



EWHNET
European Women's Health Network



Women`s Health Network:

**State of Affairs, Concepts, Approaches, Organizations
in the Health Movement**

Country Report Ireland

September 1998

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1. Introduction to the National Women's Council of Ireland

The NWCI is the national representative body of women's organizations in Ireland. There are 152 groups affiliated, including major networks, national organizations, trade unions and political parties. The organization's foundation came about in 1973 as a response from women's groups who wanted to monitor the implementation of the First Commission on the Status of Women Report. The NWCI is a company limited by guarantee with charitable status funded primarily by the Department of Justice, Equality and Law Reform. In 1996 social partnership status was attained and the NWCI has since worked closely with Government and other bodies to ensure that gender equality becomes embedded into the fabric of Irish society. Its core mission includes:

- Shaping society so that all women can achieve their true potential
- Ensuring that the law advances equality
- Achieving access to appropriate, affordable and quality health care for all women
- Monitoring, highlighting and demanding action on the effects of poverty on women, children and their families.

The NWCI seeks to ensure that women's social and economic concerns are communicated clearly to Government and all policy makers. Women's health and how health services are delivered to women has been a priority since the organization's inception twenty five years ago. Because of this commitment to quality end user service provision the Department of Health invited the NWCI to work co-operatively in a venture to ascertain what women want from the health services available to them. This collaboration has been ongoing since 1995, but has been recently re-energised with a mandate to all local Health Authorities to produce a Women's Health Plan to be implemented and evaluated in each regional catchment area.

What follows is a brief history of the Women's Health Project to date. It delineates the process, planning and supports needed to ensure success.

2. History of Women's Health Consultation Process

In June 95 the Irish Department of Health launched a discussion document on Women's Health. A consultative process followed, in conjunction with the National Women's Council of Ireland, (between August 95 and March 96) whereby each Health Board (Regional Health Authorities - there are eight in the Republic of Ireland) consulted with women regarding what sort of health service they wanted.

The following table shows the priority issues and requests for services that surfaced in each Health Board area:

Health Board	Priority Issues Raised By Women During Health Consultation Process	Specific Services Requested
Eastern Health Board	Greater input into planning of services by women Easy access to health information literature Pregnancy, menstruation and menopause to be treated as normal life events	Better support for women in crisis i.e. domestic violence, carer crisis, accidents Improved access to services for rural women More pro-active approach to health promotion and health education Counselling services available through GPs or other clinics
Mid Western Health Board	Better access to appropriate, timely and relevant information on health Women not seen as the primary focus of the health service Lack of representation of women in decision making processes	Personnel in GPS, hospital and community settings to have provide more women friendly services Services to be improved with regard to counselling, family planning, maternity services, traveller women and domestic violence
Southern Health Board	Information and education (locally) Consistency and equity in access to services Improved inter-professional and inter agency links Better representation of women in senior levels of health services	User friendly services by appointment Accessible and affordable counselling More support for carers Reproductive health services to be improved Women friendly health centers and hospitals Implementation of National Breastfeeding Policy
Western Health Board	Breast cancer, pregnancy/childbirth, cervical cancer, stress, support for carers, menopause, gynaecological problems, support for mothers, mental health and family planning	Compulsory breast screening, counselling, more information on treatment Better appointment system during pregnancy More counselling before and after pregnancy Better access to smear testing in rural areas
North West Health Board	Lack of information on services and health issues Lack of choice and female consultants More open attitude towards complementary medicine	A 'healthy women's service' incorporating counselling, family planning, information and advice, with referral to primary services Women's health center in each community care area Central information point with free phone number

North Eastern Health Board	Lack of rape crisis facilities in area Lack of family planning information Holistic approach to mental health	Better support, counselling and addiction services based in a center in the region 'one stop shop' advocated specially for promoting information and education
Midland Health Board	Easier access to health services for disadvantaged women Violence against women and children Breast cancer - detection and screening	Cervical and mammography services to be increased Better support for women post trauma Better provision for physically disabled women
South Eastern Health Board	Under representation of women on Health Board Consultation process to continue Training in domestic violence issues for all health board staff	'One Stop Health Shop' with counselling, family planning, health education, promotion, childminding and information on all services Breast and cervical cancer screening to be improved Women's refuges to be set up in each community care area

Each Health Board produced a report on this consultation process where women's priorities and concerns were recorded. These regional reports were then submitted to the Department of Health.

