

SECTION 2

**POLITICAL OPINION,
EQUALITY & HUMAN RIGHTS:**

**ACCESS TO HEALTH AND SOCIAL
SERVICES IN
NORTHERN IRELAND**

**Literature Review-
Equality & Human
Rights: Access to Health
and Social Services in
Northern Ireland**

Political Opinion, Equality and Human Rights: Access to Health and Social Services in Northern Ireland

Section 75 of the Northern Ireland Act 1998 places a statutory duty on all Northern Ireland public authorities to have due regard for the need to promote **equality of opportunity** between persons of different political opinion. In addition to this, public authorities have a further obligation to promote **good relations** between persons of different political opinion.

It is difficult to ascertain how well statutory health and social services are performing in relation to political opinion and their equality duties under Section 75. This difficulty lies, in part, with the current lack of research into how political opinion impacts upon equity of access to health and social care services. Notably, however, there are numerous methodological difficulties in conducting such research including the fact that it is a highly sensitive issue with many ethical implications.

As Bunting (2001) highlights in the first equality literature review, additional difficulties in assessing equality of opportunity in accessing health and social services results from the existence of a considerable overlap between political opinion and religious belief. Bunting (2001) suggests that this is particularly relevant in Northern Ireland where Protestantism and Catholicism have often been associated with extreme political opinions.

Research evidence emerging after the first literature review (published in 2001) continues to suggest that even those who hold no strong political opinions can experience service access barriers as a result of the strong political opinions of others. This is especially true in the case of people living in violent interface areas who are often reluctant or unable to use health and social services which are located in the “other” community.

The purpose of this section is to provide a short account of recent literature which explores the restrictions in access to health and social services experienced by people living in violent interface areas, politically motivated ex-prisoners and their families, and the victims and survivors of the Troubles. Due to the notable lack of research, as well as time and resource constraints, this section by no means provides a comprehensive discussion of all the relevant issues.

Recommendations: Political Opinion and Access to Health and Social Services.

- **More research which specifically focuses on how political opinion impacts upon access to health and social services is required. Considering there are a number of methodological and ethical difficulties relating to this, it is recommended that the DHSSPS and its associated bodies continue to develop and build upon links with voluntary and community groups working in this area (for example, victims groups, community groups in interface areas).**
- **There is a need for research to look beyond traditional Northern Ireland political opinions in order to ascertain if holding other alternative political opinions can affect access to health and social services.**

Interface Areas and Access to Health and Social Services

In more recent years there has been an increased research focus on the effect of living in areas experiencing interface violence (for example, Jarman, 2002; Smyth et al, 2001, Smyth et al, 2004). Evidence from these studies suggests that people living such areas (for example, North Belfast) continue to experience restricted access to facilities and services which are perceived to be situated in the “other” community.

Smyth *et al* (2001), in a report entitled “*Caring Through the Troubles*”, identifies a number of factors which impact upon access to, and availability of, health and social services in North and West Belfast. These relate to issues such as the mobility of staff, the duplication and inaccessibility of some services.

These issues are briefly examined below and demonstrate how political opinion and conflict can impact upon health and social care service delivery and accessibility.

- **Mobility of staff:** health and social care staff in North and West Belfast often have to work in volatile and stressful situations.

Restrictions on the mobility of staff during “the marching season” and other disputes (for example, the Shankill feud) often impede the normal and smooth delivery of services (such as domiciliary care services) to people in those areas.

- **Duplication of services:** there is often a duplication of services due to the segregated nature of North & West Belfast. Service users are often unwilling to cross peacelines (for example, services users in the Shankill could not reasonably be expected to use facilities on the Falls and vice versa) thus leading to the duplication of services within the same catchment area.
- **Service Inaccessibility** - the impact of the Troubles and interface violence has had a particularly profound impact upon North & West Belfast resulting in high levels of need. Smyth *et al* (2001) suggest that despite this, there has been a tendency to locate important regional services in other areas such as South Belfast. These services are often perceived to be inaccessible for those living in North and West Belfast. Smyth *et al*, (2001) further note that despite a higher than average need for adolescent mental health services in North & West Belfast, very little in terms of service provision actually existed in the area.

It is recommended that the DHSSPS and its associated bodies familiarise themselves with the findings and recommendations of the Smyth *et al* (2001) study and indeed other such studies which examine the impact of living in interface areas on service accessibility. A number of Smyth *et al*'s (2001) recommendations are outlined below for consideration:

Recommendations: “Caring Through the Troubles” (Smyth *et al*, 2001).

