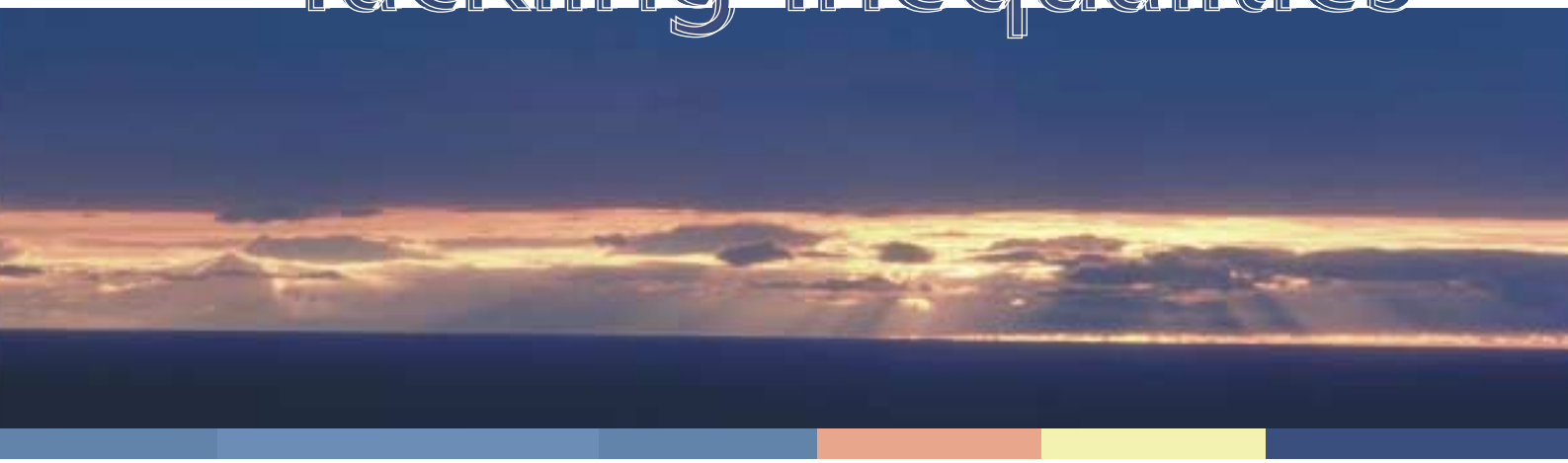
Equity in Health

Tackling Inequalities



Case Studies

AUGUST 2003

Investing for Health

EHSSB

HEALTHY CITIES Belfast

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Equity in Health - Tackling Inequalities

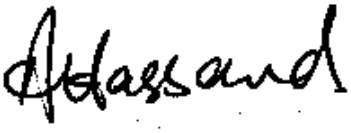
Foreword

The ultimate outcome of any policy, programme or project aimed at addressing inequalities in health is the improvement of the health status, living and working conditions and quality of life of the target population. Health status changes may however be difficult to assess since they occur slowly over time, and it is probably impossible to identify cause-effect relationships with any degree of certainty. On the other hand, it is possible to assess the impact of programmes on a wide range of relevant areas which have an impact on health including, the resources available for programmes which address health inequity and the needs of the poor and vulnerable; changes in social climate; and change in the quality and accessibility of services; and the frequency with which health issues are on the agenda in planning services.

The case studies in this report have been identified by organisations who participated in the 'Equity in Health – Tackling Inequalities' programme. As part of a questionnaire within the programme, organisations were asked to identify 'case studies' within their organisation which they felt contributed to addressing inequalities in health. The case studies are largely focused in the Belfast or the Eastern Health and Social Services Board area, but included are also some with a regional remit.

The 'Equity in Health – Tackling Inequalities' programme involved seven training days on topics relevant to Inequalities: Understanding Inequalities; Monitoring and Evaluation; Health Impact Assessment; Current Research and Indicators; Partnership Working and Creative Consultation and aims to build capacity within organisations to assist them to address inequalities in health. The programme was developed to meet Phase III requirements for cities designated to the World Health Organization European Healthy Cities Network, and was supported by the Eastern Health and Social Services Board (EHSSB) as part of their implementation strategy of *Investing for Health,* which has as its overall goal the aim of reducing inequalities in health.

We would like to express our gratitude and appreciation to the individuals who submitted a case study on behalf of their organisation. Warm thanks also go to Ruth Fleming, Inequalities in Health Manager, and to Caroline Scott, Programme Support Officer in Belfast Healthy Cities office for their administration and management of the programme and for the compilation of this report.



Andrew Hassard
Chairperson

Joan Devlin
Programme Director

1. Tackling Poverty and Social Exclusion

WHO, Health 21 Target 2: Equity in Health

"By the year 2020, the health gaps between socio-economic groups within countries should be reduced by at least one fourth in all European Member States, by substantially improving the level of health of disadvantaged groups" (WHO, 1998).

WHO, Health 21 Target 14: Multisectoral Responsibility for Health

"By the year 2020, all sectors should have recognised and accepted their responsibility for health"

Case Studies

Equity in Health - Tackling Inequalities

Title: Coeliac UK – Public Awareness Campaign

Organisation: Coeliac UK

Background

The Coeliac UK Public Awareness Campaign is an 18-month programme which was launched during January 2003 and will culminate at the Coeliac UK Annual General Meeting on 15 June, 2004. This Public Awareness Campaign is part of the Coeliac UK Strategic Plan 2001-2005, and is integral to the Strategic Review currently underway.

Coeliac UK is the only voluntary, charitable organisation which supports sufferers of Coeliac Disease and Dermatitis Herpetiformis. The charity was established over 30 years ago, and in the last five years have developed into a large and influential charity in the health sector. Coeliac UK is the major investor in research into Coeliac Disease and Dermatitis Herpetiformis and works closely with health professionals in the UK and across the world. Coeliac UK offers support, advice and information to members on every aspect of life on a gluten free diet.

Description

The purpose of the Public Awareness Campaign is to bring to the fore the difficulties of living with a life-long, debilitating disease which receives little recognition in day to day life, and which effectively exposes those who suffer with Coeliac Disease to social exclusion and its implications. The project will be UK wide, but will reflect the particular needs of sufferers in specific geographic areas, with an emphasis on community development.

The target groups include the Department of Health & Social Services and Public Safety, local Health and Social Services Trusts, politicians (both regional and national), major retailers, Northern Ireland Tourist Board, Education and Library Boards, Colleges of Further & Higher Education, Airlines and the Hotel and Catering Industry. The general public will also be included in the awareness campaign through the use of media outlets and a National Coeliac Day being held in the province in September 2003.

Partners involved

Coeliac UK is a donation-based charity which generates additional income from fundraising and licensing of the Coeliac UK Crossed Grain Symbol to manufacturers of gluten free foods. In March 2003 a forum of major retailers, including Sainsbury's, Marks & Spencer and Ads, came together to look at how they can support the Public Awareness Campaign through their outlets. For Northern Ireland it will be necessary to also involve retailers such as Curleys, Dunnes Stores, Safeway, Tesco and Supervalu in a similar forum.

In addition to commercial partners, Coeliac UK will be developing the services it offers with government departments in the province and nationwide.

External partners are important, and internal partners are equally important. A vital component of the Campaign will be the Coeliac UK membership which will be utilised through its volunteers to work with the retailers, and any other appropriate business or agency, in promoting awareness of the disease and the implications of living on a gluten free diet. The Public Awareness Campaign has been devised as a direct response to the concerns expressed by our membership on the inequalities they are experiencing in terms of social exclusion, access to services, socio economic effects, and basic public and institutional ignorance regarding the disease.

The staff of Coeliac UK based both centrally in England and in our Regional Office in Northern Ireland, will provide the co-ordination, guidance, information and leadership required to ensure the success of the Campaign.

Source of funding

The primary source of funding for the Public Awareness Campaign is Coeliac UK reserves designated for the purpose by the Chief Executive and Board of Governors.

A number of additional sources of funding have been identified in the commercial and professional sectors, and Government will be lobbied for financial input.

Expected outcomes and impact

The Coeliac UK Public Awareness Campaign is designed to have maximum impact within the public domain over a period of 18 months to June 2004.

Coeliac UK are slowly giving out information beginning in May 2003 in a co-ordinated strategy which will utilise the media, distribution and promotional resources of the identified businesses and agencies named in section (i) and internal distribution outlets and publications. Coeliac UK is planning National Coeliac Days throughout the UK in 2003 which will be open to the general public and which will offer opportunities for the target groups to gain first hand knowledge of the inequalities experienced by those with Coeliac Disease, and how these inequalities can be addressed with appropriate support and resources. The Northern Ireland Coeliac Day is taking place in Cookstown on Saturday 20 September 2003. The culmination of the Northern Ireland Campaign will be the International Symposium on Coeliac Disease at the Waterfront Hall in April/May 2004 which will attract the major health professionals across the world with an interest in Coeliac Disease, and which will focus world attention on the gluten free diet.

The impact of the release of this information will identify Coeliac Disease for the general public as a recognisable illness and will generate interest on how the disease can be managed and supported through public services.

Expected outcomes are:

- Improved awareness of Coeliac Disease as a recognisable illness in the commercial and public sector
- Recognition by government of the need to give financial support to the work of Coeliac UK in tackling the inequalities experienced by those with the disease
- An improved sense of empowerment among members of Coeliac UK in contributing to the Strategic Plan of the charity
- Improved service delivery within local communities to support Coeliacs and develop partnerships with other voluntary/community groups and statutory organisations
- Identification of the necessary resources required to improve the accessibility of services for those with Coeliac Disease

- The Public Awareness Campaign has started with the National Coeliac Day in England on 26 April, 2003, various planning and consultation meetings held on 19 May 2003 and will utilise the National Coeliac Day and Annual General Meeting in July 2003, and objectives will be set in September 2003 in line with budgets and the strategic review. The National Coeliac Days in Scotland and Northern Ireland in September 2003 will continue the awareness raising. Ongoing liaison with media, manufacturers, health professionals and major retailers will continue the awareness raising, with a major campaign around the International Symposium in Belfast in April/May 2004. At this time it is anticipated that the campaign will continue into 2005.

Links with inequalities in health

Coeliac UK believes that the Public Awareness Campaign has the potential to be successful in tackling inequalities in health relating to Coeliac Disease due to the following aspects:

- Effective planning and co-ordination of Campaign by Coeliac UK management provides clear strategic vision and appropriate prioritising of available resources
- Input from "grass roots" – membership consulted on, and involved in the Campaign, which provides community cohesion with collective action and empowerment
- Involvement of the major players in the sector in promoting the Campaign which allows access to funding and blanket dissemination of information across the public domain
- Partnership approach with other voluntary/community and statutory organisations allows opportunity to influence policy development, lobbying of policy makers and sharing of skills and resources
- Clear messages on the inequalities experienced by those suffering from Coeliac Disease can be disseminated enabling the development of appropriate research, information, skill-building and education/training programmes appropriate to the different aspects of the sector
- Overall success will be the establishment of a more user-led, flexible service delivery in the community.

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Title: The Flying Horse Ward Community Health Development Project

Organisation: Down Lisburn Health and Social Services Trust

Background

The Flying Horse Ward area is made up of three estates, namely The Model Farm, The New Model Farm, and the Flying Horse. It has a total population of 2,225 residents, 22% of the residents in Downpatrick. The 1991 Census data indicates that 1/3 of the population is over 65 years, 1/3 is under 17 years, with 11% of the population under 4 years old. The area is geographically isolated from the town centre, which is further compounded by a poor transport service. Cultural and social barriers exist between the three estates and with the wider Downpatrick area. A high percentage of the residents of this area moved there as a result of the conflict in Belfast and the ready availability of housing stock.

Unemployment is alarmingly high, standing at around 50%. The local primary school is included in the South and East Education and Library Board (SEELB) Special Support Programme.

For many years the area was stigmatised by having a reputation associated with vandalism, anti-social behaviour, poor facilities, estate management problems, weak community infrastructure and a transient population in one particular estate, leading to high rates of derelict and unoccupied housing stock.

Many inequalities in health are evident, and a local needs assessment analysis indicated within the community an above average prevalence of mental health, learning difficulty, and physical disability issues. With regard to housing, 41% expressed an intention to move house and a further 23% were unsure, thus highlighting the transient nature of the population and the resultant social instability.

Traditional services are not readily available in the area with many services having to be accessed in Downpatrick town centre. Recently there has been a move to relocate some of the health clinics such as Speech Therapy and Podiatry into the area.

Sure Start Downpatrick has recently been established which will also have significant input into the local community.

Description

The project has been designed to develop a range of holistic approaches to health and social well-being within our communities, in direct response to the recent health needs analysis. There has been a distinct lack of public health / health promotion development in the area and this project aims to redress the inequalities in health that exist.

The Community Forum has developed this project in consultation with the various agencies and partners involved, and with the wider community which it represents. The Health Promotion Department of Down Lisburn Health and Social Services Trust (Down Lisburn Trust), has been supporting the initiative as part of its Community Development Strategy and Targeting Social Need agenda.

The project has employed two Community Health Development Workers who have been trained and supported by Down Lisburn Trust and the Community Forum in partnership. They are responsible for directly delivering health promotion programmes at a community level. The priority groups targeted include adults and older people. Sure Start target the very young in the area. The workers are seeking to build on the existing resources and services in the community with a major emphasis on community activity and self-help, maximising the opportunities for individuals and communities to improve their own health.

An "Active Living" theme underpins the initial development of this project, as the body of evidence around physical activity and positive health gain demonstrates that this is a priority area which has many health and social benefits, including:

- Prevention and management of obesity
- Prevention and management of stress, anxiety and depression
- Improved psychological well-being (e.g. self-esteem)
- Reduced risk of osteoporosis
- Reduced risk of certain cancers
- Improved functional capacity
- Reduced risk of coronary heart disease, stroke and hypertension
- Prevention and management of diabetes

The project have recruited and support a network of Community Walking Leaders who organise and run regular walking groups, which help develop community participation and social cohesion. The groups target the needs of the very sedentary members of the community and those who could become more active and realise a health benefit. This programme is supported by the Trust's local multi-agency physical activity group in line with the Northern Ireland Physical Activity strategy. The workers are also involved with Down District Council in developing safe walking routes in the area.
The project is also developing its capacity to deliver other active living programmes in the community such as Activate, chair aerobics, and music and movement.

A key theme throughout the project is to cascade training to local people in the community and support them to deliver local activities. Peer education is integral in this process giving members of the community the opportunity to receive training, thus furthering the projects objective of life-long educators and achieving a greater potential for sustainability of this initiative.
A second priority area for development is on nutrition. Programmes have been designed to meet the needs of various groups in the area. These provide advice, education and support on issues such as healthy eating, infant feeding, dental health, cooking for health and budget management.

As many of the problems within the community are socially based, there is a great need to develop the social infrastructure, which will enable "healthier Communities". The Community Health Workers will be central in developing policies and practices, which will address the needs of individuals within this social context. This may include programmes around alcohol and drug misuse and meeting a range of needs including improved access to information, advice, empowerment, motivation and social support.
Monitoring and evaluation of the effectiveness of these interventions will be inbuilt. This again will be a process which will be developed in consultation with the community and the Trust, and will allow for the potential to redesign strategies and programmes which better meet the needs of our community.

The project is steered by the Community Forum with specialist advice training and support from the Health Promotion Department of the

Trust. It promotes effective inter-agency working, provides greater access to training, involves local people in planning monitoring and evaluation, and supports the long-term regeneration of the area. Community ownership remains the central focus of this project.

Partners involved

Health needs were identified locally:

- In the Local Health Needs Analysis
- Through a recent drop-in centre "Health Matters"
- Via focus groups representing the wider community
- In consultation with the representatives of the various groups within the community
- Through liaison with the many statutory agencies who service the area including Health, Education, Housing, Social Services and Council bodies.

Consultation took place with all the aforementioned both as a way of identifying health-related needs and as a way of developing a way forward which would bring about change, reduce obvious health inequalities, and promote positive health.

The project has come at an opportune time given the recent needs analysis, the formation of the Community Forum, the development of close working relationships between the community and key statutory and voluntary providers, and the commencement of local Primary Care services in the area. This project allows members to begin to realise the agenda of improving health and well-being in the area. In particular it affords the opportunity to develop the potential of community members in terms of physical health gain from active living, healthy eating patterns and reduced dependence on smoking, alcohol and drugs.

The social and emotional elements of positive health are being addressed through more active community participation in developing an infrastructure to meet those needs as seen by the community itself. The Community Health Development Worker posts facilitate this development.

Source of Funding

The funding for this project has been the result of a successful application to the Department of Health, Social Services and Public Safety (DHSSPS) Investing for Healthier Communities Demonstration Project.

Timescale
The project commenced in January 2002 and will run until March 2004.

Expected outcomes and impact
It is well known that the underlying causes of health inequalities include poverty, unemployment, poor social cohesion, low socio-economic status, and poor environmental conditions. The project is expected to achieve the following:

- Increased and improved access to preventive health promotion programmes
- Improved access and uptake of primary care services
- Improved mental health and well-being
- Higher physical activity levels
- Better community relations between the three estates
- Improved social infrastructures that support the needs of individuals and communities
- Healthier lifestyles as a result of better eating habits, reduced smoking, alcohol and drug use
- Improvement in the local environment to become more conducive to health

The Community Forum has wide representation from the community. There is also a Partnership board, which is comprised of the various statutory, voluntary and community groups in the area. Effective partnership working has involved deciding on common goals in consultation with the community and the development of action plans which help meet those aims.

The project has been developed by the Community Forum and is implemented in partnership with Down Lisburn Trust and Down District Council. The community health workers provide a key link across the range of local community and voluntary groups in the area. The process of engagement with other groups / agencies in the development of this project included:

- Consultation and advice
- Support and mentoring
- Provision of training
- Development of information
- Resource development to realise the objectives of the project
- Services in kind e.g. rent of premises

Links with inequalities in health

The project directly addresses the key health issues of nutrition, mental health and physical activity. It is targeted at meeting the needs of those who are experiencing the poorest levels of health in the community. The project aims to promote social inclusion and targets social deprivation and need. It demonstrates its ability to build a sustainable resource within the community through effective education and training programmes, and the development of outreach and support services in line with community need.

Partnership working has enabled more effective outcomes, by building on work already done within the community and developing it further to create healthier people and healthier environments. By encouraging community activity and self-help and redirecting the responsibility for health back into the community, the project continues to aspire to enable individuals, families and communities to protect and improve their own health.

The key activities and stages of development have included:

- The recruitment and training of Community Health Workers
- Implementation of health promotion programmes
- The development of local community health networks
- The recruitment and training of local community tutors
- Cascading and rolling out of new health programmes
- Ongoing evaluation and monitoring processes throughout the life of the project.

References

- Flying Horse Ward Community Association (2001) *Flying Horse Ward Community Survey*
- NISRA (1993) *Northern Ireland Census, 1991 – Key Statistics*

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Title: East Belfast Community Health Information Project

Organisation: East Belfast Partnership

Background

East Belfast Partnership Board is made up of business, community and statutory sectors to address aspects of regeneration in East Belfast: employability; education; physical and economic regeneration; and health issues. The Community Health Information Project (CHIP) takes a partnership and community development approach to tackle health information issues.

Development Workers support local people to access services and prioritise inequality issues in ten disadvantaged neighbourhoods and estates.

Description

This case study focuses on a programme to examine out of hours Medical Services and find information solutions for less advantaged communities in the Eastern Health and Social Services Board Area.

The initial stage of the programme in tackling a perceived inequality in East Belfast involved a process of active listening by a number of community activists. Responding in this way to local people as users of health services assumed that their experiences and social networks would be strengthened and lead to indirect health benefits.

The Contactors Bureau Ltd has provided a professional medical deputising service in the area for over 40 years, but was considered to have had its day. In 1996, 22 GP practices with 81 Doctors set up a centralised out of hours Medical Service cooperative. Not all the changes were for the better and it became clear at various community meetings that people believed that they had no way of ensuring that their experiences and concerns about the service were being listened to. Shifting the view that local people felt isolated from influencing change, to a more active engagement, involved the inclusion of views from a cross section of the health and community sector.

An opportunity arose to include some questions about the service in a local community research project. East Belfast Community Development Agency supported the project as part of a major Capacity Building Project funded by Belfast European Partnership Board (BEPB). 'Leading from Behind', the final report of the project, set the agenda for the 14 neighbourhoods that had been involved. 828 households were surveyed during the project. The results emerged in January 2001 demonstrating that 38% of those questioned were dissatisfied with the out of hours service and 59% thought the service was inconvenient. These results were presented to the Health Issues Working Group (HIWG), which is made up of representatives from all sectors but with a strong community representation, and is an integral part of East Belfast Partnership's strategy on health. Consent was given for a small sub group to take the process forward. The research question had achieved its aim which was to establish the perceived disadvantage and inequality of people who live in the worst environments in East Belfast. It was agreed that further work was required to detail the problems, and identify what support was needed to help people cope with the perception and delivery of the service.

