

March

2014

CAIRDE

30 Years of Challenging Health Inequalities



Annual Statistical Report

(Dublin North Central)

2014

Cairde Activities in 2014

Cairde is a non-government organisation working to reduce health inequalities among ethnic minorities and is committed to supporting the participation of minority communities in enhancing their health.

Cairde works through the rights based approach believing that the absence of equality and respect for human rights is correlated to the existence of health inequalities. Cairde, by adopting a community development approach, supports new and existing community-based groups in taking an active role in the analysis and redress of the issues effecting them as well as providing individual advocacy and information to ethnic minorities.

Cairde operates the Health Information and Advocacy Centre in Dublin North Central¹ which provides individual health advocacy and relevant, culturally appropriate health information to ethnic minority individual and groups.

Vision, Mission and Objectives

Vision

An Ireland where minority ethnic communities and individuals enjoy a quality of life determined on the basis of equal opportunity and full realisation of their rights.

¹ Cairde's Health Information and Advocacy Centre in Dublin is a drop-in facility which is open 10am to 5pm Monday, Tuesday, Thursday, Friday and 2pm to 5pm on Wednesday.

Mission

Cairde is a community development organisation working to tackle health inequalities among ethnic minority communities by improving ethnic minority access to health services, and ethnic minority participation in health planning and delivery.

Objectives

1. IMPROVING ACCESS

To improve ethnic minority take up and experience of health services through:

- 1.1 Provision of high quality, relevant and culturally appropriate health information;
- 1.2 Individual support and advocacy;
- 1.3 Community based health promotion;

2. BUILDING PARTICIPATION

To build and support ethnic minority participation in the planning and delivery of health services:

- 2.1 To build participation of ethnic minority communities in the planning, delivery and monitoring of local health service provision;
- 2.2 To promote statutory/ethnic minority interaction and engagement on health service planning and delivery;
- 2.3 To initiate partnership models which build broader community/statutory support for ethnic minority participation;

3. POLICY & RESEARCH

To influence the development of primary care through relevant research, data, policy submissions and participation on key structures:

- 3.1 To highlight ethnic minority experiences and outcomes from their use of primary care services;

- 3.2 To highlight barriers to primary care and model approaches to address these barriers;
- 3.3 To participate in the planning; implementation and monitoring of Government health strategies which impact on the delivery of primary health care to ethnic minority communities;

2014 Summary

2627

In 2014 Cairde's Health Information and Advocacy Centre provided individual advocacy service to 2627 people, out of which 722 people were new clients;

4231

Staff of Cairde's Health Information and Advocacy Centre dealt with 4231 health and health related issues presented by 2627 clients availing of health information and advocacy service in 2014;

3489

In 2014 Cairde's Health Information and Advocacy Centre was visited by 3489 services users who accessed other service provided by Cairde such as information materials, medical and social welfare application forms, access to PC and Internet, self-support etc. ;

384

Approximately 384 people from minority ethnic communities accessed health information through tailored health information sessions a facilitated by Cairde's Health Advocacy Officers;

79%

Overall Cairde's Health Information and Advocacy Centre resolved or partially resolved 79% of clients' issues demonstrating the effectiveness of health advocacy in addressing health and social care issues;

Core Activities and Programs

1. INDIVIDUAL ADVOCACY

The Health Information and Advocacy Centre provides frontline support service, guided by the advocacy principles, to individuals from the disadvantaged ethnic minority communities. The range of interventions, depending on the issue presented, can include helping a client to access welfare entitlements or a medical card, support in filling forms or claims, negotiating with the relevant service providers over the phone on client's behalf, support in writing a complaint or accessing medical records.

The statistical data from the Health Information and Advocacy Centre in Cairde Dublin North Central area on services provided in 2014 is summarised in the table below.

Year	No of New Clients
2008	301
2009	513
2010	823
2011	490
2012	820
2013	850
2014	722
Year	No of Returning Clients
2008	503
2009	925
2010	1769
2011	1381
2012	2061
2013	2611
2014	1905

2. INFORMATION PROVISION AND OUTREACH

Cairde provides relevant and culturally appropriate information about rights and entitlements of ethnic minorities to health and other services. Information services can be accessed in one-to-one consultation; through phone/email; or in a group setting on an outreach basis. A broad range of stakeholders including service

providers, clients and their families and community organizations have been reached by Cairde in 2014.

