



**DEPARTMENT OF
HEALTH, SOCIAL
SERVICES AND PUBLIC
SAFETY**

**EVALUATION OF
HEALTH AND SOCIAL
SERVICES FOR VICTIMS
OF THE CONFLICT**

Final Report

15th April 2003

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EXECUTIVE SUMMARY

Overview

Capita Consulting was commissioned by the Department of Health, Social Services and Public Safety (DHSSPS) in November 2002 to conduct an Evaluation of Health and Social Services (HSS) services to Victims of the Conflict.

The terms of reference for the evaluation stated that the evaluation should:

“Ascertain, evaluate and make recommendations for improvements to the services provided to victims of the ‘Troubles’ by the Health and Social Services.”

During the initial project initiation stage the scope of the terms of reference were clarified with the Project Board. The clarification process confirmed the following:

- The focus of the evaluation is on specialist services for victims;
- The scope of the project excludes primary care;
- The definition of ‘victims’ within the Victims Strategy is to be applied; and
- Reference to the ‘Troubles’ to be replaced with the ‘Conflict’.

The specific requirements of the evaluation and the sections of the report in which they are addressed are detailed below.

- To ascertain and report the extent of specialist health and social services to victims throughout Northern Ireland (NI) – Section 5
- To evaluate and report on the efficacy of the specialised services that meet the needs of victims – Section 9
- To report areas of good and bad practice – Section 7
- To determine and report on how best to raise awareness of HSS staff on the needs of victims and their representatives – Sections 10 and 11
- To make recommendations for the future of services for victims – Sections 10 and 11

Section 3 - Policy Context of HSS Service Provision to Victims

The formal context for this evaluation can be traced back to 1995 when the DHSSPS suggested that services to victims would benefit from a developmental project to examine and promote the further development of services to meet the social and psychological needs of individuals affected by

the conflict. The output of this project was the findings of the Social Services Inspectorate (SSI) report *Living with the Trauma of the Troubles* (1998). The main recommendation of this report was the establishment of the Trauma Advisory Panels (TAPs) to improve the coordination and liaison of services. The findings of the *Bloomfield Report – We Will Remember Them* (1998) incorporated all the recommendations of *Living with the Trauma of the Troubles*, and further endorsed the view of the establishment of the TAPs. The DHSSPS Circular in 1998 formally instructed HSS Boards and Trusts to take forward the recommendations of the *Living with the Trauma of the Troubles* and *We Will Remember Them*. The circular also recommended the establishment of a TAP for each HSS Board area. The TAPs were subsequently established in 1999, with Trauma Panel Coordinators appointed during the period 2000-2002.

The creation of the Victims Liaison Unit (NIO) in 1998 and the Victims Unit (OFMDFM) in 2000 created two specific units through which activity on issues affecting victims of the conflict are coordinated. In addition, the publication of the Victims' Strategy – *Reshape, Rebuild, Achieve* in April 2002 outlined a number of key aims to be recognised by all groups providing services to victims of the conflict.

It is against the above background that this evaluation of HSS services to victims of the conflict has been conducted. In conducting this study the Capita team have taken cognisance of all the strategic and policy drivers outlined above.

Section 4 – Structure of HSS Service Provision to Victims

Section 4 of the evaluation report provides an analysis of the planning and coordination mechanisms in respect of HSS services for victims of the conflict. The current format of health and social service provision to victims of the conflict is made up of a number of service layers. These service layers and their respective key roles and responsibilities are summarised overleaf.

