



Northern Ireland Anti-Poverty Network
Community Workers Co-operative



Mind **The** Gap

working collectively to tackle poverty



This project is supported by the EU INTERREG Programme IIIA
Programme for Ireland/Northern Ireland

Health, Poverty and Social Exclusion in the Border Area

Report of the second Cross Border Seminar on
Health, Poverty and Social Exclusion
in the Border Area

Tuesday 7th March 2006
Sliabh Beagh
Tourism Centre
Knockatallon
Co Monaghan

Health, Poverty and Social Exclusion in the Border Area

Summary Report

The seminar attracted some 50 participants from both sides of the border and covered many aspects of health inequalities and needs facing communities in the border region. The seminar opened with a presentation from Co-operation and Working Together (CAWT) a cross border body established to promote and facilitate co-operative working on health matters and needs in the areas covered by the health boards that abut the border. A summary of that presentation is included.

The participants then broke up into a number of workshops dealing with "Health needs, poverty and social exclusion" among women, men, minority ethnic communities and people with disabilities. The findings of these workshops will be released in a full length report but a summary of the major findings are included here.

At the end of the seminar participants indicated their wish to continue to work together to tackle some of the issues that were identified and Mind The Gap will be following up on this in the months ahead.

CAWT Presentation

Dr Caroline Mason, WHSSB

Dr Mason told participants of the background to CAWT (Co-operation & Working Together) and of the growing cross-border cooperation in the border region of Northern Ireland and the Republic of Ireland. In the presentation she also informed participants of the various projects sponsored by CAWT and the results of a study on health inequalities carried out by CAWT.

She began by defining the CAWT Region (See Fig 1). CAWT grew out of spontaneous local cross-border work during the 1980's and a recognition of the need to formalise relationships. It is a partnership between the North Eastern and North Western Health Boards in the Republic of Ireland and the Southern and the Western Health & Social Services Boards in Northern Ireland. There are also 7 Health and Social Services Trusts within CAWT.

The partnership is funded from: The Health and Social Executive and Health Boards' own resources, EU INTERREG IIIA and PEACE II - Measure 5.2 Public Sector Co-operation.

Health Inequalities in the Region

Dr Mason then gave an overview of a study, conducted by CAWT, of Health Inequalities in their region, which includes the entire border area.

'Of all the forms of inequality, inequalities in health are the most inhumane'
Martin Luther King Jnr

"Everyone should have a fair opportunity to attain full health potential. Inequity refers to differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust"
(Health 21, WHO).

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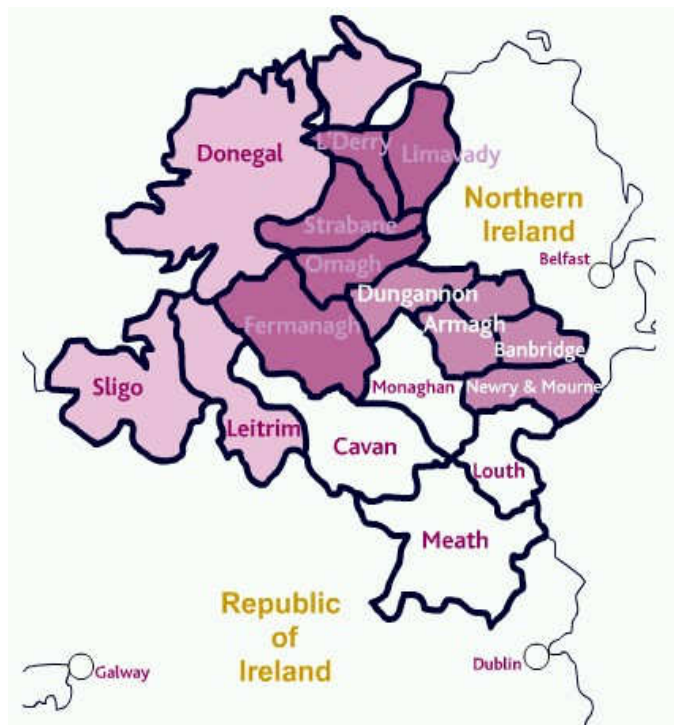


Fig 1

CAWT border region – some facts

- 25% of the total land area of the island of Ireland
- Population of 1m people – 21% of the total population of the Island
- Similar challenges with common demographic features
- Region has experienced peripherality from political and economic decision making

Rationale for CAWT

Border region has experienced associated problems of rurality such as:

