

An Audit
of The Needs of People
Affected by The Troubles
and
An Evaluation of The Work
of The Trauma Advisory Panel

Dr Roger Manktelow May 2001





# AN AUDIT OF THE NEEDS OF PEOPLE AFFECTED BY THE TROUBLES AND AN EVALUATION OF THE WORK OF THE TRAUMA ADVISORY PANEL

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#### **EXECUTIVE SUMMARY**

The document reports a research study into

- the needs of people affected by the Troubles within the Derry City area
- an evaluation of the effectiveness of the Trauma Advisory Panel in the North West.

Three methods of investigation were utilised: semi structured interviews with representatives of each of the eighteen member groups of the Trauma Advisory Panel; open-ended interviews with key personnel; and analysis of documentary sources. The research study was undertaken by the researcher between February and May 2001.

The summary is divided into four sections: Section One presents the eighteen groups working with people affected by the Troubles who comprise the membership of the Trauma Advisory Panel; Section Two reports the findings on the needs of people affected by the Troubles; Section Three describes the evaluation of the work of the Trauma Advisory Panel; Section Four contains the main recommendations arising from the study.

#### SECTION ONE

#### HELPING PEOPLE AFFECTED BY THE TROUBLES

#### The member groups of the Panel

The Panel members are grouped according to their broad area of intervention. Whilst some groups work in a number of these areas, other groups confine themselves to one particular aspect.

#### Welfare rights work

THE UNITED SERVICES CLUB predates the Troubles and was formed as an exservicemen's club and Association at the end of the Second World War. The Club is now involved in the provision of welfare advice, social services needs and a wide variety of information to victims and survivors of the present Troubles and their families. Its premises is located in the Waterside where it provides a social club and recreation facility for the membership and friends, which embraces all sections of the community, male and female and has a strong family and dependants' interest. The age of its members is between twenty and sixty five years and over.

#### Justice and reconciliation

Women to the conflict formed THE PEACE AND RECONCILIATION GROUP in 1976 in the city of Derry as part of the Peace Women Movement, a groundswell reaction. The group promotes cross community contact and community development and education. It works on community interfaces to ease tension by, for example, the provision of mobile phones to community peacekeepers. Individual services are provided to victims of violence, particularly young males, which include practical services such as

rehousing and relocation. Users include both males and females across the age range up to fifty years old.

VICTIM SUPPORT is a U.K. wide organisation which was first established in Northern Ireland in 1981. The Foyle and Roe Valley Branch opened in the city in 1991 with the aim of supporting victims of crime including victims of the Troubles. The group has a trained body of volunteers who visit the client at home, to act as 'active listeners' in a short-term crisis intervention to aid the process of recovery from the crime. The client base is mixed, the highest category are young males who have been assaulted.

AN CRANN/THE TREE was founded in 1994 with the aim of providing people with a safe place to tell their story of how the Troubles have affected them. These accounts are collected in a confidential and ethical manner, transcribed and become part of the archive on the Troubles, with a long term aim of opening a museum. As well as individual listening interviews, An Crann also hosts workshops for training and creative activities. Users are adults and divide equally between males and females. Young people have been recently targeted in the 'Right to Hope' workshop. An Crann has branches in Belfast and Derry.

**BLOODY SUNDAY TRUST** was established to support the families involved in the Bloody Sunday Inquiry. The Trust has a centre in the city which offers information and support services.

#### Community development,

THE TOP OF THE HILL 2010 was formed in 1995 by a group of residents concerned to improve the quality of their local environment in Gobnascale, Waterside. The group offers an education and training programme to the local community and a youth art workshop as well as an 'open door' to those in need. At present, the group is bidding for finance for a purpose-built community centre. Users are equally divided between males and females and all age groups are represented.



GREYSTEEL COMMUNITY ENTERPRISES was formed by local residents in an attempt to overcome the tragedy of the Rising Sun Public House killings. The group has built local factory units to create job opportunities, sport and recreational facilities, and a social and community centre

#### Health, mental health and wellbeing,

NORTHLAND was formed in 1971 with the aim of providing a safe haven for street drinkers in Derry at the height of the street violence. The Northlands Centre was established in 1975 as a residential centre for dependent drinkers and, from 1980, various prevention programmes and brief interventions targeted at early stage drinkers were developed. Since the late seventies, it has dealt with drug misuse and it can also offer help with gambling and similar addictive behaviours. Treatment is abstinence based with residential counselling and groups based programmes with two year after care support. Early intervention, non-residential programmes with dependent drinkers offer options for reduced consumption. Users of the services are 70% male and 30% female and come from all age groups over the age of sixteen. Northland has premises on both sides of the city.