| Service Layer | Key Roles and Responsibilities |
|--|---|
| DHSSPS – Disability and Mental Health Unit | <ul style="list-style-type: none"> • Responsibility for TAPs • To take forward a number of recommendations of the Bloomfield Report in respect of provision of HSS services to victims of the conflict. |
| Victims Unit | <ul style="list-style-type: none"> • Raise awareness of, and coordinate activity on, issues affecting victims across the devolved administration and society in general. • Funding of TAP Coordinator posts since April 2002 |
| Victims Liaison Unit | <ul style="list-style-type: none"> • Ensuring that victims’ issues are dealt with in the reserved and excepted fields in Northern Ireland, particularly in areas such as compensation, criminal justice, security and dealing with the ‘disappeared’. |
| Interdepartmental Group | <ul style="list-style-type: none"> • Provides a forum for all NICS departments to come together in the interests of meeting the needs of victims of the conflict. • Provides a forum to advise OFMDFM on developing policy that will impact on victims of the conflict. • Responsibility to identify funding for services to support victims of the conflict |
| TAPs | <ul style="list-style-type: none"> • Coordinate services in respective HSS Board areas. • Enable greater coherence and cohesion of the network which exists in HSS Board areas. • Improve understanding of emerging needs and shared development of methods for tackling them. • Clarify and promote a better understanding of roles and relationships on the continuum of provision. |

The evaluation revealed the main findings in respect of the current coordination and planning mechanisms to support HSS services to victims of the conflict as:

- DHSSPS has responsibility for the TAP’s. The Victims Unit provides funding for the coordinator posts;
- The main TAP funding sources are provided by the HSS Boards with funding also provided non-recurrently by the Victims Unit; (The TAPs

were in existence well before limited funding was provided in April 2002 by OFMDFM)

- Each of the TAP's are at different stages in development;
- The TAP's are broadly working towards the same main aims;
- Each of the TAP's has developed a strategy/plan/statement of intent outlining their main objectives. However, the individual strategy/plan/statement of intent documents are presented in varying degrees of detail;
- Some of the TAP's have adopted a sub-group approach to take forward particular initiatives;
- Some TAP representatives expressed the view that they were unclear about the role of the Interdepartmental Group and would like to be more involved with the work of this group;
- Each of the TAP's recognised the importance of the Victims Strategy and the impetus that the strategy and subsequent funding has given to raising the profile of victims and supporting victims of the conflict. However, TAP's expressed concern regarding the long-term and recurrent funding opportunities to support the work of the Victims Strategy;
- Each of the TAP's recognises that opportunities exist for more regional coordination across the four TAPs. The TAPs anticipate that this coordination will increase now that the coordinators are all in post;
- Representatives of the Southern Area, Northern Area and Foyle Area TAP's expressed concern that the location of the regional specialised services are not readily accessible to the populations they represent;
- Membership of each of the four TAPs is quite different in some cases. Whilst this is to be expected, given the need to ensure that the TAPs reflect local issues, there is still a need to ensure the 'right' balance between statutory and non-statutory sector bodies. The TAPs identified that some non-statutory bodies do not always have the capacity for involvement with the TAP;
- Each of the TAPs expressed the view that there is a need to increase awareness amongst mainstream services of the needs of victims. .
- The TAP's expressed the view that opportunities exist for increased partnership working across the statutory, voluntary and community sectors; and
- Given the current coverage of the Foyle Area Panel (where coverage excludes the geographical areas of Omagh and Enniskillen) it is Capita's view that there is a current gap in coordination of victim's services in the Western Board area.

Section 5 – Specialist Health and Social Service Provision to Victims

This section of the evaluation report identifies the main providers of specialist health and social services provision to victims of the conflict and identifies the current format of specialist service provision. The main findings of our evaluation in respect of specialist service provision to victims of the conflict are as follows:

- The main specialist service provider is the Family Trauma Centre;
- The Family Trauma Centre was established with the remit of providing a regional service to the entire population of Northern Ireland;
- The Family Trauma Centre is funded by DHSSPS.;
- North and West Belfast HSS Trust has established the Trauma Resource Centre, aimed at providing specialist trauma services to the population of North and West Belfast. However, services to be provided by the centre are subject to a successful funding bid Belfast Regeneration Office;
- The Northern Ireland Centre for Trauma and Transformation (NICTT) is a charitable trust in Omagh, which aims to provide specialist trauma services to adults. NICTT is only recently established, with the set up costs funded by NIO. There is no DHSSPS funding for NICTT;
- Those consulted as part of this evaluation expressed the view that the Family Centre was not readily accessible for a large percentage of the NI population;
- It would appear that the Family Centre is not yet attracting service users from across Northern Ireland. To date approximately 87%-88% of the sessions/contacts at the Family Centre are from EHSSB residents;
- It is our view that the treatment regimes of the Family Trauma Centre are based on well-established research and best practice. In addition, the organisation has applied service feedback evaluation processes with service users;
- The majority of stakeholders consulted as part of this review indicated that they believed that the Family Centre provided a good, quality, effective service;
- Some of the stakeholders consulted felt that decisions in respect of specialist services have been ‘politicised’ in some instances, rather than based solely on need;
- The Family Trauma Centre expressed the desire to increase their levels of service provision, provided this was underpinned by adequate resourcing;
- The Family Trauma Centre expressed a desire to increase collaboration with the TAPs; and
- The Family Trauma Centre expressed the view that the current services provided to victims of the conflict are not holistic, and that in many cases mainstream services do not have the awareness or skills to treat victims of the conflict.

