belfast Community Action Project (May 2002) highlighted the multiple disadvantage in North Belfast and stated that *“the decline in North Belfast cannot be arrested unless it is considered a priority case for intensive care over a number of years.”* The project team made several recommendations including a dedicated unit and additional funding to address the long-standing issues in the area.

Whilst the Trust continues to provide services to victims who have suffered trauma as a result of the legacy of the Troubles, there are also increasingly demands on service provision from victims living in interface areas, displaced families and punishment attacks. Victims living in North Belfast more readily avail of Trust services. Currently, victims access mainstream services offered by the Trust.

Increasing service demands from victims of the conflict are illustrated by the outcome of a review of casenotes in the Mental Health Programme of Care. The review indicated 431 referrals were recorded between August 2000 and November 2001 from individuals presenting with symptoms which were attributed in whole or in part to trauma of the conflict. These referrals reflected the loyalist feud and the disturbances in North Belfast and represent approximately 20% of the total referrals to the Community Mental Health Teams of the period. Family and Childcare have also experienced an increase in the number of referrals to the North Belfast Child Care Teams. In addition, during 2000/01 Family and Childcare staff dealt with 583 individuals who were displaced due to civil unrest.

It is against this background that the North and West Belfast Trust identified the need for the Trauma Resource Centre. The aim of the Trauma Resource Centre is to provide specialist trauma services to victims of the conflict who are members of the population of North and West Belfast. The Project Manager is currently the only full-time employee of the Resource Centre. Services to be provided by the centre are dependant on the successful outcome of the recent economic appraisal to Belfast Regeneration Office. The establishment of the centre will be the first dedicated trauma resource for victims in the Trust area. The centre will apply a community development approach, utilising the skills and expertise of the community, voluntary and statutory sector who have provided long-standing services to victims of the conflict in North and West Belfast.

The Trust has recently submitted an economic appraisal for 3-year funding to the Belfast Regeneration Office (BRO) for additional staffing to facilitate the trauma service provision by the Trauma Resource Centre. The total estimated cost of the proposed service is £714,069. DHSSPS were not consulted during preparation of the BRO bid. The economic appraisal includes a proposal to recruit a mixture of full and part-time staff for the following roles:

- CBT Counsellor;
- Psychotherapy Counsellor;
- Family Therapist;
- Physiotherapist;
- Occupational Therapist; and
- Service Coordinator.

The Trauma Resource Centre, via the skills of the psychologist will aim to provide psychological assessment/treatment sessions to 48 individuals annually. The therapists will provide counselling sessions to 288 individuals annually. The centre aims to use the skill of a full-time coordinator to develop a partnership approach and ensure that a comprehensive and equitable range of services are provided. In addition, the coordinator will have responsibility for mainstreaming conflict related services and developing an exit strategy for the centre. In order to address the chronic pain management needs of victims the centre will apply the skills of a full-time physiotherapist, experienced in the management of acute and chronic pain. It is envisaged that this service will be able to treat 48 individuals annually. In order to increase social inclusion of victims the centre aims to employ a full-time occupational therapist to provide rehabilitation and occupational skills services to 96 individuals annually.

A decision is expected on the outcome of the economic appraisal by March/April 2003.

The Resource Centre currently works in partnership with other agencies to provide services to the population of North and West Belfast. These include:

- A weekly outreach service provided by the Family Trauma Centre;

- Provision of Psychotherapy services and facilitation of CBT training in conjunction with the Psychotherapy and Counselling Network; and
- Provision of structured adult group work for victims of the conflict in collaboration with the Wider Circle voluntary group.

The Resource Centre (in conjunction with the EHSSB) is currently in the process of organising a major regional conference scheduled for October 2003. The focus of the conference is on 'communities after conflict'.

#### **6.4.2 *Craigavon and Banbridge Trust, Newry and Mourne Trust and Armagh and Dungannon Trust***

In addition to mainstream services to victims of the conflict each of the above Trusts provide a dedicated trauma counselling service to victims of the conflict. This service is funded on a recurrent basis by the SHSSB (each counsellor post is funded at £18,000 per annum) This service is community based and provides support to all victims of conflict, 25 hours per week. The service is used by victims or relatives who have been bereaved or injured as a result of the troubles, people who have been intimidated, witnesses to violent incidents and those who have been forced to leave their home. Referrals are made to the service from GPs, hospital services, voluntary agencies, schools, churches, community groups, victims groups and individuals themselves. The service was evaluated in April 2002 using the CORE Evaluation Model. This system is used to evaluate quality, audit and benchmark psychological therapies. Following the audit the results showed that clients who have been discharged after completing a course of counselling have reported an improvement in their mental well-being. It can therefore be concluded that the counselling provided is extremely effective.