DERRY WELL WOMEN was founded in the city of Derry in 1988. The ethos of the group is women centred with self referral. A broader definition of health is adopted to include the physical, emotional and spiritual and there is a strong emphasis on prevention at the community level. The aim of the group is to provide sympathetic health care services for women, who may chose it as an alternative to Statutory health care. Services include a 'listening ear' service, individual counselling, a cancer sufferers' support group, an eating disorder support group, a coping with depression group, and a 'dealing with stress' programme. Users are female, across the age range with the majority in the thirty to fifty years age group.

FOYLE TRUST is a statutory organisation responsible for the provision of mental health services in the Trust area. There are five community mental health teams in the Trust made up of social workers, nurses, psychiatrists, psychologists and occupational therapists. Therapies offered include cognitive behavioural therapy, counselling, a postnatal depression group, a range of generic services and medical treatments.

CRUSE BEREAVEMENT CARE was first formed in 1959 in England and Foyle

Cruse Branch was set up in 1988 in the city to provide personal and confidential help to
those bereaved and those who care for them. Cruse offers a counselling service and a
bereavement support group to those bereaved. Clients are three quarters female and
predominantly in the age group forty to sixty years.

#### Personal development,

CALMS (Community Action for Locally Managed Stress) was established in 1994 as a response to the prevailing high levels of stress and anxiety in the Derry area. The group provides stress programmes with local communities and has a city centre facility which offers stress relief through relaxation, aromatherapy, tai chi, yoga, one to one support, creative activity and social therapy. Users are mainly female, aged thirty years and over.

ST COLUMBA HOUSE was founded in 1980 as a Christian community espousing a living spirituality as an alternative to political violence. The community offers sanctuary at St Anthonys Retreat, works with the marginalised and provides an outreach programme into the prisons. The White Oaks Rehabilitation Centre is shortly to open to provide residential treatment for addictions. The members of the community are mostly female (75%) and middle aged.

THE CENTRE FOR CREATIVE ENERGY was formed in 1994 when a group of people came together to look at the counselling needs and the lack of a counselling service in the city. Located on the outskirts of Derry, the Centre provides individual generic counselling and related services such as aromatherapy and reflexology. Users of

the Centre were predominantly female but recently increasing numbers of men are seeking help. The preponderance of users are in the forty to sixty years age group.

CUNAMH, originally conceived in the Brandywell and Bogside Initiative, was established in 1997. It follows a broad and holistic approach to take into account the wellbeing of people and how wellbeing has been impacted on by the conflict. Two of the main issues identified by the group were the effects on the local community of Bloody Sunday and political imprisonment. Individual counselling, listening ear service, supports groups and personal development programmes are provided. Members include males and females with a user led programme for young people.

THE KORAM CENTRE was formed in 1996 to provide a listening ear and counselling service and was formerly known as the Strabane Befriending and Counselling Association. At its Strabane drop-in centre the group offers a 'listening ear' and a 'competent helper' to those people affected locally by the Troubles. The group promotes cross community healing and has hosted a number of local conferences and promoted an outreach programme into the surrounding rural districts. The majority of users are women and parents.

WAVE was established as a support group in 1991 in North and West Belfast by and for women who had been bereaved of their partners as a result of the Troubles. It was later expanded to meet the needs of those who had been severely traumatised. The need for a WAVE centre in Derry is presently being assessed. Services are offered within the individual's home or at the Centre and include befriending, individual counselling, a youth programme, advice and advocacy, and peer group support. Users of WAVE services were originally predominantly female, now 30% of referrals are male. They are drawn from any age group with 20% of users involved in the youth group.

### SECTION TWO THE NEEDS OF PEOPLE AFFECTED BY THE TROUBLES

The investigation of the needs of people affected by the Troubles was undertaken by an analysis of secondary sources and by interviews with representatives of member groups who were asked the impact of the Troubles on their members in terms of the health effects, the social effects and the psychological effects.