Section 6 – Service Provision by HSS Trusts, Voluntary and Community Groups, Charities and Others

In conducting this evaluation the Capita team undertook a widespread process of stakeholder consultation. This involved consultation via postal questionnaires, face-to-face interviews and telephone interviews. In total approximately 41 stakeholders were consulted during the evaluation study. A full list of those consulted can be found in Appendix 3 of the full evaluation report. The main findings from the consultation process were as follows:

- There is a high usage amongst victims of mainstream services;
- There are only a relatively small number of dedicated services for victims across the general HSS;
- Some of the dedicated services for victims do not have recurrent funding e.g. Sperrin Lakeland Trust – Community Victims Support Programme;
- There is a need to increase awareness and skills across the mainstream sectors in respect of victims issues, needs and services;
- There are some particular specialities where victims access services more frequently i.e. pain management, physiotherapy, mental health, social services etc. Some of these services are subject to long waiting lists (e.g. chronic pain clinics);
- Representatives of the voluntary, community and other groups with whom we consulted expressed the view that there was ‘competition for scarce funding’ between statutory and non-statutory organisations;
- The majority of stakeholders consulted welcomed the development of the TAP’s, but felt the Panels needed to more closely reflect the ‘grass roots’;
- Many of those consulted expressed the view that services to provide assistance to victims have developed as a result of responses to tragedies, often with service developments taking place in an ad-hoc manner.
- All of those consulted welcomed the victims strategy and the increased focus on victim issues, but felt that long term planning and recurrent resources, based on need were required;
- Stakeholders expressed the view that greater coordination and transparency in service coordination and planning was required;
- Those organisations consulted within the voluntary/community sector believed that their services often bridged gaps created by the absence of appropriate statutory sector services;
- Those in the voluntary/community sector felt that communication could be improved across all those involved in the provision of services to victims;
- Some voluntary organisations identified that they were not always clear of the mechanisms through which they could access funding;
- Many of those consulted expressed the view that the Family Trauma Centre provided valuable specialist services. However, the centre was not readily accessible to a large number of the population; and

- Based on feedback from stakeholders during this evaluation it is our view that there is still an element of ‘distrust’ between the statutory and voluntary/community sector.

Section 7 – Comparative Analysis

This section of the report outlines the main findings of our comparative analysis of best practice in respect to service provision for victims of trauma. In conducting our research we have analysed best practice from a number of perspectives. The findings of our research are documented fully in section 7 of the main report and are based on our analysis of:

- Some practical examples of service approaches on an international basis; and
- Some practical examples of best practice approaches to service provision for victims of the conflict, drawn from our analysis of current service provision in Northern Ireland.

The main learning points from the best practice research can be summarised as:

- There is a need to inform/formulate strategies and policies by primarily developing an understanding of the origins and dynamics of violence within the specific context of the victims;
- Recognition is required amongst society of victim issues and collective responsibility for issues;
- Service provision should be based on needs assessment;
- Provision is required for short-term and long-term treatment and counselling for individuals and groups and communities;
- Different therapy approaches are required at different levels with complementary skills sets;
- Increasing use of complementary therapies;
- Prevention of re-victimisation of survivors and victims of violence through provision of training, advocacy and victim awareness;
- Trauma services for children who have witnessed or experienced violence. There is a need for a transgenerational focus and long-term planning. For example, the Trauma Centre in South Africa introduced a pre-school children’s violence intervention programme;
- Interagency, community, collaborative and multi-level approaches are required;
- Partnership working between statutory and voluntary agencies is more likely to achieve an affect at the “grass roots”, and use of community based approaches/community advocates to reach the “grass roots”;
- Continuing need for research, funding and specialised, trained staff;