Outreach is an essential part of Cairde's work. In complex advocacy cases Cairde's Health Advocacy Officers also accompany most vulnerable clients to different locations such as local social welfare office or a hospital.

3. GROUP SUPPORT AND DEVELOPMENT

Cairde supports and facilitates the Balbriggan Integration Forum. Established in 2012, it is a forum of representatives of local agencies, schools, voluntary groups and individuals working and living in Balbriggan who are also of various cultural and religious backgrounds including Irish, Polish, Nigerian, Congolese and more. BIF membership consists of 31 groups and residents of various nationalities.

Structurally, Balbriggan Integration Forum consists of a steering group and sub-committees that focus on specific areas aiming to address most pertinent issues and challenges that have been identified by the BIF as a whole. The Subgroups are as follows:

1. Training and Education
2. Balbriggan Community Radio
3. Social Integration
4. Health & Wellbeing
5. Communication and Information

Cairde Balbriggan Centre is providing space to 14 various community groups with the overall membership of 294 people. In its Balbriggan centre, Cairde facilitates and coordinates Women's support and Development Group, Family Mirror group, English Literacy classes for Roma women and English conversation classes.

4. MENTAL HEALTH

'Be Aware. Be Well' is the name of Cairde's mental health project that has been initiated at the beginning of 2014. Cairde's on-going work in the area of health indicated that many issues leading to the exclusion of people living with mental health issues require leadership to emerge from within their communities, in order for these issues to be addressed. This learning resulted in Cairde engaging a broad community based approach targeting wider ethnic minority community members to participate in discussions on mental health. Cairde aims to explore further the barriers and pathways of access to mental health services among minority ethnic groups in its Mental Health Initiative in 2015.

The overall aim of the initiative is to increase participation of ethnic minorities in mental health, including mental health services; community based mental health promotion and mental health policy. The main element of this initiative is a consultation process with ethnic minority communities on mental health; followed by wider mental health event. The finding of the consultation process will be presented at the seminar in 2015. The core group of community leaders who have participated in the consultation process will present the findings to wider community members, including other stakeholders.

It is anticipated that one of the key outcomes of this initiative will be establishment of Ethnic Minority Mental Health working group/forum which is comprised of the members of ethnic minority communities.

5. NETWORKING, POLICY & RESEARCH

Cairde networks effectively with relevant statutory and non-statutory organizations to highlight ethnic minorities' experiences and outcomes from use of health services at a policy level. Cairde is engaged in building partnerships with health service providers at a local and national level such as hospitals, primary care teams and specialised services on health issues relevant to ethnic minority communities.

Cairde represented at the following organisations and groups:

- WHO designation as Patients for Patient Safety Ireland (PFPSI)
- National Emergency Medicine Audit, National Office of Clinical Audit
- Ethnic Minority Advisory Group, Mental Health Reform
- Migrant Health Screening Sub Committee, Health Protection Surveillance Centre, HSE
- Ethnic Equality Monitoring Advisory Group, HSE
- North Dublin Mental Health Forum
- Service User Advisory Committee, Temple Street Hospital
- Hospice Friendly Hospitals Programme (HFHP) Steering Committee, Mater Hospital
- Gender Mainstreaming Advisory Group Gender Mainstreaming Advisory Group, NWC and HSE
- Advisory Group, Access Project, SPIRASI
- National Women's Council of Ireland
- Community Platform
- Irish Network Against Racism (ENAR Ireland)
- Young People At Risk (YPAR) Dublin North Inner City
- Women's Human Rights Alliance
- Refugee and Immigration Practitioners Network
- Editorial Board of Community Work Journal

Advocacy and Information Service: Demand and Statistics 2014

Cairde provides frontline support service, guided by the advocacy principles, to individuals from the disadvantaged ethnic minority communities. Cairde uses advocacy as a tool to assist people from ethnic minority communities to access services, to claim their entitlements, to build their capacity and to have their voices heard.