Partners involved

A meeting of community representatives was set up to engage the South and East Belfast Primary Care Group, which then formally recognised a working relationship with Medical Managers, Practitioners and the HIWG. This was followed up by initial contact with representatives of the providers the South East Belfast Doctors on Call Cooperative (SEBDOC) and the Contactors Bureau. The involvement of a local Doctor both with the HIWG and SEBDOC ensured that whatever processes were being agreed there would be support from a key stakeholder.

A small group of 8 Community Workers from across East Belfast agreed to provide their time, skill and contacts to identify and select a sample of users. Doctors shared information about the service at meetings with local people and a joint meeting of Doctors and Community Workers and local people reviewed the work and agreed future actions. This programme was in addition to normal work and 35 meetings were organised in church halls, community centres and individual homes across East Belfast. Workers recorded the relevant and appropriate data that was both positive and negative, to flesh out the profile of how local people experienced the service.

Source of funding

The programme benefited from the East Belfast Consortium bid that attracted a substantial amount of money through New Opportunity Funding, of which 25% was attributed to research to provide a baseline of information for the programme. Meetings with partners of the HIWG took place in the Partnership meeting room and these associated costs are absorbed by the Partnership. The monetary contribution of Doctors who had to provide locum cover to attend meetings, community workers who took on additional responsibility to participate in the programme, and local people who gave of their time is difficult to assess.

Timescale

- Baseline Research May to December 2000
- Negotiated Community Development Process May to September 2001
- Programme Implementation October 2001 to April 2002
- Programme Monitoring Ongoing 2003

Expected outcomes and impact

The work moved to the second stage of the process that involved giving local people a key role in making choices about what information they needed to benefit from the service. By working together to understand how users could be better prepared and better informed about the service, a positive impact was made on policy and practice.

Doctors were given the opportunity to explain why the changes to the service had been considered beneficial in terms of efficiency and effectiveness, to a group of community representatives. The strengths, weaknesses, and opportunities were realistically addressed for the first time for many people in a very open way. These meetings were very revealing from both a cultural and technical viewpoint. In particular the difference in knowledge about how the system worked between users and providers was highlighted.

This pointed the way forward for the need for better understanding, but it also highlighted specific difficulties for families living on fixed income benefits who are not entitled to claim travel expenses to use the service. The sheer emotional heartache associated with parents in particular seeking medical help but who could not afford £25 taxi fares left its own impression on all those involved.

At this time the Eastern Health and Social Services Council produced their own research on patient satisfaction in October 2001. This report confirmed a high level of satisfaction amongst the users who completed a questionnaire. It also recommended in line with the communities findings that greater consideration should be given to patients who have difficulty travelling to centres, particularly with childcare and caring responsibilities.

Links with inequalities in health

The final stages of the programme concentrated on influencing the Medical management of SEBDOC to recognise the need to improve information for users and for practitioners. Their concerns and vulnerability about being unable to respond to need in such a large geographical area were no longer valid reasons for keeping a low profile.

To help influence change a record of the process was published in a report and community newssheet, it was launched in a local community setting and circulated widely. The network of participants involved around 50 people attending with ten people actively sharing their experiences of the service and the process to help raise awareness.

A follow up survey by EBCHIP at the end of 2002 on how satisfied participants were with the community development process indicated that people's confidence had been boosted by the issue being addressed and valued.

Medical Managers were also cascading information throughout the primary care team around the main issues, on the culture of home visiting, the percentage spend on taxi fares by users on fixed incomes, and on the accessibility of the service to families with childcare and general caring responsibilities. A draft patient guide produced by the working group was initially recognised by the Medical Managers, as a valuable tool to tackle the information needs of local people. It received the approval of Medical Managers at the Eastern Health and Social Services Board (EHSSB), and further support was forthcoming from the South and East Health and Social Services Trust through their publicity department. The leaflet is on track to be released in 2003.

The simple but overwhelming problem of highlighting the inequality of the social security system for users of the out of hours Medical

Service has taken a number of forms. By demonstrating that families on fixed incomes were prohibited from claiming travel expenses was highlighted by the East Belfast Independent Advice Centre, and raised at the Association of Independent Advice Centres. The issue has also been raised at other levels and received coverage in an extensive two page article in the Medicine Today publication.

In conclusion the project has been successful in achieving change in policy and practice through a clearly thought out community development strategy. It provided a valuable listening intervention supported by joint working and sharing of resources within trusting relationships. The inclusion of local people and decision makers provided the momentum for change that could not have happened by individual parties acting in isolation. It has been shown that the risk of openness was worth the effort and further anticipated changes will continue to impact on many thousands of people in East Belfast in the years to come.

Reference

East Belfast Community Development Agency (2001) *Leading from Behind – An Agenda for Change in East Belfast*

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Title: Judicial Review of Abortion Services in Northern Ireland

Organisation: fpaNI (Family Planning Association, Northern Ireland)

Background

fpaNI is a registered charity funded by a range of trusts and government bodies, including the Department of Health, Social Services and Public Safety. The organisation provides a help line, information leaflets; publications and community based sexual health programmes. Its ethos is firmly 'pro- choice'; that is supporting a woman's right to make an informed decision when faced with a crisis pregnancy. The organisation provides non-directive, non-judgemental crisis pregnancy and post abortion counselling.

fpaNI's experience of working with women and medical practitioners in this field has provided us with incontrovertible evidence that the legislation governing abortion in NI is unclear and inconsistently applied. Lack of clarity in the law governing abortion in Northern Ireland has caused practitioners to adopt a conservative approach to termination of pregnancy. Women who come to **fpaNI** seeking abortion consistently report difficulties in accessing healthcare, and even information to which they are entitled in law, from their own General Practitioner (GP).

Women report a variety of experiences including:

- Being told that abortion is illegal in NI
- Being denied ultra sound scans to determine the stage of pregnancy
- Failure of GPs who have a conscientious objection to abortion to refer them to a practitioner who will address their needs in line with General Medical Council (GMC) guidelines

Several pieces of research confirm this negative impact on medical practitioners and on women accessing abortion in NI.[i] This evidence and our first hand experience of women accessing our services over the years drove the decision to initiate a Judicial Review.

While the inconsistency and caution with which termination services are provided has a negative effect on all women who choose to

terminate a pregnancy, **fpaNI** has found its impact is greatest on women in lower socio economic groups. This in itself constitutes an inequality in health provision and practice. While women in Northern Ireland are compelled to buy their way round the obstacles to termination of pregnancy by travelling to England for private terminations, vulnerable women living in poverty continue to shoulder the negative health consequences. For these reasons **fpaNI** has intervened by instigating a Judicial Review.

Why a Judicial Review?
A judicial Review is a legal process which scrutinises legislation and practice in order to establish legality, rationality and fairness. This is precisely the object of **fpaNI** making this intervention.

To put this action into context, it is essential to know something of the factors which govern access to abortion in Northern Ireland. The Abortion (1967) Act does not apply in Northern Ireland. Our legislation is based on The Offences Against the Person Act (1861). Abortions carried out in NI are categorised as therapeutic, though the legal basis for this is questionable. Official statistics[ii] reveal that women resident in England and Wales are more likely to access termination of pregnancy services in the first 9 weeks of pregnancy compared with women living in Northern Ireland who are more likely to encounter delays associated with local resistance, the necessity to raise substantial sums of money and arranging travel. Medical practitioners accept that early access to abortion minimises potential risks to a woman's health. So the situation, which currently prevails in NI not only threatens a woman's right to healthcare but increases risk to her physical and mental well-being.

The financial implications alone are pretty compelling. A woman in the first 3 months of pregnancy has to raise some £450 to meet the cost of travel and medical treatment. If the pregnancy is more advanced, these costs can rise to around £900. If there is no possibility of raising this amount, women are either forced to bear an unwanted pregnancy to term or to resort to an unsafe alternative. International research[iii] has shown that criminalizing abortion forces women, particularly women living in lower socio economic groups, into unsafe abortions. Since 1967, when the Abortion Act was passed in Great Britain some 5 women are known to have died as a result of so called 'back street' abortions in Northern Ireland.

The psychological impact of having to travel, often in secret, to another country to access reproductive healthcare can result in women suffering avoidable anxiety and fear of exposure as well as inhibiting them from talking about their feelings afterwards or consulting their own GP for a post-abortion check-up. This can have a significant negative impact on a woman's mental health and well-being.

The Judicial Review Process

In May 2001, **fpaNI** initiated legal proceedings (Judicial Review) against the Department of Health, Social Services and Public Safety (DHSSPS). **fpaNI** is asking the High Court to advise the Department of its statutory duty to ensure that all women in NI have **equal** access to reproductive healthcare services. It challenges DHSSPS to issue guidelines on the availability and provision of termination of pregnancy services in NI; to investigate whether women in NI are receiving satisfactory services and to ensure that they do. The case was heard in the High Court in Belfast in March 2002.

Partners involved

Women seeking termination of pregnancy in Northern Ireland and particularly women living in lower socio- economic groups are the focus of this **fpaNI** led project. In some respects these women and their families are our partners, along with medical practitioners who are professionally vulnerable because of the obscurity of the legislation and the ever present threat of litigation. Other partners include members of a Judicial Review Advisory Group, which consists of medical practitioners; political representatives from right across the spectrum and Non Government Organisations with specialist insight into the issue.

Source of funding

The Judicial Review has attracted considerable hostility from anti-choice campaigners who believe that women who become pregnant should proceed with a pregnancy, regardless of their circumstances or personal inclination. For this reason, funders of the project have chosen to remain anonymous.

The Legislative Assembly

The appropriateness of Victorian legislation[iv] to the needs and expectations of women living in the modern world must be called into question. The nature of political exchange in Northern Ireland since its creation has played a major part in the resistance to change.

The Northern Ireland Assembly has operated as a cross- party coalition since its inception in 1998. Over recent decades, debate on abortion has shown some movement in the direction of addressing the issues and away from imposing blanket prohibition. However, discussion of the issue is still considered by some politicians to be an opportunity to reinforce a deeply conservative status quo.

Although the outcome of the most recent political debate on the subject (NI Assembly, June 2000) was something of a forgone conclusion, there were several interesting, even heartening exchanges. Right across parties, speakers expressed a range of thoughtful and constructive views on the subject. The motion not to extend the Abortion (1967) Act to NI was carried but indications are that the certainty which underpinned debate around this issue in the past is disintegrating, albeit slowly.

Expected outcome and impact

Should the High Court decide in favour of **fpaNI** it will result in the Department having to ensure that those women who are entitled to an abortion in Northern Ireland can get NHS (National Health Service) funded access to that service. This outcome will effect a considerable change in both the health and quality of life of women living in poverty and that of their families.

It will also have the effect of opening a proper public debate and exchange of information on the subject.

Clear guidelines will help to ensure that women's ability to access abortion in Northern Ireland will no longer:

- Cast them into debt or dependence on money lenders
- Depend on personal interpretation or moral views of individual medical practitioners
- Depend on personal confidence or knowledge of individual women
- Depend on one's ability to raise several hundred pounds at short notice in order to travel to England

A High Court decision in favour of openness, transparency and good practice, which is effectively what this challenge calls for, will have a

far- reaching effect. It will facilitate the free circulation and exchange of information and sharing of expertise in the field of termination of pregnancy, which the current situation actively suppresses. It has the capacity to underpin women's rights to health care, free of charge and close to home.

Links with inequalities in health

Ultimately the outcome of the Judicial Review has the potential to ensure consistency within health care provision relating to pregnancy and termination within Northern Ireland. The current situation regarding abortion in Northern Ireland not only has a negative effect on women's health generally but also has the potential to aggravate and reproduce poverty. Having control over one's reproductive capacity, of which access to abortion is an element, is crucial to any genuine equality agenda. It is the view of **fpaNI** that a woman's right to choose when, or if she will have a baby is not only fundamental to their reproductive rights, but to her ability to exercise a range of other rights.

Public awareness of the complexity and impact of issues of reproductive and sexual health on every aspect of women's lives is essential. This has been an indirect outcome of the Judicial Review process to date, as the publicity generated by the process has instigated wider public debate, interest in and understanding of the issues.

Since this case study was written, a decision has been made in the case. On 7th July, 2003, in the High Court in Belfast, Mr Justice Brian Kerr declined to instruct the Department for Health, Social Services and Public Safety to issue guidelines on practice and provision of abortion services in North Ireland. **Fpa** NI has lodged an appeal against the decision.

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[iv] Offences Against the Person Act (1861)

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Title: Ligoniel Health and Regeneration Project

Organisation: Ligoniel Improvement Association

Background

Ligoniel urban village is situated on the outskirts of North Belfast. The social and economic decline, of this predominantly nationalist community, is compounded by the fact that there is one route in and out of the area across a sectarian interface, which heightens the already existing feelings of exclusion and isolation.

Government Statistics show that:

- 30% of the population live within 3%-4% of the most economically deprived enumeration districts in N.I. (Noble Indices)
- 48% of the community are unemployed
- Only 4% of heads of households are in full-time work
- 75% of heads of households are on income support
- 49% in receipt of child benefit
- 21% of households include a disabled person
- 19% receive one parent family benefit (Northern Ireland Housing Executive Survey)
- Amongst the 16-39 year old core group 57% had no experience of effective training schemes;
- 59% had left school at 16 (BDO Stoy Hayward Skills Survey)
- Ligoniel has suffered the second highest number of deaths under 25 in Northern Ireland from 1967-1998. (The cost of Troubles study (1998))

Research has shown that those who suffer from the effects of deprivation are more likely to experience extreme ill health. This is also the case in Ligoniel where these factors manifest themselves not only in economic terms but in its adverse effects on health.

- Ligoniel ranks within the worst 10% of wards in respect of health related issues (Noble Indices)
- Ligoniel and Ardoyne have the highest infant mortality in North & West Belfast, (Eastern Health and Social Services Board (EHSSB))

- Disability amongst children, at 5.02% is almost twice the EHSSB average
- Disability amongst adults, at 13.78% is almost twice the average for the three Belfast Health and Social Services Trusts
- Disability amongst the elderly is 66.59% compared to 33.58% for the three local Health and Social Services Trusts
- The proportion of births to teenagers and single mothers (13.5%) is much higher than the Belfast urban area average (5.5%)
- Since the peace process there have been a high number of attempted and fatal suicides specifically amongst the youth in Ligoniel
- Redevelopment by Northern Ireland Housing Executive (NIHE) has concentrated numerous social problems with the increased numbers of transitional families and new housing.

As a result the feelings of marginalisation, and apathy are very evident within the community. To reverse these effects the development of a regeneration plan evolved over a number of years from which the Ligoniel Village Regeneration Partnership (LVRP) was established. They embarked on a process of consultation in order to assess the holistic needs of Ligoniel residents. This consultation process was wide-ranging and as a result the Ligoniel Village Integrated Plan 2002-2006 was compiled in order to achieve social, economic, and environmental regeneration by implementing development in the following strategic areas:

- Housing and Transport
- Community Facilities and Leisure
- Education, Training and Employment
- Environment
- Health

Each stage of the plan's implementation process, and the projects which have been developed, are closely monitored and evaluated. This will ensure that the key actions are met, and full implementation of the integrated Plan is carried out.
This Health Project forms a vital and distinct part of this plan. The project aims to redress the causes of ill health within the Ligoniel community, whilst in keeping with the wider regeneration process.

The project vision is to *'improve the health and well being of Ligoniel residents, using a community development approach to tackle the social, economic and environmental determinants of poor health'.*

Description

The Ligoniel Health and Regeneration Project pro-actively tackles the determinants of poor health, the latter of which has led to an unhealthy and negative community. The main focus of the project is to treat the causes of poor health by empowering people to make informed lifestyle choices, developing their own potential to recognise, prevent or reverse the effects on their well-being, thus improving their self-esteem.

Through the consultation process the project has initially been separated into a five-strand approach, each strand addressing separate health determining issues.

1 Community Education and Health Initiative
2 Employment and Health Initiative
3 Community Youth and Health Initiative
4 Environment Recreation and Health Initiative
5 Accessing Health and Social Services Initiative

The following are examples of activities that will operate within these strands over a five-year period:

- Increasing accessibility to social services provisions
- Utilising already existing services
- Promoting community based education & employment prospects
- Alleviating the pressure on those suffering from acute illness and disability by enhancing their quality of life
- Encouraging people to take more exercise
- Increasing and encouraging the use of the natural environment and leisure facilities

This project complements, gives added value, and strengthens the overall development strategy for Ligoniel. The emphasis on a community led integrated partnership to tackle social disadvantage and exclusion is both unique and innovative, and has the potential to be held up as a model of good practice.

As an integral part of the LVRP, the project will be fully informed of relevant projects and initiatives happening within the area. Field

Officers will develop and maintain a working relationship with community groups and organisations, in order to assist, advise and support efforts to improve local health and well-being of the local community. Furthermore, The Health and Regeneration Project will focus on strands 3-5. Further funding from NOF for a Community Access to Lifelong Learning Project will enable development of strands 1 and 2.

Partners involved

The Village Regeneration Partnership consists of 28 members including statutory, voluntary, community organisations; funders with an environmental background; and North and West Belfast Health and Social Services Trust. The members of the partnership signed up to a charter and agreed to a set of aims and objectives committing them to work together in a spirit of openness and co-operation, to achieve a structured and integrated approach to the social, economic and environmental regeneration of Ligoniel.

Partnership List:

- Ballysillan Industrial Estate;
- Belfast City Council;
- Mulvenna Holdings;
- The Boyd Partnership;
- The Carville Group Ltd;
- Clanmil Housing Association;
- St Vincent de Paul Primary School;
- Habitat for Humanity;
- Ligoniel Community Centre;
- Ligoniel Community Forum;
- Belfast Institute for Further and Higher Education;
- Department of Environment Planning Services;
- Department of Regional Development Roads Services;
- North &West Belfast Health and Social Services Trust;
- Sustainable Northern Ireland Programme.
- Ligoniel Improvement Association
- Ligoniel Local History Group
- Wendleford Limited
- North Belfast Partnership
- The Woodland Trust
- Northern Ireland Housing Executive
- Ligoniel Family Centre
- Translink
- Ulster Wildlife Trust

Members of the sub group who have developed and will manage the project include: participants from the Ligoniel Village Regeneration Project (LVRP) with an interest in health; representatives from the Ligoniel Family Centre; Ligoniel Community Centre; the local General Practitioner; Health Action Zone; North and West Belfast Health and Social Services Trust; and North Belfast Partnership Board. Beneficiaries will be added as the project develops.

Source of Funding

During the course of the development of this project Belfast Regeneration Office (BRO) awarded Ligoniel Improvement Association funds to develop a business plan as part of the New Opportunities Funding (NOF) application procedure. The Ligoniel Health and Regeneration Project then received funding from NOF for a five year period starting from March 2003, through the Healthy Living Centre bids. Funding has been secured for three years from the Northern Ireland Housing Executive and BRO for the Ligoniel Village Support Project to supply co-ordination and back up for the Health and Regeneration Project. NOF has awarded 2 year funding for the Lifelong Learning Project (strands 1&2).

Expected outcomes and impact

Youth

- Train young people as peer educators
- To devise and establish youth development programmes covering issues such as: drug awareness, teenage pregnancy, suicide and anti-bullying programmes
- Develop personal development programmes
- 30 young people involved in health care programmes
- 30 adults involved in parenting programmes

Environment

- To involve local people in efforts to improve the local environment and extend recreational facilities
- To explore and improve facilities through pro-active participation in community based initiatives

Health

- To assist local residents in availing of and accessing specialist services
- To promote risk factors effecting disability and long term illness by focusing on prevention rather than cure
- Establish a user group to liaise with service providers, co-ordinate the provision of information, and to improve access to Health and Social Services

The project aims to involve as many participants as possible within each strand of the project by using a baseline number of users some of which are outlined below:

- 30 local people involved in exploring links between health and social well being and recreational facilities in the area

- 120 residents, adults and young people, involved in health programmes to do with drug abuse and sexual health
- 60 adults with disabilities availing of social services and health service provision
- Environment and recreational facilities provided for 400 young people and adults
- 20 young people trained as peer educators

Links with inequalities in health

This project will be community led by an organisation whose directors represent and live within the Ligoniel area.