- On-line access for victims to resources on service provision and evaluation;
- The complexity of cases and need for staff to work as cohesive teams necessitates the design of case management systems, so as to address individual needs as well as to attempt to address the client's social circumstances and facilitated interventions through community structures;
- Interaction with schools and workplace per se;
- Need for victims to tell their story, e.g. Truth testimonies in Guatemala;
- Capacity building, research and education; and
- Inter-agency training approaches to increase knowledge and foster trust across sectors.

Section 8 – Evaluation Themes and Gap Analysis

Section 8 of the report draws together the main themes and gaps which emerged during the evaluation process. In summary these focus on a number of key areas which are:

- The role, function and awareness of the TAP's;
- The siting of the TAP's under the most appropriate NICS department i.e. DHSSPS or OFMDFM;
- The potential gap in service coordination which exists in the Western Area in Omagh and Enniskillen (the Western Area TAP covers only the geographical area of Foyle);
- Lack of clarity surrounding the framework, structures, roles and responsibilities which underpin HSS services to victims of the conflict, and the need to define a future framework where roles and responsibilities are clear;
- The need to continue to encourage a culture of acceptance with regard to victims of the conflict and demonstrate transparency in needs based service decisions;
- The need to ensure that future HSS provision to victims is based on equity of access to services and regional standards in respect of service provision;
- Potential still exists to maximise opportunities for partnership working across sectors;
- The need to increase awareness of HPSS staff of the needs of victims of the conflict, increase access to training resources and address issues associated with accreditation and standards in the provision of training;
- The need to ensure that future service provision is evidence based. A process of dissemination of research and evaluation findings is required to support this;
- The transgenerational nature of victim issues means that a long-term plan for service provision and development is required; and

- The need to secure recurrent funding to underpin service provision, with urgent decisions required in respect of the funding of specialist services.

Section 9 – Efficacy of Specialist Services to Victims

Section 9 of the evaluation report seeks to specifically address the efficacy of specialist HSS services to victims of the conflict. In this the evaluation is focused on the services provided by the Family Trauma Centre.

Our expenditure analysis examines the expenditure and funding patterns of the Family Trauma Centre. Our analysis of expenditure demonstrates that salary costs represent approximately 86% of the centre’s expenditure, with the remaining expenditure related to goods and services.

The ¹average unit cost per session at the centre has fallen from £275 in 200/01 to £228 in 2002/03. This steady reduction in unit costs is in line with the steady increase in activity experienced by the centre since 2000/01 to 2002/03.

The effectiveness of the centre was evaluated against four main objectives. Our summary of findings is presented below.

| Objective | Evaluation Assessment |
|--|---|
| Provision of a regional psychological treatment service for those suffering from trauma using a wide range of treatment modalities | <ul style="list-style-type: none"> • Provision of centre based treatment services and outreach treatment services • The centre is not yet attracting regional referrals with approximately 88% of the referrals drawn from the EHSSB area • The location of the centre does not facilitate equity of access to services for the entire population of NI. • Current definition of service provision (i.e. conflict-related trauma with children and families only) does not maximise the ability of the centre to target social need. • The centre needs to provide services on an equitable basis, capable of meeting regional needs |
| Provision of a consultation service, via telephone on-call or face-to-face Provision of training to staff (statutory, community and voluntary sectors) in contact with those suffering from trauma. | <ul style="list-style-type: none"> • The level of consultation and training provided by the centre increased by nearly 50% between 2000/01 and 2001/02. • 53% of the overall increase is in respect of regional activities • EHSSB and WHSSB organisations avail of the treatment and consultation service more frequently than the NHSSB and SHSSB. • The centre needs to review its ‘charging’ policy with regard to training and consultation services. |