Research:

- **dedicated research should be commissioned which can more definitively test the impact of the Troubles on levels of need. In-depth investigations should be conducted on the impact of segregation, paramilitary feuds, population intimidation.**

Data Collection:

- it is recommended that the existing collection of data within Trusts is reviewed to ensure that data is collected which facilitates the monitoring and analysis of the impact of the Troubles.

Social and psychological reconstruction:

- consideration should be given to establishing a dedicated facility or multi-disciplinary initiative for the reconstruction of communities affected by the Troubles in North and West Belfast. This should involve health and social services and community development and should offer advice, research, training on a Northern Ireland wide basis.

Location of future facilities:

- careful consideration should be given to the location of future regional facilities within Board areas. Location within North and West Belfast should be considered a priority. New facilities should be located on peace-lines and should be fully accessible to both communities.

Mainstreaming the Troubles for health and social care providers

- it is important that the challenges involved in delivering health and social services in communities affected by the Troubles become a mainstream concern. Staff operating under such circumstances should no longer be left to “get on with it”.

It is acknowledged that the Troubles and interface violence have had, and continue to have, a particularly profound impact upon children and young people. There is evidence to suggest, for example, that the children of prisoners and ex-prisoners and the children of members of the security forces tend to be reluctant users of statutory services (including health and social care) due to issues relating to trust and confidentiality (Smyth *et al*, 2004).

As Smyth *et al* (2004) highlights, the ad hoc nature and under-funding of child and adolescent psychiatry services in Northern Ireland greatly impacts upon the provision of services to children

and young people affected by the Troubles. There is a clear need for further research, policy and service development to meet the needs of these young people.

[for further information see **Age Section** – The Impact of the Troubles on Children and Young People]

Politically Motivated, Prisoners, Ex-Prisoners and their Families

It is only in more recent years that the experiences of politically motivated prisoners, ex-prisoners and their families has emerged as an area of concern.

McEvoy et al (1999), in a study of Loyalist and Republican prisoners and their families, highlight that political ideology can often act as a barrier to accessing and using services provided by statutory and voluntary agencies. They also note that politically motivated ex-prisoners and their families have a tendency not to use professional and voluntary organisations who do not take into account their status and political ideology. Evidence continues to suggest that many ex-prisoners and their families are suspicious of institutions which are supported or influenced by Government agencies (Shirlow, 2001).

Mental and emotional health appears to be a fundamental issue for politically motivated prisoners, ex-prisoners and their families. For example, in a survey of over one hundred ex-republican prisoners and their relatives, a total of 60% stated that their emotional health was poor or very poor (Shirlow, 2001). Shirlow (2001) suggests that access to confidential services, which provide emotional support, should be explored.

Another significant issue is the impact of imprisonment on the children of politically motivated prisoners and ex-prisoners. Evidence suggests that many of these children experience bullying, deprivation, a breakdown in family relationships, and loss of opportunities, as a result of the imprisonment of their parent. These factors coupled with discrimination, stigma and overt hostility can often have a traumatic impact (Shirlow, 2001). It is, therefore, important that appropriate services are designed to meet the needs of these children and young people.

Recommendations: Politically Motivated Prisoners, Ex-Prisoners and their Families.

- **Shirlow (2001) maintains that the psychological and other difficulties experienced by ex-prisoners and their families cannot be addressed by conventional support structures. This is because many ex-prisoners and their family are suspicious of institutions which are supported or influenced by state agencies. It is necessary that health and social care providers continue to build a relationship of trust and reciprocity with ex-prisoner based organisations in order to meet these needs.**

Victims²⁶ and Survivors of the Conflict

In 2003 the DHSSPS published its final report of the evaluation of health and social services for victims of the conflict. The evaluation (which involved a widespread process of stakeholder consultation) revealed that although much is already being achieved towards meeting the needs of the victims of the conflict, there are still many outstanding issues to be addressed.

The evaluation consultees, for example, highlighted that:

- There are only a relatively small number of dedicated services for victims across Health and Social Services.
- Some of the dedicated services for victims lack recurrent funding.
- There was a need to increase awareness across the mainstream sector in respect of victims' issues, needs and services.

²⁶ The definition of "victim" is often unclear. The definition included in "Reshape, Rebuild, Achieve", the Northern Ireland Victims Strategy is as follows – "*the surviving physical and psychological injured of violent, conflict related incidents and those close relatives or partners who care for them, along with those close relatives or partners who mourn their dead*".

