

## FOREWORD



Although the current civil unrest in Northern Ireland has lasted for most of the past 30 years, it is only relatively recently that the long-term social and psychological effects of the traumatic events experienced by many have begun to be recognised. This project sought to explore the current range of services available to individuals who have suffered 'Troubles'-related social and psychological trauma. The report provides a snapshot of those which were available at the end of 1996 and identifies gaps in these services. Attention is drawn to some of the excellent work which is being done, especially in a number of the communities most affected by the unrest.

The "Regional Strategy for Health and Social Wellbeing 1997-2002, Health and Wellbeing: Into the Next Millennium" acknowledged that "Individuals have been bereaved or seriously affected, both physically and psychologically, by the civil unrest in Northern Ireland. Many of them have been traumatised by violent events but have yet to be identified as victims. The health and personal social services have responded well to a whole range of violent incidents over the years as they have occurred, especially the larger scale events. The voluntary sector has made an important contribution". The Strategy also identifies the necessity of ascertaining "systematically the extent of current needs for this group of people and the most appropriate ways of responding to them". It is hoped that this report will in some way facilitate the achievement of this target. It is further hoped that highlighting of gaps and good practices will point to key areas for further development, create an agenda for future debate, and enable the voice of those most affected to be heard.

A handwritten signature in black ink that reads "Kevin McCoy". The signature is written in a cursive, slightly slanted style.

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This short report outlines the background to the project, the objectives, the process which was adopted and the key issues which emerged. Relevant recommendations are offered and a draft set of standards are proposed for work in this area.

The full report is available on request from the Social Services Inspectorate General Office, telephone 01232 520518

# 1 INTRODUCTION

- 1.1 At least 3,243 people have been killed and over 40,400 injured<sup>1</sup> in the civil unrest which has afflicted Northern Ireland for most of the past three decades. For each person killed or injured there has been an ever-widening circle of individuals affected, socially, psychologically and economically. These include close and extended family members, friends, neighbours, communities, school or work colleagues, church congregations and social contacts. In addition to the surviving victims, many other individuals have suffered as a result of their direct or indirect exposure to the effects of the civil unrest, for example intimidated individuals, by-standers caught up in bombings and shootings, workers in the emergency services, health and social services staff, the clergy, security personnel and their families, families of prisoners, transport workers, members of the media, communities where the unrest has been most concentrated and the general population. All have been exposed to the relentless news coverage of the latest atrocity. The ripples are endless and no one knows the total number of people affected. Nevertheless, in recent years there has been a growing recognition of their needs, some of which have been met by the statutory health and social services and, in more recent years, by the voluntary sector and local communities, in a more organised way.
- 1.2 In the light of this growing recognition, the Department of Health and Social Services suggested in 1995 that this was an area which would benefit from a developmental initiative and the Social Services Inspectorate was asked to lead a developmental project. The overall aim of the project was to examine and promote the further development of services to meet the social and psychological needs of individuals affected by the conflict. A total audit of services was not deemed feasible but the project sought to gain a qualitative impression of the range of available services and to encourage their further development. Users' views of existing services were recognised as crucial. The sensitivity of this subject presented difficulties in reaching those who have been most severely affected. Several self-help groups provided valuable opportunities for contact with representative groups of individuals who graphically illustrated the range of problems and needs faced by many. These occasions allowed the project team to hear personal experiences of coping with traumatic events which aided the development of the project.
- 1.3 Initially, the project had employed the term 'victim' in its title but, when asked, most individuals disliked the term, which they felt was open to interpretation. Some questioned whether 'victim' only applied to innocent victims and whether perpetrators could also be called victims. Eventually, the preferred term agreed upon was 'individual affected by the civil unrest' and this was adopted for use in the project.
- 1.4 Individuals have been affected by the conflict in many different ways. The project has mainly focused on those individuals who have been bereaved or otherwise seriously affected. Anyone who has been adversely affected, physically or psychologically, by a

<sup>1</sup> Royal Ulster Constabulary (February 1998)

violent incident associated with the civil unrest was accepted to be an affected individual. This included those traumatised either directly or indirectly, such as the individual's family, neighbours, colleagues or close acquaintances. An affected individual was considered to be self-defining, according to their own personal perception of the incident, i.e. if they felt that they were affected then they should be accepted as such. It was noted that many of the incidents which have occurred over the years may not have been formally notified to the Royal Ulster Constabulary (RUC). This is in part due to fears and concerns in referring such instances, but for others concerns were expressed regarding the attitude of some RUC officers in the follow-up of incidents and the perceived lack of support.