Subsequently, in April 97 'A Plan for Women's Health' was launched by the Minister of Health. This plan incorporated the regional findings of the consultation process into a national Plan for Women's Health from 1997 to 2000. The plan is action based and responds to issues raised at local level during the consultation process.

3. Department of Health's Objectives for the Plan for Women's Health

- Maximise the health and social gain of Irish women.
- Create a women friendly health service.
- Increase consultation and representation of women in the health services.
- Enhance the contribution of the health services to promoting women's health in the developing world.

The Plan for Women's Health gives the performance indicators by which the plan can be monitored and evaluated as:

- Reduction in the gap in health indicators for Irish women and women in the EU.
- Increased representation of and consultation with women in the health services.
- Ongoing evaluation of women's experience of the health service.
- Health issues which have been raised as important by women will be addressed.
- Access to information on health.
- Health services becoming more user friendly.

The main elements of the Plan for Women's Health at both national and regional levels are laid out below:

Issue	National Plan	Regional Plan
Women do not feel adequately informed about maintaining and promoting healthier lifestyles	Department of Health to work with women's organizations at national level to develop and enhance consultation and co-operation for health promotion	Health Boards to work with women's organizations at regional level to develop and enhance consultation and co-operation for health promotion
Reduce premature mortality Especially from cardiovascular disease, cancer and accidents	Department of Health to collaborate with other bodies nationally to achieve targets to reduce deaths Department of Health to implement a national breast screening programme by 1999	Inform women of benefits of healthy lifestyles Health Boards to work with women's organizations to increase knowledge of dangers of smoking
Childbirth	Department of Health to encourage maternity hospitals to co-op with Health Boards. Department of Health committed to national breastfeeding policy	Provide comprehensive approach to supporting mothers & babies
Family Planning	Department of Health to review implementation	Outline steps to develop services
Abortion	Department of Health will develop an effective and targeted educational programme based on conclusions and recommendations of the abortion research study	

Menopause		Health Boards to review service provision, to ensure services are provided with a higher degree of sensitivity
Mental Health	Department of Health will commission research on factors which undermine women's mental health Department of Health will work closely with NWCi to promote and protect women's mental health by implementing the Health Promotion Strategy	Promote women's mental health via counselling, information, support for self-help groups and liaison between primary health & mental health services
Violence against Women	ensure implementation of section 6 of Domestic Violence Act play full role in co-ordination of Government policy work closely with training and education bodies to increase awareness of professionals of violence against women	develop support services for women and children who are victims of violence. Provide counselling, specialist investigation and treatment services for victims of rape and sexual abuse
Women with Special Needs	Department of Health and Health Boards will ensure a high priority is given to improving the health of women who are socially and economically disadvantaged	Department of Health and Health Boards will ensure a high priority is given to improving the health of women who are socially and economically disadvantaged
Young Women	Department of Health will continue to work with Department of Education to develop programmes to promote the personal and social development of young women.	Health Boards will develop programmes to reduce the rate of unplanned pregnancies among teenage girls. Health Boards will provide greater support to young single mothers and their children.
Women as Parents		Community Mothers Scheme to be extended to all health boards.
Women as Carers	Minister of Health to continue to prioritise development of services for disabled and dependent people including respite and home support services for carers.	Health Boards will consult with carers about their service requirements, foster self-help groups and fund voluntary organizations supporting carers.
Older Women	The Minister committed to promoting healthy ageing and to ensure that targets of the	Health Boards will review standards of care of dependent elderly patients in voluntary

	Health Strategy, in relation to dependent elderly old people are achieved.	and private nursing homes, in hospitals and homes.
Women in Prison	Department of Health and Health Boards will work closely with prison authorities to develop programmes for drug addicted women, to improve mental health services and ensure co-operation in relation to maternity and child care services for women prisoners.	
Women and Drug Misuse		Health Boards to continue to support prevention activities. Regional and local drug teams will co-ordinate voluntary and state activities.
Lesbian Women		Health Boards will be asked to ensure that health professionals are informed on lesbian health issues and that staff respect the sexual orientation of lesbian women.

