



women's
RESOURCE & DEVELOPMENT AGENCY
Supporting Women's Groups and Networks Across Northern Ireland

Newsletter ~ February 2022

Addressing Inequalities in Cancer Screening Uptake during the Pandemic

The PHA contracts with the Women's Resource and Development Agency (WRDA) to deliver a regional, peer-led service to help tackle inequalities in cancer screening. The service aims to raise awareness and promote informed choice in breast, cervical and bowel cancer screening. It is targeted at

people living in deprived areas and those identified in Section 75 of the NI Act 1998.



Working with individuals, communities and the voluntary sector to reduce the impact of health inequalities is at the core of the PHA's values and was noted in the NI Draft Cancer Strategy (2021-31):

Health inequalities are associated with lower symptom awareness, later presentation and lower uptake of services including screening. Inequality across NI means there are potentially avoidable variations in outcomes, patient experience and survival.

The WRDA's programme of work includes community outreach, recruitment and training of peer facilitators and delivery of cancer screening awareness sessions in community venues. The WRDA tailor awareness session content to the needs of the attendees and deliver bespoke sessions for those with additional support needs. They work closely with community groups, charities and carers, and can arrange translation and child care services to ensure sessions are accessible.

Covid-19 brought a swift halt to this model of service delivery. There followed a hiatus for brainstorming, community engagement and training for the team and facilitators, from which an innovative programme of online delivery emerged. The new programme comprised Zoom sessions, a pre-recorded webinar and a series of animated videos providing information.

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**A Visible Force
for Change**



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Addressing Inequalities in Cancer Screening Uptake during the Pandemic

During this time, the WRDA continued to develop their relationships with key groups, targeting BAME, LGBTQ+ and those with sensory impairments in particular. Engagement with the British Deaf Association resulted in co-production of adapted online awareness sessions, filmed with a British and Irish Sign Language translator, along with subtitles, to make these more accessible for deaf or hearing impaired service users.

As covid restrictions relaxed, the WRDA noted a huge demand from community groups for delivery of in-person awareness sessions, amid fears around undiagnosed cancer cases following covid-related disruption to services. In response, the WRDA began once again to offer in-person delivery of cancer screening awareness sessions, (with due regard for social distancing and other public health guidelines). Online delivery of sessions has also continued, with demand for each modality varying as the pandemic unfolds.

In responding to the pandemic, this service has benefitted from having to develop and trial new ways to engage with those most in need in order to promote informed choice in cancer screening. This hybrid model of service delivery is likely to continue into the future.

This post was written by Dr Catherine Bane, Project Manager, PHA

Health Inequalities & Hostile Environment for Migrants & Black & Minority Ethnic People

This is an excerpt from the WPG response to the Refugee Integration Strategy Draft Consultation.

“Black, [Asian] and Minority Ethnic (BME) communities are generally considered to be at increased risk of poor mental health and frequently have less confidence using available services (Rooney, 2013).” Furthermore, Black, Asian and minority ethnic people living in Northern Ireland are at a heightened risk of discrimination and racist hate crimes in Northern Ireland. Prejudice and hate crimes impart a significant psychological toll on victims. Any attempt to address the mental health needs of the Black, Asian and minority ethnic community in Northern Ireland needs to encompass a strategy to combat racism, particularly institutional racism in the health care system.

Some of the identified challenges to minority ethnic and migrant communities accessing mental health services include language barriers, discrimination, difficulty with GP registration and other aspects of accessing care and the stigma associated with accessing mental health services. Further, the culture and power dynamics of psychiatry – a field dominated by white men – can be off-putting to BME people attempting to access care.

A report commissioned by Migrant Centre NI and the Black and Minority Ethnic Women’s Network found that a substantial minority (34.7%) of migrant women surveyed did not know or were unsure of what healthcare they were entitled to under their immigration status.