- 1.5 The project team considered the needs of individuals who have been adversely affected as a result of past violence, and also considered the needs of those who were likely to be identified in the future, either because they did not receive any help at the time of the incident, or had chosen not to seek help at that time.
- 1.6 Despite the recent cease-fires, some individuals have continued to be affected by sporadic intimidation, violence and heightened tensions within and between communities. But for many, the cease-fire periods have offered an opportunity to begin to acknowledge trauma and hurt sustained in the past and this has been reflected in an increase in referral rates.
- 1.7 The needs of individuals affected by the conflict and the importance of enabling them to play an active part in society have been clearly recognised in the EU Special Support Programme for Peace and Reconciliation in Northern Ireland and the Border Counties of Ireland 1995-1999. Funding is targeted on the areas and people most affected by the conflict. Within this, the Social Inclusion Sub-Programme contains a specific Measure on Promoting the Inclusion of Vulnerable Groups and Improving the Accessibility and Quality of Services aimed at these Groups. One of the objectives of the Measure is to facilitate the process of reconciliation by helping individuals affected by the conflict to come to terms with their losses and to accelerate the healing process. This is being achieved through a range of actions, including the provision of advice, counselling and support services for affected individuals and their families, and training for counsellors, trainers and personnel on the needs of affected persons. The success of this Measure and of the Programme as a whole is subjected to ongoing evaluation. Early indications are that the Programme is beginning to contribute towards the process of re-integrating marginalised groups, although it must be recognised that building peace and reconciliation is a long-term project.

## **2 AIMS AND OBJECTIVES**

### **Aim**

- 2.1 The overall aim of the developmental project was to examine and promote the further development of services to meet the social and psychological needs of individuals affected by the conflict, including those currently identified and those who may be identified in the future.

### **Objectives**

- 2.2 The main objectives of the developmental project were to:
- identify the arrangements for dealing with the referral of affected individuals requiring counselling and support;
  - explore the arrangements for publicity, policy implementation and practice;
  - identify and promote good practice;
  - identify gaps in provision, both in service and in geographical terms;
  - develop a basic set of standards for work in this area;
  - provide a report and make recommendations as necessary.
- 2.3 It was considered that the report could form the basis of a charter for individuals affected by the conflict, relating to standards of service that an individual could expect. It was also anticipated that the project report could be used to raise general awareness of the problem, drawing attention to the cumulative effects of violence from the civil unrest on people's lives.

### 3 PROCESS

3.1 The project was carried out in the following stages:

- appointment of a lay assessor to assist the project leader in the conduct of the project;
- development of a draft project brief by the Social Services Inspectorate;
- establishment of a reference group, comprising representatives of relevant organisations and professions, to assist in the further development of the project. (A full list of members is contained in Appendix A);
- organisation of a workshop to enable interested parties to examine and comment on the proposed project;
- examination of policy, operational documentation and relevant literature;
- invitation to relevant professional organisations for written responses to the proposed project;
- invitation to local community groups to express a view on current and future services for individuals affected by the civil unrest;
- development, piloting and distribution of questionnaires to key target groups involved in the provision of relevant services;
- analysis and interpretation of responses to the above survey;
- follow-up interviews with a sample of respondents from each of the target groups;
- face-to-face interviews with a selection of individuals;
- preparation of a draft report and further consultation with representatives from the reference group;
- preparation of the final report for publication and dissemination.

3.2 The project team consisted of the project leader and lay assessor. The draft project brief was revised, with the assistance of the reference group, in the early part of 1996. The reference group assisted in the development of the workshop which was held on 2 April 1996 and the comments and criticisms of the participants contributed to the further refinement of the brief. The questionnaires were developed with the assistance of the reference group, piloted with representatives of each survey group and subsequently revised. In October 1996, 2700 questionnaires were circulated to 9 target groups. The overall response rate was 26%. Given this low response rate to the survey, it was not feasible to carry out any detailed quantitative analysis of the data received.

3.3 It must be emphasised that the project survey was not intended to be a rigorous piece of scientific research - rather it was an attempt to gain some qualitative impressions regarding current services. Thirty four follow-up interviews with representatives of the

survey groups were conducted during the first half of 1997 to verify themes identified in the survey responses. The first-hand views of those directly affected were considered to be particularly important. During the course of the project, both in the follow-up visits and on other occasions during the fieldwork, 23 individuals were interviewed, either on their own or in small groups. A request published in Shared Lines, a bi-monthly information bulletin circulated to all local community groups, inviting them to express a view on current and future services for individuals affected by the conflict, failed to attract any response. The draft report was circulated to the reference group and their comments were taken into account in the final draft.

3.4 This report draws on the material generated from:

- the project brief;
- a literature selection;
- the workshop;
- the returned questionnaires;
- the follow-up interviews;
- the written responses from individuals and organisations;
- written and verbal responses to earlier drafts of the report.

