

about yee

FIS health bulletin spring edition

get some of this about yee

Your local census data is here

As I promised in the last edition of *about yee* I would attempt to access census information and make this available to the groups. If you would like to have a copy of the breakdown of Irish population in every electoral ward in England please get in contact.

If you do not have this information I would strongly suggest you get it. This data will form the basis of a lot of agencies service planning for the next funding cycle.

You will need Excel to open this data and an e-mail address that I can send it to. The Excel format is particularly useful in producing tables. The census data I can provide will give you an instant picture of the percentage breakdown of the Irish population and other ethnic minority communities at ward level.

The views expressed in the newsletter are not necessarily those of Federation of Irish Societies. Your comments are always welcome, but could be subject to editorial process. Please send any correspondence to Dermot Glackin at 52 Camden Sq NW1 9XB TEL, 0207916 2727 FAX, 020 7916 2753 or e-mail dermotatfis@hotmail.com

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"Do high rates of mental distress have a cultural origin in the Irish community"? Read David Casbys review of the latest research.

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and win wonderful prizes.

Where we're at with the Health Impact Assessment?

This article is a direct response to a request from several agencies for clarification on Health Impact Assessment as a method, I will also take this opportunity to provide an update of the current Irish Voluntary Sector & Primary Care Trust Health Impact Assessment. Due to the limited space this will be a whistle stop run through.

Background

What is health impact assessment?

HIA can be described as the "estimation of the effects of a specified action on the health of a defined population" Scott-Samuel A (1998). *Health Impact Assessment-theory into practice. Journal of Epidemiology and Community Health 52: 704-805*. As I outlined at the Federations Irish Embassy gathering HIA has much in common with environmental impact assessment, although methods of HIA are still to be fully developed, current thinking would suggest that it should be based on a number of key principles:

- An explicit focus on equity and social justice;*
- A multidisciplinary, participatory approach;*
- The use of qualitative as well as quantitative evidence;*
- Explicit values and openness to public scrutiny*
- Work towards sustainable development*
- Aim for fairness and equity for all*
- Target disadvantaged and marginalized groups*
- Encourage the full participation of those likely to be affected by the policy, programme or project*

HIA is based on a holistic, social model of health which recognizes that the health of individuals and communities is determined by a wide range of economic, social and environmental influences as well as heredity and health care. In practice HIA is a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of these effects within the population. *Gothenburg consensus (see Really Useful HIA references on page 9)*

What is HIA for?

To support and improve evidence based decision making, contributing to improvements in health and reductions in health inequalities.

What is the key HIA output?

A set of evidenced
based
recommendations

Initial HIA methodology

- Screening
- Scoping

(there are several other steps involved in this process but space does not permit me to include them, please visit one of the websites listed at the end of this article for more information)

WHAT IS SCREENING?

This is the first stage of HIA process. It acts as a selection process, where proposals are quickly assessed or “screened” for their potential to affect the target population’s health, in our case the health of Irish. A first step involved evidence review. In the first instance this involved literature review of Irish health related research and current Government health policy. A key element of this process was the sounding out of team leaders (of Irish voluntary sector agencies) with regard to what, if any, relationship they had with Primary Care Trusts.

The evidence review pointed to two clear conclusions.

A body of work on Irish health issues currently exists (see Gaffney M et al (2000) The Irish In Britain: An Annotated bibliography on Health and Related Issue. The Federation of Irish Societies). This work is both reliable, verifiable and stretches back over time, consistently showing that the Irish experience of health and wellbeing in certain areas is significantly poorer than that of the host community.

Secondly we are living through a dynamic Government health policy environment that provides a commitment to targeting health inequalities, particularly in ethnic minority communities.

Professional researchers of standing have highlighted the health profile of the Irish community by looking at issues such as rate of cancers, suicides, life expectancy. This is a situation that finds similar resonance with the health status of various other ethnic minority communities and one with which they can readily identify.

It was clear from early on in the screening process that this study should attempt to develop the argument by examining the structures and systems which have a duty to address health inequalities rather than proving the inequalities exist. This work adopts the viewpoint that this case has been well made and to borrow an often used phrase “seeks to stand on the shoulders” of this excellent body of work.