#### Prevalence

The Cost of the Troubles Study (Fay, Morrissey & Smyth 1999) identified 3,585 deaths and 40,000 people injured as a result of the Troubles since 1969. Troubles related deaths of Northern Ireland residents were mapped according to the electoral wards in which the victims resided. Ten wards had more than 7 deaths per 1,000 population and were categorised as high intensity of violence wards (these wards were all areas of high social deprivation and, with the exception of Newtownhamilton, located in North and West Belfast); 122 wards (medium intensity) had death rates of between 2-6.9 per 1,000 population; 424 wards (low intensity) had death rates of between 0-1.9 deaths per 1,000 population. In the high intensity of violence wards, 45% of the sample were found to show evidence of post traumatic stress as compared to 22% in the medium intensity and 12% in the low intensity wards.

On the basis of the prevalence established by the Cost of the Troubles Study the following figures can be calculated:

37,000 sufferers of post traumatic stress in the WHSSB area.

15,000 to 21,000 sufferers of post traumatic stress in the Derry District Council area.



#### Hospital statistics

In the WHSSB, there has been a dramatic rise in the number of hospital admissions for PTSD over the three year period, 1996 to 1999, particularly for males.

Psychiatric Hospital Admissions
For Post Traumatic Stress Disorder

	1996-1997	1997-1998	1998-1999
WHSSB Males	- 00-00-0	3	10
WHSSB Females	2	-	5
WHSSB Total	2	3	15
EHSSB Total	25	19	27
N.I. Total	37	32	65

Source: Mental Health Inpatients System (based on diagnosis on discharge)

Given that PTSD is a specialised diagnosis, it is also worth considering psychiatric hospital admissions figures for the general diagnosis of depression. The admission rate for depression in the WHSSB area is high and increasing. In 1996-97, the North West rate was just under double the N.I. rate, in 1997-98, it was just over double the N.I. rate, and in 1998-99, it was two and a half times the N.I. rate. These figures are indicators of major need in the Western Health and Social Services Board area.

Psychiatric Hospital Admissions

Primary or secondary diagnosis of depressive episode (F32)

	1996-97	1997-98	1998-99
WHSSB males	267	375	463
WHSSB females	325	415	498
WHSSB total	592	790	961
WHSSB rate	21.5	28.5	34.2
N.I. rate	12.3	13.2	13.7

Rates per 10,000 population

Alcohol abuse and dependence is another indicator of the adverse effects of coping with the Troubles. The number of hospital admissions for alcohol related disorders in the Western Health and Social Services Board is nearly double the Northern Ireland average, and nearly three times the Eastern Health and Social Services Board rate. It is the single biggest group of mental disorders accounting for one quarter of psychiatric hospital admissions in the WHSSB. This finding is clear evidence of the extent of the problem of alcohol addiction in the North West and further evidence of the degree of need of people affected by the Troubles

### Psychiatric Hospital Admissions (1996/97) Primary or secondary diagnosis of alcohol related mental disorders

Care parameter la ser la	WHSSB	EHSSB	N.I.
and the second of the second	PERSONAL PROPERTY.		
Males	449	394	1394
Females	151	204	600
Total	600	598	1994
Rate per 10,000 pop	21.5	8.9	11.8

Mental Health Inpatients Systems

The rate of suicides in the WHSSB area has been found to be higher than the Northern Ireland average with a particularly pronounced rate for young males (McAllister 2000). The prevalence of psychiatric hospital admissions for anxiety disorders is higher than would be expected from the Derry area (McConnell 1998).

#### **Profile of the Derry District Population**

In 1998, the District had a population of 105,800 with 29% under the age of 16 years and 11% of pension age (Murtagh 2000). Emigration from the District was almost double the Northern Ireland average during the decade 1981-1991. The Derry District unemployment rate was 12.3% in 2001 (NI average 7.3%) and the estimated job-gap



nine thousand jobs. Nearly one half of unemployed men in the inner city are long termed unemployed. Derry has the second highest dependency rate in Northern Ireland: 86% of NIHE tenants are in receipt of Housing Benefit and 35.5% of the local population are in receipt of Job Seekers Allowance or Income Support (N.I. average 24.2%). The top three wards for free school meals to post primary pupils in Northern Ireland are Creggan South (80.6%), Creggan Central (76.2%) and Brandywell (75.1%) (N.I. average 23%).

