REFUGEE AND MIGRANT HEALTH:
SHARING KNOWLEDGE FOR ACTION

2nd Refugee & Migrant Health Research Networking & Knowledge Exchange Seminar

MONDAY 9 DECEMBER 2024

9A.M. - 4.30P.M.

Irish World Academy of Music and Dance,
University of Limerick

HRI
health research institute

Irish World Academy of Music and Dance
Dámh Chruinne Éireann
Rince agus Ceol

HRB
Health
Research

University of Limerick
Ollscoil Luimnigh

School of Medicine
Dept of Nursing & Midwifery
School of Allied Health

Doras
Promoting and Protecting Human Rights

An Roinn Sláinte
Department of Health

2nd Refugee & Migrant Health Research Networking & Knowledge Exchange Seminar

CONTENTS

01 Welcome message from the Refugee Migrant Health Partnership

Welcome to the 2nd National Refugee and Migrant Health Seminar, funded by the Health Research Board.

This has been organised under the auspices of the Refugee Migrant Health Partnership, a collaboration between UL's World Health Organisation Collaborating Centre for Participatory Health Research with Refugees and Migrants and the Department of Health, Dublin.

The goal of the Refugee Migrant Health Partnership is to improve refugee and migrant involvement in Irish public health policy making. Engaging with experts in community, healthcare and academic settings is essential for that goal and today's seminar is a landmark event in our calendar of work for 2024.

The vision we had for this seminar was that we would have experts from diverse settings together in a space to network and learn from each other. We also had a vision to share with you our interest in the use of music and singing as arts-based methods to foster engagement between people from different settings and cultures. This was because we wanted to create a culturally attuned space for respectful dialogues that can increase our knowledge about migration health and energise us to continue working together to optimise this population's health.

We are very grateful to the Seminar Chair, Associate Professor Kathleen Markey, Department of Nursing and Midwifery, and all members of the seminar planning committee for all their work to bring this vision to fruition. We are delighted that all of you have registered and are here today and hope that you will enjoy the seminar.

Ailish Hannigan, University of Limerick
Ahmed Hassan, Doras, Limerick
Anne MacFarlane, University of Limerick
Helen Phelan, University of Limerick
Jim Walsh, Department of Health, Dublin

01 Welcome message from the Seminar Planning Team

We are delighted to welcome you to the 2nd Refugee & Migrant Health Research Networking & Knowledge Exchange Seminar. Your presence here today underscores the importance of our collective efforts in sharing refugee and migrant health knowledge for action.

Our seminar programme features a blend of plenary sessions from distinguished keynote speakers, insightful oral and poster presentations, and captivating music and singing performances. These elements explore the diverse yet interconnected facets of our seminar theme: ‘Refugee and Migrant Health: Sharing Knowledge for Action’.

Thank you for joining us at this seminar. Your contributions are invaluable and we look forward to the dynamic and enriching conversations that will take place throughout the day.

Warm regards,
Refugee and Migrant Health Seminar Planning Team

GETTING TO UL

UL CAMPUS MAP (BUILDINGS #33 & #36)

Car: **Free parking** is available past the Pavilion Restaurant in car parks P26 and P27.

Bus:

- **Dublin Coach** via Route 300 M7 Express: Dublin – Limerick – Ennis – Killarney which stops at UL (online booking offers discounts & guaranteed seats)
- **Bus Éireann**
  - Main Limerick City Centre bus service (allows Leap Card use) 304 & 304A are the main buses for in and out of UL. These stop at the Student Centre in UL (#16 on the campus map).
  - Midlands to Limerick Route 72 bus goes from Limerick bus station to Athlone bus station, the Hurlers bus stop is a 15 minute walk to UL.
  - Cork – Limerick – Galway Route 51 stops at bus stations.

Train: **Iarnród Éireann** Colbert Station is in Limerick City Centre. As above the 304/304A bus service goes from Colbert to UL.

Taxi:

- **Free Now (Mytaxi)** is an app you can download on your phone to book.
- **Plassey Cabs** – 061 336 336 **Treaty Cabs** – 061 415 544
- **Limerick Taxis** – book online or call 061 417 417 / 061 31 88 44

02 General Seminar Information

Seminar Location

Irish World Academy of Music & Dance at the University of Limerick, UL (V94 DK18).

UL CAMPUS MAP (BUILDING #33)

Registration: The registration desk is located in the foyer of the Irish World Academy of Music & Dance, UL. Staff at the registration desk welcomes any seminar inquiries or local information inquiries.

Posters: There will be an opportunity to view the poster presentations during refreshment breaks. Posters will be displayed on the ground floor of the Irish World Academy of Music & Dance for the duration of the seminar.

Evaluation: A seminar evaluation form will be distributed to all delegates via a QR code made available on the day. The seminar planning committee would be grateful for your feedback with regard to the seminar. Please complete this seminar evaluation form.

Disclaimer of Liability: Whilst we have endeavoured to ensure that all information on the seminar website and printed material is accurate, all details are subject to change without notice. The organisers reserve the right to alter or delete items from the seminar programme.

03 Seminar planning & facilitation

SEMINAR PLANNING TEAM

Dr Kathleen Markey

Associate Professor in Nursing
Dept Nursing & Midwifery
Health Research Institute, UL

SEMINAR CHAIRPERSON

Professor Anne MacFarlane

Professor of Primary Healthcare Research, School of Medicine, Health Research Institute, UL

Professor Helen Phelan

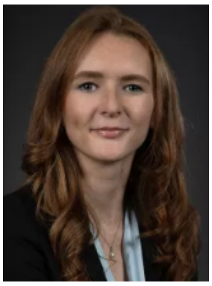
Professor of Arts Practice, Director of the Irish World Academy of Music and Dance, Health Research Institute, UL

Ms Róisín Conway

Executive Administrator
Dept Nursing & Midwifery, UL

Mr Ahmed Hassan Mohamed

Community Sponsorship Coordinator
Doras, Limerick



Ms Aimee Cregan

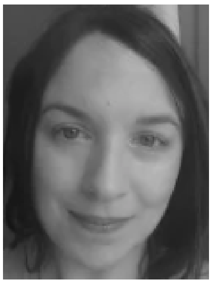
Senior Administrator
Dept Nursing & Midwifery, UL

Dr Bríd O'Brien

Associate Professor in Nursing
Dept Nursing & Midwifery, UL

Mr Sarbik Guha

Singer-songwriter and Ph.D Arts Practice candidate
Irish World Academy of Music and Dance, UL



Dr Molly Manning

Associate Professor in Speech & Language Therapy
School of Allied Health, Health Research Institute, UL

MUSIC & SINGING FACILITATORS

Professor Helen Phelan

Professor of Arts Practice, Director of the Irish World Academy of Music and Dance, Health Research Institute, UL

Sarbik Guha

Sarbik Guha is a singer-songwriter from Kolkata, India, and currently a Ph.D. Arts Practice Researcher at the Irish World Academy of Music and Dance, UL,. As part of his project, Biki & His Buddies, Sarbik (who performs under the stage name Biki) creates and performs original music to spread love, empathy, and solidarity. For his Ph.D., Sarbik is currently investigating the role of songwriting as an under-explored participatory method in migrant health research.

Eilidh Pope

Eilidh Pope is a multi-instrumentalist based in the Tipperary countryside who is constantly exploring the intricacies of finding one's sound. Having spent much of her childhood playing Irish traditional music, delving into classical repertoire and performing as a member of various orchestras, she then found herself immersed in a realm of infinite musical possibilities when she began studying the BA in World Music at the Irish World Academy.

Dr Fran Garry

Dr Fran Garry is an artist/researcher, singer/songwriter, and community music educator. She works as a Postdoctoral Researcher in Community Music for Arts, Data Literacy and Diversity (ADD) at the University of Limerick. ADD is funded by the Irish Research Council. She also works as a postdoctoral researcher with the Health Research Institute, PART-IM (Participatory and Arts-Based Methods for Involving Migrants in Health Research) cluster, now amalgamated with the Participatory Health Research Unit (UL).

Ewa Żak-Dyndał

Ewa is an Arts Practice PhD candidate and a lecturer in the Ritual Studies and Arts Practice modules in UL. Growing up in Poland, she learned traditional songs and rituals from her family and community. She earned a BA Music from University of Bristol and graduated with a First Class Honours MA in Ritual Chant & Song at the Academy. Ewa is involved in musical events within Ireland's Polish and Irish communities. Her doctoral research, supervised by Professor Phelan, focuses on transmitting traditional rituals and singing in Poland and among the Polish diaspora in Ireland, exploring how these practices foster belonging within the Polish Irish community.

Dr Miriam Orcutt

Technical Officer, Health & Migration, World Health Organisation

Dr Miriam Orcutt is currently a Technical Officer at the World Health Organization Health and Migration and was the technical lead for the first WHO Global research agenda on health, migration and displacement
2023,
https://www.who.int/publications/i/item/9789240082397).

She is the former Executive Director of Lancet Migration and was a Senior Research Fellow in Global Public Health & Forced Migration at the Institute for Global Health, University College London until early 2022. Miriam has over ten years of policy, academic and humanitarian experience in various organisations and refugee and migration contexts globally. She previously worked as a medical doctor in the UK's National Health Service, on the Academic Clinical Foundation Programme in Epidemiology & Global Public Health and holds an MSc in Medical Anthropology with Distinction from Durham University.

04 Plenary Speakers

Professor Anne MacFarlane

Professor of Primary Healthcare Research, School of Medicine,

Anne is a social scientist with more than 25 years' experience using qualitative research methods in health services research. She has specialist expertise in participatory health research, particularly in relation to migrant health. Anne is the founder and co-director, with Professor Helen Phelan, of the Participatory Health Research Unit. She is the director of the WHO collaborating centre for Migrant's Involvement in Health Research, hosted in the Unit.

Professor Helen Phelan

Professor of Arts Practice and Director of the World Academy of Music & Dance, UL

Helen is an internationally recognised advocate for the integration of artistic methods into research cultures. She is founder of the UL Singing and Social Inclusion research group, co-founder of the female vocal ensemble Cantoral, and current Chair of IMBAS, a national network for artistic research in Ireland. Since 2023, she has been the co-director, with Professor Anne MacFarlane, of the Participatory Health Research Unit, a World Health Organisation collaborating centre at UL.

