

# Community Health and Well-Being Programme



Annual Report  
2009



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## ***A Message from our Programme Manager***



2009 was a productive and challenging year for the Community Health and Well-Being Programme. As you will see from the rest of this report, our focus was, as always, on working in a relevant and culturally appropriate way, whilst ensuring that Traveller families across the county have increased access to primary health care services.

At this point, it is important to acknowledge the significant and challenging work done by our committed team and the support received from various health service providers in achieving this core aim.

Looking forward to 2010, it is clear that resource cuts to both our programme and across the health service will have an impact, we continue however, to be fully committed to the delivery of our programme and are constantly seeking ways to improve our impact. With this in mind, we will be focusing more effort around the needs of parents of young children, older people and those experiencing substance use/misuse issues, whilst maintaining our core outreach and support work.

God Bless

*Sally Connors*

**Community Health and Well-Being Programme Manager**

## **1 Introduction**

1.1 It is widely acknowledged that Travellers experience poor health status and significantly greater health inequalities than the majority population in Ireland. The following are just some of the stark realities for Travellers:

- Travellers are statistically far less likely to live beyond middle age (census 2006)
- Life expectancy is approximately 15% less in the Traveller community than the majority population
- Infant mortality is approximately three times the national average
- Travellers are more likely to experience infectious disease, injury through accident and low participation in ante-natal care

As a distinct cultural group, for many Travellers, the structures, processes and approaches of mainstream health service provision raise significant difficulties in terms of equality of access and outcome.

1.2 This report provides a detailed overview of the work undertaken by the Community Health and Well-Being Programme of Southside Travellers Action Group in 2009. As with all Traveller health programmes throughout the country, our aim is to act as a first point of contact for Travellers living in Dun Laoghaire / Rathdown with the various primary health care services available throughout the county through outreach, information provision and support. The needs we aim to meet are informed by those identified by our community, the services that are available within the area, the needs of the service providers, and national health issues such as outbreaks of mumps/swine flu.

1.3 Operating out of community development principles, our community health workers are designated to specific geographical areas within the county and operate a structured and programmed outreach support service. Thus, our fieldwork is a significant aspect of the work carried out by the programme, it is an integral part of the process that facilitates a two way communication between the H.S.E and our programme. We work in partnership on devising measures to help Travellers access these services more efficiently; our programme helps to raise awareness of the specific needs of Travellers.

