

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

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:

Barnardo's NI believes this phased approach to implementation provides a good opportunity to learn and to involve both service users and professionals in the development of the Regional Trauma Network (RTN). We consider this approach to be particularly beneficial in designing the RTN as learning from Phase 1 should inform how Phase 2 can provide accessible, acceptable and effective services for children and young people. However, we are aware from our attendance at Victims and Survivors Service consultation meetings that victims and survivors of the Troubles in Northern Ireland are concerned that there may not have been enough time allocated to each phase.

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:

We strongly support this aim and are pleased that this area of evaluation and research is being built into the design of the Regional Trauma Network from the beginning. We believe this phased implementation approach provides the opportunity for continuous service improvement in line with service users' feedback.

This approach also provides the opportunity to establish reliable data collection systems in order to address the general lack of robust disaggregated data collection and analysis across areas affecting children's lives, including mental health. This absence of data means it has been difficult to date to ascertain how effective services have been. Steps should be taken to address this issue in the design phase of the Regional Trauma Network in order to determine the effectiveness and impact of service provision and to identify areas for improvements.

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:

Barnardo's NI supports the approach taken to place partnership working as a key element in the RTN service delivery model. Barnardo's NI strongly believes that partnership working is essential to deliver effective services and is particularly important at the early intervention stage. In our own work, Barnardo's NOVA Trauma Support service represents an active partnership between Barnardo's Northern Ireland, local statutory agencies and voluntary and community agencies and groups for those who have been psychologically traumatised as a result of the Troubles.

In our view, it is important that all agencies from both the statutory and community and voluntary sectors work in partnership to design, deliver and review services in the RTN and that opportunities for meaningful engagement between sectors are built into the partnership design. To support this aim, Barnardo's NI would encourage the creation of knowledge transfer forums to share good practice and build capacity

amongst both statutory providers, community and voluntary organisations and other agencies who work with people with significant levels of psychological trauma.

- 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:

Barnardo's NI recognises the continuing impact of trauma in a post-conflict society. Barnardo's NI NOVA Trauma Support service was established in 1998 and offers a range of services for children, families and communities who have been psychologically traumatised as a result of the Northern Ireland conflict or more general trauma experiences. In our experience, the trans-generational impact of the NI conflict impacts most people seeking support for trauma and is often not realised by the individual or family at the referral stage. When psycho-education is provided about trans-generational trauma individuals and family often identify past events that were not reported in the initial referral. This should be taken into consideration when developing pathways for both individuals with significant trauma symptoms that are associated with Troubles-related incidents and those who seek support for trauma not related to the Troubles in the first instance.

- 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:

Barnardo's NI warmly welcomes the intention for the RTN to be informed by the lived experiences of children and young people. We value the participation of children and young people on the matters that impact them such as health services they receive. For example, Barnardo's NI Disabled Children and Young People's Participation Project (DCYPPP) facilitates the participation of children and young people with a wide range of learning, physical, sensory impairments, medical conditions and autism to be involved in high level strategic planning enabling them to have their say in service developments that impact on their lives.

It would be useful to have further details of the ways in which children and young people will be facilitated to contribute to this process in a meaningful and effective way. We would like to raise the following issues:

Children and young people are not a homogenous group. It is important to note the different ages and stages of development when working with children and young people and consider the necessary adjustments when designing services to ensure that provision is age-appropriate. In addition to experiencing trauma, children and young people may face other challenges which make them particularly vulnerable such as a physical or learning disability, being unwell, experiences of care outside the family or having English as an additional language when accessing services.

We recommend that a diverse range of children and young people are represented on the Children's and Young People's Pathway Development Working Group due to be convened in Phase 1. Genuine participation requires children and young people to have the opportunity to contribute as well as the capacity to understand the information provided. In this way, the voice of the child will be central to the pathways developed for children and young people. We also recommend that representatives from the community and voluntary sector who work with children and young people who have experienced trauma are included on the Working Group.

In our view, it is necessary that time and resources are invested in developing a range of creative and age-appropriate methods to facilitate children and young people on an ongoing basis to both provide ways for them to be represented in formal structures such as the Children's and Young People's Pathway Development Working Group and to ensure they can articulate their views on service design. Consideration should be given to how children who may have complex

and multiple needs such as children with disabilities, refugees and unaccompanied children and young people who are homeless or have experience of the care system can participate.

We also recommend that there is engagement with existing research to support the design and development of a pathway for children and young people. For example, the Northern Ireland Commissioner for Children and Young People research report 'Still Waiting' (NICCY, 2018) highlighted key issues with the delivery and accessibility of CAMHS, which must be considered in the context of developing this pathway.

Finally, we urge that clarification is provided regarding the plans to disseminate information about the Regional Trauma Network to children and young people. We recognise that an extensive programme of stakeholder events have taken place with organisations and agencies but we recommend further work is conducted with those children and young people already accessing mental health services.

- 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:

Many of the children, young people and families we work with have experienced adversity and trauma not associated with the Troubles. This can range from domestic violence, substance misuse, child bereavement, physical, emotional and sexual abuse, imprisonment or experiencing family breakdown. We know that experiencing adversity and trauma in childhood can have significant long term effects and so welcome the development of this pathway for individuals with significant trauma symptoms that are not associated with Conflict/Troubles-related incidents.

