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Chief Executive/General Manager of each
Health and Social Services Board

Chief Executive of each HSS Trust

Circular HSS(DMHU) 4/98

Chief Executive of the Central Services Agency

16 September 1998

Dear Chief Executive/General Manager

IMPLEMENTATION OF THE BLOOMFIELD AND SOCIAL SERVICE INSPECTORATE REPORTS ON THE VICTIMS OF THE 'TROUBLES'

Introduction

1. The purpose of this circular is to advise Boards and Trusts on the role of the health and social services in taking forward the recommendations in 'We Will Remember Them', the Report of the Northern Ireland Victims Commissioner, Sir Kenneth Bloomfield KCB (April 1998), and in the Social Services Inspectorate Report 'Living with the Trauma of the Troubles' (March 1998).
2. 'Health and Wellbeing: Into The Next Millennium', The Department's Regional Strategy for Health and Social Wellbeing 1997 - 2002 states 'It will continue to be necessary to ascertain systematically the extent of current needs (of people affected by the past 30 years of civil unrest) and the most appropriate ways of responding to them'. Together the Bloomfield Report and the SSI report map out a strategy for the short and medium term development of multidisciplinary services to meet these needs as presently determined. They do not take away the requirement for ongoing long term assessment of need.

Background

3. The Government has accepted the thrust of the Bloomfield Report and, as suggested by Sir Kenneth, has launched a consultation exercise to inform it as to how to proceed on implementing his recommendations. Interested parties have until 30 September to



express views. However, this need not constrain action in preparing the ground for implementation. Indeed, much has already been achieved on a number of fronts:-

the Northern Ireland Office has established a Victims Liaison Unit;

in May the Government announced that £5m will be made available this year to support work for victims;

the Social Services Inspectorate has completed a series of presentations of its report;

a regional Trauma Unit for young people and families is to be established;

on 30 June the Government announced a £200,000 fund, to be managed by the Northern Ireland Voluntary Trust, for supporting community groups and voluntary organisations with proposals for taking forward the Bloomfield recommendations;

a review of the Fitness for Purpose of the Criminal Injuries Compensation Scheme has been launched;

on 12 August the Government announced the creation of a Memorial Fund to which the Government will be contributing £1.0m;

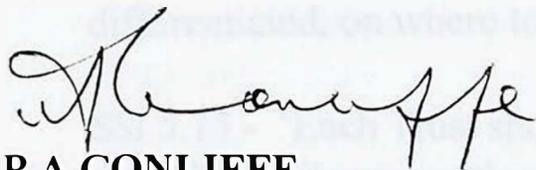
also on 12 August the Government announced the creation of an Educational Bursary Scheme with a commitment of £250k, and a £60k fund for projects promoted by the voluntary and community sector.

Action

4. The Government is anxious that the momentum be maintained. Whilst consultation by Government on how to take forward the recommendations is still ongoing, this need not delay implementation of those which fall to the Department and other HPSS bodies to implement. These are set out in the Annexes to this circular, together with advice, as appropriate, as to what needs to be done to ensure that they are implemented. Implementation of the recommendations in Annexe A can be put into effect without delay. Implementation of the recommendations in Annexe B will take longer. To expedite the work Boards and Trusts should, where possible, maximise the benefits of exchanging ideas and collaborating in implementation.
5. As a first step, each Board should identify an officer with responsibility for overseeing implementation of the recommendations and publicise his or her identity and contact details.

6. In view of the high priority put on this initiative by Government, progress on implementation of the recommendations will be monitored. The Victims Liaison Unit will wish to see copies of the explanatory leaflets and registers/directories of services required by the recommendations. In the first instance Boards, in liaison with Trusts, are asked to forward these to the HSS Executive by 21 December 1998 together with a progress report in respect of relevant recommendations in Annexe A. They should also on that date submit outline plans, including timing, for implementing recommendations in Annexe B.
7. Responses, and any queries about this circular, should be addressed to Stephen Popplestone, Disability and Mental Health Unit, Room 118, Dundonald House, Upper Newtownards Road, Belfast, BT4 3SF.