- Deprivation / poor infrastructure 30 + years of violence 'The Troubles'

CAWT is involved in the following projects

- Steering to Safety
- Care of Type II Diabetes in Primary Care
- Support for Learning Disability
- Planning Services for Children and Young People
- Health Protection A New Challenge
- Epidemiological Study of Oral Health
- CAWT Development Centre
- Good Morning Inishowen
- Health Impact Assessment – Cross Border Approach
- Improving Cross Border Mobility
- Pilot cross border GP Out of Hours
- New Chance – cross border Foster Care
- Continence Support
- Therapeutic Interventions for Convicted and non convicted sex offenders
- An Outcome Framework for Cross Border Children's Services
- Training the Trainers – Cognitive Therapy
- Workplace Health and Wellbeing Project
- Improving Cross Border Care for Those with Diabetes
- Cross Border Carers of the Disabled – A Journey of Sharing and Caring
- Improving Cross Border Communications for the Border Region
- Promoting Mental Health Awareness Training
- Sharing Cross Border Cardio Cath. Services
- Recompression for Deep Sea Divers – A Cross Border Approach
- It's Good To Talk – Parents as Sex Educators
- Oral Health – A Cross Border Outreach Skills Centre
- EMART – A CAWT Response to CBRN
- Computerised Cross Border Renal Services
- Cross Border Oral Maxillo Facial Services
- North South Emergency Planning
- Operational Training for Ambulance Staff

Health, Poverty and Social Exclusion in the Border Area

There are a number of issues that contribute to a health gap; social class/socio-economic group, gender, ethnic origin, sexuality, disability, age, religion and community background.

There are also various determinants of health and these include: individual risk factors such as behaviour, health service provision (possibly access), social, cultural and environmental factors. These would include Education, Employment, Environment, Housing and Income.

Influencing policy is important because it can have an effect on health inequalities in a number of ways by; reducing the gap through improving the circumstances of those at a disadvantage; improving everyone's conditions ('a rising tide lifts all ships') or it can further disadvantage those who are already disadvantaged. Dr Mason explained that the main areas where policy may affect health inequalities are

- Finance: Tax, Social Security
- Social
- Housing
- Education
- Health
- Immigration Policies
- Disability Legislation
- Equality Legislation

There were a number of aspects of health in the region examined and some of the more significant findings are presented below. These demonstrated significant differences in the border region and led to recommendations for a strategy to tackle health inequalities. Whilst the region is larger than the border area itself it includes the entire region and the findings can be used to draw some inferences that these inequalities require actions across the border.

Leading Causes of Death in Ireland

(All these figures are from the CAWT study)

Circulatory Diseases	45%
Malignant Neoplasms	24%
Respiratory Diseases	15%
Injuries & Poisonings	4%
All four causes combined	88%

Deaths CAWT & Non-CAWT Regions

Cause of Death	Average Annual Deaths CAWT Region	% Difference in Rate CAWT/Non-CAWT Regions
Ischaemic Heart Disease	2,586	+7%
Cerebrovascular Disease	996	+6%
Accidents	326	+16%
Transport Accidents	157	+33%
CA larynx & trachea/bronchus/lung	443	-12%

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Immunisation

Health Board	Primary Vaccination	Measles, Mumps & Rubella Dose 1
NEHB	95%	83%
NWHB	88%	78%
SHSSB	98%	94%
WHSSB	97%	92%

Arising from this CAWT are promoting the Health Inequalities Project which aims to identify health inequalities in the CAWT region, raise awareness about them and co-ordinate a response to reduce them. Its objectives are to develop a strategy for tackling health inequalities in the CAWT region, to create an infrastructure to support the implementation of the strategy by working with key decision makers. This includes influencing key decision makers and setting up an inter-sectoral group to implement the strategy.

WORKSHOPS

The workshops were based on a format developed by the Poverty Awareness Programme which is a NIAPN Project. The aim was to raise awareness on the link between poverty and health and to identify health issues for action in the border area. There were arranged to consider the specific health needs of women, men, people with disabilities and migrant ethnic communities and the extent and forms of poverty and social exclusion they faced.

The Outcomes from the workshops should enable participants to:

- Increase their awareness of health issues in the border areas.
- Explore and identify some positive models of engagement on health issues arising from work in border areas.
- Explore the relationship between poverty and health in the border area
- Prioritise three common health issues for MTG to support a local anti-poverty group to take forward.