The statistical data from the Health Information and Advocacy Centre in Cairde Dublin North Central area on services provided in 2014 is summarized in the table below. The data reflects the combination of client advocacy case files and associated activities. 'Advocacy Cases' category refers to files opened for individual persons with complex issues who accessed Cairde's health advocacy service. 'Issues/Requests' categorizes various problems presented by service users in course of advocacy work where intervention by Cairde was required. The advocacy cases case file can generate a number of issues, requests, and contacts.

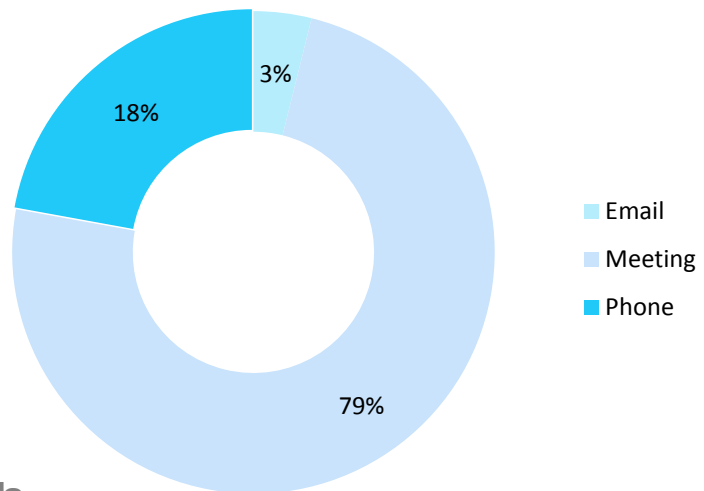
A total of 7720 contacts were made with ethnic minority individuals in our Health Information and Advocacy Centre. 4231 contacts were made by clients availing of the advocacy and information service; and 3489 contacts were made by Cairde's service users visiting the centre for other services provided (access to PC/Internet, information materials, self-support etc.).

Health Information and Advocacy Service 2014	No
Advocacy and Information Requests	4231
Other Services in HIAC	3489
Total Contacts	7720

There were 722 new advocacy clients availing of Cairde’s advocacy service in 2014. 1905 people that Cairde’s Health Advocacy Officers worked in the past had returned for follow up work on their cases or presented with the new issues, generating 4231 issues/requests in 2014.

Individual Advocacy 2014	No
Advocacy Cases (new clients)	722
Advocacy Cases (existing clients)	1905
Total	2627

Majority (79%) of people, who have accessed advocacy and information service in 2014, contacted Cairde in person; 18% by telephone and 3% by email.



Service User Profile

The profile of clients who have accessed Cairde’s Health Information and Advocacy Centre in Dublin North Central in 2014 is summarised in tables below.

Gender	No	%
Female	1462	55%
Male	1165	45%
Total	2627	100%

Majority of our service users (35%) were in 36-45 years of age category. 48% of Cairde's clients were married.

Age	No	%
18-25	267	10%
26-35	669	26%
36-45	902	35%
46-55	410	15%
56 and over	174	6%
Not specified	205	8%
Total	2627	100%

Family Status	No	%
Divorced	52	2%
Married	1261	48%
Partnership	103	4%
Separated	105	4%
Single	683	26%
Unknown	4	0%
Widow[er]	52	2%
Not specified	367	14%
Total	2627	100%

Most of our advocacy clients were originally from European Union (35%), followed by Asian (34%) and African (21%) countries. The top six countries of origin are China, Poland, Romania, Nigeria, Latvia and Lithuania.

Area of Origin	No	%
Africa	560	21%
Europe EU	916	35%
Other	34	2%
Asia	907	34%
Europe (non EU)	210	8%
Total	2627	100%

77% of Cairde's service users reside in North Dublin (59% in Dublin North Central and 18% in Dublin North).

