

**A SCOPING STUDY ON THE NEED FOR A
CONVALESCENT HOME/TREATMENT
FACILITY IN NORTHERN IRELAND**

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“I have considered the need for the establishment of a recuperation and respite home in Northern Ireland with a role similar to those used by the RUC at Harrogate and Auchterarder. However, having visited Harrogate and having listened to those who feel that recuperation and respite is more effective because it is away from Northern Ireland, I have decided not to make a recommendation. I do, nevertheless, recommend that the Fund should keep this under review.”

John Steele CB OBE TD DL October 2000

ACKNOWLEDGEMENT

I would like to put on record my appreciation of the assistance provided by all those consulted throughout the Scoping Study, both inside and outside of the wider police family. I gained a great deal of knowledge from this process which, hopefully, enabled me to better understand the needs of the individual and the organizations which represent them and, as a result, inform the content of this report.

I am particularly indebted to the assistance provided by Colin Ashe and his staff in the Northern Ireland Police Fund, along with Sheamus Hamill and other members of the Police Rehabilitation and Retraining Trust.

I would also like to express my appreciation for the time and hospitality afforded to me by Dave French, the Chief Executive of the Police Dependents' Trust and Michael Baxter, the Chief Executive of the Northern Police Convalescent and Treatment Centre, both of whom afforded me, and in the latter case Colin Ashe, a considerable slot in their busy diaries.

EXECUTIVE SUMMARY

Following the extensive consultation process it emerged that, at present, the existing situation whereby members of the police family are able to attend the Northern Police Convalescent and Treatment Centre in Great Britain is generally working satisfactorily and that the facilities, which are in the process of being up-graded at both Harrogate and Auchterarder, are well appreciated by those attending. Agreement was reached with the management of the Centre to have a look at adopting a more flexible approach in relation to the services and facilities offered to members of the police family, a move which would do much to address the concerns of some in Northern Ireland.

It was in the area of the provision of Respite and Transitional Care that most concerns were raised, there being a legacy of 'distrust' still apparent amongst those interviewed in relation to leaving a family member, who could be identified with the police service, with a stranger(s). The need for the creation of a 'secure' Respite and Transitional Care facility in Northern Ireland was regarded as pressing.

In the medium to longer term, the development of a convalescent home/treatment facility in the province was seen as important, particularly given the ageing population. It was generally appreciated that the costs of a 'new build' would be high and this, together with the desire of many to still attend the facilities in Great Britain, indicated that the best way to progress the matter would be through a partnership with an existing home/facility, such as the Somme Home in East Belfast who have already expressed some interest in a collaborative approach.

Such a partnership also reflects the thinking of the other 'blue light' services, with the 'Aftercare' service, representing ex members of the RIR and UDR, the Prison Service Trust and the Northern Ireland Fire and Rescue Service showing varying levels of interest in such an approach. There was some discussion around the subject of including the Garda Siochana in the proposal, but the general view was that this should be re-visited in the future.

There was also some feeling that it would be preferable to spend money on extending and improving the treatments and services already available in Northern Ireland to members of the police family, rather than placing too much emphasis on ‘bricks and mortar’.

In relation to funding, a number of possible sources were identified which could be explored once a firmer proposal is developed. It was felt that, whilst the overall economic situation is far from ideal at present, in the province there is an impetus towards recognition of the victims of the ‘troubles’, an impetus which may gain further momentum in practical terms with the publication of the forthcoming report of the Consultative Group on the Past. The relevant individuals and groups must be ready to exploit the evolving situation to the benefit of the wider police family. And, on a more specific level, organizations such as the Police Dependents’ Trust appear to be well disposed to assist with funding when a business case is made.

Such was the level of engagement with the process that I have been able to include a number of observations (Appendix 11) for further consideration which, although on the periphery of this study, were raised in the course of the interviews and do touch on aspects of the core issue – to improve the level of care provision for both police officers and their families who themselves provided the highest level of care for the general Northern Ireland population throughout the ‘troubles’, often to their own detriment.

Throughout the consultation process there was much praise aimed at local police care organizations, particularly the Northern Ireland Police Fund and the Police Rehabilitation and Retraining Trust, both of whom have greatly enhanced the level of care provision for the wider police family in Northern Ireland.

In conclusion there was a feeling that this was a good and exciting time to conduct such a Scoping Study with so many parallel initiatives happening in relation to the needs of victims, both inside and outside of the wider police family.

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RECOMMENDATIONS

- 1. Whilst there was no great need identified at the moment for a Residential or Nursing Home in Northern Ireland for members of the wider police family, it is recommended that a partnership arrangement with a suitable existing Home, such as the Somme, should be progressed to ensure that the future needs of what is an ageing population can be safeguarded**
- 2. Although a number of those interviewed felt that there was some requirement for a Convalescent Home/Treatment Facility in Northern Ireland for members of the wider police family, most believed that it would be better to spend the resources on improving and expanding the current services, and entering into an arrangement with a suitable existing home, such as the Somme, to provide local convalescent/treatment facilities for members who are unable or unwilling to travel to Great Britain. This approach would link in with the Residential/Nursing Home proposal and is therefore recommended**
- 3. As a clear and present need has been identified for a 'secure' Respite and Transitional Care facility in Northern Ireland for members of the wider police family, it is recommended that this need is addressed as quickly as possible, either as a discrete initiative or in conjunction with a suitable existing Home**
- 4. It is recommended that there should be continued close liaison with the Northern Police Convalescent and Treatment Centre who are prepared to be as flexible as possible when addressing the needs of the wider police family in Northern Ireland**

5. In particular, and in relation to the NPCTC, it is recommended that consideration be given to, in deserving circumstances, facilitating ex-members of the police service to avail of two weeks at the Centres, rather than the one week at present; more recognition of the part time police; and some imaginative thinking around the needs of the wider police family

6. It is recommended that close liaison be maintained with the Police Dependants' Trust in relation to future developments in the area of the convalescent home/treatment facility as they are well placed and well disposed to provide some funding for an appropriate proposal

7. It was obvious throughout the consultation process that several of the 'blue light' services recognized, to a greater or lesser extent, the benefits of having a partnership in the area of convalescence and treatment and it is recommended that there be future liaison between the police, the Prison Service Trust, the Northern Ireland Fire and Rescue Service and the army's 'Aftercare' and 'Combat Stress' services to maximize collaborative advantage in this area

8. It is recommended that at an appropriate time in the future there should be liaison with the Garda Siochana, as the other police service on the island of Ireland, in relation to the provision of shared convalescent and treatment facilities

9. As many members of the wider police family still have some distrust of mainstream' care organizations, it is recommended that a process is developed to allow engagement with such organizations in a secure manner

10. Given that if at least some of these recommendations were to be implemented there would be an enhancement of the facilities, services and treatments available to the wider police family, it is recommended that information gathering processes and communication flows be reviewed to ensure that all groups and individuals who

would be entitled are aware of what is happening and are informed of their entitlements

11. Because several differing views were expressed during the course of the Scoping Study, it is recommended that the organizations representing the wider police family should be consulted concerning these recommendations to try and achieve the maximum 'buy in'

BACKGROUND

In September 1999 the report of the Independent Commission on Policing for Northern Ireland, 'A New Beginning: Policing in Northern Ireland' (the 'Patten Report') was published. The Commission recommended, inter alia, that "*A substantial fund should be set up to help injured police officers, injured retired officers and their families, as well as police widows.*" (Recommendation 87). In addition, Recommendation 88 made particular mention of the Widows Association.

As a result Mr John Steele CB OBE TD DL was asked to review the proposal for a new police fund (the 'Steele Report'). He published his report in October 2000 as a result of which the Northern Ireland Police Fund (NIPF) was established in late 2001. The role of the NIPF is to cover all aspects of the care of ex police officers (and their families) in Northern Ireland who have been seriously injured by terrorist violence, and the widows, children and parents of murdered police officers.

Paragraph 49 of the Steele Report stated the following:

"I have also considered the need for the establishment of a recuperation and respite home in Northern Ireland with a role similar to those used by the RUC at Harrogate and Auchterarder. However, having visited Harrogate and having listened to those who feel that recuperation and respite is more effective because it is away from Northern Ireland, I have decided not to make a recommendation. I do, nevertheless, recommend that the Fund should keep this under review. In the meantime, I recommend that the Fund should finance visits to Harrogate and Auchterarder by officers injured by terrorist violence"

In the summer of 2005, Freddie Hall, OBE, QGM, DL, MA, MCIPD published a research study 'The Current and Future Needs of the Northern Ireland Police Fund Clients', (the 'Hall Report') which contained 41 recommendations, including the following:

“That the Police Fund/NIO creates a Joint Working Group to develop the options/requirements for a Police (or Security Force) Convalescent Centre in N. Ireland and that an Investment Appraisal is conducted as soon as possible.” (Recommendation 40)

“The RUC Benevolent Fund should be asked to re-examine its criteria for sending members to Convalescent Homes in Great Britain so as to provide more opportunities for the seriously injured to attend, particularly those retired members.” (Recommendation 41)

More recently at a conference hosted by the Northern Ireland Police Fund on 6th - 7th November 2007, one syndicate discussed the need for social support, and specifically addressed the question, *“Is there a need to develop a convalescent home or drop in centre(s) for use by ex officers, widows and parents of murdered officers and if so what and who should lead on any proposal?”* The conclusion of the feedback was that the potential for a convalescent or treatment centre was seen as desirable.

The NIPF have therefore commissioned this current research, the purpose of which is:

- to carry out a Scoping Study to review whether there is a current **need** to establish a convalescent home and/or treatment facility for the wider police family in Northern Ireland
- to further establish whether there is a **desire** for such a facility
- to consult, for the purposes of the Scoping Study, with organizations involved in, or associated with, care in the police family in Northern Ireland
- to consult with the wider ‘blue light services’ to gauge their level of interest
- to produce a final comprehensive report of the findings of the study, with management summary and recommendations.

CONTEXT

Since the inception of Northern Ireland in 1921, police officers have found themselves at various times having to police a society that was tearing itself apart in vicious sectarian conflict and were expected to operate within the guidelines and principles of democracy.

Over the period 1969 – 2001, 302 police officers were killed and a further 10,000 injured, of whom 300 are maimed for life. In addition 1,183 police officers and their families were forced from their homes. Almost 70 officers committed suicide over the years in question, and 609 died prematurely in service from natural causes. A further 20 former members were also murdered.

During this period as well there were over 36,000 shooting incidents and about 13,000 bombing incidents, many of which were directed against the Royal Ulster Constabulary George Cross.

The terrorist threat remains a reality for many retired and serving police officers and their families who are still being targeted and forced to move home. In addition is the psychological impact of having to deal with the often gruesome consequences of a society in conflict.

Other statistics from the period 1969 – 2001 can be accessed through the RUC GC website.