Yours sincerely



P A CONLIFFE
Director

Copied to: all GPs on the Medical List



RECOMMENDATIONS - FOR IMPLEMENTATION WITHOUT DELAY

1. Role of Concerned Employer

Bloomfield 5.13 and 8.1 - 'employers should be sensitive to the special circumstances of victims and their carers, and specific action should be taken by public sector employers to assure this'.

Boards, Trusts, and the Central Services Agency should ensure that their employment policies, procedures and practices take account of this recommendation.

2. Advice to Victims

Bloomfield 5.25 and 8.1 - 'victims should be given the best comprehensive advice, locally differentiated, on where to turn for support'.

SSI 5.15 - 'Each Trust should prepare suitable explanatory pamphlets on what services are available in its area with points of reference where help can be accessed'.

Trusts should prepare such explanatory pamphlets as soon as possible. These should be made available to A and E departments, GP surgeries, health and social services premises, and other suitable outlets such as funeral directors, police stations, Northern Ireland Housing Executive offices, Social Security offices, Post Offices, public libraries, Citizens' Advice Bureaux, courts and solicitors' offices. Copies should also be available to all organisations offering help, to raise awareness of the full range of available assistance.

3. Trauma Centre

Bloomfield 5.30 and 8.1 - 'the question of a Trauma Centre for young people should also be addressed'.

A trauma centre, for young people and their families who have had their lives affected by the Troubles, is being established by South and East Belfast Trust. The centre will provide a regional service and Boards in conjunction with the Trust, should develop joint commissioning arrangements. The Trust should develop appropriate referral criteria and protocols for access to the centre and its services.

4. Location of services

SSI 4.15 - 'The location of services must be carefully considered to ensure that they are easily accessible to those who need them.'

Where possible, Boards and Trusts should endeavour to develop services in as accessible and neutral locations as practical.

5. Working Group on Counselling

SSI 5.11 - 'There are widespread concerns about the counselling of persons affected by the conflict, such as training, accreditation, supervision, co-ordination, quality and effectiveness. The Department of Health and Social Services should convene a Northern Ireland working group to address these concerns.'

SSI 5.14 - 'In the longer term it is recommended that no organisation should practice counselling unless they have received accreditation by the Northern Ireland panel or other body designated for this purpose.'

The HSS Executive is considering how a working group might be established. It will probably involve representatives of Boards and Trusts, other service providers, user representatives, and others who have experienced trauma. Its work will focus on issues such as:-

the need for counselling of persons affected by the conflict;

minimum standards acceptable for counselling of such persons;

a review of training and supervision arrangements;

future accreditation of counsellors and organisations offering a counselling service;

the application of national standards for qualifications, eg NVQs;

establishment of a Northern Ireland accreditation panel in the absence of another suitable body.

6. Registers of Helping Services

SSI 5.12 - 'Each community Trust should compile and maintain a register/directory of services recording all voluntary and community organisations and professional agencies which offer help, in its various forms, to individuals affected by civil unrest'.

SSI 5.13 - 'Services offered by each organisation should be recorded in the register/directory'.

An initial list of all known current local services should be compiled by Trusts as soon as possible. Services may range from simple sympathetic listening, befriending, practical help, mutual support and advice through to counselling. The register/directory of services should be held by all voluntary organisations and professionals as a means of contributing to more effective co-ordination of the services available, improved liaison, referral of clients and communication of essential information. The initial lists should carry warnings that listing of a service does not necessarily imply endorsement of the quality of that service. The registers should be maintained and updated as additional services become known or existing services change. In the longer term, registration may need to be made dependent upon accreditation based on evaluation of the service provided.

7. Trauma Advisory Panels

SSI 6.11 - 'To improve co-ordination 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.'

Boards should proceed to set up these panels with the task of each to include:-

- assisting the co-ordination of services in the Board's area;
- enabling greater coherence and cohesion of the network which exists in the area;
- improvement in the understanding of emerging needs and the shared development of methods for tackling them;
- clarifying and promoting a better understanding of roles and role relationships on the continuum of provision.

There will be benefits to be gained from establishing inter-Board communication between these Panels.

8. Image of Social Services.

SSI 6.17 - 'Social services need to address their perceived negative image and the lack of trust in them which exists in some communities. They need to explain their role and re-establish relationships with their local communities.'