In addition to the counselling service Craigavon and Banbridge Trust also provide another child and family support service to victims of the conflict in partnership with NOVA (a voluntary organisation). NOVA seeks to provide support to individuals, families and communities who have been affected by the Troubles in Northern Ireland over the past thirty years. NOVA operates in the Greater Craigavon area and focuses on the communities of Brownlow, Lurgan and Portadown. The project is managed on a day-to-day basis by Barnardo's and overall by a Steering Group, which consists of representatives of Barnardo's, the Craigavon and Banbridge Trust and a number of community and voluntary groups. As NOVA works to the principles of inclusiveness and accessibility, any person, family, group or agency can make referrals to NOVA. Individuals from 42 families have been worked with on an individual, couple or family basis. NOVA work in partnership with other agencies and community groups in order to raise awareness of Troubles related trauma, and increase the ability of local communities to meet their own needs for healing. This is done through workshops, research, presentations and participating in fora for debate. The NOVA project has been formally evaluated with the results of the evaluation providing positive outcomes and the project being cited as good practice for other organisations.

Training for staff central to the provision of both of the above services is undertaken as and when the need arises and is always accredited to the appropriate body, e.g. BA Counselling Standards. Seminars for representatives of all professions and care programmes have been organised to raise awareness but other issues have been addressed as identified.

In addition, to the above specialist services victims of the conflict also access the mainstream services of the Trust. However, there is no available quantitative information to demonstrate levels of service access by victims only.

### **6.4.3 Sperrin Lakeland Trust - Community Victims Support Programme**

Sperrin Lakeland Trust provides a Community Victims Support Programme in the Fermanagh region. Initially this service was funded from 2000 – 2001 partly by Trust monies, Fermanagh District Partnership and Peace I funding. During the period January – March 2002 it was funded by OFMDFM and since April 2002 it has been funded by the local Trust from non-recurrent monies. Funding for the service from April 2003 has not yet been identified.

Currently the Community Victims Support Programme focuses on the following service provision:

- Supporting self-help groups through capacity building training, advice and general guidance. There are approximately 35 groups on the mailing list comprising a mix of statutory service providers, self-help groups and interested others such as organisations in the Republic of Ireland.
- Support for individual victims i.e. those who are not comfortable in group settings for whatever reason, including advocacy work.
- Awareness Raising and Networking with service providers including publication of a self-help directory; and
- Training for voluntary / community organisations, practitioners and victims.

This programme was subject to external evaluation in December 2001 which recognised the success of the Programme.

In addition, victims of the conflict also access the mainstream services of the Trust. However, there is no available quantitative information to demonstrate levels of service access by victims only.

## **6.5 Voluntary and Community Groups and Charities**

The voluntary and community groups and charities consulted as part of this assignment were made known to the Capita team by other sources

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## **6.5.1 Northern Ireland Association for Mental Health**

The Northern Ireland Association for Mental Health (NIAMH) provides services to people with mental health needs, informs and educates the public about mental health needs and promotes the highest standards in the provision of mental health services. The organisation has approximately 150 staff and operates across Northern Ireland.

The services provided by NIAMH are not exclusively for victims of the conflict although they have had a specific interest in this area for the past 10 years. NIAMH were instrumental in developing the 'Remember and Change' group (a forum for people to speak about their experiences and enable them to move on) which is comprised of representatives from Queens University, Victim Support, Samaritans, Mediation Network and the Corrymela Community.

NIAMH have provided courses on listening skills and mental health awareness to the staff of North and West Belfast Trust and the Fermanagh District Partnership.

Referrals to NIAMH are made through formal routes only – GPs and other voluntary and community groups.

## **6.5.2 Community Foundation for Northern Ireland**

The Community Foundation for Northern Ireland (CFNI) is an independent charitable grant-making organisation, whose aim is to create a more just and caring society by enabling people in positive action. CFNI act as an intermediary funding body on behalf of the Victims Liaison Unit, Northern Ireland Office. CFNI funds and supports community development and assists groups to tackle the causes and effects of inequality, poverty and disadvantage at a local level. Over a two year period, April 2001- March 2003 CFNI has distributed £3.1m in funding to counselling organisations and self help groups. With effect from 1<sup>st</sup> April 2003 CFNI will no longer have responsibility for distribution of funding to support community development. This responsibility will transfer to the Community Relations Council.