04 Plenary Speakers

Mr Ahmed Hassan Mohamed

Doras, Limerick

Ahmed is a social worker and human rights activist, with a professional background in education, youth empowerment, peace building, gender issues, human rights, and community development. He has a degree in Law and in Social Care. Ahmed has developed and led on several different projects on integration in the Mid-West. He was involved in the development of the organisation's Refugee Resettlement toolkit and has contributed and co-authored in several research programs for migrant health and integration carried out by the University of Limerick. His areas of experience and expertise are in migration, resettlement, community sponsorship and hosting, as well as supporting vulnerable children and families.

Mr Jim Walsh

Head of Drugs Policy, Refugee & Inclusion Health Unit, Department of Health

Jim Walsh is head of the drugs policy, refugee and inclusion health unit in the Department of Health since 2018. He is the department lead for coordinating the provision of healthcare services for refugees seeking protection, in conjunction with the Health Service Executive. Previously, Jim was head of the social inclusion division in the Department of Social Protection and head of research and policy in the Combat Poverty Agency.

Dr Salome Mbugua

CEO AkiDwA

Dr Salome Mbugua is a researcher, gender equality activist, and human rights advocate. She serves as the CEO of AkiDwA – The Migrant Women's Network Ireland – and is a Human Rights and Equality Commissioner with the Irish Human Rights and Equality Commission.

With over 20 years of experience in civil society, Dr Mbugua has dedicated her career to advocating for underrepresented groups, particularly women, children, and youth, across Europe and Africa. Her work involves developing education, support, and advocacy programs, as well as collaborating with various organizations to influence policy and drive systemic change.

Guided by a strong commitment to equality and justice, Dr Mbugua actively engages with policymakers in Ireland, Europe, and beyond. She also shares her expertise as a member of numerous advisory committees, expert groups, and boards. She has conducted and published extensive research on migrant women, refugees, and asylum seekers, including works such as Becoming culturally competent (2022), guidelines for individuals and groups, working with vulnerable migrants, Healing the Wounds of War (2016), Narratives of Women from Armed Conflict Zones Living in Ireland, and I Am Only Saying It Now (2010), Experiences of Women Seeking Asylum in Ireland. Dr Mbugua holds a Doctorate from Trinity College Dublin and a master's degree from University College Dublin.

04 Plenary Speakers

Dr Kate Njoku

Chair of Limerick Migration Integration Forum

As Chair of Limerick Migration Integration Forum, Kate is a strong advocate and contributor to daily and regular responses/ recommendations for multiculturalism, migrant led organisations; inclusion and participation of migrants with lived experiences in advancing migrant discussions and support.

Kate is currently engaging with stakeholders across all levels on migrant issues and equal representation. She is additionally founder of the Migrant Integration, Inclusion, Participation and Empowerment Network, and s a career Social Care Worker. Kate holds a PHD in Divinity (2021); LLM in International Disability Law and Policy (NUIG, 2022); and MA Human Rights in Criminal Justice (UL, 2016).

Kate’s research in the Exploration of social exclusion experiences of Asylum seekers living in Limerick and Clare, has driven her passion further in advocating for equality, inclusion, participation, empowerment, change in policies, and better living conditions for refugees, asylum seekers and migrants across all levels.

Ms Lora Ruth Wogu

Migrant Health Alliance Ireland

Lora Ruth Wogu is a healthcare professional in addition to her work as a patient advocate and public representative. She is the founder and CEO of Sickle Cell and Thalassaemia Ireland, a national patient and parent support and advocacy organisation raising awareness and advancement of patients' quality of life with Sickle Cell disease and Thalassaemia disease in Ireland.

Lora is also the founder and managing coordinator of Migrant Health Alliance Ireland, an umbrella organisation bridging the gap between the migrant community and various stakeholders in ensuring equal access to health and social care, patient and public involvement in research, policy development, diversity, equity and inclusion, and the promotion of community health and well-being (health promotion).

Lora serves as the chief operations officer of the European Sickle Cell Federation, an umbrella organisation representing all Sickle Cell disease organisations in Europe ensuring unity in advocacy with one united and unique strong voice. She has advocated and represented patients on various levels from community support, representation at national and international level, and currently sits on various committees focusing on health, research, and education including the Department of Health's National Screening Advisory Committee, PPI Ignite Network Advisory Board, Eurordis New born Screening committee, Screen 4 Care, National Screening Services Ireland PPP, and Board member of Griffin Community College Lucan. Lora is currently a contributor on various ongoing research and has co -authored a chapter in Meaningful and Safe- The Implications of Patient and Public Involvement in Health and Medical Research by Virginia Minogue & Jon Salsberg.

Ms Paula Quirke

Rehabilitation Manager Spirasi

Paula is a humanitarian worker specialised in the area of forced migration and refugee protection. She has been working in the area of torture rehabilitation and migrant and refugee health for the past 7 years. Paula is Rehabilitation Manager at Spirasi the centre for rehabilitation for torture survivors and their families and a Director (volunteer) of Cairde a community health development organisation challenging migrant health inequalities in Ireland.

She previously worked for Irish Refugee Council for over five years, managing casework and outreach and supporting the campaign and policy development work of the organisation. Prior to that she undertook casework on behalf of undocumented migrants and their families at the Migrant Rights Centre Ireland.

Paula holds a BA in International Relations and an MA in Development Studies from Dublin City University and an advanced diploma in Immigration and Asylum Law from King’s Inns. Her MA thesis focused on minority rights and protection of Roma; she has since gained practical experience working on a Roma health community initiative. She has contributed over three years to the Postgraduate Programme ‘Global Health – Disaster Medicine’ as a guest speaker in Lesvos Greece.

04 Plenary Speakers

Professor Ailish Hannigan

Professor Biomedical Statistics, School of Medicine, UL

Ailish's research interests are in statistical methods for health equity. She leads a Health Research Board funded project on strengthening health information systems for refugee and migrant health policy and practice in Ireland. She is a member of the WHO Collaborating Centre for Refugee and Migrant Health and the Participatory Health Research Unit at UL.

Ms Tonya Myles

General Manager, Cairde

Tonya Myles is the General Manager of Cairde, a non-governmental organisation dedicated to reducing health inequalities among ethnic minorities. Cairde operates using a rights-based approach, emphasising the correlation between health inequalities and the absence of equality and human rights. The organisation supports minority communities in actively enhancing their health outcomes.

Previously, Tonya served as the Community Development and Policy Coordinator at Cairde, where she contributed to policy development initiatives in collaboration with ethnic minority communities. Her academic background includes a Postgraduate Diploma in Human Rights and Equality from the Institute of Public Administration and an MA in Digital Media from Dublin Institute of Technology. In addition to her role at Cairde, Tonya is a Board Member of Age Action Ireland.

Ms Anne Cronin

School of Medicine, UL

Ms Anne Cronin is a doctoral student in the School of Medicine at UL and a member of the WHO Collaborating Centre for Refugee and Migrant Health and the Participatory Health Research Unit in UL. Her main area of study is refugee and migrant health with a particular focus on communication barriers experienced by refugees and migrants as a public health issue – particularly the obstacles to routine use of interpreters for refugees and migrants with limited English language proficiency.

Anne works as a research assistant on a new partnership between UL and the Dept. of Health aiming to increase refugee and migrant involvement in health policy design. Anne has 20 years' experience in the NGO sector in Ireland providing services for people, including families and children experiencing homelessness. She currently works in Social Inclusion in the HSE, providing support to the Response for Vulnerable People service, in particular their migrant health team and homeless and Roma outreach team.

04 Plenary Speakers

Ms Marie Boyle

General Manager, Social Inclusion Primary Care Services, HSE Mid-West

Marie Boyle is General Manager for Social Inclusion, HSE MidWest. With an extensive background in Public Health Nursing dating back to 2003, she is all too familiar with the challenges and limitations put on our health service. This, though, has not stopped her continuing to be passionate and determined about delivering quality services to people in their own homes and community.

Marie works with a highly adaptable and resourceful team in Social Inclusion. Establishing bespoke services in response to the Ukraine Crisis and more recently to an increase in International Protection Applicants has been challenging but very rewarding. Marie considers the core principles of service design and delivery to be innovation, integration and flexibility while keeping the service user at the centre throughout.

SESSION 1a

Title: Social Inclusion Gone Wrong: The divisive implementation of the Temporary Protection Directive in Ireland
Presenter: Anastasiia Zubareva

Authors: Anastasiia Zubareva and Dr Anca Minescu, Dept Psychology, UL

Abstract:

There were 96,338 Personal Public Service Numbers (PPSNs) given to people from Ukraine who arrived in Ireland under the Temporary Protection Directive (TPD) before October 2023. From the end of 2022 into 2023, there was also a rapid rise of far-right anti-refugee rhetoric in Ireland . We analysed how TPD policy, the Irish political discourse around it and its implementation through national institutions and local communities affected TPD beneficiaries and other groups in Ireland. This study used a combination of qualitative analysis of a governmental debate on the housing needs of TPD beneficiaries and ethnographic observations gathered while the authors worked to support the needs of TPD beneficiaries. We provide an explanation of how the TPD implementation in Ireland resulted in the social exclusion of its beneficiaries despite aiming for streamlined integration. In addition, the shortcomings in the TPD implementation had negative effects on different groups within Irish society.

We use the 3N model - Narratives, Networks, and Needs to explain how the data and trends that we documented at different levels of analysis - national, intergroup and intragroup, and individual - were interconnected.

This paper is focused on the first of the three studies in the ongoing research project and primarily addresses the Narratives (i.e., policy and its implementation, political discourse) while connecting them with some observed social inclusion/exclusion outcomes on the Networks and Needs dimensions.

We explain how political Narratives influenced TPD implementation and the different actors involved in this process: public service providers, the general public, and TPD beneficiaries in Ireland. The uncoordinated implementation of accommodation provision led to serious disruptions of TPD beneficiaries' Networks. This hindered individuals' access to services which resulted in individual Needs remaining unmet. We also documented how racialised elements underlying the EU TPD contributed to exclusionary mechanisms within the TPD implementation in Ireland and how that created a double standard in service provision.

05 List of Oral Presentation Abstracts

SESSION 1a

Title: How Not to Talk About Female Genital Mutilation (FGM)
Presenters / Authors: Dr Caroline Munyi ad Dr. Salome Mbugua, AkiDwA Ireland

Abstract:
The growing interest in issues affecting refugees and asylum seekers has seen a rise in the recent past. This is evidenced by the number of experts from all professions and fields, who are interested in discussing matters which require higher levels of cultural awareness and sensitivity, and these issues relate to migrants and refugees who are here in Ireland from other countries. It is important to note that this interest is pure, well intentioned, and is inspred by a need to address a societal problem. However Refugees and asylum seekers in Ireland represent a group of people, whose issues are new to the conscious of commmunities, actors and service providers here in Ireland.

