



Community Health and Well-Being Programme

Annual Report 2010

**SOUTHSIDE
TRAVELLERS**
action group

Table of Contents

Director's Introduction
Background and Context to the Programme
2010 Programme Overview
Key Health Issues Emerging
Looking forward to 2011

Director's Introduction

For everyone working in the community and voluntary sector, 2010 was a highly challenging year. Factor in the significant cuts to statutory agency budgets – cuts which are experienced much more acutely by the less well off. At the end of 2009, Southside Travellers Action Group made a decision to develop a strategic plan and the redesign of our Community Health and Well-Being Programme was pivotal to us developing our capacity to sustain such a core programme against a backdrop of reductions in resourcing. That strategy – *Building for the Future* – seeks to ensure that every single action we undertake is focused on our core mission of “improving the quality of life of the Traveller citizens of Dun Laoghaire / Rathdown. Essentially, our analysis told us that what we had to try to do was ensure that no matter what budget reductions the programme experienced, we had to try to see if we could maintain, and perhaps increase, our outputs through a complete overhaul of the way we deliver the programme on the ground in Dun Laoghaire / Rathdown.

Hence, we made significant cuts to any overheads which were not focused on face to face delivery to the community; made more use of the very limited space available to us in our resource centre in Sandyford; changed the way we do our outreach work; implemented an integrated approach to the myriad of complex issues experienced by our community and, finally, sought additional resourcing to put in place a “continuum of care” for our community’s health and well-being. Throughout this report we provide just some examples of the ways in which we achieved an extended service on reduced resources and targeted our work to deal specifically with the issues presenting for Travellers in Dun Laoghaire / Rathdown.

Of particular significance in 2010 was the publication of the findings of the “All Ireland Traveller Health Study” which embedded in real data the health experiences of a community for whom the Celtic Tiger certainly never roared. Moving into 2011, we are confident that our impact has improved and that our focus has deepened. 2010 saw us launch of the *Chill Out Zone*, *Our Gailles* and the fabulous Culture Quilt developed for the DLR Festival of World Cultures and our Age and Opportunity funded *Get Vocal* programme – all of which have brought additional energy, skill and resources to the Programme.

I would like to take this opportunity to acknowledge the work and commitment of Sally Connors - our Programme Manager, Niamh Crudden – our Get Vocal Programme Facilitator and the particular contribution of our Community Health Programme Team members. In addition, our partners in *Building for the Future* – all of the funders and support organisations who joined our struggle to improve the health gain of Travellers in Dun Laoghaire / Rathdown – must also be acknowledged.

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Catherine Morley
Director

1 Background and Context

About Southside Travellers Action Group

Southside Travellers Action Group began life as South Dublin Travellers Support Group (SDTSG) in 1985, when a handful of Travellers and settled people tried to prevent the eviction of a group of Travellers camped beside a church in Foxrock. In those days, much of the work of the SDTSG was focused upon fighting evictions and upon helping families to pick up the pieces after them. Our organisation has grown since then and now employs 38 people (33 of whom are community members) who co-ordinate and staff our six core programmes of work:

- Financial, Operations and Resource Centre Management
- Promoting Awareness of Traveller Culture and Traditions
- Advocacy and Accommodation
- Community Health and Well-Being
- Developing the Potential of Traveller Children and Young People
- Education, Training and Employment Services and Supports

Our work is focused on the Dun Laoghaire / Rathdown area which is home to over 140 Traveller families living in both Traveller Specific and Settled accommodation. We operate within a specific “life cycle” emphasis, and work primarily with the following groupings within our community:

- Young children and their parents
- Young people (10 – 24)
- Women
- Men
- Lone parents
- Older People (45+)
- The long term unemployed
- Travellers experiencing homelessness
- Travellers experiencing addiction
- Travellers experiencing educational disadvantage/exclusion
- Travellers experiencing health inequalities
- Families on social welfare benefits / low incomes

As is the case in any community organisation, the range of issues emerging is as diverse as that particular community, and we are actively engaged in working with our community in the following key areas:

- Poverty and Social Exclusion – broad and specific impacts
- Advocacy
- Addressing the broad ranging discrimination experienced by Travellers
- Health
- Accommodation
- Information provision
- Supports to combat literacy issues
- Adult and Community Education
- Employment
- Training
- Accessing mainstream service and support provision

Inter-Agency Co-Operation in Action....