CFNI does not have direct contact with victims but rather provide groups with funding and support in order that they achieve the appropriate skills to make their group sustainable, e.g. financial and management skills. They also provide victims/survivors groups with an in-depth training programme on issues as diverse as trauma, group development, managing projects and policy development.

## **6.5.3 Victim Support Northern Ireland (VSNI)**

Victim Support Northern Ireland is an independent, voluntary charity, which works alongside other criminal justice agencies, for all victims (not specifically those affected by conflict), friends, families and carers. There are eight branches, which have full-time advice staff, in addition to a number of

outreach posts. In total the organisation has approximately 45 staff and over 200 volunteers. As with all charities getting volunteers can be difficult. Supported by Lottery funding VSNI are progressing towards establishing a nationally accredited training scheme. Unrestricted core service funding of approximately £1 million is received from the NIO (there exists a service level agreement for compensation). Additional monies were received for the court witness service now provided by VSNI. Lottery money was granted for a training department, and this enables VSNI to train its volunteers to the standard required. Fundraising is also undertaken at a local and regional level i.e. some local branches are sponsored by Lloyds. A certain amount of fundraising is undertaken by each branch annually.

The organisation provides both emotional support and practical advice, through people dropping in, home visits and the dissemination of information packs. VSNI recently received additional monies that enabled them to provide a witness service (based at Laganside courts). It is hoped to eventually roll out this witness service to the Magistrates courts etc. VSNI relies upon a number of mechanisms for referral of victims. Primarily, the first point of contact is the Police. There are also significant numbers of self-referrals, however the organisation realises that many people are unaware of its existence and that PR must be increased. GP's and hospitals also refer victims. During 2001-2002 VSNI received 49,145 crime referrals and this represented an 8.5% increase over the previous year. Self-referrals increased by 27%. VSNI runs a number of innovative projects for victims of violence attending hospital Accident and Emergency Units i.e. in the Ulster Hospital, which it is hoped will become part of the core service. There are volunteers in A & E, in addition to hospital staff to offer counselling and support to victims upon arrival. This was funded by the Ulster Community and Hospitals Trust, and VSNI hopes to introduce this into other hospitals i.e. Belfast City Hospital as they believe that this system is an excellent model. The number of interfaces that VSNI has is on the increase. For example, there is liaison with GP's, Trusts and Trauma Advisory Panels.

#### **6.5.4 Northern Ireland Association for the Care and Resettlement of Offenders**

“The Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO) works to achieve a just, humane and effective criminal justice system and an inclusive and peaceful society. NIACRO is an independent non-profit making voluntary organisation, seeking to act as an agent of social change”. NIACRO has eight operational units, five delivering services externally and three providing support and organisational infrastructure to those units.

The primary purpose of the Association is to reduce crime and to work with ex-offenders. NIACRO mainly works with people who are under threat from the paramilitaries, plus families of offenders and ‘mainstream’ prisoners. The main remit of the Association is the resettlement of people under threat through the provision of the following services: family services; youth justice; crime prevention; and training services. The majority of referrals received by the Association are from the Northern Ireland Housing Executive, the Police Service of Northern Ireland and Social Services. The Association does not

have any formal relationship such as a service level agreement with HSS Boards and Trusts, but Boards and Trusts do make use of the services provided by NIACRO. There are representatives from a number of Trusts on NIACRO's Board i.e. Homefirst, North and West Belfast and South and East Belfast. Funding is received from a variety of sources and is currently approximately £100,000 per annum.

## **6.5.5 Northern Ireland Memorial Fund**

The Northern Ireland Memorial Fund (NIMF) is an independent charity that was established in 1999. NIMF seeks to promote peace and reconciliation by ensuring that those who have suffered injury or bereavement as a result of the troubles in Northern Ireland are remembered, by providing them with help and support in a practical and meaningful way.

The organisation provides seven grant schemes as follows:

### **1. Small Grants Scheme**

Provides small grants up to a maximum of £500 to those who are currently experiencing financial difficulties to assist with the purchase of essential household items or services.