Boards and Trusts should review the situation locally and draw up plans as appropriate to address any difficulties. Strategies may include meetings, publications, engagement with key community organisations and establishing partnerships.

RECOMMENDATIONS - LONGER TERM IMPLEMENTATION

1. Chronic Physical Pain

Bloomfield 5.29, 5.30 and 8.1 - 'a much higher priority should be given to treatment of, and local research into, chronic physical pain'.

Boards and Trusts should give a substantially heightened priority to the treatment of pain and related research. In particular, Trusts are asked to consider how they provide a pain service at present and whether this requires strengthening and improvement. Whilst the primary care team should be central to the treatment of pain there is also a need for the delivery of a specialist service. One additional specialist team in each Board area may well be an achievable first step.

2. Child and Adolescent Psychiatry

Bloomfield 5.30 - 'the question ofthe availability of residential psychiatry care for young people should also be addressed'.

SSI 6.12 - 'Boards should examine the adequacy of the current provision of child and adolescent psychiatry and their ability to offer a timely response to affected individuals'.

It is recognised that the demand for such services exceeds supply and that this adversely affects the outcomes of interventions in respect of young people affected by the Troubles. Work which is already underway will take forward these recommendations. The Department will shortly be issuing a Policy Statement on child and adolescent mental health services. Boards are already carrying out service reviews.

3. Community Projects

SSI 4.13 - 'The community developments which are taking place, often in the most troubled areas and often led by people who have themselves been severely traumatised, should be supported and encouraged by Boards, Trusts and other funding bodies as part of an overall co-ordinated response to the needs of affected individuals.'

There are a number of voluntary and community sector groups/projects operating in the area of trauma support, some of which are currently attracting funding from the EU Special Support Programme for Peace and Reconciliation or the International Fund for Ireland. Boards and Trusts should be mindful of the effect which the cessation of such funding would have on these groups and the effect which this could have on their own resources.

4. Crisis Support Teams

SSI 4.14 - 'The development of crisis support teams should be widened to ensure that this provision is available when needed throughout Northern Ireland. Support should be available to all traumatised individuals, regardless of the scale of the incident in which they were involved.'

SSI 5.16 - 'Further funding for crisis support teams should be considered to allow them to offer follow-up support to individuals for up to 2 years.'

Boards and Trusts should expand the development of community crisis support teams accordingly. It is suggested that there should be one support team in each community Trust plus additional support based on the major population centres, Belfast and Londonderry.

5. Clinical Psychology Services

SSI 4.16 - 'The manpower requirements of the psychology service should be examined to see how it can become more effectively involved in treating people at the time and point of need, and in reducing time spent on waiting lists.'

SSI 6.13 - 'The DHSS should conduct a review of clinical psychology services, taking account of current demand and outstanding waiting lists. A priority should be to reduce the current backlog and shorten waiting lists.'

Trusts should examine waiting times for people referred to clinical psychology and draw up plans for improvement. A working group set up by the Department's Special Advisory Committee on Clinical Psychology is looking at long-term manpower recruitment and training requirements of the specialty.

6. Training of Professional Staff

Bloomfield 5.30 - 'There should be better training of mental health and general practitioners in the recognition, referral and treatment of conditions they are all too likely to encounter'.

SSI 6.18 - 'Staff working in the statutory sector need awareness training to help them recognise that the problems of some of the individuals that they are trying to help may be rooted in undisclosed 'Troubles'-related trauma.'

Boards and Trusts should discuss with GPs how they might assist with their training needs, and consider how best to introduce staff awareness training.

7. Training for Helpers

SSI 7.9 - 'The pioneering training courses which have been positively evaluated should be expanded to raise awareness of the needs of traumatised individuals, to enhance the listening skills of individuals in the community and to provide training opportunities for organisations whose members are working with traumatised persons'.

Boards and Trusts should encourage expansion of training courses/initiatives for volunteer helpers working with traumatised people.

8. Best Practice Examples

SSI 7.8 and *7.10* - Examples of good practice established through evaluation should be documented and disseminated widely.

SSI will explore with Boards and Trusts how this might be achieved.