One such issue is Female Genital Mutilation (FGM) which until the early 2,000s, was viewed as an issue that only affected people who lived outside of the Republic of Ireland. However this is not the case anymore. As of today, approximately 6,000 people living in Ireland are affected by FGM, a cultural practice practiced in over 28 African countries including Asia and Middle East. Additionally, 1,600 children are at a high risk of undergoing FGM in Ireland. According to WHO, more than 230 million women alive today have undergone some form of FGM.

AkiDwA, a leading migrant NGO and charity works with and supports these women, and has brought the issue of FGM to the Irish consciousness, positioning it as a global issue which is affecting women in Ireland as well. As an organisation engaging directly with affected communities, AkiDwA is aware of the struggles being endured by the women, including stigma, (mis)represented by individuals, academia and organisations, in attempts to provide interventions. The women, affected groups feel that some of the statements made about ‘them’ only serve to exclude and alienate, and tend to isolate them even more from the mainstream Irish society.

In conversations regarding FGM therefore, It is important to note that affected communities are already isolated, so there is a need to consider the following issues:
1. Whether Organisations are well equipped to discuss these very culturally sensitive issues of FGM; or to provide culturally appropriate interventions for individuals and communities affected by FGM.W
2. Who should lead on these conversations?

05 List of Oral Presentation Abstracts

SESSION 1a

Title: The impact of COVID-19 on non-communicable disease patients in sub-Saharan African countries: A systematic review

Presenter: Muluken Basa

Authors: Muluken BASA Muluken Basa, Jan De Vries, David McDonagh, Catherine Comiskey
School of Nursing and Midwifery, Trinity College Dublin

Abstract:
Background:
COVID-19 and its prevention measures have had a significant impact on patients with non-communicable diseases (NCDs) by disrupting routine healthcare service and increasing risk factors. These challenges were expected to be more severe in sub-Saharan Africa due to the lack of physical infrastructure and inadequate resources. The quantity of studies conducted was limited, and there was a lack of published systematic reviews in the specified region. This systematic review aimed to assess the indirect impacts of the COVID-19 pandemic and associated lockdown measures on individuals with non-communicable diseases (NCDs) in sub-Saharan African countries.

Method:
This systematic review adheres to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines and is registered with PROSPERO (ID CRD42023387755). Extensive searches were conducted in MEDLINE, EMBASE, and CINAHL databases in December 2023, supplemented by a manual search of references, grey literature, and the WHO COVID-19 database. Inclusion criteria encompassed studies that reported on the impact of COVID-19 on NCD patients in sub-Saharan African countries, focusing on access to care, health outcomes, and factors related to NCDs. Critical appraisal of study quality was performed using the Joanna Briggs Institute (JBI) analytical cross-sectional studies critical appraisal tool. Data were extracted and synthesized, highlighting the main findings and relevant limitations.

Findings:
This review included 30 primary studies with a cumulative sample size of 25634 participants, conducted in seven sub-Saharan African countries. These studies demonstrated that the COVID-19 pandemic significantly disrupted regular NCD patient care provision, with regional variations. The studies also identified a reduction in patient health-seeking behavior and reduced medication adherence, leading to poor treatment outcome. Furthermore, the pandemic and related lockdowns have been implicated in the increased prevalence of substance use, decreased physical exercise, and increased mental health problems.

Conclusion:
This systematic review identified the complex challenges faced by NCD patients in sub-Saharan Africa during the COVID-19 pandemic. It also underlines the need to consider the indirect impact on vulnerable populations while developing pandemic prevention and control strategies for the future. The current NCD management strategies should prioritize the restoration of access to essential healthcare services while considering the multifaceted risks posed by decreased physical activity, poor dietary practices, and increased substance use.

05 List of Oral Presentation Abstracts

SESSION 1a

Title: A Collaborative Response to a Complex Outbreak of Chickenpox in a Congregate Setting

Presenter: Lili Peterson

Authors:
Lili Peterson, Department of Public Health, Dublin and South East, HSE
Dr Triona McNicholas, Department of Public Health, Dublin and South East, HSE
Dr Ruth McDermott, Department of Public Health, Dublin and South East, HSE
Dr Jacinta Mulroe, Department of Public Health, Dublin and South East, HSE
Dr Niall Conroy, Department of Public Health, Dublin and South East, HSE
Dr Mary Condon, Department of Public Health, Dublin and South East, HSE
Ms Deirdre Gorman, Community Health Organisation 6 Vaccination Team, Health Service Executive
Ms Regina Buckley, Community Health Organisation 6 Vaccination Team, Health Service Executive
Dr Angy Skuce, Safetynet Primary Care Department of Public Health Dublin and South East, HSE
Dr Sarah Doyle, Department of Public Health, Dublin and South East, HSE

Abstract:

Background
Chickenpox is usually self-limiting in children, with complications more common in adults, pregnant people and neonates. The response to an outbreak of chickenpox in an International Protection Accommodation Service (IPAS) is described.

Methods
Control measures included isolation of cases (n=13), identification of vulnerable residents for post exposure prophylaxis, targeted vaccination of those around vulnerable people and subsequent mass vaccination of children and women of childbearing age (70 vaccines, 35.4% uptake). Protocols and tools were developed for vaccination in collaboration with Community Healthcare Organisation (CHO) and Safetynet teams.

Impact
No cases were reported after mass vaccination. Challenges included hypothesised high susceptibility, with residents predominantly from countries with low immunity levels and a large number of children. The outbreak spanned months, with prolonged closure of the setting. Five pregnant people were identified, and one contracted the virus. There was reliance on self-reporting symptoms, with potential for unreported cases.

Conclusion
A model for vaccination in partnership with the CHO was developed as an essential tool to control outbreaks in IPAS settings. This model has been adopted by other regions.

SESSION 1b

Title: An exploration of the complex barriers to breastfeeding advocacy among refugee breastfeeding mothers

Presenters: Fionnuala Cooney, Una Fallon, Emma Reilly, and Danielle Malone

Authors: Fionnuala Cooney Dr Una Fallon, Dept Public Health, HSE Dublin and Midlands
Ms Kirsten Killoran IBCLC, Friends of Breastfeeding, Cuidiu and ALCI
Ms Danielle Malone, Dept Public Health, HSE Dublin and Midlands and Dr Steevens' Hospital, Dublin 8.
Ms Emma Reilly, Child Health Programme Development Officer, HSE Community Healthcare Organisation 7,

Abstract:

Introduction

An important barrier to breastfeeding advocacy among refugee breastfeeding mothers has been identified and needs to be addressed through policy change. In Ireland, breastfeeding is stated to be the recommended method of feeding infants and this is supported through adherence to the WHO guidelines on the marketing of breastmilk substitutes. However, for displaced mothers of young children under the protection of the state, we identified a lack of structure and guidance on policy for the distribution of commercial milk formula (CMF) and in some instances, the provision of unquantified amounts of CMF to these parents.

Initiative

Under the governance of the local HSE Infant Feeding working group, Public Health convened a multidisciplinary working group called Breastfeeding on the UP (BF on the UP), with UP referring to Underserved Populations. Membership included: Child Health Programme Development Officer, Health and Wellbeing health promotion officer, midwives from the Daisy Clinic at the Coombe Hospital, a lactation consultant and breastfeeding advocate in the community and Public Health specialists. The group initiated a bespoke breastfeeding support session at a hotel in West Dublin which was providing accommodation, inclusive of catering to a large number of families who were International Protection Applicants. The event was widely and intensely promoted in the locality to reach all newly arrived families in the district, with the message of invitation translated into Arabic, Georgian and Ukrainian. Interpretation services were also put in place.

Impact

The attendance at the two hour support was very poor and in discussion with various personnel at the location, it became clear that at this hotel all mothers of infants were being provided with CMF. The BF on the UP group is now being stood down following an exploration into ways to address the guidance and policy surrounding the distribution of CMF to this population.

Conclusion

Policy change is required such that newly arrived mothers are supported to continue culturally normative practices of breastfeeding and the inappropriate offering of CMF must cease. Instead, policy implementation is required so that all such women who wish to breastfeed are provided with the breastfeeding supports as and when required.

SESSION 1b

Title: Health Screening for Protection Applicants – a culturally informed approach

Presenter / Author: Caitriona Pollard, Safetynet Primary Care

Abstract:

Background
Safetynet Primary Care's Mobile Health and Screening Unit team (under the direction of NSIO of the HSE) offers on site health assessments at International Protection Applicant centres – Health Status Questionnaire, BBV/STI screening, and Active Case Finding for TB.

The aim is to improve health outcomes for newly arrived migrants by identifying, treating and preventing BBVs/communicable diseases. We aim to Increase engagement and improve service delivery by using a culturally informed approach.

Methods
Service review – we will discuss the composition of the team, focusing on the skills, characteristics and experience of team members; how the service is delivered and how this is structured to relate to the client group.

Chart review – 1637 people were screened from January to September 2024. We will present the results of screening for Blood Borne Viruses, STIs, and Pulmonary TB, and describe the pathways to care for those with positive results.

Case Report – we will present a Case Report that exemplifies the difficulties faced by protection applicants accessing care, and how those barriers can be overcome.

Result/Impact
Results show significant findings, previously unknown, in people with limited access to healthcare and those already accessing healthcare in Ireland.

Conclusion
Mobile health screening services within the community positively impact on protection applicants' health outcomes. Bringing health screening to accommodation centres can maximise uptake of health screening particularly for those with limited or no access to healthcare.

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05 List of Oral Presentation Abstracts

SESSION 1b

Title: Levers and barriers to implementing culturally responsive care among General Practice Nurses: A cross-sectional study using the Normalisation Process Theory informed NoMAD

Authors: Dr Kathleen Markey, (School of Nursing & Midwifery, HRI, UL);
Ms Sarah Oakley (Social Inclusion CHO3, Corporate House, Mungret Street, Limerick City);
Prof Anne MacFarlane (School of Medicine, HRI, UL);
Ms Orla Loftus-Moran (Knock Medical Centre, Mayo; School of Nursing, Midwifery and Health Science UCD);
Dr Molly Manning (School of Allied Health, HRI, UL)

Abstract:
Background:
Despite the increased emphasis on cultivating cultural competence and the good practice recommendations readily available, Culturally and Linguistically Diverse (CaLD) patients, including refugees and migrants, continue to report ongoing insufficiencies in standards of care. Consequently, there is a need to comprehensively understand the complexity of factors that enable and hinder the care provided to CaLD patients. The impetus for this study was motivated by findings from a 2021 research prioritisation exercise with refugees and migrants living in Ireland, which identified the need for generating evidence about care delivery for CaLD patients across all services (https://www.irishworldacademy.ie/part-im/). This study examines levers and barriers to implementing culturally responsive care among General Practice Nurses (GPNs) in Ireland, through the lens of an implementation theory called Normalisation Process Theory (NPT).