4. National Women's Council's Objectives From the Women's Health Process

A distillation of all eight regional consultation reports indicate that the following are the objectives of the NWCI's involvement in this process:

- A women friendly health service.
- Improved and developed women's health services.
- Accessible and relevant information on women's health issues.
- Complementary health services.
- Holistic model of health services
- Ongoing consultation with women by health services providers.
- Greater representation of women in health services.
- Consultation, involvement, respect, empowerment and choice offered to women.
- A commitment that the partnership between Department of Health and NWCI will continue for implementation and monitoring of the Plan for Women's Health.

The above objectives of the National Women's Council are translated into action and outputs at regional level via participation in the Women's Health Advisory Committees. These regional advisory committees on women's health, initially set up during the consultation phase have been started up again in some health boards, with the NWCI health representatives (called counterparts) invited to sit on these committees. The regional women's health plans provide a focus to promote women's health, to improve health services for women and to develop constructive dialogue between women and health service providers.

5. How the NWCI Can Ensure That the National Plan for Women's Health is Implemented at Regional Level

The following extracts of the Plan for Women's Health clearly state the Health Boards' responsibilities vis a viz the implementation of the regional women's health plans.

- Each health board provides a mechanism by which women can be consulted about health issues and priorities, either by way of a single advisory committee or consumer groups.
- Each of these advisory committees is to include at least two representatives of the National Women's Council.
- Each health board will prepare a regional plan for women's health to implement the commitments of the national plan and the issues identified during the consultative process over the period 1997 to 1999.
- Health boards will review their staff development training in relation to attitudes to women clients and patients.
- Health boards will be asked to cost their proposals and to prioritise items over the course of the years 1997 - 1999.
- These regional plans will be considered by the advisory committee on women's health before being finalised.

The following table gives the actual status of each of these regional Women's Health Advisory Committees and it is easy to discern that the objectives stated in the Plan for Women's Health have in many cases not been actioned or progressed to a quantifiable degree.

Health Board Women's Advisory Committees	Progress and Current Status
Eastern Health Board	Between 6000 -8000 women were consulted during the process. By late 1997 the Women's Health Advisory committee had completed its plan. This has subsequently been approved approved by the Eastern Health Board and submitted to the Department of Health. The plan costs £4 million to implement but only £1.57 million has been approved with no increase from 1997's budget.
Mid West Health Board	This Health Board did not produce a proper report on the consultation process in 1995 –1996. The Women's Health Advisory committee does not appear to have a strong sense of its objectives and that its brief is to produce and implement a regional women's health plan. It has met once so far. On 28.5.98, our counterpart Madeleine McAleer is holding an information session with local women's groups, with input from the CEO and the NWCI consultant. This will be followed up with a series of six workshops so that women's groups will be informed of the process and will feed into the committee with their needs.
Western Health Board	Report on the initial consultation process was never published. A draft plan has been produced and submitted to the CEO Summer 1997
South Eastern Health Board	The Women's Health Advisory Committee has not yet met since the initial consultation process of 95 -96.

Midland Health Board	This committee submitted Part 1 of its women's regional health plan to the Midland Health Board by the end of 97, to which changes have been recommended by the NWCI Counterparts. There is a strong emphasis on anti smoking measures which does not reflect the priorities identified by women during the consultation process.
North Eastern Health Board	This committee has held two meetings. The second meeting in May 98 was a series of presentations from all interested parties on the committee. As yet the committee has not terms of reference nor has a plan been devised, yet a positive attitude is displayed towards the consultation process
Southern Health Board	The initial consultation process was perceived to be very positive with access to health services (including maternity services) and counselling prioritised by women in the region. The committee began meeting in late 1997, and has met four times to date . In May 98 it released a draft women's health plan with costings.
North West Health Board	This committee has met twice, including a full day's session to establish the current status of all women's health services in the region.

The current situation where by in May 1998, only three regional women's health plans have been drafted (Eastern Health Board, Western Health Board and Midland Health Board) cannot inspire confidence. It appears as if some Health Boards are experiencing delays and are unclear as to their exact remit. Some of the National Women's Council representatives on these committees have expressed frustration at the slow pace and progress with regard to drafting, costing, approving, implementing, monitoring and evaluating the regional plans.

