

IMPACT OF THE NORTHERN IRELAND CONFLICT: AREAS OF HIGH LEVEL VIOLENCE

Issue/Problem	The consequences of the conflict on the health of people living in high violence areas
Evidence Base (Equality & Inequalities Report)	<p>Community based research conducted by Cairns & Wilson (1991) revealed that people in high violence areas reported more symptoms of physical illness than those living in low violence areas. <i>Ref: Cairns and Wilson (1991) cited in “Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview” (DHSSPS, 2004:41)</i></p> <p>The Cost of the Troubles Survey highlights that a higher proportion of people living in areas of high intensity violence¹ (13%) reported having poor health compared with those living in areas of low violence (4%). <i>Ref: Smyth et al (2001) cited in “Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview” (DHSSPS:44-45)</i></p> <p>A report from the 1997 Northern Ireland Health and Social Wellbeing Survey (O’Reilly & Browne, 2001) indicates that people in poorer households were more likely than those in wealthier households to have borne the brunt of the Troubles either in their areas or their lives. <i>Ref: Browne & O’Reilly (2001) cited in “Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview” (DHSSPS, 2004:49)</i></p> <p>Catholics were more likely than Protestants to report adverse effects of Northern Ireland conflict related violence on their own lives and that of their families. <i>Ref: NI Health and Wellbeing Survey (1997 & 2001) cited in “Equality and Inequalities in Health and Social Care in Northern Ireland” (DHSSPS, 2004:58).</i></p>
Evidence Base (Literature Review)	<p>Evidence from studies into the lives of people living in violent interface areas (e.g., Jarman, 2002; Smyth et al, 2001, Smyth et al, 2004) reveals that people are reluctant to access services and facilities which are perceived to be situated in the “other” community.</p> <p>Smyth <i>et al</i> (2001) in a study of North & West Belfast (an area affected by frequent interface violence) identifies a number of factors which prevent access to health and social services in high conflict</p>

¹ In the Cost of the Troubles survey all wards in Northern Ireland were classified into “high intensity”, “medium intensity” and “low intensity” according to the number of people from those wards that had been killed in the Troubles.

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areas including:

- The **restricted mobility** of health and social care staff (e.g. not being able reach their place of work or travel to see clients in the community) during the "marching season" or other disputes (e.g. during the paramilitary feuds). Conflict in interface areas often impeded the normal and smooth delivery of services (e.g. domiciliary services).
- The **duplication of services** within the same catchment area because of the segregated nature of the communities in that area.
- Despite the high level of need in interface areas there has been a tendency to locate important regional services in other areas (e.g. South Belfast). These services are often perceived to be **inaccessible** for those living in North & West Belfast. This is especially thought to be the case in relation to the provision of child and adolescent mental health services. Despite the high levels of need for such services in North & West Belfast little actual provision exists.

Ref: Smyth, M., Morrissey, M. & Hamilton, J. (2001) Caring Through the Troubles: Health and Social Services in North and West Belfast. Derry/Londonderry: The Institute for Conflict Research.

Is the issue/problem being addressed by current or proposed strategies and policies? On what level?

A number of policies and strategies have been developed to address the issue of interface violence and to promote community relations in areas experiencing high levels of violence. Key developments likely to have a positive impact upon health and wellbeing in these areas include the "[Shared Future](#)" policy and the proposed [Anti-Poverty Strategy](#) and [Victims Strategy](#).

The [Community Relations Unit](#) in OFMDFM have been involved in allocating funding to support community based programmes which are accessible to all sections of the community. It also provides financial assistance to the [Community Relations Council](#) which continues to promote community cohesion and support community groups involving in improving the health and wellbeing of those living in violent interface areas.

The [Investing for Health Strategy](#) and the new 20 year [Regional Strategy](#) for Health and Social Services in Northern Ireland places a special emphasis upon promoting health and social wellbeing amongst vulnerable groups including victims of the conflict. At HSS Board level four [Trauma Advisory Panels](#) have been established in each of the Board areas to provide advice and co-ordinate the provision of services for victims in response to local need. Board area [Investing for Health Partnerships](#) and subsequent [Health Improvement Plans](#) contain a range of policies and local initiatives aimed at improving the physical and emotional health and wellbeing of those affected by the Conflict.