Methods:
A participatory co-designed adapted version of the NPT informed NoMAD (normalisation of complex interventions measure) validated tool, was distributed to a convenience sample of GPNs, between December 2022 and February 2023. The sample comprised of GPNs working in general practice services in Ireland (n = 122). Data were analysed using descriptive and analytical statistics (Pearson correlations and T-tests).

Results:
Length of time qualified and perceived competency are significantly correlated with understanding the importance of culturally responsive care. GPNs as individuals were familiar with and committed to, providing culturally responsive care. However, examining their accounts of trying to enact culturally responsive care in daily practice reveals a fault line at the system level. Implementing culturally responsive care in daily practice was problematic due to health system problems such as insufficient education and training, scarcities of resources and supports and limitations in organisational leadership.

Conclusion:
Despite demonstrating awareness of the importance of providing nursing care that responds to the needs of CaLD patients, GPNs do not have full confidence or capacity to integrate culturally responsive care into their daily work practices. This novel study illuminates a multitude of mico-level (individual), meso-level (organisational), and macro-level (policies), factors that require attention by policy makers for normalising culturally responsive care in general practice services.

05 List of Oral Presentation Abstracts

SESSION 1b

Title: Community-based Collaborative Research Using Community Development Principles

Presenter: Ciara Bradley and Rudolf Simonic

Affiliation: Department of Applied Social Studies, Maynooth

Authors: Dr. Ciara Bradley Dr Ciara Bradley, Department of Applied Social Studies, Maynooth University and Rudolf Simonic, Community Worker, Pavee Point Traveller and Roma Centre

Abstract:

This research was commissioned by Pavee Point Traveller and Roma Centre in 2022 and explored the employment experiences of the Roma community in Ireland. The research used a collaborative team approach guided by community development principles. The team comprised a social researcher, a community worker and two Roma peer researchers. The central aim of the project was to understand the barriers Roma face in accessing employment in Ireland and to identify ways to improve their work experiences.

The methodology involved interviews with 23 Roma community members and 11 staff from state and voluntary agencies involved in support as well as employment and training initiatives.

The study found that Roma face significant barriers to employment due to intersecting factors such as racism, discrimination, and structural inequalities. Roma women, being more identifiable, were disproportionately affected by discriminatory practices in both service access and employment settings.Language and literacy barriers further limited Roma's ability to find jobs or engage with support services, while the Habitual Residence Condition created obstacles to accessing essential social protections, leaving many without a financial safety net. Poor health, inadequate living conditions, and a lack of transport and childcare were additional factors that indirectly hindered employment participation, particularly for women. Exploitation in the workplace was another key issue, with some Roma participants in this research reporting unfair treatment, including delays in acquiring a Personal Public Service (PPS) number, emergency taxation, insecure zero-hour contracts, and inadequate pay. These issues were compounded by a lack of mechanisms for reporting workplace discrimination or exploitation.

This research highlights the deeply interconnected nature of the challenges faced by the Roma community in accessing and succeeding in employment. By embracing a community-based and participatory approach, the project provided a platform forRoma voices and emphasised the need for targeted interventions to address these systemic barriers.

SESSION 1c

Title: Drug use among young adults in a community of migrant background: a case study on integration and health inclusion.
Presenter: Yvon Luky, ACET Ireland; Authors: Yvon Luky Richard Carson, ACET Ireland

Abstract:
i. Background
The emergence of 2nd-generation people of migrant background presents new challenges to integration and health. A community of Black-African/Black-Irish background based in the Dublin area encountered the challenge of drug use among their young adults as well as many barriers to integration that might facilitate an appropriate and robust response. Migrant Plus (a project of ACET Ireland), learning of the situation through faith leaders and concerned parents, engaged with this specific challenge as part of its work with people of migrant background to help address issues affecting their health.

ii. Methods/Initiative
Migrant Plus staff undertook to engage with the local drugs and alcohol task force (LDATF) so as to assess and implement actions. These actions are ongoing and in every step of the journey to date a self-reflective analysis was carried out of how the Department of Integration's emphasis on integration as a two-way phenomenon, requiring movement by both 'host' and 'guest,' applied to the challenges presented and the actions taken.

iii. Results/Impact
The context informing the drug use provides an important frame for understanding and learning. The combining of life in areas of socio-economic disadvantage, disposable income from available employment, lost social and pastime links following Covid and easy access to drugs in the community led to the presenting challenges.
b) The gaps and barriers to integration were immediately apparent with the generation gap within migrant families providing a complication to binary understandings of two-way integration. Knowledges of services, the nature of responses, language barriers and the cultural contexts for engagement with drugs combined to inform a multi-layered and complex challenge for both the migrant community and the LDATF.
c) Bridging actions to overcome these gaps have proved fruitful with young people (n=26) attending an initial event dedicated to exploring the challenges. Improved awareness of drugs and health impacts was demonstrated with further events planned.

iv. Conclusion
Understanding integration as a two-way phenomenon is essential to building robust responses to emerging health challenges. 'Bridge people' can provide links between communities of migrant background and health services that go deeper than mere signposting and information provision to facilitate shared learning in ways that can improve health outcomes.

SESSION 1c

Title: Perceptions of perinatal mental healthcare for migrant women in Ireland: Where are we now and what needs to happen?

Authors: Dr Claire O' Donnell, Dr Kathleen Markey, Dr Maria Noonan, Dr Teresa Tuohy, Dr Owen Doody (Department of Nursing and Midwifery, Health Research Institute, UL)

Abstract:

Background:

Perinatal mental health among migrant women is a growing public health concern and tailoring perinatal mental health services to meet the diverse cultural and linguistic needs of migrant women is crucial. This study examined perinatal mental healthcare for migrant women in Ireland from the perspective of various stakeholders (migrant women, healthcare service providers, NGOs and community organisations).Our focus was on identifying collaborative, solution-oriented strategies to enhance access to and engagement with healthcare services for migrant women experiencing perinatal mental illness or with perinatal mental healthcare needs.

Methods:

A Participatory Health Research design informed the key convening's (n-3). A snowball sampling approach was used to recruit a diverse range of stakeholders (n-51), including migrant women, healthcare professionals, Non-government Organisation (NGO's) and community organisations. Data collection was guided by the principles of world café philosophies and data were analysed thematically, incorporating NVivo 12 to assist with data organisation and management.

Results:

Two themes were generated: building capabilities and capacity and empowering migrant women. Enhancing healthcare professional education and training, cultivating cross-agency working, and fostering authentic engagement with migrant women, were key areas identified for building capabilities and capacity. Raising awareness of perinatal mental health among migrant communities, providing guidance on navigating healthcare services, and arranging peer community support, were key recommendations for empowering women.

Conclusions:

The findings of this study add new perspectives to our understanding of what constitutes a responsive perinatal mental healthcare model for migrant women, highlighting solution-focused strategies from the perspectives of a range of stakeholders. It underscores the importance of adopting a whole system approach that collectively and proactively supports migrant women experiencing perinatal mental health concerns. Developing accessible, culturally and linguistically responsive services for migrant women from complex migration backgrounds requires sensitive, shared, and proactive planning.

05 List of Oral Presentation Abstracts

SESSION 1c

Title: Familiarity breeds Success - Inclusion Diabetes Clinic
Presenter: Angela Skuce, Safetynet Primary Care

Authors:
Dr Angela Skuce
Geraldine McGovern, HDip Diabetes Nursing, Connolly Integrated Care Team
Joan McNevin, CNM, Capuchin Clinic
Laura Prodan, Interpreter, Safetynet Primary Care

Abstract:

The Capuchin Clinic has a long history of providing Primary Care to people in need in Dublin's north inner city, many of whom are members of the Roma community. We are directly funded by the HSE and provide care to people who have no other access. Our experience of apparent high rate of Diabetes, low attendance, and poor control prompted us to develop a model of care that better suited the needs of the community. Recent research has underlined the importance of this, with 50% of Roma people in Ireland studied reporting that they don't have a GP, and 22% reporting that they have Diabetes.

We were fortunate to secure one session a month from a Diabetes CNS, who with an Endocrinologist who volunteers her time runs the clinic with the support of our CNM and Romanian interpreter. They maintain a register, and developed a call/recall system using methods of communication and time-frames that work well for the community we serve. Consistent, dedicated staff have built up trusting relationships and a deep understanding of their patients and the circumstances that influence their engagement.

This tailored approach has led to much better engagement, with 100% of people with Diabetes being seen at least once a year. We will discuss outcomes including BP, HbA1c, Lipids and attendance at Retinascreen appointments, and will give some examples of how a flexible approach delivered by patient-centred staff with appropriate skills can make a difference.

This approach could be replicated across the country with similar results

SESSION 1c

Title: Preliminary findings on the barriers associated with migrant parents’ decisions regarding childhood immunisations
Presenter: Fiona Hurley and Paula Flanagan

Authors: Dr Fiona Hurley, Ms Samantha Balanuta, and Dr Paula Flanagan
School of Nursing, Psychotherapy and Community Health, DCU

Abstract:

Introduction
The World Health Organization’s (WHO) expanded programme on immunisations has played a crucial role in controlling, eliminating, and even eradicating several infectious diseases (Shattock et al., 2024). Pathogens are not bound by borders, and disparities in vaccine-preventable diseases (VPDs) and vaccination coverage between migrants and host populations have been reported globally (Charania et al., 2019). Those identified most at risk are migrant children (Sana et al., 2023).

Multiple studies have evaluated migrant vaccine hesitancy and parents’ decision-making (Sana et al., 2023). Factors identified include hesitancy fuelled by social media (Broniatowski, 2018), lack of available information in the native language, vaccine safety concerns (Deal et al., 2023; Sana et al., 2023) and health literacy (Bianco et al., 2019). The aim of this Mixed Methods Systematic Review (MMSR) is to identify and integrate the findings from these primary studies.

Methods
The review was undertaken in accordance with the Joanna Briggs Institute methodology for MMSR using a convergent integrated approach (Lizarondo et al., 2017). The following databases were searched; MEDLINE Ovid (1946 to 2024), EMBASE Ovid (1974 to 2024), Cinahl (EBSCO Host, 1937 to 2024), PsycINFO (Ovid), Web of Science and Scopus.

