

levelling up

Securing Health Improvement by Promoting Social Inclusion

A Cross Border Action Plan for the North West of Ireland



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Securing Health Improvement by Promoting Social Inclusion
A Cross Border Action Plan for the North West of Ireland

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Prepared by:

Helen McAvoy (Institute of Public Health in Ireland) and Karen Meehan (Derry Well Woman)

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For further copies of this report please contact:

Derry Well Woman

17 Queen Street
Derry BT48 7EQ
Northern Ireland
Tel: +44 28 71 360777
Fax: +44 28 71 370103
E-mail: julie@derrywellwoman.org

The Institute of Public Health in Ireland

Forestview
Purdy's Lane
Belfast
BT8 7ZX
Northern Ireland
Tel: + 44 28 90 648494
Fax: +44 28 90 646604

The Institute of Public Health in Ireland

5th Floor
Bishops Square
Redmonds Hill
Dublin 2
Ireland
Tel: +353 1 478 6300
Fax: +353 1 478 6319

Email: info@publichealth.ie and info@derrywellwoman.org

The full report is also available on the Institute's website www.publichealth.ie and Derry Well Woman's website www.derrywellwoman.org

VISION

Our Vision is of a society where all voices are heard, where the vulnerable and those on the margins are supported to be involved and in which plans developed for the people are shaped by the people.

Our Vision is of a region in which organisations and politicians actively demonstrate a commitment to equity – equity both within the North West and between the North West and the rest of Ireland North and South.

Our Vision is of a region in which there is Health for All.





CROSS BORDER WOMEN'S HEALTH NETWORK

The Cross Border Women's Health Network was established in 2005.

The Cross Border Women's Health Network has been developed and is led by Derry Well Woman. The Network is committed to collaborative action to improve health status and reduce health inequalities both within the North West of Ireland and other parts of Ireland.

NETWORK MEMBERS:

NORTHERN IRELAND STATUTORY ORGANISATIONS

Business in the Community, Derry City Council, Equality Commission for Northern Ireland, Fermanagh District Council, Limavady Borough Council, Northern Ireland Housing Executive, Omagh District Council, Social Security Agency, Strabane District Council, Western Education and Library Board, Western Health and Social Care Trust, Western Health and Social Services Board, Educational Guidance Service for Adults

CROSS BORDER PARTNERSHIP ORGANISATIONS

Cooperation and Working Together (CAWT), Centre for Cross Border Studies

NORTHERN IRELAND COMMUNITY AND VOLUNTARY ORGANISATIONS

Derry Well Woman, Fermanagh Women's Network, Foyle Women's Aid, Foyle Women's Information Network, Roe Valley Women's Network, Strabane / Lifford Women's Centre

REPUBLIC OF IRELAND STATUTORY ORGANISATIONS

Combat Poverty Agency, Office of Social Inclusion, Donegal County Council, Donegal Education Centre, Donegal Vocational Education Committee, Health Services Executive – North West Division, Leitrim County Council, Leitrim Vocational Education Committee, Sligo County Council, Sligo Education Centre, Sligo Vocational Education Committee

REPUBLIC OF IRELAND COMMUNITY AND VOLUNTARY ORGANISATIONS

Border Action, Community Connections Community Development Project, Co-operating for Cancer Care North West (CCCNW), County Leitrim Partnership, Donegal Women's Network, Inishowen Partnership, Inishowen Women's Information Network, Inishowen Women's Outreach, North Leitrim Women's Centre, Sligo Leader Partnership, Women's Health Council of Ireland



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FOREWORD

Derry Well Woman, on behalf of the Cross Border Women's Health Network, is delighted to present *Levelling Up* – Ireland's first Cross Border Plan for Social Inclusion.

Levelling Up aims to make a significant contribution to the movement to improve health status and reduce health inequalities in the North West of Ireland.

It reflects a series of commitments which, when delivered, will impact on women's health status. It will impact not only on the lives of women but, given our determining influence on the health status of our families and communities, it will impact on their lives also.

Levelling Up is a Plan shaped and developed by women to effect social change for all who live in the North West of Ireland. Supporting this local action has been the Cross Border Women's Health Network. The Network is a cross border partnership of thirty eight statutory, voluntary and community sector organisations based within the North West of Ireland working together to improve health status and reduce health inequalities.

We have been working together since 2005. *Levelling Up* is the most significant product of our work and represents our collective commitment to change, to inclusion and to social justice in the North West of Ireland.

Much has been written in recent decades about the links between social inclusion and health status. It is now widely recognised that those societies which enjoy best health status and fewest health inequalities are those in which there is greatest equality and inclusion.

Also reflected in health inequalities literature is reference to the particular health impact on women of our position in society. The particular poverty, abuse and difficulty in becoming involved in planning and decision-making which is the experience of many women all have a negative health impact.

The Cross Border Women's Health Network is focusing on a social inclusion agenda as a legitimate mechanism for impacting on health status. We recognise the existing body of literature and the inequalities and social exclusion which exist within the North West of Ireland and between the North West and other parts of Ireland.

Within the North West of Ireland inequalities exist with, among others, lone parents, women living in isolation, Travellers, women with disabilities, women living with domestic violence and older women. When compared with the rest of Ireland – both Northern Ireland and the Republic of Ireland – the North West is disadvantaged in terms of investment, infrastructure, and location of public sector jobs.

The North West is doubly disadvantaged as a consequence of its distance from the centres of power in Ireland (Belfast and Dublin) and also because it is a border region.



There are fairly recent research reports which describe the higher levels of poverty and disadvantage which exist in the border region of Ireland and how those levels (with their negative health consequences) worsen further North along the border. In addition, we also note the remoteness of County Donegal from the rest of Ireland, particularly North Donegal, and that this county shares over 140km of border with Northern Ireland compared to far less with counties Leitrim and Sligo. This stresses the stronger need for integrated cross border co-operation in the North West rather than merely parallel co-operation.

The current work of the Centre for Cross Border Studies on mobility issues shows that people with a foot in both jurisdictions can fall between the cracks and are not catered for by either administration. *Levelling Up* is not addressing a static population in the North-West, but one which moves and operates and accesses support across the border. For instance, from 2006 Census figures 31% of Donegal population are UK-born.*

Levelling Up describes real commitments given and actions which will be taken in respect of these inequalities. It describes how we will work together within sectors but on a cross border basis for the people of this region.

This Plan is not aspirational. It does not make recommendations. *Levelling Up* describes how thirty eight partners will work, cross sector, cross border for the benefit of those groups of women within the North West who are socially excluded and who are at the wrong end of the inequalities divide.

The commitments written into *Levelling Up* are in respect of those factors which determine health status: health and social care delivery, housing, environment and education. The organisations making the commitments have the capacity to deliver them and so we have every reason to feel confident that *Levelling Up* – and the commitment to collective action it reflects – is an instrument for change and for health improvement.

The work of the Cross Border Women's Health Network in general and the development of *Levelling Up* in particular builds on Derry Well Woman's cross border partnership working to date.

Derry Well Woman has been advocating for the delivery of health services for women in the North West of Ireland for twenty years. Since 2000 we have been involved in cross border work, convinced that the similarity of the health status and health priorities of women from across the North West (irrespective of the border) merits cross border working to effectively and efficiently meet those needs.

In 2003 we launched *Other Borders*** . *Other Borders* reflected the commitment of twenty eight cross border partners to both cross border and cross sector working.

* Personal communication: Patricia Clarke; Centre for Cross Border Studies.

** Derry Well Woman. *Other Borders – A Cross Border Health Strategy for Women from the North West*. Derry Well Woman, 2003



Significantly however, we now have cross border, cross party political backing endorsing the agenda reflected in *Levelling Up*.

Already our elected representatives have been involved, with Network members, in advocating for the development of both a cross border Radiotherapy Unit and Sexual Assault Resource Centre for the North West of Ireland.

In her article "Health Inequalities in Northern Ireland: Are We Failing?" Dr. Jane Wilde concludes by saying "*The driving force for action to level up health is social justice.....We need political will and commitment for change – cross party support for health equity.*" *

The support of local politicians to our movement for change augurs well, I think, for our chances of effecting real change.

Levelling Up is perhaps a movement in its infancy. The drive for change, for equality and for Health For All which it represents is a drive initiated by local women. It has been women from throughout the North West – from both sides of the border – who have together articulated our social inclusion agenda. They have communicated it convincingly to a Network which was committed to change. They together have secured the cross border, cross party support of our political leaders.

It would seem that there is enough weight behind *Levelling Up* not only to ensure its full implementation but also to begin the expansion of this model across the whole border region of Ireland.

Karen Meehan
Derry Well Woman

* Jane Wilde. Health Inequalities in Northern Ireland: Are We Failing? Pages 12 -13 in SCOPE Social Affairs Magazine; December 2007/January 2008 Edition: Health: getting down to the real issues. Published by the Northern Ireland Council for Voluntary Action.



ACKNOWLEDGEMENTS

Derry Well Woman would like to express their sincere gratitude to the European Unions Peace and Reconciliation Programme for providing the financial support necessary to make the development of this cross border collaboration on health and social inclusion a success.

Derry Well Woman and the Institute of Public Health in Ireland would like to thank all those who gave their time and support to the development of this action Plan. All of the women from community and voluntary sector organisations across the North West who came to meetings to share their experience of poverty and exclusion and shape the content of this Plan. Their names are listed in Appendix 1. In addition we thank those involved in the Cross Border Public Health Leadership Programme for Women, and Red Hat Consulting who delivered the Programme, as well as its fourteen participants listed in Appendix 2.

The Leadership Programme participants developed research projects on a social inclusion agenda and used their findings to advocate for the change reflected in the Plan.

The authors of the report would like to acknowledge the assistance and support of Julie Ward and Sally Ruddy in Derry Well Woman who organised the workshops and meetings held as part of the process of developing *Levelling Up*. In particular we thank Susan Gibson, Manager of Derry Well Woman, who was integrally involved in shaping the design of *Levelling Up* in terms of the process and the drafting of the Plan itself.

We thank all of those sixty-two organisations, our Network members and others, who participated in the process of developing *Levelling Up*, named in Appendix 3. In particular we thank their Chief Executives / Managers who allowed staff to contribute to the Workshops negotiating on an agenda developed by local women.

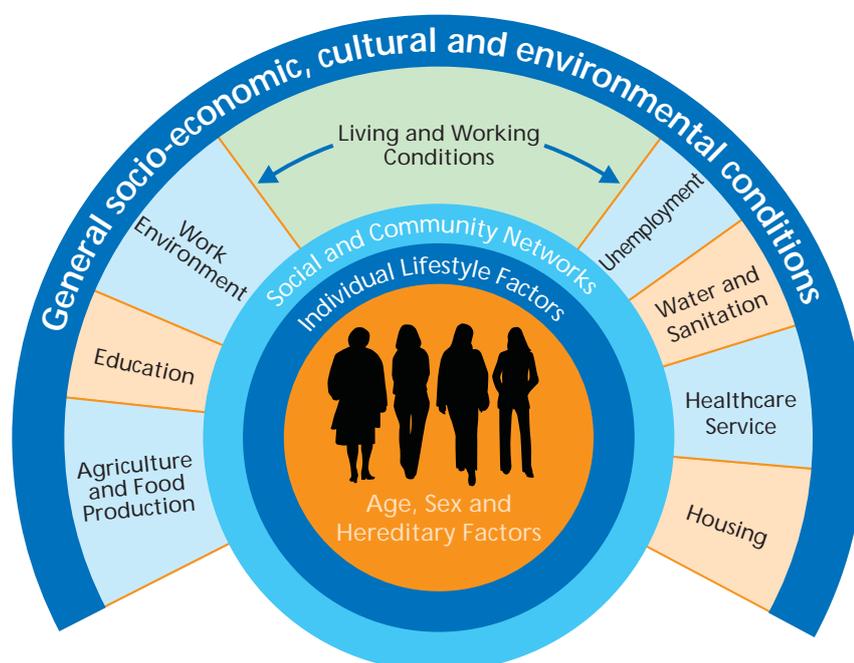
Finally, we thank our politicians. We have received cross border, cross party support for this Plan from our elected leaders. We value this endorsement.

1 INTRODUCTION

1.1 WHY DO WE NEED ACTION ON SOCIAL INCLUSION IN THE NORTH WEST?

Social inclusion and health are closely related. In order to access opportunities for health, people must also have access to adequate income and resources and live in environments supportive of health and well-being. This well-established model of the determinants of health shows how the health of an individual is influenced by a wide range of social, environmental and economic factors.

Figure 1 Dahlgren and Whitehead model of the determinants of health¹



Social exclusion refers to the situation where a person may be excluded and marginalised from participating in activities which are considered the norm for other people in society.² People can become socially excluded for a variety of reasons such as poverty, disability or discrimination. Social exclusion can also result when people are isolated from public services by reason of lack of transport, social support mechanisms or adverse living conditions.

In the health context, social inclusion is concerned with tackling the stark inequalities in health status between different social groups and improving the health and well-being of people who are disadvantaged. Many sectors have a role to play both in creating environments supportive of health, and in the development of public services that meet the needs of socially excluded people.

Social exclusion also results from people becoming excluded from having an input into local decision-making and planning processes which affect their lives. This form of disempowerment and exclusion is a real issue in promoting the social inclusion of women. It is widely recognised that women are more likely than men to live in poverty, to work in low-paid employment and to be under-represented in the higher management and decision-making roles within public and private organisations. At the same time as being distanced from decision-making and policy-making roles, disadvantaged women have the most to gain from socially inclusive policy measures.



The North West has a thriving community and voluntary sector which is particularly important in this regard. Women's groups in the North West have been working for many decades to both provide services and to further the involvement of women in planning in the region.

The North West area referred to in this action plan comprises the five Council/Local Government District areas of Limavady, Derry, Strabane, Fermanagh and Omagh as well as counties Leitrim, Sligo and Donegal. Compared to the rest of the island, the North West region has a number of features which make promoting social inclusion a priority issue.