¹ Unit costs are estimates based on total sessions undertaken and the gross costs of the Family Centre.

| Objective | Evaluation Assessment |
|-------------------------------------|--|
| Undertaking research and evaluation | <ul style="list-style-type: none"> • A service user survey indicated a high level of satisfaction with services provided • Centre staff have facilitated other NI and international research and training placements for staff |
| Planning and monitoring | <ul style="list-style-type: none"> • A service user survey has been used to benchmark service delivery • An independent staff review of the centre was conducted in 2002 • Regular monitoring reports are provided to DHSSPS • Provision of activity information to HSS Boards • Production of annual business plan |

Sections 10 and 11 – Recommendations and Action Plan

Sections 10 and 11 of the evaluation report address the future service vision, the recommendations for change and the associated actions required to achieve the vision. The Action Plan is provided as Appendix 4 to the main evaluation report. The recommendations of the evaluation are summarised below and categorised under broad headings.

Structure

- Resiting of TAPs under OFMDFM as the parent NICS department, and formal ‘sign-off’ on lines of accountability, future roles and responsibilities, accommodation issues etc.
- WHSSB to work with Foyle and Sperrin Lakeland Trusts to develop a TAP with WHSSB area-wide representation.
- Quarterly meetings of TAP coordinators and chairs
- TAP’s to ensure their focus is on ‘grass roots’ issues and acting as a link between local issues and the development of policy and strategy at Interdepartmental Group level
- TAP membership to be subject to review on a 3-yearly basis
- The Family Trauma Centre to be represented on each of the TAP’s
- TAP members to be elected based on skill and expertise, and new members to be subject to induction training
- Review of TAP terms of reference and job descriptions for coordinators
- Whilst this is outside the scope of the terms of reference for this evaluation we recommend the membership and terms of reference of the Interdepartmental Group are reviewed under the auspices of OFMDFM
- Clear definition of roles and responsibilities, with formal ‘sign-off’ of the same. Recommended roles and responsibility definitions are provided in a detailed outline of the proposed service delivery model within the full report.

The Role of the Family Trauma Centre

- Realise the original principal of the centre as a regional service provider
- Extend the formal role of the centre to include non-conflict related trauma and treatment of adults
- Ethos of the centre to be on transition of clients from ‘victims to survivors’
- Service provision to be defined within Service Level Agreements (SLA’s) with service commissioners
- Renaming and relaunching the centre as the Regional Centre of Excellence. DHSSPS to lead a communications strategy to raise awareness of the centre and its new role
- Detailed reviews of staffing and resourcing of the centre to be carried out prior to its relaunch
- Consideration of the future location of the Regional Centre of Excellence
- Review of centre’s policy on charging for consultation and training services
- Regional Centre of Excellence to maximise opportunities for income generation
- Regional Centre of Excellence to develop a policy to protect centre staff against secondary traumatisation.

The Role of Outreach Centres

- Establishment of local outreach centres linked to Regional Centre of Excellence.
- Location of outreach centres to be determined by need, their ability to meet NTSN requirements and ensure equity of access on a rural and urban basis
- Outreach centres to provide a range of needs based specialist conflict-related and non-conflicted related trauma services for adults, children and families
- Service provision in outreach centres subject to continuous evaluation to ensure that they continue to respond to changing need and demand.
- Utilisation wherever possible of existing resources and expertise to facilitate establishment of outreach centres.

Raising Awareness and Improving Communication

- SHSSB training initiative with HPSS staff to act as pilot for wider awareness training with HPSS staff. Future HPSS staff training should be prioritised based on need and complemented by the integration of awareness training as part of standard induction programmes.
- Regional Centre of Excellence to take a lead role in facilitating specialist training and professional development
- DHSSPS to develop and lead a communications strategy to clarify and raise awareness of communication channels of new service delivery model

- DHSSPS to work with Health Promotion Agency to explore the potential for the development of a targeted public health campaign in respect of victims of the conflict

Resourcing Services

- Future funding for HSS specialist trauma services (provided under SLA's) to be sourced primarily from HPSS.
- Future funding arrangements to be formalised within the development of a funding strategy
- Maximise opportunities for specialist skills transfer under the new service delivery model
- Maximum utilisation of existing accommodation for outreach services, where possible. Future decisions on the location of outreach services should not be restricted only to statutory facilities.