During this troubled period there was an unwritten ‘police covenant’, similar to the ‘military covenant’, of officers being called upon to make personal sacrifices - including the ultimate sacrifice - in the service of the Nation.

In summary, members of the RUC GC were at the forefront of the fight against terrorism 24/7 and, as a result, they and their families paid a heavy price, a fact recognized when the George Cross was awarded in 1999.

“The Royal Ulster Constabulary now justifiably shares with Malta this exceptional distinction [the George Cross] of a collective award for its extraordinary record of courage and sacrifice, during thirty years of civil conflict in Northern Ireland, which is without precedent or parallel. As the George Cross citation says: ‘The Royal Ulster Constabulary has been both the bulwark against, and the main target of, a sustained and brutal terrorist campaign’ ” (HRH The Prince of Wales, Patron of the RUCGC Foundation, 2003)

Addressing the needs of victims in a positive way is generally recognised as one of the most important areas to be undertaken by a society moving out of conflict. The needs of victims may be, inter alia, psychological, physical, financial compensation, counselling, recognition, reparation, justice, apology, rehabilitation, knowledge of the truth, becoming a member of a group or any combination of these.

The Patten Report was conscious that the conflict had covered an extended period of time and that many people injured and widowed in the early days of the trouble, as a consequence of low pensions and inflation, suffered extreme financial hardship. The needs change as people age and in particular the financial requirements of injured officers and their carers become greater as age interacts with the psychological and physical injuries.

The recent publication of the very useful Northern Ireland Police Fund booklet ‘Handbook of Police Care Organisations’ indicates the recent growth in the number of organizations involved in police care in Northern Ireland – fourteen are listed.

“For the first time in one place the main roles and responsibilities are detailed in a clear and unambiguous manner which should help all police obtain the assistance and support they may need.” David McClurg, Chairman, NIPF in the Handbook Foreword

Many of the RUC GC organisations grew out of necessity and were set up as ‘self help’ groups with minimal help from the centre. They are only sustainable because of this and a very committed membership.

The Victims Unit in the Office of the First Minister and Deputy First Minister (OFMDFM) published ‘*Reshape, Rebuild, Achieve*’ in 2002 and as recently as August 2008 has circulated a consultation paper ‘*Outline draft strategic approach for Victims and Survivors*’. In addition OFMDFM have announced a significant increase in the funding available to groups working with victims and survivors. There will be an increase in the level of core funding provided to all victims and survivors groups and a doubling in the amount available to the Community Relations Council for the Development Grant Scheme.

At present serving and retired police officers travel to two existing convalescent homes in Great Britain for various treatments including intensive physiotherapy, hydrotherapy, nursing care and alternative therapies. This is funded by the RUC Benevolent Fund and by the NIPF for those who are eligible. Both of the Homes, at Harrogate and Auchterarder, are presently undergoing major refurbishment to ensure that they are ‘fit for purpose’ for their clients.

Locally, PRRT provide physiotherapy and psychological services and the NIPF provide financial support to individual clients for a range of treatments under a chronic pain management programme.

There has been demand in the past for the development of a local convalescent home but this has been deferred as it has been felt the benefits in seeking help outside Northern Ireland outweighed the disadvantages in travelling. It is part of the remit of the NIPF to keep under review the potential need for the development of a convalescent home or treatment centre in Northern Ireland given the changing profile of police clients.

Since its inception the NIPF has provided financial support to its clients travelling to the existing facilities through funding the local police Benevolent Fund but the number of individuals availing of these services has reduced in recent years from around 140 in 2003 to 108 in 2006. In total about 1500 ex police officers are in receipt of an Injury on Duty (IOD) pension. The NIPF supports between 450 and 500 households covering between 750 and 1000 individuals (ex officers who have been injured as a result of terrorism and their families as well as the widows, parents and dependants of officers murdered through acts of terrorism) and has more than 1300 clients on its records.

Anecdotal evidence would suggest that age and infirmity may be part of the reason why fewer people are making use of the existing facilities in Great Britain.

There have been a number of recent developments which are relevant to this Scoping Study.

As a result of pressure from the staff associations at the Police Advisory Board (PAB), the NIO has agreed to commission a review of the treatment needs of ex police officers, particularly around the area of Post Traumatic Stress Disorder (PTSD). It is likely to report in mid 2009 and the outcome may be to help address the needs of officers and ex officers who are experiencing psychological difficulties, including PTSD.

The Health and Safety Committee of the Police Federation of England and Wales has recently embarked on its own Scoping Study to look at a number of strands around psychological treatment for officers, with the aim of obtaining funding for police officers who have been diagnosed with psychological health problems and requiring treatment. The results may also affect police officers who have retired or left the service as a result of psychological issues.

The 'Aftercare Service' of the Ulster Defence Regiment and Royal Irish Regiment presently commission the services of PRRT to deliver both physiotherapy and psychological services to ex service personnel and, in certain circumstances, their

families. It emerged during the scoping study that the 'Aftercare Service', along with The Prison Dependants' Trust, are also exploring ways in which they can address the needs of their members in the area of convalescent care and there may be that there are some common themes which will emerge where there can be collaborative advantage.

The Chairman of the Somme Nursing Home in East Belfast has written to the NIPF inquiring as to the provision of a 'guess-timate' in relation to possible usage of the facility in the future. They are clearly keen to promote the Home and emphasise that ex members of the RUC (and PSNI) are amongst the grouping who are able to make use of their facilities.

In conclusion, Northern Ireland society in general is beginning to focus more on the needs of victims. The needs of victims and survivors permeate many of the publications of the 'Healing Through Remembering' project, particularly the 'Making Peace with the Past' report of 2006. The Consultative Group on the Past ('Eames/Bradley'), an independent group established to consult across the community on the best way to deal with the legacy of the past in Northern Ireland, is nearing the end of its consultative process and a report is anticipated early in 2009 which will, in all probability, make reference to the needs of victims and survivors.

The environment within which this Scoping Study has been conducted is thus clearly lively with a number of parallel initiatives being undertaken from several directions.

METHODOLOGY

Most of the information generated by this Scoping Study was obtained through consultation with the wider police family and, indeed, beyond. In total there was engagement with 28 organizations and over 100 individuals and a list of those consulted is at Appendix 6, with telephone numbers and websites, where appropriate, at Appendices 7 and 8. Where possible consultation was with a Committee or a cross section of members and, in the vast majority of cases, in person. A semi-structured interview questionnaire was used, replicated at Appendix 5. Following the interview those in attendance were asked to phone or email the author with any further thoughts if appropriate.

The consultation phase built upon an initial literature search and during the interview process a number of other publications emerged which are listed at Appendix 9.

In some cases views and opinions were supported with facts and figures which have either been mentioned in the body of the report or at Appendix 4.

THE DEVELOPMENT OF A CONVALESCENT HOME/TREATMENT CENTRE IN NORTHERN IRELAND - VIEWS

In general, those interviewed appreciated the facilities provided to the wider police family whether in the province or in Great Britain and the consultation process revealed varying degrees of support for the development of a convalescent home or treatment facility in Northern Ireland.

At the moment members of the police family can benefit from a wide range of services throughout the United Kingdom. These services are outlined at Appendix 2 – ‘Identification of Facility/Service/Treatment by those Consulted’.

There was much praise for the existing convalescent centres in Great Britain at Harrogate, Auchterarder and Flint House. The first two in particular are well attended by officers from Northern Ireland, both serving and retired. The services provided are tailored towards the individual and there is much positive feedback from those attending. However, with the passage of time and the exacerbation of many injuries, both physical and mental, there was some feeling that the demand is growing for the provision of this type of care locally.

Some of the reasons that were given for there being a reduced uptake in the use of existing facilities in Great Britain (there has been a drop from a high of 1,000 officers per year in 2000 to about 500 officers per year over the last four years) are as follows:

- There is an aging population of police pensioners who are less willing to travel, allied with a fear that if they took ill whilst outside of Northern Ireland it would be difficult to return home. Additionally, friends and family are unable to visit them as easily as they would be able to do in Northern Ireland
- There was also a view that it may be a ‘marketing’ issue. The Police Dependants’ Trust (PDT) were heartened that there was an initiative to

register eligible people on their database which would enable them to process welfare cases more proactively if and when they arose. This initiative includes all officers leaving and retiring from the PSNI being made aware of the existence of the PDT through the 'retirement pack', and the publication of the NIPF 'Handbook of Police Care Organisations'

- Another point which was made on a number of occasions related to the myriad of organizations involved with advising their members on the availability of services (NIRPOA, RUC GC, DPOANI etc), contrasted with the apparent decline in the Local Voluntary Welfare Groups (LVWG) in some areas of the province. There appeared to be some confusion amongst the wider police family as to what facilities/services/treatments were available. The Prison Service Trust have a very structured system of using 4 outreach workers to keep in contact with all retired officers and their families. This ensures that everyone is kept abreast of developments. And the Greater Manchester Police fund one additional member of staff who is based with the Police Federation, to co-ordinate their equivalent of the LVWG
- Whilst it was understood that there were issues around security and data protection, a better working relationship in the area of data sharing should be explored between PSNI and other organisations such as the NIPF, PRRT and the PDT. Indeed it might be useful to develop, for example, a Memorandum of Understanding between the PSNI and such groups
- Thankfully, with the extended period of relative 'peace' in the province, less serving officers are being seriously injured
- Since the creation of the PSNI there has been a reduction in the strength of the full time police in Northern Ireland from about 11,500 to about 8,000

Proposal to develop a Convalescent Home/Treatment Centre in Northern Ireland

The following is a summary of the points raised both in favour of and against the proposal to develop a Convalescent Home/Treatment Centre in Northern Ireland

Points in favour:

- Less distance to travel so more accessible to both the individual and their friends/relations, particularly those who, because of age or other reason, have difficulty in travelling
- Advantage of a facility in Northern Ireland is that police officers and their families will be able to be in contact with their peers
- It would be more specific to the unique needs of Northern Ireland people with an emphasis on issues such as Post Traumatic Stress Disorder
- There would be a reduction in the cost of travel to and from Great Britain
- There are very real concerns surrounding the provision of Respite and Transitional Care for the wider police family in Northern Ireland, and the creation of a facility in Northern Ireland could help to address this issue
- There was some belief that the services provided in Great Britain are skewed towards serving officers to get them 'back on duty as soon as possible', and with the retired etc looked upon only as additions to fill up spaces.
- Some of those interviewed identified a need for a 'drop-in centre(s)' where retired officers etc could call in for a chat, advice or activities within a both mentally and physically secure environment – the Prison Service Trust (PST) provide a small facility at Hydebank and are considering extending to another in the Coleraine area.