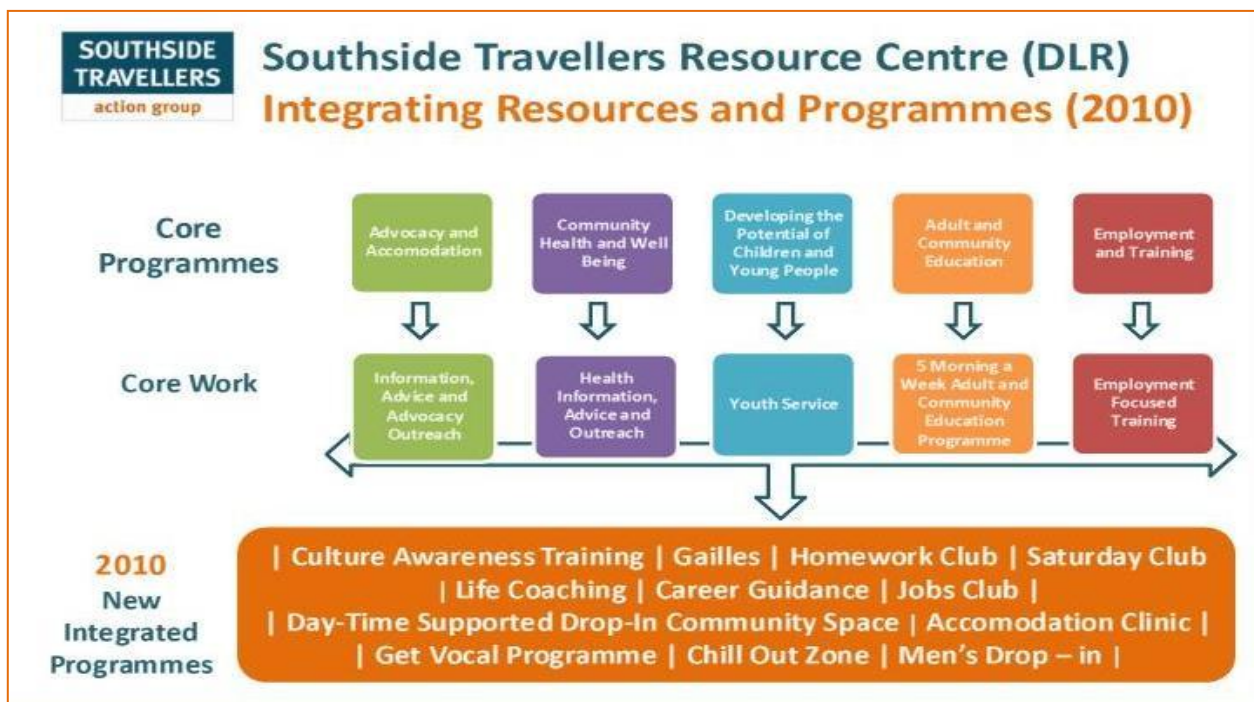
In addition to operating our core programmes of work, Southside Travellers is an active partner in the local development / social inclusion infrastructure across Dun Laoghaire / Rathdown and our organisation and community members are represented on:

- Local Traveller Accommodation Consultative Committee

- Social Development and Inclusion Committee
- Inter-Agency Steering Group for Travellers
- Dun Laoghaire / Rathdown Drugs Task Force
- Southside Partnership DLR
- Youth at Risk Network
- Anti-Racism and Diversity Network
- Local Education Committee
- Dun Laoghaire / Rathdown County Childcare Committee
- RAPID Community Network
- RAPID Family Support Task Group
- Traveller Interest Network
- Dun Laoghaire Rathdown Community Forum