Derry is third in the list of most deprived District Council in Northern Ireland after Strabane and Belfast. Relative deprivation is particularly concentrated in the wards of Creevagh and Springtown, Culmore, Shantallow and The Diamond (Murtagh 2000). Analysis of recent official data has revealed that the level of inequality which has existed in the Bogside, Creggan and Brandywell for decades still continues to persist to the present with those living in the area two and a half times more likely to be unemployed than the Northern Ireland average (Gallaher 2001). Brandywell is in sixth place and the Diamond in seventh place in a list of the most deprived wards in Northern Ireland.

Community surveys have been undertaken in many of the local neighbourhoods in Derry in recent years. These include surveys of health needs and beliefs - the Brandywell Health and Social Care Needs Assessment (McLaughlin,Little & Armstrong 1997), "Health in Our Hands" (The Bogside & Brandywell Health Forum 2000) and The Children of the Creggan (CHIP 1997) – and community surveys – such as The Top of The Hill Report (Community Needs Analysis 1999) and the Waterside Community Survey (Murtagh 1995)

In a survey of health issues in the Bogside and Brandywell area, stress was viewed as the most common health problem contributing to ill health for women and men (Bogside and Brandywell Health Forum 2000). In the Brandywell Health Needs Study, 42% of the sample of the local population reported that they suffered from 'bad nerves', and two thirds (68%) that they had suffered from stress often or occasionally. When asked the causes of general ill health, one third of respondents attributed the cause to the impact of the Troubles on people's overall state of physical and psychological wellbeing. A survey

of people with primary and secondary experience of mental health services by a local users group revealed that 80% of respondents felt they had suffered psychiatric and psychological problems as a result of the conflict. These included increased levels of stress, depression, nightmares, sleepless nights, increased levels of anxiety, PTSD, taking medication and alcohol problems (S.T.E.E.R. 2000).

The Cost of the Troubles study also investigated other adverse effects of the Troubles on the N.I. population and found: higher levels of medication for post traumatic stress (half of this group being on medication permanently), depression, sleep disturbance or sedation; higher reporting of health problems; and higher alcohol consumption in high intensity of violence wards (Fay, Morrissey, Smyth & Wong 1999). The high rate of heart disease in Northern Ireland, the high rate of absenteeism from work and the high rates of general hospitalisation are other indicators of the adverse effects on physical wellbeing of living under the Troubles (Campbell and Stevenson, 1993). Particularly high rates of cancer and heart disease have been recorded in the Derry area.

Member groups views of the psychological effects of the Troubles are now reported.

They are grouped into two themes: internalisation and Loss.

#### Internalisation

Group representatives report that the impact of the Troubles was internalised on an individual level into a set of negative feelings, which led to a vulnerability to psychiatric diagnosis – depression and anxiety. Feelings of being overwhelmed, disempowered, powerless (lack of control), low self worth, loss of confidence and being unsafe resulted in a negative self-image. These negative feelings of despair, hopelessness and passivity, expressed in the phrase 'nothing is going to change', contributed to a diagnosis of depression. Group representatives commented that when people affected by the Troubles were admitted to psychiatric hospital they were nursed on wards with people who were severely mentally ill, and often given electro-convulsive therapy (ECT) which, on occasions, has robbed them of their memories.



Group representatives explained that feeling unsafe, people lived in a constant state of heightened awareness (hypervigilance). This chronic anxiety was often expressed in panic attacks and phobias, such as avoiding town centres. Trying to make sense of their experiences individuals asked: 'Why me?' Having coped with their trauma, they reminded themselves of their vulnerability: 'I'm strong now but I was weak' and they self diagnosed their post traumatic stress: 'that's what I had'. In the words of one respondent: 'Internalisation has created a knot inside which has caused physical symptoms'.

#### Loss

Bereavement is a multiple loss of family, income and support. Loss is a constant theme of the Troubles according to group representatives. Troubles bereavement is sudden and differs from other bereavements in that individuals are sometimes left without community support. Furthermore, it may well be that having coped with loss during the Troubles at the time, the experiences of another loss twenty years later is totally devastating. The effects of past trauma can leave clients impaired and unable to cope with current bereavements and non-Troubles related trauma. Moreover, in the close family networks which prevail in Derry the loss of a parent can have a major traumatic impact on individuals.