In order to assess the impact of current health policy initiatives it was essential to develop a mechanism for profiling existing levels of health provision from both the Irish voluntary sector (management and frontline) and Primary Care Trusts (Chief Executive level), this evidence would then be assessed within a health policy environment. As I have repeated at many different forums this work is not about identifying a specific pattern of illness related to the Irish community. Rather, the aim is to assist those charged with a duty to improve health, by shedding light on to the likely impacts of their current policies/practices upon the local Irish community.

WHAT IS SCOPING?

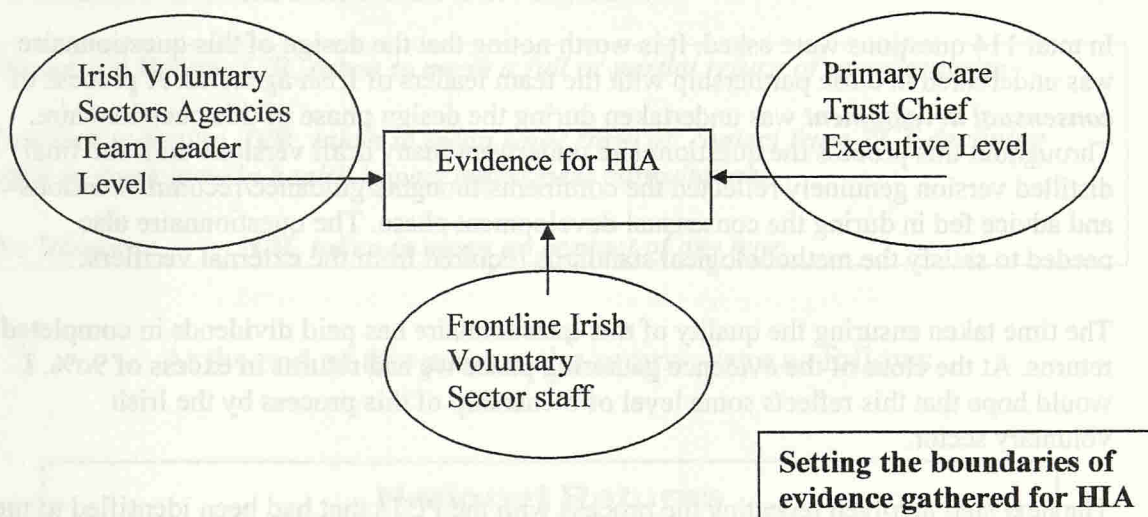
This next step of the HIA process is very much around establishing the firm foundations for appraisal such as

- **Setting the boundaries**
- **Agreeing structures**
- **Analyzing of policy environment**
- **Identifying the potential health impacts**

Setting the boundaries

In order to shed light on possible health implications for the Irish community of PCT and Irish voluntary sector agencies' policy/practice it was necessary to devise a mechanism for setting the boundaries for gathering evidence. This stage of the process involved a considerable amount of head scratching; the final boundaries reflected the most realistic approach to gathering this evidence. We settled on the following parameters, firstly all agencies affiliated to The Federation of Irish Societies would be given the opportunity to take part in this process, secondly all the Irish agencies would be given the opportunity to identify PCTs that are current or potential partners. In keeping with the inclusive nature of HIA and a desire to make the final recommendations as practical as possible the voice of the frontline should be gathered.

It was felt that setting the boundaries as described above would ensure the evidence gathered would go towards identifying the potential health impact of particular policies, projects, or working practices upon the health of Irish people. The focus was on practical examples as evidenced in activities such as joint funding/partnerships/routes of referral, the bread and butter work as opposed to aspirational.



Agreeing structures

Best practice in HIA methodology would suggest that where possible stakeholders should be sought out, in an effort to meet this requirement two critical decisions were taken firstly at the evidence gathering level every possible effort should be taken to involve the stakeholders that is Irish agencies (not just managerial but frontline also) and the Primary Care Trust Chief Executives.