Building for the Future: Southside Travellers' Action Group Strategic Plan (2010 – 2012)

The combination of our programmes and inter-agency work facilitates our community to have a real and active engagement with initiatives, structures and processes both within their local Traveller home places and across the county. During the last number of years, we have seen significant growth in Southside Travellers as a community development organisation funded by government departments and statutory agencies including the Department of Community, Rural and Gaeltacht Affairs, FAS, the VEC, Dun Laoghaire / Rathdown County Council, Southside Partnership and the Health Services Executive. In November 2009, we completed our Strategic Plan **Building for the Future (2010 – 2012)** and the operational restructuring required to deliver on an ambitious strategy.



Local, Regional and National Allies and Partners

Southside Travellers Action Group is an active participant in the local, regional and national social inclusion infrastructure and works closely with the following organisations in achieving its vision of an **Ireland where the human and civil rights, hopes and distinct cultural identity of Travellers are acknowledged and respected**

- Dun Laoghaire/Rathdown Co. Council
- Southside Partnership
- Traveller Interest Network
- Integrated Local Community Development Members
- Inter-Agency Steering Group for Travellers
- DLR County Childcare Committee

- Department of Community, Rural and Gaeltacht Affairs
- Health Services Executive
- FAS
- Department of Education and Science
- Dun Laoghaire VEC
- Co. Dublin VEC
- Institute of Art and Technology, Dun Laoghaire
- Institute of Public Administration
- Pavee Point
- Irish Traveller Movement

Moving into 2011

There is no doubt that 2011 is set to be another challenging year for Southside Travellers Action Group. During this year, we will seek to ensure that we continue to meet the needs of Traveller citizens of Dun Laoghaire / Rathdown through focused and targeted programmes and the expansion, redesign and redevelopment of our Resource Centre in Sandyford.

2 2010 Programme Overview

2.1 Opening Remarks

In this section of the report we provide an overview of our programme aims, 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 Aims

As stated in our 2010 Matrix, our programme has the following core aims:

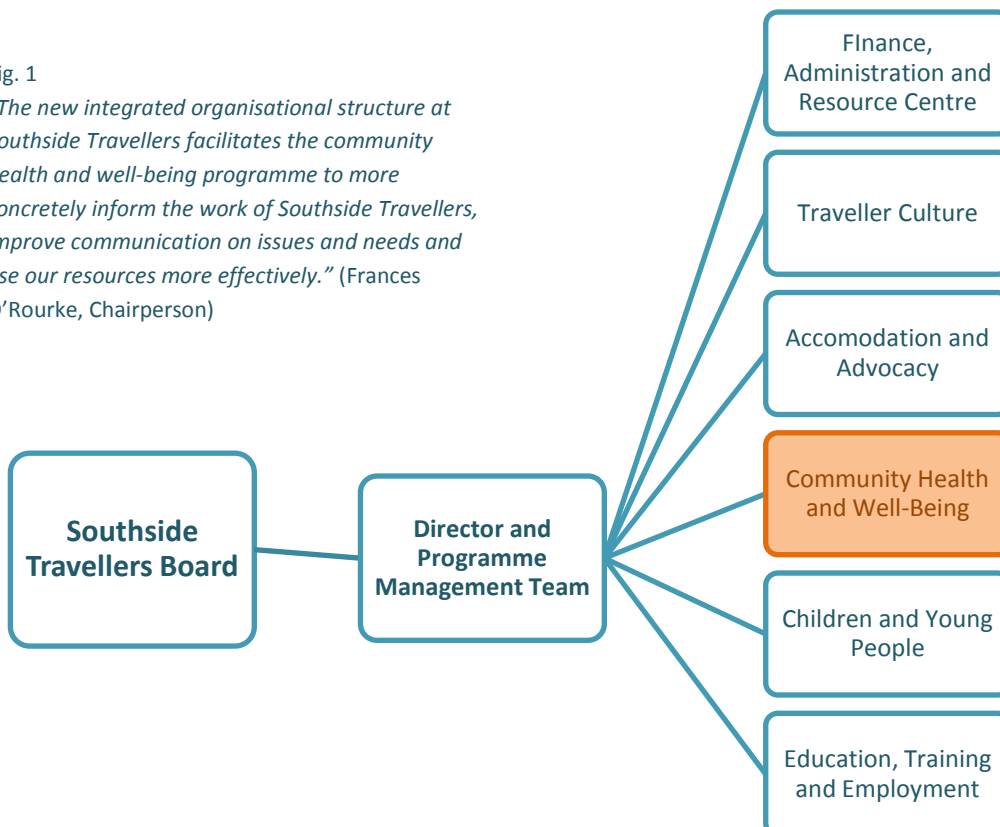
- To improve and enhance the health gain accruing to Travellers in Dun Laoghaire / Rathdown from already existing primary health care services
- To design, develop and deliver a holistic and integrated approach to the delivery of health services to Travellers in Dun Laoghaire / Rathdown from our Resource Centre in Sandyford
- To address, in a culturally appropriate and supportive way, the health needs of the Traveller community in Dun Laoghaire / Rathdown
- To manage the resources provided from the Traveller Health Unit effectively and in a cost efficient manner

