

Appendix 7.2

Together 4 All

Report on Existing Needs Assessment for Lurgan,
Brownlow, Aghagallon and Bleary

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ACKNOWLEDGEMENTS

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1 Introduction

This is the report of an analysis of existing needs assessment reports on children, young people and families in Lurgan, Brownlow, Aghagallon and Bleary.

The study was commissioned by Together 4 All and was carried out by an independent consultant, Tony Macaulay (Macaulay Associates) between March and April 2007.

Together 4 All is a new local pilot partnership project which aims to improve support for all children, young people and their families in the Lurgan, Brownlow, Aghagallon and Bleary and also with ethnic minority groups across the Southern Health Board area.

The project has received significant funding from Atlantic Philanthropies, an independent funding organisation, to plan and work with the local community this year, to develop the possibility of a major Family Support Project which could run for the next 10 years. This study of existing needs assessments is part of the planning process.

The research brief was to produce a summary of existing needs assessment reports using the method provided to Together 4 All by the Dartington Social Research Unit.

This report is one strand of a needs assessment process currently being undertaken by Together 4 All. Its main focus is on drawing on the findings and recommendations of existing needs reports. It does not attempt to provide a comprehensive need analysis of the target areas and does not make definitive recommendations in isolation from the data currently being collected and analysed within other strands of the needs assessment process. It is inevitable

that in bringing together large amounts of information into one, short document that some of the detail is lost. However, this report endeavours to summarise the most relevant information available to contribute to the planning process.

2 Method

The research method involved the following steps:

(a) Collation and logging of reports

12 reports that related to the needs of children, young people and families in Lurgan, Brownlow, Aghagallon and Bleary were identified by the commissioning body (Together 4 All). The consultant researched and identified an additional 3 relevant reports through additional web based research. This research found that there were a limited number of published existing needs assessment reports on children and young people focussing on the target areas. For example no reports were identified specifically assessing these needs in Bleary or Brownlow.

Most of the reports had a broad Craigavon, Craigavon and Banbridge, or Southern Area focus.

Three of the reports contained raw data only such as deprivation indices and did not attempt to assess need, draw conclusions or make recommendations.

Several reports were reviews of services and presented strategic priorities, but did not attempt to assess need or provide a set of findings or recommendations.

Some of the reports were not focussed primarily on the needs of children and young people. Some of the reports were dated (2000).

Few of the reports included a clear set of findings and recommendations although it was possible to draw out some relevant findings and recommendations from within some of the reports.

15 reports were analysed and logged including the objective of the report, the

target population, the commissioning body and researcher and the method employed. The report log is in Appendix I.

(b) Summarising main points

Each report was analysed and summarised including

- Area covered
- Date
- Focus population
- Method
- Strengths and weaknesses of the method
- Main relevant findings
- Main relevant recommendations

(c) Draft Overview Report

The summaries were then analysed and the key points and recommendations were identified under the following headings:

- Living situation
- Family and social relationships
- Social and antisocial behaviour
- Physical and psychological health
- Education and employment
- Other

The findings and recommendations for each of the different headings were then written up along with a description and assessment of the methods and a conclusion identifying relevant cross cutting themes. This draft overview report was presented to Together 4 All for comments and the feedback received is reflected in this final report.

(d) Final Report

This final report includes extended examples under in the key points and key recommendations sections. It presents the cross cutting themes relating to children, young people and families, for Together 4 All to consider, as it plans its interventions.

3 Executive Summary

Introduction

This is the report of an analysis of existing needs assessment reports on children, young people and families in Lurgan, Brownlow, Aghagallon and Bleary. It is one strand of a needs assessment process currently being undertaken by Together 4 All. Its main focus is to draw on the findings and recommendations of existing published needs assessment reports in the project area.

Conclusions

The main cross cutting themes that emerged, relating to children, young people and families, for Together 4 All to consider, as it plans its interventions are as follows:

- 1) A more focussed needs assessment of the needs of children, young people and families in the target areas is necessary, particularly in Bleary and Brownlow and Protestant communities with lower community infrastructure.
- 2) There is a general lack of services for 0-3 year old children in the area.
- 3) There is inadequate training for staff in specific early years areas such as out of school care and Parent and Toddler schemes.
- 4) The health needs of young people identified include promoting healthy eating and smoking cessation.
- 5) There is a general lack of youth clubs in which young people can participate in more physical activities
- 6) There is a general lack of play areas, youth clubs and youth workers and venues for youth at the week-end.
- 7) Mental health needs of young people in the area include depression, suicide, self harm and bullying in schools.

- 8) Young people need support with eating disorders, family break-ups and relationships.
- 9) The main community safety needs are fear of crime and antisocial behaviour, raising awareness of domestic violence, binge drinking and under age drinking, drug abuse, date rape and physical safety of young people.
- 10) There is a lack of jobs, a lack of youth facilities, a lack of general community facilities and an inadequate transport system in Aghagallon.
- 11) There is a lack of jobs, high emotional stress levels, a lack of youth facilities, unemployment and alcohol abuse (particularly teenagers drinking in the street) and a need for a children's playground in North Lurgan¹.
- 12) Children with disabilities and those from ethnic minorities are disadvantaged with gaps in provision, lack of funding, unmet need and inequality of access to services.
- 13) There are significantly increasing numbers of migrant workers and their school age children in the Lurgan area.
- 14) There is a need to address the isolation of mothers with babies in migrant worker families and young mothers with postnatal depression
- 15) Travellers within the Craigavon area are experiencing multiple deprivation including a high morbidity and mortality rate, a high level of mental ill health, lack of knowledge of a range of health issues such as smoking, exercise, healthy eating, and maternal care, illiteracy, no formal education, and lack of proficiency in the English language
- 16) There are barriers to accessing services for Black and Minority Ethnic groups including language barriers
- 17) Racism exists at different levels (ranging from prejudice in service

¹ This recommendation dates from 2000 – a playground was subsequently built

provision across to violent hate crime) in the area

- 18) There is a lack of suitable childcare service for the many Chinese families who work in the evenings in the catering industry

4 Key Facts

Together 4 All established a working group to define the geographical area to be covered by the project. The area was to include approximately 10,000 children, contain a mix of more deprived and less deprived areas, include a rural area alongside the main urban area and have a mix of Catholic and Protestant families, as well as increasing numbers of migrant workers, families from the Travelling community and a sizeable, settled Black and Minority Ethnic community. The project boundaries agreed are shown in Table 1 below. The total 0-18 population in the area was approximately 11,514.