## **4 ARRANGEMENTS FOR DEALING WITH THE REFERRAL OF AFFECTED INDIVIDUALS REQUIRING COUNSELLING AND SUPPORT**

### **Key issues emerging**

- 4.1 GPs often play a key role after a traumatic event as they are frequently the first professional group to have contact with affected individuals and their families. For those requiring more specialist attention, GPs play a key role as 'gatekeepers' for the secondary health services.
- 4.2 The voluntary and community sector has developed a diverse and growing range of responses to provide for the needs of individuals affected by the conflict. Many of these groups offer mutual support and befriending, both initially, at the time of the traumatic event, and in the longer term. Affected individuals spoke very positively about the support they received from others who had suffered similar experiences.
- 4.3 In recent years there has been a growing realisation, both locally and internationally, that individuals caught up in traumatic events can suffer psychological symptoms. In recognition of this, crisis support teams have been successfully developed by social services in some parts of Northern Ireland to provide an immediate and structured response to those affected by major traumatic events. As well as responding to the larger scale events, social services have latterly begun to respond to the needs of individuals affected by smaller scale incidents.
- 4.4 A proportion of all referrals to secondary health services, such as psychiatry and psychology, are related to problems associated with the civil unrest.
- 4.5 Those providing addiction services have found that a significant proportion of people referred can trace their addiction back to events related to the conflict.
- 4.6 Some of the groups representing those most affected by the 'Troubles' were critical of the past response by health and social services. They suggested that the statutory organisations had failed to recognise the specific needs of those affected. Services offered have not been sensitively tailored but have been perceived as incidental to the general services provided.
- 4.7 Several individuals spoke very positively about the support they received from others who had suffered similar experiences. They acknowledged the need for a balance between the personal and practical experience provided by self support groups and the professional expertise available from other services. One psychiatrist suggested that an advantage of the voluntary sector was that people can self-refer.
- 4.8 The location of some services, both statutory and voluntary, are not considered very accessible. Individuals reliant on public transport feel uncomfortable travelling to services located in areas not regarded as 'neutral' in sectarian terms.

- 4.9 Some individuals are reluctant to accept help from the statutory services due to fears about confidentiality.
- 4.10 The perceived quality of counselling offered by some groups has a bearing on the referral options considered by professionals.
- 4.11 Not all affected individuals should be 'medicalised'. As the literature suggests, categorising the majority of those in need of support as 'victims' may actually be unhelpful, consigning them to a passive, dependent status, when they may need to be actively involved in working towards their own recovery. Those most severely affected may require the specialist help of the mental health services and this option must be fully considered by those working with the individual and agreed with them prior to making a referral. However, many of these services are perceived to carry a stigma, so people should not be referred unnecessarily.
- 4.12 Access to the psychology services is considered inadequate at the time and point of assessed need.

### **Recommendations**

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

## **5 ARRANGEMENTS FOR PUBLICITY, POLICY IMPLEMENTATION AND PRACTICE**

### **Key issues emerging - Publicity**

- 5.1 There is a general lack of information and awareness about available and existing services. This need is being experienced by every sector surveyed in the project. Affected individuals need to be aware of the range of options to enable choices to be made. There is widespread support for some form of register/directory of services to be made available.
- 5.2 The strength of self-help groups was acknowledged by many respondents but there are problems linked to the perceived quality of services, especially counselling, provided by some parts of the voluntary sector.

### **Policy and statutory framework**

- 5.3 There are no specific policies or statutes regarding support but guidelines for emergency planning identify key elements, including immediate support and assistance for those affected, follow-up and long-term counselling (up to 2 years), training and supervision for staff and liaison by the statutory services with other key organisations.

### **Implementing practice**

#### *A continuum of services*

- 5.4 Individuals will have a range of needs at different periods following their trauma (see Figure 1). Many have good natural support networks and their value should not be underestimated when considering the range of services required to meet their needs. However, where natural networks are lacking, other support services should be offered. These services should be located on a "continuum of care," graded to provide appropriate levels of service to meet varying levels of need (see Figure 2.). Each provider of a service on the continuum needs to be aware of the other services on the continuum, to allow an individual's needs to be met in the most appropriate manner. If referral to another service is required, this must be arranged with the client's agreement and must be handled sensitively to prevent the client feeling rejected.
- 5.5 A range of training needs for those providing help can be placed on a similar continuum, (see Figure 3) ranging from awareness of available resources through to expert training for those helping people with Post Traumatic Stress Disorder (PTSD). All training for work in this area should be founded on the principles of anti-sectarian practice.

#### *Counselling*

- 5.6 Numerous comments from a range of respondents, representing all of the surveyed target groups, related to concerns about counselling. Counselling is frequently regarded as a means of helping persons who have been affected by the conflict but

there is widespread confusion regarding what constitutes counselling. One definition highlights “the ability to listen, empathise and reflect back to a client what the counsellor perceived them to say. (The counsellor) adopts a neutral stance of supportive listening and generally refrains from giving advice. Counselling skills are employed to enable clients to gain insight and understanding”. There were many concerns regarding the level of expertise attained by individual practitioners. Practitioners are not required to be trained to any particular standard, neither is there a universally accepted accreditation or registration process. Some groups maintained that there is too much emphasis on counselling. In the experience of one group “most survivors say they don’t need counselling. They want comfort, confidentiality, space, someone to talk to”. In their opinion the term ‘counselling’ devalues the work of those who do not provide counselling, by not recognising their natural listening skills.