Economic factors

- higher levels of poverty in border counties, including child poverty
- higher levels of low-paid employment

Demographic factors

- areas of rural isolation and depopulation
- pockets of urban deprivation, particularly in Derry city
- greater distances between people and public services
- a higher proportion of older people in some areas

Infrastructural factors

- less well-developed transport systems
- limited access to services at local level

Social factors

- impact of the conflict and fragmented communities
- head of household tends to have lower levels of education

An all-Ireland spatial analysis of deprivation conducted in 1999 concluded that the border region emerges in both jurisdictions as being more deprived than the rest of Ireland. This analysis highlighted the challenges faced by the border region in terms of economic dependency and poor housing³. The analysis also showed that border areas are more likely to be deprived because they are at a distance from the political, economic and geographical core.

This report, as well as a subsequent analysis of the social impact of the border, describes how the border acts to cut off people from their "natural" service centres and limit the capacity of businesses and services to serve their clients with consequences for the local economy⁴.

1.2 WHY DO WE NEED CROSS BORDER WORKING ON SOCIAL INCLUSION?

"Cooperation ..has been a long-standing feature of health and social services in Ireland...but cooperation has been largely informal and has rarely developed into shared policies or programmes"

Dr. Jane Wilde in 'Seizing the Moment: Proposals for a New Era in North-South Co-operation'⁵

Poverty and the effects of disadvantage on health and well-being do not respect national borders. The border counties of Ireland and Northern Ireland share a number of features which make social inclusion a priority. Both jurisdictions share similar challenges and opportunities in tackling social



exclusion and inequalities in health. There is no better time than now to capitalise on opportunities arising from a time of stability and a political will to work cross border to build better and fairer communities within the North West.

Cross border cooperation promoting social inclusion makes sense because:

- People living in the border region have become disadvantaged by higher levels of poverty with negative consequences for health in the region
- It provides an opportunity for mutual learning for people and agencies tackling difficult social and economic challenges
- It allows for comparison of differing policy approaches
- It generates a common sense of purpose and facilitates joint action
- It helps build a multi-agency and cross sectoral focus on a social inclusion agenda and therefore increases the possibility of effecting change
- It has the capacity to contribute to reconciliation between different communities and improve social cohesion
- It paves the way for a more economic and efficient use of resources by avoiding duplication in research, policy and services and 'parallel' development
- It creates person-centred rather than jurisdiction-centred public services for people, especially those experiencing disadvantage.

If ever there was evidence needed to demonstrate a similarity in women from both sides of the border the findings from the consultations on the "City Health Plan" and "A Plan for Women's Health" provides it. Rising above all the common areas of priority and concern for women was an appeal for those agencies whose work impacts on our lives to work together and plan strategically for their well-being.

Quote from *Other Borders* – A Cross Border Health Strategy for Women from the North West, Derry Well Woman 2003⁶

This sort of cooperation can only be built from better relationships between people and organisations working to promote social inclusion in the border region. The Negotiating Change Workshops held as part of the development of this action plan are pivotal to the development of such cooperation.

1.3 TRANSLATING SOCIAL INCLUSION POLICY INTO ACTION

In recent years, both the Republic of Ireland and Northern Ireland have produced strategies to tackle poverty and promote social inclusion over the coming decade. In the Republic of Ireland, the *National Action Plan for Social Inclusion 2007-2016* makes a clear commitment to strengthen interagency coordination at national and local level to provide better opportunities for disadvantaged people². Similarly, in Northern Ireland, the *Lifetime Opportunities Strategy* emphasises that partnership working at local level is vital in the translation of policy into practice⁷. This strategy links with the *Investing for Health strategy* which names tackling health inequalities in Northern Ireland as its central concern⁸. All these strategies prioritise areas of particular relevance to the North West including a commitment to tackling area-based deprivation, eliminating poverty from rural areas and an acknowledgement of the benefits of adopting community development approaches to tackle local social inclusion issues.



Significantly, the Republic of Ireland's *National Development Plan 2007-2013* sets out a range of commitments in terms of North/South working and for the first time includes concrete proposals for Irish Government investment in North/South projects⁹. This proposed investment package includes strategic projects relating to road and rail networks, upgrading of higher education capacity in the North West and the border region and maximising the potential for cross border cancer services. In addition, the plan sets out important work on North/South cooperation in the area of social inclusion.

Social inclusion is also now becoming the focus of a number of political and policy-relevant groups and organisations operating on an all-island or cross border basis. For example, the British-Irish Council is in the process of being strengthened and social inclusion is one of their key work areas. Also, a joint communiqué from the British-Irish Intergovernmental Conference (BIIGC) in 2006 contained a commitment that the two governments would work together to explore ways to maximise the potential of the North West Border Region. The Conference approved a new Cross Border North West Gateway Initiative to include: a non-statutory integrated spatial planning and development framework focusing on the Derry-Letterkenny 'gateway' and the local council areas of Derry, Strabane, Limavady and Donegal; an examination of the potential for joint analysis and actions by agencies in areas such as trade and investment promotion, tourism, skills/training, further and higher education, innovation and business development, and the better coordination of public services, notably in health, education and information. Furthermore the joint communiqué of the BIIGC in 2007 refers to the two Governments welcoming the joint report on North/South cooperation on social inclusion and agrees to work together in alleviating social exclusion, poverty and deprivation to help create a more inclusive society on the island of Ireland.

Similarly the North/South Ministerial Council agenda and British-Irish Interparliamentary Forum have indicated a renewed interest in social inclusion issues in recent times.

Levelling Up sits comfortably alongside these strategies and developments. It gives life to their core aims of reducing social exclusion and reducing health inequalities.

Facilitating local community representatives to set the agenda forms the core of the approach used in *Levelling Up*. Our approach lifts the social inclusion rhetoric from the pages of strategy documents and translates it into an agenda which will impact on the health and on the lives of those most excluded in our society.

1.4 THE CROSS BORDER WOMEN'S HEALTH NETWORK

The Cross Border Women's Health Network is a coordinated partnership of organisations working together to reduce the exclusion that fosters health inequalities (membership listed in Appendix 4). The Network is currently made up of representatives from forty three organisations from a wide range of statutory, community and voluntary sectors.

This action plan builds on the commitments and vision set out in *Other Borders – A Cross Border Health Strategy for Women in the North West*⁶. The production of *Other Borders* was led by Derry Well Woman in 2003. It sets out commitments made by key stakeholders in terms of:

- Furthering the involvement of women in planning and decision-making generally
- Improving the breadth and depth of childcare provision
- Advancing family-friendly working practices and the pursuit of work/life balance.



As part of *Other Borders*, particular attention was paid to securing actions to improve the situation of older women, women in poverty, lone parents, Travellers and other ethnic minorities. Derry Well Woman has built on its *Other Borders* agenda to convene and lead the Cross Border Women's Health Network. Derry Well Woman also led the development of *Levelling Up*.

2 SOCIAL INCLUSION PROFILE OF THE NORTH WEST REGION

To develop an action plan to promote better health through social inclusion, we need to have a shared understanding of the people of the North West region and the social, cultural and economic environment that they inhabit. This section provides a snapshot of data on social inclusion issues in the North West region. Section 2.1 provides information on some of the population groups who may be affected by social exclusion in the North West border region such as older people, ethnic minorities and Travellers as well as women who are new mothers or the main parent in a lone parent family.

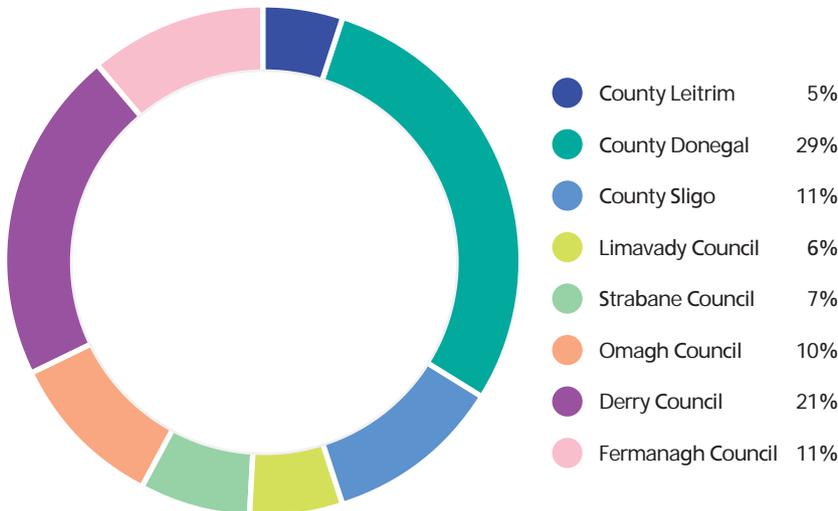
Sections 2.2 to 2.4 present information on the key determinants of health and health inequalities in the region starting with child and family poverty. Some educational outcomes for this region are presented in the context of social inclusion. Information on the built environment, transport infrastructure and other issues relevant to councils and local government including childcare provision in this region is also presented.

Section 2.5 presents some information relevant to the key health issues which were raised by the stakeholders during the Negotiating Change Workshops.

2.1 POPULATION PROFILE – THE NORTH WEST

The total population of this region is over half a million people (530,008). People living in the North West comprise 17% of Northern Ireland's population and 5.6% of the Republic of Ireland's population.

Figure 2 Percentage of the total population of the North West region who are resident in each county or council area



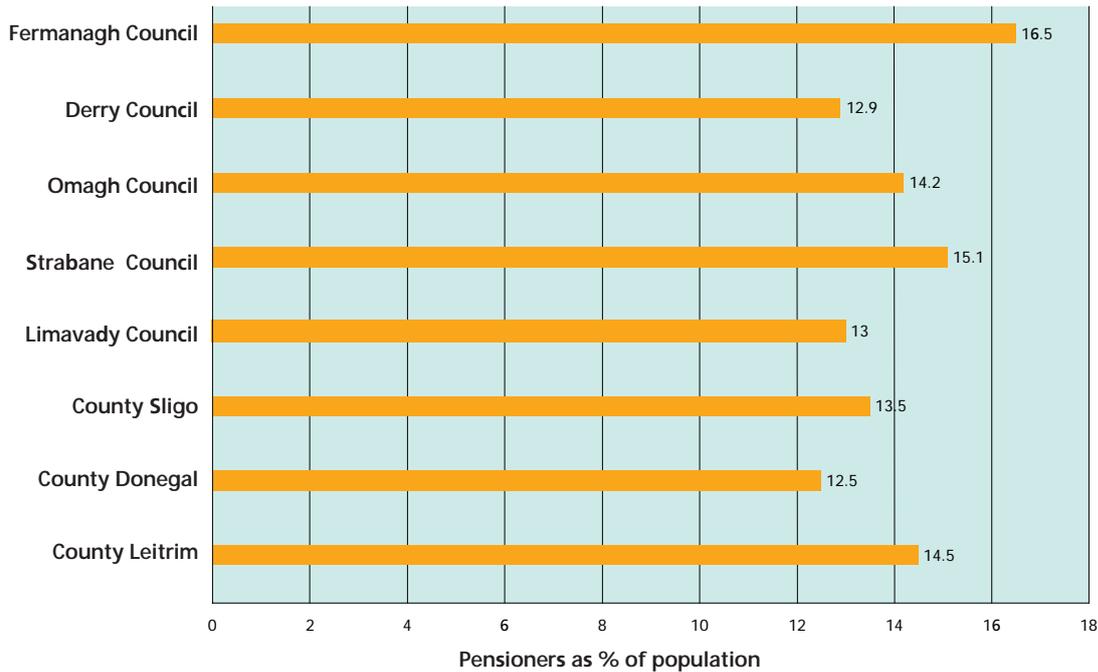
Sources:
Northern Ireland Statistics and Research Agency Mid-Year Estimates 2006 ¹⁰
Central Statistics Office – Census 2006 ¹¹



2.1.1. OLDER PEOPLE IN THE NORTH WEST

The North West region has a slightly older population than the rest of Ireland. Promoting the social inclusion of older people in this region relies on the development of appropriate housing, transport and age-friendly environments as well as supportive health and social services.

Figure 3 'Pensioners' as a percentage of each of the county/council population in the North West border region



Sources:

Northern Ireland Statistics and Research Agency Mid-Year Estimates 2006 ¹²

Central Statistics Office – Census 2006 ¹³

In Northern Ireland, the term 'pensioner' refers to women aged 60 and over and men aged 65 and over, whereas in Ireland the term 'pensioners' refers to all people aged 65 and over. This accounts for some of the differences seen between the two jurisdictions in Figure 3.

2.1.2. MOTHERS AND VULNERABLE FAMILIES IN THE NORTH WEST

Approximately 7,000 babies are born to women living in this region each year^{14,15}. There is some variation in birth rates within the North West region with the highest birth rates recorded in the local government district of Derry (14.3 per 1000 population) and the lowest birth rate in Fermanagh (11.9 per 1000 population). As well as having a high overall birth rate, Derry also records higher rates of teenage pregnancy, a common phenomenon in urban centres of deprivation (83.2 births per 1000 live births are to mothers under the age of 20)¹⁴. These higher rates of teenage pregnancy represent a challenge in promoting the social inclusion of young women and their children.

Tackling the social isolation experienced by some new mothers and their babies in situations of rural isolation and/or poverty is vital to the well-being of women in the region. In particular supporting younger mothers and their babies to access opportunities for health, education and employment is a vital element of promoting social inclusion.



Supporting lone parent families to access affordable options for education, employment and appropriate health and social services will combat social exclusion in the region. In this region, 28,264 children are growing up in lone parent households and in Derry, almost one in three children are growing up in lone parent households, compared to one in four in Northern Ireland as a whole^{16,17}.

2.1.3 ETHNIC MINORITIES IN THE NORTH WEST

Women from ethnic minority groups can become socially excluded for a variety of reasons including language and communication difficulties, cultural differences, discrimination and poverty.