Table 1: Together 4 All Project Area by Super Output Areas

Super Output Area (SOA)	0-18 population
95LL01S1 Aghagallon 1	691
95LL01S2 Aghagallon 2	595
95LL05S1 Bleary 1	530
95LL05S2 Bleary 2	619
95LL07W1 Church	482
95LL09S1 Court 1	576
95LL09S2 Court 2	372
95LL12S1 Drumgask 1	665
95LL12S2 Drumgask 2	614
95LL13S1 Drumgor 1	425
95LL13S2 Drumgor 2	496
95LL14S1 Drumnamoe 1	538
95LL14S2 Drumnamoe 2	590
95LL18S1 Knocknashane 1	293
95LL18S2 Knocknashane 2	370
95LL20W1 Mourneview	808
95LL21W1 Parklake	500
95LL22W1 Taghnevan	845
95LL26S1 Woodville 1	580
95LL26S2 Woodville 2	725
Parkmore (part of Kernan ward)	200 (approx)
TOTAL	11,514

Source: Together 4 All: Proposed geographical area Lurgan / Brownlow / Aghagallon / Bleary, 2006

The various reports on deprivation in these areas indicated:

(a) Income Deprivation

Drumgask, Drumgor, Drumnamoe, Court, Church and Taghnevan wards are ranked in the top 10 most deprived wards in Craigavon for Income Deprivation.

(b) Income Deprivation Affecting Children

Drumgask 2, Drumnamoe 1, Church , Drumgor 2, Drumgor 1, Court 1, Woodville 1 and Drumgask 1 are in the top 10 most deprived super output areas in Craigavon for Income Deprivation Affecting Children.

(c) Employment Deprivation

Court, Drumnamoe, Drumgask, Taghnevan, Church, Drumgor and Woodville wards are ranked in the top 10 most deprived wards in Craigavon for Employment Deprivation.

(d) Health Deprivation and Disability

Church, Drumgask, Court, Taghnevan, Drumnamoe, Drumgor and Parklake wards are ranked in the top 10 most deprived wards in Craigavon for Health Deprivation and Disability.

(e) Education, Skills and Training Deprivation

Drumgask, Church, Drumnamoe, Court, Drumgor and Mourneview wards are ranked in the top 10 most deprived wards in Craigavon for Education, Skills and Training Deprivation.

(f) Proximity to Services Deprivation

Aghagallon is ranked in the top 10 most deprived wards in Craigavon for Proximity to Services Deprivation.

(g) Living Environment Deprivation

Church, Drumgask, Court, Taghnevan, Mourneview, Woodville, Parklake and Drumnamoe wards are ranked in the top 10 most deprived wards in Craigavon for Living Environment Deprivation.

(h) Crime and Disorder Deprivation

Drumgor, Court, Church, Drumgask, Parklake and Taghnevan wards are ranked in the top 10 most deprived wards in Craigavon for Crime and Disorder Deprivation.

(i) Multiple Deprivation Measure

Drumgask, Court, Church, Drumgor, Drumnamoe and Taghnevan wards are ranked in the top 10 most deprived wards in Craigavon in terms of Multiple Deprivation.

Source: NI Multiple Deprivation Measure 2005: Analysis of Deprivation within the Southern Board

In Northern Ireland as a whole, these wards were ranked in the top 20% most deprived:

- Drumgask – Top 10% most deprived wards in Northern Ireland
- Court – Top 10% most deprived wards in Northern Ireland
- Drumgor – Top 10-20% most deprived wards in Northern Ireland
- Taghnevan – Top 10-20% most deprived wards in Northern Ireland
- Church – Top 10-20% most deprived wards in Northern Ireland
- Drumnamoe – Top 10-20% most deprived wards in Northern Ireland

Source: Surestart Area Evidence of Need Report 2007

5 Key Points

5.1 Living situation

There was limited published needs assessment of the living situation of children and young people in the project areas.

The Living Environment deprivation indicators provide some useful primary data relating to living situation. Three types of measures of the quality and ease of access to housing and the physical environment are included in this domain: a sub domain for the quality of housing, a sub-domain for issues of access to housing, and an indicator of the quality of the outdoor physical environment.

As indicated in section 4, Church, Drumgask, Court, Taghnevan, Mourneview, Woodville, Parklake and Drumnamoe wards are ranked in the top 10 most deprived wards in Craigavon for Living Environment Deprivation.

The Bridge Project Community Health Surveys (Reports 3 and 11) of residents of Aghagallon and North Lurgan in 2000 indicated the following perceptions of the living situation of people in those communities:

- A high proportion of residents interviewed in Aghagallon and North Lurgan in 2000 were homeowners.
- A high proportion of residents in Aghagallon viewed the community positively; they perceived the community as safe, with a good community spirit and suitable for bringing up children. Overall they perceived few social problems. However the main problems they identified were a lack of youth facilities, lack of general community facilities and inadequate transport systems.

- Similarly, a high proportion of residents viewed the North Lurgan community positively: they perceived the community as safe, with a good community spirit and suitable for bringing up children. The three main social problems mentioned were lack of youth facilities, unemployment and alcohol abuse (particularly teenagers drinking in the street). The most needed services were identified as a children's playground, a medical centre and a local chemist.

The needs assessments focussing on Black and Minority Ethnic groups clearly identified that Travellers within the Craigavon area are a multiple deprived group. In terms of their living situation, a lack of appropriate accommodation and poor environmental conditions, with no postal address impacts negatively on Travellers' health and well being in Craigavon.

Several reports identified the needs resulting from a significant increase in the number of migrant worker families within the area. National Insurance Number applications indicate increasing numbers of, mainly Polish, migrant workers in the Lurgan area.

The needs of migrant workers include a need for support and advice and more services and educational programmes. There is a need for improved access to services with language being one of the main barriers.

Migrant workers also experienced poor housing conditions and need access to housing benefits. They were also experiencing poor working conditions and long working hours and some families had needs due to financial distress and poverty.

There are particular mental health needs for migrant workers arising from their living situation.

There is also a need for greater social inclusion and a particular need to reduce the isolation of mothers and babies.

5.2 Family and social relationships

There was very limited published needs assessment of family and social relationships in the project areas.

The Health and Social Needs Assessment of the Chinese and Vietnamese Communities Living Within Craigavon and Banbridge (Report 2) provides some relevant information regarding family relationships. For example there are strong indications that the dependency rate of local Chinese families is greater than for the population as a whole.