Workshop A: Womens's Health Needs, Poverty and Social Exclusion

Facilitator - Frances Dowds from the Northern Ireland Anti Poverty Network

The workshop opened with a brief presentation from Louise Richardson from the Older Women's Network. Participants were asked to work in groups of two and write one HEALTH issue per card on as many cards as they wished to use with the needs of women in mind. They were then asked to identify 3-5 key priorities.

1 **Access to and continuity of services** - for rural and cross-border areas must be prioritised. Transport is essential and information must be made available to isolated women (and others) on their entitlements (can they claim for travel to Dublin/Cavan etc) & travel for ethnic minorities across the border is a particular problem.

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2 **Mental Health** – including dementia, post natal depression (stigma needs challenged and information provided). Support for children with disabilities needs to be provided. The safety of older women living in isolated rural areas was a particular concern, safety pendants should be provided to all especially if they have health problems. Breast screening and help and advice for women experiencing domestic abuse must be prioritised and acted on immediately. Dental treatment must be ensured for all. Residential care and quality of care must be prioritised.

3 **Information** – language is a real barrier to services. Ordinary people are not empowered to access information and services from professionals. There is a need for education and information in accessible formats for the general public. Information on basic entitlements must be provided in different languages. Another big barrier is the lack of translation and interpreter services for those from black and minority ethnic backgrounds.

Other issues identified were education, adequate income and the cost of medical treatments, particularly in the South of Ireland.

ACTIONS

Participants were asked to consider each issue at a *community* and at a *cross border level and to come up with one idea that: could be 'actioned' to address each of the three issues identified. Each group was also asked to identify what actions MTG could support a local anti poverty group to take forward.*

The group felt that it would be helpful if Mind The Gap could assist them by identifying community needs and lobbying for them. MTG should organise local events to facilitate networking and awareness. MTG could facilitate event based activities facilitating consultation and collaboration between community, voluntary and statutory organisations.

MTG should produce information in appropriate formats and disseminate that throughout the community. It was felt that MTG could particularly facilitate this on a cross border basis so that common themes can be identified and all Ireland promotional campaigns can be encouraged in partnership with others.

It was important to lobby for joined-up services on an inter-agency and all Ireland or cross border basis. MTG could also look at models of good practice on either side of the border and further afield in Britain, the rest of Ireland or Europe.

WORKSHOP B: Men's Health, Poverty & Social Exclusion **Facilitator - Seamas Devine from Mind The Gap**

There were 11 groups represented from both sides of the border and were also rural and urban in nature. Joel Smith gave a presentation to the workshop on the findings of a survey, "Single men in North Leitrim", which was carried by the MOTB project. The group then discussed their general concerns.

Transport: The lack of rural transport was seen as a barrier to most services on both sides of the border. One participant said "Why governments give the elderly free transport passes when there is no possibility of them accessing transport routes is beyond comprehension" It was agreed that there needed to be a more thought out programme to ensure equality access to all programmes for all within society

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Education: There are not enough programmes around awareness raising of issues that affect men. Another big issue was the fact that educational attainment was very low and that in a high percentage of areas some men had only attended primary school. It was felt that local interventions/projects would be the best avenue to ensure local take up rather colleges in towns

Complex issues: Health boards / Partnerships in border areas were seen as complex and the bureaucracy involved was very much beyond the local community understanding especially the fact that they were in different jurisdictions. There have been a number of pilot initiatives by different departments on a cross border basis but they need to be built upon. "It's very hard to comprehend why somebody in Donegal would have to travel to Dublin for certain treatments when it is available in Derry!"

Information: Information on a broad range of issues is lacking and there is also the issue of literacy among the male population given the fact that a big percentage finished schooling after primary level. Local Projects in partnership with Health boards would be best suited to delivery of certain initiatives. New ideas on how to get information to marginalised men could be tried and tested by involving men in the planning of such.

Suicide: Suicide among young people was discussed and especially the fact that most of the statistics contained in a report conducted north and south of the border shows that suicide accounts for almost a third of all deaths in the 15 to 24 year old age group. The figures showed that in real terms more people in the 15-24 age groups are taking their own lives than are killed in road accidents and the fact that men were four times more at risk than women. The issue should be addressed and taken seriously by awareness raising campaigns and that there should be linkage both north & south

Perception of men's macho image: The macho image was touched upon in the fact that men generally didn't discuss issues affecting them as it would be seen as a sign of weakness and that it just didn't happen in general. Where there was a men's group operational then they felt that they had a space to talk.