Residence in Ireland (by LHO) 2014	No	%
Dublin North Central	1521	59%
Other Dublin North	482	18%
Dublin South Central	108	4%
Other Dublin South	50	2%
Co Dublin	169	7%
Not specified	56	2%
Other Counties	241	8%
Total	2627	100%

Individual Advocacy Interventions

Cairde's Health Advocacy Officer, based on client's needs assessment, advises and supports the client to make a decision or claim an entitlement and also will, if appropriate, go on to negotiate or advocate on client's behalf. The range of interventions, depending on the issue presented, can include helping a client to access welfare entitlements or a medical card, support in filling forms or claims, negotiating with the relevant service providers over the phone on client's behalf, support in writing a complaint or accessing medical records.

Categories are approximate since most cases are complex and presenting issues can be classified in more than one way, depending upon the area of focus. Consistent with previous years, there was a wide range of issues/requests.

Most issues/requests reflected an on-going emphasis on multi-faceted nature of support required: queries and related client needs were becoming more complex because of the impact of the recession on individuals and families.

The main issues/requests presented in course of advocacy work (Cairde's Health Information and Advocacy Centre in Dublin North Central for 2014) are summarised below:

Advocacy Cases: Total Issues/Requests by Type 2014	No	%
Social Welfare, including Health Related Benefits	1362	32%
Health Services, including Medical Cards	1257	30%
Immigration	703	17%
Accommodation	290	6%
Other	169	4%
Education	195	5%
Employment	215	5%
Family, including Guardianship, Birth Registration	40	1%
Total	4231	100%

The significant portion of Cairde's individual advocacy work is spent informally advocating or negotiating with the service providers on client's behalf. If informal advocacy is not successful, a formal advocacy approach is taken (usually through the means of appeals or support in lodging a complaint to the service provider, quasi-judicial bodies such as HSE Appeals Office, Social Welfare Appeals Office or the Ombudsman). Formal advocacy approaches accounted for approximately 8 to 10% of all advocacy work.

Majority (79%) of the advocacy cases that Cairde dealt with in 2014 were resolved or partially resolved following the interventions of Health Advocacy Officers. While each case is unique, a more routine issue such as an application for a medical card may take up to one hour of case time. Addressing more complex problems involving people presenting with serious health conditions may take a total of three to four hours of the case time. For example, the health advocacy officer has to liaise with health service providers such as social workers or GP and other agencies because in some cases people presenting with such problems have limited or no entitlement to public health care in Ireland.

The most serious and time consuming cases are 'crisis' cases when a person has multiple issues (i.e. due to serious health condition person unable to work as a result of that his/hers work permit was not renewed and person became undocumented and destitute; this in turn affects the entitlement to free public

healthcare). This involves multiple interventions by the health advocacy officer and collaborative working with other agencies to resolve/ de-escalate the situation.

Total Issues/Requests by Outcome 2014	No	%
Resolved	2622	62%
Partially Resolved	725	17%
Unresolved	85	2%
In process	588	14%
Unknown	83	2%
Referred	126	3%
Total	4231	100%

ADVOCACY CASES: SOCIAL WELFARE ISSUES/REQUESTS

In the area of social welfare Cairde's Health Information and Advocacy Centre supports clients in accessing their rights and entitlements as well as in appealing social welfare and community welfare decisions, speeding up applications, filling out various application forms.

Main social welfare issues were pertaining to access to the various welfare benefits which are summarized below:

Social Welfare Issues/Requests by Type 2014	No	%
Social Welfare, including Health Related Benefits	822	61%
Extra Benefits	132	9%
Rent Allowance	226	16%
Supplementary Welfare Allowance	182	14%
Total	1362	100%

ADVOCACY CASES: HEALTH SERVICES ISSUES/REQUESTS

In the area specific to health services Cairde's Health Information and Advocacy Centre provides assistance to service users in their navigation through the Irish health care system by:

- Providing information and support in accessing primary and secondary healthcare;

- Assisting people with applications for medical and GP visit card; supporting people to appeal negative decisions;
- Helping women to access specific women's health services such as Cervical Check , fertility related services or women's health clinics;
- Supporting pregnant women to access maternity services;
- Providing support to people who access hospital services such as requesting of appointments, interpreters, advocating on behalf of clients who have no entitlement to free public hospital care, etc.
- Supporting victims of domestic violence;