- 5.7 Research suggests that there is little evidence that generic counselling, provided by itself, is particularly effective. More attention needs to be given to the content and effectiveness of specific forms of counselling and the skills of counsellors before this approach is extended too widely. There is merit in increasing access to specialist services which provide cognitive-behavioural therapy.

### ***Funding***

- 5.8 Many organisations, both voluntary and statutory, have difficulty in accessing sufficient funding to meet the demand for services for affected individuals. Several statutory organisations reported that work with this group had to be “fitted in” to their other tasks.

### **Scale and geographical distribution of problems**

- 5.9 Despite the limitations of the overall response rate, the project survey suggests that affected individuals seeking help are mainly located in North and West Belfast and Londonderry, with areas of County Armagh and County Tyrone also prominent. This distribution coincides with the findings of other more comprehensive studies. Overall, some professionals noted no change in demand for service over the two year period 1994-1996, while others noted a continuing increase over the same period. The majority of voluntary organisations perceived an increase in demand, with none reporting a decrease. On balance, the overall demand for some form of help is increasing.
- 5.10 There is now a discrete group of people who have been affected by civil unrest and who have common as well as differing needs arising from their individual experiences.

## ***Recommendations***

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. This group should include those representing established and recognised counselling organisations such as Cruse Bereavement Care, and other interested bodies such as the British Association of Counselling, the Irish Association for Counselling and Therapy, the British Association of Psychology, the British Association of Social Workers, the relevant occupational standards bodies and local academic institutions.

The group should consider:

- 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 National Vocational Qualifications (NVQs));
- establishment of a Northern Ireland accreditation panel in the absence of another suitable body;
- provision of a report with recommendations on the way ahead.

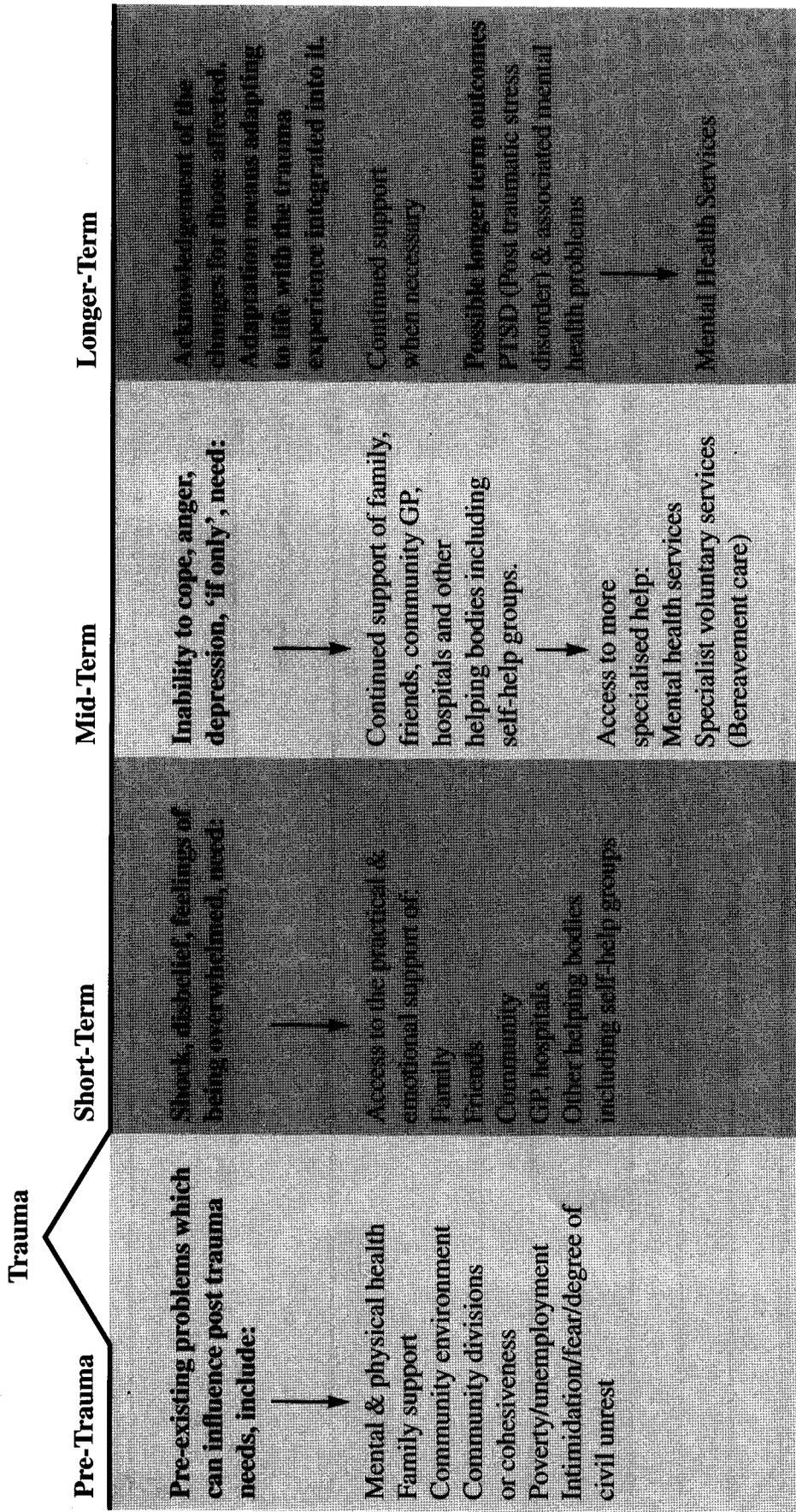
5.12 Each community Trust should compile and maintain a register/directory of services recording all voluntary and community organisations and professional agencies which offer help, in its various forms, to individuals affected by civil unrest. This register/directory of services should be held by all 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. Compilation of a register/directory will require evaluation of the services provided by each organisation and services will need to be monitored to allow the register to be updated. This task would complement Trusts' responsibilities in connection with emergency community care planning, as outlined in the Departmental circular and planning manual.