Secondly it was decided at this stage that in order to maximize the findings of this report external verifiers should be sought out. Several potential external verifiers from reputable agencies were scoped. Finally we settled on the London Health Observatory and Barts and The London Dept of Human Science and Medical Ethics. These agencies were approached and after a process of negotiation they agreed to act as verifiers to this process. This involved among many other things ensuring the methodological soundness of all HIA tools used to gather evidence. This assistance was given free and represented an addition to the external verifiers' normal workload.

With the assistance of Irish voluntary sector groups and external verifiers a questionnaire was devised that sought to profile the current levels of service provision by Irish agencies. This was a wide ranging questionnaire covering the following topics

- Growth & Development
- Monitoring & Research
- Funding Arrangements
- Partnership Arrangements
- Routes of Referral
- General Comments

In total 114 questions were asked. It is worth noting that the design of this questionnaire was undertaken in close partnership with the team leaders of Irish agencies. A process of *consensual development* was undertaken during the design phase of this questionnaire. Throughout this process the questionnaire underwent many draft versions until the final distilled version genuinely reflected the comments/thoughts/guidance/recommendations and advice fed in during the consensual development phase. The questionnaire also needed to satisfy the methodological standards required from the external verifiers.

The time taken ensuring the quality of this questionnaire has paid dividends in completed returns. At the close of the evidence gathering phase we had returns in excess of 90%. I would hope that this reflects some level of ownership of this process by the Irish voluntary sector.

The next step involved repeating the process with the PCTs that had been identified to me by team leaders; in total this generated 68 Primary Care Trusts covering The North, The Midlands & East and London.

A substantial effort was put into compiling an accurate data base of all the Primary Care Trusts. This included checking addresses, telephone, fax and Chief Executive e-mail details.

In partnership with our external verifiers we agreed a series of triggers aimed at yielding the maximum returns using a variety of methods. (see below)

When the systems had been put in place to enable us to identify and contact the Primary Care Trusts, the following process was undertaken in the case of all 68 Primary Care Trusts identified

- **Trigger 1**
 - Letter sent to PCT Chief Executive explaining the project and naming the Irish group(s) that identified the PCT as a current or potential partner. (This letter included Irish groups contact details and a named member of staff willing to act as a local point of contact).
 - **Trigger 2**
 - Review of returns and first reminder e-mail sent to those Primary Care Trusts who had not returned.
- **Trigger 3**
 - Review of returns and second reminder e-mail sent to those Primary Care Trusts who had not returned.

• **Trigger 4**

- Attempted direct telephone contact with Primary Care Trust Chief Executives in a final effort to ensure that all possible opportunities had been given to Primary Care Trusts to become involved in this process.

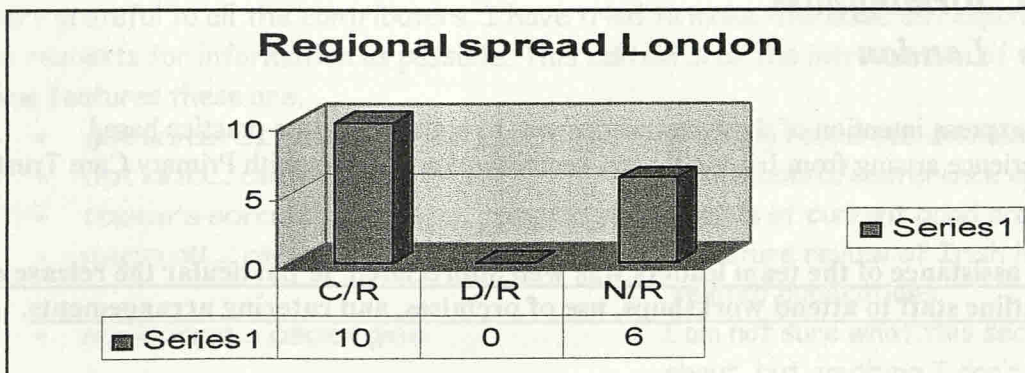
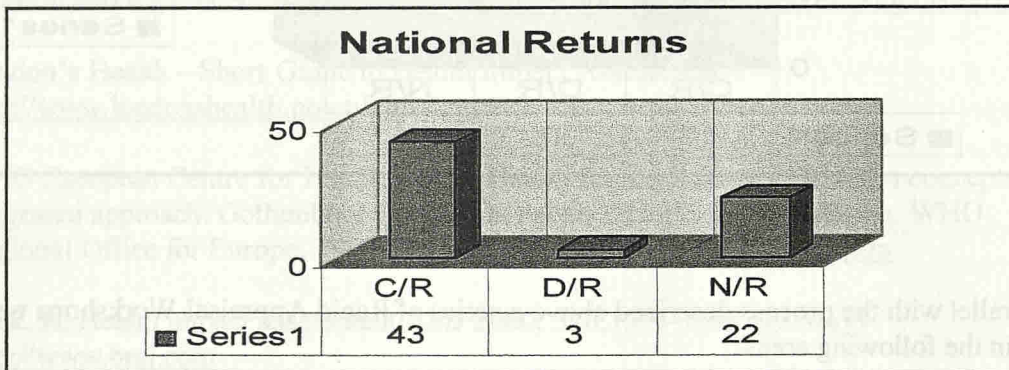
Total returns have been sorted in the following manner.