Results
Twenty-one studies met the inclusion criteria from which four themes emerged. The ‘Health Literacy Hurdle’ highlights how language barriers create barriers to childhood vaccination by affecting migrant parents’ ability to understand, access, and navigate healthcare systems. 'Trust Deficit’ refers to the lack of trust migrant parents have in health and social care professionals regarding childhood vaccinations. ‘Challenges reaching Vaccination Services’ represents the barriers to childhood vaccination faced by migrant parents due to socioeconomic challenges. Finally, ‘Walls of Misinformation’ refers to barriers to vaccination caused by fear, misinformation, and low perceived susceptibility to vaccine-related diseases.

Conclusion
This MMSR is essential to inform policy, which aims to increase uptake of childhood vaccination amongst migrant children and reduce the burden of disease. This supports key objectives of WHO’s new Immunisation Agenda 2030, which is to improve vaccine coverage for VPDs, achieve equitable access for vulnerable populations, and integrate vaccination throughout the life-course, including a focus on catching up.

SESSION 1d

Title: Analysis of a HIV testing van and its potential for improved health outcomes among communities of migrant background in Ireland.

Presenter: Chipo Harper, ACET Ireland

Authors: Chipo Harper (ACET Ireland) Ann Piercy (HIV Ireland) and Richard Carson (ACET Ireland)

Abstract:

Background
In spite of huge advances in antiretroviral medicines and clinical management of people living with HIV, morbidity and mortality of marginalised and vulnerable communities in Ireland remains compromised. According to the HSPC, late diagnosis of HIV is a contributor to treatment failure. Different communities require different health promotion strategies to address this gap. HIV Ireland and ACET Ireland's EQUAL Check and Chat HIV testing van is a pilot project looking to improve uptake of HIV testing among communities of migrant background and improve treatment access and health outcomes.

Methods
The van was initiated to both facilitate testing and also explore methods for health promotion, service delivery, integration and inclusion. From before its launch and to date, it operates as a self-reflective service where modes, dimensions and practices of the project are analysed when connecting with migrants in homeless accommodation, direct provision centres, third level institutions and churches. Stigma surrounding testing and HIV itself, in a context where migration may provide further impetus for marginalisation, demanded careful consideration of how trust is built and the appropriate health outcomes assured.

Results/Impact
The project has learnt to encapsulate the rapid HIV test with a number of social, health and community initiatives that improve uptake:
1) Volunteers were trained from the affected communities who expressed their lived experience of being on the margins of Irish society. They were given agency and skills to embody a friendly service that reduces stigma while improving the mental health of themselves and those pursuing testing.
2) Conversation – we came to value deeply the place of active listening and humility from service providers.
3) Period dignity products – as well as other sexual health resources, these are offered free of charge and link conversations in meeting one important health need with another.

Conclusion
Strategic partnerships with marginalised and vulnerable communities have enormous potential for improving health outcomes among refugees and migrants. However, careful consideration must be made in ensuring that the agency of those communities is central to the projects' actions. Dedicating the appropriate level of time and resources to ensure a sense of ownership on the part of the community being served is crucial when engaging with complex and highly stigmatised health issues.

SESSION 1d

Title: Analysis of interpreted consultations with Ukrainian Beneficiaries of Temporary Protection (BoTP) in general practice in Ireland: a mixed methods study
Presenter: Anne Cronin, School of Medicine, UL

Authors: Anne Cronin (UL), Mary Phelan (DCU), Patrick O'Donnell (UL/HSE), Kathleen Markey (UL), Ahmed Hassan (Doras), Tonya Myles (Cairde), Aileen Kitching (HSE), Katya Kachurets (ICGP), Tim Rapley (Northumbria University), Anne MacFarlane (UL) Participatory Health Research Unit, School of Medicine, UL.

Abstract:
I. Background:
The invasion of Ukraine in February 2022 resulted in the displacement of millions of refugees of varying ages and diverse health needs to many countries, including Ireland. More than 110,000 people fleeing war in Ukraine have been granted temporary protection in Ireland. Refugees and migrants have a fundamental human right to accessible healthcare that is both linguistically and culturally appropriate. The Irish health policy response to the influx of Ukrainian refugees has led to healthcare adaptations including the employment of bilingual Ukrainians as interpreters. There has been no evaluation of the effectiveness of this policy response; therefore, the aim of this study is to formally evaluate the communication processes in these interpreted general practice (GP) consultations.

II. Methods / Initiative:
This is a participatory health research study co-designed with NGO partners. It is a mixed methods, instrumental case study. Purposeful sampling was used to recruit 21 patients, 4 interpreters and 3 GPs in two primary care clinics established for refugees from Ukraine. Data generation and analysis includes discourse analysis of 21 audio-recorded interpreted consultations; semi-structured interviews with GP and interpreter participants about their perceptions of the interpreted consultations; and a comparative analysis of findings from the discourse analysis and interview study.

III. Results:
The shared cultural, linguistic, and experiential backgrounds of interpreters and patients creates a unique context within these primary care clinics, fostering deeper understanding and facilitating meaning-making between GPs, interpreters and patients. The interpreter's role is multifaceted, encompassing various responsibilities in the cross-cultural consultation and the broader clinic setting. Collaboration between GPs and interpreters can improve patient-centred communication. GPs and interpreters are broadly satisfied working together and perceive multiple benefits for patients, while emphasising the value of training to optimise communication.

IV. Conclusion:
This study elucidates for the first time in Ireland, what happens in GP consultations, routinely using interpreters. Interpreters complete an extensive range of work to support the consultation. Findings can be used to inform training and professional development for GPs and interpreters. This study offers original insights into the efficacy of the Irish health policy response to addressing language barriers with vulnerable migrants within real-world general practice settings.

SESSION 1d

Title: Health outcomes of unaccompanied refugee minors – A national review

Presenter: Deirdre Foley, Temple Street, Dublin 1

Authors: Deirdre Foley, ASPIRE fellow in Global Child Health & Inclusion Health; CHI at Temple Street, Dublin 1
Aoibhinn Walsh, Consultant Paediatrician with s.i. in Inclusion Health, CHI at Temple Street,

Abstract:

Background
An unaccompanied minor (UAM) as a child or adolescent under the age of 18, who is separated from both parents and other relatives and is not being cared for by any other adult. 'Hidden populations' (undocumented or in transit), in particular the sub-populations of females, LGBTQ+, and disabled people are at particular risk. The number of migrant children globally has increased by nearly 40% in the past 20 years. Data collection on this cohort is complex, due to lack of identity documents and mediums through which migration of UAMs may occur, including child labour, trafficking and asylum claims.

The aim of this audit was to review the demographics and health outcomes of UAMs attending our inclusion health service.

Methods
All patients attending our inclusion health services were audited for those classified as unaccompanied minors or disputed minors.

Results
26 UAMs were referred to our inclusion health clinic, two of whom were re-directed due to age (15 years, 11 months being the upper limit for paediatric health care in Ireland). Of the 24 children reviewed, nine were female (37.5%) and 15 male. The median age of children at time of referral to our service was 14.9 years. Countries of origin were as follows; Afghanistan (ten), Nigerian (five), four Somalia (four), Democratic Republic of Congo (two) and South Africa (one), Palestine (one) and Sierra Leone (one). Four children were referred as disputed minors, all of whom has their status re-classified to UAMs following re-assessment.
Nutritional screening (vitamin D, Iron and micronutrient deficiency) was within normal limits for the majority of children, though two children had symptoms of active pulmonary tuberculosis on arrival to the state both whom were immediately referred for appropriate treatment. Four children were documented as have been trafficked to the country, though this is most likely under-reported.

Conclusions
UAMs represent a highly vulnerable population with significant mental health needs and at risk of serious infectious disease, child trafficking or abuse, child marriage and threats to life.

SESSION 1d

Title: Mapping national data collections in Ireland for refugee and migrant health research, policy and practice
Presenter: Deepanjali Vishwakarma, School of Medicine, UL

Authors:
Ms. Deepanjali Vishwakarma, School of Medicine, UL
Mr. Soorej Jose Puthoopparambil, Uppsala University
Prof. Anne MacFarlane, School of Medicine, UL
Mr. Alphonse Basogomba, Chairperson, Intercultural and Diversity Education Centre Ireland (IDEC-Ireland)
Dr. Patrick O'Donnell, School of Medicine, UL
Ms. Ruth Armstrong, HSE
Mr. Jim Walsh, Dept of Health
Prof. Ailish Hannigan, School of Medicine, UL

Abstract:

Background
Migration is a longstanding, growing global phenomenon. In 2024, migration to Ireland was the highest since 2007 and one in five of the population is born abroad. As a recognized social determinant of health, migration can lead to health inequities between migrants and host populations. A recent scoping review of migrant health research in Ireland highlighted a significant gap in research on strengthening the country's health information system (HIS) for migrant health data. This study aims to help address this gap by mapping and evaluating the capacity of national HIS in Ireland to inform refugee and migrant health research, policy and practice.

Methods
We used recently developed technical guidance from WHO European Region to map and evaluate the capacity of all existing national data collections in Ireland for the collection and integration of data on refugee and migrant health. An electronic search of a national catalogue of health and social care data collections (N=128) was carried out to identify where core and recommended variables related to migration status were recorded. These variables include country of birth, citizenship, and knowledge of the language of the host country. Data dictionaries were reviewed, and key informants contacted. For relevant collections, data was extracted on the type of variables collected, whether there was a procedure to access the data for secondary use and potential for data linkage.

Results
Of the 128 data collections, 28 (22%) recorded information on migration status. These 28 collections included seven national surveys, seven registries and six epidemiological databases. The majority of these collections (18/28) recorded country of birth, followed by country of citizenship (5/28). Only two collections recorded language(s) spoken. Of the 28 collections, 19 included variables that could be used for data linkage and 26 had a procedure for requesting data access.

Conclusion
This mapping of Ireland's HIS addresses a critical evidence gap, helping stakeholders identify where and what migration status variables are collected. The collection and integration of refugee and migrant health data in HIS in Ireland is fragmented and initiatives to standardise this are needed to maximise availability of data for policy planning and implementation.

SESSION 2a

Title: Navigating the landscapes of Exile: Therapeutic interventions with asylum seekers

Presenter: Benny McCabe, Safetynet

Abstract:

It would be envisaged to reflect on therapeutic work with asylum seekers and refugees the author is engaged in with Safetynet.