Overall, the North West region is less culturally diverse than the Republic of Ireland and Northern Ireland. In counties Leitrim, Donegal and Sligo 8.8% of the population can be considered as ethnic minority compared to 12.6% for the Republic of Ireland as a whole.

Table 1 Population of counties Leitrim, Donegal and Sligo by ethnic group

| | White Irish | White Irish Traveller | Other White | Black or Black Irish | Asian or Asian Irish | Other | Not stated |
|------------|-------------|-----------------------|-------------|----------------------|----------------------|-------|------------|
| Numbers | 212,606 | 879 | 12903 | 905 | 1432 | 1799 | 2578 |
| Percentage | 91.2% | 0.38% | 5.5% | 0.39% | 0.61% | 0.77% | 1.1% |

Source: Census of the Population 2006¹⁸

Table 2 Population of local government districts – Omagh, Fermanagh, Strabane, Derry and Limavady – by ethnic group

| | White | Irish Traveller | Indian/ Pakistani/ Bangladeshi/ Other Asian | Black/Caribbean/ Black African Other Black | Chinese | Mixed | Not stated |
|------------|--------|-----------------|---|--|---------|-------|------------|
| Numbers | 279171 | 451 | 410 | 238 | 275 | 519 | 150 |
| Percentage | 99.30% | 0.16% | 0.14% | 0.08% | 0.09% | 0.18% | 0.05% |

Source: Northern Ireland Statistics and Research Agency¹⁹

2.2 POVERTY AND SOCIAL INCLUSION IN THE NORTH WEST

“County Fermanagh’s high dependence on manufacturing jobs is a worrying feature of the county’s economy given the decline in this sector in Fermanagh and Northern Ireland as a whole in recent years.”

Fermanagh District Council Local Economic Development Strategy 2008-2013²⁰

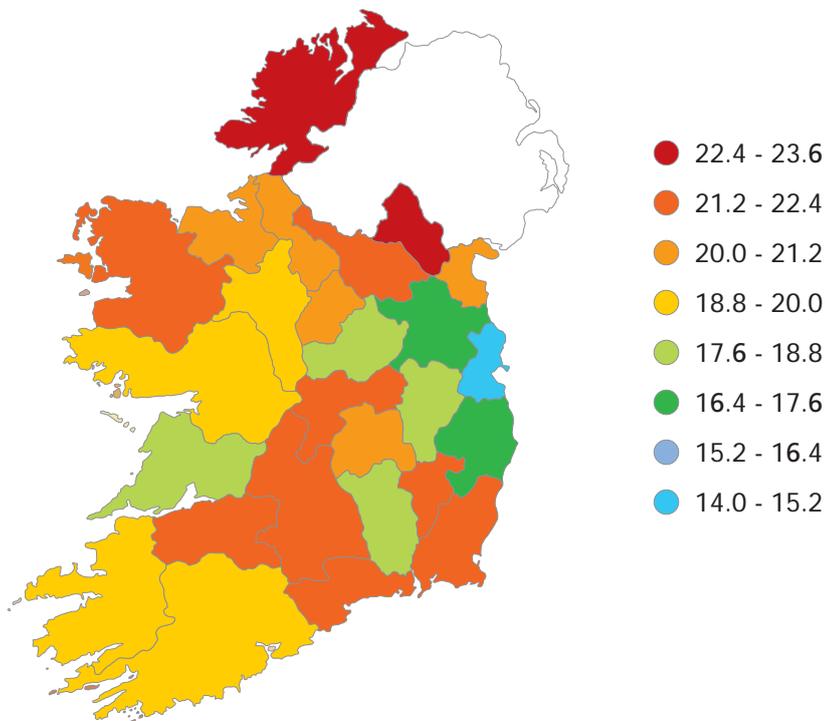
The North West border region experiences higher rates of poverty than the rest of Ireland³. This phenomenon can be partially attributed to slightly higher rates of underemployment coupled with a reliance on lower paid employment in the farming, fishing and manufacturing type sectors (who may constitute a high proportion of the ‘working poor’) in border counties.



People living in the North West local government districts (Limavady, Strabane, Omagh, Derry and Fermanagh) earn significantly less than the Northern Ireland average (median gross weekly earnings of £267.20 compared to £324.70) ²¹.

Using data from the Health Poverty Index developed by the Ireland and Northern Ireland Population Health Observatory, Figure 4 demonstrates this unique pattern of employment in the Republic of Ireland border counties. The counties which report the highest percentage of their labour force working in unskilled and semi-skilled employment are Counties Donegal and Monaghan (shaded in deep red). A similar but less pronounced pattern is observed in counties Sligo, Leitrim and Cavan.

Figure 4 Percentage of people working in unskilled or semi-skilled employment in the Republic of Ireland.



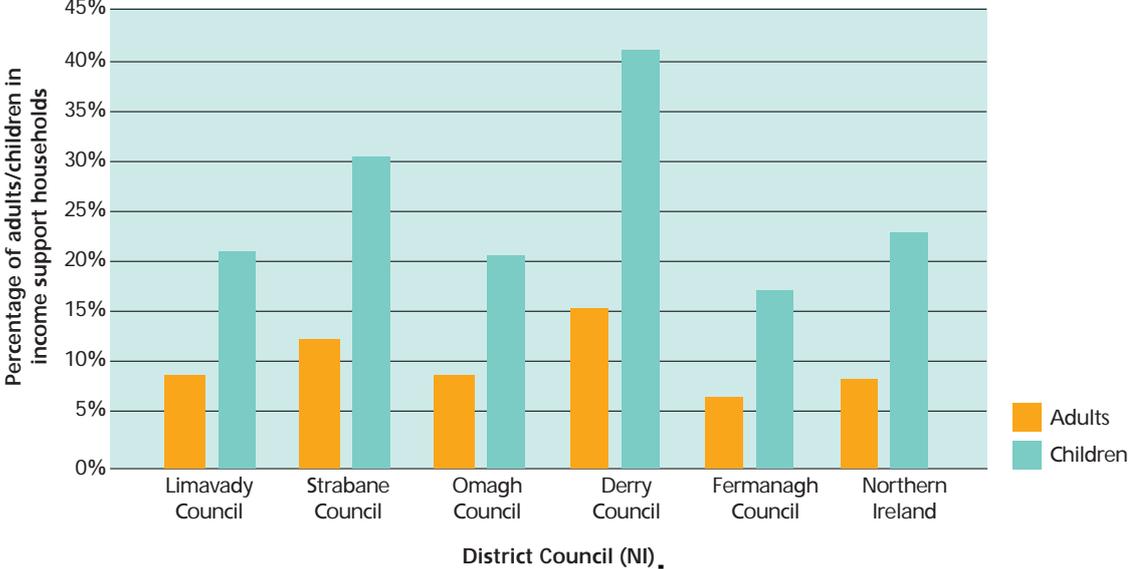
Source: From INIsPHO eData ²²

Poverty is the direct cause of much of the social exclusion in the region. Poverty limits opportunities for the development of women by forcing them to cope on a daily basis with managing on a low-budget and exposing them to the serious health consequences of food poverty, fuel poverty and trying to raise a family with limited means. At the same time poverty also excludes women from opportunities for self-development and from furthering their education and employment prospects.

In 2006, 81,679 people were recorded as living in income deprivation in the local government districts of the North West region²³. Recent figures indicate that 42,860 children live in income poverty in the border region of the Republic of Ireland, (counties Donegal, Sligo, Leitrim, Cavan, Monaghan and Louth)²⁴. This equates to the highest rate within Ireland at 37.4%, where the national average is 22%. Particularly high rates of child poverty are also recorded in Derry (38%) and Limavady (33%)²⁵.



Figure 5 Percentage of adults and children living in income support households by Local Government District in the North West region



Source: Social Welfare Statistics and Consultancy Branch, Department of Social Development (2004 data)²⁶

2.3 EDUCATION AND SOCIAL INCLUSION IN THE NORTH WEST

Education plays a central role in providing equal opportunities for individuals and communities. Levels of education exert a powerful influence on a person’s socio-economic status, their income and their opportunities for health and social inclusion.

Education is an important determinant of health in that it can assist women in particular to secure meaningful employment, adequate income and opportunities for self-improvement.

Research shows that when children leave formal education prematurely, resources to support them re-engage with education and training tend to be skewed more towards boys than girls. In general resources that go towards reducing exclusion and truancy among disaffected students are disproportionately targeted at boys²⁶.

“Although significant numbers of girls and women are living in poverty and are effectively excluded from full participation in society, their responses to their situation mean that they are not usually perceived as a threat to the stability of their communities. The social and education needs of girls and young women have therefore slipped down the policy agenda.”

Osler, A. & Vincent, K. Girls and exclusion – rethinking the agenda²⁶

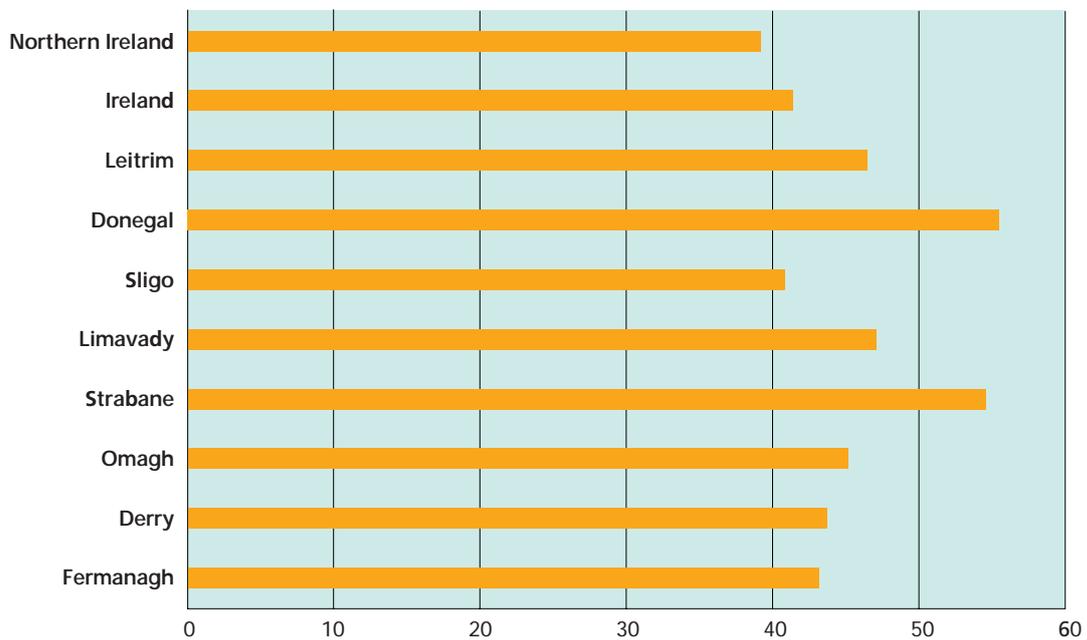
A commitment to developing better educational outcomes for children and adults in the North West will greatly assist socially excluded families to move out of poverty.

Education plays a particularly important role in tackling social exclusion in the North West where parents (and other head of households) report lower levels of education than the rest of the country. Breaking intergenerational cycles of educational underachievement will play an important



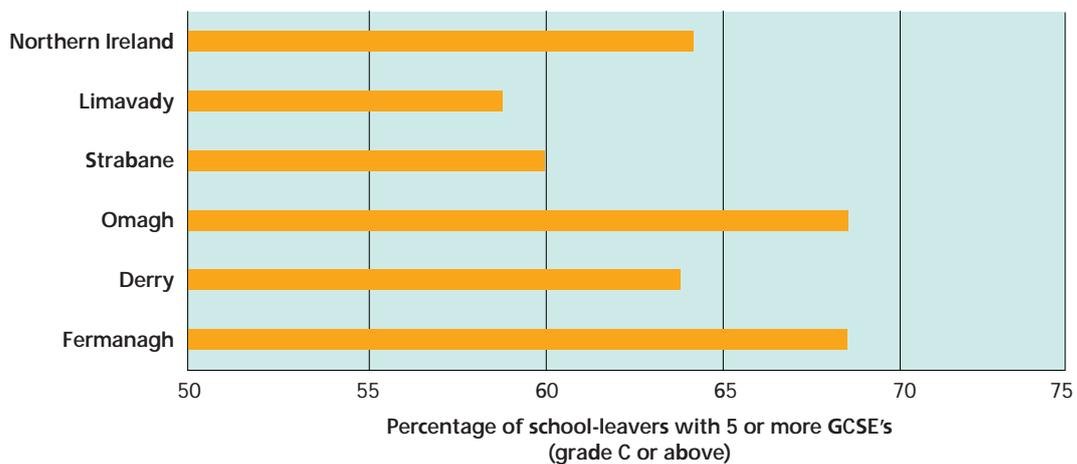
role in the development of this region. For example, as shown in Figure 6, in counties Leitrim and Donegal, a higher percentage of children live in households where the head of household has a level of educational achievement that is below Leaving Certificate level, when compared to the national average. Similarly, a higher percentage of children from the district council areas of the North West live in households where the head of household has no formal qualifications at GCSE or equivalent level.