5.13 Services offered by each organisation should be recorded in the register/directory. Services may range from simple sympathetic listening, befriending, practical help, mutual support and advice through to counselling. Organisations which offer, or aspire to offer, a counselling service in addition to other services, should be

accredited. An organisation's accreditation status should be shown in any future register/directory, as well as the range of other services they offer. It is important that all agencies are in receipt of this source of information to assist their own decisions in relation to referral of persons for further help and assistance.

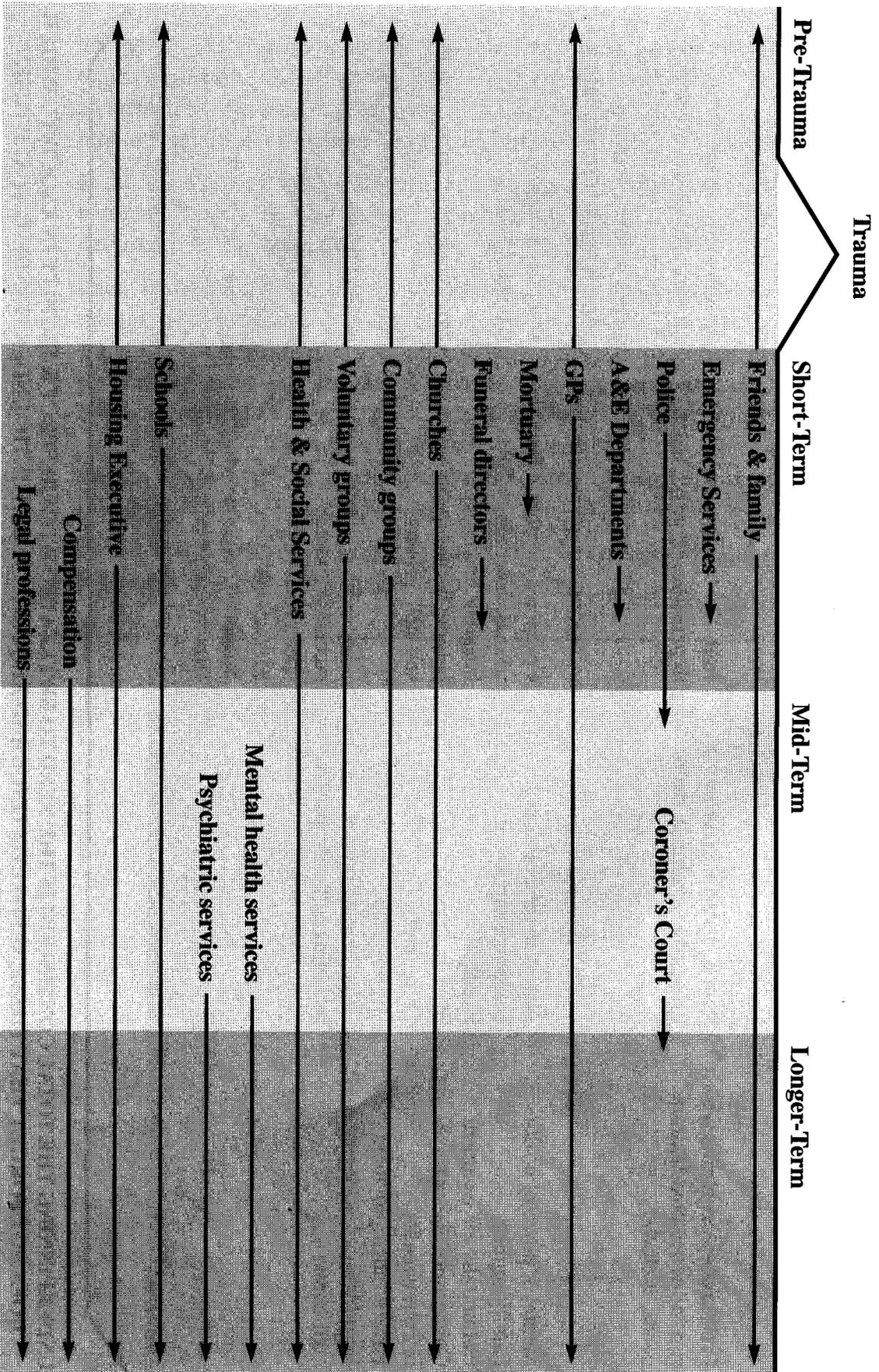
- 5.14 In the longer term it is recommended that no organisation should practice counselling unless they have received accreditation by the Northern Ireland panel or other body designated for this purpose.
- 5.15 Each Trust should prepare suitable explanatory pamphlets on what services are available in its area with points of reference where help can be accessed. 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.
- 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.