From our work, we know that there are many barriers to accessing mental health services including fear of consequences, distrust of the system and ability to access suitable local services. In addition to these barriers, both Barnardo's NI Refugee Support Service and Independent

Guardian Service, which work with families and children that have experienced significant trauma, have found that cultural issues around asking for support for mental health, language barriers and a lack of knowledge of NI health and social care processes and systems can prevent individuals who have experienced significant trauma from accessing help. As recognised in the Equality Impact Assessment, migrants arriving in Northern Ireland may arrive as refugees or asylum seekers and may have experienced trauma related to war, persecution and displacement. We are pleased to see the commitment that during the Phase 1 implementation process the Regional Trauma Network Management Team will actively engage with organisations that represent Black and Minority Ethnic and migrant communities to seek to establish a Pathway Development Working Group to improve access to trauma services for this population. Specifically, Barnardo's NI recommends that refugees and asylum seekers are recognised as a distinct group within the BME community in Northern Ireland who have experienced significant trauma associated with their lived experiences of war and displacement. It is essential that barriers to participation and access of services are considered in the development and design of a pathway for this group.

We recommend that the partnership working between statutory and community and voluntary services outlined in the Phase 1 pathway for individuals experiencing significant levels of psychological trauma as a result of the Troubles/Conflict is mirrored in the design and development of pathways for other individuals who have experienced significant trauma not related to the conflict here. It would also be necessary to provide ways in which people with lived experience

of trauma can participate meaningfully within Pathway Development Working Groups.

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:

Barnardo's NI supports the proposal for open pathways as a way to increase access to mental health support for service users. In our experience referrers, other than GP's, often have a comprehensive and valuable amount of relevant information about the referee and can continue to provide informed support for that person during the provision of a service. In contrast, GPs can be difficult to access and often do not have the capacity to provide additional support and information about other services. As a result, GP referrals may be declined due to lack of information leaving children, young people and their families confused about how and where to access mental health support. Evidence gathered in the 'Still Waiting' report (NICCY, 2018) found that young people would like referral pathways to be opened up as this would allow a greater range of professionals to make referrals and to ensure professionals understood that they could do so. Results of this research also showed that children and young people will seek mental health support from a range of 'trusted adults' such as family, teachers or school councillors, social workers or youth workers in addition to health professionals.

In terms of the service design of the RTN, we would recommend that work is conducted to ensure clarity on the referral criteria

and pathways via the GP to other services for both adults and children and young people. It would also be necessary to ensure GPs have an up to date knowledge of relevant services in the community and voluntary sector which would be effective in supporting both child and adult service users. We recommend that representatives who have experience of providing trauma support services in the community are utilised in developing this aspect of the RTN further.

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:

The future development of the Regional Trauma Network provides an opportunity to address the longstanding challenges faced by children's transition from Child and Adolescent Mental Health to Adult Mental Health Services. Evidence from the "Still Waiting" report (NICCY, 2018) highlighted several issues when young people move from child (CAMHS) to adult mental health (AMHS) services following their 18th birthday. Barnardo's NI supports the call for further service development in this area to provide young people with a better transition. There is opportunity to develop a 'bridging service' for those aged 16 – 25 years old who require ongoing specialist mental health support or to extend CAMHS provision to age 25. We believe that young adults with disabilities, care leavers and unaccompanied children would particularly benefit from this development.

Barnardo's NI is concerned that Northern Ireland lacks vital services

for women affected by mental health problems during pregnancy and in the year after birth. Estimates gathered by the Public Health Agency suggest that between 10-20 percent of women develop mental ill health during the perinatal period. As identified by research conducted by the NSPCC NI (2018), there is a need to establish a specialist, in-patient Mother and Baby Unit to support women with mental health problems during the perinatal period. We recommend that the new pathways and networks established by the RNT are a good opportunity to develop specialist community perinatal mental health services across all Health and Social Care Trusts in order to identify and treat perinatal mental health early.

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

YES

NO

Comments:

Barnardo's NI can see how it may be challenging to implement the Regional Trauma Network within the timeframe outline in the consultation considering time needed to recruit staff and set up Pathway Development Groups with a number of stakeholder groups. We would urge that every effort is made to keep to the timescales laid out in the consultation in order to ensure that all phases of the approach are implemented in a timely manner.

EQUALITY IMPACT ASSESSMENT

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

YES

NO

Comments:

In relation to dependents, no specific reference has been made to mothers during the perinatal period. We believe this is a significant demographic as estimates suggest that 10 – 20% of women experience various degrees of mental ill health during this time. We suggest that engagement with women who have experience of perinatal mental ill health is sought in order to understand the implications of treating mothers and babies together.

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

YES

NO

Comments:

Yes. In our view, there is scope to consider the different ages and stages of children's development when planning and designing services. For example, young children have different needs to older children and young people so each stage of development should be taken into consideration. We recommend that in this new delivery model that those aged 18 – 25 years old are considered

young adults with different needs to children and older adults.

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

YES

NO

Comments:

While the potential inequalities in relation to Conflict/Troubles related trauma in terms of the implementation of Phase 1 may exist, as found in the Equality Impact Assessment, we urge the Health and Social Care Board to ensure that the phased implementation adheres to the schedule laid out in this consultation. This would ensure that any inequality in Phase 1 implementation is minimised and time limited.

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

YES

NO

Comments:

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

Comments:

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: Dr Donna Kernaghan

Organisation: Barnardo's Northern Ireland

Contact Address: 542/544 Upper Newtownards Road Belfast BT4 3HE

Email Address: donna.kernaghan@barnardos.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): _____

Thank you.

Responses must be received no later than:

Friday 6th 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/>.