Figure 6 Percentage of children living in households where the head of household has a level of educational achievement that is below Leaving Certificate level (Republic of Ireland) and children living in households where the head of household has no formal qualifications at GCSE or equivalent level (Northern Ireland)



Sources:
Northern Ireland Census 2001²⁸
Census of the Population 2002²⁹

Figure 7 Percentage of school-leavers with five or more GCSE's at Grade C and above in the local government districts of the North West and in Northern Ireland (2004-05)



Source: School Leavers Survey 2004-05³⁰



2.4 SOCIAL INCLUSION AND PRIORITY ISSUES FOR LOCAL GOVERNMENT - THE BUILT ENVIRONMENT, TRANSPORT AND CHILDCARE

“Effective planning for public health involves much more than planning curative services. It is about healthy human habitat and supportive social structures”

Health Impacts of the Built Environment³¹

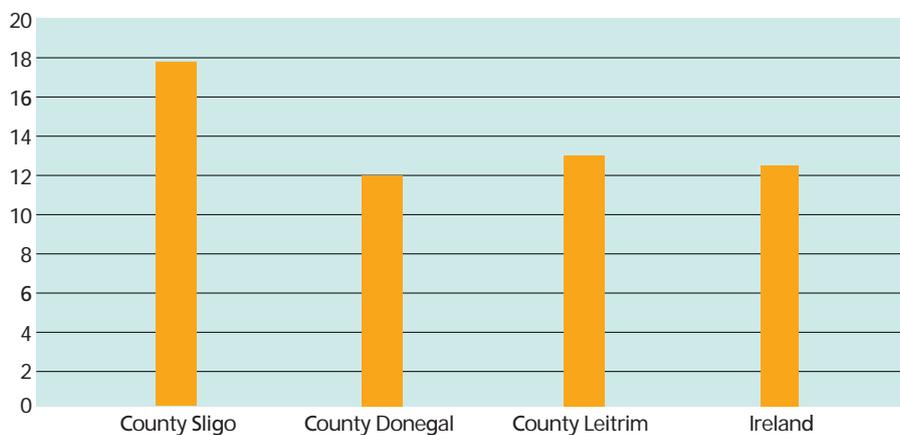
Decisions made by national and local government in respect of the built environment, transport and childcare play an important role in the physical, economic and social well-being of communities.

BUILT ENVIRONMENT

County councils, district councils and local authorities in the North West are working towards creating built environments that prioritise quality housing, adequate facilities for recreation, physical activity and play. Priority concerns from a social inclusion perspective include meeting the unique housing needs of people who may be socially excluded or on a low-income such as Travellers, the homeless, lone parent families and women seeking emergency accommodation while fleeing domestic violence.

Figures 8 and 9 present data on the current status of housing in the North West border region.

Figure 8 Percentage of dwellings in counties Sligo, Donegal and Leitrim where there are reported problems with dwelling condition



Source:

Irish National Survey of Housing Quality: 2002. The term 'problems' refers to dwellings where there are problems reported by the resident with dwelling conditions relating to leaks or dampness, heating, sanitary facilities, food preparation facilities, or ventilation³²



Figure 9 Percentage of houses in Council areas Limavady, Strabane, Omagh, Derry and Fermanagh that are unfit or defective.

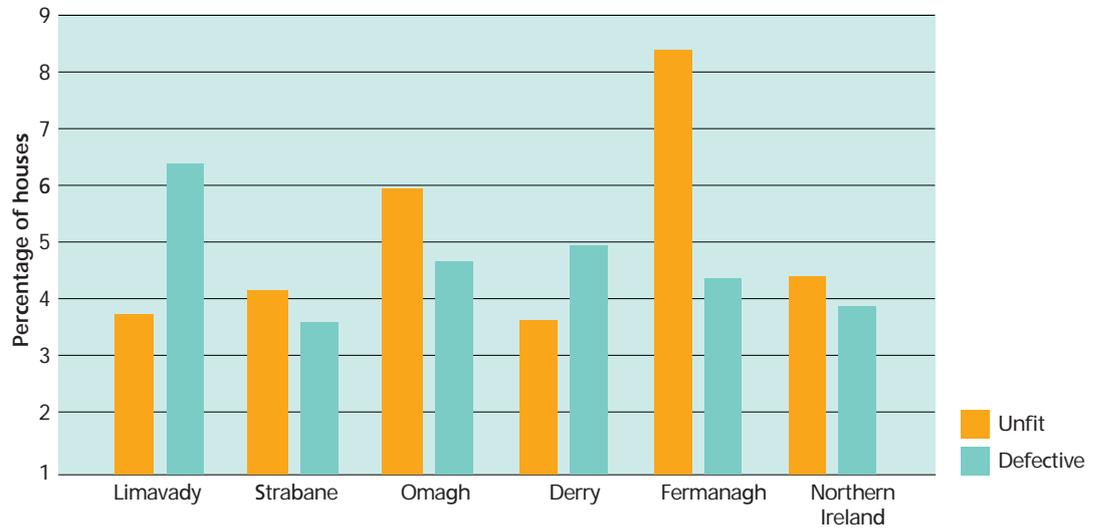


Table 3 Data table for Figure 9: Percentage of houses in council areas Limavady, Strabane, Omagh, Derry and Fermanagh that are unfit or defective.

| Council | Unfit | | Defective | | Acceptable | | Satisfactory | |
|------------------|-------|-----|-----------|-----|------------|------|--------------|------|
| | No. | % | No. | % | No. | % | No. | % |
| Limavady | 350 | 2.8 | 660 | 5.4 | 3300 | 27.1 | 7850 | 64.6 |
| Strabane | 480 | 3.2 | 390 | 2.6 | 3610 | 24.0 | 10540 | 70.2 |
| Omagh | 930 | 4.9 | 680 | 3.5 | 4500 | 23.5 | 13040 | 68.1 |
| Derry | 1080 | 2.6 | 1640 | 4.0 | 14480 | 35.0 | 24130 | 58.4 |
| Fermanagh | 1690 | 7.4 | 780 | 3.4 | 3800 | 16.6 | 16630 | 72.6 |
| Northern Ireland | 24160 | 3.4 | 20320 | 2.9 | 196070 | 27.8 | 464450 | 65.9 |

Source:

Northern Ireland Housing Conditions Survey: 2006.

The terms satisfactory, acceptable, defective and unfit are used in Housing Condition Surveys to indicate the condition of a property on a 'sliding scale'. The terms satisfactory, defective and acceptable are degrees of fitness. A dwelling is deemed 'defective' if, in the opinion of a surveyor, it has a defect that could lead to unfitness³³

TRANSPORT

Transport infrastructure in the North West is also a priority issue on the social inclusion agenda. Underdeveloped transport systems distance people from goods and services and inhibit the development and maintenance of social networks. These effects are most pronounced for people living in rural isolation and those who are unable to afford their own car. In addition, people face considerable transport costs when public transport is unavailable or inaccessible to them and in this way transport infrastructure can play an important role in the generation of health inequalities.³⁴

CHILDCARE

In 2006 Derry Well Woman published *Childcare on the Borderline* which emphasises low levels of childcare provision in rural areas of the North West compared to urban areas and levels of provision within the European community. An audit of childcare services in the North West shows that the absence of accessible, affordable, quality childcare poses a major barrier to women accessing education, training and employment.³⁵



Parents in this region identified the following issues as those most in need of improvement: opening hours (17%), quality of equipment (15.9%), buildings (14.7%) and cost (13.7%).

2.5 HEALTH AND SOCIAL EXCLUSION IN THE NORTH WEST

Social exclusion has serious effects on physical and mental health. This has been consistently demonstrated through research showing that there are much higher rates of premature death and illness among women living in situations of disadvantage, discrimination and social isolation.

In Northern Ireland, 20.4% of the population describes a limiting long-term illness, health problem or disability. In Derry, this figure rises to 21.4% and in Strabane the figure is 23.4%.³⁶

Cancer services were raised as a key health issue during the Negotiating Change Workshops organised as part of the process of developing *Levelling Up*. Concerns focused on equity of access to preventative and treatment services as well as end-of-life care. In particular, breast cancer was seen as a priority issue for women in the North West particularly in the Republic of Ireland where access to screening was perceived as poor. The absence of population-based breast cancer screening in counties Donegal, Sligo and Leitrim was raised as an urgent concern.

Breast cancer is the leading cause of cancer and cancer-related death in women on this island. Mortality rates in Northern Ireland, where nationally sponsored screening programmes are well-established, have fallen by more than 20% between 1994 and 2000. In the Republic of Ireland, breast cancer mortality rates are the same in 2000 as they were in 1994.³⁷

Table 4. Average number of new cases of breast cancer diagnosed per year in the North West by county/district council. Average number of deaths from breast cancer per year in the North West by county/district council

| County/ District Council | New cases diagnosed | Deaths |
|--------------------------|---------------------|--------|
| Fermanagh | 34 | 6 |
| Derry | 57 | 21 |
| Omagh | 24 | 6 |
| Strabane | 18 | 5 |
| Limavady | 15 | 6 |
| Sligo | 28 | 12 |
| Donegal | 56 | 22 |
| Leitrim | 14 | 5 |
| Republic of Ireland | 1789 | 634 |
| Northern Ireland | 926 | 289 |
| All-Ireland | 2715 | 923 |

Source: All-Ireland Cancer Statistics Second Report 1998-2000 ³⁷

According to this analysis, approximately 9% of all new cases of breast cancer on the island of Ireland were diagnosed to women resident in the North West region. Similarly, of all women dying of breast cancer, 9% of them were living in the North West region.



3 HOW WE DEVELOPED LEVELLING UP

The story of developing *Levelling Up* is a story of feminist action for health improvement.

Levelling Up was made possible by strong women:
acting **individually** and sharing their experience of living with exclusion
acting **collectively** – lobbying for and negotiating change

Levelling Up was shaped and developed by women for all who live with social exclusion in the North West of Ireland.

KEY STAGES

COMMITMENT TO PRINCIPLES

From the outset we were committed to reflecting Health For All principles in our work.

HEALTH FOR ALL

| | |
|---------------------------|--|
| Equity | Existing inequalities in health must be reduced so that the poorest and most vulnerable sections of the community enjoy similar levels of health as the better off |
| Empowerment | Given the necessary improvements in social and environmental conditions, individuals should be enabled through health promotion to realise their full physical and mental potential |
| Participation | Communities should be well informed and be supported to participate in decisions affecting their health and sense of well-being |
| Inter-agency Cooperation | All sectors – statutory, business, voluntary and community should work together to develop strategies that will bring about health improvements |
| Local Primary Health Care | Community needs will best be met through services provided as near as possible to where people live and work, readily accessible and acceptable to all, and based on community participation |
| International Cooperation | Countries need to cooperate to address health problems that transcend national boundaries |
| Healthy Public Policy | To ensure that environments are developed that bring long term health benefits |
| Sustainability | Ensuring that the quality of the environment and the health of the population are protected. |



ADDRESSING UNMET NEED

We were committed to addressing the high levels of poverty and social exclusion which exists on the border.

In addition we wanted to increase the levels of cross sector/cross border work.

CLEAR PURPOSE

Our purpose and focus was simple.....if ambitious

To improve health status and reduce health inequalities in the North West of Ireland by using a social inclusion agenda.

STRONG AND CREDIBLE FOUNDATION

Levelling Up was built on Derry Well Woman's history of women's health and cross border work:

20 years working on women's health

8 years cross border working

In addition Derry Well Woman has, without executive authority, led a number of cross border and other partnerships

Derry Well Woman has a history of evidence based/research led action.

USING THE RIGHT MODEL

To improve health status and reduce health inequalities we committed to impacting on a range of factors which determine health status. We recognised that the effective working of a determinants-focused approach was dependent on a public health rather than a medical model of health care – central to which would be the creation of an efficient cross-sectoral and cross border partnership. This ensured that those agencies with the power to impact on health determinants were sitting around the table.

To do this we:

- Established the Cross Border Women's Health Network whose membership had the capacity to impact on education, environment, housing, behaviour and lifestyle and health and social care services.

HAVE THE RIGHT PEOPLE INVOLVED

We wanted a Plan which a broad section of society would feel ownership of.

To ensure this we:

- Convened targeted groups of local people who live and work with social exclusion in North West region: lone parents, older women, women living in areas of disadvantage, Travellers, ethnic minorities etc.
- Recruited participants to Cross Border Public Health Leadership Programme for Women: participants committed to carrying out research on social inclusion agenda in North West region
- Developed forty three Cross Border Women's Health Network members whose Chief Executive's supported the work
- Engaged Politicians – cross border and cross party representatives from the North West of Ireland.



SHAPING THE AGENDA

We wanted, not necessarily the definitive social exclusion agenda (if there is such a thing), but a cross border agenda relevant to women from the North West of Ireland at this time.

To do this:

- Local people involved with Target groups and the Leadership Programme researched and set the agenda

Mental health
Cancer services
Education
Built environment, transport and childcare
Domestic violence
New mothers and their babies
Older women
Women and children with disabilities
Traveller women

EFFECTING CHANGE

“Advocacy coalitions are needed to promote the practical and mutually beneficial aspects of cross border participation”

Prof. Liam O’Dowd, School of Sociology, Social Policy and Social Work, Queen’s University, Belfast

We wanted to ensure that there was a shared ownership of the final plan of action and that the actions described were deliverable.

To do this we:

- Asked staff teams from Network member organisations to negotiate with Target group representatives and Leadership Programme participants on the agenda set by these local women
- Ran a series of Cross Border Negotiating Change Workshops during which specific cross border actions to give life to the agenda were drafted.

ENQUIRY SESSION

Thursday 6th September 2007 All Network members with local women





NEGOTIATING CHANGE WORKSHOPS – ALL SECTOR SPECIFIC BUT CROSS BORDER

| Date | Theme |
|--------------------------|--|
| Thursday 11 October 2007 | Health sector |
| Thursday 8 November 2007 | Education sector |
| Thursday 17 January 2008 | Second Education sector |
| Friday 25 January 2008 | Councils & Northern Ireland Housing Executive |
| Friday 25 January 2008 | Health sector focusing only on Cancer Services |

Network member representatives with local people developed do-able agenda for change.

SECURING FULL AGENCY BUY-IN AMONG ALL NETWORK MEMBERS

We needed to ensure that each of the six two organisations who sent staff teams to the Negotiating Change Workshops would commit to the actions drafted by their representatives.

To do this:

- Drafted templates of suggested actions from cross border Negotiating Change workshops were sent to all Chief Executives for sign-off
- Signed off actions are reflected in Sections 4 and 5 of *Levelling Up*

POLITICAL BUY-IN

At the Negotiating Change Workshops it emerged that there were five areas on which progress was needed but which were also dependent on our local Politicians backing.