One indicator of social relationships was the Craigavon & Banbridge Migrant Workers Forum which was set up in January 2003. This Forum involved input from representatives from local statutory bodies and voluntary and community sector organisations that work with migrant workers. The aim of the forum was to focus on the needs of migrant workers coming into Northern Ireland.

5.3 Social and antisocial behaviour

There was limited published needs assessment of social and anti social behaviour in the project areas.

The Bridge Project Community Health Surveys (Reports 3 and 11) of residents of Aghagallon and North Lurgan in 2000 indicated the following perceptions regarding social and anti social behaviour.

- A high proportion of residents in Aghagallon and North Lurgan interviewed in 2000 viewed the community as safe.
- Main social problems mentioned in North Lurgan included lack of youth facilities, unemployment and alcohol abuse (particularly teenagers drinking in the street).

- Aghagallon residents interviewed in 2000 perceived few social problems, but one the main problems identified was a lack of youth facilities.

A consultation with community groups in the Craigavon and Banbridge area in 2006 (Report 15) identified a series of community safety needs. This included:

- fear of crime and antisocial behaviour
- raising awareness of domestic violence
- binge drinking and under age drinking
- drug abuse
- date rape
- physical safety of young people.

Some of the reports included racism under anti social behaviour. (See the example below.)

From the Northern Ireland Housing Executive: Mapping of Black and Minority Ethnic and Migrant Workers in Craigavon in 2006 (report 13)

Police Service of Northern Ireland Race Hate and Crime Figures

The PSNI provide a statistical breakdown of race hate and crime figures by District Command Unit (DCU).

The most recent report made available in May 2006 shows that for Craigavon DCU there were 79 incidents viewed as having racial motivation during the 2004/05 financial year and 78 incidents viewed as having racial motivation during 2005/06.

The totals for Northern Ireland show 813 incidents viewed as having racial motivation during 2004/05 and 936 incidents viewed as having racial motivation during 2005/06.

5.4 Physical and psychological health

There was a range of published needs assessment of physical and psychological health.

Mental health needs identified in the Craigavon and Banbridge areas include depression, suicide and self harm (among both young people and adults.) Bullying in schools was also highlighted as a particular mental health need.

Other needs identified were:

- support for eating disorders
- awareness raising on mental health issues
- a need for post trauma support groups
- support regarding family break-ups and relationships

Health needs of young people identified include smoking, a need for healthy eating and for research into childhood asthma/epilepsy.

The need for youth clubs to participate in more physical activities was highlighted alongside related issues of a lack of play areas, clubs and youth workers and venues for youth at the weekends.

Aghagallon residents interviewed in 2000 reported good health overall. A small percentage reported isolation/loneliness and individuals reported high levels of social support. However, due to lack of transport facilities there were significantly high reports of difficulties in accessing medical facilities such as hospital, GP and chemist.

North Lurgan residents interviewed in 2000 reported good health overall. Emotional stress levels were high but social support was also reported to be high. In terms of access to medical facilities, two-thirds of individuals stated it was difficult to get to hospital casualty. 39% experienced difficulties in accessing their doctor's surgery and 31% stated it was difficult to access a chemist.

Children with disabilities and those from ethnic minorities in the Southern Area were shown to be disadvantaged with gaps in provision, lack of funding, unmet need and inequality of access to services.

A number of specific factors that disproportionately effect sections of the migrant worker population were identified as having a major impact on stress, anxiety, depression and other aspects of mental health and wellbeing. They were employment conditions, housing conditions, isolation (young mothers were particularly vulnerable with postnatal depression a serious issue) and financial distress caused by both employment issues and the lack of a benefits safety net for many migrant workers.

Only 10% of the Traveller community is over 40 indicating a high morbidity and mortality rate. There is a high level of mental ill health and a lack of knowledge of a range of health issues such as smoking, exercise, healthy eating, and maternal care.

Example - From Health and Social Needs Assessment of the Traveller Communities in the Craigavon & Banbridge (Report 12)

Higher than average levels of social deprivation are said to contribute to mental ill health (Rethink, 2005).

From the findings in this report it is evident that Travellers experience high levels of multiple deprivation, so it is not surprising to find that 57% of women and 64% of men quoted lack of appropriate accommodation as affecting their mental well-being.

In addition, 54% of women and 57% of men mentioned lack of basic amenities as also contributing to their poor mental health. 64% of men reported being affected by lack of employment, as did 7% of women. This was further discussed in the men's focus groups, where they reported lack of work as affecting their self-esteem and their image as good fathers and husbands.

An average of 57% of women and 33% of men felt lonely and isolated. This could also be attributed to their experiences of racism as discussed previously.

5.5 Education and employment

Several of the published needs assessment reports identified needs in the project area that related to education and employment.

A high proportion (76%) of individuals interviewed in North Lurgan in 2000 stated that lack of jobs was a major problem facing their community. 42% of interviewees were in employment. Of those not employed 39% stated they would like to be in a paid job. They stated that more jobs in the area and more flexible working hours would greatly improve job prospects.

53% of the interviewees of Aghagallon residents in 2000 were employed. Of those not employed almost half stated they would like to be in a paid job. They stated that help with child care, more jobs in the area and more flexible working hours would greatly improve job prospects.

80% of dependents of the Chinese population studied in 2006 (Report 2) were in full time education. However a key issue in relation to employment in the Chinese community was that 59% of female respondents from the Chinese community in Craigavon and Banbridge in 2006 experienced difficulties, which hinder them from working.

Their main problem was the lack of suitable childcare service.

- 41% of respondents said they didn't know where to go for childcare information.
- 77% of respondents stated that lack of suitable childcare services was the most prominent problem they faced.
- 83% of respondents and their spouse/partner were currently working in the catering industry. Currently, there are no childcare services which operate evening and night time hours in Northern Ireland.

There is a significant growth in the numbers of Black and Minority Ethnic school aged children in the Lurgan area. The numbers of minority ethnic children

enrolled in schools in this area have grown 686% since 2005.

Example

From the Audit of Black & Minority Ethnic Clients Accessing Craigavon & Banbridge Community Trust Services 2006 (Report 1)

Change in the largest Black and Minority Ethnic groups attending school

ETHNIC GROUP	2005	2006	CHANGE
CHINESE	33	49	+ 48 %
TRAVELLER	16	16	~ 0 %
FILIPINO	17	18	+ 6 %
PORTUGUESE	51	100	+ 96 %
ASIAN	33	68	+ 106 %
EASTERN EUROPEAN	10	89	+ 790 %

Whilst the numbers of Traveller children reported as attending school have remained static, other Black and Minority Ethnic groups have shown an increase, with the largest increase being in the numbers of Eastern European (+790%), particularly Polish and Lithuanian. The growth in these particular groups is in keeping with the findings from other services throughout this report. This undoubtedly is as a result of increasing numbers of families moving into this area with school age children.

