

## **REGIONAL TRAUMA NETWORK**

### **Service Delivery Model & Equality Impact Assessment**

### **RESPONSE TEMPLATE**

**Your opportunity to have your say: responding to the Consultation Document.**

**Comments are invited from all interested parties on pages 3-16 below.**

This document provides space for you to comment on the Regional Trauma Network Service Delivery Model & Equality Impact Assessment. This consultation is being carried out by the Health and Social Care Board on the phased implementation of the Regional Trauma Network.

A copy of this document is available on the HSCB website at:  
<http://www.hscboard.hscni.net/get-involved/consultations/>.

Requests for versions in accessible formats will also be considered.

**You can send us your consultation response or comments as follows:**

**By post:**

**Geraldine Hamilton  
RTN Manager  
Health & Social Care Board  
12-22 Linenhall Street  
Belfast, BT2 8BS**

**By email: [regionaltraumanetwork@hscni.net](mailto:regionaltraumanetwork@hscni.net)**

If you prefer to meet with us in person, we would be very happy to do so.

Please contact us by email, by post, or by phone: 0300 555 0115.

Information provided by respondents to this survey will be held and used for the purposes of the administration of this current exercise and subsequently disposed of in accordance with the provisions of the Data Protection Act 2018 and General Data Protection Regulation.

## SERVICE DELIVERY MODEL

- 1      **The Health & Social Care element of the Regional Trauma Network will be designed and delivered in 3 phases. The aim is to make sure we learn about what works best at each phase so that we can continually improve the service as it develops.**

**Do you agree with this phased approach?**

Agree

Neither Agree or Disagree

Disagree

### **Comments:**

Please read comments on the following pages.

**2 A major aim of the phased implementation approach is to learn how to improve access to psychological trauma services through continuous evaluation and research.**

**Do you support this aim?**

Agree

Neither Agree or Disagree

Disagree

**Comments:**

The Regional Trauma Network (RTN) could learn lessons from the experience of VSS in delivering trauma services to victims of terrorism. Rather than using the phased implementation approach to reinvent the wheel – build on the years of experience that exist.

A key lesson to learn would be that this project needs to be client-led rather than pushed by specialists and academics who have no practical experience in dealing with trauma victims from the Troubles.

If the Regional Trauma Network are unable or unwilling to learn from the body of experience and learning that exists in the sector, and make this the starting point for the exercise, then it is hardly likely that there will be any meaningful learning from the 'phased approach'.

**3 Partnership working is a key element of the Regional Trauma Network service delivery model. It aims to enable people with significant levels of psychological trauma to be supported by a number of agencies who will work together to meet all their needs. Do you agree with this approach to delivering the Regional Trauma Network?**

**Agree**

**Neither Agree or Disagree**

**Disagree**

**Comments:**

The Regional Trauma Network should make full use of the facilities, skills and experience existing in the voluntary and community sector, as funded by the VSS, rather than sidelining victims of terrorism organisations and the victims they support for a “one size fits all” service, unfit to support victims of terrorism in any meaningful way.

The Regional Trauma Network has so far failed to work in partnership as described with organisations currently providing trauma services to victims of terrorism, and in so doing is in danger of failing to achieve its objective as envisaged within the Stormont House Agreement, which is justified by the levels of trauma in Northern Ireland resulting from the Troubles.

- 4 The Stormont House Agreement sets out a commitment to develop a psychological trauma service in Northern Ireland for individuals experiencing significant level of psychological trauma as a result of the Troubles/Conflict. A priority in Phase 1, therefore, is to work in partnership with the Victims and Survivors Sector to establish ready and safe access to Health and Social Care psychological trauma services for people with significant levels of post-traumatic stress disorder as a result of the Troubles/Conflict.**

**Five Health & Wellbeing Case Managers are employed by the Victims and Survivors Service. They are authorised through the 2016 Partnership Agreement between the Department of Health (DoH) and The Executive Office (TEO) to comprehensively assess needs of individuals who are experiencing significant levels of psychological trauma, and make referrals directly into the regional HSC Local Trauma Teams. This is an innovative and unique approach to accessing Health and Social Care.**

**Phase 1 allows Health and Social Care to learn more about the needs of adults with psychological trauma and the safest and most effective way for them to readily access statutory services.**

**Do you have any comments in relation to this aspect of Phase 1?**

## Comments:

The approach of Regional Trauma Network to this aspect of Phase 1 appears to be wholly unsatisfactory, and an attempt to sideline the Health and Wellbeing Caseworker programme as a part of the wider effort to transform the Regional Trauma Network from being Troubles victims-focused into no more than an extra NHS budget headline.