## 2 Management, Staffing and Programme Focus

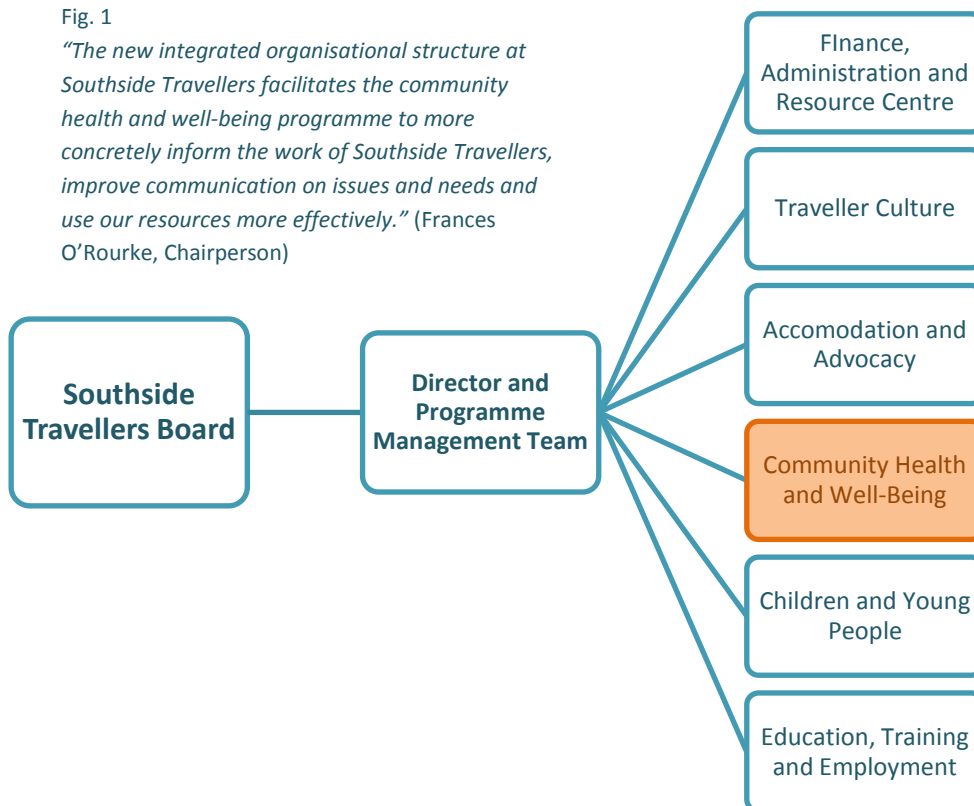
### 2.1 Opening Remarks

In this section of the report we provide an overview of our programme management, staffing and activities. As previously stated, in all our work, we seek to operate from community development principles and our practice – in terms of management and programme development is informed by these. Thus, we aim to provide an equality driven and family friendly workplace for our team and to ensure, whilst maintaining service and support levels to the community, that the management structures and supports in place take account of the varying levels of skill within the team. Put simply, we see our role as supporting our staff to achieve their potential and develop their skillset and therefore more experienced team members often act as mentors to newer members to ensure that the overall skillset of the team is maintained and enhanced.

### 2.2 Programme Management

2.2.1 Towards the end of 2009, our organisation underwent significant change in terms of structure and management processes. Within this context, the **Community Health and Well-Being Programme** moniker emerged, as it more accurately described the work of the programme within the community and the significant role of the programme within the context of the overall organisation. The following diagram shows clearly the integrated management and support structure now in place.

Fig. 1  
*“The new integrated organisational structure at Southside Travellers facilitates the community health and well-being programme to more concretely inform the work of Southside Travellers, improve communication on issues and needs and use our resources more effectively.” (Frances O’Rourke, Chairperson)*



## 2.3 Programme Structure

2.3.1 In 2009, the programme achieved maximum staffing levels and was augmented by two additional staff members funded through our community employment scheme (focusing on drugs awareness, information and referral). The following is how our staff team breaks down across the county, with each area assigned two community health workers<sup>1</sup>. Each community health worker carried out a minimum of 4 hours per week outreach (totalling 40 hours outreach provided). In addition, particular workers with particular and focused skills work closely with community members experiencing domestic violence and homelessness.

Area 1	Area 2	Area 3	Area 4	Area 5
Nutgrove GH	Sallynoggin H.S	Rathmichael H.S	Blackrock G.H	Loughlinstown H.E
Wycham Avenue HS	Sallynoggin H.E	Cush cairn G.H	Boosterstown H.S	Burton hall H.S
Kilcross H.E	Cabinteely G.H	Ballybrack H.S	Bentley house Dun	Private rented
Moreen H.E	Blackrock G.H	Old Connacht G.H	Laoghaire H.U	accommodation
Balally H.E		Shankill H.E	Blackrock house	Sandyford
Ballyogan H.E			H.U	

## 2.4 Staff Training and Development

2.4.1 In 2009, as always, we sought to ensure that our team were supported to access specific and meaningful training. All community health workers have received Fetac level 3 in various modules. To this end, staff completed the following training programmes:

- Computer literacy level 3
- Mental health
- Drug/ alcohol awareness
- Sexual health
- Ageing with confidence
- Cancer awareness
- Women's health
- Men's health
- Child health
- Domestic violence
- Culture awareness
- Disability
- Relaxation /community addiction
- Child safety awareness

2.4.2 In addition, our team participated in a broad range of conferences and seminars (at a local and national level) to further improve their skills and share information on the outcomes of our particular programme of work.

<sup>1</sup> GH = Grouped Housing; HS = Halting Site; HE = Housing Estate; Homeless Unit = HU

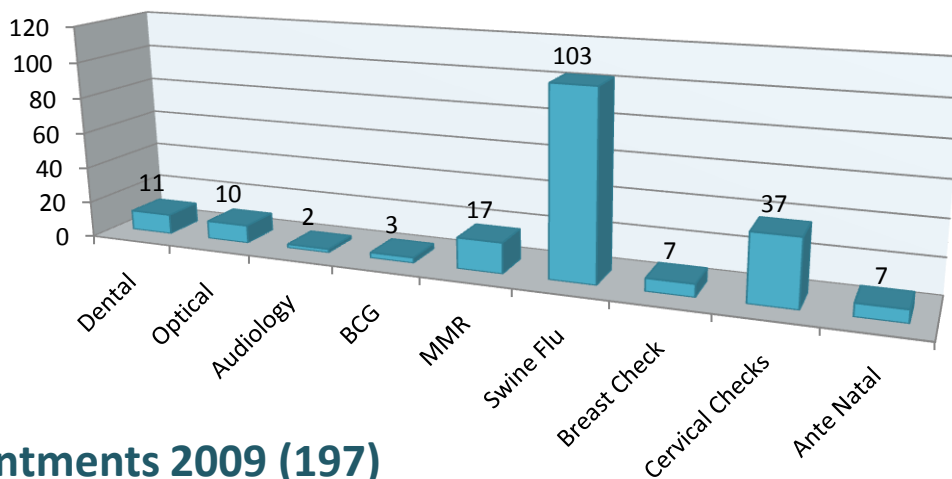
### 3 Key Programme Outputs (2009)