There are more Black and Minority Ethnic children enrolled in primary schools than post primary schools. The majority Black and Minority Ethnic groups in the primary age range are Portuguese, Asian, Polish and Lithuanian, compared to Portuguese, Chinese, Asian, Polish and Lithuanian in the post primary group.

There is illiteracy, no formal education, and lack of proficiency in the English language amongst more than half the adult Traveller population in the area. This impacts negatively on employment prospects and self esteem and leads to dependency on benefits.

5.6 Other

(a) Access to Services

The most comprehensive published needs assessment reports were reviews of statutory services and as a result, access to services was a significant other key point.

The 2004 Article 20 review of Early Year Services (Report 5) highlighted particular concerns around lack of services for 0-3 year old children in Southern area and the difference in services between areas where the Sure start scheme existed and those where it did not.

The review also highlighted inadequate training for staff in specific areas such as out of school care and Parent and Toddler schemes.

In 2006, community groups in the area identified difficulties in accessing amenities including access to leisure facilities, better community amenities, lack of recreation facilities and open spaces.

A 2006 audit demonstrated a considerable increase in the numbers of Black and Minority Ethnic clients accessing frontline health and social care services including a significant utilisation of Early Years services by Black and Minority Ethnic groups. These increases have significant implications for the effective provision and delivery of Trust services.

If this increasing trend continues, frontline services will struggle to meet the needs of this client group and deliver an equitable, quality service such as is required by equality legislation.

The majority of respondents from the Chinese community (94%) experienced barriers while accessing Trust services. Three main obstacles experienced by the respondents, which reduced their access to health and social services are:

- a) Lack of accessible information
- b) Lack of knowledge as to what services are available

c) Lack of funding for interpreting services.

There is a marked increase in Travellers registering with a GP, but there is a lack of awareness of some of the H&SS Trust services. This is attributed to the lack of accommodation, no postal address and the language used by health professionals and in service leaflets.

Example From Southern Area Article 20 Review 2004

Gaps in Provision in Lurgan Electoral District (including Church, Knocknashane, Mourneview and Parklane wards)

- NICMA have identified a need for additional registered childminders in the 'highest' ranking Church ward.
- Afterschool provision, although increased from previous review, needs to be further developed and increased.
- There appears to be an increase in the ethnic population, mostly Eastern European and the New European Community members within the area. Again we need to have baselines indicating population levels so as to develop services.
- Parent and Toddler groups need to be further developed and increased.

Gaps in Provision in Central Electoral District (including Bleary, Drumgask, Taghnevan, Drumgor and Kernan wards)

- With the very significant expansion since the previous Review, of private housing developments in this area, there needs to be a 'marketing' of childminding in the area.
- Day Nursery Provision would also appear to be a future need and as such this needs to be supported and developed.
- Parent and Toddler groups have, very disappointingly, decreased and this needs to be dealt with especially within an area of high social deprivation.
- The large ethnic groupings of Chinese /Vietnamese, the Travelling Community and the Asian population continues to be disadvantaged. We have improved since last Review but this needs to continue.

There are indications that most migrant workers were still not registering with GPs in 2005. However there was recognition that the situation had greatly improved due to good practice initiatives in HSS and the NGO sector. The main barriers were discrimination and not being released by employers as well as patient awareness and system issues.

At a focus group of community interpreters in 2005, there was support for existing and proposed initiatives within the statutory and non-governmental sector that assisted in the development of service infrastructure to meet specific needs of migrant workers.

(b) Language

All of the published needs assessment reports relating to Black and Minority Ethnic groups highlighted language as a key point.

There was praise for both current interpreting infrastructure and initiatives in the Craigavon area at a focus group of community interpreters in 2005. There were sufficient numbers of clients using several major languages to justify employing specific bi-lingual posts and also to apply language criteria for frontline posts.

The Lurgan/Brownlow Northern Ireland Housing Executive District used interpreters on 19 occasions during the 2005/06 financial year. Main languages requested include:

- Polish (12)
- Lithuanian (2)
- Cantonese (1)
- Portuguese (1)
- Russian (1)
- Punjabi (1)
- Gujarati (1).

There is a need to develop a multi-agency approach to ensure that the delivery of interpreting services for the Chinese community is efficient and effective.

Example from Migrant Workers in Craigavon: A Health and Wellbeing Needs Assessment Focus Group (Report 14)

Interpreting Provision:

A Are there enough interpreters in migrant worker languages available?

Language Grouping	Enough Interpreters to Meet Demand
Portuguese	Not quite. There is a large pool of Portuguese speaking interpreters but it is still sometimes not enough to cover demand more need to be trained.
Russian	Yes, There are currently enough to meet demand.
Lithuanian	No. Only two qualified interpreters urgent need for more. Means Russian speakers are used when patient is not a native Russian speaker.
Latvian	No. Big shortage. As above with Russian speakers
Polish	Not quite. There is a growing pool (12) but often there is a shortage.
Arabic	Yes. The number of interpreters outweighs the demand.
Moldavan	Not quite – there is only 1 interpreter, although not big demand
Romanian & Bulgarian	Yes. At the moment is Ok but the demand will likely increase considerably in 2007 with EU accession.

(c) Racism

Several published needs assessment reports relating to Black and Minority Ethnic groups highlighted racism as a key point.

At a focus group of community interpreters in 2005 there were a broad number of examples where migrant worker clients had been victims of racism or other prejudicial attitudes when accessing services.

Example From Migrant Workers in Craigavon: A Health and Wellbeing Needs Assessment Focus Group (Report 14)

Specific Anti-Migrant Worker Racism

The respondents felt migrant workers were victims of demonisation, stereotyping and a subtle form of racism that, as it was usually unacceptable to be openly racist, it was carried in a more indirect manner.

This included questioning the right of persons to be in the jurisdiction, the attitude they should “go to the back of the bus” in relation to service provision i.e. only receive treatment/services after local persons.

It was also agreed perpetrators of racism were looking for reasons to justify actions and prejudices such as (false) claims regarding migrant workers having a negative impact on the economy were used.

Respondents pointed out that if it wasn't for migrant workers, local factories and schools would have closed and that migrant workers make substantial tax contributions to services, most are not eligible for benefits and in fact subsidise the rest of the population.