**Figure 1: CONTINUUM OF NEED**

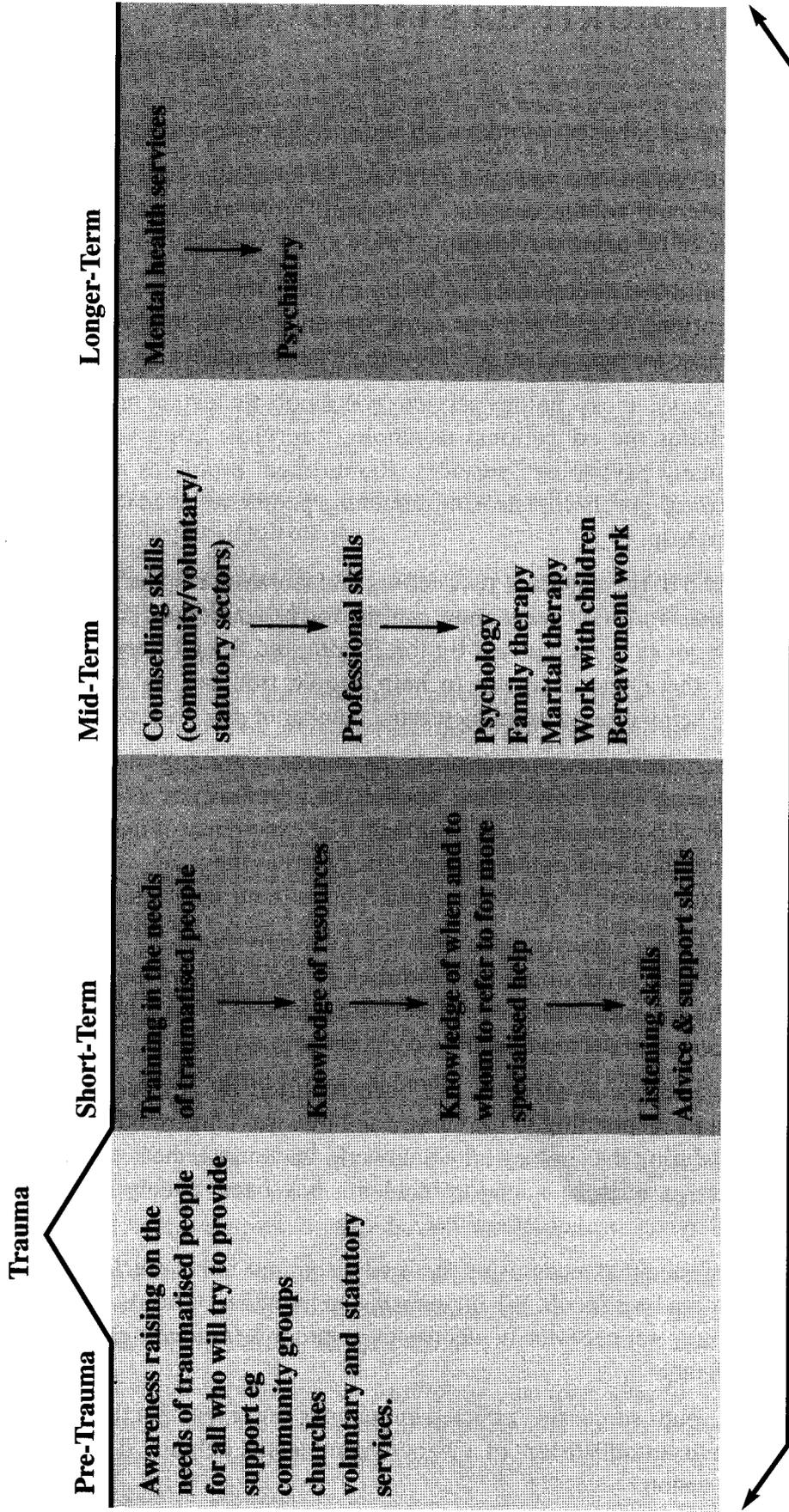


**UNDERPINNING THE TOTAL CONTINUUM IS THE NEED TO BE TREATED WITH RESPECT & DIGNITY IN A SOCIETY WHICH DOES NOT FORGET THAT THESE NEEDS CONTINUE AND REQUIRE SYMPATHETIC UNDERSTANDING AT ALL TIMES**