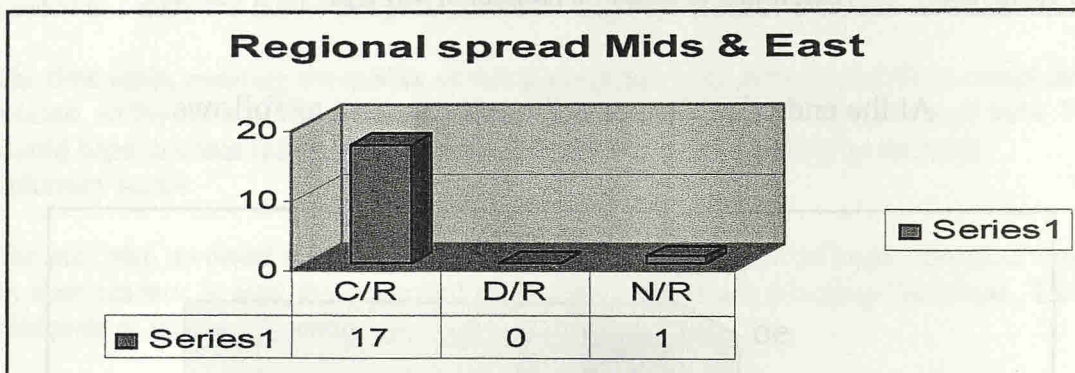
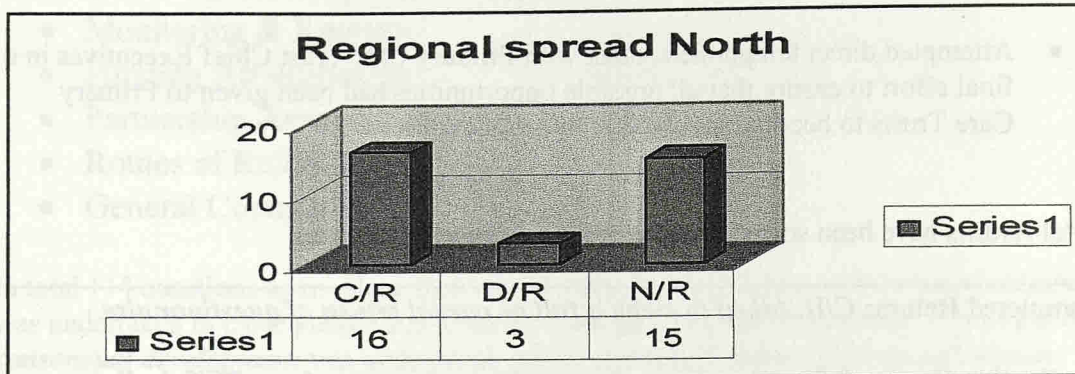
Completed Returns C/R, taken to mean a full or partial return of questionnaire

Declined to Return D/R, taken to mean some form of contact from PCT declining offer to participate in health impact assessment consultation.