6 Key Recommendations

6.1 Living situation

There were only a few relevant recommendations on living situation in the published needs assessment reports identified needs in the project area. These recommendations focussed on the specific needs of Black and Minority Ethnic communities. They were as follows:

- NIHE should consider the Travellers desire for group housing, a Permanent site and a Transit site with all the basic facilities as well as play areas for children.
- There is a need for more effective enforcement of existing housing rights and the enforcement of HMO Health and safety standards in relation to migrant workers.
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Example From Migrant Workers in Craigavon: A Health and Wellbeing Needs Assessment Focus Group (Report 14)

Housing Related Issues

There were examples of overcrowded and impractical accommodation. There was no separation from working life and home life as the two are linked due to the employer supplying the accommodation. There were also reports of incidents of intimidation by housemates due to employers filling houses to above capacity with their employees.

There was considerable stress caused by living with unknown persons this was described as a 'mental health disaster' There were examples of individual workers mixed with family groupings. One example was quoted with 10 people mixed in one house namely four to six single men and a family together.

There were examples of abuses and discrimination in housing. The attitude of some Landlords/ladies was that they perceived they could 'get away with anything' in relation to migrant workers who were in a vulnerable position in relation to awareness of and exercise of rights.

Housing conditions that impacted on physical health also had an impact on mental health, for example, lack of control over heating which was rarely turned off leaving houses stiflingly hot. Participants agreed that it was important that the Northern Ireland Housing Executive inspected Houses of Multiple Occupancy (HMO). It was felt the majority of migrant workers would be unaware of the role of the Executive to this regard.

6.2 Family and social relationships

The recommendations relating to family support in the published needs assessment reports were as follows:

- There is a need for promotion of registered childminding; promotion of outdoor play; and maintenance and development of out of school services for the 8+ age group
- There is a need to ensure childcare services promote equality of access to include children with disability and from ethnic minorities. There is a need to collect and collate data on unmet need amongst these groups and to ensure service information is appropriate and available.
- There is a need to develop crèche provision and other services for 0-3 year old children and to secure investment to extend Sure Start scheme into other areas.
- There is a need to ensure a coordinated system of training needs analysis and provision to early years staff, particularly childminders and out of school workers.
- There is a need to prioritise consultation with the 8+ age group and their parents, to explore models of parental representation and to develop effective information systems to deal with parent queries.
- Good practice initiatives in accessing health services in HSS and the NGO sector need to continue for migrant workers. There is a specific need for the development of mother and toddler initiatives and childcare facilities that are accessible to migrant workers as there is acute isolation.

Example From Southern Area Article 20 Review 2004 (Report 5)

Key Messages Arising from the Review

1. Availability & Sustainability of Childcare Provision

- Continue to monitor the sustainability of the sector
- Promote registered childminding
- Maintain the quality and availability of out of school hours services with particular reference to the 8+ age group
- Develop crèche provision and other services for the 0-3 age group and their parents/carers
- Promote outdoor play
- Ensure an appropriate range of childcare settings
- Development of integrated/wraparound service in urban and rural areas
- Further Sure Start investment required

2. Children with Additional Needs including disability, rural children and children from Black and Minority Ethnic groups

- Ensure that childcare services promote equality of access
- Collect and collate information on unmet need
- Ensure that information on services is appropriate and available
- Explore transport solutions as a factor in access to services for rural children

3. Services for 0-3 year old children

- Carry out needs assessments in non Sure Start areas
- Promote the learning from Sure Start to non Sure Start area

4. Training, Quality & Workforce Development

- Clarify the appropriate qualification for out of school hours
- Promote training for childminders including business training for newly registered minders
- Ensure a co-ordinated system for carrying out training needs analysis and effective signposting
- Promote the harmonization of terms and conditions across the sector
- Self evaluation training for Social Work staff and Early Years providers to promote quality and in adopting of forthcoming new standards 247

5. Parental & Children's Participation & Consultation

- Prioritise consultation with the 8+ age group and their parents
- Explore models of effective parental representation
- Develop systems to capture information /queries from parents

6. Information

- Co-ordinate information of holiday schemes and activities and post on web-site
- Develop more effective communication through the SCCP communication working group, development of databases, etc.
- Develop an effective mechanism for obtaining information from providers

7. Community Development & Local Capacity Building

- Address Early Years Team capacity issues
- Develop an Early Years Community Development Strategy
- Capacity within voluntary sector infrastructure

6.3 Social and anti social behaviour

One specific recommendation to address issues of anti social behaviour and fear of crime was that there is a need for intergenerational projects to address the fear of crime and build community confidence in Craigavon and Banbridge.

6.4 Physical and psychological health

The most relevant recommendations relating to physical and psychological health in the published needs assessment reports were as follows:

- There is a need for family based approaches aimed at preventing the onset of obesity in families with young children.
- There is a need for community based programmes to promote self esteem and raise awareness on the holistic approach to health and well-being.
- There is a need for programmes that promote the development of healthy eating in schools.
- Existing gaps in service provision should be identified and the health and social needs of the Black and Minority Ethnic school age and the specific health needs of the Portuguese, Eastern European and Asian communities should be identified.
- The Trust should develop partnerships with other agencies to address Travellers health needs. It should consider providing designated professionals to work with the Traveller community on an outreach basis. E.g. Social Worker, Midwife, School Nurse, mental health support.
- Traditional Chinese Medicine plays an important part in the health care of the Chinese population. Health professionals should consider this when dealing with Chinese patients' health issues.

Example From Health and Social Needs Assessment of the Traveller Communities in the Craigavon & Banbridge Community HSS Trust area (Report 12)

Health Promotion

Craigavon and Banbridge Community Health and Social Services Trust staff in partnership with the relevant agencies will develop culturally appropriate health promotion programmes regarding:

- The culture and systems of the Health Service so services can be accessed effectively.
- Dental and Optician registration.
- Administration and storage of prescribed medicines.
- A Traveller specific alcohol and drugs programme, this should include the misuse of prescription drugs.
- Healthy eating
- Exercise
- Smoking cessation
- Sexually Transmitted Infections
- All aspects of domestic violence

Craigavon and Banbridge Community Health and Social Services Trust staff in partnership with the relevant agencies will seek to secure funding to develop culturally appropriate health promotion material in a simple easily understood manner and deliver this in the preferred format (DVD/Video).

6.5 Education and employment

Several recommendations relating to education and employment were identified as follows:

- SELB and schools need to work in partnership with Traveller community to ensure easier access to education and additional support for traveller children. There is a need to secure funding to provide adult literacy classes and appropriate training and employment programmes.
- There is a need for more effective enforcement of employment and health & safety regulations in some workplaces employing migrant workers alongside work carried out by Unions and NGOs.