Points against:

- The large cost of building such a facility, and the subsequent maintenance and running costs
- The security of such a facility, particularly given the apparent increasing threat from dissident republicans
- Individuals would not feel as comfortable walking down the street in a Northern Ireland town as opposed to a street in Great Britain where they would be more relaxed
- It is easier to relax if you are some distance from your work and everyday life, hence the tendency for people to travel to go on holiday ‘to get away from it all’
- Part of convalescence is removing oneself from the daily environment, both mentally and physically
- A danger in having a local facility is that it will become a ‘walk-in and walk-out’ centre with little or no residential capacity, so essential for much convalescence
- Even if such a facility is residential, there will be temptation to ‘drive home’ each day
- There would potentially be a serious impact on the services provided in Harrogate and Auchterarder where police officers from Northern Ireland, both serving and retired, make up a considerable number of those attending

- Most of those interviewed were content with the current situation although realised that it may have to be reviewed again in the future due to shifts in demographics etc
- Given the numbers involved compared with the cost, would there be 'Value for Money'?
- It would be necessary to involve other 'partners' to make it a realistic proposition
- There will be issues over the location of such a facility – no single place will suit everyone
- It is important to maintain the police family as part of a **national** service, rather than 'doing our own thing' in the province

EXISTING AND FUTURE CARE PROVISION

Please see the Table at Appendix 2 which outlines both the present provision and future expectation of facilities, services and treatments, along with some commentary

POSSIBLE SOURCES OF FUNDING

Funding, particularly at this time of economic churn, is always an issue of great importance. It is one of the vital ingredients which can convert the purely aspirational into reality, and bring the 'wish list' down to earth. Apart from central Government, who have many competing pressures on them at this time, other potential sources of funding have been identified, although with some it would be more in hope than expectation.

It is, of course, important to bear in mind that the provision of a convalescent home/treatment facility etc would serve to direct people away, at least partly, from the NHS and thus ease the burden on the tax payer.

Police Dependants' Trust

The Police Dependants' Trust (PDT), in addition to providing grants to individuals, also makes grants to charities that have as their objective the relief of sickness, or mental and physical disabilities, of police officers or former police officers. The PSNI received about £425,000 in individual grants from the PDT over the 2006/2007 financial year, the most of any force in the UK and about 20% of the total (over £2m). Although the Trust's expenditure exceeded income in 2006/2007, they have a considerable amount of investments and it is likely that the PDT would make some contribution to the creation of a Convalescent Home/Treatment Centre in Northern Ireland if a sufficiently good business case was to be made. Indeed, they would prefer to fund some of the capital expenditure rather than running costs which are harder to predict. The PDT already make substantial contributions to the existing Convalescent Homes in GB so if Northern Ireland were to remove themselves from NPCTC then it is quite possible that the PDT may reduce their funding to the latter.

Such is the interest that the PDT have in Northern Ireland that they would consider opening an office in the province which they would part fund if there was reciprocal financing from the PSNI. This interest is, in part, due to the fear that PDT have that the failure to have a 'Single Point of Contact' (SPOC) in Northern Ireland could lead to

abuses in the system, possibly culminating in a case of fraud, with individuals making claims for the same thing from two or more organisations.

European Funding

European Funding may be available. The Disabled Police Officers' Association of Northern Ireland (DPOANI) obtained funding from the European Special Support Programme for Peace and Reconciliation via the Community Foundation for Northern Ireland. It would appear, from a perusal of the various European websites, that funding is most easily obtained in the field of cross border initiatives. A partnership between the police services north and south of the border would therefore appear to be the best way of maximizing finance from Europe but, as previously indicated, this would require discussion with An Garda Síochána and other groups who have an interest in the welfare and care of former Garda officers.

Community Relations Council

The Community Relations Council (CRC) run a number of funding schemes including one for Core Funding for Groups or Organisations. The 2009 Guidance Notes for the Core Funding Programme can be accessed on the Council's website. They also promote applications for **Peace 3** Funding.

Peace 3 Funding includes a Victim/Survivor Groups Core Funding Scheme. The emphasis of core funding will be on the benefits it brings to individual victims/survivors and priority will be given to organisations/groups which provide support services to victims/survivors which they cannot access elsewhere.

There is also a Victim/Survivor Groups Development Grant Scheme. The scheme is aimed at groups working with Victims who are resident in Northern Ireland.

Organisations within the wider police family in Northern Ireland, such as the DPOANI, have obtained Peace 2 funding in the past.

OFMDFM

One of the roles of the OFMDFM is to raise awareness of, and co-ordinate activity on, issues affecting victims of the troubles across the devolved administration and throughout Northern Ireland in general. To do this they have put in place a cross-department strategy, 'Reshape, Rebuild, Achieve', to co-ordinate and improve the provision of help.

At present the OFMDFM funds the Northern Ireland Memorial Fund, part of whose remit is to help with Pain Relief, Respite Care and Trauma and fund counselling. Whilst it is possible that some monies could be made available from this fund for the creation of a Convalescent Home/Treatment Centre, they are mainly concerned with grants to individuals.

As part of their proposed strategy, the 'Aftercare Service' of the RIR/UDR are considering lobbying Members of the Legislative Assembly (MLA's) re funding for a Convalescent Home in Northern Ireland.

NIPF

By financing those affected by terrorist violence, the NIPF can help to free up other resources which will benefit the entire police family.

Academic

If the facility which is being considered includes the right mixture of service delivery and potential for academic research, it should be able to attract academic funding from, potentially, both public and private sources. PRRT are currently exploring with other organisations within the wider police family the creation of a Centre of Excellence in Northern Ireland, part of whose remit will be to provide a focus for academic research.

Public/Private Funding

The OFMDFM have responsibility, in conjunction with the Department of Finance and Personnel, for the development and co-ordination of Public Private Partnership (PPP) policy in the public sector in Northern Ireland and the evaluation of its implementation. Working with government departments they aim to develop knowledge and skills and identify new PPP models. There may be some potential in exploring such collaboration in more detail.

The Consultative Group on the Past

The Consultative Group on the Past (CGP) are due to report with their findings in the next few months. Being aware of the submissions from the RUC GC Foundation and the UDR Military Historical Society which emphasise the sacrifice made by members of their organisations in the past and the need for a Convalescent Centre, it may be that some of the CGP recommendations pave the way for achieving this aim through funding.

Charitable Status

Whatever funding is available it is preferable that it is aimed towards an organization/organizations that have achieved charitable status. The Police Service, along with other members of the Emergency Services, is now recognized as a charitable cause.

Income Generation

Once the facility is up and running there are possibilities for income generation. PRRT are able to generate some income at present from both the public and the private sector.

IMPACT ON HARROGATE AND AUCHTERARDER

At present the RUC Benevolent Fund pays Harrogate £368K per year and Auchterarder £47K per year. It is recognised that the Northern Police Convalescent and Treatment Centre (NPCTC) homes in Great Britain might suffer if Northern Ireland developed a substantial Convalescent Home/Treatment Centre, and this is against a background where the NPCTC are already facing financial pressures. For example there is likely to be a shortfall between costs and income of about £0.3 M in 2008. In addition there is a suggestion that some of the Benevolent Funds in the North West of England might be considering 'doing their own thing', although this is no more than speculation at this stage.

Given the level of usage of the NPCTC by members of the wider police family in Northern Ireland, (about 500 attend per year which is about 12% of the total), if the latter were to withdraw from Harrogate and Auchterarder there would be serious implications for the Centre. It is, of course, possible that some collaborative approach could be developed, but the question has to be asked of whether there is a sufficiently large constituency of people (and funds) to support both the NPCTC and a similar facility in the province.

And it has to be emphasised that people are in general satisfied (about 95%) with the service they receive from the NPCTC, and this is likely to increase if a more flexible approach were to be adopted to members of the wider police family in Northern Ireland.

TIMETABLE OF A FEASIBILITY STUDY

There are two main factors which can dictate the way forward for this project – urgency of need and ease of implementation. For example, while the need for a Respite Care centre is seen as ‘high’, there will be considerable pressures over funding and planning etc. A ‘quick win’, however, might be achieved in the area of developing a ‘Signposting’ facility.

If the core recommendations of the Scoping Study are to be accepted -

- that the relationship with the Northern Police Convalescent and Treatment Centre should continue but in a more flexible manner
- that a partnership be developed with an existing facility in Northern Ireland, such as the Somme Home, to provide local nursing, residential, convalescent, transitional and respite care
- that PRRT should be supported (and where appropriate – funded) to expand the variety of services which it offers
- that a ‘Signposting’ facility be developed through a SPOC and a single telephone number and email address

then it is suggested that all are quite ‘do-able’ within a relatively short time frame and without any great initial expenditure.

If a decision is made to go down the path of a ‘new build’ facility then there will be considerable time delays while agreement is reached, funding is secured, plans are developed, planning permission is sought and acquired, building is commenced and completed and the facility is ‘furnished’. At best, this process is likely to take between three and five years.

It is suggested that the proposals, and indeed the other recommendations, are first run past the various police care organizations to try and seek as wide a degree of agreement as possible in order to move forward.

OTHER 'BLUE LIGHT' SERVICES

Overall the members of the wider police family felt that there was merit in consulting with the other 'blue light' services as part of the Scoping Study. Indeed, although not one of the original list of those to be consulted, there was particular interest shown in involving the Royal Irish Regiment/Ulster Defence Regiment (RIR/UDR).

A minority of those interviewed felt that it would be preferable to restrict the facility to the wider police family as they alone shared a common background. Indeed some expressed the view that the 'wider police family' should not include police staff and should be restricted to police officers and their families. Whilst the sense of bonding between police officers and their families was obvious, a few of those interviewed made the point that police 'civilian support' or 'support staff' had also played their part over the years and some had suffered either directly or indirectly at the hands of the terrorists. The inclusion of the support side, particularly those who had worked with the RUC, in the definition of 'police care' is a debate which should continue, particularly as there is now more 'blurring' of the roles performed by the police officer side and the civilian side.

There was a considerable discussion as to whether the **Garda Siochana** should be included in the Scoping Study. In favour of their inclusion was the fact that, apart from being fellow police officers, it would bring a 'cross border dimension' to the project which might be useful for generating funding. Additionally it could lead to a bigger 'pool' of people as potential 'clients' which would of course lead to better 'value for money'. At present the Garda have a Retirement Home at Raheny, Dublin, (presently with 35 residents) but they might welcome having access to a facility in the north of the island for their retired members who live in 'Ulster' or who require access to specialist treatments or facilities not readily available in the Republic of Ireland.

On the negative side, there is a requirement for a lengthy consultation process with those involved in the welfare and care of former Garda officers and, indeed, ultimately agreement that a partnership approach would be beneficial to both jurisdictions. Overall it

was felt that this would probably require some time to explore and research as a subject at this time, but that it would be worth revisiting at some stage in the future.

Northern Ireland Prison Service

The **Welfare Branch of the Northern Ireland Prison Service (NIPS)** did not have any particular view on the need for a Convalescent Home/Treatment Centre in Northern Ireland to embrace the wider 'blue light' services, but referred the Scoping Study to the NIPS Central Benevolent Fund and the Prison Service Trust.