A sense of community ownership is imperative to the progression of this project. By drawing upon strong statutory links, we hope to strengthen the capacity of the project and encourage greater participation from the wider community.

- It will allow those with the least ability to life change due to social deprivation to take lead in their own future
- It allows health professionals to facilitate improvement by focusing their resources where it is most needed, by addressing prevention as opposed to waiting for sometimes fatal symptoms to appear
- Throughout the 5-year span the partnership will evaluate how successful the project has been and by using a multi-agency approach will seek to build upon good practice in order to reduce inequalities in health.

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- Noble Indices, 2002
- North Belfast Needs Analysis and Social Audit, 1998
- North Belfast Partnership Board Survey, 1998
- The Cost of Troubles Study, 1998

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Title: Greater Shankill 21

Organisation: Health Action Zone, North/West Belfast

Background

The Health Action Zone is a partnership of 17 statutory, voluntary and community organisations. Its principal focus is tackling inequalities in health and promoting well-being through a partnership approach.

During the Shankill feud in the summer of 2000, the Health Action Zone Council took a decision that the situation was best met by the existing Interagency Working Group on Displaced Families. However, when the emergency situation subsided, the Health Action Zone Council was asked to intervene directly, and it highlighted the need for a strategic approach to supporting the Shankill.

Description

The Greater Shankill 21 group was set up in August 2001 to address the medium-term needs following the feud.

The feud left many people stunned and bewildered. Seven men had died, approximately 370 people had to move out of their homes and 130 children had to change schools. This degree of upheaval, coupled with intense fear and intimidation, perceived limited response by statutory agencies to the situation, and a lack of direction, combined to create a situation where people felt powerless and left a legacy of considerable feelings of hurt and mistrust on the part of community organisations. People in the Shankill felt that their situation was ignored to a great extent.

The Group called itself "Greater Shankill 21" as it wanted to include the wider Shankill community and look to the 21st century, rather than the past. Greater Shankill 21 brought together community groups, statutory bodies, the Police Service of Northern Ireland, and the Office of the First Minister and Deputy First Minister.

In initial meetings, common issues of concern were identified. The group decided to identify priority needs and present its

recommendations to the Health Action Zone Council. Four priority themes were identified and representatives of organisations with specific expertise were invited to engage in relevant meetings. A fifth issue, policing subsequently emerged as a priority in its own right. The priorities were:

- Environment, housing and planning
- Schools, education and youth provision
- Policing
- Mental health, medication and trauma
- Funding, healing and reconciliation

These priority areas were clearly much wider than the traditional 'health' agenda, thus highlighting the need to take a holistic approach to addressing people's needs in terms of health and well-being.

An initial report which focused on these five main areas was endorsed by the Health Action Zone Council in December 2001. The report showed clearly that the issues were inter-related to a considerable extent, emphasising the need for a holistic approach. Members of the Health Action Zone Council responded to the recommendations, stating what their organisations would do both individually and collectively. An Action Plan setting out short, medium, and long-term actions was endorsed by the Health Action Zone Council in April 2002, and is being taken forward.

Responsibilities are shared, with specific agencies named as the lead against each recommendation. Each agency has nominated an individual from within their organisation to be responsible for ensuring implementation. A group made up of community organisations and statutory agencies is monitoring development and meets every six weeks.

Although the group set out to address only medium-term needs, it is clear that it is impacting on the long-term regeneration agenda.

Partners involved

Core member organisations:

- Belfast City Council
- Belfast Education and Library Board
- Belfast Regeneration Office
- Department for Employment and Learning
- Ex-Prisoners Interpretative Centre

- Families of the Displaced, Dispersed and Distressed
- Greater Shankill Partnership
- Lower Oldpark Community Association
- Lower Shankill Community Association
- North and West Belfast Health Action Zone
- North and West Belfast Health and Social Services Trust
- Northern Ireland Housing Executive
- Office of First and Deputy First Minister
- Police Service for Northern Ireland
- Royal Group of Hospitals
- Shankill Community Council

Representatives of the following organisations also contributed to specific meetings:

- Belfast European Partnership Board
- Belfast Planning Office
- Community Foundation
- Community Relations Council
- Eastern Health and Social Services Board
- Edenbrooke Primary School
- Northern Ireland Council for Voluntary Action
- Probation Board for Northern Ireland

Source of funding

The project was funded by 'in kind' contributions from member agencies, unpaid voluntary contributions from community organisations, and Health Action Zone team resources. Member organisations are taking responsibility for funding their actions in response to recommendations. In addition, Belfast Regeneration Office is funding an evaluation of the project.

Attempts were made to secure a pot of money from funding bodies for co-ordinated action, but this was problematic as each funder had different criteria.

Expected outcomes and impact

The principal outcome was the development of a process which allowed trust to be developed, and partnership to become a reality between diverse community groups and statutory agencies. This led to a series of actions being agreed to improve health and well-being.

The main anticipated outcomes of Greater Shankill 21 are:

Housing and Environment

- All agencies responsible for street cleaning are to pool budgets for a pilot co-ordinated project in the Shankill area
- Housing allocations to be improved
- Derelict properties secured and mechanisms put in place to establish responsibility for specific parcels of land

Schools, Education and Youth Provision

- Training for principals, teachers and youth workers on recognising signs of trauma
- A forum for teachers and principals to share experience and best practice in dealing with trauma
- Clear access to psychological services in schools
- Guidelines to assist schools to provide for the needs of children suffering emotional distress
- Additional youth workers recruited and additional youth facilities to be made available
- Additional out-of-school learning activities

Mental Health, Medication and Trauma

- High quality, well-supported, non-stigmatising counselling services available locally for adults and children, including alternative therapies
- Research into levels of prescribed medication
- Guidelines and training on recognising signs of trauma for practitioners and community organisations
- Better co-ordination of existing services

Policing

- Representative community police liaison committee set up
- Effective means of communicating with the police established

Funding, Healing and Reconciliation

- Additional funding to meet existing, emerging and long-term needs
- Need to demonstrate to the people of the Shankill that their situation is recognised and is being addressed
- Additional mechanisms by which people can feel they are being listened to, e.g., community groups, befriender services, counselling services, forums for discussion
- Clear strategies to enable funding organisations to assess and address needs

Progress is being made against each of the recommendations and is being monitored. Ancillary outcomes and impact must also be considered. The act of bringing together people who could not normally have met contributed to an easing of tensions on the Shankill. Having opened channels of communication, the way was also paved for events such as the Shankill Convention, as members of its Standing Orders Committee had already been meeting through Greater Shankill 21.

Links with inequalities in health

Bottom-up Approach

The community approached the Health Action Zone for support, this was not a programme imposed upon them. The Health Action Zone was therefore responding to a need identified by the community.

Partnership Working

Key to the project's success was that so many different organisations were able to work together and learn from one another. Relationships were developed at several levels: between different community groups; between the statutory partners; and between the community and statutory sectors. Actions were able to be agreed across agencies in a co-ordinated and structured manner.

Development of Trust

Development of trust was fundamental and, without it, Greater Shankill 21 could not have worked. This was not straightforward as initially there was considerable suspicion and mistrust. This existed between the various community organisations, and between the statutory agencies and community organisations. The manner in which the meetings were run assisted in building up trust. At each meeting, community representatives were invited to speak first in order that their concerns shaped the agenda. This was followed by perspectives from statutory organisations on the issues raised. Each person was given time to air their concerns showing that they were being taken seriously. With each meeting, the level of trust deepened and the Group was increasingly able to discuss issues frankly and openly. The fact that agencies were seen to be taking the plight of the Shankill seriously helped the process greatly. Although some members were not able to attend all the meetings, they were kept fully informed of progress and were given an opportunity to contribute outside of the meetings.

Facilitation of Process
The role of the Chairperson in facilitating the meetings was crucial. Tensions were initially high, some members of the group had suffered personally during the feud and understandably had feelings of considerable hurt and anger. The Chairperson had to be mindful of the different sensitivities involved, and ensure that everyone felt respected and listened to. People needed to know they were being taken seriously and the role of the Chairperson was key in this.

Written record
A written record was also a key component of the process. Detailed minutes were taken at each meeting and sent out promptly. Members were able to check that their points had been properly recorded and this helped to reduce initial tensions.

Commitment of Health Action Zone (HAZ) Council
Without the commitment of the Health Action Zone Council practical outcomes would have been unlikely. HAZ Council firstly agreed to undertake the work. They took ownership of it and nominated individuals from their organisations to sit on the group. When the report was presented, they were charged with agreeing what actions their agency would agree to undertake. Since publication of the Action Plan, HAZ Council has again nominated specific individuals to take forward the implementation of the recommendations and HAZ Council receives an update each six months.

Community commitment
The commitment of the community representatives was crucial. The challenge of bringing them all together should not be underestimated — the feud left sharp divisions amongst community organisations and there were many reasons for tensions between the participants. The first meeting represented a major milestone in individuals' preparedness to meet with one another. It is to their credit, and a sign of their genuine desire to improve the difficult situation in their communities, that members were willing to put aside their differences and work collectively with Health Action Zone partners to address common needs.

Neutral venue/chair
Initially no venue in the Shankill was perceived as being neutral, and meetings were held in the city centre as it was important to find

somewhere where everyone would feel comfortable. Having a ‘neutral broker’ as chairperson, as well as someone who would be acceptable to the whole group was also vital.

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TITLE: South Belfast Malecare Befriending Scheme

Organisation: MBS (South Belfast Malecare)

Background

In 2001 a need was identified within the Blackstaff Ward of South Belfast to develop a Befriending Scheme. Within this area of Belfast a large number of isolated individuals and elderly residents live who require support and aid. South Belfast Malecare identified that there was a need to enable long-term unemployed/retired men and women into volunteering opportunities, and through the process of volunteering an individual's sense of self-worth and self-confidence could grow. To empower volunteers attached to the Befriending Scheme MBS subsequently invested resources in the design of a training programme tailored to the needs of clients and volunteers.

Description

The management team of South Belfast Malecare Befriending Scheme designed a course on the skills necessary to become a volunteer befriender. The decision to deliver this course in-house was taken for the following reasons.

The course will be situated within a community development and education context with an emphasis upon the participation of learners. It has been noted by the Workers Education Association that there is a problem surrounding encouraging men from socially disadvantaged communities to attend educational courses. By facilitating training opportunities within the project based at Roden Street participants have access to learning opportunities within their community. The course will further provide individual learners with support and enable them to acquire new skills within a familiar setting.

The course will raise the profile of the organisation within the area and thereby build capacity to deliver services. By investing time and resources into training, the organisation will acquire models of good practice in the areas of team building, evaluation, monitoring and assessment. These are the contemporary tools of community development and education.

Through the facilitation of a course on Befriending in-house MBS aims to recruit volunteers to our scheme. This will build our human resources to deliver befriending services to the local community. The course will be delivered by individuals who are known within the area which will also assist in recruitment to the course.

Programmes being developed

MBS Befriending Scheme has the following programmes in the pipeline:

- The creation of a community newsletter for distribution within the community which will raise the profile of our organisation and inform local residents
- The facilitation of a course in personal development aimed at enabling participants to address barriers to learning
- The creation of a client user group that will help monitor and evaluate service delivery procedures

The facilitation of themed befriending training and service provision aimed at responding to the needs of the following groups:

- The elderly
- Those experiencing bereavement
- Those experiencing mental health problems
- Those experiencing problems associated with alcohol and drug abuse
- Those recovering from operations who require support in the home
- Those who experience barriers due to educational needs

Partners involved

- The Community Fund for Northern Ireland
- NI Open College Network
- Workers Educational Association
- Engage with Age
- Work Track

Source of funding

South Belfast Malecare Befriending Scheme is funded through the Community Fund for Northern Ireland. The funding covers salaries; recruitment; rent; running expenses; producing information; training; travel; and advertising. Managing and monitoring this grant has been a learning curve for the organisation. Although this is the first year of the project, by focusing on training in-house the Befriending Scheme is utilising human resources to best effect. This consequently contributes towards the long-term sustainability of the organisation within the social care and health field.

Although funded for only three years, South Belfast Malecare Befriending Scheme has the long-term aim of accessing funding from South and East Belfast Health and Social Services Trust. To develop the capacity of the scheme grant applications are made to Charitable Foundations and Trusts on a regular basis.

Timescale

The programme will start at the end of April 2003 and will run for 10 weeks, and will run three times a year thereafter. The frequency of the personal development course will depend very much on participant interest.

Expected outcomes and impact

The South Belfast Malecare Befriending Scheme will impact upon the local community in many ways. The scheme will fill the gap left by the termination of provision once provided by volunteers under the Action for Community Employment (ACE) Scheme. Within the Blackstaff area, elderly and isolated residents can access support and help. The scheme will provide a listening ear for personal problems surrounding caring for an elderly relative for instance, or for those recovering from an addiction. It will also help address the issue of social isolation as the result of an injury or illness. Sign-posting support services will be provided in the area of counselling, environmental work and social security benefits. The scheme will provide access to information surrounding emotional and physical health needs.

The in-house training programme will impact the community by empowering participants to access education within the community. Training will assist in the creation of a pool of qualified befrienders who can operate in an effective manner within the area, and will build capacity of the organisation to respond to client needs. Participants will gain self-confidence and knowledge through the programme and promote social inclusion of isolated people within the community.

South Belfast Malecare Befriending Scheme utilises a holistic approach to the area of Befriending. The impact of the project is measured therefore, not simply in the number of clients, but also with reference to their care and well-being.

Links with inequalities in health

The befriending training and service provision will be aimed at responding to the needs of the following groups who often experience inequalities in health:

- The elderly
- Those experiencing bereavement
- Those experiencing mental health problems
- Those experiencing problems associated with alcohol and drug abuse
- Those recovering from operations who require support in the home
- Those who experience barriers due to educational needs

The programme will give participants access to learning opportunities within their community, and will further provide individual learners with support to enable them to acquire new skills within a familiar setting. The programme will also address the issue of social isolation as resultant of an injury or illness, long-term unemployment or bereavement.

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Title: New Lodge / Duncairn Community Health Partnership

Organisations: North Belfast Partnership Board, and New Lodge Forum

Background

This project is the result of an application to the New Opportunities Fund for a Healthy Living Centre Programme. After two years work which involved two formal written application stages and the formation of an extensive business plan, the bid was successful to implement the programme over a five-year period. The intervention is targeted at local people living in the Duncairn and New Lodge areas of North Belfast. These neighbourhoods contain some of the most deprived wards in Northern Ireland and continue to suffer from the legacies of violence and its cascading effects of despair, stress and pessimism. The population of the combined districts is approximately 15,000.

Description

The New Lodge / Duncairn Community Health Partnership is a new project designed to build on community based research into Health Perceptions, carried out April 1997-February 1998. The programmes are intended to reach as many of the population within the New Lodge and Duncairn areas of North Belfast as possible.

The project has been targeted in this way due to the recognition that ill health in these areas is a feature of life in general. For example, the Standard Mortality Ratio in these two wards is 78% and 90% higher than the regional average respectively. Rates for Limiting Long-term Illness, disability amongst all age groups and the level of teenage births are all significantly higher than the average for other areas.

The Partnership's view is that in order to address the pervasiveness of ill health in these communities, it is necessary for everyone to have an opportunity to benefit. The Partnership has identified that the most effective delivery mechanism within these wards will rely on local delivery at the neighbourhood level. It is also recognised that to sustain activities promoted by the project, premises already existing

within the community, e.g. community centres, youth clubs, church halls and General Practitioner surgeries, should represent the physical presence of the project. Where possible the benefits of Healthy Living should be presented as a feature of normal life.

When the Partnership was designing a range of programmes, it considered two factors. Firstly, the number and range of groups / programmes already in place within these communities. Secondly, areas of need and the necessity to establish new groups and programmes. Throughout the five years span of the project, existing groups will be provided with health-oriented programmes, which will be tailored to meet specific needs.

The Community Health Partnership recognises that the levels of disadvantage existing in these areas have arisen over many years and will, in reality, take many years to address. The Community Health Partnership recognise that many of the health issues are generational and only by addressing the issues that this raises can the synergy which will drive the process beyond the initial funding period be achieved.

The process of including the community in identifying its needs, developing this proposal and the recent success of securing the New Opportunity Funding, is intended to embed within the community the principle that long-term collaborative action is necessary to address not only the health issues involved, but all of those issues which lead to disadvantage existing in the project area. The project is designed to provide the community the skills to address a range of issues with statutory agencies, on a collaborative basis.

A marketing plan will ensure that knowledge about the project is provided to the target groups. A target of achieving ninety percent of the community being aware of the project or an activity promoted under the project has been set. The concept of using Community Health Workers is intended to ensure that the project develops a pro-active approach to the delivery of programmes.

Partners involved

As a result of discussion initiated by the North Belfast Partnership, Health Development Worker and Chief Executive, a much stronger and cohesive proposal could be presented if all the groups involved came together. The building of the Partnership has been community-

driven with the statutory partners being involved on the basis of what they could contribute. The Partnership is strengthened by the understanding that the project meets not only the needs identified by the community, but also the strategic goals of the statutory agencies involved. The partners to the project have experience of working together in a range of similar Partnership arrangements, including the North Belfast Partnership Board and the Health Action Zone.

The needs of the communities within New Lodge and Duncairn are recognised as being so complex that the delivery of change in any field can only be delivered through a commitment to working in partnership. This project recognises that health issues must be addressed in a holistic manner. This complements the view that education, community safety, and other social issues involve a wide range of issues that must also be addressed holistically.

Each partner brings a particular skill, knowledge or community to the partnership. It will be the role of each partner to ensure that they play a proactive rather than reactive part in this project. Each community partner will bring a commitment to ensuring that the community's views are heard at the board level. Each statutory agency will bring a commitment to ensure that the results of the project are pro-actively considered in relation to ongoing service provision. A number of statutory agencies will provide professional support in the fields of health promotion, finance and human resources.

The members of the Partnership include:

- North Belfast Partnership
- Duncairn Community Health Action Team
- New Lodge Community Health Action Team
- New Lodge Forum
- Lower North Belfast Community Council
- Eastern Health and Social Services Board
- North and West Belfast Health and Social Services Trust
- Belfast City Council
- Belfast Education and Library Board
- General Practice
- Northern Ireland Housing Executive
- North and West Belfast Health Action Zone
- Belfast Institute of Further and Higher Education
- Belfast Regeneration Office

Source of funding

The New Lodge and Duncairn Community Health Partnership secured a substantial amount of money from the New Opportunities Fund in August 2002, which will be given out over a 5-year period. Belfast Regeneration Office and the Eastern Health and Social Services Board have also contributed financially to the programme.

Expected outcomes and impact

The groups aim to target children and young people; adults (of both sexes) and senior citizens. These target groups will cover all of those living in the area. The rationale for including the opportunity for all to be involved is based on the prevailing health profile of the area, which suggests that there is a need to ensure that the benefits accruing from the programme permeate all levels of the community.

Five main objectives that the programme expects to achieve over its lifetime can be stated as follows:

- Build on existing initiatives and develop new schemes to enable children to have a better start in life
- Enhance opportunities and develop additional schemes so that young people have the opportunity to make informed choices in respect of their health and personal relationships
- Use existing adult community groups and develop new groups to provide information on health and social well-being and related activities. The aim is to increase and develop motivation to change their lifestyles
- Provide support and health information to senior citizens so that they can remain independent at home for as long as possible
- Access appropriate health related training courses so that local people can develop skills that will be used for the benefit of all in their local community.

Links to inequalities in health

The New Lodge / Duncairn Community Health Partnership will help reduce health inequalities by providing health information in new and innovative ways, to those individuals who are most vulnerable and socially excluded. By providing new skills within the community, new information in new ways and practical support, this three-pronged approach will provide the community with the opportunity to improve their health.

The ongoing engagement between the statutory agencies and the community, will allow the statutory agencies to identify new ways of delivering services which assist in their strategic goals of reducing health inequalities. This is also a strategic goal of the Health Action Zone. Where it is identified that additional support structures are required for specific health issues, the Community Health Partnership will assist in the creation of such support structures.

Reference

- EHSSB and Community Research Group (1998) *A Report of the Health Knowledge and Perceptions of the People of Belfast*

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Title: Ethnic Minorities Health Advocacy Project

Organisation: Northern Ireland Council for Ethnic Minorities (NICEM)

Background

NICEM was officially launched on 8 June 1994 at the conference on "Racism and Poverty" organised by the Northern Ireland Anti-Poverty Network. The initial idea for NICEM developed from the linkage and working relationship between the Chinese, Asian, and the Travelling communities, which together with the Committee on the Administration of Justice, have been at the forefront in campaigning for the introduction of effective Race Relations legislation in Northern Ireland since 1991.