6.6 Other

(a) Access to Services

The published needs assessment reports with a focus on statutory services provided a series of key recommendations on access to services. They were as follows:

- Urgent consideration needs to be given to the impact the growth in the numbers of Black and Minority Ethnic clients will have on future service delivery of the Trust.
- In order to secure resources, commissioners must be informed of changing trends, and ongoing monitoring systems should be put in place.
- A time in motion study is essential to accurately identify the impact on staff time and the supplementary resources of the Trust (such as staff time, interpretation services and lay health workers) required to provide an equitable, quality service to Black and Minority Ethnic clients.
- Services with a low uptake by Black and Minority Ethnic clients, where clear needs have been identified, should investigate the reasons for the low uptake and consider whether a change in the delivery of that service would improve uptake by Black and Minority Ethnic clients.
- There needs to be an advice clinic offering information on local services for migrant workers.
- It is important to ensure that the high percentage of Chinese adults reported as visitors who intended to stay for more than 3 months are aware of and able to access the health care services.
- The Trusts complaints procedure needs to be culturally acceptable. Simply issuing complaint forms in Chinese language is not sufficient to encourage Chinese service users to express their dissatisfaction.
- The Trust's training and communication strategy should include and

promote respect for Traveller culture, good relations, equality and equity and anti racist and anti discriminatory training.

- The social exclusion and profound health inequalities experienced by Travellers should be addressed by all in the public sector in line with Section 75 of the NI Act (1998) and the NI racial Equality Strategy (2005-10)

Example From Audit of Black & Minority Ethnic Clients Accessing Craigavon & Banbridge Community Trust Services 2006 (Report 1)

RECOMMENDATIONS

1. A time in motion study is essential to accurately:-
 1. reflect the impact of providing a service to Black and Minority Ethnic groups on staff time
 2. identify the resources required
 3. identify gaps in service provision
 4. inform service commissioners
 5. support the case for additional staff to provide this compulsory yet enhanced service
 6. address the requirements of Section 75 of the NI Act and supporting equality legislation
2. The fluidity of Black and Minority Ethnic groups supports the development of a monitoring tool so the uptake of services can be accurately recorded to truly reflect the impact of providing a service to Black and Minority Ethnic groups on staff's time and to support the case for additional staff to provide this enhanced service.
3. Monitoring must form part of existing returns or a separate monthly return solely for ethnicity. However, staff training in relation to the purpose and use of this tool is essential in order to encourage compliance and ensure accuracy.
4. In the event a monitoring tool has not been developed and implemented, this audit should be repeated in 2007 to examine variation in the uptake of Trust services.

5. Services with a low uptake by Black and Minority Ethnic clients, where clear needs have been identified, should investigate the reasons for the low uptake and consider whether a change in the delivery of that service would improve uptake by Black and Minority Ethnic clients.
6. The health needs of the Portuguese, Eastern European and Asian communities should be researched in order that service provision is targeted accurately to meet specific need.
7. Work needs to be undertaken to examine the health and social needs of the Black and Minority Ethnic school age population.
8. Supplementary resources are required to provide an equitable service to Black and Minority Ethnic clients:
 - Continued provision of interpreters to support this work and the associated training for staff in the use of the interpreting services
 - Given the growth in the numbers of Black and Minority Ethnic clients accessing Social Services Childcare, Early Years, Health Visiting, Community Midwifery and School Nursing since the baseline audit and the additional time required to work with interpreters and address the complex needs of this client group, additional professional staff are required within Social Services Childcare, Early Years, Health Visiting, Community Midwifery and School Nursing
 - Lay Health Workers for the Portuguese and Eastern European communities are essential to provide support to the growing number of clients from these communities and professional staff providing Trust services
 - Translated information, specific to the needs of each service and the minority ethnic groups utilising these services
9. All services need to consider the results of this audit and forward plan regarding the impact increasing numbers of Black and Minority Ethnic clients will have for the future delivery of services.

The findings of this audit should be shared with the Southern Health and Social Services Board.

(b) Language

Several recommendations regarding language support and interpreting services have already been highlighted above. A specific recommendation is that the present provision of interpreting services needs to be more responsive and sufficiently resourced to meet the needs of the Chinese community.

The example below includes suggestions of where improvements could be made

Example From Migrant Workers in Craigavon: A Health and Wellbeing Needs Assessment Focus Group (Report 14)

Are interpreters being provided by public services in Craigavon?

When pressed to identify specific problem areas or areas where improvements could be made the following issues were raised:

GP practices: There are good practice examples and the situation was felt to be better than other areas but many GPs were not sourcing interpreters or telling patients to 'bring their own interpreter' or stating that they did not provide interpreters.

Out of Hours: There was no provision of sessional interpreting out of hours it was argued a 24/7 service was needed.

Hospital Inpatients: There were difficulties when patients were in hospital for periods of time, as the interpreter cannot be there all that time but staff need to communicate with the patient frequently.

Client awareness: Staff awareness had improved hugely but many patients/clients were still not aware of the service and of it being free at the point of use. In addition there was support to continue to provide staff training on interpreting and language usage –for example on the differences between Tetum and Portuguese, on Lithuanians who speak Russian etc.

Accident and Emergency: there were problems for interpreters in A&E getting job numbers.

Outside Health and Social Services: one gap in which comments were made was the absence of interpreting provision at the Inland Revenue.

(c) Racism

The cross cutting theme in recommendations on racism was that it should be tackled through anti-racism work that deconstructs stereotypes and other manifestations of prejudice.

7 Methods

7.1 Descriptions

A variety of methods were used in the needs assessments that were analysed for this report. This included surveys and interviews (some using random neighbourhood sampling and door to door community interviewers), focus groups, statutory review, ongoing iterative evaluation and consultation with stakeholders, analysis of primary data and audit of case files.

As Together 4 All feeds this report into its broader needs assessment process it will be important to recognise both the limitations and strengths of this assessment of existing needs reports.

The main strengths and weaknesses are presented below:

7.2 Strengths

The variety of methods used in the different reports was a strength. Specific strengths of these methods were:

- A comprehensive review of Early Year Services which included consultation with children, young people and parents
- A comparative baseline for the statutory audit of Black and Minority Ethnic users
- Focussed research on the health and other needs of Black and Minority Ethnic groups including consultation with members of those communities
- High response rates in surveys of Black and Minority Ethnic communities and local geographical communities
- Attempts to supplement 2001 Census data on Black and Minority Ethnic and migrant worker populations to provide a more up to date and accurate picture

7.3 Weaknesses

The main weakness was the limited number of published needs assessments with a clear set of findings and recommendations focussed on the needs of children, young people and families in the project areas.