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HSS Trusts experiencing high level of social need as a result of the Troubles have also developed their own responses to local problems. The North & West Belfast HSS Trust, for example, have developed a Trust Strategy for mental health and suicide prevention to address the issue of young men’s mental health and the growing suicide rate in the Trust area. This strategy is underpinned with a community development ethos with a multi-agency partnership approach with relevant community groups.

[Health Action Zones](#) (HAZ) have also established to target areas of disadvantage in the community and have worked to bring together working partnerships consisting of health and social care organisations, district councils and the voluntary, community and private sectors. The [North & West Belfast Health Action Zone](#) has, for example, developed a HAZ action plan to reduce inequalities and promote a healthier, more socially inclusive community in North & West Belfast. The action plan aims to address key issues affecting the area such as high levels of socio-economic deprivation, low levels of educational achievement, the impact of the NI conflict and the ongoing community tension in interface areas.

Other initiatives contributing to tackling the problems experienced by deprived areas include, for example the [Belfast Healthy Cities](#) initiative and [Sure Start Programmes](#) (aimed at improving the life chances of young children in disadvantaged areas). At a multi-agency level, organisations such as the [North Belfast Partnership Board](#) (whose membership consists of the business community and statutory, private and voluntary sector agencies) have been established to promote social inclusion, community regeneration and area renewal. One of the main priorities of the Board is to address the health and social care needs of North Belfast through a partnership approach.

Is the problem amenable to further intervention by the DHSSPS or other?

Smyth et al (2001) has identified a range of further interventions necessary for the improvement of health and social services in areas experiencing high levels of interface violence:

- **Financial allocation** – appreciation of the impact of the Troubles on health status should be considered in the overall financial allocation of resources to Health and Social Services Trusts. It is suggested that modification of the regional capitation formula may not be appropriate and that resources should be taken from the general budget. Trusts and other organisations in partnership could then bid for funds to support projects designed to compensate for Troubles-related effects.
- **Data Collection within Trusts** – the existing provision for the collection of data within Trusts should be reviewed to ensure that data are collected to facilitate the monitoring and analysis of the impact of the Troubles. Data should particularly focus on the

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impact of the Troubles on the level of need and should include a systematic detailed records of untoward incidents due to the Troubles.

- **Dedicated Research** – should be undertaken which can more definitively test the impact of the Troubles on levels of need. Such research could include in-depth investigations into the impact of factors such as segregation, paramilitary feuds, population intimidation and other such incidents such as disruptions to traffic on the levels and costs of service provision.
- **Initiative on social and psychological reconstruction** – consideration should be given to the establishment and provision of a dedicated facility or multi-disciplinary initiative for the reconstruction of communities affected by the Troubles in North and West Belfast. Such an initiative should involve health, social services and community development operating on a Board-wide basis, and offering advice, research, documentation of best practice and training on a Northern Ireland-wide basis.
- **Location of other future regional facilities** – consideration should be given to the location of other future regional facilities within the Board area and location in areas most affected by the Troubles should be considered.
- **Accessibility problem** – the method of locating Trust facilities should take account of recent developments along peace lines so that facilities are accessible to both communities.

Ref: Smyth, M., Morrissey, M. & Hamilton, J. (2001) Caring Through the Troubles: Health and Social Services in North and West Belfast. Derry/Londonderry: The Institute for Conflict Research.

The [DHSSPS Evaluation of Health and Social Services for Victims of the Conflict](#) identified the future interventions necessary for the provision of services for victims:

- Integrate specialist services with mainstream service provision, facilitating the provision of specialist services which are able to meet the needs of both conflict and non-conflict related victims in a flexible manner.
- Services should be based on a “cradle to grave” approach, capable of meeting the needs of children, families and adults, with a focus on the progression of individuals from victims to survivors.
- Mainstream services should become more sensitive to the needs of victims, with the ability to respond to the particular needs of various groups within the population.
- In order to achieve the future service vision a long-term service plan is required, complemented by long-term funding and supported by a funding monitoring and evaluation framework.
- The findings of the evaluation indicate a lack of clarity surrounding the existing service delivery structures – an easily understood structure is one of the desirable characteristics of the

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future service delivery model.

Ref: DHSSPS (2003) Evaluation of Health and Social Services for Victims of the Conflict.