Following a meeting with the Chairperson of the Commission for Race Equality, Mr Herman Ouseley in December 1993, this initial idea was further consolidated with the founding members extending the consultation to other communities.

NICEM is committed to combating racial discrimination in Northern Ireland, campaigning to have effective Race Relations legislation to outlaw racial discrimination and also effective social policy to eradicate institutional racism in Northern Ireland.

Mission Statement:
NICEM is the voice of the minority ethnic communities in Northern Ireland.
It directly represents their interests and is a forum to promote the participation of those ethnic minority communities.
NICEM in pursuit of justice, equality and dignity, works for social change in relation to race relations and in particular for the elimination of racial discrimination.

Description
The Ethnic Minorities Health Advocacy Project has been developed in direct response to the changing environment experienced by the following smaller minority ethnic communities in Northern Ireland:

- Muslim community
- Pakistani community
- Bangladeshi community
- Sikh community
- Mandarin speaking Chinese community
- Asylum and Refugee community

The project is addressing the unmet health and social needs of the targeted groups; and the language, communication and cultural needs of the targeted groups. The project also aims to build capacity within the targeted groups in order to promote participation and social inclusion.

A member of one (or more) of these 6 communities can get involved in the project in a number of ways. Members can go along to the meetings that are organised by each of the targeted ethnic minority groups. Members can also approach the Development Worker on the Health Advocacy Project for advice and support. Opinions and suggestions on health and social needs issues can be voiced in different ways felt appropriate. Members can become volunteers to assist the work of the Project Worker and can participate in the training provided by the project.

Partners involved

- South & East Belfast Health & Social Services Trust
- North & West Belfast Health & Social Services Trust
- Ulster Community & Hospitals Trust
- The six communities mentioned above

Source of funding
The Community Foundation for Northern Ireland, and South & East Belfast Health and Social Services Trust contributes needs assessment.

Timescale
Start date: August 2002
Date of completion: August 2004

Expected outcomes and impact

The project aims to produce a needs assessment report for the targeted communities and an action plan agreed by the communities arising from the assessment and implemented by the targeted communities. The project will encourage direct participation of the targeted communities in health related policy. The project also aims to reduce inequalities in accessing Health and Social Services for minority ethnic groups.

Links with inequalities in health

As mentioned earlier the Ethnic Minorities Health Advocacy Project has been developed in direct response to the changing environment experienced by the following smaller minority ethnic communities in Northern Ireland:

- Muslim community
- Pakistani community
- Bangladeshi community
- Sikh community
- Mandarin speaking Chinese community
- Asylum and Refugee community.

Over the years these communities have received differential treatment in the area of health and social services. Difficulties have been identified in particular in relation to accessing health care provisions and other related social needs due to language, culture and communication barriers. A lack of communication with service providers and a lack of information / data on their health and related social needs is also evident. Policies are viewed as not adequately meeting the health and social services needs of these minority ethnic communities.

The Ethnic Minorities Health Advocacy Project was set up to address the gap in service provision for the 6 identified communities, thereby aiming to reduce inequalities.

The purpose of the project is two-fold: to identify and assess the needs of these communities on health and other related social needs; and to encourage and support collective action and link with other agencies within the Health and Social Services sector.

Activities and services provided to assist in addressing inequalities include:

- Setting up a steering group which involves representatives from the targeted group to manage and monitor the project
- Identifying and assessing common issues and concerns experienced by the targeted communities
- Developing an action plan to reduce inequalities in the area of health and social services and guide future action of the project
- Capacity building of these targeted communities through training, advice, support and advocacy work that build upon their skills and knowledge to manage their own communities.

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Title: Peninsula Healthy Living

Organisation: Peninsula Healthy Living Partnership

Description

Peninsula Healthy Living aims to provide an holistic and integrated approach to the provision and delivery of services and programmes to improve health for people in its area from birth to death. It aims to link the work and needs of all statutory, voluntary and community members. The scheme is aimed at all individuals and communities within the four ward areas of Ballywalter, Kircubbin, Portaferry and Portavogie and the lower parts of Loughries and Millisle. In total, the area has an estimated population of 18,000.

The main area is covered by four General Practitioner (GP) practices: one in Ballywalter, two in Portaferry and the largest one in Kircubbin. The area consists of a number of small towns and villages, which have varying service provision. Portaferry, Portavogie and Kircubbin have relatively new community centres and some of the other villages are developing or have a small centre, e.g. Greyabbey Village Hall and Ballyhalbert House. There is an Institute of Further and Higher Education in Kircubbin and there are three secondary schools and 13 primary schools in the area.

The needs are those of a rural area with limited availability of services and facilities. This area has also been recognised as having a very limited history of community development and the project aims to promote cross community working in the area. This is not a 'centre' based enterprise, but rather an enterprise centred in Kircubbin, which reaches out to the whole Peninsula area and provides services in a wide variety of local community settings. Staff will be based in a number of different geographical areas. This approach suits this rural community much better than a pure 'centre' based scheme.

Developments in the area

There have been a number of developments in the Peninsula area since this partnership was developed. Some developments have been directly the responsibility of Peninsula Healthy Living, others have been

developed in collaboration; and yet others have been developed by other partnerships, but link collaboratively and are supported by our scheme.

Support is provided to Peninsula Healthy Living by personnel employed by the Ulster Community & Hospitals Trust. A Project Director provides strategic direction for the overall scheme. The practical running of the project is the responsibility of a Project Co-ordinator who is based full time in Kircubbin. In addition, a Finance Director provides financial expertise in the areas of systems, monitoring and evaluation of the project costings. A Worktrack Placement Scheme, in collaboration with the North Down and Ards College, has been initiated to provide training opportunities and support. There have already been eight Worktrack placements in the Kircubbin Centre. Most of these people have moved on to permanent employment.

A Community Development Worker (part-time - funded through the Rural Community Network and Department of Agriculture and Rural Development) is based in Kircubbin. This post is aimed at developing community infrastructure and capacity skills in the local area.

There is also a Multi-agency Forum, which has been established to develop networking opportunities between professionals working within the project area. This is a vital part of multi-agency/community development for the area.

Peninsula Community Transport Ltd. (PACT) was the first service set up under the umbrella of Peninsula Healthy Living. PACT is a rural community transport service, based in Kircubbin and developed in 1998 under the auspices of the Rural Transport Fund of the Department of Regional Development after the local community identified transport as its prime health need. This service currently consists of three mini-buses and seven members of staff. Buses are driven by PACT's own drivers providing specific services for groups or individuals or can be hired by the Mini-bus Driver Awareness Scheme (MiDAS) trained drivers for group use (training to MiDAS standard is provided by PACT for a small fee). A social car hire scheme and a brokerage scheme have also been introduced. PACT provides opportunities for Worktrack placements also, leading on to employment.

Peninsula Healthy Living has developed an Out of School Hours Childcare Service through funding initially secured from New Opportunities Fund to create two new childcare projects within the area of benefit. This project has created 90 new places, including an after-school club and holiday care places and has also created 11 jobs locally. In addition, it will give parents the opportunity to get back into training or employment, taking advantage of the Family Tax Credit Allowance available for registered childcare.

Enhanced Health Promotion services have been provided for smoking cessation, healthy eating, physical activity and breastfeeding support. Women in Sport and Physical Activity (WISPA), the UCHT's Fall Prevention Scheme (funded by the Department of Trade and Industry) and the Child Safety Aid Scheme (funded by the Ards Local Health and Social Care Group) have all been active in the Peninsula. A Sexual Health Pilot Scheme was funded by money from the Draft Teenage Pregnancy and Parenthood Strategy.

In recognition of the fact that there was a marked lack of facilities for children in the area, a Sure Start project has been funded. This scheme was developed as an integrated one – between the local Health and Social Services Trust, the Institute of Further and Higher Education, PACT, Lifestart, Homestart, Bookstart, National Society for the Prevention of Cruelty to Children (NSPCC), Women's Aid and local primary care staff and local schools – and provides co-ordinated health visiting, family support, parenting skills training, speech and language development and educational development to the 0-4 year olds.

Finally, a Rural Women's Programme has been developed for the area. East Down Rural Community Network, Community Change and the Women's Resource and Development Agency (WRDA) have in collaboration organised a Community Facilitators Course for 11 local women who are currently undertaking training in health issues.

Current projects being developed

A large sum of money was granted in 2002 through the New Opportunities Fund Healthy Living Centre Fund. This money will be used over five years to fund schemes, which were identified as needs by the local community.

A Physical Activity Development Officer will promote physical activity in all age groups, linking through Community Groups, Schools, Health and Social Services, Youth Clubs and Colleges of Further and Higher Education, amongst others. A range of different types of physical activity will be available, from walking to tai-chi.

A Youth Worker will be employed (in collaboration with the South Eastern Education and Library Board) to target unemployed young people and those aged 14 – 25 for whom there is poor provision in the area. The work will involve particularly outreach/detached work and will be supported by other workers and agencies in the area.

A Women's Aid outreach worker, who is already in the area, will be funded for a further two years to continue the service in the area, which includes training in local schools.

Additionally, a Community Health and Development Worker will be employed on a part time basis to develop community and individual participation in health related areas. The definition of health for this project is a very wide one, tackling issues such as transport, housing, safety, employment, participation and empowerment as well as health and social services, community cohesion, social isolation et cetera, as all of these issues have major impacts on health and well-being. This worker will use a community health audit as a means of involving local people, particularly those with the greatest health and social needs in the community. This audit will inform future community development projects, particularly empowering local people to further identify health needs (in the widest sense) and to influence services/facilities provision needed in the Ards Peninsula. The worker's role will include signposting and assisting existing and new groups back into the range of integrated programmes, including education and training provided under the scheme.

Access has been funded for new voluntary services for the area, which previously has had no access or very poor provision. This includes services such as Northern Ireland Mothers and Baby Action (NIMBA), Parent's Advice Centre (PAC), RELATE and Ulster Cancer Foundation (UCF). Training and development opportunities will also be made available for the general community to enhance skills and increase community empowerment.

Partners involved

Peninsula Health is a stand alone organisation, set up as a Company Limited by Guarantee and recognised as a charity for tax purposes by the Inland Revenue.

The Peninsula Healthy Living Partnership developed out of a vision of 'health' in the widest sense, held by a local GP, Dr. Bob Mageean and the Director of Nursing at the Ulster Community & Hospitals Trust, Professor Sydney Salmon.

Peninsula Healthy Living originally consisted of a consortium of members representing the wide interests of the community and involved agencies, statutory and voluntary originally. From the consortium a Management Committee was formed which had overall responsibility for policy, planning and financial management. The Management Committee had 26 members representing 20 separate organisations working in the area of interest. These included:

- Ulster Community & Hospitals Trust
- Kircubbin and District Community Association
- Ards Borough Council
- Sure Start
- East Down Institute of Further and Higher Education
- General Practice
- East Down Rural Community Network
- Kircubbin and District Nursery Committee
- Lifestart
- Kircubbin Youth Club
- Members of the Northern Ireland Assembly
- Portaferry Community Association
- North Down Institute of Further and Higher Education
- Portavogie Youth Club
- Peninsula Community Transport
- Portaferry Community Association
- Portaferry Youth Club
- Homestart
- Greyabbey Development Committee
- Peninsula Drama Society
- Portavogie District Council with Ards Borough Council
- Portavogie Health Promotion Group
- Ards District Partnership Board

The Management Committee decided that when the Board of Directors was formed for the Limited Company, there should be only twelve directors. However, mechanisms and management structures – in particular subgroups – have been developed to ensure continued involvement of all the local community, statutory and voluntary agencies.

Source of Funding

As this is an outreach scheme, capital funding is normally not required. Most of the overheads in terms of building maintenance - heat, light, electricity and running costs, are met by existing statutory agencies including the Ulster Community & Hospitals Trust, Ards District Council and local GP practices. The Education and Library Board, Cloughey Orange Hall and local community associations provide use of premises. Voluntary organisations such as Women's Aid, RELATE, PAC and UCF meet their own overheads and funding is provided solely for outreach services.

The Ulster Community & Hospitals Trust provides salary costs for the full-time Project Co-ordinator and provides input from a number of staff, as does Ards District Council and East Down Institute of Further and Higher Education.

Much in-kind support, in terms of human resources, employment issues, legislation, marketing, management expertise, payroll etc. is provided by the statutory agencies.

Specific project funding:

- Direct cash funding for the Transport Scheme is provided by the Department of Rural Development's Rural Transport Scheme.
- Direct cash funding for the Out of Schools club has been provided by the New Opportunities Fund, the Childhood Fund, and the Department of Education (under the Social Inclusion/Community Regeneration Executive Programme Fund).
- Fund raising is undertaken by parents' groups for example for the Out of Schools clubs.
- Direct cash grants have been obtained from the Ards Partnership.
- Income is generated by charging for certain services e.g. Out of Schools and transport.
- Peninsula Healthy Living received money from the New Opportunities Fund Healthy Living Centres Programme to develop specific services over a period of 5 years.
- As with all schemes, grant aid is continually being sought to ensure future sustainability of all projects.

Timescale
Start date: October 1998
Date of completion: Ongoing

Expected outcomes and impact
The following are some of the expected outcomes/impacts.

Health Promotion
Comprehensive programmes in place for primary and secondary prevention, as well as for enhancing well-being in the areas of:

- Smoking
- Nutrition
- Accident prevention
- Fuel poverty
- Illicit drugs and alcohol misuse
- Sexual health
- Mental well-being

These programmes are expected to lead to an overall reduction in risk factors and therefore improved health and well-being.

Training and development:

- Improved skills of local people
- Increase in community development
- Increased participation in education to improve skills; quality of life; allowing people to enter or return to the workforce; and improving opportunities to have an increased income
- Increased employment opportunities

Out of Schools Clubs
The aim of the Out of Schools Club is to create affordable, good quality provision locally, to enhance the opportunity for parents to return to work or education, and to create new jobs.

Peninsula Community Transport
This project will provide low cost, affordable, high quality accessible transport to individuals and groups with the Peninsula. This is particularly targeted at those who experience special problems with transport such as:

- Older people
- Women with young children

- Disabled people
- Those who are unemployed or on training schemes

This allows people to access key local services; to partake in leisure activities; to shop; and also reduce social isolation.

Access to voluntary services

People will be able to access voluntary services where they need advice or support. Such services include RELATE, Parents Advice Centre, NIMBA, Women's Aid and Ulster Cancer Foundation.

Physical Activity Development Officer

This post will promote, deliver and support the development of physical activity and recreational opportunities throughout the Ards Peninsula area.

Youth worker

This post will involve developing:

- Personal and social development
- Increase in self esteem
- Increase in mental well-being
- Acceptance and understanding of others
- Increased participation in the community
- Awareness and testing attitudes and activities related to alcohol/drug misuse/sexual activity/smoking et cetera, allowing young people to make informed decisions about health and well-being
- Improved health through physical activity and awareness of nutrition
- Improved education and training leading to employment

Community Health and Development Worker

It is anticipated this post will lead to:

- Enhanced inter-agency working
- Formation of a local Health Needs Steering Group
- Establishment of an information library/resources
- Published report of community's health needs
- Action taken on identified needs
- Improved communication between local statutory, voluntary and community groups
- Reported improvement in knowledge and access to health and social services and health promotion services

- Improved individual competence to promote health and prevent disease
- Improved local decision making on issues affecting individuals or their communities
- Changes in the local community's perception of what is available in their area

Links with inequalities in health

This is the first major innovative community project to explore addressing the wider health needs in a highly focused and structured approach. These services will be delivered on an outreach basis, using existing community and physical infrastructure. It should also be mentioned that the Healthy Living concept has been a catalyst for developing and refining a more sophisticated partnership arrangement that is unique to the Peninsula. The Peninsula Healthy Living Project aims to use GPs and more traditional health arrangements as a springboard to other services which support physical health, mental health, employability, young people's needs, financial and relationship management, parenting skills and support for those who are victims of bereavement and domestic violence. It aims to provide an integrated approach to meeting the needs of all age groups in the rural area. This co-ordinated approach has already shown success, which would not otherwise have been possible.

Peninsula Health feels that this project has considered the main factors which determine poor health in this area, not just lifestyle factors, but access to statutory/voluntary services, lack of leisure facilities, poor transport, lack of employment and training opportunities and lack of community development. Many people in this area suffer from rural deprivation, a factor that is not often considered in traditional deprivation measures. This enterprise aims to build on existing resources, to provide outreach services to the whole community and to improve health and well-being, particularly to the most isolated and deprived/disadvantaged in the area. The main objectives are to integrate new and existing services in a seamless manner to an area, which previously had received little in terms of provision.

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Title: Tackling Health Inequalities in Northern Ireland

Organisation: UNISON

Background

UNISON is the leading trade union in Northern Ireland and the largest trade union in the UK with over 1.3 million members.

In Northern Ireland health inequalities on all the major determinants, are significant and getting worse. It is within this context that UNISON published the report *'Tackling Health Inequalities in Northern Ireland'.*

Description

The UNISON report *'Tackling Health Inequalities in Northern Ireland'* was published as part of UNISON's response to the cross-Departmental Public Health Strategy, *Investing for Health.*

The primary purpose of the report is:

- To lobby and raise public and political awareness about increasing health inequalities within Northern Ireland and the various strategies being suggested to raise health outcomes
- To ensure that those who use Health and Social Services are engaged in a democratic and meaningful process of change
- To highlight the causes and impact of health inequalities, particularly on individuals and groups who already suffer the greatest disadvantage in our society and who consequently have the lowest expectations for good health and good quality of life

UNISON ensured that the publication *'Tackling Health Inequalities in Northern Ireland'* was informed by the concerns of members down the years. Members are both recipients of health care, as well as workers in public services which have an impact directly on health outcomes.

Within the research on health inequalities, UNISON examined the implications of research and qualitative evidence from members in each of the nine categories covered by equality legislation (section 75 of the NI Act 1998), as well as a range of general categories.

Partners involved

'Tackling Health Inequalities in Northern Ireland' was published in partnership with UNISON members working in health, education, other public services and the community and voluntary sector. The report also analyses quantitative and qualitative research on health inequalities produced by academics, Non Government Organisations, public bodies and local communities.

Source of Funding

The report was funded solely by UNISON Northern Ireland.

Expected outcomes and impact

The UNISON report makes a series of general recommendations aimed at tackling health inequalities in a number of key areas:

- Develop cross-departmental equality targets and outcomes focused on reshaping health, social and other public services in the context of tackling health inequalities
- Implement a cross-departmental anti-poverty strategy which recognises the inherent link between poverty; social exclusion; discrimination; social and economic inequality and poor health status
- Recognise that tackling health inequalities among disadvantaged groups requires the full and active promotion of equality of opportunity in the context of section 75 of the NI Act 1998
- Examine all health and Northern Ireland Executive initiatives such as Developing Better Services, *Investing for Health,* as well as the ongoing reviews of Community Care and Public Administration, in the context of tackling health inequalities and the production of real equality outcomes
- Action to ensure that those groups who currently suffer the greatest disadvantage in our society and who consequently have the lowest expectations for good health and good quality of life, are placed at the centre of new strategies not only in health but in community care, education, housing and economic policy. It is this group who suffer most from the impacts of poverty, social exclusion, disadvantage and social and economic inequalities. The report is clear that such groups must be placed at the centre of new strategies not only in health but in community care, education, housing and economic policy.

It is clear that decision makers and citizens must act together to create a better society. This requires new mindsets, and reflects the fundamental commitments in the Programme for Government to joined-up Government and cross-sectoral working.

Links with inequalities in health

The report found significant evidence of widening health inequalities in Northern Ireland for those already most disadvantaged due to poverty, unemployment, poor housing, unhealthy working conditions and poor environment. In particular, UNISON found it was the size of the gap between the rich and poor that makes the difference rather than absolute levels of wealth or poverty. The greater the gap, the greater the inequality in health. Significant health inequalities were also seen to be linked to unequal treatment or discrimination in the provision of services according to an individual or group characteristic such as gender; age; disability; racial group; sexual orientation; religious belief; political opinion; marital status or whether or not a person has dependants.