To secure political buy-in:

- Network members and local people agreed the agenda for presentation to cross border, cross party political representatives.
- We ran a cross border Negotiating Change Forum on Thursday 6 March 2008 at which the case for political change was presented to Politicians.

Issues for Politicians

1. Cross Border Cancer Services

We asked for political support in ensuring the equitable provision of cancer services in the North West of Ireland by backing the call for a North West radiation unit.

2. Cross Border Infrastructure

We asked for political support to ensure greater investment in North West road and rail networks which will improve connections (and reduce isolation) within the North West and between the North West and other parts of Ireland.



3. Support Cross Border Social Inclusion Group

We asked for political support for developing a coordinated and coherent social inclusion focus among all border councils.

4. Domestic Violence

We asked for political support for the provision of a SARC (Sexual Assault Resource Centre) in the North West of Ireland.

We asked for political support for the funding for the provision of a one-stop-shop for victims of domestic violence in the North West.

5. Cross Border Education issues

We ask politicians to support coherent and coordinated cross border working on an educational inclusion agenda.

POLITICAL SUPPORT SECURED

Radiotherapy Unit

Minister for Health, Social Services and Public Safety announced plans to develop North West Radiotherapy Unit at Altnagelvin Hospital site by 2015.

Sexual Assault Resource Centre

Group convened by Helen Quigley with cross border, cross party membership. Also includes Foyle Women's Aid and Donegal Domestic Violence Services.

**Cross Border Social Inclusion Group
Cross Border Infrastructures
Cross Border Education**

The North West Region Cross Border Group (NWRCBG) will lead on delivery of key actions in terms of the development of a coordinated and coherent approach to support cross border working in the areas of social inclusion, education and infrastructure.

PROCESS IN NUMBERS

62 organisations
318 individuals
12 research projects



(Left to Right) Ann Campbell, Chair Derry Well Women, Susan Gibson, Manager, Derry Well Women, Mary McAleese, President of Ireland, Dr Martin McAleese, Sally McGee, retired Obstetrician, Altnagelvin Hospital, Northern Ireland. International Women's Health Conference. 29 – 28 May 2008



4 ACTIONS TO PROMOTE SOCIAL INCLUSION AND WELL-BEING FOR WOMEN IN THE NORTH WEST REGION

4.1 A DIFFERENT WAY OF WORKING

Cross border working is crucial to effectively promoting social inclusion in the North West. Using a community development approach on a cross border basis is necessary to put the concerns of socially excluded women and their families ahead of concerns relating to jurisdictional and organisational boundaries.

Research shows that the effects of the Troubles are distributed unevenly across geographic locations and socio-economic groups. People living in areas of economic deprivation have felt the effects of politically motivated violence most strongly⁴¹. It is therefore especially pertinent that cross border working has a clear focus on improving the lives of those people who were most affected by the conflict and the communities most fractured by it.

Devolution in the United Kingdom together with regionalisation in the Republic of Ireland and the North/South strand of the 1998 Good Friday Agreement have created a public policy system which is becoming more layered with different spatial areas for the planning and delivery of services.

The actions described in this section were negotiated during an intensive process of engagement with sixty-two organisations on both sides of the border, as detailed in section 3. These organisations included local government, health and social services, housing and education, as well as representatives from local communities who lived and/or worked on the social inclusion agenda.

In addition to these agencies (Appendix 3) whose commitments are reflected in this section, the Cross Border Women's Health Network is delighted to have the backing of local politicians for key elements of *Levelling Up*. In particular we are delighted that the North West Region Cross Border Group (NWRCBG)* will lead on delivery of key actions in terms of the development of coordinated and cooperative working to support cross border working in the areas of social inclusion, education and infrastructure.

The actions provide a framework for inter-sectoral and cross border working on health and social inclusion in the North West and build on the commitments made in *Other Borders*⁶. The focus of these actions is to effect meaningful change at regional and local level. The commitments given will result in actions which are practical, feasible and specific. Both long and short-term actions are proposed in preference to looser generic type actions.

*The North West Region Cross Border Group is a group of cross-party, cross border elected representatives from Derry City Council, Donegal County Council, Limavady Borough Council and Strabane District Council. The aim of the Group is to strengthen and develop the local economy so that general living conditions of the North West region improve. The NWRCBG is one of five cross border groups with which councils on border areas are involved. The others are the Irish Central Border Area Network, East Border Region Committee, North East Partnership and the COMET partnership.



4.2 PRIORITY ISSUES FOR CROSS BORDER WORKING ON HEALTH IN THE NORTH WEST

The Health Service Executive (HSE West), the Western Health and Social Services Board and the Western Health and Social Care Trust were identified as the lead organisations for promoting opportunities for health and well-being on a cross border basis.

Representatives from these organisations engaged fully in the Negotiating Change Workshops on health. Participants quickly recognised common policy goals in many health concerns and the need to work together toward common aims in the development of health services to meet the needs of women with mental health problems and cancer. The benefits of working together to support women to breastfeed and support women in the post-natal period were also clearly recognised. The specific needs of vulnerable and socially excluded women, most particularly Traveller women and their families were identified as a common issue on both sides of the border.

4.2.1 MENTAL HEALTH

Mental health – priority issues in the North West

Participants at the Negotiating Change Workshops recognised that although socially excluded women experienced higher levels of mental illness they were least likely to access mental health services. The need for the development of coordinated services for women's emotional and mental health and well-being was highlighted in particular for the following groups:

- Women with eating disorders
- Women with depression, including post-natal depression
- Women at risk of suicide and with a history of suicide
- Women living with domestic violence.

The range of actions specific to women living with domestic violence is described in section 5.1.

It was also acknowledged that there had been a great deal of development in the area of policy and programmes tackling suicide. However, there was limited understanding of the approaches taken on either side of the border and there was little evidence of coordination in the areas of strategy and planning.

It was also recognised that issues of domestic violence and maternal depression formed part of the picture of mental ill-health among women in the region and that actions to improve mental health services for these women would improve mental health overall.

The policy landscape

A Vision for Change – Report of the Expert Group on Mental Health Policy proposes a comprehensive model of mental health service provision for the Republic of Ireland.³⁸ The strategy recommends that service users and their carers should be involved in every aspect of service development and delivery. *Reach Out – National Strategy for Action on Suicide Prevention 2005–2014* identifies the need for support of a systematic programme of community education on mental health promotion and suicide prevention.³⁹

In Northern Ireland, the *Promoting Mental Health Strategy and Action Plan 2003-2008* outlines an integrated approach to addressing the wider determinants of mental health with a focus on inequalities.⁴⁰



Research aimed at improving understanding of the impact of the border and of the conflict on both sides of the border on women's health was commissioned by Derry Well Woman and published in 2006 in *Women Speaking Across the Border*.⁴¹ This research also explored women's roles, particularly as they impact on mental health, in post-conflict society. This research highlights how women's mental health was affected by restrictions they faced in moving freely across the border, by their capacity to access goods and services, by their opportunity to visit neighbours, friends and family and by perceived and actual threats of violence.

OUR COMMITMENT

We are committed to the development of coordinated cross border action to:

- Reduce the number of women at risk of suicide and dying from suicide
- Support the engagement of Travellers with mental health services
- Develop accessible services for women with eating disorders
- Meet the needs of women with postnatal depression
- Provide for the mental health needs of women experiencing domestic violence

Actions to support this commitment

The key strategic actions in respect of this issue are:

- A Cross Border Suicide Prevention Group will be established with representatives nominated by the Health Service Executive (HSE West), Western Health and Social Services Board (WHSSB) and Western Health and Social Care Trust (WHST).
- An audit of suicide prevention services being provided in the border area will be conducted by the Western Health and Social Services Board and Western Health and Social Care Trust.
- A Traveller-specific Cross border Mental Health Programme will be developed by representatives from the HSE (West), WHSSB and WHST.
- A Cross Border Eating Disorders Group will be established with representatives from the HSE (West), WHSSB and WHST.

4.2.2 CANCER

Cancer – Priority issues in the North West Region

Both community and statutory representatives expressed concern over the state of cancer services for women in the North West. This concern related most acutely to access to breast-cancer screening services in counties Donegal, Sligo and Leitrim. Concerns were also raised with regard to treatment services and end-of-life care. It was acknowledged that cancer strategies and regional planning of services within both jurisdictions had generally been developed in parallel, with little or no reference to what was happening across the border.



The workshop group committed to working together to resolve the geographic inequalities in access to cancer services in the region. It was agreed that border counties needed to share a common purpose and vision, working closely together to develop a coordinated cross border cancer service in the North West region. This was seen as preferable to parallel services, which would continue to leave women in the North West peripheral to centralised services in Belfast, Dublin and Galway.

The policy landscape

A *Strategy for Cancer Control in Ireland* sets out the Republic of Ireland's approach to cancer in terms of prevention, screening, diagnosis, treatment and palliative care.⁴² The strategy places an emphasis on addressing inequalities and the reorganisation of cancer services.

Specifically in terms of women's cancers, the strategy recommends that:

- Breast cancer screening should be extended to include all women aged between 50 and 69 as part of the roll-out of the National Breast Cancer Screening programme
- The national roll-out of the Irish Cervical Cancer Screening Programme should be completed as a matter of priority
- Decisions be made regarding the role of HPV vaccination in the primary prevention of cervical cancer.

The commitment to extend breast cancer screening services nationally is also reinforced in the Department's report on the management of symptomatic breast disease in Ireland and in the Department of Health and Children *Statement of Strategy 2005-2007*.⁴³

The Northern Ireland Regional Cancer Framework is a comprehensive plan to reduce the burden of cancer in Northern Ireland.⁴⁴ Of particular relevance to women's health, the policy commits to the introduction of improved screening programmes for cervical cancer by 2007 and to consideration of a programme of vaccination for the HPV virus, which is known to contribute to the development of some cervical cancers. The strategy also commits to ongoing development of the breast cancer screening programme and improving uptake in certain areas, and disadvantaged areas in particular.

OUR COMMITMENT

We are committed to cross border and partnership working to improve the lives of people with cancer in the North West region through:

- **Developing a partnership approach to the creation of a Cross Border North West Radiotherapy Unit providing fair and easy access for the population of the North West of Ireland to radiotherapy services**
- **Integrated cross border planning of cancer services**
- **Improving cancer outcomes for socially excluded people**
- **Providing better end-of-life care in border counties**
- **Empowering women to have a say in cancer services**
- **The formation of an overarching group to be convened to work on the Cross Border Cancer Services agenda with coordinated sub-groups**



Actions to support this commitment

- Local politicians will advocate for the development of a Cross Border North West Radiotherapy Unit.
- A Cross Border Cancer Services Group will be established with representatives from the HSE (West), WHSSB, WHSCT and users of cancer services. The overarching group will have four sub-groups:
 - Radiotherapy – Progress of Cross Border Unit
 - Breast Screening
 - Group to take forward establishing a Helpline
 - Group to coordinate public information / education with aim of uptake of screening
- A consolidated lobby advocating for the roll-out of BreastCheck in Counties Donegal, Sligo and Leitrim will be developed with support from the HSE (West) and the WHSSB.
- Near-home testing services for patients travelling for treatment will be commissioned by the HSE (West) and the WHSSB.
- The role of a North West Regional Cancer Unit (Radiotherapy) will be considered within research on the feasibility of all-island cancer services with support from HSE (West) and WHSSB.
- General Practitioners in border counties will be supported to promote screening and better cancer information to marginalized people including Travellers and lone parents through the actions of the HSE (West), WHSSB and WHSCT.
- Research will be commissioned on current practice and outcomes for terminally ill patients by the HSE (West), WHSSB and WHSCT, including an audit of people dying in hospital.
- The possibility of cross border provision of MacMillan nursing services will be explored by the HSE (West), WHSCT and the WHSSB.
- The HSE (West) will develop a 'Dying with Dignity' type policy guiding services for terminally ill patients in the North West.
- A briefing document detailing the current support available for patients and families with cancer in terms of financial planning, debt counselling and non-medical expenses will be developed by the HSE (West).
- A Steering Group will be established by the HSE (West), WHSSB and the WHSCT together with users of cancer services to oversee research on approaches for meaningful engagement with users of cancer services in the North West.



4.3 PRIORITY ACTIONS FOR CROSS BORDER WORKING ON EDUCATION

Education – Priority issues from education workshops

“There is currently no structure in place to look at education on a North/South basis. Everything is currently being carried out in an ad hoc way”

Quote from Education Negotiating Change Workshop participant, 17 January 2008.

The first education workshop held in November 2007 was held to establish the appetite for cross border working on education and set out, in broad brush strokes, what might be needed in order to progress cross border working. It was recognised that cross border collaboration in education was at an earlier stage of development compared to other areas such as health and infrastructure and a second workshop was proposed.

At the second workshop, held in January 2008, representatives from the statutory and voluntary sector explored the interface between social inclusion and education in the border counties. This workshop facilitated discussion on five key education settings:

- Childcare and pre-primary education (early years)
- Primary school education
- Post-primary education
- Third-level education
- Learning disabilities.

A common understanding of what education means in terms of its contribution to social inclusion as well as health and wellbeing was viewed as a prerequisite for future work, both within and across jurisdictions. No clear conceptual model for promoting social inclusion through education was proposed by the group. However, the stakeholders in education on both sides of the border clearly recognised the social inclusion aspect to their roles in terms of:

- Improving basic literacy and numeracy skills among people living in disadvantaged families
- Giving children from disadvantaged backgrounds a fair start to life through structured accessible good quality childcare and pre-school education
- Catering for diversity and ensuring inclusion of Travellers, people with special needs and other marginalised groups
- Providing options for education which foster empowerment as well as employability among lower socio-economic or socially excluded groups
- Identifying and tackling the root causes of educational underachievement and early school-leaving within the home, the school and the community
- Providing a fair and transparent structure for educational fees on both sides of the border.