No Response N/R, taken to mean no contact of any type.

At the end of this process the returns were as follows.





In parallel with the process described above a series of Rapid Appraisal Workshops were held in the following areas

- *Leeds*
- *Liverpool*
- *Birmingham*
- *London*

The express intention of these workshops was to collect frontline practice based experience arising from Irish voluntary sector workers contact with Primary Care Trust staff.

The assistance of the team leaders was well appreciated, in particular the release of frontline staff to attend workshops, use of premises, and catering arrangements.

out and about
jee
CONFERENCE CALL/NOTICE
BOARD

The winter edition of *about jee* provided detail on the structure and management of Primary Care Trusts and some discussion around the rationale for Irish agencies becoming more closely involved with these bodies. I have received feed back from agencies requesting further information particularly around possible methods of engagement with Primary Care Trusts, so here goes.

If you wish to explore possible links between your agency and Primary Care Trusts you could attend the following upcoming conference. "*BME communities and Primary Care Working Together*". I have attended a similar conference organized by the London Voluntary Sector Council in 2002 and found this to be an excellent arena to pick up the biz on the latest government health policy. It also went some way towards shaping the thinking behind the HIA, particularly in relation to the health policy environment. In addition it also provided good networking opportunities and an opportunity to raise issues around the health of the Irish community.

The examination of case studies provides a forum to "**think out loud**" around ideas you might have in the company of a range of statutory and voluntary colleagues.

While these events are primarily aimed at a London audience, this should not exclude groups with a national remit, I will provide a summary of the event as the policies and working practice under discussion are national. This might trigger a similar regional conference in your area.

The booking form for a place on "BME and primary care" gives an option to use display space if you wish to display information on the work of your agency. This conference will use workshops to explore several key issues including commissioning services, partnership working, targeting excluded communities, race equality and ethnic monitoring.

To attend this conference (which is free of charge) you will need to complete the booking form enclosed, if you need more I have half a dozen blank forms, which I can fill in if you ring me with the agencies details otherwise you should contact Ethney Anderson on 020 7700 8124 or E-mail ethney@lvsc.org.uk.

This event should attract the cream of BME health workers and those PCT staff who have an interest in this field

I would strongly recommend that if you or a member of your staff wish to attend you should apply as soon as possible, the tickets or likely to go like hotcakes.

get some of this about yee

Your Project and Its Outcomes:

Produced by the Community Fund & Charities Evaluation Services

Help is at hand for Irish organisations struggling with the concepts of outputs and outcomes. Many funders, including the Community Fund, are asking applicants to describe the difference their project is going to make to people's lives, as well as describing their project's activities. Increasingly, voluntary organisations themselves are also recognising that focusing on the outcomes they are seeking to achieve leads to better project planning and better project management.

But making this shift in thinking from outputs to outcomes is not always as simple as it sounds. Some people find the terminology confusing; others have difficulty describing the changes that will result from their project. That is why the Community Fund commissioned Charities Evaluation Services, one of the leading organisations in this field, to write a guide on the subject.

Copies of the guide, **Your Project and its Outcomes**, are available on the Community Fund's website:

<http://www.c-f.org.uk/funding-your-project/forms-and-guidance/outcomes/your-project-and-its-outcomes.html>

The guide has been awarded a Crystal Mark for plain English. We hope all voluntary organisations will find it a really useful resource.

Richard Gutch , Community Fund Director for England and UK

Training & support on outcomes from Charities Evaluation Services

Charities Evaluation Services offers a range of monitoring and evaluation training courses, including training on outcomes, from its central London venue which has disabled access.

CES can also tailor training to meet the particular concerns of your organization and provide this at a venue of your choice. Requests for tailored training come from voluntary organisations of all sizes, umbrella organisations and funders.