Including

- The work of Safetynet
- Literature on displacement, trauma, loss, Asylum seeking experience.
- Mental health and stabilisation.
- Therapeutic interventions

SESSION 2a

Title: An Autoethnographic Piece with Clinical Practice Additions

Presenter: Sladjana Radulovic and Ann Campbell, Spirasi

Authors:

Sladjana Radulovic Ann Campbell, MSc Child in Adolescent and Family Mental Health, Diploma in Systemic Family Psychotherapy, Diploma in Addiction Studies.
Sladjana Radulovic, BA (Hons) in Psychology, MSc in Applied Psychology (Mental Health & Psychological Therapies), MSc in Systemic Family Psychotherapy Spirasi (National Centre for Survivors of Torture)

Abstract:

As colleagues working together in Spirasi National Center for Survivors of Torture, we will present a brief overview of our work context. This will lead into an autoethnographic piece about the first-generation migration journey of one of the presenters. We will reflect on the influence of migration on language, culture and identity.

We will discuss our clinical practice, reflecting on what systemic family therapy brings to supporting migrant journeys. We will look at some systemic family therapy models, especially those understood to be helpful to refugee and migrant populations.

The presentation will conclude with reflection on the art of connection within psychotherapy as a co-created sacred space.

SESSION 2a

Title: Student choice module in migrant health for undergraduate medical students

Presenter / Author: Bridget Kiely, Department of General Practice, RCSI

Abstract:

i.Background
With increasing migration globally, it is imperative that health care students receive training on migrant health. A new initiative in RCSI allows first and second year students to choose a module on a topic of interest. Each module runs over a week.

ii. Methods/Initiative
A migrant health special interest module for pre-clinical medical students was developed. Content was adapted from a migrant health module for GP trainees developed by the North Dublin City GP Training Scheme, Crosscare and Cairde (both charities that support migrants to access health care). Topics covered were migration facts and figures, major health conditions affecting migrant populations, access to health care in Ireland, cross cultural communication, cultural awareness and the impact of trauma. Teaching was in the form of small group sessions, input from experts (Safetynet primary care) and on-line content. Novel sessions included the use of a short film to facilitate exploration of attitudes, role plays with simulated patients to simulate cross cultural consultation and group exercises on culture. Assessment was in the form of a reflective presentation.

iii. Results/Impact
The module has been run for two years and has been positively received by students. Students were from diverse backgrounds which added to the richness of discussions. The small group environment created a safe learning space for students to explore their previously held beliefs and share experiences.

iv.Conclusion
A migrant health student choice module provided an opportunity for pre-clinical students to consider the importance of this topic and lay foundations for future learning in the area. Future directions could include a more formal evaluation and closer integration with other teaching activities relevant to the topic of migrant health.

SESSION 2a

Title: Establishing a Paediatric Inclusion Health service in the Mid-West: the story so far
Presenter: Siobhan Neville, School of Medicine, University of Limerick
Authors: Siobhan Neville Emma Nolan, Susan Giblin. Department of Paediatrics, UHL; School of Medicine UL

Abstract:
Background
Paediatric Inclusion Health is an emerging medical specialty that aims to provide equitable healthcare access to populations who experience negative health outcomes due to adverse social determinants of health and who encounter additional barriers to healthcare engagement. These groups include children experiencing homelessness, children with refugee status or those seeking international protection, and children from minority ethnic groups, including the Irish Traveller and Roma communities.

Initiative
Integrated Paediatric Inclusion Health services are currently being established in Dublin, Cork, the Mid-West and Saolta hospitals groups. While there is national support for the development of such teams, individual services have been permitted to develop in accordance with local need. Since its establishment in July 2024, the Mid-West Paediatric Inclusion Health service has developed referral criteria, established hospital-based and outreach clinics, and begun relationship-building with local stakeholders.

Impact
To date, we have offered 92 appointments to children and families from migrant and minoritised ethnic communities, children experiencing homelessness or housing insecurity, and children experiencing challenges in engaging with health services due to other complex social determinants of health. These appointments are offered across three sites – University Hospital Limerick, Ennis Outpatient Department and Nenagh Primary Care Centre. Appointment times are extended, facilitating a trauma-informed approach to care and allowing sufficient time for language interpretation where required. Clinics are supported by an arts organisation, who provide arts-based engagement of paediatric patients and their siblings in the waiting room. Initial challenges have included patient attendance rates and issues in contacting some families who have been referred to the service. We are working with community partners to overcome barriers to attendance and to improve both service user experience and trainee educational opportunities.

Conclusion
The Mid-West Paediatric Inclusion Health service has been in operation since July 2024, and is one of a number of new Inclusion Health services under development nationally. Our experience to date suggests that Paediatric Inclusion Health clinics can facilitate patients from marginalised communities to attend and engage with secondary healthcare services in a mutually beneficial manner.

SESSION 2b

Title: Designing and delivering trauma-informed care training: what the Spirasi Training Team has learned in a year
Presenter: Laura Tarafas, Spirasi

Authors: Laura Tarafas, Aoife Hallisey, Spirasi - National Centre for Survivors of Torture
Máirtín Ó Maoláin, Spirasi - National Centre for Survivors of Torture; Department of General Practice, RCSI

Abstract:

Background:
Given the high incidence of traumatic exposure amongst forcibly displaced migrants, a trauma-informed care approach throughout the international protection process is critical. According to the International Rehabilitation Council for Torture Victims (IRCT), of which Spirasi is a member organisation, sharing knowledge, including providing training, is a key component of the Global Standards on providing rehabilitation for survivors of torture. Recent studies (e.g. Edler et al. 2023) highlight the importance of contextualisation when designing training, as well as incorporating relational and system-level thinking. More and more studies draw attention to an often-overlooked principle in trauma-informed care, which is how intersectionality influences traumatic presentations. Furthermore, people may feel that they need to "perform" trauma in a Western-centric way.

Methods/Initiative:
Spirasi designed and delivered trauma-informed care training to professionals involved in the international protection process from 2023-2024. Pre-training questionnaires completed by prospective participants from various organisations all identified mitigating re-traumatisation and working with someone from a different culture as key information deficits. The training material was developed by a multidisciplinary team of experienced professionals within Spirasi. Open and non-judgmental group discussions, role plays and culturally-diverse case studies formed part and parcel of each training session. A mix of qualitative (open-ended questions) and quantitative (Likert-scale questionnaire) methods were used in feedback forms to assess outcome.

Results/Impact:
The high scores attained from the feedback forms indicate that the training sessions were considered as highly relevant for all professionals, regardless of their organisational background. All participants expressed that they would recommend the training to a colleague. Participants highlighted the importance of having highly-experienced trainers delivering training in such a complex field. Transference of skills, awareness raising, and practical guidelines on use of trauma-informed approaches were particularly appreciated.

Conclusion:
The positive feedback underlines once more the importance of nuanced multidisciplinary work when designing training. Pre-assessments, carefully tailored content by a multidisciplinary team, regular debriefs and dedicated review sessions were crucial in creating an impactful training experience, which was not only trauma-informed in its content, but also in its delivery.

SESSION 2b

Title: Adolescent Migrant Girls' Experiences of Post-Primary School Integration and Wellbeing Support: A Youth-Adult Research Collaboration

Presenter: Jade Gill, Dept Psychology, University of Limerick

Authors: Jade Gill Dr Anca Minescu (Dept Psychology, UL)
Dr Jennifer McMahon, Dept Educational Psychology, Inclusive and Special Education, Mary Immaculate College; Dept Psychology, UL

Abstract:
Background
Challenges in supporting the wellbeing of young migrants are extensively recognised (Montgomery & Foldspang, 2007; Schwartz et al., 2010), with adolescent migrant girls being particularly vulnerable (Mhaidat, 2016). According to PERMA theory of wellbeing (Seligman, 2011), key factors such as a sense of belonging, academic engagement, social connections, cultural identity, and perceived personal growth opportunities are crucial in shaping wellbeing and successful school integration. Schools are central to fostering the wellbeing of migrant students (Bronfenbrenner, 1979; Sullivan & Simonson, 2016). Youth-adult research collaborations are increasingly seen as essential for gaining a more accurate understanding of young people's needs and are now regarded as critical in the design of youth wellbeing interventions (Malla et al., 2021) . This study explores the experiences of adolescent migrant girls integrating into Irish post-primary schools and their perceptions of the wellbeing supports available to them, using participatory research methods.

Methods
This study employed a qualitative focus group approach, scaffolded by story exchange and brainstorming activities. Nine focus groups were conducted across seven post-primary schools in Ireland (N = 65). A youth advisory panel (N = 8) reviewed and provided feedback on the focus group questions and materials. Select panel members were trained as peer researchers and co-facilitated the focus groups, ensuring that young migrants were actively involved in both the research design and data collection processes.

Results
Data collection is ongoing, and the final analysis will be completed by December 2024. Preliminary analysis of focus group data indicates three key themes: discrimination as a significant barrier to successful school integration, individual school staff (e.g., teachers) as a primary source of wellbeing support for adolescent migrant girls, and a perceived shortage of targeted wellbeing programs, both within schools and in the wider community.

Conclusion
The findings from this study aim to provide researchers with a deeper understanding of adolescent migrant girls' experiences of school integration in Ireland, along with their specific needs for school support. These insights will ultimately guide the design and development of a school-based intervention to enhance the wellbeing of this traditionally underserved group.

SESSION 2b

Title: Identifying the support needs of families living in the International Protection Accommodation Services (IPAS) system in Ireland.

Presenter: Eleanor Hollywood, School of Nursing and Midwifery, Trinity College Dublin

Authors: Eleanor Hollywood, Dr Marie Hyland, Researcher Fellow, Mr Muluken Basa, Research Assistant and PhD Candidate, School of Nursing and Midwifery, TCD

Abstract:

Background
Europe is experiencing an unprecedented influx of refugees and currently in Ireland there are 31,807 people living in IPAS accommodation centres (DCEDIY 2024). There are challenges associated with meeting the needs of refugees and it is currently accepted that the needs of children and families differ considerably in comparison to the needs of individual or coupled adults. Although supports do exist for families in IPAS, there is a lack of knowledge in relation to what is working well for families in IPAS, what training and support is provided for staff working with families in IPAS and what specifically are the needs of families living in IPAS in terms of parenting support, integration, prevention and early intervention and family support.

Methods
Using case study research methodology, the needs of families living in IPAS were explored. In this research 'the case' is the family living in IPAS in Ireland and 'the context' is the direct provision centre where the family lives. The main units of analysis gathered for this qualitative case study research were family focus groups, interviews with children, stakeholders, and staff, fieldnotes and archival records. Thematic analysis was employed to analyse the data. Ethical approval was soughed and secured prior to recruitment and data collection.