2.3 Programme Management

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 Focus of Programme Re-design

2.3.1 Following the review, and a discussion of the outcomes with the Programme Team, the following recommendations were put to the Board for ratification (these have since been ratified):

1 Provision of Clinic Space within New Building

Negotiations are currently concluding for Southside Travellers to move to bigger and better premises within Sandyford Industrial Estate. Within this new building, it has been agreed that a space of approximately 900 square feet will be designated to the Community Health and Well-Being Programme for office and clinic accommodation.

2 Focus of the Programme

Whilst it is important to maintain the Outreach element of the Programme, it is also consistent with the Programme aims and objectives to develop an **In-House Clinic** system, where services are provided in-house. In addition, it would be appropriate to provide **dedicated telephone line** for community members to call in for information, advice or support on a daily basis.

3 Team Development

Given the flexible working arrangements of most of the Primary Health Care Workers, developing a sense of team and providing ongoing supervision and support can be a significant challenge. Thus, from October 2010, Primary Health Care Workers will have one formal supervision meeting with Programme Manager per month to identify and deal with any challenges, issues which may be emerging. In addition, the team will formally meet once a week to plan and respond to any new issues which are emerging.

4 Focus on Specific Areas of Expertise

During the month of October, the team carried out an audit of specific skills (given recent training and development initiatives) and identify – within the already existing team – a key worker in relation to the following target groups:

- Men's Health
- Women's Health
- Children's Health
- Mental Health
- Domestic Violence

This development fits both operationally and strategically within the already existing key worker system in place to deal with Older People and Drugs.

5 Case Management / Data Analysis Systems

As stated in previous reports, work had already commenced on developing more detailed baseline information on the work of the Programme – from November 1st, the computerised information management system (which results from the re-designed case information sheets) was put in place. This allows us to do two specific things:

- 1 Hold *realtime data* on the types of health issues and programme interventions;
- 2 Develop a more strategic approach to the development of in-house and external initiatives to respond to the community's health service and support needs.

6 Information Provision

Building on the already existing relationships between health workers and the community, we are currently in the process of developing information packs on the various types of issues emerging through the programme. Full training in using this information will be provided to the health workers who will have a core role in the development of the packs over the next few weeks.

2.4 Programme Highlights (January – June 2010)

2.5.1 There were many significant achievements for the Programme within the period under review. Upon discussion, we have identified the following four as the most significant.