CES training courses in monitoring, evaluation and outcome management are designed to give participants:

- the key ideas in a straightforward way
- learning through exchanging experience with others
- practical exercises to consolidate their learning
- well-organized written material
- the option of follow-on support to help implement what was learned on the course.

For more information – either about CES' open training programme or courses tailored to your organization, email:

talitha@ces-vol.org.uk

Tel. 020 7713 5722 Fax. 020 7713 5692 Website: <http://www.ces-vol.org.uk>

I have spoken directly to Colin Nee the Director of CES he is looking forward to developing his agencies working relationships with the Irish voluntary sector.

ealing pct extends the hand of friendship to the irish

Hello to you all. My name is Yvonne Okiyo and I am the Macmillan Cancer Information Worker for the BME community in Ealing. My project is aimed at reaching BME groups in Ealing. It is aimed at improving cancer service provision and information needs for the BME community in Ealing who are or have been affected by cancer.

I work closely with Health Care Professionals, Social Services and local community groups. I arrange outreach sessions at various venues such as Day Centres, Churches and Organisations, Health Fairs and other health related events in order to raise awareness around cancer in the community. This would also help in increasing the uptake of screening services.

I also provide a sign posting service and support for people affected by cancer by matching their needs to culturally appropriate services and information.

One of the communities I work with is the Irish community, not only because they form a large part of Ealing's BME community, but, also because of the fact that they tend to be sidelined. I aim to raise awareness of cancer in this community in terms of prevention and health living through outreach sessions and sign-posting them to culturally appropriate services and information. I can be contacted on 020 8893 0302 and/or at Yvonne.okiyo@ealingpct.nhs.uk

I look forward to meeting and working with you all.

Yvonne Okiyo

This article was sent in by Yvonne Okiyo, information officer for Black and Ethnic Minority Community who live within Ealing PCT catchments area. When Yvonne develops her work with the Irish community I will ask her to profile this work for *ABOUT yee*. She would be greatly assisted if Irish groups (with knowledge of the Irish community in Ealing) would take up this very genuine offer to work on the very important issue of cancer within our community.

read all about yee

EMPIRIC -Ethnic Minority Psychiatric Illness Rates in the Community (2002), A Quantitative Report carried out on behalf of the Department of Health by the National Centre for Social Research and University College London.

This is the most comprehensive piece of research to date, of common mental disorders among ethnic minorities in the UK. It differs from other research in that respondents are interviewed in the community rather than in treatment settings and standardised tests for detecting mental disorders are administered. It is a sound piece of research with a large sample of 4,281 respondents.

The study set out to survey ethnic differences in Mental Health. Comparative results were compiled within and between five main ethnic groups: Black Caribbean, Indian, Pakistani, Bangladeshi and Irish. A tenet of the work is that ethnicity is thought about as a complex collection of psychosocial, socio-economic and cultural factors.

Overall, the report found that Irish have the highest rates of Common Mental Disorders. Irish men also have the highest rate of anxiety disorders. Irish and Black

Caribbean informants have the highest rates of depression and anxiety. In the younger age groups, the Irish and Indian respondents were least likely to report feeling calm and peaceful. Use of other health services was highest in Irish women and lowest amongst Bangladeshi men. Irish men were more likely than Irish women to report having social difficulties such as problems getting on with people.

The study recognises that cultural differences influence the way in which people experience and express mental illness. For those of us in the mental health field this would hopefully extend to thinking about how services are delivered to all clients. The report carefully states that, although it finds associations between ethnicity and mental illness this does not imply a causal relationship between the two. It leaves us to wonder why the Irish have such shockingly disproportionate results. Do high rates of mental distress have a cultural origin in

the Irish community, or are they due to a paucity of appropriate treatments, or a combination of both?

The authors quote research, which finds that one fifth of all GP consultations are for Common Mental Disorders and only one patient in twenty receives a referral to another agency. 95% of all patients with mental health problems are treated solely at primary care. Many informants reported dissatisfaction with the role of GP as gatekeeper to other services and with decisions that were based on judgments the patient did not agree with. A reluctance to challenge decision-making was commonly reported. There was also a popular belief that GP's have limited experience of dealing with mental health issues.