There was limited needs assessment available on children and young people with disabilities, community relations, youth services, family and social relationships and education in the target areas.

Only two reports focussed entirely on Lurgan and Aghagallon and these were dated in 2000 and had used 1991 Census Data. As a result some of the findings and recommendations may be out of date.

There was no specific needs assessment report on Bleary and no specific reports on the needs of children and young people in Brownlow (including Parkmore).

Most of the reports analysed were not, in fact, needs assessments. Some were internal reviews, plans and strategic priorities and relevant needs and recommendations had to be drawn out these reports.

Most reports did not include a clear set of findings and recommendations.

Only one report had included a consultation with young people/children.

There were also methodological difficulties in establishing an accurate population figure for Black and Minority Ethnic and migrant workers

8 Conclusion

The main cross cutting themes that emerged, relating to children, young people and families, for Together 4 All to consider as it plans its interventions are as follows:

1. A more focussed needs assessment of the needs of children, young people and families in the target areas is necessary, particularly in Bleary and Brownlow and Protestant communities with lower community infrastructure.
2. There is a general lack of services for 0-3 year old children in the area.
3. There is inadequate training for staff in specific early years areas such as out of school care and Parent and Toddler schemes.
4. The health needs of young people identified include promoting healthy eating and smoking cessation.
5. There is a general lack of youth clubs in which young people can participate in more physical activities
6. There is a general lack of play areas, youth clubs and youth workers and venues for youth at the week-end.
7. Mental health needs of young people in the area include depression, suicide and self harm and bullying in schools.
8. Young people need support with eating disorders, family break-ups and relationships.
9. The main community safety needs are fear of crime and antisocial behaviour, raising awareness of domestic violence, binge drinking and under age drinking, drug abuse, date rape and physical safety of young people.
10. There is a lack of jobs, a lack of youth facilities, a lack of general community facilities and an inadequate transport system in Aghagallon.

11. There is a lack of jobs, high emotional stress levels, a lack of youth facilities, unemployment and alcohol abuse (particularly teenagers drinking in the street) and a need for a children's playground in North Lurgan².

12. Children with disabilities and those from ethnic minorities are disadvantaged with gaps in provision, lack of funding, unmet need and inequality of access to services.

13. There are significantly increasing numbers of migrant workers and their school age children in the Lurgan area.

14. There is a need to address the isolation of mothers with babies in migrant worker families and young mothers with postnatal depression.

15. Travellers within the Craigavon area are experiencing multiple deprivation including a high morbidity and mortality rate, a high level of mental ill health, lack of knowledge of a range of health issues such as smoking, exercise, healthy eating, and maternal care, illiteracy, no formal education, and lack of proficiency in the English language.

16 There are barriers to accessing services for Black and Minority Ethnic groups including language barriers.

17. Racism exists at different levels (ranging from prejudice in service provision across to violent hate crime) in the area

18. There is a lack of suitable childcare service for the many Chinese families who work in the evenings in the catering industry

² This recommendation dates from 2000 – a playground was subsequently built

Appendix I

No.	Title	Date	Objective	Target Population	Carried out by	Commissioned by/ Funded by	Method	Summary
1	Audit of Black & Minority Ethnic Clients Accessing Craigavon & Banbridge Community Trust Services 2006	Summer 2006	To identify current uptake levels of Craigavon & Banbridge Community Health & Social Services Trust services by Black and Minority Ethnic clients and to identify the numbers of Black and Minority Ethnic children currently enrolled in schools within the Trust area	Black & Minority Ethnic Clients/ Children in the Craigavon & Banbridge Community HSS Trust area	Grace Hamilton, Black & Minority Ethnic Team Manager	Craigavon & Banbridge Community HSS Trust	Black and Minority Ethnic Client Survey over a 4 week period and Black and Minority Ethnic School Enrolment Survey	A considerable increase in the numbers of Black and Minority Ethnic clients accessing frontline health and social care services with significant implications for the effective provision and delivery of Trust services

No.	Title	Date	Objective	Target Population	Carried out by	Commissioned by/ Funded by	Method	Summary
			and make recommendations appropriate to the findings of this audit.					
2	Health and Social Needs Assessment of the Chinese and Vietnamese Communities Living Within the Craigavon & Banbridge Community HSS Trust area	February 2006	To complete a community profile of the Chinese population and carry out a Health Needs Assessment of the Chinese population within the Craigavon & Banbridge Community HSS Trust area	Chinese and Vietnamese Communities Living Within the Craigavon & Banbridge Community HSS Trust area	Gloria da Rocha, Lay Health Worker	Craigavon & Banbridge Community HSS Trust	Survey, interviews and focus groups with a sample of the Chinese community	The most comprehensive and up-to-date source of information on the Chinese population, their health issues and unmet needs.

No.	Title	Date	Objective	Target Population	Carried out by	Commissioned by/ Funded by	Method	Summary
3	Bridge Project Aghagallon Community Health Survey	Dec 2000	To identify the perceived health and social care needs within the Aghagallon community from the perspective of individuals living in the area and community groups working in the local vicinity	6 of the 8 Enumeration Districts in the Aghagallon Electoral Ward, generally regarded by residents and community representatives in this area as 'Aghagallon'	Praxis Care Group Research Department /Bridge Steering Group\ Community Interviewers	Bridge Project funded by the E.U. Special Programme for Peace and Reconciliation	Stratified random sample house to house survey carried out by community interviewers	Key findings on views of the area, services/facilities, housing, employment, personal health.
4	Review of the Southern Area Childcare Plan 2006/2007	Review of 2005 -2006	To review the work of the Southern Childcare Partnership during 2005 - 2006 and charts its priorities for 2006-2007	Southern Health and Social Services area.	Southern Childcare Partnership	Southern Childcare Partnership	Internal Review assessing Key Results using the Traffic Light Format	Progress against targets 2005-2006 and SCCP priorities and targets from 2006-2007

