



**Date: 5 September 2019**

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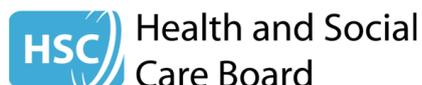
## **Regional Trauma Network**

The [Royal College of Occupational Therapists](#) is the professional membership organisation for occupational therapy staff across the UK.

The Royal College of Occupational Therapists (RCOT) is the professional body for occupational therapy representing over 33,000 occupational therapists across the UK. There are 1,256 RCOT members in Northern Ireland of which 1,083 are professional members (RCOT, June 2019). Occupational therapists in Northern Ireland work in trusts, across health and social care services, they deliver services across housing, schools, prisons, the voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapy is a science based profession. Occupational therapists work with people of all ages, who are experiencing difficulties through injury, illness or disability or a major life change. Occupational therapy improves the health and wellbeing of people through enabling participation in daily life which is made up of many occupations (or activities).

Occupational therapists consider the relationship between what a **person** does every day (**occupations**), how illness or disability impacts upon the person and how a person's **environment** supports or hinders their activity (PEO Model). Using this approach, we help people to continue or re-engage with participating fully in daily life, including work, social activities and maintaining roles and responsibilities.



## 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**



**Date: 5 September 2019**

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**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.

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## 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:**

- 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:**

**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:**

Occupational therapists are dual trained (physical and mental health) and are found working for many different agencies across health and social care including statutory services, private providers and third sector providers. This makes them well placed to support the development of the partnership working model as they are already skilled in multi-agency working.

- 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?**



**Date: 5 September 2019**

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### **Comments:**

The Case Managers are “Registered Practitioners”- will this include occupational therapists? There are many very skilled occupational therapists working in mental health services in Northern Ireland who would be well placed to lead and / or be part of the trauma teams.

Occupational therapists are uniquely trained to address both mental health and physical health at the same time and are specialists in personalised care. They are therefore able to provide support for people who have physical disabilities alongside mental health challenges due to traumatic experiences.

Occupational therapists focus on helping people achieve their life ambitions and chosen occupations, such as looking after a home, having a good education and good employment. For example, using meaningful occupations to enable people develop relationships, engage in their communities, improve functional abilities or manage anxiety.

They work across all ages and at all stages of a person’s mental health recovery, i.e. throughout the stepped model proposed for the trauma teams.

- 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:**

It would be vital that RCOT are involved in designing the pathway for children and young people.

For young people trauma often presents with behavioural and sensory difficulties. Occupational therapists play a vital role in the recovery of children and young people who have experienced violence and trauma. Sensory approaches to emotional regulation are very effective and occupational therapists lead the way with this model of care, alongside their core skills of assessing and developing person centred treatment goals in relation to the person's occupations i.e. the activities that they want, need or are expected to do and are finding difficult due to trauma.

Children may not have directly witnessed trauma during the Troubles, however the impact of inter-generational trauma on the young people of Northern Ireland is significant. For example, many children occupational therapists have worked with, who experience extreme anxiety, have been raised by a parent who has experienced Troubles related trauma and violence.

- 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:**



- 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:**

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**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:**



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

**YES**

**NO**

**Comments:**

RCOT members expressed some concern that services will be overwhelmed with the need for trauma services. They also felt that having the right staff in place and adequately trained prior to opening the service will be essential for the success of this initiative.

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## EQUALITY IMPACT ASSESSMENT

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

YES

NO

**Comments:**

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

YES

NO

**Comments:**

There will be large numbers of people who have experienced trauma and subsequent mental health issues in the prison population. Will there be equivalent services available for them?

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

**YES**

**NO**

**Comments:**

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

**YES**

**NO**

**Comments:**



**Date: 5 September 2019**

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

**Comments:**



Date: 5 September 2019

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**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):

Professional Advisor, Royal College of Occupational Therapists

Date: 5 September 2019

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**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: Helen Van Ristell

Organisation: Royal College of Occupational Therapists

Contact Address: 106-114 Borough High Street, London SE1 1LB

Email Address: helen.vanristell@rcot.co.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 6<sup>th</sup> September 2019 at 1:00 pm**

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## **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.



**Date: 5 September 2019**

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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/>.