The Black Caribbean group had double the rates of psychosis when compared to the white groups. These rates are much lower than rates found in studies conducted within services. The researchers

suggest that this disparity might represent racism or misunderstanding of cultural experiences by psychiatrists, police etc. An Irish woman reported that her psychiatrist "*hadn't a clue, he was so middle class*", but that she felt understood by her social worker who she said was more like her - "*more working class*". The authors add that experiences of racism were central to many accounts. The Race Relations Amendment Act (2000) places a duty on public authorities to eliminate racial discrimination and promote equality of opportunity. The EMPIRIC report makes a significant contribution to indicating patterns of inequality in the mental health of ethnic minorities, particularly the Irish. In spite of the difficulties in establishing causality, the report illustrates that effective treatments must competently address the cultural and psychosocial factors that feature in both the illness and the route to recovery.

David Casby

David Casby is an art psychotherapist and development worker for **icap** – *Immigrant Counselling And Psychotherapy*. As **icap** development worker, David is working with Primary Care Trusts and Local Authorities to raise awareness of the mental health needs of the Irish and to advocate the provision of competent care. For further information contact: **icap**, 79½ Tollington Park, London N4 3AG. Tel: 020 7272 7906.

A wonderful prize awaits anyone who can name this well known Belfast street game. The picture shows children from the Divis Flats making their own entertainment, well they had to, particularly when the council chained up the swings on a Sunday. For those English readers it is worth pointing out that this is not a Maypole the children are swinging around but a lamppost. Send your answer to Dermot at FIS



◇ Children create their own play facilities

Joanne O'Brien

Back page about yee

I recall attending a meeting at the Falls family centre. After the formal biz had been concluded we all got to yarning and the following story was told to me by Sally a veteran community worker from the Divis flats.

One of the several plagues that befell the flats was of the pink pawed sharp teeth rat type. Some design fault, of which there were many, had resulted in a virtual rat

super highway. This gave the rats unfettered access to most parts of the flats. Despite impassioned pleading from the residents the Housing Executive (similar to Local Authority) refused to believe there was any problem with rats, they constantly denied the very existence of vermin in the flats.

The situation got so bad that the residents learned to recognize some of the rats. One rat was easily recognized due to an albino patch on its side and the fact that it was about the size of a cat. The rat earned the nickname of Big Ben.

In an effort to lift community spirit and attempt to get something done about the problem a man with some expertise in the habits of the rat was put on the case of Big Ben. Big Ben's habits and routine were recorded and traps set. Ben was captured (alive) and paraded in front of the jubilant locals. Big Ben did not disappoint his audience and showed a constant willingness to eat the hand of anyone who approached his cage.

Ben was then taken (apparently in a bugie cage) to the HQ of the Housing Executive. The staff who had taken such pains to point out that the flats had no rat problem were introduced to Big Ben when the cage was set on the counter and opened. I did not catch the end of the story but I can still hear the laughing ladies of the flats.

Fact

Above average proportions of the Irish-born population rent local authority housing (21% Republic-born, 17% Northern Irish-born: total population 16%). In London, the proportion is 29% compared with 22% of the white non-Irish born. Within the sector, the Irish disproportionately occupy less desirable accommodation.

Discrimination and the Irish community in Britain, Dr Mary Hickman and Dr Bronwen Walter, Commission for Racial Equality, 1997.

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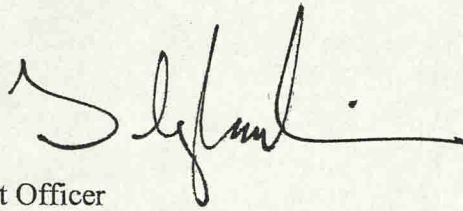
Dear Colleague

Date 21-May-2003

Your copy of *about yee*

I am very pleased to forward your copy of springtime *about yee*, at present I am trying to meet the circulation demand for this publication. Some agencies have requested several copies of the publication. If you require additional copies please contact me, my details are at the bottom of the page. I am only too happy to provide as many copies as your agency requires.

Regards



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