No.	Title	Date	Objective	Target Population	Carried out by	Commissioned by/ Funded by	Method	Summary
5	Southern Area Article 20 Review 2004	2005	To review Early Years services in the Armagh & Dungannon HSST, Craigavon & Banbridge HSST and Newry & Mourne HSST	0-14 years in the Southern Health and Social Services area.	Produced collaboratively by the Early Years services in the Armagh & Dungannon, Craigavon & Banbridge and Newry & Mourne Trusts and the Southern Childcare Partnership	Armagh & Dungannon HSS Trust, Craigavon & Banbridge HSS Trust, Newry & Mourne HSS Trust and the Southern Childcare Partnership	Internal Review of service provision within each Trust including consultation	The document sets out a general overview of factors impacting the Early Years environment and contains an assessment of the level, pattern and range of day care and related services to children aged 0-14 years and their families. Key messages are identified by the review process to foster an integrated approach to

No.	Title	Date	Objective	Target Population	Carried out by	Commissioned by/ Funded by	Method	Summary
								service development and to support the targeting of future investment in the Southern Area.
6	Children and Young People's Special Educational Needs By Category	2004	To identify the numbers of children and young people within each Special Educational Needs category	Children and young people with Special Educational Needs in the Together 4 All Project wards	SHSSB	Together 4 All Project *raw data only	Data analysis from school records	The numbers of children and young people with special mobility, hearing, vision, fine motor, communication, behaviour, learning and self care needs.

No.	Title	Date	Objective	Target Population	Carried out by	Commissioned by/ Funded by	Method	Summary
7	Southern Childcare Partnership Childcare Plan 2002-2005	2003	To review the main outcomes of the Southern Childcare Partnership during 2000-2003 and outline the work and proposed outcomes and measures of the Childcare Partnership for the period 2002-2005.	Southern Health and Social Services area.	Southern Childcare Partnership	Southern Childcare Partnership	SCCP's iterative evaluation of its work and consultation with Early Years' stakeholders.	Review of the Southern Childcare Partnership 2000-2003 and plan for the Childcare Partnership for the period 2002-2005.
8	Southern Health & Social Services Board Census 2001 Child Population 0-14	2001	To identify child population by wards from the 2001 Census	0-14 year olds in the Southern Health & Social Services Board area 1992 Wards	NISRA/Southern Health & Social Services Board	Southern Health & Social Services Board	Census data report *raw data only	Child population by ward for 0-4, 5-9 and 10-14 years.

No.	Title	Date	Objective	Target Population	Carried out by	Commissioned by/ Funded by	Method	Summary
9	NI Multiple Deprivation Measure 2005: Analysis of Deprivation within the Southern Board	Dec 2005	To present the most recent Multiple Measures of Deprivation for Northern Ireland in a standard report relating to the Southern Health and Social Services Board.	Electoral Wards and Super Output Areas within the Southern Board	NI Statistics and Research Agency / Information Services Department of the SHSSB	Southern Health and Social Services Board	Analysis of Multiple Deprivation Measures based on Super Output Area, Electoral Ward and Local Government District boundaries as at 1992. *raw data only	New deprivation information in a standard report relating to the Southern Health and Social Services Board.

No.	Title	Date	Objective	Target Population	Carried out by	Commissioned by/ Funded by	Method	Summary
10	Surestart Area Evidence of Need	2007	To assess the overall extent to which children in the area fail to fulfil their potential, and statistics to illustrate the particular problems of young children and their families in the community	Six ward areas identified for Sure Start provision in Brownlow /Lurgan: Drumgask, Drumgor, Taghnevan, Church, Court, Drumnamoe	Together 4 All Project	Together 4 All Project	Analysis of Multiple Deprivation Measures and other indicators of need in the Brownlow/ Lurgan area wards	Summary of Area Profiles for a Sure Start Project in the Lurgan / Brownlow Area
11	Bridge Project North Lurgan Community Health Survey	Dec 2000	To identify the perceived health and social care needs within the North Lurgan community from the perspective of individuals living in the area and community groups working in the local area	The Drumnamoe Electoral Ward	Praxis Care Group Research Department /Bridge Steering Group\Community Interviewers	Bridge Project funded by the E.U. Special Programme for Peace and Reconciliation	Stratified random sample house to house survey carried out by community interviewers	Key findings on views of the area, services/facilities, housing, employment, personal health.

No.	Title	Date	Objective	Target Population	Carried out by	Commissioned by/ Funded by	Method	Summary
12	Health and Social Needs Assessment of the Traveller Communities in the Craigavon & Banbridge Community HSS Trust area	2006	To complete a community profile of the Traveller population and carry out a Health Needs Assessment of the Traveller population within the Craigavon & Banbridge Community HSS Trust area	Traveller population in the Craigavon & Banbridge Community HSS Trust area	Inez Keenan, Black and Minority Ethnic Team, Directorate of Primary and Elderly Care, Craigavon & Banbridge Community Health and Social Services Trust	Craigavon & Banbridge Community HSS Trust	Questionnaire, one to one interviews, and focus groups	Information on the Traveller population, their health issues and unmet needs.
13	Mapping Black and Minority Ethnic and Migrant Workers in	2006	To map the current Black & Minority Ethnic and Migrant Workers population in the	Black & Minority Ethnic and Migrant Workers population	NIHE	NIHE Craigavon District	Analysis of primary data and consultation from NISRA,	Provides up to date indicators on the Black and Minority Ethnic and migrant

No.	Title	Date	Objective	Target Population	Carried out by	Commissioned by/ Funded by	Method	Summary
	the Craigavon Borough Council Area		Craigavon Borough Council Area	in the Craigavon Borough Council Area			NINO applications, NIHE, PSNI, Health Board, schools, libraries and employers	workers population in Craigavon in 2006.
14	Migrant Workers in Craigavon: A Health and Wellbeing Needs Assessment Focus Group	2005	Craigavon Borough Council Area	Migrant Workers in Craigavon	Animate / STEP	Craigavon and Banbridge Health and Well Being Joint Steering group including Investing for Health and Banbridge Health and Social Services Trust.	Focus Group with community interpreters	Views and experiences of migrant workers in Craigavon on issues of language, access to social services, mental health and well being, rights, information, racism and infrastructure.

No.	Title	Date	Objective	Target Population	Carried out by	Commissioned by/ Funded by	Method	Summary
15	Craigavon and Banbridge Health Needs Assessment	2006	To identify the health needs of men, women, young people, elderly, rural communities, migrant workers and protestant and catholic communities	People living in the Craigavon & Banbridge Community HSS Trust area	Craigavon and Banbridge Health and Well-being Joint Steering Group.	Craigavon and Banbridge Health and Well-being Joint Steering Group.	A process of consultation with various community groups representing various sectors of the community	The responses from the consultations were recorded and summarised into broad area headings. Against each heading the Steering group document what work its member organisations were currently involved in that addresses the identified needs.