In order to expedite and facilitate progress on the regional Women's Health Advisory Committees the NWCI is committed to the following actions :

- Establishing and maintaining close links with Chief Executive Officers and Women's Health Co-ordinators in each Health Board. Regular meetings and correspondence highlighting the progress/status/problems being encountered by counterparts to be initiated and maintained.
- Ensuring that each Health Board is clear on what their responsibilities under the regional plans are, that they are aware of the requirements to implement and monitor the plans, that they continue to dialogue with women in their catchment areas and that they allocate funds accordingly.
- If the dissatisfactory status of some of the Women's Health Advisory Committees and progress on their regional plans persists, that the NWCI will take firm steps at Ministerial level to expedite these problems.
- Creating greater awareness and understanding of counterparts' roles and objectives at local level by gathering data of what groups exist and are active in counterparts' catchment area and facilitate information exchange highlighting the process.
- Initiating and maintaining a communication and information strategy at local level so all women's groups know of the process, who their counterparts are (an how to contact them) and how the regional plan is progressing. This needs to be done in a consistent manner.
- Encouraging interest at local level via a local media drive (local press, radio, notice boards, groupmailings).
- Facilitating application of pressure from local women's groups, via the counterpart, if dissatisfaction with plan's progress is strong (methods for lobbying could include open letter/petition to Health Board, targeted questionnaire with published results, lobbying of local representatives, using media).

6. Suggestion for NWCI Support of the Counterparts in Their Role on the Women's Health Advisory Committees at Regional Level

To create a more focused support service which offers an analytical framework from which the counterparts can operate confidently at committee level. The internal NWCI process by which an analytical context for certain health issues can be achieved could encompass a distillation into briefing papers of health issues after discussions with the NWCI Health Panel, policy analyst, executive board and counterparts.

To establish an information service (parametered and dependent on in-house resources) for counterparts whereby they could request and receive particular information on relevant issues. Counterparts themselves may be the repositories of much valid information. The information service could also consider acquiring, pooling and distributing relevant information from counterparts, health panel members, staff and others. This information support to the counterparts will increase their knowledge and confidence and thereby their effectiveness on the committees.

To foster a closer and more consistent relationship with each counterpart whereby contact is regular and the information/issues come directly into the NWCI so speedy steps can be taken to redress negative events or lack of progress. This 'hub' model of information and support should decrease the isolation of counterparts and increase the NWCI's knowledge of their progress at regional level. It will also embed the NWCI deeper into the process for the counterparts, women in local groups, and the Women's Advisory Health Committees. NWCI's increased visibility will strengthen the Council's ability to lobby for action/progress at regional and national level.

To provide the counterparts with a clear action plan containing information on

- How to progress their priority issues at regional level.
- What steps to take if these issues are side tracked, ignored or de-prioritised.
- Map clearly indicating all relationships; counterparts, health panel, NWCI executive and staff, Health Boards, Department of Health and all committees sitting on health.
- How to write plans that can be monitored.
- How to ensure that ongoing consultation is budgeted for within the regional plans.
- At implementation stage, ensuring that monitoring mechanisms which work (and focus on areas of commonality) are incorporated into the plans.

7. How the NWCi Can Ensure Effective Linkage of all Players in the Women's Health Consultation Process

- By creating an effective information flow whereby the NWCi Health Panel Chair, Health Panel members, NWCi executive and staff, counterparts are all kept up to date with progress of the Health Process at both national and regional level.
- By establishing and meeting information needs of all interested parties including distributing health panel minutes and Executive Board reports to counterparts

8. How the NWCI Can Ensure That the Plan for Women's Health Remains a Priority for the Department of Health at National Level

- By engaging with the Minister of Health (with accurate information as to current status on all Health Board Advisory Committees on Women's health and national committees) and signalling our strategic intent to prioritise the Women's Health Project.
- By communicating clearly to the Department its responsibility in relation to expediting the Plan for Women's Health .
- By ascertaining the Department's commitment to financing the Health Process.
- By highlighting the delays, lack of clarity at Health Board level which could hinder progress of the development of women's health plans at regional level.
- By requesting that the Department of Health issues uniform terms of reference, clear guidelines and budgetary information to all Health Boards so as to support the progress at regional level.
- By establishing and maintaining appropriate relationships with Department of Health officials.
- By initiating a carefully timed and managed media campaign.

9. National Women's Council affiliate groups with a Health Focus

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Irish Family Planning
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Positive Action
(Hepatitis C support and
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Reach to Recovery
(Breast cancer support group)
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