### **2. Education and Training Scheme**

Provides grant assistance to children and adults whose education or vocation has been affected by their experiences. This grant assistance enables them to access the educational and training opportunities available to help them realise their ambitions and improve their employment prospects.

### **3. Short Break Scheme**

Provides individuals and families with a short break away from their usual surroundings, responsibilities and commitments. Short breaks are available throughout the British Isles.

### **4. Back to School Grant**

Provides a grant to help families with school-age children who are in receipt of benefits with the purchase of school uniforms and other costs associated with the beginning of the school year.

### **5. Chronic Pain Management Scheme**

Provides individuals who are suffering chronic physical pain (as a result of injuries sustained) with financial assistance (£1,000) towards private medical consultations and treatment. Additional funding is made available for those who require surgical procedures.

### **6. Wheelchair Assessment Scheme**

Provides wheelchair users with a better alternative wheelchair to the one they are currently using.

### **7. Amputee Assessment Scheme**

Provides amputees with the best suitable prosthesis available.

All contact that the NIMF has with victims is through the administration of these applications. Referrals to the NIMF come from both individual victims and support groups. The Fund does not refer victims onward. Up until 31st May 2002 NIMF had spent £1.75 million and had helped 3,000 individual victims. The following provides a summary of the administration of the funds across the seven grant schemes (up until 31 May 2002).

£1.4 million has been paid out in small grants to some 3,000 households
£240,000 has been paid out to over 428 families to take a short break
25 people have benefited from chronic pain management totalling £14,000
142 people have benefited from Training and Education grants totalling some £60,000
2 amputees have received new prostheses with a further 34 cases anticipated
9 state-of-the-art wheelchairs have been provided with a further 21 anticipated

All of the NIMF services are centralised through Greenpark Health and Social Services Trust through a specific agreement. The NIMF is primarily government funded. £6.3million has been received from the British Government and £700,000 is from the Northern Ireland Assembly. Some private fundraising is undertaken.

### 6.5.6 *Community Relations Council*

The Community Relations Council (CRC) was formed in 1990 and is a non-government, not-for-profit organisation and a registered charity, which aims to help people and organisations in Northern Ireland to tackle the pervasive issues of sectarian division. The purpose of the CRC is threefold. It acts as a grant-giving agency, an enabling agency and a development agency.

The Council has been engaged in work with victims and survivors since its formation. The focus of the Council is on the community/voluntary sector. The CRC has secured funding to administer two grant schemes on behalf of the government, over a two year period. The first is a core funding scheme for victims and survivors groups (£3million between April 2003 and March 2005), which covers core costs (staff and running costs) to these groups. The second is the victims and survivors groups development grant scheme. This is a small grant scheme (£750,000 between July 2002 and June 2004). The CRC has high contact with victims through victim interest groups (which are comprised of victims) and through the applications for grants, assessment visits, conferences and networks. CRC assist mostly with financial support. Referrals come from NIO/OFMDFM, VLU and VU who either refer victims to the Council or ask the Council to make contact with the victim. Referrals also come from churches and individual clergy. The CRC make onward referrals, for example, to local district council community relations officers,

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other funding agencies, established organisations such as WAVE, government departments and the trauma advisory panels.

### **6.5.7 *Survivors of Trauma***

Survivors of Trauma, based on the Cliftonville Road, were set up in 1995 by people in the local community who had lost family members through the Conflict. The group, made up of two full-time and two part-time staff, deals with victims at all levels. Their aim is to take a community development approach to supporting victims through providing counselling services and to maximise support through other complementary therapies and activities. Survivors of Trauma adhere to the professional standards of the Trauma Advice Clinic and Family Trauma Centre and North and West Trust, and employs counselling services from various counselling agencies and the HSS. The group itself provides the facility for group counselling activities, and many victims who avail of these services in turn become volunteers themselves. Approximately 50 people attached to the group have attended a Competent Counsellor course set up by a counselling agency to enhance listening skills etc. Complementary therapies are an attempt to try and deal with social problems often experienced by victims of trauma, such as drug and alcohol abuse. The group runs various classes and activities, including language, music, computer studies and personal development classes, and Yoga and Tai Chi classes.