Success of the Get Vocal Programme Submission

In April 2010, Southside Travellers were informed of the successful outcome of their submission for inclusion in the **Get Vocal Programme** funded by Age and Opportunity Ireland. Ours is the first Traveller initiative to be funded under the programme. The primary impetus for the development of the submission was the realisation, during the **Building for the Future** development process of the significant gap in expertise in the organisation to provide real and meaningful opportunities for Older Travellers in the county to actively participate in the decisions that affect the ways in which services and supports are designed, developed and implemented.

The Chill Out Zone

In February 2010, we became acutely aware of the fact that all of the opportunities to engage with the Health and Well Being Programme were focused on identifying problems and issues, as opposed to the creation of a space for community members to explore – in a gentle way – their own issues around health and well-being. Using a *squashy couch* model, we developed the **Chill Out Zone** which is a Tuesday night open session where Traveller women come together to relax and build on the significant social capital that already pertains within the Traveller community. This space has also provided an opportunity for our health workers to bring new community members into a supportive space.

Dun Laoghaire – Rathdown Inter-Agency Traveller Drugs Initiative

From early November of this year – although the work to develop this initiative was done over a two year period – we will be putting in place a **Men's Drop In** on Thursday evenings. This will provide an opportunity for young Traveller men to explore – within the context of a similar *squashy couch* model – their support needs in relation to substance use/misuse and alcohol related issues.

Our Gailles Programme: Early Education Initiative

As a result of significant work with Southside Partnership, Dun Laoghaire-Rathdown County Childcare Committee and FAS, we developed the **Our Gailles** programme which is a specific one morning per week programme designed to create a real and meaningful understanding of the importance of early childhood education. Download the report at www.southsidetravellers.ie.

2.5 Improved Programme Delivery (July – December 2010)

2.4.1 As a result of the re-design, it became clear that there were two additional areas which needed specific focus. The following outlines the specific work in these two areas:

Mental Health

- Working closely with Crosscare National Traveller Suicide Prevention Programme
- Delivering leaflets to the community as a whole that emphasises the importance of mental health
- All outreach workers focusing on mental health as a priority when visiting community members
- Documenting all of the information received from community members to ascertain what are the most important issues in relation to mental health in DLR
- Working closely with the community addition team
- Reviewing our programme and developing responses to addition
- Counselling Service
- Appointment, through the FAS Graduate Recruitment Scheme, of an Occupational Therapist (OT) to work with older community members and with communities members with disabilities She does quite a bit of work around improving people's quality of life in terms of their motivation, engagement in activities and goal setting.

Domestic Violence

- Linking closely with SAVE and Women's Aid
- Primary health care workers receiving training in relation to domestic violence
- Two Primary Health Care workers are now dedicated domestic violence experts
- Exploring the issues of domestic violence with women who have experienced it in conjunction with SAVE

- Disseminating promotional material re supports for the community
- Documenting the needs in relation to refugees and services and how best we can develop responses to these needs.

Other Work

- From the restructuring that was done in 2010 we are now reaching more community members than ever before
- Our new reporting system is giving us a clearer picture of the specific, embedded and reoccurring issues that are prevalent in DLR. This is allowing us to develop more focused responses to such issues
- Working closely with the accommodation and Advocacy Team to insure that there is aftercare and continued supports offered to community members who have or are having difficulties in relation to accommodation. This is crucial considering the link between Accommodation and health
- Primary Health Care team working closely with the in-house OT to ensure that people with disabilities and other community members with chronic health issues have all of the in house supports they require to improve their quality of life
- Developing more of a focus on men's health and in particular men's mental health. We have developed information packs that contain information that deal with the most prevalent issues in relation to men's health for example - Diet, smoking, alcohol, exercise, suicide and depression.