The **NIPS Central Benevolent Fund**, whilst similar in some ways to the RUC Benevolent Fund, is much narrower in what it can do and is not really involved with organizing convalescence or treatment for its members. Where appropriate, it takes part in case conferences with the NIPS, Prison Service Trust (PST), Civil Service Benevolent Fund and the Soldiers, Sailors, Airmen and Families Association (SSAFA) to help address the needs of individuals. It owns a number of properties in Northern Ireland, Great Britain and Spain which officers (and their families) who are members of the Benevolent Fund scheme can make use of when they are on 'sick leave'. At the moment, the NIPS Central Benevolent Fund does not see the need for a Convalescent Home/Treatment Centre as being within its remit or 'on its radar'.

The **Prison Service Trust (PST)** was set up five years ago with the intention of addressing the needs of 'the wider prison service family to include widows/widowers, dependants of murdered staff and those who have died in service, medically retired and the dependants of those medically retired.' The services they offer include the following

- Health care, encouraging physical and emotional well-being
- Life planning, incorporating education, education, career and financial planning
- Support services, promoting welfare, family and social contact

In particular, they are developing a Memorandum of Understanding with PRRT to 'purchase' some of the latter's physiotherapy and psychological services and they see the benefits of increasing the links with PRRT. The PST is also considering establishing an

'out centre' in the Coleraine area to address the needs of members living in the North West of the province.

The PST funding is mainly from the NIO and is guaranteed at about £300,000 per year for the next three years. Serving prison officers can make a contribution of £5 per month (minimum) to make use of PST services. There are presently 700 retired members and about 400 serving members.

The PST believe that there are great possibilities in being involved with this Scoping Study.

Northern Ireland Ambulance Service

The Northern Ireland Ambulance Service (NIAS) does not have access to a convalescent home or treatment centre. They do provide an Occupational Health Service, access to physiotherapy services and a private health plan for staff. Whilst they do see the benefits for such a home/centre they feel that in the current financial climate, with efficiency savings to be made over the next three years, that they are not in a position to contribute to the development of such a scheme at this time.

Northern Ireland Fire and Rescue Service

At present the Northern Ireland Fire and Rescue Service (NIFRS) are able to make use of the Fire Fighters Charity facilities in Great Britain in relation to convalescence, respite and therapy. There are three centres, all of which are very family orientated with a mixture of houses and apartments. There is excellent feedback on the services provided by these centres. The therapies which are presently provided are - exercise therapy, physiotherapy, hydrotherapy, reflexology, health education and aromatherapy massage.

The NIFRS Benevolent Fund contribute £70,000 per year to these facilities. For a number of reasons, officers have to make a contribution to some of their own travel costs.

The NIFRS have no facilities in Northern Ireland and would see merit in some form of joint venture with other 'blue light' services. They recognise that some individuals would

prefer not to have to travel long distances and that a local convalescent/respite facility would be appreciated.

Ulster Defence Regiment/Royal Irish Regiment

Within the military establishment there are many different approaches towards convalescence and treatment. At one end of the spectrum are the **Chelsea Pensioners** who enjoy full time residential care in a home in London. There are strict criteria for admission and a substantial waiting list. Residents pay their pension(s) directly into the home and receive full time care and a small allowance in return. At present, one of the Chelsea pensioners is a retired member of the UDR.

At the other end of the spectrum there are organizations such as '**Combat Stress**', the Ex Services Mental Welfare Society. It exists to help all ranks of the Armed Forces and the Merchant Navy suffering from psychological disability as a result of their service. They have a national network of welfare officers and through three treatment centres provide rehabilitative treatment which aims to help the victim cope with his or her disabilities and to enjoy a better quality of life. Treatment includes Cognitive Behavioral Therapy (CBT), Solution Focused Therapy, Eye Movement Desensitization Reprogramming (EMDR), Art Therapy, Anger Management, Anxiety Management, Sleep Hygiene, Social Skills Programme, Drugs Maintenance, Physical Exercise and Outdoor Pursuits, Occupational and Recreational Therapies.

Combat Stress covers the UK and the Republic of Ireland (for historical reasons) and has an office in Belfast.

In addition to charitable contributions, finance is generated from War Disability pensions, the respective benevolent funds and the Ministry of Defence (MOD).

More recently, and unique to Northern Ireland, the '**Aftercare Service**' was created and funded in recognition of the unique set of circumstances which continue to affect the ex service community, comprising former UDR and RIR (Home Service) soldiers and their families. Its mission is to provide medical, vocational, welfare and benevolence support to this community in order to reduce suffering.

In relation to the medical aspect, for example, a specific medical need has been identified for prompt physiotherapy and psychological treatment which deals exclusively with injuries related to service. This is being met by the creation of facilities within PRRT in Maryfield, to treat ex service personnel and, in certain circumstances, their families.

The Director of Aftercare felt that there were significant advantages in having some form of partnership with the wider police family and that such a joint venture might provide more clout. They are presently into year two of a five year funding programme. There are 63,000 potential clients in addition to their dependants with 120 presently receiving psychological assistance and a further 300 physiotherapy.

Recently the Aftercare Service has instigated a debate around the need for residential care and respite facilities, and there has been some discussion with the Somme Home in East Belfast. The sum of £4 million would provide 25 additional bedrooms and a consultancy facility at the Somme and there is scope for extension on the site by developing an existing day nursery or the site of the old hospital itself (albeit that it is a listed building). Other possible sites that have been identified are at the Prison Service Training facility at Millisle or the previous Headquarters of the RIR in Ballymena.

In summary, there appears to be some scope for a partnership with the 'Aftercare Service' representing the UDR/RIR.

OPTIONS

Please see the Table at Appendix 1 which outlines a number of options, along with staff and cost implications and some commentary.

CONCLUSION

It is hoped that the commentary and recommendations contained in this Scoping Study reflect, as accurately as possible, the main concerns raised and thoughts put forward by the members of the wider police family in Northern Ireland in relation to the need for future care provision in the province.

In addition to the recommendations, a number of observations are made which can be accessed at Appendix 11. These observations, while not at the core of the Scoping Study, refer to the environment within which the Study was carried out and relate to the general area of care within the wider police family.

For a large chunk of the 20th century and, indeed, beyond, the Royal Ulster Constabulary George Cross and, more latterly, the Police Service of Northern Ireland stood between society and anarchy, its members often putting themselves in danger to provide ‘care’ to the society which they served.

Society now owes these men and women, and their families, the care that they deserve, many having seen their family members killed and maimed, both physically and mentally. While much has already been done there are no grounds for complacency as the wider police family increases in both size and age. Needs will evolve and what is now acceptable may not be in the years ahead. The provision of suitable care must be ‘future proofed’.

Hopefully the proposals in this Scoping Study will, at the very least, open up the debate on ‘Care in the Police Family’ and at best start the process of developing excellent facilities for excellent people who were, far too often, placed in impossible situations.

TABLE OF OPTIONS

OPTION	MAIN POINTS IN FAVOUR	MAIN POINTS AGAINST	STAFF IMPLICATIONS	COST IMPLICATIONS	COMMENT
Do Nothing	<p>No financial cost in short term</p> <p>Situation at the moment is 'ok'</p> <p>Maintains good working relationship with the NPCTC</p>	<p>Does nothing to improve the situation of an ageing population of 10,000 police pensioners along with their families, families of the 302 police officers killed through terrorism, 300 former RUC officers severely disabled and all the related carers</p> <p>Does nothing to improve on the current situation re gaps with provision of respite care</p> <p>Does not maximise potential</p>	None	None	<p>While it is appreciated that many of those interviewed felt that the situation was 'ok' at the moment, this option does not appear to address the future needs of an ageing population or, indeed, take advantage of the identified 'good will' which is present within some police care organisations at present</p>

		<p>opportunities in an environment which is increasingly sympathetic to the needs of victims</p> <p>Does not build upon offers made from a number of sources to facilitate the needs of the wider police family e.g. NPCTC and PDT</p>			
<p>Build a Residential/ Nursing Home</p>	<p>Purpose Built to address the specific needs of the wider police family</p> <p>Possibility of some income generation if it was to be opened up to police support staff, other Emergency Services and, possibly, even wider e.g. BUPA membership</p>	<p>Large Cost – both building and running</p> <p>No great demand at moment</p> <p>Many people will want to place their relatives in a Home more proximate to where they live</p> <p>Security</p>	<p>Somme Nursing Home, to provide for 40 beds, necessitates 60 to 65 staff being a mixture of nursing, ancillary and admin</p>	<p>Following main costs would be necessary:</p> <p>Buy Land Architect to Design Building Home Equipping Home - £10M (very approx) – but depends on size</p> <p>Annual running costs (of Somme) - £1.2 M</p> <p>Income (of Somme) - £1.1M</p>	<p>The only specific Residential Home for the wider police family in these islands is in Dublin for the Garda Siochana - and at this stage there is no great support for such a facility in the province</p>

	Could provide for Transitional Care, a need which has been identified by some in the wider police community				
Build a Convalescent Home/ Treatment Facility	<p>Purpose Built</p> <p>Reduces costs of travel to facilities in GB</p> <p>Addresses needs of people who are unwilling/unable to travel</p> <p>Possibility of some income generation if was to be opened up to police support staff, other Emergency Services and, possibly, even wider e.g. BUPA membership</p> <p>Could provide for Transitional Care, a need which has</p>	<p>Mixed levels of support</p> <p>Large Cost – building and running</p> <p>Some clients prefer to travel to a different environment in GB</p> <p>Will put pressure on the existing Homes in GB</p> <p>Will be disagreements over its location</p> <p>Security</p>	Harrogate, to provide for 80 beds, necessitates 60 staff being a mixture of nursing, physiotherapy, fitness, ancillary and admin	<p>Following main costs would be necessary:</p> <p>Buy Land Architect to Design Building Home Equipping Home - £10M (very approx) – but depends on size</p> <p>Costs £3.7 M per year to run the NPCTC, so half (for one of the centres) would be about £1.8 M for 80 beds, so about £0.9 M for 40 beds (more realistic for NI)</p>	Some suggestion that the North West Benevolent Fund in England may be considering developing their own Home, but no apparent real benefits for NI

	been identified by some in the wider police community				
Build a Respite/ Transitional Care Centre	<p>Purpose Built</p> <p>Addresses the main identified need</p> <p>Would provide a great level of support to Carers</p> <p>The subject of Carers is very prominent at moment</p> <p>Locality not so much an issue as long as it a secure environment</p> <p>A need which is likely to increase due to the ageing population</p> <p>Could provide for Transitional Care, a need which has been identified by</p>	<p>Large Cost (although would depend on size) – both building and running</p> <p>Security</p>	<p>Staffing would be less than for a Convalescent Centre and could be geared towards the number of residents</p>	<p>Following main costs would be necessary:</p> <p>Buy Land Architect to Design Building Home Equipping Home - £5M (very approx)</p> <p>Cost of running would very much depend on size – to provide 10 beds possibly about £0.5M</p>	<p>Carers NI have succeeded in placing members of the wider police family with a suitable person, but this is still an area where there is some distrust of strangers</p>

