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From: S Popplestone
Disability and Mental Health Unit

cc Mr Conliffe ajr

Date: 18 August 1998

- Dr J Harbison
- Mr J Hilman
- Mrs N McArdle
- Dr G Mock
- Mr J Park
- Mr K Shiels
- Mr D Reynolds
- Mrs A Clarke
- Ms H Robinson
- Mr W Stevenson - Victims Liaison Unit

1/9/98.
Comments passed to S. Popplestone
for telephone
JH

~~Yellin~~ Trace of trouble

IMPLEMENTATION OF THE BLOOMFIELD AND S.S.I. REPORTS

I attach a draft of a circular advising Boards, Trusts and the CSA about the implementation of those recommendations in the Bloomfield and SSI reports which fall to the HPSS to carry out.

I should be grateful for any comments on, and/or amendments to, the draft which you feel would be appropriate.

We intend to issue the circular at an early date and to this end I should appreciate your responses by 25 August.

Stephen Popplestone

Joe
Please ring Stephen
Popplestone on your return
re above

JA 19/8

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

Chief Executive of each HSS Trust

September 1998

Chief Executive of the Central Services Agency

DMHU /98

Dear Chief Executive/General Manager

WE WILL REMEMBER THEM: IMPLEMENTATION OF THE BLOOMFIELD REPORT

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). Together these reports map out a strategy for the development of services to meet the needs of individuals affected by the past 30 years of civil unrest.

Background

2. 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;

on [date] the Government announced that £5m will be made available this year to support work for victims;

the Department is seeking additional resources through the Comprehensive Spending Review process to support implementation of the recommendations;

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the Social Services Inspectorate has completed a series of presentations of its report and is considering the feedback from the exercise;

a regional Trauma Unit for young people and families is to open later this year;

on 30 June the Government announced a fund for supporting community groups and voluntary organisations with proposals for taking forward the Bloomfield recommendations.

Recommendations

3. The Government is anxious that the momentum be maintained. The reports contain a number of recommendations which fall to the Department and other HPSS bodies to take forward. 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 put into practice.

Action

4. Whilst consultation on how to take forward the recommendations is still ~~ongoing implementation~~, this need not delay implementation of many *of those which are* which fall to the HPSS. Boards and Trusts are asked to consider what needs to be done to implement the recommendations and make plans accordingly. Implementation of the recommendations in Annexe A will have minimal cost and can be put into effect without delay. Implementation of the recommendations in Annexe B will take longer and some will involve significant revenue resources.
5. As a first step, each Board should identify an officer with responsibility for overseeing implementation of the recommendations.
6. In view of the high priority put on this initiative by Government, progress on implementation of the recommendations will be closely monitored. In the first instance Boards in liaison with their providing Trusts, are asked to report back to the HSS Executive by [date] on implementation of the recommendations in Annexe A, and their plans for implementing those in Annexe B.

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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

RECOMMENDATIONS - MINIMAL IMPLEMENTATION COSTS

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'.

*ensure that this
plus, provide practices*

Boards, Trusts, and the Central Services Agency as employers should take account of this recommendation.

2. 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, which will provide a regional service, is to be operational [date]. South and East Trust should develop appropriate referral criteria and protocols for access to the centre and its services.

3. 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 'neutral' locations as possible. *practical*

4. 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 will set up a working group involving service provider and user representatives, and others who have experienced trauma, to consider issues such as:

the need for counselling of persons affected by the conflict;

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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.

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.'

5. 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.

6. 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.'

7. 24 Hour Helpline

SSI 6.19 - 'Those currently engaged in providing services should explore the value of establishing a 24 hour confidential helpline'.

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The Northern Ireland Office's Victims Liaison Unit is pursuing this recommendation with Samaritans. This need not prevent dialogue with Samaritans and other organisations with a view to providing local helplines. The SSI found 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.

RECOMMENDATIONS - SIGNIFICANT IMPLEMENTATION COSTS

1. 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'.

Each community Trust 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.'

2. 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 carrying out related research. It is suggested that to achieve this one specialist team should be developed in each Board area.

3. 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. The Department will shortly be issuing a Policy Statement on child and adolescent mental health services. Boards are already carrying out service reviews.

4. 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 EU Peace and Reconciliation or International Fund for Ireland monies. Boards and Trusts should be mindful of the cessation of such funding would have on these groups and the effect this could have on their own resources.

5. 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.

6. 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.'

It is the Department's intention to carrying out a review of clinical psychology services. Boards and Trusts should carry out their own assessments of need for these services.

7. Registers of Helping Services

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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'.

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. 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 the register/directory, as well as the range of other services they offer. 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.

8. 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.

9. 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'.

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Boards and Trusts should encourage expansion of training courses/initiatives, such as the Northern Ireland Association for Mental Health 'Remember and Change' initiative, for volunteer helpers working with traumatised people.

10. Best Practice Examples

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

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