Standards, Monitoring and Evaluation

- Service standards should be defined in SLAs
- SLAs should clearly define service provision boundaries and should be developed with reference to best practice and guidance from the Regional Centre of Excellence and the Regulation and Improvement Authority.
- Development of evaluation and monitoring processes to monitor SLAs
- Development of a monitoring and evaluation framework in order to 'track' progress of the recommendations of this evaluation.
- TAP's to agree and develop a standard approach to business planning and monitoring.
- TAP's to provide quarterly monitoring reports to OFMDFM
- The proposed new service delivery model should be supported by a long-term plan with robust budgetary and expenditure evaluation

Research and Dissemination

- Regional Centre of Excellence to act as central point of reference of research and evaluation sources.
- Future research with victims of the conflict to be conducted in line with OFMDFM's Code of Ethical Principles for Researching Vulnerable Groups.

1 INTRODUCTION

1.1 Introduction

Capita Consulting was commissioned by the Department of Health, Social Services and Public Safety (DHSSPS) in November 2002 to conduct an Evaluation of Health and Social Services (HSS) services to Victims of the Conflict.

1.2 Terms of Reference

1.2.1 Preamble

The terms of reference for the evaluation are:

“To ascertain, evaluate and make recommendations for improvements to the services provided to victims of the ‘Troubles’ by the Health and Social Services.”

During the initial project initiation stage the scope of the terms of reference were clarified with the Project Board. The clarification process confirmed the following:

- The focus of the evaluation is on specialist services for victims;
- The scope of the project excludes primary care; and
- The definition of ‘victims’ within the Victims Strategy is to be applied.

The specific requirements of the evaluation and the sections of the report in which they are addressed are detailed below.

- To ascertain and report the extent of specialist health and social services to victims throughout Northern Ireland (NI) – Section 5
- To evaluate and report on the efficacy of the specialised services that meet the needs of victims – Section 9
- To report areas of good and bad practice – Section 7
- To determine and report on how best to raise awareness of HSS staff on the needs of victims and their representatives – Sections 10 and 11
- To make recommendations for the future of services for victims – Sections 10 and 11

1.3 Capita's Methodology and Approach

1.3.1 Preamble

In addressing the terms of reference and specific requirements of this evaluation Capita prepared a methodology structured in two main phases of work with a total to 9 stages. Our approach is structured in two Phases as follows:

Phase One

- “Where are we now?”

Phase Two

- “Where do we want to be? and How can we get there?”

1.3.2 Phase 1 – Where are we now?

There are six main stages to Phase One of the evaluation, as outlined below:

- Stage 1 – Project Initiation
- Stage 2 – Policy/Desktop Review
- Stage 3 – Information Gathering – Trusts and Boards
- Stage 4 – Information Gathering – Other Stakeholders
- Stage 5 – Benchmarking and Comparative Analysis
- Stage 6 – Interim Evaluation Findings Workshop

1.3.3 Phase 2 – Where do we want to be? and How can we get there?

- Stage 7 – Future Vision of Services for Victims
- Stage 8 – Assessment of Future Options
- Stage 9 – Action Plan and Draft and Final Reports

A detailed description of our methodology was included within our proposal to DHSSPS in November 2002.

1.4 Structure of the Report

This report reflects the Capita Team's work under Stages 1 to 9 of this evaluation. The report is structured as follows:

- Section 2:** Evaluation approach;
- Section 3:** Policy context of HSS service provision to Victims;
- Section 4:** Structure of HSS service provision to Victims;
- Section 5:** Specialist Health and Social Services Provision to Victims;
- Section 6:** HSS Trust, Voluntary and Community Group and Others

- Service Provision to Victims;
- Section 7:** Comparative Analysis;
- Section 8:** Evaluation Themes and Gap Analysis;
- Section 9:** Efficacy of Specialist Services for Victims;
- Section 10:** Recommendations for the Way Forward; and
- Section 11:** Action Planning.