3.1 As stated in our plan for 2009, the work of 2009 focused on supporting Traveller families to access:

- Childrens' vaccinations
- Audiology services
- Women's Health services
- Hospital appointments
- Breast check
- General public health services
- Opticians and ophthalmic services
- Community care services for older people
- Access to drugs information and referral services and supports (users and their families)
- Other
  - Particular developmental assessments for children
  - Physiotherapy
  - Occupational therapy assessments and services

In addition, we provide a series of in-house supports including information, advice and referral and the provision of a no-cost counselling service in the centre two morning per week. Finally, we also actively engage with Traveller MABS to provide additional support to community members as requested or required.

3.2 Whilst the focus of this work is to increase access and support the community to overcome barriers to accessing services, an additional and key element of this work is when the community health workers use the outcomes of their outreach to inform the design, development and delivery of mainstream health service provision.



**Appointments 2009 (197)**

3.3 *Counselling service*

Mental health issues are addressed by C.H.W'S working within the Travelling community on a regular basis. We currently have a service available 2 mornings a week Tuesday and Thursday from 10.30a.m to 1.00p.m. These are an invaluable resource to have for the local community who are

able to access this service in our centre. Our programme and the counsellors are able to refer clients where necessary to other services like the community addiction team/family support. It is important for the community that a positive approach to mental health is also encouraged by the C.H.W'S. the diagram below shows participation in this service.

#### 3.4 *Community Addiction Team*

The community addiction team provides an invaluable resource to our programme. The CHW'S are able to refer clients from the community through outreach. The team can then do supportive work in a safe environment through meditation, massage, acupuncture and physical activity programmes for example.

#### 3.5 *Disability Supports*

Community health link workers visit families with members who are disabled. The C.H.W'S then link in with the accommodation team and other services to ensure that the families are receiving the benefits that they are entitled to in order to help the person with the disability to have the best quality of life possible. The numbers who have received information provided by our programme are listed above.

#### 3.6 *Money Advice Budgeting Service (MABS)*

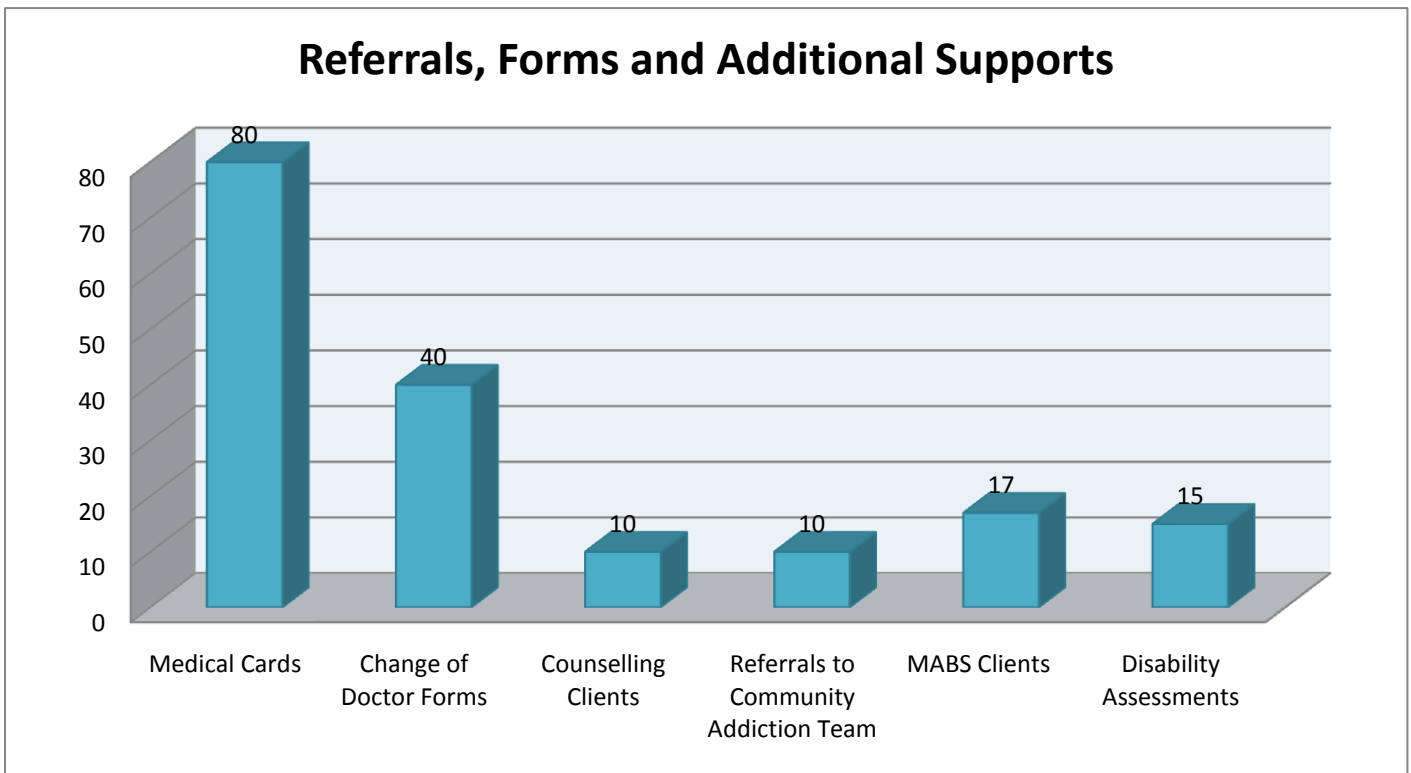
There has been a significant increase in families availing of the service provided by MABS given the current economic climate, the response of our community to a one to one, confidential and supportive service and the quality of staff working with us. Our programme works closely with Dun Laoghaire MABS and they provide outreach to the centre for one to one support. We would envisage continuing to develop this element of our programme.