The main issues/requests related to Health Services in 2014 are summarized below:

Health Services: Issues/Requests by Type 2014	No	%
Medical/GP Visit Card	477	36%
Women's Health & Maternity	106	9%
Hospital Services	254	21%
Child's Health	123	10%
Other Health	79	6%
Mental Health	38	3%
General Practitioner	77	7%
Men's Health	15	1%
Sexual and Reproductive Health/Family Planning	33	2%
Male Circumcision	55	5%
Total	1257	100%

Information Provision and Outreach



Cairde's Health Information and Advocacy Centre provides information about rights and entitlements of ethnic minorities to healthcare and other services mainly through the Drop-in centre in one-to-one consultation; the service can also be accessed through phone or email.

In 2014 Cairde's Health Information and Advocacy Centre was visited by 3489 services users who accessed other service provided by Cairde such as information materials, medical and social welfare application forms, access to PC and Internet, self-support etc.

In 2014 Cairde staff facilitated 20 information sessions to various groups on the range of health related topics such as access to medical cards and social welfare, women’s rights to various communities and groups. Approximately 384 people have accessed health and related information as a result of these sessions.



- A number of information sessions on access to health services in Ireland were delivered to EPIC employment programme participants;
- Information sessions for members of Nigerian community on testicular cancer, support services in Ireland for families in crisis, health related social welfare benefits;
- A number of information sessions were delivered to members of Chinese community living in Ireland
- Information session on health rights and entitlements for Romanian community
- A number of information resources in Chinese language were developed by Cairde and published in on Ireland Chinese News & Sun Emerald Chinese Newspapers, covering various health topics and guides to accessing health services.

Sexual Health Services in Ireland

Knowing Your Status Through STI Testing

What happens at a typical STI screening appointment?

At a typical appointment, the doctor will first ask about any risk of infection you may have had (including your sexual history) or any symptoms you may have had. Don't worry, the clinics are used to dealing with these issues, you won't have anything they haven't seen before. If you have symptoms, then you will have a physical examination in which the doctor will check the potential infected areas. You will also have a series of blood tests that are used to test for HIV, hepatitis B, hepatitis C, and syphilis. Swabs, which are large cotton buds rubbed over parts of the body, are used to examine material from an infected sore or discharge. Usually an extra sample is used to test for chlamydia. Testing usually takes thirty minutes but can take up to two hours depending on the waiting time.

What happens if I receive a positive result?

Depending on the clinic, you may receive a follow-up appointment. For all the five clinics listed, free counselling is available along with free short-term treatment. The clinics may also refer you to a hospital to see a specialist. If you attended a private clinic you might be asked to pay for the follow-up appointment. Please check with the clinic for more information.

How can I prevent myself from getting STIs?

You can prevent yourself from getting STIs in several different ways:

- Use protection: Using a condom reduces the spread of STIs.
- Stay with one partner: Staying with one partner who is uninfected reduces the spread of STIs.
- Get vaccinated: Vaccines are safe, effective, and recommended to prevent HPV (Human papilloma virus) and hepatitis B. STIs prevent HPV vaccines to give us the best secondary level.
- Wash thoroughly: Wash before and after sex, avoid sharing towels or other fluids.

When will I receive my results?

This differs between clinics. Some results might be available on the same day, such as a basic HIV blood test in the clinic while others, such as chlamydia, gonorrhoea, hepatitis A, B, and C can take anywhere from one to four weeks.

Disclaimer: This information is made to assist the awareness of health services available in the public domain, no guarantee can be given that all services are available in every area.

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An information leaflet on provision of sexual health services in Ireland was developed for members of ethnic minority communities. The leaflet provides culturally appropriate information in plain English and was developed with taking into account specific health needs of ethnic minority service users.

Cairde’s staff also organised the following health awareness days for ethnic minority service users:

- Diabetes Awareness Day
- Mental Health Awareness Day
- HIV Awareness Day
- Breast Cancer Awareness Day
- Testicular Cancer Awareness Day



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