A number of recommendations are made throughout the report, which if implemented, have the potential to tackle health inequalities and promote better health outcomes throughout society. Key recommendations in the UNISON report include and require action and policies in a number of areas:

Income inequality and unemployment

- Reducing income differentials and ameliorating the health consequences of unemployment
- Maintaining high levels of employment; uprating the Minimum Wage to a level which reduces income inequalities and applying the statutory duty of equality of opportunity and the TSN (Targeting Social Need) priority in the allocation and implementation of public expenditure

Education

- Tackling underachievement by raising school standards - particularly in deprived areas
- Attacking underachievement in schools by ending 'selection'
- The further development and resourcing of high quality pre-school education, beginning with TSN areas

- The further development of "health promoting schools" and measures to improve the nutrition provided at school, including the preservation of free school meals entitlement

Inequality at work

- Urgent action to eliminate discrimination and to address the whole range of inequalities still visible in employment practice
- Improving health by ensuring employers uphold their legal duty to safeguard health, safety and welfare at work
- Measures to abolish restrictive anti-trade union laws

Housing, environment and transport

- Increasing the provision and quality of new housing to the homeless and disadvantaged communities
- Tackling inequalities between rich and poor - the root causes of crime in many disadvantaged areas
- Ensuring the provision of an integrated and affordable public transport system with concessionary fares to pensioners and disadvantaged groups

Children

- Increasing benefit rates for families to meet the costs of basic necessities
- The protection of nutritional, affordable and free school meals
- Support for children directly affected by all forms of violence in Northern Ireland
- Research into illegal child employment
- Adequate childcare provision

Older people

- A Northern Ireland strategy to support the independence and inclusion of older people
- The development of accessible health and social care according to need
- The implementation of free personal care
- The restoration of the link between increase in earnings and annual rises in pensions and benefits
- A concerted effort to improve housing

Young people and working adults

- Action to prevent suicide amongst young people and the mentally ill
- Promoting sex & sexual health education, general health and reducing under-age conception rates
- Promoting the benefits of regular exercise and highlighting the detrimental health effects of smoking, drug and alcohol abuse

Women and men

- Reducing the disproportionate instance of poor mental ill health in women, particularly those from disadvantaged circumstances who care for young children
- Tackling domestic violence and raising awareness
- Targeting health promotion and reducing the excess mortality from accidents and suicide in young men

Disability

- Greater availability of advocacy and support to ensure proper information, service and treatment from both the health and social services
- National minimum standards to ensure equality and that assessed individual need remains the basis of service delivery
- That the Department of Health Social Services and Public Safety should provide a lead in challenging discriminatory attitudes towards disabled people in health and social services

Sexual orientation

- Policies to prevent (i) homophobic bullying at school and at work, (ii) discrimination in public life and in the workplace, (iii) discrimination as parents and to (iv) reduce self harm and suicide amongst lesbian and gay people

Ethnicity

- Formal lines of communication and consultation must be established between policy makers to ensure appropriate addressing of identified needs
- Policy towards services for all major ethnic minority communities in NI must be incorporated into strategic planning of DHSSPS and Northern Ireland Social Services Boards

Religion/ political opinion

- As part of an integrated approach to health inequality Government should publicly adopt realistic targets for the reduction of long-term unemployment and unemployment differentials. These should apply also to employers who are awarded public contracts and to the employment service

Lifestyle issues

- Policies and health promotion campaigns to reduce smoking; tackle drug and alcohol misuse, poor oral health and lack of exercise; and to prevent teenage pregnancies
- Tackling the poorer diet of low-income groups through targeted nutritional education

Equality of Access to services

- That the Department of Health and all public bodies fulfil their statutory obligations under the NI Act 1998 to ensure equality of access to health and social services in Northern Ireland

These are only some of the recommendations contained in the report.

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2. Education

WHO, Health 21 Target 3: Healthy Start in Life

"By the year 2020, all newborn babies, infants and pre-school children should have better health, ensuring a healthy start in life"

WHO, Health 21 Target 4: Health of Young People

"By the year 2020, young people should be healthier and better able to fulfill their roles in society"

Title: Communities in Schools Project

Organisation: Belfast Education and Library Board

Background

The Belfast Education and Library Board was established in 1973. Under the terms of the Education and Libraries (Northern Ireland) Order 1972 it assumed responsibility for education, youth and library services, a responsibility formerly exercised by the Belfast City Corporation. A range of subsequent orders has extended this responsibility to include areas such as curriculum support for schools, the market testing of services and the education of children with special educational needs.

The board is committed to providing a quality education, library and youth service that contributes to life-long learning for all the people of Belfast. In order to realise this mission, five strategic themes have been identified:

- Improving standards
- Developing people
- Meeting needs
- Strengthening partnerships
- Optimising resources

These themes are central to all the board's activities and underpin the Corporate Plan.

Needs identified

There are substantial problems of youth drop out from education and training in North and West Belfast. Attendance for post-primary schools is 87%, compared to the Northern Ireland average of 91%. During 1997/98 there was a total of 1071 suspensions from schools within the Belfast Education and Library Board area. Of these 67% occurred in the area covered by the North and West Belfast Health and Social Services Trust. Additionally, 10.3% of pupils in this area receive no GCSE grades as compared to the NI average of 5%.

To address these difficulties the board looked at several models of intervention and selected the Communities in Schools programme as the most innovative and pioneering way of improving the health and well-being of the young people attending the pilot schools.

Description

The Communities in Schools (CIS) model, which has been transferred to Northern Ireland, originated in the USA in 1977 and its primary aim is to maximise the impact of existing resources on young people. Managed by the Board, the CIS project is one of the priority schemes of the North and Belfast Health Action Zone. The pilot programme targeting over 3,000 pupils is being implemented in six post primary schools in North and West Belfast. They are:

- Belfast Model School for Girls
- Castle High School
- Corpus Christi College
- Mount Gilbert Community College
- St Gemma's High School
- St Gabriel's College

The initiative aims to enable pupils to maximise their potential by empowering them to make the best choices for their future. It does this by co-ordinating the work of a range of voluntary, community, statutory and business organisations in the school to support teachers, pupils and their families. CIS has developed creative and innovative programmes within and across the six schools.

The partnership with North and West Belfast Health and Social Services Trust has resulted in their nursing, dental and peer education programmes becoming an integral part of the school environment. This partnership has provided drop-in advice clinics, health profiling and where appropriate, direct input into the school curriculum. The breakfast clubs, developed in partnership with the dental service and serving over 3,500 breakfasts each month, have been particularly successful. This partnership working has been the cornerstone of the CIS programme's success.

Partners involved

- Belfast Education and Library Board (BELB) – Educational Psychology, Educational Welfare and Youth Services

- North and West Belfast Health and Social Services Trust (NWBHSST)
- Health Action Zone (HAZ)
- Catholic Council for Maintained Schools (CCMS)
- Department of Education Northern Ireland (DENI)
- Department for Employment and Learning (DEL) – Careers Service
- Belfast Regeneration Office (BRO)
- School Health Service
- Business in the Community (BITC)
- Northern Ireland Business Education Partnership (NIBEP)
- Greater Shankill Partnership

Source of funding

Two of the key partners are BRO and BELB. BRO provided the funding for the Project between September 1999 and August 2003 to supplement the funding provided by BELB and the Department of Education.

Expected outcomes and impact

A Project Manager is responsible through the Executive Management Group for ensuring project development. Each school has appointed a CIS co-ordinator, a teacher released from their teaching timetable to co-ordinate resources in their school and to make links with the taught curriculum.

CIS offers a multi-disciplinary partnership approach to tackling persistent problems in schools. Through the HAZ partnership it aims to build on programmes already in place and to co-ordinate action to address outstanding areas of need. This means that the CIS schools now have greater access to relevant services such as nursing, dental services and social services.

The increased co-ordination with nursing and dental services has given the staff the opportunity to develop professional relationships with their multi-disciplinary colleagues at the school and has provided the schools with an increased range of services. This has resulted in 80 year 8 pupils in two schools having had health profiles completed through the direct input from the school nurse into the curriculum. The schools have also benefited from access to drop-in advisory clinics provided by the school nurse.

Evaluation has shown that pupils are now more likely to seek support when they need it and are better able to take some responsibility for their own health needs.
Nursing and dental services have also offered a range of support to over 1,000 pupils in the various year groups across the six schools.
The multi-disciplinary approach means school staff no longer feel they are working in isolation to cope with the complex needs of pupils, rather they have developed relationships with professional staff.

The number of children on the Child Protection Register is significantly higher in North and West Belfast than in other parts of the Eastern Health and Social Services Board area. This means that more school time than normal is spent dealing with child protection issues. To help address this NWBHSST, in partnership with CIS, has provided a link social worker for each school, ensuring a more coordinated and rapid response to child protection issues.

Two of the most successful programmes within the project are listed below:
Mentoring - CIS has developed and instigated a range of mentoring schemes across the schools. The positive benefits of mentoring are well documented. It is also well documented that unexcused absences and detention are two factors that significantly increase the likelihood of a pupil dropping out of school. Since mentoring is shown to decrease unexcused absences and detention, it is reasonable to assume that mentored pupils will be less likely to drop out of school. Some mentors come from industry and commerce. However, there is a well-established positive peer-mentoring scheme established in two of the schools.

Breakfast Clubs - CIS, in partnership with NWBHSST dental service, now provides a healthy breakfast to over 3,000 pupils across the six schools each month. The pupils have been involved in the planning and development of the clubs. A breakfast club is a mixture of a healthy breakfast, a social gathering and an opportunity for pupils to attend school on time.

Conclusion

Partnership working is the key to the success of the CIS project. The process of developing relationships and establishing common ground with other key partners means that people have had to change their way of working, to ensure that programmes of work complement each other to the benefit of the pupils.

This pioneering process led to the development of multi-professional teams that met regularly in schools once the groundwork was completed. The partnership was extended at local school level to include other statutory and voluntary agencies and community groups. It is our experience that the key to successful partnerships is learning new ways of working, building relationships, building trust and keeping people on board. The challenge is trying to match the different management styles and ethos of the organisations participating in the project. Given the complexity of the different organisations involved, the task of finding common ground on which everyone can work together should not be underestimated. In addition, partners have faced real difficulties in providing support from already overstretched services to the six schools.

CIS is a complex programme of activities and clearly it has presented challenges for each of the schools and also for each of the agencies. However, in spite of the difficulties, we have succeeded in putting structures in place that we can extend and continue to build on. All involved remain convinced that partnership is the best way to tackle and address these complex issues.

Links with inequalities in health

The layers of deprivation present many barriers to young people who consistently fail to reach their full potential. Poverty, poor health, teenage pregnancy and the misuse of alcohol and drugs, are particularly detrimental to educational gain. Equally, educational opportunities can have a significant impact on health. The Communities in Schools programme aims to address these difficulties by improving the health and well-being of the young people attending the pilot schools. The initiative also aims to enable pupils to maximise their potential by empowering them to make the best choices for their future.

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Title: East For Health Young Women's Project

Organisation: Carew II Family Centre

Background

East for Health is an organisation which was formed as a direct result of the *Health Perceptions Project* (1998) – research which was initiated by the Eastern Health and Social Services Board (EHSSB). This research was implemented within two specific geographical areas (North and East Belfast) and was carried out by local people using participatory methodology under the direction of seconded staff from each of the Health and Social Service Trust areas. The research indicated a range of opportunities for improvements for each area, with the aim of having user/local people led strategies to address these.

One specific opportunity for improvement for the East Belfast group was the need to work with young women in terms of health information; and increase capacity leading to future job opportunities, self-esteem, opportunities for learning and support. The two East Belfast groups agreed to work together to form the Committee called 'East for Health' and submitted an action plan bid to fund work with this group of people. The geographical areas for the work were Short Strand and Newtownards Road.

Information relating to the Newtownards Road area

Carew II is located in the Island ward of Inner East Belfast near the boundary between the Ballymacarrett and Island wards. These two wards which form the centre's immediate catchment area experience multiple disadvantage and are ranked in the top 7% of areas of disadvantage in Northern Ireland in terms of their Multiple Deprivation Measure Scores (MDMS), using the Noble Indicators. Of 566 wards in Northern Ireland the Ballymacarrett and Island wards are ranked 5 and 37 respectively in terms of their MDMSs.

In addition to the evidence provided by the Noble Indicators, a number of sources of local and more macro level research indicate that there are particular difficulties in the Inner East Belfast area in terms of high unemployment, low income, poor educational achievement, poor health and poor housing conditions.

Description

This project was targeted primarily at young women aged 11 – 25. Two groups were set up who helped shape the project: the Newtownards Road Group was made up of 11-18 year olds and the Short Strand Group was made up of 14 – 21 year olds. The programmes were then developed based on the identified need in each area, with a part-time worker employed in each. The Short Strand programme consisted of identification of existing groups and implementing additional programmes. A range of training/learning opportunities were organised alongside a range of physical development activities. The Newtownards Road programme concentrated on personal development – gearing a weekly session towards increasing personal capacity and interspersing these with social activities which were either physical or led to group cohesion. All of the weekly sessions were based on discussions with the young women, trying to identify gaps in the information they had or any areas of misinformation. These discussions set the basis not only for the work, but also for the relationship between the young women and the worker. Initially the worker planned and facilitated the programme and then organised external facilitation throughout sessions. This enabled her to further develop the relationship and to support the young women as they learned.

Examples of programmes include:

- Personal development – physical and sexual development/ assertiveness
- Personal knowledge – visits to places of interest which included a rape suite, 'Reach for the Moon' conference, Brook Advisory Clinic
- Healthy Eating – development programme in conjunction with Inner East Belfast Sure Start where a Health Development Worker came in and oversaw a cookery programme
- Community Relations residential with both groups attending and taking part in physical activity sessions together
- Cultural awareness – a project working with a group from Herefordshire in England and identifying each groups cultural heritage
- Introduction to First Aid
- Fund raising activities including a sponsored 'sleep over' where they did not sleep and sponsored dancing to raise money for a special outing/activity

The young women were encouraged to actively take part in the development of the project and were given enough responsibility to feel ownership of the project. In both groups this resulted in confident, verbal, informed and assertive young women.

An accredited course has also been developed benefiting the participants and the local community. This includes a Babysitting/Parenting Course, facilitated by Youth Action who will train young people with skills identified as being needed within the community and therefore may provide a service to families who need additional respite or support.

This project is in its final stages after more than 3 years of progress and a final evaluation has been planned.

Partners

The partners involved in the project were:

- South & East Belfast Health and Social Services Trust
- Newtownards Road Women's Group Limited
- Short Strand Community Forum

Source of funding

The majority of the funding came from an Action Plan Bid from East for Health supported by South & East Belfast Health and Social Services Trust Unit of Management. The project was additionally supported by EHSSB in recognition that it linked with the above mentioned research and had potential to have a direct impact.

Timescale

This project started in December 1999 and finished in March 2003.

Expected outcomes and impact

- To provide evidence that young women's views, as expressed in the *Health Perceptions Project* (1998) and the *Shadow of Goliath* (1994) have been listened to and action has resulted
- Young people involved in the project will directly benefit from personal development, improved communication skills and enhanced self-image
- Families will benefit through the needs of young women being addressed

- Families and the wider community will benefit from the more positive role models of young women in their neighbourhoods

The initial outcomes set for the project were very broad and not specific in order to ensure that once funding had been secured, further project development and planning would involve and be influenced by the participants of the project.
Key outputs were identified as follows:
Year 1

- Worker in post with agreed project structure
- Recruitment of young women – minimum of 10 young women recruited and involved in on-going work
- Programme delivery – 1 session per week in each area to each age group and subsequent programmes as identified by groups (programme accreditation as appropriate)
- Support structures in place – suitable childcare facilities etc
- Evaluation to begin at the start of the programme to help set objectives for years 2 and 3

Links with inequalities in health
The reasons why the project has been particularly successful at tackling inequalities in health are:

- 'Health' was approached in very broad terms from working on 'what makes you feel good' to medical information
- Participants had direct input into the programme of activities supporting them to take a level of responsibility for their 'health development'
- Participants were viewed as individuals within the project working to meet diverse needs
- The project was based on 'identified' need using participatory methodology

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Title: Community Development Approaches to Health Issues in Northern Ireland

Organisation: Community Development & Health Network

Background

The Community Development & Health Network (CDHN) is a member-led group of over four hundred community/voluntary and statutory organisations. CDHN is committed to promoting and enabling action on health, using the process of community development as a tool, to support people developing healthier communities. The Network understands health in its broadest context and works towards addressing all factors impacting on health, including poverty, inequality and exclusion.

Description

To support a community development approach to health, CDHN has developed an accredited training programme aimed at community activists and individuals, working in their community, to help tackle social inequalities in health and well-being.

Partners involved

CDHN works to affect change in health provision and participation, through three key aims; Network, Change, and Practice. A key component of such work necessitates the development of partnerships that will enable communities to tackle inequalities in health. In 1999, CDHN members requested the need for a health issues training programme that would provide community groups with the practice, skills and knowledge required to work more effectively at addressing inequalities in health. The 'Community Development Approaches to Health Issues in Northern Ireland' training programme was then developed, through a partnership with network members, community educationalists and statutory representatives as well as CDHN core staff, to meet the expressed needs of groups for training that offered an introduction to community development and health.

CDHN identified a community health education-training programme from Scotland, 'Health Issues in the Community', written by Jane Jones, to shape the training manual the communities required. In 1999 CDHN was given permission by the Health Education Board Scotland (HEBS) to adapt these materials for use in Northern Ireland. With funding from the Community Fund and the Community Foundation for Northern Ireland, CDHN engaged the Forum for Community Work Education as a course writer and established an editorial group of CDHN members, Health and Social Services (H&SS) personnel and community educationalists to develop the 'Health Issues' training programme.

In order to ensure that this training reached its target audience fifty community facilitators from the partner organisations were selected to participate in a two-day residential so that they could familiarise themselves with the adapted training manual, under the tutelage of the course writer. Due to a limitation on funding however, CDHN could not provide a co-ordinated programme of training to community groups and had to depend on the individual initiative of the facilitator to publicise the training, identify funding to run the programme and recruit groups to participate in it.

Source of funding

As a means of addressing this lack of funding, CDHN developed a training partnership with the four Health & Social Services Boards (HSSB), to secure funding that would employ a project manager, who could develop a regional strategy to promote 'Health Issues' training to community groups, initiate one pilot programme in each HSSB area and develop sustainable sources of funding by 'franchising' the 'Health Issues' programme to Further Education (FE) Colleges. With funding secured for two years, the project manager established four pilot projects and set about developing franchising agreements with FE Colleges.

It was envisaged that by tapping into existing government strategies on 'Life Long Learning' and widening participation in education, the provision of 'Health Issues' training would become sustainable as the FE Colleges would sub-contract local community training organisations to recruit participants and deliver the training in local community settings. Revenue raised through Student Powered Units of Resource (SPURS) would fund this franchising arrangement and in addition provide progression routes for participants into further areas of study in established FE courses.

As this was an innovative approach to the provision of community health studies, difficulties with the concept of 'franchising' within the FE sector have resulted in a slow uptake in this part of the project. Instead, FE colleges are more conducive to the concept of 'learning partnerships'. This way they can contract a specific number of 'tutor hours' to a community group who can then engage a tutor to deliver the 'Health Issues' programme. Further difficulties with the 'franchising' approach emerged in 2002 when the Department of Employment and Learning (DEL) prohibited all FE colleges from using SPURS funding for courses that were not explicitly developed and delivered by the college itself.

Initially funding was secure from June 2001 to June 2003 and subsequent funding has been secured by the Eastern Health and Social Services Board (EHSSB) to continue the project.

Expected outcomes and impact

The overall learning objectives of the 'Health Issues' programme are to enable participants to explore and review their own experiences and knowledge in relation to the broader social and political processes that are involved in the promotion of health. Participants will also develop their skills of critical reflection and inquiry on the key determinants of health and ill health. They will also be able to introduce some of the key ideas in community development and health, such as equity, social justice, democracy and a social model of health, thereby stimulating discussion about particular issues or aspects of community health activities.

The 'Health Issues' programme has been specifically designed for individuals and community groups who have become involved with health projects, user organisations or partnerships, with statutory agencies. Community groups consulted, expressed the need for the programme to incorporate political and sociological perspectives on health issues in the community and provide an introduction to some basic community development and social action ideas that helped participants develop confidence in their study skills. They also suggested that it be flexible, so that materials could be used by those not wishing to undertake the whole programme, yet offered progression routes for those wishing to gain further qualifications.

The impact of such training will result in participants, who experience the 'Health Issues' programme, enhancing their knowledge and skills in developing local health partnerships with Healthy Living Centres, Health Action Zones, Local Strategy Partnerships, Education and Library Boards, Health and Social Services Boards/Trusts and Local Health & Social Care Groups (LHSCG), as well as the wider community and voluntary sector to tackle inequalities in health. Developing a partnership approach to the provision of this training will enable a maximisation of existing resources; from Health and Social Services, FE Colleges, Local Strategy Partnerships and LHSCG to Intermediate Funding Bodies to provide a sustainable programme of community education that will enable communities and individuals to enhance their knowledge and skills in developing strategies to effectively tackle inequalities in health.