Group representatives highlighted the transgenerational effects of the Troubles; depressed mothers with poor parenting skills passing the effects of the Troubles on to the next generation. In the words of one representative, the effects on children and young adults 'ricochet down the family tree'.

View of member group representatives on the health effects of the Troubles are analysed under two themes; disability and health behaviours

#### Disability

Some 40,000 people were injured during the Troubles and the needs of this group are immense. Group representatives point to the following gaps in services: post hospitalisation services; adaptations to home; special needs housing within own



communities rather than relocation; special equipment; and the establishment of a clinic for the management of chronic pain. 'Employers should have been more sensitive to victims needs who, in some cases, suffered demotion, reduced income and lost jobs. What was needed was proper occupational health services in all organisations'.

#### Health behaviours

Member groups believe in a holistic model of health in which physical health is linked to psychological states. Conditions such as asthma, eczema and stomach ulcers are seen as psychosomatic disorders, which re-emerge at anniversaries. High rate of cancer is associated with anger around the Troubles. The over dependency on doctors is criticised as 'discouraging people from moving forward in their lives and taking responsibility for their own health'.

Group representatives commented that to cope with the effects of the Troubles people resorted to behaviours which placed their health at risk: 'there is a culture of using medication; more drugs are prescribed for women; people self medicate'. 'People are angry at how they were prescribed medication after funerals to stop the emotional impact'. The use of alcohol as a coping technique was widely remarked: 'people were reluctant to seek help with problems of dependence and addiction.' 'Alcohol use was associated with domestic violence, aggression and offending behaviour'. There is a high level of smoking in the local community.

Member group views of the social effects of the Troubles are analysed under the headings social anomie, fragmentation and sources of help

#### Anomie

'A culture of anti-authority and anti-establishment' was described for those people who had 'seen the ultimate and then come back to the ordinary, everything becomes meaningless'. Other group representatives emphasised: 'a mentality of subservience in which people did not speak, with the result that in our society, social movements for change were absent'. Apathy about the local environment and a lack of investment into



local areas were identified as adverse social effects of the Troubles. Young offenders were seen as a problem group who used drink and drugs, had poor social skills and were school excludees. Because unemployment opportunities were limited, 'a lack of creativity caused alienation, a lack of self worth and an absence of a sense of purpose and meaning'. Group representatives acknowledged that there were closed social circles and 'those who lacked a political bond or who had been a victim as a result of their own community remained socially isolated'.

#### Fragmentation

Group representatives described how the Troubles have contributed to a process of fragmentation of families and communities: 'life was affected by high levels of abusive behaviour – aggressive, verbal, sexual, and sectarian'. An identified problem was the large number of lone parent families due to bereavement and separation. As a result, the eldest child took on the caring role and hid the family burden but now their loss of childhood is being expressed in emotional distress.

Whilst some emphasised the positive spirit of communities coping and surviving, others described a loss of community spirit: 'The two communities were polarised and preoccupied by their own safety'. This segregation became institutionalised into an 'us and them mentality', segregated routes to and from school and work, and an immobility with people reluctant to leave their own areas. On the community interfaces, the polarisation spilt out into everyday life: for example, a group representative talked of being practically involved putting up grills on windows and organising a mobile phone network for peacekeeping during the summer marching.

#### Sources of help

The clearly articulated view of group representatives is that the chief support people have relied on during the Troubles has been provided by their own families and friends. However, this reliance has placed an enormous burden on carers who can also be viewed as people affected by the Troubles. Those without family support had to cope as best they can. Group representatives criticise the statutory health and social services for singularly



failing to provide for, or even acknowledge, the psychological and emotional effects of the Troubles on health and wellbeing. It seems hard to understand in retrospect why this was the case. One can only suggest that care professionals attended principally to their own basic needs of safety and survival as much as the rest of the population. It has only been in later years that the specialist trauma services required have been identified and the training in the necessary skills is now ongoing. However, group representatives report that, when victims of the early Troubles see how the authorities are now able to respond to the Omagh bombing, they are left with a legacy of anger and bitterness about their own treatment, a feeling of being forgotten, of not being listened to sympathetically and of being disempowered.