Health Inequalities & Hostile Environment for Migrants & Black & Minority Ethnic People

Though there is interpreter provision available through the NHS, in practice some women report that they are not always provided with interpreter services even upon request and 16.6% of BAME women surveyed report being unable to adequately express their needs to their healthcare provider. Black African and Caribbean Women rated their experiences of healthcare among the most negative of all respondents.

These women, compared demographically to the rest of the group, represented a lower proportion of English speakers, a higher proportion of refugee and asylum seekers, higher rates of unemployment, lower household income and lower levels of educational attainment. This is illustrative of the impact of systemic racism and anti-Blackness to account for even starker levels of health inequalities for Black African and Caribbean communities.

Refugee and asylum seekers reported additional health needs related to the trauma of persecution and fleeing their countries of origin which are not adequately addressed by local health providers due to lack of awareness, lack of resourcing, perceived discrimination, or the barriers outlined above. Women with no or low levels of formal education reported the highest levels of need compared to the group, particularly the need for interpreter provision, being able to communicate healthcare needs, comfort with exclusively seeing a female GP, comfort expressing women's health issues and unmet healthcare needs, in particular, gynaecological and sexual healthcare needs. Women who took part in the survey made specific reference to community organisations who helped them to access care including GP registration and assistance with appointment scheduling, highlighting the importance of adequate funding and resourcing for organisations doing this work.

Health outcomes for Traveller communities in Northern Ireland are among the worst in the country, illustrating severe disenfranchisement and systemic neglect. A report completed by Strabane Access Youth Engagement commissioned by Migrant Centre NI found that health outcomes in Traveller communities were not only lower than those in the general population but also compared to those in other socially deprived areas. 33.5% of all respondents surveyed reported their health as "poor" or "very poor." 89.5% of respondents indicated that at least one person in their household has a disability or limiting long-term illness. Irish Travellers are nearly seven times as likely to die by suicide than the general population. From a gendered perspective, there are severe inequalities in maternal healthcare, with Traveller women experiencing significantly higher rates of miscarriage, stillbirth, neonatal deaths as well as maternal deaths during and shortly after pregnancy.

Article 12 of the International Covenant on Economic, Social and Cultural Rights provides the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and includes steps which should be taken by states to achieve this. The UN Committee on Economic, Social and Cultural Rights has clearly stated that this obligation also applies to migrants with or without status. The right to health and wellbeing is also found in Article 25 of the Universal Declaration of Human Rights. Therefore, removing barriers to access to healthcare is an approach grounded in human rights.

Lets Talk About Our Pelvic Floor! Workshop Announced

Lets talk about our pelvic floor! It's time to break the stigma and increase awareness of the importance of pelvic floor exercises before and after giving birth and for life! Pelvic floor related problems are extremely prevalent for women with incontinence and pro- lapse being common but seldom talked about conditions.

This event will have contributions from physiotherapy, an incontinence nurse and the School of Midwifery at Queens University. Breaking the stigma and ensuring that women have the correct information is essential and has the potential to prevent women developing related problems.

You can sign up here: <https://bit.ly/3HsmhPN>

The struggle to save the Regina Coeli hostel is directly connected to the struggle against gender-based violence

WRDA supports the staff and women of Regina Coeli hostel in their fight to maintain this essential service. We believe this essential service should be provided by the state and properly resourced.

You can find out more about why we support this cause and how you can get involved [here](#).

Women Delivering Change: WRC Conference



Don't miss this opportunity have your voice heard. You can sign up [here](#).

At our Women Delivering Change Conference you will have the opportunity to ask questions to a panel of MLAs. The questions you ask will be developed by the Consortium into a resource accessible to all women in Northern Ireland. Women will be able to use this resource during the upcoming Assembly Election campaign to challenge candidates in their area and ensure they are voting for people who will deliver for women.

Anne McVicker, Director the Women's Resource and Development Agency will introduce the Women's Regional Consortium Annual Report. You will be able to find out how the Consortium has been working for you in the last year. Speakers to be announced.