#### 3.7 *Men's' Development Programme*

Over the years, it has proved challenging to actively engage Traveller men in the programme. In 2009, however, we moved forward on this challenge and started to put in place an event/activities focused programme on a monthly basis. In 2009, we held a 10 week men's fitness programme, 4 men's open evenings and provided driver theory test support to younger men in order to activate this group. We envisage continuing to develop this programme in 2010.

#### 3.8 *Development of Older Peoples' Programme*

Towards the end of 2009, we also sought to move on developing our Older Peoples' programme and held an Older Peoples' Activation Event. Again, this development work is continuing into 2010 and we are actively seeking funding to employ an Older People's Advocate to work with the programme.



## 4 Moving into 2010

4.1 Moving into 2010, we envisage continuing with the core programmes of work outlined throughout this report with some notable additions, namely:

- Parent and Toddler
- Older Peoples Group
- Community Relaxation Sessions
- Community Chew and Chat
- Supporting Estate Management

The rationale behind these developments is simple as it is our view that the more opportunities we provide for community members to actively engage with our programme, the more opportunities will emerge for real and measurable impact on the health status of our community.

4.2 Of course, we face challenges, not least of which is the reduction in programme resourcing and the cuts across the health sector in general. Again, it is important that we re-iterate our commitment to the continued development of our programme in 2010.

## **Appendix 1: Programme Staff 2009**

Sally Connors	programme manager	35 hrs per week
Patricia cranny	assistant coordinator	19 hrs per week
Nanny Connors	link worker	12 hrs per week
Alice berry	link worker	8 hrs per week
Mary O'Brien	link worker	12 hrs per week
Ann O'Brien	link worker	8 hrs per week
Ann Connors	link worker	12 hrs per week
Winnie Reilly	link worker	8 hrs per week
Nora Sherlock	link worker	12 hrs per week
Sally Doran	link worker	16 hrs per week
Karen Grendon	link worker	16 hrs per week
Margaret Doyle	link worker	16 hrs per week

## Appendix 2: Financial Report 2009

**Southside Travellers Action Group Limited**  
**[Company Limited by Guarantee and not having a Share Capital]**  
**Appendix 5 : Segmented Primary Healthcare**  
**Income and Expenditure Account**  
**Year ended 31 December 2009**

	<b>2009</b>	<b>2008</b>
	€	€
<b>Income</b>		
HSE (East Coast Area)	<u>147,597</u>	<u>141,421</u>
<b>Expenditure</b>		
Wages	113,005	93,340
Audit fees	365	272
Bank charges	370	1,207
Rent/Rates	6,101	6,939
Travel & subsistence	10,488	5,144
Utilities	4,598	1,345
Telephone	3,181	1,716
Post, Print Stationary	5,491	1,746
Insurance	362	289
Training	8,665	10,504
Program activities	2,904	-
Publication	1,000	1,767
Sundry	-	3,715
Petty Cash	150	800
Account transfers	-	12,709
	<u>156,680</u>	<u>141,493</u>
Profit/(Loss) for the year	<u>(9,083)</u>	<u>(72)</u>