### SECTION THREE THE TRAUMA ADVISORY PANEL

#### The Policy Context

Three key documents have provided a policy context for working with people affected by the Troubles. Firstly, the Good Friday Agreement put in place the political structures and policy requirements for peace-building in Northern Ireland. Secondly, the Bloomfield Report 'We Will Remember Them' presented the views of victims and made broad contextual recommendations to foster a range of appropriate responses to the victims of violence. Thirdly, the SSI/DHSS document 'Living with the Trauma of the Troubles' (1998) acknowledged the valuable work being conducted by community and voluntary groups and called for ongoing support to be provided as part of an overall response to meet the needs of individuals affected by the conflict. To this end it was recommended that each Health and Social Services Board establish an advisory panel, representative of the range of professionals and voluntary organisations working with people affected by the Troubles.

#### The Establishment of the Trauma Advisory Panel in the North West

The Trauma Advisory Panel is a joint venture between the two sponsoring organisations, the Derry District Partnership and the Western Health and Social Services Board. The two organisations jointly held a public meeting on 11<sup>th</sup> January 1999 for all voluntary and statutory agencies working with victims of violence arising out of the Troubles. At the meeting, the key recommendation to establish a regular forum for all agencies working with victims of violence was adopted. The Panel Co ordinator was appointed on 14<sup>th</sup> February 2000 on a temporary contract for a period of fourteen months to June 2001. The office of the Panel Co-ordinator is located at WHSSB Headquarters, Gransha Hospital.

A Strategic Action Plan was drawn up in February 2000 and set out a guide for the activities of the Panel over an eighteen month period, March 2000 to October 2001. Five meetings of the Trauma Advisory Panel were held from April 2000 to May 2001 with an average panel attendance of twelve groups. A Core Group, formed to oversee the implementation of the Strategic Action Plan, has met on nine occasions with an average attendance of seven groups.

#### Evaluation of the work of the Trauma Advisory Panel

Group representatives were asked to score on a scale of one to five (one equals very poor to five equals very good) the effectiveness of the Panel on the eight objectives of the Panel. There was also an opportunity for the group representative to make comments on the Panel's work in relation to each objective and an opportunity for general comments at the end of the questionnaire.

#### Panel Objectives

• To provide a supportive network for member agencies, facilitating the development of referral systems, and exchanges of good practice.

Objective one

To provide a supportive network for member agencies

	Very poor	Poor	Average	Good	Very good	Total
Replies			1	7	6	

The groups feel that this objective is being achieved; thirteen groups rated the Panel performance as good or very good.



 To act as a consultative forum to advise the WHSSB, the District Partnership and other funders regarding the best use of resources, and to ensure that the views of users feed into the planning and delivery of services.

#### Objective Two

#### To act as a consultative forum to advise the WHSSB

	Very poor	Poor	Average	Good	Very	Total
Replies		1	2	7	3	nt stronger

Although the responses were generally positive regarding the achievement of this objective, the comments of respondents evidenced a level of confusion about the role of the Panel.

 To assist the WHSSB and the District Partnership in developing and implementing a programme of action

#### **Objective Three**

### To assist the WHSSB and the District Partnership in developing and implementing a programme of action

	Very	Poor	Average	Good	Very	Total
	poor			0953	good	
Replies	1		3	5	5	

Ten group representatives rated the achievement of this objective as good or very good, although the uncertainties were acknowledged:

• To assist the development of appropriate training programmes for staff and volunteers in voluntary sector organisations, and for health care and other professionals working with victims of violence

## Objective four To assist in the development of appropriate training programmes for staff and volunteers

Replace	Very	Poor	Average	Good	Very	Total
Replies	1	2	2	6	3	

A range of responses were reported in rating the achievement of this training objective. Attending a training course is a major investment for a small voluntary group so that the benefits need to be clear and substantial.

 To identify and disseminate information about models of good practice elsewhere in Northern Ireland and in other countries

#### Objective five

#### To identify and disseminate information about

#### models of good practice

	Very	Poor	Average	Good	Very Good	Total
Replies	1	3	3	3	4	10

There was a range of ratings for the achievement of this objective and the comments showed a general recognition that this objective is still to be achieved:



• To promote and develop the evaluation of support services to victims of violence and their families

#### **Objective Six**

### To promote and develop the evaluation of support services to victims of violence and their families

	Very	Poor	Average	Good	Very	Total
Replies	1	1	2	4	3	

It can be seen that there was a mixed response in rating the achievement of this objective, with five groups rating the performance as poor or very poor. Clearly there are problems for the Panel in achieving this objective which is an inappropriate activity for a body established to facilitate and support groups working with people affected by the Troubles

• To develop long term monitoring of the needs of victims of violence and their families

#### **Objective Seven**

#### To develop long term monitoring of the needs of victims

#### of violence and their families

	Very	Poor	Average	Good	Very	Total
		ooor			good	
Replies	1	3	3	5	2	

The response to Objective Seven is similar to that reported for the previous objective.