	<p>some in the wider police community</p> <p>Possibility of some income generation if it was to be opened up to police support staff, other Emergency Services and, possibly, even wider e.g. BUPA membership</p>				
<p>Enter into a partnership with an existing Home in Northern Ireland</p>	<p>Medium Cost</p> <p>Planning issues would be minimised</p> <p>Infrastructure already there</p> <p>Land already available at the Somme</p> <p>Could address need for nursing, residential, convalescent, treatment, respite</p>	<p>Medium Cost</p> <p>A MOU or similar would have to be developed to ensure that the needs of the police family are prioritised</p> <p>Would not really be a purpose built facility</p>	<p>Depending upon the existing levels of staffing there might already be some slack in the system, or additional staff could be recruited incrementally depending upon the demand. In either case this is a relatively low cost option</p>	<p>No huge building costs, but may be necessary to contribute towards an extension or similar</p> <p>£4m invested in Somme would result in 25 new beds</p>	<p>This appears to be the most cost effective option which has the ability to develop in an incremental manner as the demand increases</p> <p>Space and willingness appear to already exist at the Somme Home</p>

	<p>and transitional care</p> <p>Reduces costs of travel to facilities in GB</p> <p>Addresses needs of clients who are unwilling/unable to travel</p>				
<p>Develop PRRT as a Centre of Excellence</p>	<p>Low/Medium Cost</p> <p>PRRT already seeking the goal of being a Centre of Excellence</p> <p>Much of the infrastructure already there</p> <p>Could become a centre for research</p> <p>Could become a UK leader in areas such as PTSD</p> <p>Possibility of some income generation</p>	<p>More of an out patient facility</p>	<p>Minimal and Controllable – could be addressed as PRRT expands its services/research capabilities</p>	<p>Minimal and Controllable – could be addressed as PRRT expands its services/research capabilities so would be largely self funding</p>	<p>This goal is already being progressed and work is on-going between PRRT and PSNI OHW</p> <p>Other organisations representing the wider police family could gradually be involved</p>

	<p>if was to be opened up to police support staff, other GB police services, Emergency Services and, possibly, even wider e.g. BUPA membership</p> <p>Also possibility of attracting funding for academic research</p> <p>Although mainly an out-patient facility, but may develop a residential facility in the future</p>				
<p>Develop a network of local ‘Drop in’ Centres</p>	<p>Medium Cost – may be able to attract volunteers</p> <p>Some interest has been identified</p> <p>Might be able to combine with the Prison Service Trust in some areas</p>	<p>Medium Cost – will have to provide accommodation, maintain centre etc</p> <p>Some suggestion that this has been researched before and there was doubt as to the level of ‘take up’</p>	<p>Staffing could be by way of volunteer with maybe one central co-ordinator on a salary of about £24 K pa</p>	<p>If volunteers were to be used, staff costs would be kept to a minimum</p> <p>There would be some charge for rent of appropriate accommodation, possibly £800 per month per site</p>	<p>This medium cost option could serve as a focus for retired police officers and their families throughout NI, in a similar, but much smaller way, to the British Legion</p>

	<p>e.g. Coleraine</p> <p>Could expand to include social and educational aspects</p> <p>As more officers retire, the potential uptake of use increases</p>	<p>Many members of the wider police family would rather socialise etc in a non police environment</p> <p>Security</p>		<p>Would also need to be equipped and furnished – maybe about £10 K per site</p> <p>Also some running costs – possibly about £200 per month</p> <p>Classes could be self funding, or attract some support from the centre</p>	<p>Might be best to further research this option – possibly by way of questionnaire via the various police care organisations</p>
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Appendix 2

IDENTIFICATION OF FACILITY/SERVICE/TREATMENT BY THOSE CONSULTED

(many of the following facilities/services/treatments are, of course, already provided via the National Health Service (NHS) or privately, and the point is made strongly that whilst the wider police family benefit from the following facilities/services/treatments, such provision of these facilities/services/treatments takes some of the pressure off the NHS)

FACILITY/SERVICE/TREATMENT	PERCEIVED PRIORITY	PRESENT PROVISION	FUTURE EXPECTATION	COMMENT
Residential/Nursing Home	Low	Nothing specific to police service – individuals and their	With ageing population, likely to be an increased need in the future	Most of those interviewed felt that this may be too aspirational

		<p>families generally make own arrangements in a suitable local home</p> <p>Objectives of the Somme Trust – <i>‘To provide medical, hospital and convalescent treatment primarily for sick, wounded and disabled British ex-service persons, ex-service members of the RUC (and their spouses), serving and ex-members of the PSNI (and their spouses)....’</i></p> <p>One retired member presently a resident in the Somme and some additional availability there</p>		<p>a goal and, in any case, people were more comfortable in a local Home, close to friends and family</p> <p>Might be desirable to enter into an understanding with a suitable Home, probably in the Greater Belfast area, where ex police officers (and their widows/widowers) could receive a place if necessary – the Somme appear to be well placed for this initiative</p> <p>Garda have a Home in Dublin – nothing similar in GB</p> <p>While some Homes are generic, others have specialisms eg. Alzheimer’s, which further erodes the case for one ‘new’ Residential Home</p>
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				A bespoke Residential Home could be non-profit making with funds being ploughed back into the provision of facilities
Convalescent Home	Medium	<p>Presently use is made of the NPCTC, with some use of Flint House for addiction therapy - serving officers can avail of 2 weeks and retired officers 1 week</p> <p>NPCTC provides intensive physiotherapy, nursing care and, recently, complimentary therapies</p> <p>An individual programme is tailored for each person attending, unlike the NHS</p> <p>There are limited facilities in NPCTC for families/carers, but some bad stories concerning welfare, empathy etc</p>	<p>With ageing population, likely to be an increased need in the future</p> <p>Some retired officers would like to be able to avail of 2 weeks intensive treatment</p> <p>As people become less willing/able to travel, they will wish to stay in Northern Ireland</p>	<p>Some belief that retired officers are very much secondary to serving officers at NPCTC</p> <p>Concerns that on occasions the lay members of the Benevolent Fund overrule the recommendations of a GP on whether a visit to the NPCTC would be useful</p> <p>The Management of NPCTC are very keen to work with the RUC BF and the NIPF to increase flexibility and further facilitate retired officers etc (to possibly include RUCR(PT) and POPT) and amount of complimentary</p>

		<p>A place is reserved at the local day nursery in Harrogate for one parent families which is paid for by the parent</p> <p>There is a flat above the local police station in Auchterarder where family/carer can stay</p> <p>Some invalid accommodation facilities now available at NPCTC</p>		<p>therapies – some scope for facilitating family members?</p> <p>The NPCTC are undergoing a substantial programme of upgrading and refurbishment</p> <p>It is recognised that an environment of ‘shared experience’ is very effective for helping with treatment/recuperation</p>
Respite Care Centre	High	<p>Some facilities at NPCTC, but not a core service</p> <p>NIPF funds Carers Respite Breaks for primary carers of officers, ex officers, parents and the widows of murdered officers who meet the eligibility criteria</p> <p>Limited availability at the Somme if space not</p>	<p>With ageing population, likely to be an increased need in the future</p> <p>Strong arguments made for a respite centre in Northern Ireland, either a new build (small/medium size) or in conjunction with an existing Centre/Home</p>	<p>This was an area where there was a strong recognition of an urgent present/future need</p> <p>This is one area in particular where there is a lot of concern within wider society – see the bibliography</p> <p>The Consultative Group on the Past believed to be considering this area in particular</p>

		<p>being used for residential care</p> <p>One retired police officer makes use of the Somme respite facility</p>		<p>Generally, Carers make their own arrangements, but this is an area where 'trust' is essential and there are considerable concerns still remaining about who can be 'trusted' e.g. only sporadic liaison with Carers NI</p>
Transitional Care Centre	Medium	<p>Nothing available at the moment apart from NHS or private arrangements</p>	<p>With ageing population, likely to be an increased need in the future as more people need somewhere to receive convalescence post-operation</p>	<p>Would be possible to link in with facilities at Somme or the Respite Care centre</p>
Psychological Treatments	High	<p>Provided via PRRT who also take on serving police officers as clients from PSNI OHW</p> <p>PRRT have 8 psychologists with other associates throughout the province</p> <p>NIPF fund a Psychological Support Scheme to provide counselling and</p>	<p>There are instances of people suffering from psychological issues many years after an incident so there will be a continuing, if not increasing, need into the future</p>	<p>Work being done in this area by the Police Federation to establish extent of issue throughout England, Wales and NI</p> <p>Work just commenced in NI as a result of agreement between the PFNI, SANI and the NIO, around the area of Post Traumatic Stress Disorder (PTSD), which</p>

		<p>psychological support</p> <p>PSNI OHW monitor stress levels for individuals and groups within the PSNI</p>		<p>could have implications for the retired community</p>
Psychiatric Treatments	Medium	<p>Some mention of provision via Newforge, but funded privately by the individual</p>	<p>Clearly an important area where people affected may show symptoms many years into the future</p>	<p>Most people interviewed felt that psychiatric treatments were too specialist to be addressed outside of the mainstream</p>
Physiotherapy	High	<p>Provided via PRRT in NI</p> <p>PRRT have 3.5 physiotherapists</p> <p>PRRT retain a number of specialist Physiotherapists who can provide a neurological service</p> <p>Intensive courses (2 weeks for serving officers, 1 week for retired officers) provided at NPCTC. They concentrate on an individual programme designed for those</p>	<p>With ageing population, likely to be an increased need in the future</p> <p>An aging population may become less able/willing to travel, so likely to be more need for local physiotherapists throughout the province</p> <p>Can also be useful pre-surgery, something which does not appear to be generally available at the moment</p> <p>The retired etc community would appreciate 2 weeks</p>	<p>Both PRRT and OHW have developed a network of physiotherapists throughout the Province</p> <p>Suggestion made that there should be a Police District physiotherapist working for both existing and retired officers and their families (funded from the appropriate source)</p> <p>Possibility that the RUC BF may consider offering intensive physiotherapy sessions</p>