A common theme emerging from the workshops was of the need for coherent and coordinated approach to support cross border working in education. This theme emerged from the groups examining issues for the pre-primary sector, the primary sector and the needs of socially excluded groups. This approach must be able to:

- Prioritise
- Make it happen
- Demonstrate outcomes
- Demonstrate sound economic sense
- Provide value for money and added value
- Be sustainable.



Workshop participants were aware of a number of cross border education-based projects in the areas of student/ teacher exchange, youth clubs/sports and university collaborations. Social inclusion and equality concerns were not seen as the focus of existing cross border projects with many initiatives operating on a stop-go existence and once-off funding, a phenomenon noted in a recent review of North-South Cooperation in Education ⁵.

4.3.1 DIVERSITY

The workshop groups recognised the particular educational needs of:

- Newcomers of different nationalities
- Travellers
- Romany children
- Children with special needs.

Priority issues for embracing diversity and ensuring positive educational outcomes for these groups include the need to develop a more comprehensive approach to tackling racism and discrimination in schools and the avoidance of 'ghetto-isation' of these groups.

Policy Landscape

In the Republic of Ireland, the *Delivering Equality of Opportunity in Schools* action plan sets out the Governments' approach to addressing the educational needs of children and young people from disadvantaged communities, from pre-school through second level education ⁴⁵. This plan gives priority to strengthening early education, improving literacy and numeracy and enhancing attendance, educational progression, retention and attainment. In addition the action plan proposes to support the development of sufficient quality staff to schools in disadvantaged areas.

This plan also complements and supports provision for students with special educational needs, targeted support for Traveller students and students for whom English is not their first language.

The School Supports Programme (SSP) operating as part of *Delivering Equality of Opportunity in Schools* is being implemented on a phased basis in eighteen schools in county Sligo, ten in county Leitrim and one-hundred and two schools in Donegal (primary and post-primary).⁴⁶

In Northern Ireland, the current *Strategic Plan for Education 2006-2008* names the promotion of equality and inclusion as one of four core objectives.⁴⁷ Specific targets to reduce differentials in educational attainment were also incorporated within the *Children and Young People's Funding Package*.

In addition, cross border approaches to education are being explored by officials convened by the North South Ministerial Council in the areas of:

- Education provision for people with special needs
- Educational under-achievement
- School attendance
- Literacy/numeracy
- Child protection
- Teacher qualifications
- Teacher and student exchange.



OUR COMMITMENT

We are committed to the development and implementation of a coordinated cross border education agenda that promotes social inclusion by:

- Placing a priority on cross border working on a social inclusion agenda within the education sector
- Working towards agreeing a cross border framework for qualifications/equivalencies
- Establishing a cross border network which supports better understanding of practice on a cross border basis and creates opportunities for information-sharing, communication and the mapping of existing services
- Building on our understanding of the causes of educational underachievement and the needs of socially excluded groups
- Identifying and disseminating models of best practice and cost-effectiveness in education
- Supporting cross border working on education within the community and voluntary sector
- Coordinating information and procedures in relation to child protection and the vetting of staff.

Actions to support this commitment

- The North West Region Cross Border Group will take a leadership role in supporting cross border working on an agenda focused on social inclusion within the education sector.
- Appropriate support will be enlisted for the establishment of a working group to examine the equivalency of qualifications on a cross border basis and the development of a database to this end.
- A cross border advisory group will be established to develop good practice in catering for the needs of children living in the border region for whom English is not their first language.
- Existing assessment and intervention provision which addresses social, emotional and behavioural difficulties that result in educational underachievement at both pre-school and primary level will be identified. Research, audit and evaluation on educational underachievement and early-school leaving will be commissioned on a cross border basis.
- Shared educational outcomes will be developed on a cross border basis in the context of a strategy to tackle educational underachievement, low literacy and exclusion.



4.4 PRIORITY ACTIONS FOR LOCAL GOVERNMENT IN RESPECT OF THE BUILT ENVIRONMENT, TRANSPORT AND CHILDCARE

Priority Issues in the North West

At the Negotiating Change Workshop held in January 2008, representatives from the Northern Ireland Housing Executive, together with representatives from Derry City Council, Strabane District Council, Omagh District Council, Fermanagh District Council, Leitrim County Council and Donegal County Council met to discuss their roles in cross border working, particularly in the area of social inclusion.

Priority concerns from a social inclusion perspective include meeting the unique housing needs of people who may be socially excluded or on a low-income such as Travellers, the homeless, lone parent families and women seeking emergency accommodation while fleeing domestic violence.

The development of cross border infrastructure in terms of road and rail networks was seen as an important area for future working. It was generally recognised that this would support the economic development of the North West. Streamlining the current and future development of water and waste services was also identified as an important area for cross border cooperation. Planning for water and waste on a cross border basis was considered as having the potential to offer better value for money.

The challenges faced by Northern Ireland and Ireland are similar in the context of globalisation. Both need a world-class infrastructure to make more efficient use of services and facilities. This can be best achieved by a collaborative and integrated approach to planning.

Spatial Strategies on the island of Ireland⁴⁸

Information was seen as a key agent of change in supporting cross border working and in allowing people resident in border counties to better understand what services could be availed of on both sides of the border. In this regard a number of actions were proposed relating to staff working in local government in border counties and in publicly available information sources such as websites and directories.

The development of childcare services was also seen as a priority issue. The particular barriers facing families in border counties in accessing childcare were raised, such as rurality, transport and cost.

Policy Landscape

In the Republic of Ireland, each County Development Board produces a County Development Strategy. These strategies provide a framework for the development and delivery of public services at county level. In the North-West border region, these strategies comprise:

- *An Straitéis – Straitéis Chontae Dhun Na nGall 2002 -2012: The Donegal Strategy for Economic, Social and Cultural Development*⁴⁹
- *An Integrated Economic, Social and Cultural Strategy for County Sligo (2002-2012)*⁵⁰
- *Social, Economic and Cultural Strategy for County Leitrim – A Shared Vision 2002-2012*⁵¹



The agenda covered in the county development strategies is broad. The strategies propose actions in the area of social inclusion but also in the important areas of built environment, transport infrastructure, water and waste, education and employment as well as the women's and community and voluntary sector. In addition, each local authority produces their own corporate plan setting out the specific actions to be taken at local authority level, which takes cognizance of the counties ten-year strategy.

In Northern Ireland, each District Council produces a corporate plan which sets out that districts plan for delivering services and developing the economic, social and cultural profile of the area. In the North West region, these corporate plans comprise:

- *Omagh District Council Corporate Plan (2006-2010)* ⁵²
- *Derry City Council Corporate Plan (2006-2009)* ⁵³
- *The Strabane Community Plan (2000-2006)* ⁵⁴
- *Limavady Corporate Plan (2007-2009)* ⁵⁵
- *Fermanagh District Council Local Economic Development Strategy (2008-2013)*⁵⁶

In addition, some district councils have produced specific action plans to address the needs of particular groups or specific issues such as disability, culture, community safety and community development. The policy landscape at district council and local government level in the border counties is extensive and diverse, reflecting the very specific needs of local community and the nature of social exclusion in that area. Further information can be sourced from the websites listed in the references section.

District Housing Plans have also been produced by The Northern Ireland Housing Executive (NIHE) which detail the plan for the development of social housing in the border region. NIHE have also produced a Travellers Community Strategy and a number of other policies relating to social inclusion issues including community safety, race relations and regeneration.

OUR COMMITMENT

We are committed to the development of cross border coordination to better meet the needs of socially excluded groups in terms of:

- **Supporting the developing of transport infrastructure in the North West**
- **Developing integrated cross border planning in the area of water and waste management**
- **Developing strategic cross border planning in the area of child-care and play facilities**
- **Responding to the needs of women experiencing domestic violence and moving cross border.**



Actions to support this commitment

4.4.1 GOVERNANCE AND STRUCTURES

- A coordinated and coherent social inclusion focus among all border councils will be developed with the primary aim of promoting social inclusion in the border area. Responsibility for leading on this initiative will be taken by the North West Region Cross Border Group (NWRCBG).
- An annual meeting of the Chief Executives of the Councils and the Northern Ireland Housing Executive (NIHE) will be held to discuss cross border cooperation. Representatives from the Northern Ireland Housing Executive will contribute to the meeting as well as representatives from Leitrim County Council, Donegal County Council, Fermanagh County Council, Derry City Council and Omagh District Council.
- Cross border working will be introduced as a standard item for one meeting in each of the years Council meetings / NIHE Senior Management Team. This will be undertaken by NIHE and Leitrim County Council, Fermanagh County Council, Donegal County Council, Derry City Council and Omagh District Council.

4.4.2 HOUSING

- Donegal County Council and the Northern Ireland Housing Executive (NIHE) will maintain their commitment to the Cross border Forum and extend the Terms of Reference to include strategic cross border planning on social exclusion issues especially the needs of Travellers.
- A Cross Border Practitioners Forum will be established with staff representing NIHE and Donegal County Council.
- A Cross Border Travellers Forum will be established with representation from Donegal County Council, NIHE and the Traveller Support Group.
- A directory and website will be developed which provides information on statutory and voluntary sector provision of housing and housing support services in the border region. NIHE and Donegal County Council will nominate staff to lead on the development of these resources.

4.4.3 TRANSPORT INFRASTRUCTURE

- The NWRCBG will lead on the drive to ensure greater investment in North West road and rail networks which will improve connections (and reduce isolation) within the North West and between the North West and other parts of Ireland.
- Donegal County Council, Leitrim County Council, Fermanagh County Council, Derry City Council, Limavady Borough Council and Omagh District Council will seek opportunities to advocate for greater investment in North West road and rail networks.
- A Cross-Border Steering Group to examine road and rail transport infrastructure will be established with members of local communities as well as nominated staff from Donegal County Council, Limavady Borough Council, Fermanagh County Council, Derry City Council, and Omagh District Council.



4.4.4 WATER AND WASTE

- The NWRCCGB will lead on the drive to ensure effective management of water and waste in the North West region.
- A Cross-Border Steering Group examining water and waste management will be established with nominated staff from Donegal County Council, Fermanagh County Council, Derry City Council, Limavady Borough Council and Omagh District Council.
- A Directory of Water and Waste Services in the border region will be developed. Staff from Donegal County Council, Leitrim County Council, Fermanagh County Council, Derry City Council, Limavady Borough Council and Omagh District Council will contribute information to this Directory.

4.4.5 CHILDCARE AND PLAY FACILITIES

- Political support for the development of a Cross Border Childcare strategy will be sought by Donegal County Council, Fermanagh County Council, Limavady Borough Council, Derry City Council and Omagh District Council.
- Council representatives on the Western Area Childcare Partnership will encourage the development of strategy through representation from Derry City Council, Limavady Borough Council and Omagh District Council.
- The development of a cross border childcare strategy will be supported by staff nominated by Fermanagh County Council, Derry City Council, Omagh District Council, Limavady Borough Council and Donegal County Council.
- Council representatives on Leitrim County Childcare Committee and Donegal County Childcare Committee will encourage the development of the Cross Border Childcare Strategy.
- The establishment of a cross border working group to (a) audit childcare strategies and identify opportunities and (b) review play strategies will be supported with representation from Donegal County Council, Fermanagh County Council, Derry City Council, Limavady Borough Council and Omagh District Council.
- Information on play facilities will be provided on a cross border basis on Council websites and facilities by Donegal County Council, Leitrim County Council, Fermanagh County Council, Derry City Council, Limavady Borough Council and Omagh District Council

Commitments relating to women at risk of and experiencing domestic violence are listed in section 5.1



5 ACTIONS TO PROMOTE SOCIAL INCLUSION AND WELL-BEING FOR VULNERABLE GROUPS IN THE NORTH WEST REGION

Priority issues relating to the needs of socially excluded groups in the North West

Within each of the Negotiating Change Workshops, representatives from a range of sectors were encouraged to consider the specific needs of the following target groups:

- Women living with domestic violence
- New mothers and their babies
- Lone parents
- Older women
- Women and children with disabilities
- Traveller women.

The needs of these women were prioritised following research by participants on the Cross Border Public Health Leadership Programme for Women which was commissioned by Derry Well Woman and delivered by Red Hat Consulting. Leadership Programme participants also linked closely with target group representatives (see section 3).

Workshop participants considered the role of their respective organisations in promoting the social inclusion of these women on a cross border basis. Discussion focused on how public services (including health and social services, housing etc) and the provision of support and information could better meet the needs of vulnerable women in border counties. A core issue emerging from the discussions was the need to enhance the process of policy and decision-making to ensure the needs and voices of socially excluded women are heard and shape decisions which affect them.

5.1 WOMEN LIVING WITH DOMESTIC VIOLENCE

Domestic violence is a crime not so much against women's bodies, but against women's freedom, independence and autonomy. You cannot get involved in women's health without getting involved in the politics of sexuality ⁵⁷

Priority issues in the North West

Figure 10 Priority issues for women experiencing domestic violence in the North West





Policy landscape

In the Republic of Ireland, the *National Womens Strategy 2007-2016* proposes actions to combat violence against women through improved services for victims, together with effective prevention and prosecution.⁵⁸ In Northern Ireland, the *Tackling Violence at Home* strategy includes a commitment for public sector and voluntary and community sector employers to implement policies within their organisations by 2007.⁵⁹

The *Domestic Violence Act 1996* is the legislation governing domestic violence in the Republic of Ireland. In Northern Ireland, domestic violence legislation is covered by the Domestic Violence Crime and Victims Act 2004. International law relating to country borders can present a major challenge to women and children trying to escape from a domestic violence situation. If a woman brings her children across the border this is considered kidnapping under the *Hague Convention on the Civil Aspects of International Child Abduction*. Therefore women fleeing domestic violence across the Ireland/Northern Ireland border can become criminalized as a consequence of their efforts to protect themselves and their children from violence.