It is submitted that not all individuals experience a significant level of psychological trauma in relation to the Troubles for the same reasons. Different categories of people were involved in the Troubles: terrorist perpetrators and victims of terrorism, either civilians or members of the security forces (army and police), and prison officers.

Terrorist perpetrators were carrying out acts of terrorism that may have resulted in innocent people being murdered or injured, often seriously. Their psychological trauma is likely to be related to the fact of having chosen to cause harm and/or be involved in criminal activities.

Victims of terrorism were standing on the right side of the law and suffered psychological trauma unjustly as a result of doing what was right or just going about their daily business. Since the threat of terrorism has not disappeared in Northern Ireland, these victims, particularly former members of the security forces, need to be provided with services that not only meet their needs but also guarantee their personal safety, by way of confidentiality. This is a **major issue** that needs to be carefully considered while designing the Regional Trauma Network so as to ensure that it would respond to the legitimate expectations of victims of terrorism.

- 5 During Phase 1, a pathway to Regional Trauma Network services for will be designed and developed for children and young people, in line with the existing Child and Adolescent Mental Health Services (CAMHS) pathway. This will be informed by existing experience of services for children and young people, and by learning from the experience of delivering treatment to victims and survivors of the Troubles/Conflict who require treatment within Health and Social Care.**

**Have you any comments in relation to this approach to designing and developing a pathway for children and young people?**

**Comments:**



**6 Also during Phase 1 a pathway will be designed and developed for individuals with significant trauma symptoms that are not associated with Conflict/Troubles-related incident/s, who experience barriers to accessing mental health services. This will be informed by the existing experiences of these individuals and communities and by learning from the experience of improving access for victims and survivors of the Troubles/Conflict who require treatment within Health and Social Care.**

**Have you any comments in relation to this approach to designing and developing a pathway for individuals who experience barriers to accessing mental health services, who have significant trauma experiences that are not associated with Conflict/Troubles-related incident/s?**

**Comments:**

The experience of improving access for victims and survivors of the Troubles is key to the success of this pathway and it is therefore vital to consult organisations that support victims of terrorism, and to allow them to engage in design processes. Up until now this has not taken place, and it has therefore not been possible to engage at either the strategic or operational implementation level.

Unless this failure in the process is addressed immediately, this essential input will not be available as a source of learning for the design of pathways for those with non-Troubles-related trauma symptoms.

- 7 Phase 2 proposes to open pathways for all other relevant statutory and non-statutory organisations for both child and adult service-users via the General Practitioner (GP). Learning from Phase 1 will influence the design and development of these other pathways to access Regional Trauma Network services.**

**Have you any comments in relation to this?**

**Comments:**

If Phase 1 learning fails, as it seems it will if the approach of the Regional Trauma Network does not change, then it cannot inform Phase 2.

**8 Phase 3 will focus on the development of future Regional Trauma Network design and action planning, based on:**

- **performance information and learning from Phases 1 and 2;**
- **evidence of need and demand, and engagement with individuals with significant trauma symptoms that are not associated with Conflict/Troubles-related incident/s who experience barriers to accessing mental health services; and**
- **recommendations for future service development and any additional resources required.**

**Have you any comments in relation to this?**

**Comments:**

It seems that the Phased approach is really designed to move the Regional Trauma Network away from its purpose within the Stormont House Agreement, as a service to address Trouble-related trauma. Exclusion of victim's organisations from Phase 1 co-design, the specialist/academic-led approach, and the phased emphasis away from Troubles victims, particularly victims of terrorism, will result in a service unfit to meet their needs in any meaningful way. Once this has been achieved, the proposed arrangements will very likely be prioritised for closure if or when NHS budgets are cut.

**9 Overall, do you foresee any challenges with this phased approach?**

**YES**

**NO**

**Comments:**

The failure to allow meaningful input from victims groups, particularly organisations supporting victims of terrorism, in phase 1, meaning that current learning will be withheld from the design phase in favour of academic and specialist theories, will lead to the ultimate failure of the phased approach. A service not suited to access by victims and survivors, particularly victims and survivors of terrorism, will ultimately fail in meeting their trauma needs, and thus fail in its core remit as specified in the Stormont House Agreement.

## EQUALITY IMPACT ASSESSMENT

**10 Have all the key implications for the different equality groups been identified?**

**YES**

**NO**

### **Comments:**

The victims and survivors of terrorism have not been properly taken into account.