**Figure 2: CONTINUUM OF CARE**



**Figure 3: CONTINUUM OF TRAINING**



**UNDERPINNING THE TOTAL CONTINUUM IS THE BASIC REQUIREMENT FOR EVERYONE HELPING TRAUMATISED PEOPLE TO RECEIVE ADEQUATE SUPERVISION & SUPPORT**

(Acknowledgements to Mrs Marion Gibson for the design of Figures 1, 2 & 3)

## **6 GAPS AND SHORTFALLS IN PROVISION**

### **Key issues emerging**

- 6.1 There is a demand for better co-ordination and speedier access to services.
- 6.2 The majority of respondents were not in favour of a specialist service being developed for persons affected by the conflict, preferring more effective and efficient co-ordination between existing service providers.
- 6.3 Demand for child and adolescent psychiatry exceeds the supply and often prevents timely interventions for children and young people affected by the civil unrest. The expansion of these services is hampered by financial constraints.
- 6.4 Difficulty in accessing psychology services was a notable feature of many responses. This also includes the educational psychology service. Long waiting lists were reported for many psychology services. Recruitment problems are related to the shortage of trained psychologists. Consequently, people referred are not being seen when they need help.
- 6.5 One GP referred to the apparent remoteness and isolation of psychologists and the lack of information about what they can do for his patients. The importance of psychology services is recognised by the Health and Social Services Boards and effective new therapies, designed to help people troubled by enduring sensory symptoms, are being offered by an increasing number of practitioners.
- 6.6 Apparent inequalities in compensation payments were highlighted by several individuals during interviews. Two consultant psychiatrists commented on the negative effects of compensation on treatment. The experience of one psychiatrist was that some individuals neglect their therapeutic needs as they seek compensation. The lengthy legal process can re-open old wounds and militate against recovery.
- 6.7 Services for serving security personnel are generally regarded favourably. Most services are neither accessible to the families of security personnel, nor to former members of the services. Many ex-soldiers are reluctant to seek help in the civilian community because of personal security concerns.
- 6.8 A lack of trust in social services has been reported by several community and voluntary groups responding to the survey and this was confirmed by several of the groups visited during the course of the fieldwork. In contrast, the support provided by social workers at numerous major incidents has been widely appreciated and acknowledged by the local communities.
- 6.9 One Trust suggested that recognising those who continue to be affected by 'Troubles'-related trauma can be difficult. When assessing an individual's needs, health and social services staff may not necessarily identify exposure to a traumatic event as a possible precipitating factor.
- 6.10 A number of groups supporting affected individuals suggested that there may be value in considering the establishment of a 24 hour confidential helpline. This was identified as a gap in provision.

## **Recommendations**

- 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. The panel's tasks should 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.*
- 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.*
- 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. To improve understanding of the therapeutic options offered by psychology services, explanatory information should be prepared and included in local registers/directories of services.*
- 6.14 *Education and Library Boards should examine the adequacy of educational psychology services for pupils affected by the civil unrest.*
- 6.15 *Legal representatives should have access to information on services and should ensure that clients seeking compensation are informed of all support and treatment possibilities.*
- 6.16 *Services for security personnel should examine the needs of their ex-personnel and their families to ensure that appropriate services are readily available to these groups.*
- 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.*
- 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.*
- 6.19 *Those currently engaged in providing services should explore the value of establishing a 24 hour confidential helpline. Discussion with Samaritans revealed that a striking proportion of their calls are from individuals who have been affected*

*by the conflict. Samaritans suggested that their contribution in this area could be enhanced if their service was listed as one of the available sources of help in any publicity material targeted at affected individuals. They could provide a better information service and refer callers to appropriate helping agencies if they were in possession of any new registers/directories of service providers and other publicity material recommended in this project report. Given their current service, it would be appropriate to involve them in discussing this proposal.*