• To promote understanding of how the Troubles have affected the people of Northern Ireland

#### **Objective Eight**

### To promote understanding of how the Troubles have affected the people of Northern Ireland

	Very	Poor	Average	Good	Very	Total
		HOLE TOURIST R	men hed vin	I for tons	good	50 0871 9
Replies	1	2	2	3	4	

Again, a range of responses were given by the groups in evaluating the work of the Panel in achieving this objective.



### SECTION FOUR CONCLUSIONS AND RECOMMENDATIONS

The existence of a working cross community forum on the effects of the Troubles established as the Trauma Advisory Panel in Derry has been a major achievement for all concerned: the member groups who have engaged in the Panel in a spirit of goodwill; the Co-ordinator who has dedicatedly worked towards the success of the Panel; the Derry District Partnership for funding the Panel; and the Western Health and Social Services Board for fostering its development.

The conclusions and recommendations are now presented and are divided into two sections: those relating to the needs of people affected by the Troubles; those concerned with the work of the Trauma Advisory Panel.

#### THE NEEDS OF PEOPLE AFFECTED BY THE TROUBLES

#### Safety and Trust

Safety and trust are paramount in work with people affected by the Troubles

People in need must be able to access services within their own constituency. Groups must have a clearly stated policy of confidentiality and a statement of ethical procedures for their users

#### Justice

The Troubles were not caused by an unforeseen disaster but by a political conflict. It is not possible therefore simply to employ a medicalised response ignoring issues of political justice



Services cannot simply be provided by the state. Work with people affected by the Troubles must be grounded in the community to enable people to campaign on human rights issues

#### Community based

Communities have developed skills of coping and surviving

The primary ethos for working with people affected by the Troubles is a grass roots, community development approach which encourages and develops skills in local communities

#### Range of responses

A wide range of health, psychological and social needs of people affected by the Troubles has been identified

No one single group can meet this diversity of need. There must be a range of groups working together to provide an accountable and effective service to people affected by the Troubles

#### Specialised help

People are only beginning to come forward now with Troubles related issues dating back to the seventies. These people have had to suspend their grief and need a specialised response

Helping people with suspended grief is complex. Access to specialised professional services is required. The Trust must provide such services which must be clearly identified and developed if not already in place



#### Multiple trauma

The effects of experiencing previous incidents of trauma leave the individual more vulnerable to distress when faced with subsequent trauma which may be non Troubles-related.

Levels of general need are greater because of the disabling effects of previous

Troubles related trauma. In areas of high political stress there is a higher

concentration of need and services must be targeted to these locations.

Coincidentally, these are also areas of social deprivation which further aggravates

need.

#### Statutory acknowledgement

There is a great deal of anger and bitterness amongst victims of the Troubles about the past lack of response of statutory services at the time of their distress

These feelings must be discussed in the Panel and a way forward agreed. One method of acknowledgement is for the Board to undertake its own audit of the extent to which the users of Trust services have been affected by the Troubles

#### Case planning in partnership

Groups are actively involved in providing services to meet the needs of individuals affected by the Troubles

There needs to be a partnership between statutory and voluntary services in case planning for users of statutory mental health services. A protocol for the involvement of voluntary groups in statutory individual case planning meetings, where appropriate and with the client's permission, should be agreed and implemented.



#### EVALUATION OF THE WORK OF THE TRAUMA ADVISORY PANEL

Three key issues have been identified: the clarification of the role of the Panel and its Coordinator; the relationship between the statutory and voluntary sector; and the importance of a cohesive and supportive network.