Others felt that the fact that there would be a men's group in existence was seen as strange and that there would be whispering among the locals about what a men's group would be set up for. "Men have issues too."

The Border: It was widely felt that the existence of the border has had a very detrimental affect to all from both sides and was very much social barrier too. Communities had been cut off for years and there had been division at all levels while the conflict was occurring. The physical presence of the border may well have gone but the scars are still evident and the border is psychologically there.

The workshop then broke up into smaller groups and discussed issues which they felt were pertinent to health issues and they were listed as follows:

The lack of cross border services especially in rural areas was having a serious affect on peoples health, lower social classes suffer more from respiratory disease and this is due to the fact of poverty in the lower classes. People in the higher class of society eat healthier and can afford the better things in life. Poverty leads to low self esteem and consequently lower regard for own health and well-being.

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WORKSHOP C: Disability Health Needs, Poverty and Social Exclusion

Facilitator: Gerry MacLochlainn from Mind The Gap

The group was broken into pairs and asked to identify issues relating to health and isolation of people with disabilities in the border area. Having done this the group was asked to discuss these issues with some quotations pertaining to health and disability issues and comment on or add to the list if there are issues that have been missed out.

The group listed the following issues which have been grouped by the whole group into 4 main categories.

Vision: This section dealt with conceptual issues which it was felt were important to address if correct interventions are to be made. There needs to be an understanding of the needs of people with disabilities and these need to be defined essentially by people experiencing disability and this extended to the stage of agreeing what constitutes disability and what barriers exist for people with disabilities.

The group raised issues about the lack of involvement by people with disabilities in planning services and responses to their needs.

Participants questioned what disability meant. Some people are "disabled" from accessing services eg asylum seekers who are excluded from accessing services. This is almost a form of disability itself, it was suggested.

Access: This section dealt with problems of access to services with physically or by ability to impact of policy. It was pointed out that access was about "more than wheelchairs!"

The issue of capacity to engage with bodies at policy level was raised and the lack of inclusion of people experiencing disability. This was also reflected in lack of opportunity to profile needs which was the responsibility of the health boards in the view of participants.

The issues was raised that the distance from centres of excellence was an issue exacerbated by problems with transport. This was amplified by the matter of the difficulties in accessing transport on both sides of the border – such as when the nearest facility is across the border and then more inaccessible at least and out of bounds in other cases. This saw the border and the distances it forced people to travel as a physical barrier.

There was also an issue of the lack of trained carers – particularly to provide support at holiday times when schools and the like are closed and carers want to take holidays themselves.

Another issues raised was the lack of shopping opportunities which meant that healthy, fresh food was less available and a reliance on convenience foods stocked by smaller shops had health impacts.

Information / Support: This section raised issues of support and information. There was felt to be a lack of information on what is available and how people might access services. There was also a lack of information that was accessible and compatible cross-border on the needs of people with disabilities.

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The point was made that information is often obscure and hard to locate and forms for access can be difficult to deal with. There needs to be clarity in form filling to enable people to access services that they are entitled to.

Information is a particular problem for many disabled people who cannot directly access information and have to rely on what other people (family and friends usually) consider relevant and bring to them. Independent access to information on what services are offered for people with disabilities is vital.

There was a view put forward that the statistics on needs and deprivation were collected and were there and that it ought to be possible to get people to act on what was required.

The border is a real barrier too in that people are forced to access the nearest service on "their side of the border" rather than the actual nearest service which may be "on the other side". An example was special needs schools provision. For one participant the nearest was 9 miles away in Monaghan but the unit they had to use was on the northern side of the border and 25 miles away.

Finally there were issues of support for people with disabilities. This included support for people's access to services and for support so that families could socialize as a family – which was a particular need for the well-being of people experiencing disability.

Income / Cost of Living: This section raised issues of income levels for people with disabilities which are lower and access to employment can be restricted by the border location.

Also the border area suffers from higher living costs associated with its isolation and undeveloped infrastructure and the cost of accessing any services. Whether it is shops or services there is more travel required and that also adds to costs.

WORKSHOP D: Migrants Health Needs, Poverty and Social Exclusion

Facilitator: - *Carey Ann from the Poverty Awareness Programme*

Participants were asked to work in groups of two and write one HEALTH issue per card on as many cards as they wished to use with the needs of migrants in mind.

Health Needs: Participants felt that the specific health needs of migrant workers were not viewed a priority for policy makers.