Through the active promotion of a social model of health, the 'Health Issues' programme also encourages community groups and individuals to identify statutory agencies who can assist them in developing projects that will effectively tackle inequalities in health. This approach will further widen individuals, communities and statutory agencies understanding of the wider determinants of health. It will also reinforce the dynamic of community development to generate a process of collective action, through multi-agency partnerships that can effectively tackle inequalities in health.

The project will also provide skilled community facilitators in health issues within the community. To date, 72 people have received training to deliver the 'Health Issues' programme. Almost one hundred community activists have completed the programme in a number of communities across Northern Ireland. To meet the growing demand for such training, CDHN, in partnership with the Women's Resource Development Agency (WRDA), have provided a 'training for trainers' course in Portaferry. This course was finished in March 2003. Community facilitators from this course will be available to provide 'Health Issues' training and develop learning partnerships throughout the EHSSB area.

Links with inequalities in health

The 'Health Issues' training programme has the potential to be successful on a variety of levels. Primarily, it provides community groups and individuals with the knowledge and skills to understand

what health means to them. It also provides a basic understanding of a social model of health, thereby enabling communities to identify a number of statutory agencies that can assist them in developing inter-agency partnerships to tackle inequalities in health, as well as the wider determinants of health. A community development approach to health also encourages community participation at all levels of strategic planning, ensuring active citizenship and equity in the decision-making and provision of community health projects that can contribute to tackling inequalities in health.

The project also demonstrates the commitment of the four HSSBs to tackling inequalities in health through a community development approach to health. By providing local communities with a 'Health Issues' training programme the HSSBs are initiating and enabling a process of community empowerment in health promoting activities. Such training will generate informed community activists who can participate in the development and delivery of a variety of health initiatives, create partnerships and provide leadership for other participative community health projects such as Healthy Living Centres, Health Action Zones, *Investing for Health* programmes or Local Health & Social Care Groups. This participative approach will ensure that the HSSB are proactively tackling inequalities in health and establishing active citizenship in health service provision and delivery, from the locale to the regional, through community development approaches to health issues.

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Title: Out 2 Play Project

Organisation: Playboard

Background

Out 2 Play is a project developed by PlayBoard in response to the need to safeguard, encourage, and initiate physical play opportunities, specifically for the 7-12 year old age group.

The outdoor environment is becoming more and more hostile for children. Heavy traffic levels and increased urbanisation mean that, in many cases, the outdoor environment is no longer safe for the children who live there. In addition, publicity surrounding the recent disappearance and abduction of children has served to fuel parents' concerns about the whereabouts of their children outside the home. Combined, these factors lead to children spending more and more time indoors, in restricted spaces, in front of the television and computers. This inactivity is one of the contributing factors to childhood obesity and heart disease.

Play has a direct impact on the health of children. Research has shown that active children become active adults, therefore it follows that investment in play at this stage will ensure that the act of participating in regular physical exercise becomes a habitual lifetime practice, thus helping to address the problems of today's children presenting tomorrow with heart disease, obesity, and diabetes. Recent research in England is now suggesting that the next generation may outlive their children if this inactive and indoor cultural trend remains unchecked. Physical play has a direct impact on fitness, co-ordination, strengthening bones, aiding emotional health, increasing the capacity of the cardiovascular system and developing both fine and gross motor skills. Research into children's mental health has also shown a link between restrictions on children's access to challenging unsupervised play and rising levels of stress and mental health problems.

Description

During a two-year period, 200 playworkers across Northern Ireland are able to access a free eight-week training programme that promotes peer education through the use of an idea and training pack. The training addresses issues and skills such as:

- Co-operative games
- Traditional games
- Play in the forest and on the beach
- Parachute games
- Circus play
- Planning for physical play
- Assessing children's needs
- The role of the playworker

The training empowers community based play projects to assess the physical play needs of their children and enable them to develop a plan to meet those needs. Out 2 Play targets playworkers from settings that work with disadvantaged children including children from rural areas, children from an ethnic minority background and disabled children.

PlayBoard works for the child's right to play by:

- Promoting facilities for play, recreation and other leisure time opportunities for children
- Carrying out, encouraging, commissioning and publishing research into children's play and recreation
- Providing training, education, advice, information and promotional services for the children's play and recreation
- Providing a co-ordinating and development role for voluntary organisations concerned with children's play and recreation

PlayBoard is a cross-community voluntary organisation and registered charity that works throughout Northern Ireland. PlayBoard has a strong regional membership base, consisting mainly of community groups involved in play at local levels. This ensures both the agency's familiarity with opportunities at ground level and our ability to advocate for community needs. Since its inception, PlayBoard has campaigned, lobbied, raised awareness and developed partnerships in an attempt to put play on the agenda of policy makers and resource providers.

Play has been proven to bring communities together and investment in play can assist with the regeneration of often deprived and run-down areas, giving residents a sense of pride in their neighbourhoods.

Play has always had a unifying effect. The universal nature of and need for play has crossed the community divide, bringing people together in cross-community co-operation and strengthening communities at a grass-roots level.

Partners involved

The following organisations support PlayBoard in the development and delivery of Out 2 Play:

- The Community Foundation for Northern Ireland provides funding as well as support with monitoring & evaluation
- Community based Play projects / Play workers (representing urban, rural, Catholic, Protestant, mixed community, ethnic minority, and disabled children as well as playworkers with a variety of experience and qualifications) provide expertise through an Advisory Group
- Community artists assist in delivery of training. Relationships have been developed with the Play Resource Centre and Belfast Community Circus School to do this
- The Heritage and Environment Service support PlayBoard by making venues available at no cost and also through support from their Environmental Education Officers
- The Forest Service and the North Eastern Education and Library Board provide venues free of charge
- The Youth Sport Trust supports the project with advice and links to their Top Play programme

Source of funding

Out 2 Play is funded through the Community Foundation for Northern Ireland under the DHSSPS Investing for Healthier Communities Grant. PlayBoard has also attracted business sponsorship from Zurich's Kids 2 Care 4 fund, for the development and production of the training pack. Additional funding for the project has come from the Southern Childcare Partnership and the Sports Council Northern Ireland's Community Sport Fund.

Expected outcomes and impact

Outcomes are expected at two levels. Firstly the project will raise awareness among playworkers of children's needs for physical, outdoor and creative play. It will increase their ability to meet those needs as well as increase their confidence to facilitate physical, outdoor, creative play all year round and to integrate them all as part of free play.

Secondly, short-term PlayBoard will increase opportunities for the children in the playworkers care to play and engage in non-competitive physical activity and creativity, as well as experience the natural environment in all weathers. This will lead to increased self-esteem, enhanced social skills and holistic development. Long-term, it is hoped the children will maintain physical activity into adult life, have less illness and develop a culture of valuing and caring for our natural environment.

Links with inequalities in health

According to Dahlgren and Whitehead (1991) the main determinants of health are:

- Age, sex, hereditary factors
- Individual lifestyle factors
- Social and community influences
- Living and working conditions
- General socio-economic, cultural and environmental conditions

In terms of lifestyle factors it is clear that this project has the potential to be successful because it intervenes in children's lives early and introduces or enhances a lifestyle that can contribute positively to health and hopefully be maintained into adulthood. When a play project/after school club sees physical activity and outdoor play as intrinsic to its way of operating then the children's social and community influences have also been affected. To achieve this, the parents and community projects themselves have had to take some decisions to support this move. They have therefore also started to respond to some of the issues of health and well-being and some influencing on general cultural and environmental conditions has then also taken place.

Out 2 Play develops a new understanding among playworkers about children's physical play needs and in this way influence "the way we do things", i.e. it changes routines and norms, in play settings.

> *"The children wouldn't have been out if I'd thought it was too cold. Now I realise differently."*
> *Course evaluation*

The Playworkers are provided with a training programme that combines practical exercises with reflection and an opportunity to

develop their understanding of children's needs and how they can meet them. By using experiential learning the playworkers find it easier to "bring the learning home" both in terms of activities for the children, as well as becoming better advocates for the need for children to have physical and outdoor experiences on a regular basis. It is expected that this will lead to discussions with parents and other adults who in turn might reflect on their influence on the children's health.

> *"I had to deal with the barriers that limit physical play i.e. risk assessment, parents etc. and implement more awareness with staff and then including it in the daily/weekly programme"*
> *Course evaluation*

Out 2 Play is developing a video to use in discussions with the adults involved with the project. Ultimately it is possible that a whole community could start to safeguard children's physical and outdoor play opportunities.

Timescale
Out 2 Play started summer 2002 and will end early summer 2004. The autumn of 2002 was a development phase and spring 2004 will provide time for evaluation and summing up of lessons learnt.

The future – Fit for play
Out 2 Play is presently being developed into a bigger project called Fit for Play which will also incorporate diet and nutrition issues. PlayBoard has already applied to the four Health and Social Services Boards to become part of their umbrella bids to the New Opportunities Fund for Primary Prevention of Coronary Heart Disease, Stroke and Cancer. Many new partnerships have started to develop and it is hoped that the impact in terms of children's health and well being can benefit from all the new connections made.

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Title: Early Years Project

Organisation: Shankill Partnership Board

Background

The Greater Shankill Partnership was formally established in 1995 as a company limited by guarantee. The aim of the Partnership is to promote regeneration of the Greater Shankill area of inner city Belfast through an integrated strategy which impacts on all aspects of life within the area. As well as seeking to provide a strategic framework for action in the area, the Partnership delivers a number of projects and programmes which have an area wide impact. All activities of the organisation are aimed to take place within a partnership of community, voluntary, statutory and private sector interests and agencies.

Description

This project seeks to provide opportunities for children and their parents and families to develop in a holistic way. The project includes Shankill Sure Start as well as other programmes of activity which complement the Sure Start programme.

The project provides the following:

- Antenatal classes
- Breast feeding support service
- Baby massage
- Child health surveillance support service
- Focus on males in their parenting role
- Nursery school key worker liaison service
- Childminding network
- Speech and language therapy clinics
- Baby clinics
- Post-natal depression service
- Child nutrition service
- Dental support service
- Focus on vulnerable groups
- Play adviser service
- In-service training
- Group support service

- Immunisation/vaccination support service
- Smoking cessation support service
- Promotion of safety awareness with regard to young children
- Befriending service for parents through home visiting
- Information service to signpost parents to other agencies
- Dialogue group/network of local stakeholders in the early years field
- Child development educational programme

- Practice enhancement scheme for early years care providers
- Fatherhood project (proposed)

Partners involved

The partners involved include the following:

- Greater Shankill Partnership
- North & West Belfast Health and Social Services Trust
- Belfast Education and Library Board
- National Society for the Prevention of Cruelty to Children
- Northern Ireland Childminding Association
- MENCAP (Mental Handicap Association)
- Greater Shankill Community Forum
- Northern Ireland Pre-School Playgroup Association

Source of funding

There is a range of funders currently supporting the activities of the project; these include the Eastern Childcare Partnership/DHSSPS – Sure Start; Atlantic Philanthropies; and the Childhood Fund (Measure 2.5) – EUPPR (European Union Programme for Peace and Reconciliation).

Timescale

The Early Years Project currently has funding from Sure Start until 2006; this commenced in October 2001. Some of the associated projects are currently funded until March 2004 and alternative funds are being sought.

Expected outcomes and impact

The project meets its aims through care activities based on home visiting and focusing support services in locally based family and child centres where appropriate. By targeting the needs of individual families, the wide range of early years support services available address learning, health, social and emotional development by ensuring that families are empowered to develop positive relationships with their children.

The project aims to impact on the learning, the health and the social and emotional development of the child and its family. It is a universal service offered to all families with children aged 0 – 3 and is seen as non-stigmatising as participants elect to participate and their level and length of participation is tailored to meet their own particular needs.

Outcomes for health and well-being:
- Maximise positive relationships between parent and child
- Increase in attendance at clinics
- Increased access to and take-up of information
- Reduced incidence of low birth weight
- Reduction in smoking
- Increase early detection of health risks or developmental delay

Outcomes for the ability to learn:
- Improved performance of children in baseline assessment tests on starting school
- Increased understanding of role for nurseries and playgroups
- Increased uptake of available places
- Increased quality of available places
- Increased participation of parents in children's education
- Reduction in children with avoidable speech delays
- Improved integration of all children

Outcomes for social development:
- Reduction in number of child abuse investigations
- Increased accessibility of support services
- Increased role for fathers as parents
- Reduction in isolation for vulnerable groups
- Increased participation by parents in the life of the community
- Increased provision in quality child care and options for respite care
- Increased self-esteem for parents and carers

Links with inequalities in health

The Early Years project has been operating in its current form for about one year. There are many reasons why the project has and will continue to have an impact on tackling inequalities in health. The project has developed from a community led response to disadvantage in the area and in its current form is the result of development work which began in 1995 and has been able to be sustained for the foreseeable future.

The project employs a high number of local people who have benefited from the services and training available over the past number of years and who act as role models and mentors for others in similar circumstances. The project provides a holistic response to the needs of each individual and family and has the ability to provide

direct services as well as to access additional services. All the services available will have an impact on the health of the individuals - many of these will be on mental health and well-being in increasing self-efficacy, self-worth and self-confidence. The project is universal for all families in the area so that varying levels of gains and improvements may be achieved by all. The ethos of the project is also non-stigmatising; parents are viewed as "good" parents and are encouraged to take steps at their own pace rather than meet a set timetable or set of targets. Parental self-esteem is important; this can only be addressed when the environment in which the family lives (and survives) is taken into account. The public perception of the project is now that it is part of the community infrastructure and that it is here to stay for the long term.

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Title: A Preventative Drug Education Programme for Pupils, Parents and Teachers

Organisation: South Eastern Education and Library Board (SEELB)

Background

The Chrysalis Team is drawn from both the statutory, voluntary, and community sectors and have been working in partnership on the programme since Autumn 2000. (See partners involved)

The programme is offered to all post primary schools in the SEELB area, (which is within the Eastern Health and Social Services Board (EHSSB) area) including special schools. The SEELB covers 5 council areas – Castlereagh, Lisburn, North Down, Ards Peninsula and Down. The communities are diverse, with both Catholic and Protestant communities represented. Targeting Social Need (TSN) areas are also included.

Description

Chrysalis is a Drug Education Programme based on the priority stressed by the Northern Ireland Drug Strategy, which is the need for co-ordinated programmes of preventative drug education for young people, supported by the provision of training and information for parents and those working with young people.

It is offered to all post-primary schools in the South Eastern Education and Library Board including special, controlled, maintained, grammar and integrated.

The Chrysalis principles are grounded in the following research:

- Information alone does not change behaviour or stop drug use (Hawkins, 1994)
- Programmes routed in a life-skills approach appear to be the most effective (DENI, 1996)
- In delivering Drug Education Programmes, parental support is vital if it is to be effective (Velleman, 1999)
- Locally based research concluded that parents are worried about drug use, but are unsure of their role in addressing it (Sipler, 1999)

- Prevention programmes should strive to reduce known risk factors for developing drug or alcohol related problems and enhance known protective factors (Hawkins, 1994)

The programme is targeted at pupils in year 8 (aged 11 and 12), their parents or guardians. It was felt that this was the most suitable age-group due to the transition of the young people into secondary school, the degree of influence parents have at that age and the research into age of onset of experimentation. Local research suggests that year 8 precedes most young peoples' onset of experimentation with alcohol or other drugs.

The programme was initially piloted and evaluated in the spring term 2001 in 6 post primary schools in the SEELB area. A further 5 schools participated in phase 2 of the pilot, which was externally evaluated in the autumn of 2001. The resource materials and programme content were subsequently adjusted through consultation with parents, teachers and the evaluator to ensure appropriateness of message, approach and readability.
In September 2002, the programme was offered to all post-primary schools in the SEELB and there are currently 34 schools involved.

The programme differs from other conventional drug prevention programmes in a number of ways. It has been developed by a number of partner organisations, voluntary and statutory, working together to ensure a consistent message around drug prevention is given to all young people in the SEELB. It is based on a life skills approach as opposed to a knowledge-based approach. Teachers attend a two-day training course, prior to teaching the programme. All parents are given the opportunity to attend a parents' workshop prior to the start of the programme. Parents and pupils are given exercises to complete at home together. The parents are also given information on drugs and their effects and how to talk effectively to their children, within the context of drugs and alcohol.

Aims of the Programme

- To raise awareness of a life-skills approach to drug education
- To contribute to young people having the necessary knowledge, skills and resources to make informed choices about health behaviours including drugs

- To build relationships and attachments across family and school that enhance protective factors and contribute to young people developing fewer problems associated with alcohol, tobacco and other drugs
- To strengthen a collaborative partnership from within the statutory and voluntary sectors by establishing a team of trainers drawn from both sectors to implement the programme
- To develop and sustain a strategic partnership to drive the programme

The school-based programme consists of 6 one hour, or 12 half hour sessions, which are taught by teachers during PSE.

Session 1 - Knowledge and attitudes around drugs and expectations.
Session 2 - Drug related information, terminology and impact on the body.
Session 3 - Internal and external influences, healthy decision-making and peer pressure.
Session 4 - Self-esteem, values and support systems.
Session 5 - Dealing with negative thoughts, emotions and using coping skills.
Session 6 - Taking risks, protecting ourselves and drugs and the media.

Partners Involved

The programme was initiated through a voluntary/statutory working party set up in July 2000, which addressed the following question: 'can a preventative initiative influence attitudes and early initiation of alcohol and drug use for young people in the SEELB area'?
This working party included representatives from the SEELB Drug Education Unit, the Down Lisburn Trust, the Ulster Community and Hospitals Trust, the South and East Belfast Health and Social Services Trust, Dunlewey Substance Advice Centre and Lisburn Young Men's Christian Association (YMCA). It later expanded to include a community inspired drug awareness training course, ASCERT.

The initial working party tasked an Implementation Group made up of the partnership agencies, with developing the initiative. Schools were identified as the setting to target the programme due to the opportunity to be inclusive and ensure every young person and their family had access to the programme, thereby contributing to

addressing inequalities in health. The Implementation Group worked together to develop and pilot the programme. A Strategic Steering Group, involving a co-ordinator from the Eastern Drug and Alcohol Co-ordination team, was subsequently set up in June 2002.

Source of funding

The external evaluation was funded by each of the statutory partners and the Eastern Drug and Alcohol Co-ordination Team. After the pilot and successful evaluation, the programme was ready to be 'rolled out' in all post primary schools throughout the SEELB. The Chrysalis Team applied for funding in June 2002, and secured money from the Northern Ireland Drug and Alcohol Strategy Initiative through the Eastern Drug and Alcohol Co-ordination team. This was primarily to provide substitute cover to enable teachers to be trained in active learning strategies and in the implementation of the programme in the classroom. This training began in November 2002, is ongoing and will result in over 180 staff being able to teach the programme throughout the SEELB.

Timescale

Spring 2001 – Initial pilot in 6 schools
Autumn 2001 –Pilot in a further 5 schools
Autumn 2002 /Winter 2003 – Teacher Training and Parents' Evenings
Spring 2003 – Programme implemented in 34 schools
The programme is expected to continue in the next academic year and beyond as part of Personal and Social Education in the curriculum.

Expected outcomes and impact

The independent evaluation completed after the pilot concluded; for the pupils involved, there was an increase in their level of drug knowledge along with increased confidence in discussing drug information with their parents and in the classroom. They also indicated that they were unlikely to take drugs. While no indication is available that this suggests any long-term behaviour change, it does suggest a contribution to delaying onset.
For parents, it helped examine their own attitudes towards drug use, raised confidence to talk about the issues with their children and increased knowledge of drug use, drug culture and influences on their children. This is promising as the key to the Chrysalis programme is its

emphasis on parental involvement. Young people's attitudes, self-esteem and a sense of belonging are often built through parents.
The evaluation concluded:
"The successful operational delivery of Chrysalis Phase 2 was widely recognised and commented on by pupils, parents and teachers alike. This must largely be attributed to the ability of the trainers to overcome the diverse range of customs and practices that all too frequently prevent partnerships from fulfilling their potential. Additionally parents, teachers and pupils alike commented positively on the high quality and 'user friendly' nature of the materials used in the delivery of phase 2".
(The full evaluation can be accessed from the SEELB website: www.seelb.org.uk)

Links with inequalities in health
The need for an effective preventative response to alcohol and drug problems is a priority highlighted in 'Investing for Health 2000'. Alcohol misuse is identified as a determinant for health and implementing the Alcohol and Drug Implementation Model is targeted for action.
The Chrysalis Programme is an effective, innovative contribution to address inequalities in health which exist, especially regarding alcohol and drug misuse. The evidence from research suggests that early initiation and positive attitudes towards alcohol, tobacco and drugs are risk factors for young people developing problems associated not only with substance misuse, but school drop out, crime and teenage pregnancy. The growing level of alcohol and other drug related problems is also shown by the rise in referrals to the Community Addiction Teams.