OUR COMMITMENT

We are committed to working on a cross border basis to better meet the needs of women and families at risk of and experiencing domestic violence. This will be achieved through our commitment to:

- Supporting the improvement of liaison, linkage and communication between stakeholder agencies including community and voluntary sector organisations on both sides of the border
- Improving the coordination of policy and training across the border
- Establishing a Cross Border Domestic Violence Steering Group
- Developing enhanced supports for children in families experiencing domestic violence, for Travellers and for women in isolated rural areas
- Supporting agencies on the border to adopt domestic violence policies and place priority on domestic violence within health and social policy
- Supporting local politicians to advocate for the provision of a Sexual Assault Resource Centre (SARC) in the North West of Ireland and a one stop shop for victims of domestic violence from both jurisdictions.



Actions to support this commitment

- A Cross Border Domestic Violence Steering Group will be established with representation from Donegal County Council, Limavady Borough Council, Derry City Council, Omagh District Council, Fermanagh District Council, NIHE, WHSSB, WHSCT and the HSE (West). This group will develop proposals for streamlining research, communications and protocols on a cross border basis and support the development of a directory of service provision.
- Leitrim County Council is supportive of cross border working on domestic violence. It will seek to ensure a Leitrim perspective is brought to any cross border discussions or forums convened on the issue. The Council will receive feedback from local representatives on any such group.
- NIHE, Leitrim County Council, Fermanagh County Council, Derry City Council, Limavady Borough Council and Omagh District Council will take every opportunity to advocate for amendment of the Hague Convention to take account of the unique situation of women crossing borders with children as a result of domestic violence.
- The implementation of domestic violence policies will be developed and regularly reviewed by NIHE, Leitrim County Council, Fermanagh County Council, Derry City Council, Limavady Borough Council and Omagh District Council.
- A cross border volunteer pool of people providing support and information to victims of domestic violence will be developed led by staff nominated by WHSSB, WHSCT and the HSE (West).
- The feasibility of developing an all-Ireland Medical Card will be explored by nominated staff from the WHSSB, WHSCT and the HSE (West).
- On-call social services for children in families experiencing domestic violence will be enhanced by the WHSSB, WHSCT and the HSE (West).
- Children's issues will be given priority within the development of domestic violence policy and practice within the WHSCT and the WHSSB and become a core concern on the agenda of the Domestic Violence Interagency Group.
- The role of the Traveller Health Support Worker in responding to domestic violence will be enhanced on both sides of the border with support from the HSE (West) and the WHSCT.
- A Health Promotion Officer will be nominated to take the lead on fostering liaison, linkage and communication with key agencies on the issue of domestic violence (including Healthy Relationship training) with support from the HSE (West), WHSCT and Foyle Womens Aid.
- The WHSSB will promote the adoption of domestic violence policies through all active WHSSB partnership organisations.
- A nominated worker will be assigned by the WHSCT to coordinate training and policy development on domestic violence on both sides of the border.
- The WHSCT will ensure that the issue of domestic violence, particularly among families in rural and isolated areas, will be added to the Health Action Zone agenda.



5.2 NEW MOTHERS AND THEIR BABIES

The issue of supporting new mothers and their babies was raised by the community leaders as an important issue in promoting social inclusion of women in the North West. This support was needed in terms of supporting mothers to breastfeed their babies and to access supportive networks of other mothers. Also, the issue of maternal mental health was raised as a priority issue.

There are three subsections in this section:

- Maternal mental health
- Breastfeeding
- Lone parent families

5.2.1 MATERNAL MENTAL HEALTH

Priority issues in the North West

Figure 11. Priority issues for women at risk of, and experiencing, maternal mental health problems in the North West



Preserving and promoting mental health among new mothers was seen as vital to the well-being and social inclusion of women and their families in the North West. Elements of good practice were identified particularly with regard to home-visiting for new mothers in the Western Health and Social Services Board.

Participants at the Negotiating Change Workshop in October 2007 pointed out that there is no specialist unit on the island of Ireland and the accommodation of women with post-natal depression in general psychiatric wards in Belfast, or elsewhere, was inappropriate and contrary to international good practice.



The development of stronger statutory-voluntary partnerships within jurisdictions and cross border to support new mothers was also seen as a priority. Participants strongly supported the development of more pro-active antenatal support on a cross border basis, particularly in terms of vulnerable and disadvantaged families living in the border area.

Policy landscape

Current research suggests that approximately 10 to 15% of women who give birth suffer from mental health issues in the first twelve months after giving birth and that mental ill-health in this period has a significant negative effect on women, their newborns, partners and other children.⁶⁰ A conference on maternal mental health held by the Western Health and Social Services Board in 2005 emphasised that the National Institute for Clinical Excellence Guidelines provide evidence to show positive effects from prevention and early detection of mental illness, targeted interventions and additional strengthening of social networks.⁶¹

At this conference a framework to enable professionals and other agencies to support women ante-natally, and as new mothers, was proposed. This framework emphasised the importance of developing a consistent approach to the early detection of mental health issues and the initiation of appropriate interventions. Training needs and information were seen as key elements in enhancing the ability of service providers to respond to women experiencing mental health problems during pregnancy and after the birth of the baby.

The Bamford Review published in 2005 makes specific recommendations in terms of the development of perinatal health services but these recommendations have yet to be implemented in Northern Ireland.⁶²

In the Republic of Ireland, the current mental health strategy, *A Vision for Change* reinforces the requirement that perinatal mental health problems require expert input and that perinatal mental health services require both a specialist mental health service and obstetric services.³⁸

5.2.2 BREASTFEEDING
Priority issues in the North West

Figure 12 Priority issues for supporting women to breastfeed in the North West





Policy landscape

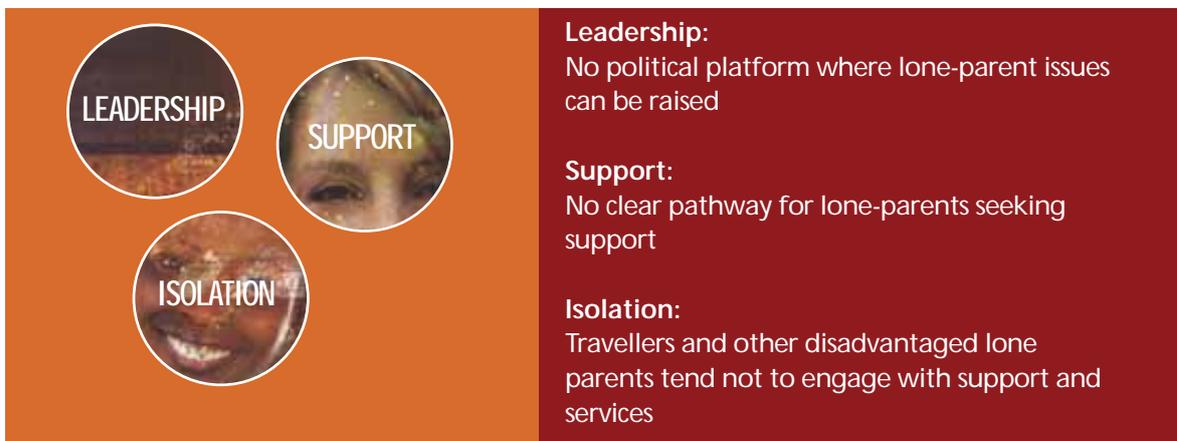
Breastfeeding in Ireland – A Five Year Strategic Action Plan 2005 represents the Department of Health and Children's road-map for supporting women to breastfeed.⁶³ This strategy commits to address the specific needs of communities or groups with lower rates of breastfeeding including women living in poverty and on lower incomes. A National Implementation Monitoring Committee is in place to oversee the implementation of the strategy and the achievement of goals such as the appointment of ten breastfeeding coordinators by October 2006 and the strengthening and enhancement of voluntary breastfeeding support groups.

The *Breastfeeding Strategy for Northern Ireland* published by the Department of Health, Social Services and Public Safety sets out a number of medium-term and long-term objectives to improve Northern Ireland's breastfeeding rates.⁶⁴ The key areas for action include service development, information and research, training of health professionals, supporting infants and mothers, public awareness and legislative change.

5.2.3 LONE PARENT FAMILIES

Priority issues in the North West

Figure 13 Priority issues for lone parents in the North West



Issues relating to the social exclusion of lone parents in border counties were discussed at the Negotiating Change Workshop held in October 2007. The increasing numbers of lone parent families in both jurisdictions was noted as was the diversity of lone parent family situations including mothers who are single, widowed, separated/divorced and those who parent alone while partners work away from home for extended periods or Monday to Friday.

It was noted that the Gingerbread organisation was very active in the border counties of Northern Ireland and throughout the UK, with less structured support available in the Republic of Ireland border counties.

Participants viewed the existing community and voluntary groups as a potential avenue to offer support and information to lone parents and engage them with services and supports to assist them in their parenting role.



Policy landscape

There is no comprehensive strategy in either the Republic of Ireland or Northern Ireland for meeting the needs of lone parents and their children. The issues relevant to lone parents span a range of sectors including childcare, housing, education, social welfare and health.

In Northern Ireland, the Department of Health, Social Services and Public Safety is currently engaged in developing a regional strategy to support parents entitled *Families Matter: Supporting Families in Northern Ireland*. The draft strategy, circulated in 2007, includes strategic goals relating to lone parents and the challenges facing their families.

In the Republic of Ireland, a Government Discussion Paper: Proposals for Supporting Lone Parents was published in 2006.⁶⁵ The objective of this exercise was that the paper would form part of a coordinated strategy to tackle the high risk of poverty and social exclusion experienced by lone parent families.

OUR COMMITMENT

We are committed to promoting social inclusion and well-being among mothers in the North West by:

- Developing better services for mothers experiencing postnatal depression and other mental health issues
- Supporting mothers to breastfeed, especially women who may be socially excluded
- Developing an integrated and comprehensive system of supports for lone parent families on a cross border basis.

Actions to support this commitment

- A Cross Border Multidisciplinary Maternal Mental Health Steering Group will be established led by WHSCT, WHSSB and the HSE (West).
- A Cross Border Breastfeeding Steering Group will be developed by the HSE West, the WHSSB and WHSCT.
- The development of appropriate supportive breastfeeding resources for ethnic minority women especially Travellers will be explored jointly by the HSE West, WHSSB and the WHSCT.
- Efforts will be made to develop the Breastfeeding Awareness Week as an all-Ireland event.
- The implementation of the Northern Ireland Breastfeeding Strategy will be monitored by the WHSSB, including an assessment of the equity of access to breastfeeding support groups.
- There will be nominated staff from within the HSE (West) and Gingerbread Northern Ireland to coordinate cross border cooperation in the development of support for lone parents.

5.3 OLDER WOMEN

Priority issues in the North West

Figure 14 Priority issues for older women in the North West



Policy landscape

The Republic of Ireland's vision for the promotion of healthy ageing in Ireland is set out in *Adding Years to Life and Life to Years – A Health Promotion Strategy for Older People*.⁶⁶ This strategy emphasises the development of enabling physical and social environments which support older people to live healthy and active lives.

The *National Development Plan 2007- 2013* includes a specific Older People Programme which interlinks with national development priorities for the improvement of housing stock and resources, improvements in primary care and rural transport.⁹ The *National Action Plan for Social Inclusion 2007-2016* commits to continuing investment in community care services for older people to support community living and to review pension provision for older people.²

Ageing in an Inclusive Society – A Strategy for Promoting the Social Inclusion of Older People is the key over-riding strategy relating to the welfare of older people in Northern Ireland.⁶⁷ This strategy highlights the need to develop integrated action to provide more effective economic, health and housing support for older people and this is reinforced within government's anti-poverty and social inclusion strategy for Northern Ireland *Lifetime Opportunities*.⁷



OUR COMMITMENT

We are committed to working on a cross border basis to make the North West a place where older people are respected, where they are supported to live independently in their own homes and their health and social needs are met. We will achieve this through:

- Developing cross border coordination on key housing issues relevant to older people, especially home adaptations and repairs
- Enhancing the provision of home-based health services for older people in border counties
- Creating opportunities for older people to avail of physical and social activities conducive to health and well-being

Actions to support this commitment

- Resources and staff to support cross border access for older people to integrated and co-ordinated services providing adaptations to the home will be committed by HSE (West), WHSCT and the WHSSB.
- The feasibility of extending the Wee Jobs Initiative on a cross border basis will be explored through a cross border pilot organised by HSE (West), WHSCT, WHSSB
- The provision of home-based services for older people will be enhanced through the promotion of the use of telemedicine technology and the development of a seamless cross border Mobile Foot Care service with support from HSE (West), WHSCT and the WHSSB.

5.4 WOMEN AND CHILDREN WITH DISABILITIES

Priority issues in the North West

At the Negotiating Change Workshop held in October 2007, cross border working to better meet the needs of people with a disability and their families was discussed. Specific discussion focused on the needs of people with Aspergers Syndrome and the needs of parents whose children have special needs. The lack of readily accessible information on Aspergers Syndrome was highlighted as an issue in both jurisdictions.

The core issues in terms of all disabilities were improving diagnosis, identifying key issues for the person with a disability and their family and the development of integrated service delivery within jurisdictions but also on a cross border basis. Participants proposed that coordinated and person-centred care packages must be extended to adults as well as children with many young people falling out of the loop once they reach the age of eighteen.



Policy landscape

In the Republic of Ireland, the *National Disability Strategy* sets out to underpin the participation of people with disabilities in Irish society.⁶⁸ The strategy builds on existing policy and legislation, including the policy of mainstreaming public services for people with disabilities. It has been endorsed in the new social partnership agreement, *Towards 2016*.⁶⁹ Government departments are required to prepare sectoral plans that set out how they will deliver specific services for people with disabilities.

There is no overriding strategy relating to people with disabilities in Northern Ireland. However, a Promoting Social Inclusion Disability Working Group is in place to examine barriers which exist for people with disabilities in terms of employment, children, young people and families, legislation, citizenship and attitudes.

In addition there is supportive legislation to protect the rights of disabled people in terms of access to goods and services.

Some local government policies make specific commitments to improve access and amenities for people with disabilities in addition to promoting the welfare of disabled people through improved access to suitable employment and housing.