		<p>attending, unlike the NHS</p> <p>PSNI OHW monitor the extended Physiotherapy scheme</p>	at NPCTC	<p>at the cottages in Kesh</p> <p>May be a physiotherapy facility at the proposed Emergency Services College, Cookstown</p>
Hydrotherapy	Medium	<p>Provided at NPCTC</p> <p>PRRT can arrange locally</p>	Due to positive publicity and apparent results, demand likely to rise	May be a hydrotherapy facility at the proposed Emergency Services College, Cookstown
Complimentary Treatments	Medium	<p>Increasingly provided at NPCTC who would like to further expand the service</p> <p>Some provision via PRRT</p>	For whatever reason (media, personal experience etc) this is an area which is becoming increasingly popular	Complimentary Treatments can address both physical and psychological needs
Pain Management	Medium	<p>NIPF has a Chronic Pain Management Scheme which provides access to specialist treatment for those experiencing long-term pain</p> <p>NIMF provides grants to contribute towards consultations and treatments</p> <p>PRRT hold a Pain Relief clinic once per year</p>	Demand likely to rise in the future as this service becomes more widely accepted	

Addiction Services	Low	Provided at Flint House in England	Present clinical view appears to be that it is more effective to treat addiction within the individuals own family/environment setting	
Healthy Lifestyle and Well Being	Medium	<p>Personal Fitness Consultants available at NPCTC</p> <p>PSNI OHW offer a variety of lifestyle programmes for serving police officers and support staff</p> <p>Dietary advice available at NPCTC</p> <p>Members of the RUC AA can access Well Being services</p>	As people live longer, likely to be an increase in the need for facilities/information	Some suggestion that arrangements could be reached with local leisure centres etc re reduced 'group' fees, although some centres will offer free/reduced membership fees to pensioners over a certain age
Bereavement Support	Medium	Provision by NIPF	Likely to remain at present levels	An area which is well catered for through organisations such as 'Wave' and 'Cruise', but where there may be levels of distrust because of previous associations with the police service

Counselling	Medium	In addition to the provision of psychological services, PRRT operate 'Trustcall' – a 24 hour freephone confidential counselling service	Likely to remain at present levels	An area which is generally well catered for through existing organisations, but where there may be levels of distrust because of previous associations with the police service
Specialist Equipment	Medium	<p>NIMF have provided some assistance to individuals</p> <p>NIPF runs the Disability Adaptations Scheme which provides funding for the provision of specialised equipment, or adaptations to dwellings, for those seriously injured as a direct result of terrorist violence</p> <p>NIPF makes grants to ensure that those eligible have access to the most appropriate prostheses, mobility aids and wheelchairs</p>		
Holidays and Breaks	Medium	RUC BF has a 18 apartments in Portrush and is building 8	At present, the demand for the RUC BF facilities exceeds the supply,	The Northern Ireland Prison Service have accommodation in GB

		<p>'cottages' in County Fermanagh</p> <p>Accepted that part of the benefit of the NPCTC is that it provides a break away from the clients normal environment</p>	<p>although this may be addressed to some extent with the additional facilities in County Fermanagh</p>	<p>and Spain</p>
'Drop In' Centres	Medium	<p>Apart from the services offered by PRRT, and local social functions, nothing else available</p>	<p>With the large number of police pensioners in Northern Ireland and 'Patten' continuing until 2011, there is potentially a large number of clients for this facility</p>	<p>PST considering going down this path with the first 'out centre' in Coleraine</p> <p>While there will be costs with accommodation and personnel, latter may be met by volunteers</p> <p>Some question over whether they would be widely used – an area where more research is required</p> <p>The armed services have the British Legion which fulfils an important role</p>
Social Interaction and	Medium	<p>Delivered via LVWG and various associations</p>	<p>As the number of retired officers etc increases, there</p>	<p>Role of LVWG has to be examined as there is</p>

Friendship		<p>such as DPOANI, NIRPOA, RUC GC Foundation, RUC AA</p> <p>NIRPOA have 70 trained 'be-frienders' throughout the province</p> <p>Educational classes, as provided by PRRT</p>	<p>will be an increasing need for social interaction, often in the area of 'befriending' the elderly and the lonely</p> <p>The need will be throughout the province, not just the Greater Belfast area</p>	<p>a great difference in how the groups work throughout the province</p> <p>Consider PSNI funding, or part funding, a post to help administer LVWG in Districts etc</p> <p>While some people like to socialise with the wider police family, others prefer to socialise in their local communities</p> <p>Some duplication between different organisations</p>
Signposting Facility	High	<p>Through a number of different groups at present such as NIPF, DPOANI, LVWG etc, but no one Single Point Of Contact (SPOC) who can do the 'Signposting'</p> <p>PRRT work with some external organisations to provide information to clients</p>	<p>With an increasing and ageing population, it is important that there is one SPOC and a single telephone number and email address to address the myriad of issues which will arise, either to provide advice or to 'signpost'</p>	<p>There was some concern expressed about the level of communication in relation to facilities, services and treatments</p> <p>A 'Signposting' facility would be relatively easy to achieve and at minimal cost</p>

				<p>The needs of victims are many and varied. Different people have different needs. A 'One Stop Shop' approach would bring a welcome element of structured co-ordination towards this presently complex area, making it as simple and 'customer friendly' as possible. Such an initiative would underline the commitment of having a 'victim centred approach'.</p>
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GENERAL ELIGIBILITY CRITERIA

CA – Carers of terrorist injured officers who are clients of the NIPF

DPOANI – Police Officers and ex police officers who have suffered serious injury whilst on duty with the RUC/PSNI or as a result of their service

LVWG – All ex-members, widows and pensioners

NIMF – Those who have suffered as a result of the 'Troubles' in Northern Ireland

NIPF – Police Officers and ex police officers (and their families) in Northern Ireland who have been seriously injured by terrorist violence, and the widows, children and parents of murdered police officers

NPCTC – Serving and Pensioned police officers who subscribe to the Benevolent Fund

PDT – Dependants of police officers, or former police officers who die, or have died, as a result of an injury received in the execution of duty; and police officers, or former police officers, who are or have been, incapacitated as a result of an injury received in the execution of duty, or dependants of such officers

PRRT – Members and former members of the police service

PSNI OHW – Serving police officers and support staff

RUC BF – Ex members of the RUC GC, police widows, dependants, injured and disabled officers, as well as members of the PSNI who find themselves experiencing financial hardship or difficulty, who are members of the Benevolent Fund

RUC GC PA – Parents of RUC Officers who have been murdered as a direct result of terrorist action during the troubles

RUC GC WA – Police Widows

Appendix 3

POLICE CARE ORGANISATIONS

ORGANISATION	ROLE	SERVICES	ELIGIBILITY
Carers Association	To provide a support and friendship group for Carers of Terrorist Injured Officers who are clients of the Police Fund	Information Evenings Social Events	Carers of Terrorist Injured Officers who are clients of the Police Fund
Disabled Police Officers' Association NI	To provide support to members who have suffered serious injury whilst on duty with the	Opportunities for Social Interaction Classes	Police officers and ex-police officers who have suffered serious injury whilst on duty with the RUC/PSNI or as a result

	RUC/PSNI or as a result of their service	Befriending/Home and Hospital Visiting Services Confidential Telephone Help-Line Information Days Monthly Newsletter Subsidised Organised Holidays Sporting Activities Therapies Physiological and Psychological 'Time Outs' for Disabled and Carers Transport and Professional Carers Financial Support for Travel Limited childcare and respite care	of their service
Forgotten Families	To provide a forum for pre-1982 police widows	Provision of information and advice to members Welfare Help Social events	Pre 1982 police widows whose husbands were killed through terrorism or otherwise on duty
Local Voluntary Welfare Groups	To offer all ex members, widows and pensioners the	Holidays	All ex members, widows and pensioners

	<p>opportunity to meet informally within their local area and avail of the facilities offered with regard to welfare and social issues by their group or other agencies such as the RUC Benevolent Fund</p>	<p>Information Meetings</p> <p>Outings</p> <p>Social Events</p> <p>Welfare Help</p>	
Northern Ireland Memorial Fund	<p>To be the primary charity dedicated to introducing and sustaining programmes that support those who have suffered as a result of the ‘Troubles’ in Northern Ireland and to raising funds for that purpose</p>	<p>Chronic Pain Management Scheme</p> <p>Discretionary Hardship Fund</p> <p>Education and Training Scheme</p> <p>Short Break Scheme</p>	<p>‘those who have suffered as a result of the troubles’</p>
Northern Ireland Police Fund	<p>To cover all aspects of the care of ex-police officers (and their families) in Northern Ireland who have been seriously injured by terrorist violence, and the widows, children and parents of murdered police officers</p>	<p>Bereavement Support Scheme</p> <p>Carers’ Respite Breaks</p> <p>Chronic Pain Management</p> <p>Disability Adaptions</p> <p>Disability Support</p> <p>Educational Bursaries</p> <p>Home Visitors</p> <p>Prostheses/Wheelchairs/Grants</p>	<p>Police officers and ex police officers who have been seriously injured or disabled as a direct result of terrorist violence</p> <p>Families of police officers murdered by terrorists</p>

		<p>Psychological Support</p> <p>Regular Payments</p> <p>Travel to Convalescent Homes</p> <p>Funds programmes run by other police family organisations</p>	
Northern Ireland Retired Police Officers' Association	'Improving the Lives of Retired Police Officers in Northern Ireland'	<p>Maintenance of a Database</p> <p>Production of 'Reunion' magazine</p> <p>Maintain the Family Service with trained visitors to keep in contact with members</p> <p>Advice on pensions</p>	Retired Police Officers
Northern Police Convalescent and Treatment Centre	To provide rehabilitation and convalescent facilities for serving and pensioned police officers at centres in Harrogate and Perthshire	<p>Nursing Care</p> <p>Physiotherapy</p> <p>Alternative Therapies</p>	Serving and pensioned police officers
Police Dependants' Trust	To assist in cases of need for – Dependants of police officers, or former police officers who die, or have died, as a result of an injury received in the execution of duty; and, police officers, or former police officers,	<p>Grants to appropriate police charities</p> <p>Maintenance Grants</p> <p>Special Purposes</p> <p>Children's Grants</p>	<p>Dependants of police officers, or former police officers who die, or have died, as a result of an injury received in the execution of duty</p> <p>Police officers, or former police officers, who are or have been,</p>

	who are or have been, incapacitated as a result of an injury received in the execution of duty, or dependants of such officers	Funeral Grants Holiday Grants	incapacitated as a result of an injury received in the execution of duty, or dependants of such officers
Police Rehabilitation and Retraining Trust	To enable members and former members of the police service to achieve and sustain a successful transition into civilian life by providing integrated: careers guidance and personal development; training, education and employment support; psychological therapies and physiotherapy	Active Retirement Careers and Personal Development Psychological Services Information Resource Centre Links with PSNI OHW Neurological Service Trustcall Physiotherapy Training and Education (Chronic Pain Management) (Hydrotherapy)	Members and former members of the police service
PSNI Occupational Health and Welfare	To improve the Health and Well Being of Police Officers and Support Staff	Health Surveillance Programme Health Promotion Programme Health and Physical Training	Serving Police Officers and Support Staff Serving and ex police officers - Processing grants or registrations