### **6.5.8 *Families Acting For Innocent Relatives***

After the Belfast Agreement, Families Acting for Innocent Relatives was established to help people who had suffered due to conflict. The group receives government and EU funding, and has also received funding from Peace II of £115,000 over a two-year period. They provide one-to-one counselling services and other forms of counselling to the local community. Some of the members of the group are trained counsellors, and most of the people in the organisation are victims themselves and have been directly affected by the conflict. The group seeks to convince people who have been affected by conflict to get counselling, or at least some form of support. They provide practical support and welfare support, for example through helping people to claim pensions and social security benefits. They see their role as bringing people together, not just within the community context, but also within individual families where there are issues and disputes as a result of the Conflict. The group aims to build up trust and to get people to talk about their problems.

This organisation finds that referrals mostly result from word-of-mouth. The fact that they are in the community, and have a local knowledge of who has been affected by the conflict, gives them a better understanding or better credibility which fosters trust among victims. They make sure that they take a pro-active on the ground approach to providing services and are not just reactive to the environment. Families Acting for Innocent Relatives believe that they can provide a valuable 'first point of contact' for victims (many of whom may not be comfortable with accessing statutory sector services).

Families Acting for Innocent Relatives previously conducted a basic needs analysis in 1999 which identified the need for a living memorial centre, the need for justice, and for bringing victims back into the community. A lot of victims felt that they had gone beyond the stage of counselling and wanted more companionship focused services. Families Acting for Innocent Relatives are members of the Trauma Advisory Panel.

In relation to good practice, (in this group's opinion) they are making substantial progress in generating a collaborative approach to providing specialised services for victims. The group has plans in progress to establish a "Living Memorial Centre", which will be a local building in Markethill. The purpose of the centre is to provide a community centre, a Trauma centre, and a Memorial centre. The group have approached funding bodies including CRU, International Fund for Ireland, DSD and also the Health and Social Services Boards to develop this project. In this group's opinion these collaborative initiatives may be the way forward as people are not 'labelled' going through the door and may be attending the centre for various reasons, for example pain relief, counselling or other community activities, which are all complementary services under the one roof.

### **6.5.9 Disability Action**

Disability Action works to ensure that people with disabilities attain their full rights as citizens, by supporting inclusion, influencing Government policy and changing attitudes in partnership with disabled people. It is the only Northern Ireland wide pan disability organisation with six offices at strategic locations across Northern Ireland. It is primarily a membership organisation focused on disability issues. It offers a range of services including information and advice, employment and training support, capacity building, training on disability issues and transport and mobility assessment.

Disability Action supports all people with disabilities and does not collate any statistics on how people may acquire their disability. It does not specifically target victims of the conflict. Currently Disability Action works in consultation with some Trusts in terms of service provision, lobbying etc. but there is no consistency in approach from the various Trusts and the organisation is itself limited by its capacity to become fully involved with all statutory service providers.

### **6.5.10 The Samaritans**

The Samaritans offers a free 24-hour confidential and emotional support helpline to all in emotional distress and does not specifically target victims of the conflict. The organisation was founded almost 50 years ago in the UK. It is entirely staffed by volunteers and has eight branches throughout Northern Ireland. It is solely dependent on voluntary donations, grants, lottery applications etc.

The organisation has recently provided email access and provides a national contact number ensuring the rate of engaged rates is significantly reduced and providing for every call made in Northern Ireland to be answered there.

The organisation is moving from a relatively isolationist tendency to developing links and networks with both the statutory and voluntary sector but it does not operate as a referral service.

The organisation has recently undergone a re-branding exercise in order to highlight what the organisation actually does and to position it as the emotional support charity. It firmly believes that offering people an opportunity to talk and to be listened to without prejudice can alleviate distress and suicidal feelings.

### 6.5.11 *Threshold*

Threshold is a mental health organisation with 60 staff aiming to provide the best therapeutic environment for people at risk or recovering from mental illness. It is a charity and is funded by various income streams with direct funding provided by the various health, housing and social services agencies. It offers the following services:

- 80-bed residential service for people with severe mental health difficulties for individuals who have been referred through the care management systems from all four Board areas in NI;
- Primary care non-residential psychotherapy, training and consultation services directly to clients and to professionals working in a variety of health, social care and educational settings;
- Training including a comprehensive in-house training programme accredited by IIP which supports staff on NVQ and DipSW training as well as a partnership arrangement with QUB for psychotherapy training; and
- Research Department which provides internal evaluation of all clinical services offered.