- That there were particular specialities in which victims accessed services most frequently including pain management, physiotherapy, mental health, etc and that these services had long waiting lists.
- That services for victims often took place on an ad hoc basis and were often only developed as a response to tragedies.
- That greater coordination and transparency in service planning was required.
- That the Family Trauma Centre was not readily accessible to a large number of the population.

One of the values underpinning the Northern Ireland Victims Strategy is that all victims (and their close relatives, partners and carers) should have equality of opportunity in regards to access to, participation in, and benefits of, services (OFMDFM Victim's Strategy, p2). The recent evaluation of health and social services for victims highlights that the areas of concern for stakeholders are the location of services and equity of service access regionally (DHSSPS, 2003). The location of the Family Trauma Centre and its accessibility to the whole population of Northern Ireland was one of the main issues raised.

Issues relevant to the victims and survivors of the conflict are included within this "political opinion" section. It is acknowledged this may not necessarily be the best context in which to discuss their equality of opportunity in accessing health and social services. The issue would perhaps be best explored within the context of the other nine categories. Within the gender section, for example, as the majority of the direct victims of the conflict were male and because women as relatives and partners of the victims are also profoundly affected. Perhaps it is more appropriate to discuss victims in the context of disability as many of the victims and survivors of the conflict continue to experience physical and mental disabilities as a result.

It is clear that the victims and survivors of the conflict do not fit neatly into any of Section 75 categories. It is crucial, however, that this important issue is given consideration somewhere within the literature review.

References

DHSSPS (2003) *Evaluation of Health and Social Services for Victims of the Conflict. Final Report.* (available to download at <http://www.dhsspsni.gov.uk/publications/2003/victims/Victims.asp>)

Jarman, N. (2002) *Managing Disorder: Responding to Interface Violence in North Belfast.* OFMDFM (available to download at <http://www.research.ofmdfmi.gov.uk/managingdisorder/managingdisorder.pdf>)

McEvoy, K., O'Mahoney, D., Horner, C., & Lyner, O. (1999) The Home Front: the Families of Politically Motivated Prisoners in Northern Ireland. *British Journal of Criminology.* 39 (2), pp175-197. Oxford: Oxford University Press.

OFMDFM. *Reshape, Rebuild, Achieve: Delivering Practical Help and Services to Victims of the Conflict in Northern Ireland.* (available to download at <http://www.victimsni.gov.uk/pdf/victimsbrochure.pdf>)

Shirlow, P. (2001) *The State They Are In. Republican Ex-Prisoners and Their Families: An Independent Review.* (available to download at <http://cain.ulst.ac.uk/issues/prison/shirlow01.htm>)

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.

Smyth, M., Fay, M., Brough, E. & Hamilton, J. (2004) *The Impact of Political Conflict on Children in Northern Ireland.* Belfast: Institute for Conflict Research.

Useful Web-Links*

- **CAIN** (Conflict Archive on the INternet) – contains information and source material on the “Troubles”.
www.cain.ulst.ac.uk
- **Community Relations Council** - set up to promote better community relations between Protestants and Catholics in Northern Ireland and, equally, to promote recognition of cultural diversity.
www.community-relations.org.uk
- **Equality Commission for Northern Ireland** - independent public body whose duties include working towards the elimination of discrimination, promoting equality of opportunity and promoting good relations.
www.equalityni.org
- **INCORE** - addresses the causes and consequences of conflict in Northern Ireland and internationally. Provides a wide range of publication on the impact of conflict on children and adults.
www.incore.ulst.ac.uk
- **Northern Ireland Human Rights Commission** - works independently to ensure that the human rights of everyone in Northern Ireland are fully and firmly protected in law, policy and practice. Includes research papers on human rights and victims of violence.
www.nihrc.org
- **OFMDFM Research** – useful publications on a range of relevant issues.
www.research.ofmdfmni.gov.uk/publications.htm
- **OFMDFM Victims Unit** - raises awareness of, and co-ordinate activity on, issues affecting victims of the troubles across the

devolved administration and throughout Northern Ireland in general.

www.victimsni.gov.uk

- **“Reshape, Rebuild, Achieve”** (2002) – OFMDFM cross-departmental strategy to co-ordinate, improve and deliver practical help and services to victims and survivors of the conflict.

www.victimsni.gov.uk/pdf/victimsbrochure.pdf

* Please note that this is NOT a definitive list of relevant websites