There were mental health issues which are added to by the lack of transparency in the asylum process. Issues related to leaving home country – For example persecution are not addressed and can be a real cause of mental health issues particularly for asylum seekers.

Often there is a problem in migrants accessing medication especially if their medical cards from their country of origin are unavailable. Undocumented migrants have particular difficulties.

Dentists & Doctors attitudes are sometimes hostile towards migrant workers and their cases are viewed as less important. Participants told of how some migrants who were not working are being asked to pay for an essential smear test.

Even when assistance is available language differences often have a real impact on migrants access to services.

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Education: until you qualify to be allowed to work often you cannot access free educational training schemes. "Expectation leading to exploitation" – the expectation that migrants must contribute often leads to their exploitation.

Isolation: In terms of social exclusion by the state causes a lot of health problems. Migrants often suffer from low income, poor housing and a lack of networks

Cross Border: State System difference across the border – Acts as a real barrier to the sharing of information for migrants and adds to the confusion. There is a general lack of knowledge of services

Poverty: Since May 2004 you must have "habitually resident" in Ireland to qualify for social assistance payments. The two year time period (until that habitual residence status is determined) can be a period of particular hardship and stress for migrants.

Travellers: Participant felt that there were issues specific to health of traveller population around access to services and social exclusion.

One participant highlighted that government policy does not go far enough to allow the inclusion and acceptance of travellers into civil society.

The living conditions and basic amenities provision for travellers was seen a critical failing by several group participants.

Prioritisation

"All participants were asked to vote on the issues written earlier and 3 key priorities were identified. They were:

- 1 *Mental Health*
- 2 *Education and Awareness*
- 3 *Networks*

Other issues identified as having a significant impact on migrant health included:

- Inadequate income
- Institutional racism
- The detention process and detention centers
- Absence of coherent social inclusion strategies at local, regional, national and cross border levels.

ACTIONS

Participants identified actions that MTG could undertake, these included:

MTG could promote the take up of this migrant "welcome" service to communities and could play a role in facilitating local discussions among groups.

MTG should support raising awareness of the weakness in migrant mental health needs onto political agendas by doing some scoping and helping to facilitate collation of this information

Mind The Gap could highlight politically that immigration control is preventing further education on cross border basis and could help a campaign for relaxing of north/ south immigration controls on this basis.

One participant caution no duplication of already existing work from other networks – more of a need to work in partnership with existing groups. Many participants felt that there was a need to make the proposed directory of services and information a priority

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Knockatallon Attendance

Sally Davis	(2 nd Chance),
Angela McKenna	(Mullaghmatt),
Marie McKernal	(Leitrim Association),
Raymonde Tsenuokpo,	
Shirley Hawkes	(Health Action Zone),
Pamela Carney	(Cavan Partnership),
Una Trainer	(Cavan Partnership),
Susan Smith	(Tullaghmore),
Carmel Mulryne	(Ballymagroarty & Hazelbank Partnership),
Noel Maguire	(Sliabh Beagh)
Joel Smith	(Speaker from Men on the Border)
Frnak McGlinn	(Amen)
Thomas O'Reilly	(Sinn Fein)
Teresa McGrody	(Surestart S Armagh)
Derin Olujitan	(Women's Multicultural Group)
Jim Nolan	(Enniskillen Togther)
Kathleen Bradley	(Neighbourhod Artist)
Bernadette McCrossan	(East Ward Partnership)
Brendan Whitley	(Community Connection Cavan)
Loise Richardson	(Older Womens Network)
Anna Murray	(2 nd Chance)
Dana Hea?y	(Equality Commission)
Claudine Smith	(Erne East partnership)
Joanne Moore	(Surestart S Aremagh)
Grace Igiraneza	(Multicultural Womens Group)
Eddie McGarrigle	(Teach na Failte)
Betty McNamara	(Windmill Height Community Association)
Brigit Loughran	(Pa's & Ma's Loneparent Association)
Michelle Goodhall	(Womens Aid)
Mary Cruikshank	(Ballymagroarty)
Bernie O Neill	(Speaker)
Michael Dunne	(Beyond Borders)
Ricky Rowledge	(CHNI)
Stella Ofosu	(St Patrick's Multicultural Group)
Mary O'Donnell	(Women of the World)
Assi Shittu	(Louth African Women's Group)
Margaret Lawton	(Womens SP Tullaghmore)
Olawande Oladapo	(Louth African Womens Group)