What began as an idea at an initial meeting of a working party in July 2000 has evolved into an innovative and effective means of actively engaging young people and their parents in drug prevention work.

In conclusion, the Chrysalis programme has:
- Harnessed the energies and skills of the partnership agencies with consultation with parents and teachers to actively work together in the development and implementation of the programme
- Developed an effective tool to actively engage parents and young people in preventative drug education

- Secured funding and resources through training to ensure the sustainability of Chrysalis as an integral component of preventative drug education

The final challenge for Chrysalis is supporting its use beyond the South Eastern Education and Library Board Area to a regional level.

References

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- Department of Education for Northern Ireland (DENI) (1996) *Misuse of Drugs, Guidance for Schools*
- Velleman, R et al (1999) *Taking the Message Home - Involving Parents in Drug Prevention*
- Sipler E (1999) *Developing the Role of Parents in Drug Prevention* (Unpublished dissertation QUB)

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Title: Sure Start

Organisation: South Belfast Sure Start

Background

Sure Start is a UK wide initiative with the purpose of targeting resources and services within a partnership context to children in the 0-4 age group and their parents. They would also be targeted in areas considered to be economically and socially deprived in some way.

The purpose of Sure Start is to ensure that when children start their formal education in primary school they are able to take full advantage of their education and to reduce the amount of children dropping out of education and not reaching their full potential at a later stage in life. Overall, Sure Start is about tackling health and education inequalities through the early years approach.

Description

In Northern Ireland there are 23 Sure Start programmes each of which are autonomous. Inner City South Belfast Sure Start is involved in 7 local geographical communities in Belfast – Taughmonagh, the Village, Sandy Row, Donegal Pass, the Markets, Lower Ormeau and Ballynafeigh. South Belfast Sure Start also works with Chinese families within these areas. In total there are approximately 1500 children in the 0-4 age group in South Belfast.

A number of services are offered within these areas and each community has their own key worker who visits families in their homes and works with parents, for example, to organise training courses. Childcare is one of the service areas and a small portion of the budget also goes towards special needs support through a Sure Start Early Years Worker in Mencap. Generally however, information and advice is offered to all staff and parents of children with special needs.

One of the key principles of Sure Start is that it is a universal service. Therefore, all parents with children under 4 living within the Sure Start area are entitled to the Sure Start services. Obviously among these familiies there are different levels of need, ranging from families who

only require information and support in parenting their children in particular issues, to families who have considerable needs for various reasons and require a lot of support.

Partners involved

Sure Start works on a partnership philosophy. Organisations represented on the board include:

- Taughmonagh Community Forum
- Windsor Women's Centre
- Donegal Pass Community Forum
- Sandy Row Community Forum
- Markets Development Association
- Lower Ormeau Residents Action Group
- Ballynafeigh Community Development Association
- South Belfast Partnership Board
- Mencap
- Barnardos
- Home Start

The chair of the board is a representative of the South and East Belfast Health and Social Services Trust Early Years Team. There are also representatives from the Northern Ireland Housing Executive and Belfast Education and Library Board. In addition the board has a number of consultative advisors, two of whom are from the South and East Belfast Health and Social Services Trust – Director of Family and Childcare Services and a Health Visiting Nurse Manager for the area.
There is a strong feeling within the co-ordination of Sure Start that parents should be involved in the decision-making and direction development of the programme. Currently, there are no parents on the board of directors but other mechanisms are used which ensure that parents are involved in the development of the programme.

Source of funding

Mainstream funding for all Sure Start programmes now comes from the Department of Health Social Services and Public Safety.

Expected outcomes and impact

There are a number of outcomes, regionally and locally. The outcomes UK-wide are evaluated areas such as children's performance at key stage I and II, the numbers who have stayed in further education, general improvements in health, numbers of mothers breastfeeding,

and a reduction in the number of low birth weight babies. These are quite wide and far-reaching health and education targets. These outcomes are aligned with reducing inequalities and minimising disadvantage, so there is more equity in children's life chances than there may have been before Sure Start became involved with the area. The work of Sure Start with children in their early years will potentially have a long term health impact for children as they grow up and enter further education.

South Belfast Sure Start have a range of performance indicators under the following four headings: Improving Health, Improving the Ability to Learn, Improving Social and Emotional Development and Strengthening Families and Communities. All Sure Starts work within these four main areas and therefore have yearly targets and performance indicators within those. These also reflect the particular needs of the community.

The partnership approach adopted by South Belfast Sure Start also has a major impact on delivery of services as it has brought together sectors which had not collaborated as closely in the past. Sure Start does not set up a whole range of new services, but rather aims to produce replicatory effects within all programmes.

Links with inequalities in health

Sure Start is offered universally to all parents within the area and while there is a focus and target on areas of need, for example, parents are not seen as needy or less skilled than other parents.

One result that has come across clearly through evaluation of South Belfast Sure Start so far is the increase in community participation amongst particular families. Sure Start has a role in providing support and information to individual families and in particular children who live in isolation; suffer from ill health; poor mental health; or have a lack of support networks. Sure Start also encourages people to build self-support networks and structures within the community.

Childcare is an important service offered by Sure Start in South Belfast. Places are limited as it is very staff intensive, but it is something that parents welcome. There is a "guarantee" that self-referrals from parents or other referrals to South Belfast Sure Start who have preschool children, will get a least one childcare session per week. For

families this can mean a lot as even simple things like keeping an appointment can be difficult when caring for children. It also provides an opportunity for the child to socialise with other children and start to learn the types of skills which will help when they go to school. Childcare services are available in all seven areas in South Belfast. An obstacle to the provision of childcare for the Chinese Community is the geographical spread of the community. However, a crèche was established using extra funding monies until the end of March 2003. Parents have used it when they are going to English Language classes.

South Belfast Sure Start takes on board people's needs and these play an integral part in the development of the overall programme.

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3. Mental Health and Emotional Well-Being

WHO, Health 21 Target 6: Improving Mental Health

"By the year 2020, people's psychosocial well being should be improved and better comprehensive services should be available to and accessible by people with mental health problems"

Title: Mood Matters

Organisation: Aware Defeat Depression

Background

Aware Defeat Depression is a registered mental health charity that provides support and information to those directly affected by depression and bipolar disorder (manic depression). It was established in 1994, and has a network of 16 self-help support groups throughout Northern Ireland.

Description

The project aims to promote knowledge and understanding of the significance of mental health and depression in young people, and to encourage help-seeking behaviour in themselves and others.

The project operates in schools and colleges across Northern Ireland with the main target group initially being year 11 (aged 14-15) pupils in second level education. The main activities of the project include: delivering multimedia awareness-raising presentations on depression to groups of 14-15 year-old pupils in their own educational setting; organising and delivering teacher training sessions on depression in young people; and attending school parent meetings to provide information on depression in the young. Support and information is also offered to individual pupils, their teachers or parents, who may present with concerns at the time of, or following, a presentation. In addition, links with third level educational institutions and the National Union for Students/Union of Students in Ireland (NUS/USI) are being initiated and developed with a view to extending the programme to this age group in an achievable and appropriate manner.

Partners involved

There are no formal partners in the delivery of this programme apart from funders, although consultation takes place with representatives of relevant agencies when planning or reviewing new resources for example:

Liaison with relevant statutory/voluntary bodies:

- Health and Social Services Boards and Trusts – Child and Adolescent Mental Health Teams; Suicide Awareness Coordinators; Children and Young Persons Committees

- Education and Library Boards – Health Education Advisers; Welfare Officers; Psychologists
- Voluntaries – NCH Northern Ireland (children's charity); Barnardos; National Society for Protection of Cruelty to Children (NSPCC).

Links between Aware Defeat Depression and the Mood Matters programme have been developed with other organisations and agencies. By attending the Belfast Healthy Cities monthly workshop, which aims to develop a help directory for young people, links have developed between the Education Officer and other charities such as Action Mental Health and RELATE (Voluntary counselling advice service). Being part of the project board for developing a new mental health strategy in the Eastern Health and Social Services Board (EHSSB) area has raised the profile of the project amongst health care professionals in this board area. From attending various conferences on mental health issues links have been forged with the NUS-USI and the University of Ulster at Jordanstown (UUJ), which will hopefully result in the further expansion of the project to young people in third level education.

Source of funding

The project is funded for 2 years in the EHSSB area through an Investing for Healthier Communities demonstration project grant administered by the Community Foundation for Northern Ireland (June 2002 – June 2004).

Expected outcomes and impact

An outline of expected outcomes include:

- 30-35 more schools across Northern Ireland will be able to avail annually of the programme for their pupils
- 2,000-2,400 more young people each year will be more aware of their everyday moods, both healthy and unhealthy
- 60% of the young people participating in the project will report increased knowledge and understanding of mental health and depression
- 60% of the young people participating in the project will be quicker to recognise, and respond appropriately to depression-related problems in themselves and others
- 100 parents and 100 teachers participating in the project will be quicker to recognise, and respond appropriately to depression-related problems in the young people in their care
- Students in the 5 university campuses in Northern Ireland will have access to information on, and support for, depression-related issues

Links with inequalities in health

In 1998, The AWARE report, *Suicide in Ireland – A Global Perspective and a National Strategy,* highlighted an alarming increase in depression and suicide in young people and suggested that as many as 20% of teenagers have at least mild depression, and 50% of these will have a major depressive disorder, with the highest suicide risk in young males occurring between the ages of 15 and 24. Surveys also show that depression occurs most frequently in the teens and again in old age (Professor Patrick McKeon, 2000). However, Professor McKeon goes on to say "parents (and teachers) may find it difficult to recognise depression in their children because they are reluctant to see it and trivialise it by referring to it as 'teenagers moods'…it is important to recognise the symptoms of depression if they are present and not dismiss them lightly…it is important to decide how severe they are and to seek help if they are bothersome."

Mood Matters has the potential to tackle inequalities in health by:

- Raising awareness of the prevalence of depression in young people
- Reducing the stigma associated with depression
- Helping young people, and indirectly their teachers and parents, to recognise the symptoms in themselves and others
- Encouraging young people, and indirectly their teachers and parents, to seek appropriate help early thereby increasing their chances of effective recovery and potentially reducing the risk of self-harm or suicide

References

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- McKeown. P; Healy. J; Bailey. G; and Ward. W (2000) *Depression Keeping Hope Alive – A guide for Families and Friends,* Aware Defeat Depression

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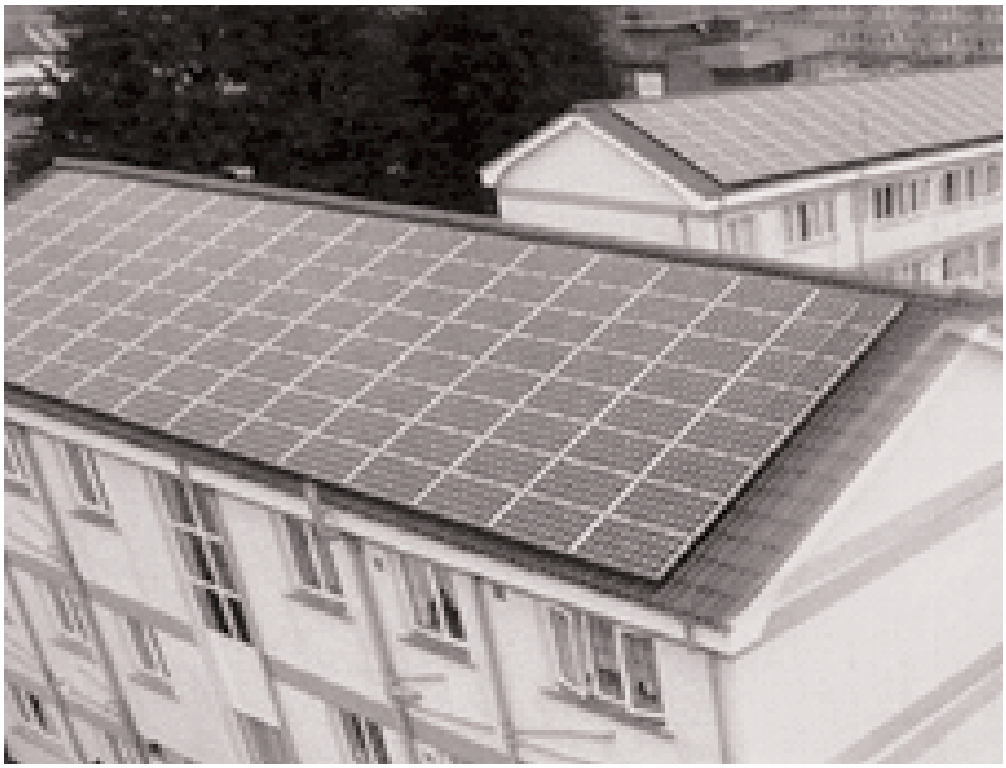
4. The Living and Working Environment



WHO, Health 21 Target 13: Settings for Health

"By the year 2015, people should have greater opportunities to live in healthy physical and social environments at home, at school, at the workplace and in the local community"

Title: Photovoltaic Solar Energy Demonstration Project

Organisation: Northern Ireland Housing Executive

Background

The Northern Ireland Housing Executive is the strategic housing authority for Northern Ireland and as such influences much of local Government policy on housing services.

It is a Non-Departmental Public Body with responsibility to:

- Measure and report on housing need on an annual basis and to take steps to meet this need
- Conduct a comprehensive research programme to inform the wider housing and professional market
- Implement programmes which promote social inclusion

The Housing Executive promotes social inclusion by tackling environmental, social and economic problems through a co-ordinated programme of regeneration, in partnership with other agencies, using a community development approach.

Since 1996 it has been the sole Home Energy Conservation Authority for Northern Ireland, with a responsibility to promote more prudent and efficient use of energy and resources and implement a strategy to improve the energy of the housing across all tenures by 34%.

In October 2001 the Housing Executive, as the lead partner, along with the University of Ulster, Northern Ireland Electricity (NIE) and British Petroleum (BP) Solar was awarded funding by Department for Trade and Industry (DTI) London, for the first Northern Ireland Photovoltaic (PV) demonstration project in social housing.

Description

The Government has allocated £3m for rooftop demonstration projects using Photovoltaic cells across the United Kingdom. Essentially Photovoltaic cells generate direct electrical power when exposed to light. A previous Solar Energy pilot project carried out in Bangor, County Down in 2000, involved the installation of solar water heating panels, using solar energy to provide domestic hot water for tenants.

The review after one year was very encouraging and householders experienced substantially reduced fuel bills as a result. However the current allocation of £3m for rooftop demonstration projects is targeting another type of solar energy, namely, solar Photovoltaic cells.

The Housing Executive was approached by the University of Ulster to participate in the Northern Ireland demonstration scheme and to identify a suitable block of flats or maisonettes. This project is one of nine supported by the Government.

The aim of the demonstration project is to use tenant consultation, design, construction and monitoring as a learning opportunity for all key players in the process of energy conservation. A key objective of the demonstration project is to prove that PV systems do actually work, and can bring substantial benefits to individual Housing Executive householders and the wider community through reduced energy bills and environmental benefits respectively. Each flat will have its own PV system, which will be located on the roof. The solar panels will generate electricity from both light and sunshine, and a training package will be made available to assist each resident to make the best use of their system. As peak production is likely to be between the hours of 11.00 am and 1.00 pm they will be advised to use appliances such as washing machines and tumbler dryers during this period.
In addition to the anticipated savings in energy bills, NIE issued each resident with energy efficient products such as kettles, light bulbs, fridges and timing switches. The system generates no noise and there are no harmful gases or emissions. Electricity generated by the solar panels on site will go to the residents, free of charge and be of immediate use. Disruption was minimal with only those residents living on the top floor having to move out during daytime.
An array of PV panels were to be installed in the roofs of the three blocks comprising of 30 flats.

Site Selection
When the Housing Executive agreed to participate in this programme it was the expectation that the installation would be carried out with minimum disruption to residents. To guarantee successful completion and monitoring of the project the flats had to be in a stable location with a low turnover of residents. The ideal scenario would have been to extend an existing improvement contract where residents had already been decanted. This was not available at the time. The most

appropriate location from the sites offered was the development of 3 blocks of 3 storey flats at Sunderland Road, Castlereagh. The site was free from any major obstruction and the area available on each roof was suitable to facilitate the number of solar panels required. Out of a total of 30 flats, 3 are in private ownership and 66% of residents have been in occupation more than 3 years.

The Housing Executive considers tenant involvement an essential part of the success of any project and has robust systems in place for undertaking consultation. The local District Office prepared a package of information for all residents, tenants and owners explaining the details of the project and inviting them to an information evening, which was well attended. This was followed up with house to house visits by housing management staff.

Partners involved

The Housing Executive is committed to working with others to help promote energy conservation in the future and is partnered in this project by the University of Ulster, NIE and BP Solar. The Housing Executive is the lead partner and will chair the project. In addition to providing funding, the Housing Executive is involved in making suitable accommodation available and through in-kind support by way of staff time. There will be on going consultation and the production of the occupier's guide. At all stages the Housing Executive will be involved, particularly in relation to tenant consultation and the future maintenance of the installation.

The University of Ulster teaching and research staff at the Centre for Sustainable Technologies have extensive experience of monitoring buildings since 1984 and have investigated many projects. The University will monitor the project while on site and continue to monitor and provide independent validation for a further three years.

NIE are involved in collecting data on electricity use in the flats, pre and post installation. They are also providing metering to measure excess power generated by the solar panels to the NIE Network.

BP Solar is one of the world's leading solar companies providing products for all sectors of the solar market. They will manufacture and supply the solar panels and sub-contract the installation. BP Solar will also supervise and provide a mentoring role on site.

Source of funding

The Department of Trade & Industry (London) awarded funding in October 2001. Additional funding was made available by the Housing Executive, with NIE supplying energy efficient goods to the residents.

Timescale

Project Start Date	November 2002
Project Completion Date	March 2003
Monitoring Period	3 Years

Expected outcomes and impact

The full impact of this demonstration project will not be known until the three-year monitoring period has ended.

The expected outcomes are:

- *Reduced energy bills* - Householders should see a reduction in the energy bills. This will require education of householders in the efficient use of energy and the PV system. Resident education is a fundamental part of the project.
- *More disposable income* - Reduced energy bills will result in more disposable income, giving the householder more choice for other essential necessities required to maintain good health and well-being
- *Reduced pollution* - Electricity is currently generated from coal, oil and gas, all of which release gases and emissions. Reduced demand for electricity will reduce production and in turn will reduce pollutants and so increase air quality. This will impact on the health and well being of not only the individual but also of the wider community.
- *Preservation of natural resources* - The extraction of fossil fuels damages the natural environment; reduced demand for natural resources will also reduce the damage.

Links with inequalities in health

Northern Ireland has had a traditional reliance on solid fuel as a heat source and a high ratio of income is spent on fuel, and therefore the Housing Executive welcomed this unique and innovative project not only as learning exercise, but also as a potential opportunity to address these issues. Indications are that the project has the potential to be successful, complying with Government targets to increase energy production from renewable resources, and increasing the disposable income of households across all tenures. The data provided from the project is essential to the decision on the wider usage of PV cells as a source of renewable energy.

The project also has the potential to be successful in tackling inequalities in health, through a downward pressure on fuel bills, helping to eradicate fuel poverty for the most vulnerable householders. Fuel poverty is often linked to low income, high benefit dependency and social exclusion. The project has the potential to reduce the consequences of fuel poverty including excessive winter deaths, particularly among the elderly, and reduce hospital admissions due to cold related illnesses, which increase significantly during the winter months.
Reduced pollution will increase air quality, impacting on the health of the whole community.

The success of the project also relies on the ability to prove that PV systems do work and can bring benefits to the individual and wider community. This involves educating householders on making the best use of the system. This project has been largely well received by the households involved and its execution was only possible because of the support of residents, many of whom are elderly.

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5. The Wider Environment

WHO, Health 21 Target 10: A Healthy and Safe Physical Environment

"By the year 2015, people should live in a safer physical environment, with exposure to contaminants hazardous to health at levels not exceeding internationally agreed standards"

Title: A Policy and Legislative Framework to Deliver Northern Ireland's Contribution to Meeting Health Based Air Quality Objectives

Organisation: Department of Environment

Background

This case study describes how the Department of Environment's policy and legislative framework on local air quality management contributes to Northern Ireland meeting its obligations under the *Air Quality Strategy*[1] (AQS). It also indicates how improving air quality, where concentrations are the highest, will impact more so in areas of greater social deprivation.