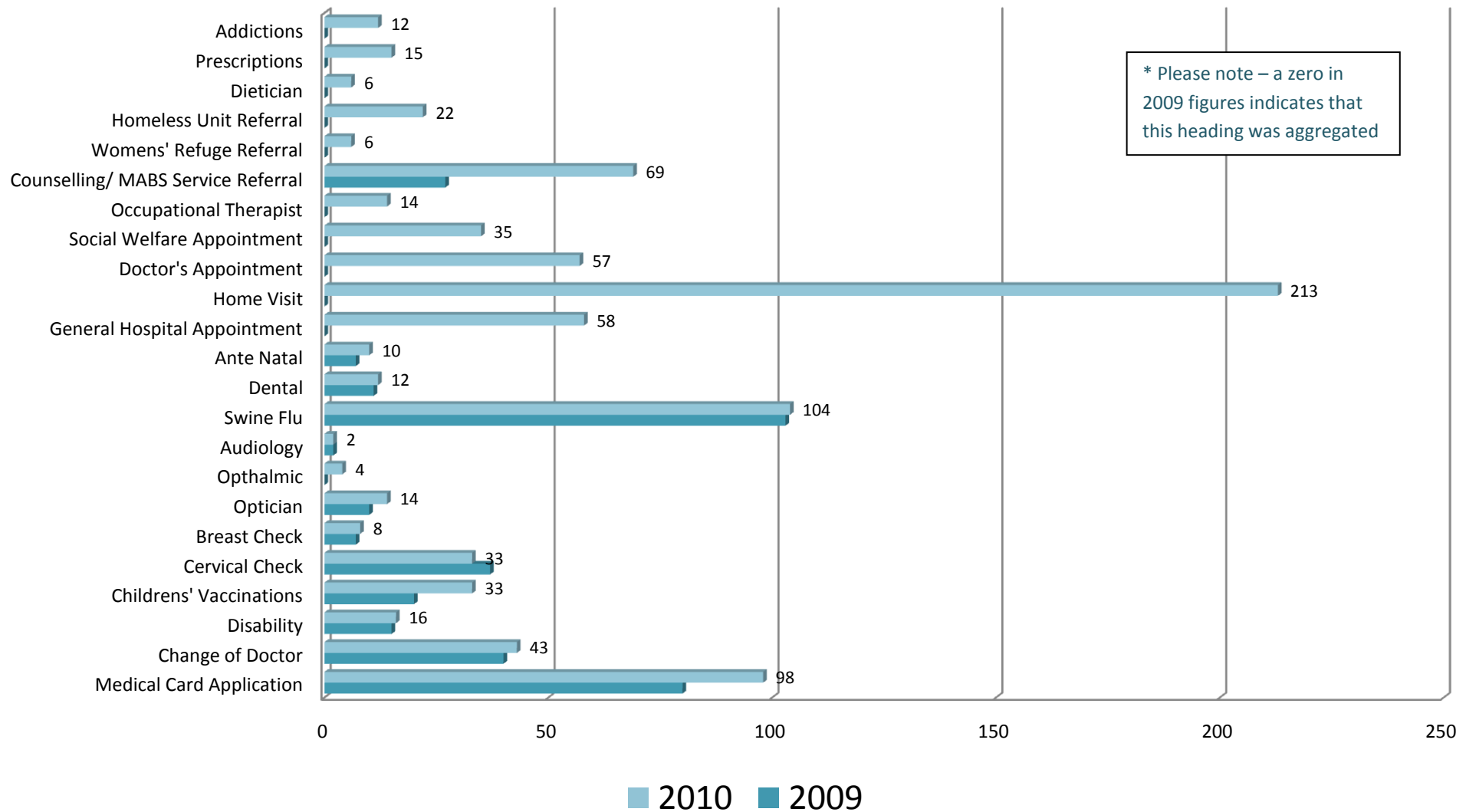
Get Vocal Programme

- Qualitative research is being conducted into the needs of older people in DLR in relation to Health and Accommodation. This will give us a clearer picture of the difficulties that older community members are facing. This work is on-going and will culminate in the development of a county wide strategy for older people in DLR
- Quantitative research is being conducted to ascertain the numbers of Travellers in Dlr so that we can better plan for the delivery of health services to older people and the community as a whole
- Working closely with the in- house OT to ensure Older people who have chronic health problems, mobility issues, mental health issues and disabilities have all of the supports they require to live a comfortable and independent life
- Outreach programme has developed and older people are being supported within their homes around health, accommodation issues and indeed any other issues that have presented as a problem
- Get vocal group. The numbers in the Get Vocal chill out zone have doubled. The community members that are availing of the group have been identified as particularly stressed, isolated and vulnerable. We have been doing relaxation and meditation, chat time – where issues such as suicide, alcoholism, domestic violence, grieving and mental health have been discussed. The group has provided an important social outlet for participants but has more importantly provided them with an outlet to bring up issues in a safe space within which they have developed a support network with the other participants.