		<p>Programme</p> <p>Employee Support Programme</p> <p>Communication Network</p> <p>Physiotherapy Programme</p> <p>Rehabilitation Interventions</p> <p>Critical Incident Stress Management</p> <p>Identification of 'at risk' groups</p> <p>Register and process applications for grants with the PDT</p>	with the PDT
RUC Benevolent Fund	To support ex members of the RUC GC, police widows, dependants, injured and disabled officers, as well as members of the PSNI who find themselves experiencing financial hardship or difficulty	<p>Identify deserving cases</p> <p>Provide grants</p>	<p>PSNI members</p> <p>Ex members of the RUC GC, police widows, dependants, injured and disabled officers</p>
RUC GC Foundation	To 'mark the sacrifices and honour the achievements of the RUC'	<p>RUC GC Garden</p> <p>Police Museum</p> <p>Memorial Events</p>	

		<p>Joint Initiatives with the RUC Family</p> <p>Support innovations in policing</p>	
RUC GC Parents' Association	To ensure that the parents of murdered RUC Officers receive due recognition of their loss	<p>Provide Welfare and Support</p> <p>Social Interaction</p> <p>Act as a Point of Reference</p> <p>Facilitate services which address the psychological and physical legacy of trauma</p> <p>Provide advice and information</p> <p>Research/Reports</p>	Parents of murdered RUC Officers
RUC GC Widows' Association	To foster the social wellbeing, friendship, health, recreation and leisure of police widows, and to strengthen and extend facilities for their children	<p>Friendship and Support</p> <p>Newsletter</p> <p>Point of Contact</p> <p>Social Events</p>	Police Widows

STATISTICS

Northern Police Convalescent and Treatment Centre

113 staff in the two centres

Harrogate – 79 beds and a cottage with 5 beds

Auchterarder – 73 beds and 2 family cottages with 8 beds

Projected costs £3.7M in 2008

Projected Income £3.4M in 2008

88% of the PSNI make donations (average of the 24 contributing forces is 77%)

2007

Total referrals – 3515

PSNI referrals – 412 (12%) – second only to Strathclyde (632)

PSNI attending – 73% serving officers: 27% ex officers

PSNI attending – 70% received physiotherapy: 30% nursing care

Total referrals – 2006 - 3090: 2007 – 3515: 2008 (to date) - 3467

PSNI referrals – 2006 – 402: 2007 – 412: 2008 (to date) - 467

Overall – 95% satisfaction level

RUC Benevolent Fund

The year 2000 was the peak of those attending NPCTC from Northern
Ireland – 1000
Gradual falling off since but has stabilised at about 500 p.a. for last 4 years

2007

£368 K to Harrogate from membership subs
£47 K to Auchterarder from membership subs

£27 K paid in travel costs to Auchterarder
£13 K paid in travel costs to Harrogate

£4 K paid for accommodation for spouses

£14 K received from NIPF
£17 K received from PA

Small payments to Harrogate and Auchterarder
Family Units

Northern Ireland Police Fund

450 – 500 households supported
1300 clients on record
(1500 officers in receipt of Injury on Duty pensions)

Making use of NPCHTC Facilities

2003 – 140
2006 - 108

Police Dependants Trust

Financial Year 2006/2007

Total funds: £28M

Paid out £2,300,000 in grants

291 applicants from the PSNI (about 20% of total)

£425,000 paid to PSNI (about 20% of total)

Police Rehabilitation and Retraining Trust

Service	Category	03/04	04/05	05/06	06/07	07/08	Total
Physiotherapy	Retired Officer	291	271	243	301	272	1379
	Serving Officer	86	101	87	61	78	413
	Other	8	18	12	15	19	72
	Total	385	390	342	377	370	1864
Psychology		205	162	192	174	313	1046

Somme Nursing Home

2006/2007

Expenditure - £1.2M

Income - £1.1M

Registered for 40 beds

38 residents (average) – 1 ex-RUC

Since opening in 1915, 374 members of the RUC have been admitted

Charges £580 per week, £82.85 per day

Proposal to build a further 25 bed unit, which may include a rehabilitation suite, at a cost of about £4M

Garda Retirement Home

Currently 35 residents

Registered for 42 residents

**POLICE SERVICE OF NORTHERN IRELAND CONVALESCENCE
HOME**

SCOPING STUDY

AREAS FOR DISCUSSION

Background

The purpose of the Scoping Study is to

- to carry out a Scoping Study to review whether there is a current **need** to establish a convalescent home and/or treatment facility for the wider police family in Northern Ireland
- to further establish whether there is a **desire** for such a facility
- to consult, for the purposes of the Scoping Study, with organizations involved in, or associated with, care in the police family in Northern Ireland
- to consult with the wider ‘blue light services’ to gauge their level of interest
- to produce a final comprehensive report of the findings of the study, with management summary and recommendations.

The Northern Ireland Police Fund (NIPF) have commissioned a study into the need for a convalescent home or treatment centre for the police family in Northern Ireland. At present serving and retired police officers travel to 2 existing convalescent homes for various treatments. This is funded by NIPF for those who are eligible for support from the Fund. In addition PRRT provide some physiotherapy services and the Police Fund provide financial support to individual clients for a range of treatments under a chronic pain management programme. There has been demand in the past for the development of a local convalescent home but this has been deferred as it has been felt the benefits in seeking help outside NI outweighed the disadvantages in travelling. **It is part of the remit of the Fund to keep under review the potential need for the development of a convalescent home or treatment centre in Northern Ireland and given the changing profile of police clients.**

The Northern Ireland Police Fund (“the Fund”) was set up in late 2001 as a government response to the Independent Commission on Policing for Northern Ireland, Patten Recommendation 87, as reviewed by John Steele. Its remit is to provide support to those police officers injured as a result of terrorist violence, and their families, and the widows, children and parents of officers killed in terrorist incidents. As such it provides support and assistance to around 450 injured ex officers and their families as well as the widows, parents and dependants of murdered officers.

John Steele reviewing the Patten recommendation said of the need for a convalescent home :-

“I have also considered the need for the establishment of a recuperation and respite home in Northern Ireland with a role similar to those used by the RUC at Harrogate and Auchterarder. However, having visited Harrogate and having listened to those who feel that recuperation and respite is more effective because it is away from Northern Ireland, I have decided not to make a recommendation. I do, nevertheless, recommend that the Fund should keep this under review. In the meantime, I recommend that the Fund should finance visits to Harrogate and Auchterarder by officers injured by terrorist violence”

Since that time the Fund has provided some financial support to its clients travelling to the existing facilities through funding the local police Benevolent Fund but the number of individuals availing of these services has reduced slightly in recent years from around 140 in 2003 to 108 in 2006. There are 450 police Fund clients from a total of around 1500 ex officers in receipt of an injury on duty pension who might benefit directly from such a facility. Anecdotal evidence would suggest that age and infirmity may be part of the reason why fewer people are making use of the existing facilities.

More recently at a conference hosted by the Northern Ireland Police Fund on 6th-7th November it was suggested the potential for the development of a local convalescent home or treatment centre was seen as desirable.

Questions

- What is the level of need and support among the police family in Northern Ireland for the development of a convalescent home or treatment centre in Northern Ireland?
- What options might be available for the development of such a facility?
- Why has there been a reduced uptake of use of existing facilities?
- What services/treatments would such a facility be expected to provide?
- Indicate to what extent existing care provision for the police family in Northern Ireland can currently meet the identified need?
- An indication of the possible methods and sources of funding for the development of such a facility other than Government?
- Have you done any research on this area yourself?
- Do you have any information which may be of assistance in this project?
- What do you think are the advantages in having such a facility in Northern Ireland?
- What do you think are the disadvantages in having such a facility in Northern Ireland?
- Is there anything else you would like to mention?

CONSULTATIONS

There was consultation with the following people and organizations –

Aftercare Service for UDR and RIR – Peter Bailie
Blackbourne, Frances - Chair of RUC GC Parents' Association
Carers Association - Committee
Combat Stress – David Hill (Operations Director)
Disabled Police Officers' Association NI - Committee
Hall, Freddie - Author of *'The Current and Future Needs of the Northern Ireland Police Fund Clients – A Research Study'* 2005
Leighton, Paul – PSNI Deputy Chief Constable
Lewis, Paul – Health and Safety Secretary, Police Federation England and Wales
Northern Ireland Ambulance Service – Roisin O'Hara (Director of Human Resources)
Northern Ireland Fire and Rescue Service – Aidan Magennis
Northern Ireland Memorial Fund – Colin Corbett (Fund Administrator)
Northern Ireland Police Fund – Colin Ashe (Chief Executive)
Northern Ireland Prison Service Central Benevolent Fund – Ian Simpson (Chairman)
Northern Ireland Prison Service Welfare Branch – Teresa Hewitt (Head of Welfare)
Northern Ireland Retired Police Officers' Association – Sam Lamont (Office Manager)
Northern Police Convalescent and Treatment Centre – Michael Baxter QPM (Chief Executive) and Peter Henson (Treasurer)
Police Dependants' Trust – David French (Chief Executive)
Police Federation of Northern Ireland – Stevie McCann (Secretary) and Marty Whittle (Assistant Secretary)
Police Rehabilitation and Retraining Trust – Sheamus Hamill (Chairman of the Board of Directors)
Police Service of Northern Ireland Occupational Health and Welfare Branch – Dr Geoff Crowther (Chief Medical Adviser)
Prison Service Trust – Ivan Bolt (Office Manager)
Royal Ulster Constabulary Benevolent Fund – Marty Whittle (Secretary)

Royal Ulster Constabulary GC Forgotten Families Association – Charlotte Murtagh and Lyla Hanna

Royal Ulster Constabulary GC Foundation - Committee

Royal Ulster Constabulary GC Parents' Association - Committee

Royal Ulster Constabulary GC Widow's Association - Committee

Somme Nursing Home – Florence Cowan (Matron)

Steele, John - Author of '*Review of the Proposal for a New Police Fund*' October 2000 and '*Review of the Northern Ireland Police Fund*' October 2004