2 EVALUATION APPROACH

2.1 Introduction

We have provided below a summary of our approach to the evaluation. The work is highlighted within each section of the methodology.

2.2 Methodology Progress

2.2.1 Stage 1 – Project Initiation

A project initiation meeting took place with the Project Board on 21st November 2002 at which we agreed:

- The terms of reference;
- The project methodology;
- The project organisation and timescales;
- Documentation list; and
- Stakeholders to be consulted.

Two additional face-to-face meetings were conducted with representatives of the Department of Health Social Services and Public Safety (DHSSPS) and the Northern Ireland Office (NIO).

2.2.2 Stage 2 – Strategic/Policy Context and Desktop Research

During this element of the review a number of documents and policies were reviewed which impact upon and influence the services to victims provided by HSS. These included:

- Living with the Trauma of the Troubles;
- The Bloomfield Report;
- Victims' Strategy (Reshape, Rebuild, Achieve);
- Programme for Government;
- Investing for Health;
- Minding Our Health – Draft Strategy for Promoting Mental Health and Emotional Health in Northern Ireland;
- Best Practice – Best Care;
- Equality and New TSN guidance;
- Counselling in Northern Ireland – Report of the Counselling Review;
- Evaluation of Core Funding Programme for Victims/Survivors' Groups; and
- Developing Better Services – Modernising Hospitals and Reforming Structure (June 2002).

2.2.3 Stages 3 & 4 – Information Gathering with HSS Boards, Trusts and other Stakeholders

The work in Stages 3 and 4 of the evaluation has been undertaken in parallel. The main activities associated with Capita's approach during these stages are outlined below.

Postal Questionnaires

Two separate questionnaires were sent to named contacts within Trusts and Boards. The questionnaires were used in order to obtain specific information about the range of services provided to victims and current perspectives on service provision.

Questionnaires were sent out to each HSS Trust. A copy of the Trust questionnaire can be found in Appendix 1. Capita administered and analysed these questionnaires.

Questionnaires were sent to each HSS Board (or the nominated representative on behalf of the Board i.e. Trauma Advisory Panel Coordinators). A copy of the Board questionnaire can be found in Appendix 2. Capita administered and analysed these questionnaires.

Stakeholder Consultations

Consultations were undertaken with a range of statutory organisations including Boards, Trusts, representatives of specialist service centres, the Trauma Advisory Panels, registered charities and voluntary groups. A list of those consulted with is included in Appendix 3.

The Capita team also coordinated a public consultation process by the placement of advertisements in three newspapers (Belfast Telegraph, Newsletter and Irish News). The advertisements sought the views of victims of the conflict who had used services provided by health and social services.

The purpose of the consultations was to develop the information gathered via the questionnaire analysis and build our understanding of the extent and efficacy of health and social service provision to victims of the conflict.

2.2.4 Stage 5 – Benchmarking and Comparative Analysis

Our benchmarking and comparative analysis has been conducted using document review, stakeholder consultations, research and meetings with our strategic advisor. Our benchmarking and comparative analysis focuses on two main elements:

- Identifying elements of best practice on an international basis in respect of approaches to victim services. This analysis reflects best practice in respect of specific approaches to services to victims of conflict.

- Providing our view in respect of models of service provision which appear to be operating effectively within the current HSS service provision to victims of conflict in Northern Ireland.

2.2.5 Stage 6 – Phase 1 Report – Current HSS Provision for Victims of the Conflict

The Capita team produced a Phase 1 Report – Current Service Provision. This report was presented to the Project Board on 7th February 2003 and signed-off as an accurate reflection of current HSS service provision to victims of the conflict. The Phase 1 Report also identified the themes and gaps which had emerged in the evaluation to date.

2.2.6 Stages 7 & 8 – Future Service Vision and Options for Change

Stages 7 and 8 of our approach were addressed in a workshop format with members of the Project Board. The workshop was held on 21st February 2003.

2.2.7 Stage 9 – Draft and Final Reports and Action Plan

This report represents the Capita team's work under Stage 9 of the evaluation.