2.6 Fieldwork Outputs (January – December 2010)

During 2010, we saw a significant improvement on our capacity to meet with the community on an outreach basis – again, this would seem to be the result of changes to the ways we deliver the Programme and the integration of work across our various programmes. Table 1, below, shows the figures for 2010 in relation to those for 2011 and clearly indicates this increase.

Table 2: Programme Fieldwork Outputs (2009 vs. 2010)



2.7 Co-Ordination Meetings / Traveller Representation

2.7.1 During the first half of 2010, the Community Health and Well-Being team participated in the following Co-Ordination type meetings:

- ERTHN Network
- National Traveller Health Network
- Our Gailles Co-Ordination Meetings with Speech and Language Service
- SAVE (Domestic Violence Network)
- Inter-Agency Steering Group for Travellers Network
- Primary Care Team Consultation Sessions
- Dun Laoghaire / Rathdown Inter-Agency Traveller Drugs Initiative
- Get Vocal Programme Steering Group
- RAPID Family Support Network

In addition, the Programme Manager and Assistant participated in monthly Programme Management Team meetings within the organisation and made a presentation of the 2009 annual report to the Board. Additional work to develop clearer communication mechanisms / protocols with GP's, Public Health and Homeless / Refuge Services was also activated.

2.8 Health Issues

2.8.1 Key health issues addressed through the programme during the first half of 2010 were:

- Childrens' Vaccinations
- Ante-natal care
- Occupational therapy type issues
- Men's Health
- Women's Health
- Access to services and supports for Older People
- Issues related to disability

2.9 Training and Development for Health and Well-Being Team

2.9.1 Following significant work to identify specific training and development opportunities for the Health Team by the Programme Manager and Assistant, the following Training was provided in the first half of 2010:

- Computer Literacy
- Drug/Alcohol Awareness
- Ageing with Confidence
- Cancer Awareness
- Domestic Violence
- Living in a Diverse Society

Given the nature of our organisation and our links with already existing training and development services throughout the county, this training was provided – in the main - at no additional cost to the Programme.

2.10 Closing Remarks on Programme Overview

As is clear from this report, the Programme has faced a number of significant challenges within the first half of 2010, not least ongoing concerns relating to budgets and programme sustainability. Within the context of the whole organisational restructuring, this report evidences a clear commitment on the part of the Programme team to design, develop and deliver responses to the needs of a diverse community and to maintain the level and quality of service and support the community has come to expect from the Programme team. Throughout our work in the county, the work of the Health Workers is acknowledged as being an essential support for real and active service and support provision to the 140 families served. Indeed, rather than the current budgetary environment resulting in reduced health and well-being service and support provision, the obverse has been the case, with a significant increase in the opportunities for our Programme to have a real impact on the health and social gain of Travellers across Dun Laoghaire / Rathdown.

Clearly, the next half of 2010 and the resources available for 2011 will engender even more challenge, but we are confident that even with reduced budgets, the restructuring outlined as a result of our review will allow us to continue our work, albeit with reduced resources. From the Board's perspective, the focus during any period such as the one we are currently experiencing is to ensure that the core infrastructure of our programmes remains intact. It is their view that in a constrained budgetary environment, targeting is even more essential and the development of our new premises which will afford us the opportunity to reduce outreach costs but increase outreach services is the key to our continued capacity to target those most at risk of distance from already existing health service and support provision.

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