Results
Findings showcase the reality of living in the IPAS system as a family and the difficulties experienced by families when coordinated responses are not in place or available. Findings indicate that children do not have access to play facilities suitable for their age or developmental level and this is a significant source of concern for children. The role of school and the exceptionally positive part it plays in the life of the child and family in IPAS has been highlighted by this research.

Conclusion
This research provides a detailed account of the specific and unique needs of families living in the IPAS system in Ireland. It has given voice to children and families living in IPAS and to the professionals who work with them. These findings will contribute to the development of an integrated family support approach exclusive to the need of families in IPAS which is essential as Ireland continues to experience an intense arrival of refugees.

SESSION 2b

Title: Use of Medical Interpretation in the Paediatric Inclusion Health service at University of Limerick Hospitals Group

Presenter: Susan Giblin, Dept Paediatrics, University Hospital Limerick

Authors:
Susan Giblin, Emma Nolan, Dept Paediatrics, UHL
Siobhán Neville, Dept Paediatrics, UHL and School of Medicine, UL

Abstract:

Background
Effective communication is universally recognised as a necessity for the provision of healthcare services. Barriers to effective communication can result in poor health outcomes. Patients from migrant or minoritised ethnic communities often experience additional barriers to accessing healthcare, particularly when they do not speak the primary language of the healthcare service. Trained interpreters can facilitate effective communication between families from migrant communities and healthcare providers. Working with medical interpreters is not currently included in the curriculum for paediatric specialty training in Ireland.
The aim of this project is to examine the use of trained interpreters within the recently established Paediatric Inclusion Health services at University of Limerick Hospitals Group (ULHG). Inclusion Health services are designed to cater for children experiencing negative health outcomes due to social exclusion and the social determinants of health, for example, children experiencing homelessness, or from families seeking or receiving international protection.

Methods
Frequency, location, and language information was prospectively recorded for interpreter services used in the Mid-West Paediatric Inclusion Health service from its commencement in July 2024.

Results
Interpretation services were requested for 67% of Paediatric Inclusion Health appointments in a three-month period from July 2024. Interpretation services were most frequently required in the outpatient services in Ennis (86% of appointments offered) and Nenagh (78%), compared to University Hospital Limerick (58%). The most requested language was Russian (45% of appointments), followed by Arabic (16%) and Ukrainian (12%). Other languages included Albanian, Bengali, French, Georgian, Pashto, Polish, Portuguese, Romanian, and Urdu.

Conclusion
The availability of medically trained interpreters is an essential resource for the provision of Inclusion Health services. The Paediatric Inclusion Health service in ULHG has been designed with the communication needs of its patient population in mind. The representation of languages is in keeping with the expected demographics of the population, including the geographic breakdown. Training in working with medical interpreters would be valuable for paediatric trainees working with migrant communities.

SESSION 2c

Title: Spirasi – A brief overview of rehabilitation services for torture survivors in Ireland
Presenter: Máirtín Ó Maoláin

Authors: Máirtín Ó Maoláin Paula Quirke, Liliana Morales, Laura Tarafas, Spirasi
Aoife Hallissey, Spirasi – National Centre for Survivors of Torture, Department of General Practice, RCSI

Abstract:

i. Background
Spirasi was established in 1999 as a welcoming centre for newly-arrived people in Ireland. English language classes were provided to support integration. It became apparent that many students had experienced torture and that additional supports were needed. From this, our current multi-disciplinary service began to develop. Spirasi is a non-governmental organisation (NGO) that receives funding from a range of sources including the HSE, Department of Children, Equality, Disability, Integration and Youth, and the UN. Through the funding received from the State, Spirasi fulfils the State's obligations under Article 14 of the UN Convention Against Torture which states that survivors of torture are entitled to as "full a rehabilitation as possible".

ii. Methods/Initiative
Spirasi is Ireland's national centre for survivors of torture. Our work strives to support the holistic rehabilitation of survivors of torture. As a member of the International Rehabilitation Council for Torture Victims (IRCT), our work is informed by their global standards. Spirasi offers a range of services to those who have been tortured, including psychosocial interventions; psychotherapy; medico-legal reports (MLRs); English-language classes and befriending. We also train key stakeholders in Ireland who engage with those who have experienced trauma e.g. government bodies; doctors-in-training; solicitors, etc. We advocate for improved service provision, the safeguarding of human rights and an end to torture on behalf of our clients.

iii. Results/Impact
Spirasi has a strong reputation across the NGO and migrant rights' sector, but there continues to be lack of awareness of the work it conducts, and the resourcing challenges it faces. Referrals for initial assessments (IAs) increased by approximately 200% between 2022 and 2023; while referrals for MLRs increased by approximately 230%. Referrals for MLRs must come from solicitors. Referrals for IAs in 2023 came from a range of health and social care professionals in 2023 including almost 60% from GPs, and approximately 8% each from social workers and psychologists/therapists/counsellors. Resourcing available to Spirasi has largely remained static despite this increase in demand, resulting in significant waiting times for assessment and therapy.

iv. Conclusion: Spirasi requires sufficient resources to match the demand for its service.

SESSION 2c

Title: Enablers and barriers in accessing perinatal mental healthcare for refugee and asylum-seeking women: A scoping review

Presenter: Mairead Moloney, Dept Nursing and Midwifery, UL

Authors: Ms Mairead Moloney (PhD Candidate) Dr Kathleen Markey (Dept of Nursing & Midwifery, HRI, UL; Professor Catherine A. O' Donnell (General Practice and Primary Care, School of Health and Wellbeing, University of Glasgow); Dr Maria Noonan (Dept of Nursing & Midwifery, HRI, UL); Dr Claire O' Donnell (Dept of Nursing & Midwifery, HRI, UL); Dr Teresa Tuohy (Dept of Nursing & Midwifery, HRI, UL); Professor Anne MacFarlane (School of Medicine, HRI, UL); Dr Susann Huschke (School of Medicine, HRI, UL); Mr Ahmed Hassan Mohamed (Doras); Dr Owen Doody (Dept of Nursing & Midwifery, HRI, UL)

Abstract:

Background:
Refugee and asylum-seeking women are particularly vulnerable to perinatal mental illnesses and often face significant numerous obstacles in accessing perinatal mental healthcare. This scoping review sought to identify the enablers and barriers to perinatal mental healthcare access and provision for refugee and asylum-seeking women in the WHO European Region.

Methods: Initial searches of nine databases and six grey literature sources were conducted in April 2022, with an updated search in July 2023. The review was reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR).

Results:
The search identified 16,130 records. After removing duplicates and screening, 18 sources of evidence were included. A data extraction table mapped data to the seven dimensions of the candidacy framework. The review included both empirical (n = 14; 77.8%) and non-empirical (n = 4; 22.2%) evidence, from seven countries in the WHO European region, predominantly from the United Kingdom (n = 9; 50%), followed by Germany (n = 3; 16.7%), Denmark (n = 2; 11.2%), and one each from Norway, Greece, Sweden, and Switzerland (n = 1; 5.6% each). Findings indicate both enablers and barriers across the seven dimensions of candidacy, however, barriers were reported more frequently, especially at a system level. Key individual-level (micro-level) barriers included; unaddressed language barriers and insufficient attention to culturally informed perceptions of perinatal mental illness. At the organisational-level (meso-level) misalignment of healthcare services with cultural needs emerged as a significant barrier. Structural and political context (macro-level) factors, such as; inadequate funding, reliance on Western diagnostic criteria, and a lack of responsive services, negatively influenced the conditions for candidacy.

Conclusion:
This review highlights the complex, multilevel factors that influence access to and provision of perinatal mental healthcare services for refugee and asylum-seeking women. Future research should explore strategies to enhance culturally sensitive practices and advocate for policy changes to support this vulnerable population.

SESSION 2c

Title: Implementation of the HSE Catch-up Vaccination Programme for Beneficiaries of Temporary Protection and International Protection Applicants: Insights and Challenges

Presenter: Emmanuel Bello and Claire Dunne, HSE National Social Inclusion Office (NSIO)

Authors:
Dr Emmanuel Bello Grainne Begley, HSE National Social Inclusion Office
Caralyn Horne, HSE National Vaccination Programmes
Dr Aileen Kitching, HSE National Social Inclusion Office

Abstract:

Background
The HSE Catch-Up Vaccination Programme for Beneficiaries of Temporary Protection (BOTP) and International Protection Applicants (IPA) launched in early 2023, as part of the Refugees and Applicants Seeking Protection (RASP) Service Delivery Model. It aims to ensure that BOTP and IPA children and young adults (<=23 years), living in congregate accommodation settings, are age-appropriately immunised or have an opportunity to 'catch up' with the Irish immunisation schedule, to protect them against vaccine-preventable diseases (VPD) that are common and/or have serious consequences in Ireland. The congregate nature of living arrangements for many BOTP and IPA increase their vulnerability to the spread of VPD.

Methods/Initiative
At 6 months, it was timely to understand factors affecting implementation and delivery in each area, and understand how the NSIO and the National Operational Planning Group could better support the Community Health Organisations (CHOs) in Programme delivery. In Q4 2023, we conducted semi-structured interviews with the Catch-Up Vaccination leads across nine CHOs. These explored factors such as the local organisation of the Programme, staffing, communication and sensitisation strategies, role of peer support workers (PSWs), use/utility of data shared for planning, and involvement of local Departments of Public Health. Thematic analysis of interview data uncovered key strengths, challenges, and barriers.

Impacts
Programme strengths included interagency collaboration, and adaptability of small but dedicated teams. Community engagement and on-site vaccination approaches improved access and uptake. Challenges identified included workforce shortages, vaccine hesitancy and gaps in communication materials. Data issues, including outdated or inaccurate information, were common, hindering effective planning. The absence of dedicated PSW in several CHOs combined with the lack of structured training, hindered the Programme's outreach and impact.

Conclusion
The qualitative study provides critical insights in the implementation of the BOTP/IPA Catch-Up Vaccination Programme, and informs planning by the RASP Catch-Up Vaccination NOPG. It has led to direct changes in the support provided by the NSIO to the Programme. Addressing the challenges identified – staffing gaps, improving communication strategies, enhancing data management – while capitalising on the Programme's strengths are crucial to better meet the immunisation needs of these vulnerable populations, mitigating the health and public health risks associated with under-vaccination.