## **7 IDENTIFYING AND PROMOTING GOOD PRACTICE**

### **Key issues emerging**

- 7.1 The literature identifies a number of core features of good practice for working with persons affected by the conflict. These include:
- improved availability of information;
  - the need for practical help, in addition to emotional support;
  - timely intervention where required;
  - sharing as much information as possible with children. Children can be severely affected following a traumatic experience. Evidence of the effects may be delayed;
  - training and preparing those who are providing a helping service;
  - better networking and liaison between agencies;
  - avoiding the creation of dependency in persons who have been affected;
  - recognising that symptoms may recur or manifest themselves long after the event;
  - developing a role for volunteers with listening skills.
- 7.2 Numerous examples of local services identified by the project have incorporated many of these features into their own practice. These included community-based crisis support teams; psychology services for children, adolescents and their families; practitioners successfully using new treatments for PTSD (Post Traumatic Stress Disorder), such as EMDR (Eye Movement Desensitisation and Reprocessing Therapy); a school based counselling service; and staff care services for health and social services staff traumatised by dealing with 'Troubles' related patients and clients.
- 7.3 A self-help group working in a particularly troubled area has adopted a vigorous community development approach. They offer empathy and supportive listening to those who have been traumatised. The group's aim is to empower the community with a broad range of activities. Another community group, which has also adopted a community development approach, has demonstrated the importance of providing structured programmes such as a crèche, after school groups, child care provision, economic development and training and education.
- 7.4 Several groups have developed mutual support for individuals who have suffered similar experiences. A befriending scheme is particularly appreciated by those receiving this service.
- 7.5 Proficient voluntary organisations which offer a counselling service also offer structured and regular supervision and support to their counsellors. A service of this quality engenders confidence in other professionals dealing with persons affected by civil unrest and is therefore more successful in attracting referrals. A neutral location improves accessibility from both sides of the community.

- 7.6 Training courses have been pioneered and positively evaluated. 'Remember and Change' courses have been organised in partnership with a local further education college as a suitably 'neutral' training body. The courses are designed to enhance the listening skills of individuals in the community. The Institute for Counselling and Personal Development has organised courses to improve volunteers' confidence in helping individuals, enabling helpers to provide a more effective and needs focused service.
- 7.7 Some voluntary organisations which offer a respected and well rated counselling service have found that local training for counselling is insufficient to meet their training requirements and therefore they have had to look beyond Northern Ireland.

### **Recommendations**

- 7.8 *The literature identifies a number of core features of good practice for working with persons affected by the conflict. These features, and the examples of good practice identified by the project, suggest a basic set of standards for work in this area and these are set out in Chapter 8. These, and the highlighted examples, should be widely disseminated to encourage other organisations to adopt similar standards and initiatives.*
- 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.*
- 7.10 *An encouraging range of diverse services is developing in many areas. They offer a unique opportunity to evaluate each service, to discover if the service is achieving what it set out to do and to discover what works best. If these evaluations are collated, compared and disseminated, a valuable compendium of evidence-based practice can be built up, allowing future new developments to learn from the best practice of others. Lessons learnt in Northern Ireland may also be applicable in other parts of the world. Evaluation should be built into every project and a database of findings should be established and made easily accessible to those with an interest in this field.*

## 8 A PROPOSED SET OF BASIC STANDARDS FOR WORK WITH INDIVIDUALS AFFECTED BY THE CONFLICT

One of the objectives of the project was to develop a basic set of standards for work in this area. Study of the literature, consideration of the returned questionnaires and the interviews with those providing and receiving services has suggested the following as a set of standards. It is recognised that further work will be required to develop and refine them.

- Services should be accessible and acceptable, freely available when and where required.
- Affected individuals should be treated with respect and dignity.
- Services must respect a client's right to confidentiality.
- Those requiring services and their helpers should have ready access to information on the range of services available.
- Those providing help and support must be trained, supervised and supported to an adequate level, appropriate to the service they are providing.
- Those providing counselling should be trained, supervised and supported to the standards set by the appropriate accreditation body.
- Those providing a helping service should know the limits of the service which they provide and have a good understanding of the range of services available from other sources.
- The network of service providers should maintain good lines of communication with each other to ensure a satisfactory level of liaison.
- Service providers should aim to restore the client's independence and should avoid creating dependency.
- Those providing help should recognise that symptoms may recur or manifest themselves long after the event.

## 9 CONCLUSIONS

- 9.1 People are unique and, if faced with trauma, they draw on their own life experience and supportive networks of family, friends and community. If they need more help, there is a spectrum of services available, ranging from community self-help groups and other voluntary groups at one end, through to GPs and a range of secondary health and social services at the other. Specialist services can have a significant input to some people's recovery process. To be effective, these services must work together, offering choices from a wide range of options which are accessible and acceptable. The goal of all who seek to support and help should be to enable individuals to regain their independence and to adapt and integrate the trauma into their lives so that it no longer disables their daily functioning.
- 9.2 This project has identified some of the major issues in helping people with 'Troubles'-related trauma. The report's recommendations should help to develop the work further. This is, however, only a beginning. The scale of the task is potentially great and past experience suggests that, if peace can be permanently established, many more affected individuals are likely to be identified. Other initiatives, such as the Cost of the Troubles Study and the Northern Ireland Victims Commission will provide more illumination on this important topic.
- 9.3 Much has been accomplished, as evidenced in this report. Many tasks remain to be undertaken and this exercise has only been one more step in a long-term process. There is ample scope for further research and development work. Those who have suffered so much already must be treated with dignity and respect by all involved in this delicate and sensitive area. They all have a story to tell but they must be allowed to decide for themselves if, when and how they tell it. The remainder of the population of Northern Ireland who have not been so directly touched by the 'Troubles' must recognise the unique needs of those most affected and must continue to offer them support and understanding, demonstrating that they have not been forgotten.

## PROJECT REFERENCE GROUP MEMBERSHIP

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