**11 Are there any other equality issues or information that we should be considering?**

**YES**

**NO**

### **Comments:**

Victims and survivors of terrorism require a specialist and dedicated service to facilitate their access and to support positive outcomes for them. The removal of this input from the co-design and phase 1 will mean that this will not be possible.

**12 Is there anything else we could do to address the equality issues identified?**

**YES**

**NO**

**Comments:**

Implement a phase approach as originally intended, and utilise the assets and experience that exist in the voluntary and community sector, particularly in organisations representing and working with victims of terrorism.

**13 Have you any further suggestions of how we could better promote equality of opportunity, human rights, or good relations?**

**YES**

**NO**

**Comments:**

The Regional Trauma Network could better promote equality of opportunity by developing a Network that will uphold the following human rights for victims of terrorism:

- Right of recognition:
  - Victims of an act of terrorism have the right to be recognised as victims of terrorism and as a result given respectful treatment by investigating authorities, the justice system and society at large;
  - Victims of terrorism are recognised as victims of violation of fundamental rights (United Nations Human Rights Council (UNHRC), Report of the Special Rapporteur on the promotion and protection of human rights and

fundamental freedoms while countering terrorism, Ben Emmerson, Framework principles for securing the human rights of victims of terrorism (A/HRC/20/14).

- Right to be supported:
  - Victims of terrorism and their families have the right to be provided with specialist victim support by way of advocacy support during investigations and court proceedings, as well as health and wellbeing support.
- Right to protection from perpetrators:
  - Victims of terrorism have the right to be protected from contact with alleged perpetrators of acts of terrorism;
  - When victims of terrorism decide to engage in restorative justice processes with perpetrators of acts of terrorism they have the right to benefit from measures designed to protect them (A Charter for Victims of Crime, Department of Justice (DoJ) 2015, paras. 99, 103, 123 and 128).

**14 Are there any other comments you wish to make on this consultation?**

**Comments:**

The approach of the Regional Trauma Network should be reconsidered in order to ensure that the fundamental rights of victims of terrorism to be provided with health and wellbeing services that correspond to their needs are protected and upheld in a democratic society.

**15 Please tell us if you are responding on your own behalf or on behalf of an organisation by selecting one of the following options:**

I'm a person living with psychological trauma or their carer/family member.

I'm a carer/family member of someone who is living with psychological trauma.

I work within an existing Community and Voluntary organisation which supports people with psychological trauma.

I work within existing HSC Psychological Therapies/Trauma Services.



I work within the Primary care sector.

Other (please specify): \_\_\_\_\_

**16 If you are happy to identify yourself, please provide us with the following details:** (Information provided by respondents to this survey will be held and used for the purposes of the administration of this current exercise and subsequently disposed of in accordance with the provisions of the Data Protection Act 2018 and General Data Protection Regulation).

Name: Axel Schmidt

Organisation: Ulster Human Rights Watch Advocacy Service

Contact Address: The Victoria Suite, Brownlow House, Windsor Avenue, Lurgan, Craigavon, BT67 9BJ

Email Address: [info@uhrw.org.uk](mailto:info@uhrw.org.uk)

May we contact you to get further information on your response? Yes

---

**17 How did you find out about this consultation?**

Via my organisation

Via the Health & Social Care Board

Other (please specify): Victims and Survivors Service (VSS)

**Thank you.**

**Responses must be received no later than:**

**Friday 24<sup>th</sup> September 2019 at 1:00 pm**

## **CONFIDENTIALITY AND ACCESS TO INFORMATION ANNEX**

The HSCB may publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be published or disclosed on request in accordance with information legislation; these chiefly being the Freedom of Information Act 2000 (FOIA), the Environmental Information Regulations 2004 (EIR), the Data Protection Act 2018 (DPA) and the General Data Protection Regulation (GDPR) (EU) 2016/679. The HSCB can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The FOIA gives the public a right of access to any information held by a public authority, namely, the HSCB in this case. This right of access to information includes information provided in response to a consultation. The HSCB cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or be treated as confidential.

If you do not wish information about your identity to be made public please include an explanation in your response. Being transparent and providing accessible information to individuals about how we may use personal data is a key element of the DPA and the General Data Protection Regulation (EU) 2016/679. The HSCB is committed to building trust and confidence in our ability to process personal information. This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances.

For further information about confidentiality of responses please contact the Information Commissioner's Office on 0303 123 1113 or via <https://ico.org.uk/global/contact-us/>.