SESSION 2c

Title: Increasing attendance rates at a Paediatric Inclusion Health service: a Quality Improvement project
Presenter: Emma Nolan, Department of Paediatrics, University Hospital Limerick, UHL

Authors:
Emma Nolan Susan Giblin (Dept Paediatrics, UHL)
Siobhán Neville (Dept Paediatrics, UHL; School of Medicine, UL)

Abstract:

Background
Children from socially excluded and marginalised groups, such as those from migrant and minoritised ethnic communities, often face significant barriers in accessing healthcare services. It is the responsibility of healthcare providers to identify these barriers and seek ways to overcome them. A Paediatric Inclusion Health service has recently been established to provide targeted services to such children in the Mid-West. Appointment attendance was initially noted to be low. This project aimed to increase attendance rates at Paediatric Inclusion Health services using quality improvement methodology.

Methods
This project utilised the Model for Improvement to guide iterative interventions to improve attendance at Paediatric Inclusion Health clinics and day ward services. Attendance rates were monitored prospectively. Where possible, families were contacted to ascertain the reason for missed appointments. Tailored solutions to recurring challenges were designed and implemented in collaboration with stakeholders including service users, administrative staff, and community outreach workers, and the impact on attendance was monitored. Key interventions included revising appointment letters, considering address and transport options when offering an appointment, engaging community outreach workers to support families in attending, and the establishment of an inclusion health email address.

Results
Baseline attendance for day ward appointments was 0% in the first two weeks of the service, with attendance at outpatient clinics starting at 29% (Limerick), 40% (Ennis) and 25% (Nenagh). Barriers to attendance included not receiving the appointment, and being unable to attend at the time or location provided due to public transport limitations or scheduling conflicts. One family were unable to locate the clinic; others preferred to be seen in a more convenient location. Following the above interventions, the most significant improvements have been seen in Day Ward attendances, which rose to 81% in September 2024. The most recent outpatient clinics had attendances of 50% (Limerick), 67% (Ennis) and 40% (Nenagh).

Conclusion
Iterative improvements informed by stakeholder engagement can be effective in enhancing patient attendance at Paediatric Inclusion Health services. We will continue to monitor attendance rates and pilot further interventions as the service develops, in conjunction with families using the service and our community partners.

SESSION 2d

Title: Developing a migrant women's cycling initiative
Presenter: Veronica McNamara Bon, PAUL Partnership
Authors: Veronica McNamara Bon Anne Cronin, PHR Unit, School of Medicine, UL, PAUL Partnership

Abstract:
I. Background:
The migrant women’s cycling initiative, is a programme led by PAUL Partnership; a multi-sectoral partnership company in Limerick city, promoting social inclusion across the city. The women's cycling initiative was developed in consultation with women from migrant backgrounds who were experiencing social isolation. The women reported difficulties attending activities independently or with their children. The women also reported concerns about their lack of physical activity. Delivering a cycling programme specifically for the women was discussed, however ability to cycle emerged as a barrier. This programme offers the women, an opportunity to learn how to cycle, while making new connections and improving their physical health.

II. Methods / Initiative:
PAUL partnership led this inter-agency initiative inviting agencies that could provide specific support and assistance to get the programme off the ground. Agencies involved include Limerick City and County Council Active Travel Department, Limerick Cycling Campaign, Limerick Sports Partnership, Doras and migrant women themselves, who took an active role in advising and planning.

III. Results:
12 migrant women signed up to the cycling programme, none of whom had ever learnt how to cycle or had access to a bicycle. The women took part in a 10-week exercise programme prior to beginning the cycling initiative (participation rate was over 90%). All 12 women completed the cycling initiative. The participants expressed high levels of satisfaction with the programme and a desire to continue cycling regularly as a group. Feedback from the women highlight their joy at being able to cycle post programme and how the programme has enhanced their confidence. Many of the women indicated how happy they feel to be able to go cycling with their children.

IV. Conclusion:
This initiative supports community integration by bringing women together and providing them with access to an affordable and environmentally sustainable mode of transport. It also has the potential to enhance the health and well-being of participants across multiple dimensions. Empirical evidence indicates that cycling is linked to substantial health benefits, including improved perceived general health and enhanced quality of life. Furthermore, cycling alleviates the financial burden associated with vehicle ownership and maintenance.

SESSION 2d

Title: Promoting Health and Inclusion of People with Migrant Backgrounds through Horticulture: A Mixed-Methods Systematic Review

Presenter: Louise O’Connor, UL
Authors: Louise O'Connor and Dr. Sarah Jay (UL)

Abstract:

Background:
International migration has been increasing globally in recent decades. Addressing the health and inclusion needs of people with migrant backgrounds is crucial for the wellbeing of both host and migrant communities. To do so effectively, health and community-based services must consider social determinants of health and develop culturally sensitive, holistic, sustainable supports that cater for diverse communities.

Methods/Initiative:
This mixed-methods systematic review explores the use of horticulture to promote health and inclusion of people with migrant backgrounds. Four electronic databases were searched for research articles from 2015 to 2024, resulting in the inclusion of 22 peer-reviewed studies. A ‘best-fit’ framework synthesis was used to analyse the integrated qualitative, quantitative, and mixed-methods results.

Results/Impact:
The findings suggest that engaging in horticultural activities can promote key aspects of migrant health, including mental, physical, psychological, emotional, spiritual, cognitive, and economic wellbeing. Additionally, horticultural activities can enhance social inclusion through fostering social connections, social capital, collective identity, and intercultural exchange.

Conclusion:
Drawing on theories from psychology, social geography, and landscape research, the analysis offers valuable insights for the development of theory, policy, and practice.

SESSION 2d

Title: Antiracism training with staff of drug and alcohol projects in Dublin: identifying a fundamental and self-perpetuating barrier to change

Presenter: Richard Carson, ACET

Authors: Richard Carson and Chipo Harper, ACET Ireland. ACET Ireland

Abstract:

i. Background
The National Drugs Strategy (2017- 2025) includes actions relating to the provision of antiracism training to service providers and improving the capacity of services to accommodate the needs of people who use drugs and alcohol including those from 'new communities.' With significant demographic changes in many settings where such service providers operate, the need for such training was expressed by agencies in recent years.

ii. Methods/Initiative
With Department of Health funding and in partnership with the Institute for Antiracism and Black Studies, ACET Ireland trained 50 staff of drugs and alcohol agencies in short modules in 2023 covering race and racism, ethnicity, data collection and counter storytelling. Participants were invited to evaluate the training and some brief self-critical reflections using multidisciplinary approaches were carried out on how the training informed theory and practice.

iii. Results/Impact
A stand-out finding was that 76% of participants entered the events with a different perception of what race and racism are than what was suggested in the training. The dominant perceived understanding was of racism as merely individualised & behavioural rather than also systemic and institutional – the latter as articulated in the National Action Plan Against Racism (NAPAR). This finding, coupled with the reality of racial capitalism and the neoliberal context of funding arrangements for service providers, demonstrates a self-perpetuating cycle of project workers being burdened with delivering institutional change. Meanwhile, those with the power to deliver such change experience the epistemological and practical difficulties which are a barrier to creating the necessary dialogical spaces to engage effectively. Thereby, the understanding that racism is a matter merely for project workers' individual behaviour remains intact.

iv. Conclusion
This initiative demonstrates the urgent need for shared exploration of understandings of racism and antiracism responses. Such exploration will require a broad range of actors including leaders of NGOs and statutory bodies as well as those with lived experience of racism in all its forms. Topics engaged will need to include how dominant ideologies applied in funding arrangements and understandings of impact and change relate to the understanding of racism as "a structurally embedded phenomenon of power and domination which is reflected through and reproduced by institutional arrangements"

SESSION 2d

Title: Building capacity for refugees' and migrants' involvement in health research in Ireland - a social network analysis
Presenter: Anna Papyan

Authors: Anna Papyan, Participatory Health Research Unit, UL and Shannon Family Resource Centre
Jon Salsberg, Participatory Health Research Unit, UL
Fran Garry, Participatory Health Research Unit, UL
Helen Phelan, Participatory Health Research Unit, UL
Ahmed Hassan, Doras
Anne MacFarlane, Participatory Health Research Unit, School of Medicine, UL

Abstract:
Background
WHO calls for evidence-based policy and practice about the specific health needs of refugees and migrants. WHO also highlights the need for meaningful involvement of refugees and migrants in the generation of that evidence. However, their involvement is rare, ad hoc and unevenly spread across countries (MacFarlane et al., 2021). There are challenges that inhibit partnership development between community, health and academic sectors e.g., linguistic barriers, mistrust. Culturally attuned methods, such as arts-based methods, support trust-building in intercultural social groups and, thus, may facilitate new inter-sectoral research partnerships.

Methods/Initiative
This initiative aimed to explore inter-sectoral, inter-cultural partnership development for refugee and migrant health research using music cafés as an arts-based method.
Following the principles of purposeful sample, twenty-five participants from migrant community organisations (n=9), health agencies (n=4) and arts or health academic backgrounds (n=12) were recruited for five two-hour music cafés (four online and one in-person). A questionnaire was administered using Qualtrics at the end of each music café asking questions about who participants had a desire to work with in future. Using the question "name 3 people with whom you would like to develop a partnership in the future", a social network analysis using InDegree centrality tests across the five workshops was conducted.

Results/ Impact:
The overall network remained relatively decentralised, and no specific subgroups were revealed (i.e., no groups disproportionately self-nominating). Participants from health agencies were most central in the 'desire to work with' network at the first two music cafés. However, their centrality decreased and migrants from community-based organisations emerged as the more central actors in the network by the end of the fifth music café.

Bringing people from different sectors and cultures together using arts-based methods served as a social capital intervention to link migrants from community-based organisations with potential partners in research and health sectors for improving refugees' and migrants' involvement in health research. Interviews with participants further clarify motivations for network choices and explore the influence of the music cafés on building relationships.

Conclusions
Music cafés as arts-based methods warrant further investigation as methods to optimise refugees' and migrants' involvement in health research.

06 List of Poster Presentations

- Dympna Tuohy & Evan Wallace- Ways of promoting effective intercultural communication in the emergency department.

- Alan Devine- An audit of immunisation uptake among Beneficiary of Temporary Protection (BOTP) and International Protection Applicants (IPA) in County Galway: Barriers and strategies.

- Muluken Basa- Predictors of Heavy Episodic Drinking Among Non-Communicable Disease Patients During the COVID-19 Pandemic.

- Edward Horgan- Successful control of a protracted scabies outbreak in an extended migrant family utilising the National Infectious Disease Isolation facility.

- Gabriele Orsini- Learning Co-Designing of Care in GP Professional Formation Across Europe: Culture, Migration, and the Renewal of Medical Professionalism in Italy and Ireland.

- Iryna Mazhak- Perceived Health and Coping Strategies Among Ukrainian Female Refugees in Ireland.