#### 1. KEY ISSUE ONE: CLARITY OF ROLE OF THE TRAUMA ADVISORY PANEL

#### The Panel as a cross community forum

The establishment of the Trauma Advisory Panel as a cross community forum on the effects of the Troubles is a major achievement in consensus and peace building

This role should be acknowledged as objective one of the Panel: To offer a safe forum for cross community dialogue on the effects of the Troubles

#### The Panel as an effective lobby

The Panel has proved to be a most effective lobby on behalf of people affected by the Troubles

This role should be clarified as objective two, three and four of the Panel:

- 2. To act as a collective voice to represent the needs of people affected by the Troubles
- 3. To lobby and advise the Western Health and Social Services Board on providing services for people affected by the Troubles
- 4. To advocate for the needs of people affected by the Troubles to the District Partnerships, central government bodies and other key policy makers

#### The Panel providing a supportive network

It is clear that the Panel members view support as a most important component of the work of the Panel.



Objective five of the Panel should be: To act as a supportive network for groups working with people affected by the Troubles

#### Evaluation of support services

It is clear that the evaluation role is divisive within the Panel and was not a requirement of the SSI recommendations on Panel formation

Objectives six of the Panel (to evaluate support services to victims of violence) should be removed

#### The promotion of anti discriminatory practice

The Co-ordinator is enthusiastic about working with the Challenging Sectarianism document with the Panel member groups. However, the Panel is only in the 'storming stage' of group formation and this may be premature.

As a beginning to work on mutual understanding, the Panel should agree a nonpartisan language

#### Training for member group staff

It must be recognised that the smaller groups have considerable difficulty releasing staff for training

Training courses offered must be located in the North West and be focussed, relevant and of limited duration.

#### Training for WHSSB professionals

There is a wealth of experience, understanding and expertise in the member groups

The member groups should present a one day workshop for Foyle Trust staff on working with people affected by the Troubles





KEY ISSUE TWO: THE RELATIONSHIP BETWEEN THE STATUTORY AND
VOLUNTARY SECTORS

#### Chairperson of Panel

The terms of reference described a joint chairpersonship by both the WHSSB and the Derry District Partnership. In fostering the development of the Panel, the WHSSB has acted as chairperson

The chairpersonship of the Panel should now be jointly chaired by a voluntary group and the WHSSB

#### Reporting mechanisms

The Strategic Plan lays down a reporting mechanism for the Panel to WHSSB

Programmes of Care and for the Board to report back on Panel recommendations.

However, to date there is no written evidence of the impact of the Panel on Board programmes of care, policy and practice

The Co-ordinator, on behalf of the Panel, should submit quarterly reports on the work of the Panel and the recommendations of the Panel to the WHSSB and relevant, individual programmes of care. A formal written response should be provided by the Board to the Panel on the Panel's recommendations

#### The location of the Co ordinator

The office of the Coordinator in WHSSB Headquarters in Gransha Park is out of the way and gives a confusing message as to the status of the Panel

The office of the Coordinator should be moved to a city centre location



#### Funding

The Panel Co-ordinator has done a first class job in uncertain circumstances. She has proved invaluable in the development of the Panel. The original contract funding the post requires the Board to endeavor to secure funding for the post of Co-ordinator for a further two years

The insecurity of funding of the post of Co-ordinator must be resolved jointly by the WHSSB and the Derry District Partnership by secured funding on a long term basis. The Victims Unit should be targeted by the WHSSB as a source for this funding

#### An independent entity

In the long term the Panel should work as equal partners with the Board towards the Panel securing itself as an independent entity.

With long term funding secured the Panel should become a fully independent entity

KEY ISSUE THREE: A COHERENT AND COHESIVE NETWORK

#### Panel Composition

Members of the Panel are from the Derry District Partnership area apart from one member group from the Strabane District Partnership area

The Panel should enter negotiation with the Strabane District Partnership and the Limavady District Partnership with a view to inviting groups working with people affected by the Troubles in those areas to become members of the Trauma Advisory Panel. Such a development will also increase the diversity of member groups





#### Panel funding by District Partnerships

The Panel is presently funded by a single District Partnership, the Derry District Partnership

The Panel should be jointly funded by a collaborative funding by the three District Partnerships, Derry, Limavady and Strabane.

#### A North West Trauma Advisory Panel

The SSI document charges the WHSSB to establish a Trauma Advisory Panel for the whole of the Board area. To date, the Sperrin Lakeland Trust has been well served by the Community Trauma and Recovery Team.

The Panel should include representatives from Tyrone and Fermanagh to its meetings on a six monthly basis