Superintendents' Association of Northern Ireland – Ray Phillips

TELEPHONE NUMBERS

Aftercare Service (UDR and RIR) – 02890420119
Care Of Police Survivors (COPS) - 0870 744 2586
Carers Association – 02890393556
Carers Northern Ireland – 02890439843
Combat Stress - 01372 841600
Community Relations Council - 0289022750043
Consultative Group on the Past - 02890517268
Disabled Police Officers' Association NI – 02890700719
Healing Through Remembering – 02890238844
Northern Ireland Fire and Rescue Service - 02892664221
Northern Ireland Memorial Fund – 02890520066
Northern Ireland Police Fund – 02890393556
Northern Ireland Prison Service Central Benevolent Fund – 02892612975
Northern Ireland Prison Service Welfare Branch – 02890525150
Northern Ireland Retired Police Officers' Association – 02890393556
Northern Police Convalescent and Treatment Centre – 01423504448
Police Dependants' Trust – 02089416907
Police Federation of England and Wales - 01372352000
Police Federation of Northern Ireland – 02890764200
Police Rehabilitation and Retraining Trust – 02890427788
Police Service of Northern Ireland – 02890650222
Police Service of Northern Ireland Occupational Health and Welfare -
02890700718
Prison Service Trust – 02890649628
Royal Ulster Constabulary Benevolent Fund – 02890764215
Royal Ulster Constabulary GC Foundation – 02890700116
Royal Ulster Constabulary GC Parents' Association – 02890393556
Royal Ulster Constabulary GC Widows' Association – 02890393562
Somme Nursing Home - 02890763044

WEBSITES

www.aftercareservice.org
www.asbf.co.uk
www.carersni.org
www.cgpn.org
www.chelsea-pensioners.co.uk
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- Police Federation for Northern Ireland *'Annual Report 2007'* 2008
- Prison Service Trust *'Annual Report 2007 – 2008'* 2008
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- Steele, John *'Review of the Proposal for a New Police Fund'*, October 2000
- Steele, John *'Review of the Northern Ireland Police Fund'*, October 2004

SCOPING STUDY TERMS OF REFERENCE

Purpose of Consultancy

The Northern Ireland Police Fund (NIPF) wish to commission a study into the need for a convalescent home or treatment centre for the police family in Northern Ireland. At present serving and retired police officers travel to 2 existing convalescent homes for various treatments. This is funded by NIPF for those who are eligible for support from the Fund. In addition PRRT provide some physiotherapy services and the Police Fund provide financial support to individual clients for a range of treatments under a chronic pain management programme. There has been demand in the past for the development of a local convalescent home but this has been deferred as it has been felt the benefits in seeking help outside NI outweighed the disadvantages in travelling.

It is part of the remit of the Fund to keep under review the potential need for the development of a convalescent home or treatment centre in Northern Ireland and given the changing profile of police clients they now wish to commission a scoping study to further investigate the extent to which such a facility would benefit the police family.

Background to the Fund

The Northern Ireland Police Fund (“the Fund”) was set up in late 2001 as a government response to the Independent Commission on Policing for Northern Ireland, Patten Recommendation 87, as reviewed by John Steele.

Its remit is to provide support to those police officers injured as a result of terrorist violence, and their families, and the widows, children and parents of officers killed in terrorist incidents. As such it provides support and assistance to around 450 injured ex officers and their families as well as the widows, parents and dependants of murdered officers.

The Fund is a private company limited by guarantee, with the Chief Executive as Accounting Officer for the funds it receives from central government. The Fund is currently 100% funded by government.

The Assignment

In the report by John Steele reviewing the Patten recommendation he said of the need for a convalescent home :-

“I have also considered the need for the establishment of a recuperation and respite home in Northern Ireland with a role similar to those used by the RUC at Harrogate and Auchterarder. However, having visited Harrogate and having listened to those who feel that recuperation and respite is more effective because it is away from Northern Ireland, I have decided not to make a recommendation. I do, nevertheless, recommend that the Fund should keep this under review. In the meantime, I recommend that the Fund should finance visits to Harrogate and Auchterarder by officers injured by terrorist violence”

Since that time the Fund has provided some financial support to its clients travelling to the existing facilities through funding the local police Benevolent Fund but the number of individuals availing of these services has reduced slightly in recent years from around 140 in 2003 to 108 in 2006. There are 450 police Fund clients from a total of around 1500 ex officers in receipt of an injury on duty pension who might benefit directly from such a facility. Anecdotal evidence would suggest that age and infirmity may be part of the reason why fewer people are making use of the existing facilities.

More recently at a conference hosted by the Northern Ireland Police Fund on 6th-7th November it was suggested the potential for the development of a local convalescent home or treatment centre was seen as desirable.

As a result the Northern Ireland Police Fund has now decided to commission a scoping study to review whether there is a current need to establish a convalescent home or

treatment facility for the wider police family in Northern Ireland. It is possible that such a facility might be extended beyond the scope of the Northern Ireland Police Fund and indeed may go beyond the police family and incorporate support for the wider “blue light” services in Northern Ireland. The study will need to establish whether there would be a desire for such a facility.

Consultancy Approach

It is expected that as part of the scoping study there will be wide ranging consultation with all the organisations involved in care in the police family in Northern Ireland about the potential and need for such a facility. This would include PSNI, PRRT, NIRPOA, DPOA, RUC Benevolent Fund, Widows Association, Forgotten families, Parents Association and the Carers Association. There will also be a need to consult with the wider “blue light services”. It is expected that the main outcome will be a comprehensive report of the findings of the study with management summary and recommendations

Expected Outcomes of the Scoping Study

- Detail, including numbers, the level of need and support among the police family in Northern Ireland for the development of a convalescent home or treatment centre in Northern Ireland
- Detail the range of options that might be available for the development of such a facility
- Establish why there has been a reduced uptake of use of existing facilities
- Detail including numbers where appropriate of the range of the services/treatments including likely levels of usage that such a facility might be expected to provide and the staffing and other resources that might be needed to support each option

- Indicate to what extent existing care provision for the police family in Northern Ireland can currently meet the identified need
- An outline of the likely capital and revenue cost of the various options
- An indication of the possible methods and sources of funding for the development of such a facility other than Government.
- An indication of the impact such a development would have on the existing facilities at Harrogate and Auchterarder.
- A possible timetable for the future development of a feasibility study leading to the development of user and technical requirements, site feasibility study, planning approval etc.
- An outline of the level of support for the development of such a facility among the wider “blue light” services

Timescale

The Northern Ireland Police Fund would wish to have this scoping study completed in draft form for discussion with management on later than 30 November 2008.

NIPF Contact

All queries regarding this exercise should be made in the first instance to:-

Colin Ashe
Northern Ireland Police Fund
Maryfield Complex
100 Belfast Road
Holywood
Belfast

OBSERVATIONS

During the course of the consultation exercise a number of issues were raised which, whilst not absolutely central to the 'Terms of Reference' of the Scoping Study, do impact upon the general area of care in the wider police family and so have been felt worthy of mention.

1. While a number of different police care organizations are involved in providing 'care' for their members, a degree of duplication and confusion was apparent as to what facilities, services and treatments are available. It might be that the development of a **Communications Strategy** in relation to the provision of care to the wider police family would help to address the issues raised
2. To further enhance the information flow, the creation of a **Single Point of Contact (SPOC) to 'Signpost'** inquirers in the right direction should be considered
3. This SPOC should include a **single telephone number and email address** which all members of the wider police family could use in the event of them needing assistance or requiring information
4. The PSNI have recently launched a **'Well Being' Hub** which acts as a portal to a comprehensive database of information in relation to fitness and health. There may be merit in exploring ways in which selective aspects of this Hub could be accessed by the wider police family
5. **The Care Forum** is seen as a positive initiative and there would be advantages in it evolving into a more strategic vehicle, building upon its present role as an information sharing body

6. It is noted that there was a great disparity between local levels of delivery in relation to **Local Voluntary Welfare Groups (LVWG)**, groups which have traditionally performed an important role within the police family. It was suggested that the time may now be opportune for a review of their role and consideration given to the appointment of a central co-ordinator (*It is believed that there is a draft policy directive under consideration in relation to LVWG*)

7. Given the amount of their funding which they direct towards Northern Ireland, it may be opportune to explore new ways in which the interests of **the Police Dependants' Trust (PDT)** could best be represented and taken forward in Northern Ireland

8. The PDT is keen that all of those able to make use of their services are registered with them, to include **ex Royal Ulster Constabulary Reserve (Part Time) officers and Police Officers (Part Time)**

9. Whilst it was understood that there were issues around security and data protection, a better working relationship in **the area of data sharing** should be explored between PSNI and other organisations such as the NIPF, PRRT and the PDT. Indeed it might be useful to develop, for example, a Memorandum of Understanding between the PSNI and such groups

10. There was a general view that, with additional support, **PRRT** could broaden their range of services both in terms of access and benefit for the wider police family

11. The distinction between police officers and **police support staff** is becoming more 'blurred' as many of the traditional policing roles are now being performed by civilians, and it may be necessary, and advantageous, to involve the support staff side in, at least, aspects of 'Care in the Police Family', particularly if a decision is made to develop a facility in Northern Ireland

12. Some of those consulted felt that it would be beneficial to have a **‘drop in’ centre(s)** in an area or areas of Northern Ireland where there is a high concentration of ex police officers. Others, however, wondered if the level of ‘take up’ would justify the significant level of necessary investment. More work needs to be done in this area to establish the extent of the need and the desirability of progressing with the initiative

ACRONYMS

CANI – Carers Association Northern Ireland
CAB – Citizens’ Advice Bureau
CGP – Consultative Group on the Past
CRC – Community Relations Council
CSBF – Civil Service Benevolent Fund
DPOANI – Disabled Police Officers’ Association NI
LVWG – Local Voluntary Welfare Groups
MOD – Ministry of Defence
NIAS – Northern Ireland Ambulance Service
NIFRS – Northern Ireland Fire and Rescue Service
NIMF – Northern Ireland Memorial Fund
NIO – Northern Ireland Office
NIPF – Northern Ireland Police Fund
NIPS – Northern Ireland Prison Service
NIRPOA – Northern Ireland Retired Police Officers’ Association
NPCTC – Northern Police Convalescent and Treatment Centre
OFMDFM – Office of the First Minister and Deputy First Minister
PAB – Police Advisory Board
PDT – Police Dependants’ Trust
PFNI – Police Federation of Northern Ireland
POPT – Police Officer Part Time
PRRT – Police Rehabilitation and Retraining Trust
PSNI – Police Service of Northern Ireland
PSNI OHW – Police Service of Northern Ireland Occupational Health and Welfare
PST – Prison Service Trust
PTSD – Post Traumatic Stress Disorder
RIR – Royal Irish Regiment
RUC GC – Royal Ulster Constabulary George Cross
RUCR – Royal Ulster Constabulary Reserve
RUCR (FT) – Royal Ulster Constabulary Reserve (Full Time)
RUCR (PT) – Royal Ulster Constabulary Reserve (Part Time)
RUC AA – Royal Ulster Constabulary Athletic Association
RUC BF – Royal Ulster Constabulary Benevolent Fund
RUC GC PA – Royal Ulster Constabulary George Cross Parents’ Association
RUC GC WA – Royal Ulster Constabulary George Cross Widows’ Association
SANI – Superintendents’ Association of Northern Ireland
SPoC – Single Point of Contact
SSAFA – Soldiers, Sailors, Airmen and Families Association
UDR – Ulster Defence Regiment