OUR COMMITMENT

We are committed to promoting the social inclusion of people with disabilities and their families in the North West. We will achieve this through:

- **Developing better communication and linkages between providers of disability services in the region**
- **Working towards developing a coordinated cross border approach to the delivery of care packages that are both person-centred and focus on the family**
- **Sharing best practice in both jurisdictions**
- **Supporting providers of health and social services to respond to the needs of people with disabilities in an appropriate and effective manner.**

Actions to support this commitment

- The HSE (West), WHSSB and WHSCT will support the development of staff training on Aspergers Syndrome and learning disability for generically trained health and social service professionals.
- The HSE (West), WHSSB and WHSCT representatives on CAWT will support the development of a shared cross border approach to meeting the needs of learning disability together.
- The HSE (West), WHSSB and WHSCT will nominate staff to support the development of a cross border approach to the delivery of care packages for families living with learning disability.
- WHSCT will explore the feasibility of rolling out WHSSB Autism Strategy on cross border basis.



5.5 TRAVELLER WOMEN

Priority Issues in the North West

Issues relating to the health and well-being of Travellers were raised at a number of different Negotiating Change Workshops. The extreme social exclusion experienced by Travellers and the negative health and social consequences of this exclusion were clearly recognised by participants from a range of sectors including health, health promotion, housing, domestic violence, education and disability.

Participants from the local councils and Northern Ireland Housing Executive discussed the issue of housing and accommodation provision for Traveller families frequently moving from jurisdiction to jurisdiction and pointed to the need for greater communication and liaison between providers of temporary accommodation in both jurisdictions.

Participants from the health sector raised concerns over the low level of engagement of Traveller women with cancer screening services as well as health services in general and breastfeeding support groups.

Policy Context

The national health strategy *Quality and Fairness – A Health Strategy for You* makes the following commitments in terms of Travellers Health:

- The life expectancy of Travellers will be improved.
- The health of Travellers will be improved through the publication of the Travellers Health Strategy in 2001 and its subsequent implementation.⁷⁰

This specific strategy relating to Traveller's Health, entitled *Traveller Health – A National Strategy 2003-2005* was published by the Department of Health and Children in 2003.⁷¹ One hundred and twenty two actions were proposed in this strategy covering the areas of:

- Research and information on Travellers health needs
- Traveller accommodation and environmental health
- Operation of Traveller Health Units
- Integration of Traveller issues into health promotion and health service planning
- Ensuring equity of access to health care.

More recently the HSE produced an Intercultural Strategy which sets out specific actions in terms of health services meeting the needs of ethnic minority groups.⁷²

In addition, county councils in the Republic of Ireland work to address the housing needs of Travellers as per the Housing (Travellers Accommodation Act) 1998 and the accommodation needs of Travellers are included within housing strategy at council level.

In 2007, the Department of Education and Science produced a Report and Recommendations for a Traveller Education Strategy.⁷³



In Northern Ireland, there is no over-riding strategy relating to Travellers. However, actions to combat the discrimination experienced by Travellers in Northern Ireland are included in A Racial Equality Strategy for Northern Ireland. ⁷⁴

OUR COMMITMENT

We are committed to working on a cross border basis to promote the social inclusion and development of Traveller women and their families through:

- **Developing a specific focus on meeting the mental health needs of Traveller women**
- **Providing accessible and appropriate information for Travellers in terms of services on both sides of the border**
- **Supporting health service providers to enhance the engagement of Travellers with health services**
- **Taking steps to support Traveller women to breastfeed**
- **Fostering cross border cooperation between county councils to better meet the housing needs of Travellers in border counties.**

Actions to support this commitment

- A Traveller-specific Cross Border Mental Health Programme will be developed by representatives from the HSE (West), WHSSB and WHSCT.
- General Practitioners in border counties will be supported to promote screening and better cancer information to marginalized people including Travellers and lone parents through the actions of the HSE (West), WHSSB and WHSCT.
- A Cross Border Travellers Forum will be established with representation from Donegal County Council, NIHE and the Traveller Support Group.
- The role of the Traveller Health Support Worker in responding to domestic violence will be enhanced on both sides of the border with support from the HSE (West) and the WHSCT.
- The development of appropriate supportive breastfeeding resources for ethnic minority women especially Travellers will be explored jointly by the HSE (West) WHSSB and the WHSCT.



A FINAL WORD

Levelling Up is Ireland's first Cross Border Plan for Social Inclusion. It is the first attempt in this country to coordinate, on a cross border basis, cross sector activity on a social inclusion agenda.

The cross border social inclusion agenda it gives life to has been set by women from the North West of Ireland who live and work with social exclusion.

Levelling Up is an instrument of change. It is so because core to the process of its development were women who knew WHAT change was needed linking with organisations and individuals who knew HOW to make it happen.

The changes it will effect will be felt most by the vulnerable, marginalised, poor and the excluded – those who suffer most as a result of health inequalities and by the existence of the border:

- Women and families living with domestic violence, particularly those living in isolated rural areas for whom access to protection, housing and care are limited.
- People living with a cancer diagnosis and who, while often ill and vulnerable, must travel unacceptably and avoidably long distances for radiotherapy.
- Women and families living with mental illness for whom there is limited support and information that would often benefit from an increase in low level locally delivered care.
- Travellers – particularly nomadic Travellers – who struggle to attain access to those basic factors which determine health status – education, housing and health and social care services.
- Older women and new mothers (including lone parents) for whom limited access to public services as well as social networks has a negative health consequence.
- Women and children with disabilities who often despair at the paucity, patchiness and lack of coordination of services in the North West.

Levelling Up sets the scene for coordinated and coherent cross border action – not just in the North West but along the whole border region. This is particularly reflected in the role being taken by the North West Region Cross Border Group to ensure congruency along the whole border region among education providers and councils as they work on educational inclusion and social inclusion respectively.

Throughout the whole process of developing *Levelling Up* there has been an appetite and willingness to work both cross border and across sectors to effect change. Change which may herald the end of back to back developments which waste already scarce resources and further reduce service provision.

Change which will ensure that the North West of Ireland is viewed as a region. A region with a population of 530,000 – big enough to counter the critical mass arguments which have seen service provision in Ireland drawn to the East coast cities of Dublin and Belfast.



Perhaps *Levelling Up* is of its time – its development has occurred in a favourable climate. There exists a social inclusion policy context both within Northern Ireland and the Republic of Ireland.

Politically, following the Good Friday agreement and the reinstatement of the Northern Ireland Assembly there are functioning cross border institutions to support the agenda which *Levelling Up* describes. Our movement for change has been further strengthened by our developing international links with women's organisations during the Other Borders International Women's Health Conference which we ran in Derry in May 2008.

The Cross Border Women's Health Network has been supported by four mature cross border organisations who have advised on and bolstered our efforts: Co-operation And Working Together (CAWT), Border Action, the Centre for Cross Border Studies and the Institute of Public Health in Ireland. We thank all four and hope that we will maintain partnership during the implementation of *Levelling Up*. In particular, we hope to link closely with CAWT, and CAWT partners, as we seek to influence the practice and planning of those delivering cross border services.

It is in this climate of possibility, with support and strength from other organisations backing our work, that the Cross Border Women's Health Network will implement *Levelling Up*.

We begin its implementation confident that its impact will be significant. Significant because the momentum gathered to develop *Levelling Up* will remain to power its implementation.

Karen Meehan
Derry Well Woman



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APPENDIX 1

WOMEN FROM THE COMMUNITY AND VOLUNTARY SECTOR

| Name | Organisation |
|-----------------------|---|
| Anne Meehan | Foyle Women's Information Network |
| Brenda Whitley | Community Connections Community Development Programme |
| Catherine Cooke | Foyle Women's Information Network |
| Conor Keys | Forum in Omagh for Community Understanding and Support -FOCUS |
| Geraldine Keys | Forum in Omagh for Community Understanding and Support -FOCUS |
| Gerldine Jolley | Community of Lough Arrow Social Project - CLASP |
| Iuliana Moore | Ethnic Minority representative |
| Jacqui Rooney | Inishowen Women's Information Network |
| Joyce Classon | Down Strand Women's Group |
| Mandy Adams | Omagh Women's Area Network |
| Margaret Boyle | Derry Travellers Support Group |
| Margaret Campbell | Moville & District Family Resource Centre |
| Mary-Angela Gillespie | Down Strand Women's Group |
| Mary Doherty | Inishowen Women's Information Network |
| Mary Doherty | Inishowen Women's Outreach |
| Mary English | Second Chance Education Programme for Women |
| Mary McGeehan | Inishowen Partnership |
| Mary McKinney | Moville & District Family Resource Centre |
| Noelle Duddy | Co-operating for Cancer Care North West |
| Nuala Crilly | Lone Parents representative |
| Patricia Harrigan | Moville & District Family Resource Centre |
| Patricia Hegarty | Strabane/Lifford Women's Centre |
| Paula Leonard | Donegal Travellers Group |
| Peg Sheehan | County Leitrim Partnership |
| Sally Quinn | Down Strand Women's Group |
| Sheila McWilliams | Roe Valley Women's Network |
| Siobhan McElwee | Lone Parents representative |
| Siobhan Sweeney | Omagh Women's Area Network |
| Tina McLoughlin | Mohill Family Resource Centre |



APPENDIX 2

CROSS BORDER PUBLIC HEALTH LEADERSHIP PROGRAMME FOR WOMEN

Name

Caroline Callaghan
Caroline Harkin
Fiona Doherty
Maria Herron
Mary Doherty
Mary English
Mary McGeehan
Mary McKiernan
Mary McKinney
Nuala Crilly
Pauline McGeown
Peg Sheehan
Siobhan Sweeney
Virginia Fox

Organisation

Health Service Executive
Foyle Women's Aid
Donegal Domestic Violence Services
NCH – The Childrens Charity
Inishowen Women's Outreach
Second Chance Education Project for Women
Inishowen Partnership
Community Activist, Leitrim
Moville & District Family Resource Centre
Community Activist, Derry
Age Concern
County Leitrim Partnership
Omagh Women's Area Network
Donegal Women's Network



APPENDIX 3 ORGANISATIONS INVOLVED IN LEVELLING UP

Organisation

An Munia Tober
Association of Secondary Teachers Ireland (ASTI)
Border Action
Comhairle Na Gaelscolaíochta
Co-operating for Cancer Care North West (CCCNW)
Cooperation and Working Together (CAWT)
Council for the Curriculum, Examinations and Assessment (CCEA)
County Leitrim Partnership
Department for Education, Northern Ireland (DENI)
Department of Education and Science (DES)
Department of Social and Family Affairs (DSFA)
Derry City Council
Derry Travellers Support Group
Derry Well Woman
Donegal County Childcare Committee
Donegal County Council
Donegal Domestic Violence Service
Donegal Education Centre
Donegal Vocational Educational Committee (VEC)
Down Strand Women's Group
Early Years, the organisation for young people
Educational Guidance Service for Adults (EGSA)
Fermanagh District Council
Forum in Omagh for Community Understanding and Support (FOCUS)
Foyle Women's Aid
Foyle Women's Information Network
Health Service Executive (HSE)
Higher Education Authority (HEA)
Inishowen Partnership
Inishowen Women's Outreach
Irish Congress of Trade Unions (ICTU) Northern Ireland
Irish National Teachers Organisation (INTO)
Irish Primary Principals Network (IPPN)
Learning and Skills Development Agency (LSDA)
Leitrim County Council
Leitrim Vocational Education Committee (VEC)
Letterkenny General Hospital
Letterkenny Institute of Technology
Lifestart
Middletown Centre of Excellence for Autism
Moville & District Family Resource Centre
National Educational Psychological Service (NEPS)
NCH – The Children's Charity
North & West Housing
North South Exchange Consortium (NSEC)



North South Ministerial Council (NSMC)
North West Regional College
Northern Ireland Housing Executive (NIHE)
Omagh District Council
Police Service Northern Ireland (PSNI)
Roe Valley Women's Network
Second Chance Education Project for Women
Sligo County Childcare Committee
Sligo VEC
Southern Education and Library Board
Strabane District Council
University of Ulster
Western Area Childcare Partnership
Western Education and Library Board
Western Health and Social Care Trust
Western Health and Social Services Board
Workers Educational Association (WEA)

APPENDIX 4 MEMBERS OF THE CROSS BORDER WOMEN'S HEALTH NETWORK

NETWORK MEMBERS

Northern Ireland Statutory Organisations

Western Health and Social Care Trust
 Western Health and Social Services Board
 Educational Guidance Service for Adults (EGSA)
 Equality Commission for Northern Ireland
 Social Security Agency
 Northern Ireland Housing Executive
 Derry City Council
 Fermanagh District Council
 Limavady Borough Council
 Omagh District Council
 Strabane District Council
 Western Education and Library Board
 Business in the Community

Cross Border Partnership Organisations

Cooperation and Working Together (CAWT),
 Centre for Cross Border Studies

Republic of Ireland – Statutory Organisations

Health Services Executive – North West Division
 Office for Social Inclusion
 Combat Poverty Agency
 Donegal County Council
 Sligo County Council
 Leitrim County Council
 Donegal Vocational Education Committee
 Donegal Education Centre
 Sligo Vocational Education Committee
 Sligo Education Centre
 Leitrim Vocational Education Committee

CROSS BORDER WOMEN'S HEALTH NETWORK

Northern Ireland Community and Voluntary Organisations

Derry Well Woman
 Foyle Women's Aid
 Foyle Women's Information Network
 Strabane/Lifford Women's Centre
 Roe Valley Women's Network
 Fermanagh Women's Network

Republic of Ireland Community and Voluntary Organisations

Border Action
 County Leitrim Partnership
 Co-operating for Cancer Care North West (CCCNW)
 Community Connections Community Development Project
 Donegal Women's Network
 Inishowen Partnership
 Inishowen Women's Information Network
 Inishowen Women's Outreach
 North Leitrim Women's Centre
 Women's Health Council of Ireland
 Sligo Leader Partnership