Threshold has provided psychoanalytical therapy services to victims of the conflict. One specific project, *The Troubled Mind Project*, is funded in-part by the Victims Unit. This project evolved as a pilot project initially in the Eastern Board area and was available to 70 individuals / groups. The thesis of this project is that living in conflict has made Northern Ireland citizens less trusting, more hostile and less engaging. The project has adopted a psychoanalytical perspective and is seen as an alternative to the dominance of cognitive behavioural therapy.

Threshold currently works in partnership with the community and the statutory sectors providing training.

### **6.5.12 Families Against Crime by Terrorism (FACT)**

FACT was established in 1998 and has one full-time volunteer and two part-time staff. FACT also has two part-time volunteer counsellors. The group has received funding from various bodies, including OFMDFM and Peace II. This organisation has regular contact with victims through post, newsletters, telephone, email, website and one-to-one meetings. A counselling service is available but the organisation experience greater demand for their befriending service. Newcomers to the group are put into contact with NOVA and the NI Memorial Fund. FACT provides counselling services mostly to members who have become unstable or who have had relapses, or for older people affected by the conflict. They have three trained counsellors who have received basic training. They are also using their funding to provide driving lessons, computer courses, reflexology, first aid courses, deaf awareness and job search.

This organisation has gone some of the way towards an awareness campaign, and describe themselves as ‘very pro-active in the community’. For example, FACT has advertised on local television, via their website, papers and other community service activities. There is also a certain element of self-referral to their services. FACT considers itself to be filling a gap in health and social service provision.

### **6.5.13 Health Action Zones**

In each of the HSS Board areas there are Health Action Zones (HAZ’s). These are:

- Western Health Action Zone – covering the WHSSB area;
- Northern Neighbourhoods Health Action Zone – covering the NHSSB;
- North and West Belfast Health Action Zone – covering the areas of north and west Belfast in the EHSSB; and
- Armagh and Dungannon Health Action Zone – covering the areas of Armagh and Dungannon in the SHSSB area.

Each of the Health Action Zones work on an inter-agency basis and are committed to combating inequalities in health through genuine partnership between government, public agencies, communities, consumers and business.

None of the Health Action Zone’s offer any dedicated services to victims of the conflict. However, each of the Health Action Zone’s act as ‘sign-posting’ agents for victims in order to direct them to appropriate sources of service provision.

## **6.6 Main Findings from Evaluation of HSS Trusts, Community and Voluntary Groups and Others**

The main findings of our analysis of services provided by the above to victims of the conflict is as follows:

- There is a high usage amongst victims of mainstream services;
- There are only a relatively small number of dedicated services for victims across the general HSS;
- Some of the dedicated services for victims do not have recurrent funding e.g. Sperrin Lakeland Trust – Community Victims Support Programme;
- There is a need to increase awareness and skills across the mainstream sectors in respect of victims issues, needs and services;
- There are some particular specialities where victims access services more frequently e.g. pain management, physiotherapy, mental health, social services etc. Some of these services are subject to long waiting lists (i.e. chronic pain clinics);
- Representatives of the voluntary, community and other groups with whom we consulted expressed the view that there was ‘competition for scarce funding’ between statutory and non-statutory organisations;
- The majority of stakeholders consulted welcomed the development of the TAPs, but felt the TAPs needed to more closely reflect the ‘grass roots’;
- Many of those consulted expressed the view that services to provide assistance to victims have developed as a result of responses to tragedies, often with service developments taking place in an ad-hoc manner. The health and social services and voluntary and community sector in Northern Ireland have a long history of service provision to victims of the conflict, but have never before been subject to a formal evaluation;
- All of those consulted welcomed the victims strategy and the increased focus on victim issues, but felt that long term planning and recurrent resources, based on need were required;
- Stakeholders expressed the view that greater coordination and transparency in service coordination and planning was required;
- Those organisations consulted within the voluntary/community sector believed that their services often bridged gaps created by the absence of appropriate statutory sector services;
- Those in the voluntary/community sector felt that communication could be improved across all those involved in the provision of services to victims;
- Some voluntary organisations identified that they were not always clear of the mechanisms through which they could access funding;
- Many of those consulted expressed the view that the Family Trauma Centre provided valuable specialist services. However, the centre was not readily accessible to a large number of the population; and
- Based on feedback from stakeholders during this evaluation it is our view that there is still an element of ‘distrust’ between the statutory and voluntary/community sector.