It is estimated that up to 24,000 people die prematurely every year in the UK because of the effects of air pollution. In addition many more require hospital treatment due to the fragile nature of their respiratory systems. Air quality is also an important issue for the general public. In a recent survey on *Public Attitudes to Quality of Life and to the Environment,*[2] 2002, air quality was rated the fifth most important headline quality of life issue and the most important of the environmental issues considered in the report.

Air Quality Policy and Legislation

The UK Government and devolved administrations are taking active measures to improve air quality through the AQS for England, Scotland, Wales and Northern Ireland. The AQS defines health based Air Quality Standards and Objectives for eight pollutants and identifies their major sources. These pollutants; benzene, 1,3 butadiene, carbon monoxide, lead, nitrogen dioxide, particles, sulphur dioxide, and ozone are known to harm human health and occur widely throughout the UK. The aim of the AQS is to ensure that everyone can enjoy a level of ambient air quality in public places, which poses no significant risk to health or quality of life.

Description

In Northern Ireland, one of the main objectives contained in the Executive's *Programme for Government* is to work for a healthier

people by focusing (in addition to other means) on ensuring that the environment supports healthy living for all people. One of the key mechanisms identified for achieving this objective is to put in place a policy and legislative framework to deliver Northern Ireland's obligations under the AQS. Acknowledgement of the air quality dimension within a number of the Executive's key strategies (for example, Developing a Regional Transport Strategy; *Shaping our Future - The Regional Development Strategy for NI 2025; and the Investing for Health Strategy)*[3] illustrates that cross-departmental commitment exists to secure the necessary improvements in air quality for both environmental and health reasons.

The Role of District Councils and Relevant Authorities in Improving Air Quality

The Environment (Northern Ireland) Order 2002, which took legal effect on 17 January 2003, provides such a framework and is seen as the key to delivering Northern Ireland's contribution to meeting AQS objectives and targets for improving air quality. The Order places a range of statutory requirements on both District Councils and Public Bodies (which will include relevant Government Departments). These statutory requirements are dictated by responsibilities within the various agencies' control and what is required to satisfy obligations contained in the AQS.

The main elements of the Order will be to place a duty on District Councils to assess air quality within their area and, where pollutant levels exceed or are likely to exceed the AQS objectives, to declare Air Quality Management Areas (AQMAs). In such areas, District Councils, in conjunction with the relevant Public Bodies, will be required to produce Action Plans detailing the actions, according to their respective remits, that each propose to take to reduce the pollution levels.

Partners involved

- Northern Ireland District Councils
- Relevant authorities (i.e. Public Bodies such as the Northern Ireland Housing Executive (NIHE) and Government Departments such as the Department for Regional Development (DRD) roads Service)
- Local communities affected
- Industry
- Non-Governmental Organisations

Source of funding

In advance of the Environment (Northern Ireland) Order 2002, and in order to make progress in delivering the obligations placed by the AQS, all 26 District Councils have voluntarily engaged in the air quality review and assessment activities required by the legislation. The Department has managed this process and generous funding has been provided to support District Councils in carrying out their reviews and assessments. Grant applications for funding are subject to economic appraisal with consideration being given to targeting social need, which forms an element of the appraisal. Air quality monitoring equipment, air quality modelling, fuel use surveys and air quality consultancy services are examples of what Councils have purchased using the grants.

Expected outcomes and impact

Modelling work undertaken by the Department for Environment, Food and Rural Affairs, as part of the review of the AQS, has shown that there are likely to be some locations in Northern Ireland where air quality objectives would be exceeded. Given the geographical variation in predicted exceedences, some sectors of society were shown to be differentially impacted upon by air pollution. The research found that pollutant concentrations increased with higher deprivation scores. The research concluded that it is likely that policies to reduce air pollution concentrations in areas where they are highest could impact marginally more beneficially in the more deprived communities, and therefore move some way to reducing this apparent inequity. In considering the research it is clear that outcomes associated with the local air quality management process introduced under the Environment (Northern Ireland) Order 2002 should have a positive impact in targeting social need.

Links with inequalities in health

The success in improving air quality in areas of social deprivation where concentrations are highest, lies with the all stakeholders working within the local air quality management framework towards meeting AQS objectives. The AQS has set out a timetable for meeting air quality objectives ranging from 2003 to 2010. Statutory policy guidance will be issued soon by the Department to assist relevant authorities with their respective local air quality management duties. The guidance sets out:

- Timescales for completion of the first round (31 December 2003) and commencement of the second round air quality reviews

- Timescales for reviews and assessments to be carried out every three years up to 2010
- Suggestions on how District Councils should handle the designation of air quality management areas and how relevant authorities should handle the drawing up and implementation of actions plans
- Recommendations and suggestions on taking forward the development of local and regional air quality strategies
- How relevant authorities should consult and liaise with others
- Local transport measures Roads Service might wish to consider
- Recommendations that District Councils should submit air quality progress reports in between the reviews and assessments and where a Detailed Assessment is not required to ensure continuity in the Local Air Quality Management (LAQM) process
- That District Councils with Air Quality Management Areas (AQMAs) should submit action planning progress reports (to update the Department on implementation of the action plan measures)
- General principles behind air quality and land use planning

Key to the success of the local air quality management process lies in the declaration of AQMAs, and the development of Air Quality Management Area Action Plans. District Councils and Public Bodies will need to consider the range of options that are available, an understanding of the wider non-air quality impacts of such options, and the likely improvements offered by them. The complexity and timescale of the Action Plan will vary considerably between authorities, depending upon the degree to which air quality improvements are required and the complexity of options and actions considered necessary. Good practice to date in other areas of the UK would suggest that a clearly defined implementation strategy is needed, which in turn should contain a timetable setting out when each of the measures will be implemented, and a projection of when expected air quality improvements will occur. A clearer picture of potential AQMAs will emerge as District Councils complete their reviews and assessments by the end of 2003.

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Title: Pilot Health Impact Assessment of the Regional Transportation Strategy

Organisation: Department for Regional Development

Background

The Regional Transportation Strategy (RTS) for Northern Ireland 2002-2012 (www.drdni.gov.uk/rts/) identifies strategic transportation investment priorities and considers potential funding sources and affordability of planned initiatives over the next 10 years.

This pilot Health Impact Assessment (HIA) is the first such assessment of a significant policy area to be undertaken in support of the *Investing for Health* initiative. The assessment was carried out on the Proposed RTS published in February 2002 so that the findings could influence the content of the RTS published in July 2002.

Description

It was realised at an early stage that it would be important to be able to point to a discrete document or section in a document which summarised the health impacts, negative and positive, and to be able to demonstrate that these impacts had been taken fully into account in the process of preparing the RTS. Ideally this would be prepared using the information being assembled and analysed under the RTS methodology.

The relevance of the Faculty of Public Health Medicine guidance for conducting a HIA of a transport policy was recognised. It highlighted Health Promoting and Health Damaging Impacts of Transport and outlined seven areas where transport impacts on health can be assessed.

It was also realised that these areas were all closely related to objectives and sub-objectives applied as part of the Department of Environment, Transport and the Regions (DETR) Guidance On Methodology for Multi-Modal Studies (GOMMMS) used in the development of the RTS as shown in the Table 1 below. The GOMMMS

appraisal framework details five objectives - environment, safety, economy, accessibility and integration - which were confirmed to include the health impact indicators (as explained below in Table 1).

Health Impact Area Corresponding GOMMMS Sub-objectives

Health Impact Area	Corresponding GOMMMS Sub-objectives
Air Pollution	Environment – Local Air Quality Environment – Greenhouse Gases
Road Traffic Injuries	Safety – Accidents
Physical Activity	Environment – Physical Fitness
Community Severance	Accessibility – Severance
Noise	Environment – Noise
Access / Mobility	Accessibility – Access to the Transport System
Inequalities	Supporting Analysis – Distribution and Equity

Table 1: Relationship between the Health Promoting and Health Damaging Impacts of Transport and GOMMMS objectives and sub-objectives.

During the development of the Proposed RTS, public consultation was used to assess the relative importance of these objectives for key transport corridors, urban and rural areas. Overall value for money was assessed for each initiative for all impacts, both positive and negative, including the health impacts, across the five objectives and comparing the magnitude of those impacts with the costs of the initiative. By basing selection of initiatives for the Proposed RTS on the value for money assessment, an inherently 'balanced' strategy was constructed.

The impacts of a transportation strategy on the sub-objectives are reported in an Appraisal Summary Table (AST) in the Pilot Health Impact Assessment. The purpose of the AST is to articulate as clearly as possible all of the benefits and demerits of the initiatives in the strategy. Since it was important that the pilot HIA influenced the content of the 'final'

RTS, the HIA was applied to the penultimate version of the RTS – the Proposed RTS, which was issued in February 2002.

The approach to base the pilot HIA on the ASTs associated with the Proposed RTS was confirmed by a senior inter-departmental group on public health supported and serviced by the *Investing for Health* Team in the Department of Health, Social Services and Public Safety (DHSSPS).

In addition to those GOMMMS sub-objectives shown in Table 1, DHSSPS officials observed that the following GOMMMS sub-objectives might have health impacts and it was therefore decided that they too should be considered in the Pilot HIA:

- Environment – Water Environment
  – Journey Ambience
- Safety – Security
- Economy – Wider Economic Impacts
- Integration – Transport Interchange
- Integration – Other Government Policies.

For example, Transport Interchange (using various methods of travel) was seen to offer the opportunity to increase the level of cycling, and other Government Policies specifically included those on education, health and wealth creation.

Partners involved

The study was conducted by the Department for Regional Development supported by the Department of Health, Social Services and Public Safety and working with the Institute of Public Health in Ireland.

Source of funding

The project was initiated to inform the preparation of the Regional Transportation Strategy. The project was resourced by the Department as an integral part of the development of the RTS.

Expected outcomes and impact

The 'balance' of the RTS was ensured principally by the socio-economic breadth of the appraisal framework used – the GOMMMS appraisal framework. This framework extends far beyond the narrow economic considerations of previous transport appraisals and, by careful definition of all of the detailed sub-objectives, seeks to ensure comprehensive and even-handed assessment of a wide range of impacts.

Annex A in the Pilot Health Impact Assessment shows an AST which records the impacts of the initiatives arising from the assumed additional expenditure in the Proposed Regional Transportation Strategy compared to the 'Existing Funding Level Continued' scenario. It records the main qualitative and quantitative impacts of the Proposed Strategy against the GOMMMS sub-objectives that have been highlighted above as having potential health impacts.

The Proposed Strategy would serve to promote health not only in all seven of the health impact areas contained in the Faculty of Public Health Medicine: Transport & Health Study Group guidance, but also in other areas such as increasing accessible employment opportunities and reducing traveller stress/anxiety.

The main impacts are summarised below:
Air Pollution – The overall effect of the Proposed RTS would be to reduce air pollution (including CO_2 levels), with urban areas experiencing better air quality as a result of the provision of bypasses.

Road Traffic Injuries – Accident remedial measures, traffic calming schemes, car users switching to public transport, traffic management schemes, safer routes to schools, the increased level of road maintenance and education and marketing would all lead to a reduction in accident levels.

Physical Activity – Improvements in cycling and walking infrastructure and people switching from car to public transport would result in many people undertaking sufficient exercise for them to obtain significant fitness benefits.

Community Severance – New bypasses, traffic calming measures and improved pedestrian infrastructure would all serve to reduce community severance for many people in urban areas and improve local road safety, especially for children and older people, though severance would be introduced for those living adjacent to new bypasses and widened sections of the Regional Strategic Transport Network.

Noise – The overall effect of the Proposed RTS would be to reduce noise levels by a significant extent in urban areas that would be bypassed.

Access / Mobility – The Proposed RTS would realise significant beneficial impacts in terms of mobility and access to shops, recreational opportunities and other facilities. These impacts would be a result of public transport services that offer greater comfort and an increased feeling of safety, are more accessible to people with disabilities, give greater penetration in many rural and urban areas, and ease interchange between different transport modes.

Inequalities – The Proposed RTS was subjected to a full Equality Impact Assessment, that has sought to identify any differential impacts on Section 75 groups. The Proposed Strategy would reduce inequalities in society by improving accessibility for, amongst others, disabled people, people without access to a car, older people and people living in rural areas.

Other impacts – The Proposed RTS would also support the improvement of employment prospects for communities in regeneration areas due to improved and additional transport provision and links. Traveller stress would be reduced through improved services, greater provision of travel information and the introduction of services such as demand responsive transport in rural areas.

Links with Inequalities in Health

This Pilot Health Impact Assessment of the Proposed RTS was taken into account in the further development of the Regional Transportation Strategy.

In particular, the Pilot HIA lent support for the adoption of additional measures which would reduce noise levels, improve local air quality, lead to an increase in physical activity and would realise additional benefits in terms of mobility and access.

Table 2 summarises the measures added to the Proposed RTS in terms of their principal health impacts compared to the Reference Case ('existing funding level continued').

Measure	Principal Health Impacts
Further investment in public transport services.	Improvements in frequency and speed of public transport services will increase accessibility and mobility for people without cars. Any modal switch from private car will provide positive impacts for air pollution, road traffic injuries and physical activity.
Further allocation to the Transport Programme for People with Disabilities.	New and enhanced services provide direct improvements in accessibility and mobility for people with disabilities.
Extension to current public transport concessionary fares scheme.	Reduction in fares payable result in improved accessibility and mobility for a number of recipients.
Further Strategic Highway Improvements.	Bypasses and upgrades will result in localised improvements in air pollution, noise levels and community severance and a substantial reduction in road traffic injuries. However, region-wide there will be a small increase (+1% over Reference Case) in carbon dioxide emissions.

Table 2: Measures added to the Proposed RTS in terms of their principal health impacts

The Regional Transportation Strategy agreed by the Northern Ireland Assembly identifies strategic transportation investment priorities and considers potential funding sources and affordability of planned initiatives over the next 10 years. It is important to note that the public expenditure funding for the RTS will be determined through the normal budgetary process.

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Title: Down 2010 – Local Strategic Plan

Organisation: Down District Council

Background

Down District Council is responsible for the administration of an area covering 64,400 hectares extending from Newcastle in the south to Saintfield in the north, running from Ballynahinch in the west to Ardglass in the east. The resident population of the District is over 64,000. As a tourist and recreational area the numbers increase significantly during the holiday season.

The main settlements in Down District are Downpatrick, Newcastle, Ballynahinch, Castlewellan, Saintfield and Crossgar. The area also has a high concentration of scattered settlements with areas of rural deprivation. The district suffers from relatively low-income levels with a high proportion of the working population travelling outside the District for employment. The decline in the Agricultural and Fishing Sectors is impacting heavily on the District's economy, which has no large private sector employers.

Description

In December 2001 Council published a visioning document, Down 2010. This Strategic Plan for the District was lead by Council and prepared in conjunction with Down Local Strategic Partnership. The aim of the plan was to develop an integrated 10-year plan, which would provide the strategic direction for the residents of Down District. The process was highly participative and involved detailed consultation over an 8-month period with groups and individuals representing Private, Public, Voluntary and Community Sectors with an interest in Down District. The final document, which was published in December 2001, was circulated to a wide range of organisations and has become the blue print for action plans adopted by Down District Council and the Local Strategic Partnership.

The local strategic plan focused on four key areas which impact on the health of local people: Lifestyle, Economy, Environment and Education. It was clear during discussion of these issues that lifestyle

needed to be identified within a broader health related framework. There was also a recognition that the final document should be action orientated and reflect the need to approach health improvement from an inter agency perspective.

In 2002 action teams where formed, each dealing with a single theme. They were Health, Community Safety, Environment and Regeneration, Learning, Business Development and Employment and Tourism. The widespread consultation helped identify priority actions and desirable outcomes for health related issues which could be pursued across the District by statutory voluntary and community groups. The strategic plan explicitly recognised the need for direct support from partners across the District to maximise joint impact of complementary programmes to tackle the identified needs. The priority actions agreed for the team dealing with health are shown below. These have been further refined into action plans designed to deliver the desired outcomes.

Health - Priority Actions	**Desirable Outcomes**
Response to the 'Hayes Review' of hospital services	Appropriate acute, diagnostic and maternity services secured for the area
Integrated initiatives to address community care issues	At least 4 multi-agency community development programmes
Audit sports, leisure and culture provision	Mapping document profiling resources and gaps
Support vulnerable communities	At least one healthy living centre / programme
District-wide Healthy Lifestyle programme - Food - Exercise - Culture - Sport	200 enrolled participants
Promote and encourage participation in sport and arts	4 major sports and leisure projects / events

Health - Priority Actions	Desirable Outcomes
Develop community networks and capacity	Training and development for interventions
Development of water and boating pursuits on the Quoile Delamont coastal area	At least one new publicly accessible water-based recreation facility
Access to decent affordable housing	New housing programme to meet needs of local population and increase provision of temporary accommodation for homeless
Increase levels of waste recycling	Provision of 3 civic amenities Economic appraisal of management waste separation system at landfill site
Upgrade sewage facilities	New facilities identified within DRD Forward Plan

Down District Council and Local Strategic Partnership believe that the preparation of a joint plan has led to a greater commitment to action and a better understanding of the roles, duties, and responsibilities of different agencies and sectors. These agencies are now better placed to validate their own policies and programmes in line with both need and expectation in health terms. Knowledge and experience is also being shared across the District between agencies. This valuable work is influencing areas not associated with the Down 2010 Process.

Partners involved

In addition to the many organisations that participated in the consultation process nine statutory agencies operating in Down District are heavily involved in the process. The health team set up under the 2010 plan involves the following agencies:

- Down District Council
- Local Strategic Partnership
- Down and Lisburn Health and Social Services Trust
- Eastern Health and Social Services Board

- Northern Ireland Housing Executive
- Police Service for Northern Ireland
- Department of the Environment
- East Down Rural Community Network
- Local Health and Social Care Group

Source of funding

The initial project to produce the 2010 plan was funded by Down District Council, Down Local Strategic Partnership and the Department of Regional Development. Each agency or group presently involved provides their own resources to support the ongoing project work identified by the initiative.

Expected outcomes and impact

Down District Council has a significant role in lobbying and influencing for improvements in the district. Down 2010 has been instrumental in establishing and strengthening meaningful partnerships to deliver services which impact directly on quality of life of citizens in Down District.

It will take some time to fully evaluate the outcomes and impact of the health related priority actions identified through the Down 2010 exercise. The partnerships are taking forward challenging work programmes which represent a new linked approach to health promotion. The approach taken has similarities to partnerships resulting from Health Action Zones (HAZ). Mainstream health, regeneration, employment, education, housing and anti-poverty initiatives are responsive to the needs of vulnerable groups and deprived communities. A common aim for HAZs and Down 2010 is to integrate the services and approaches they are developing into mainstream activity.

Issues like improved access to the countryside, the audit of sports leisure and cultural provision are well under way as are healthy lifestyle programmes. Participation rates across all sectors will be regularly evaluated and fed back to the team by all of the agencies involved. Initial evaluation however, has been very positive and already resources are being re-targeted by statutory agencies to respond to the identified health needs.

The identified projects seek to build on existing programmes and resources available to the community while freeing additional resources through targeting. Future planning of services will also improve as a result of better awareness of the work of other agencies. Duplication of effort is also being avoided across programmes and business plans. The impact of any health initiatives can only be assessed over the medium to long term. The ten-year timescale for the Down 2010 programme should afford an opportunity to monitor progress.

Links with inequalities in health

Inequalities in Health are perpetuated by cultural, economic and environmental conditions. The Down 2010 near future plan recognises how tackling inequalities goes beyond any single agency. The multi agency approached therefore suggested within the plan holds out the prospect of greater opportunities for success. Many of the agencies involved in dealing identified actions have targeting social need and sustainable development as underpinning priorities. Both these policies explicitly recognise the need for social inclusion which has health inequality as a component.

The Down 2010 initiative is a long-term programme bringing the district up to 2010.

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6. Accidental Deaths and Injuries

WHO, Health 21 Target 9: Reducing Injury from Violence and Accidents

"By the year 2020, there should be a significant and sustainable decrease in injuries, disability and death arising from accidents and violence in the region"

Title: Home Safety Check Scheme

Organisation: Belfast City Council

Background

Belfast City Council is the largest of the twenty-six district councils in Northern Ireland, serving a resident population of nearly three hundred thousand people. The Council attaches great importance to protecting and improving the health, safety and well-being of Belfast's residents.

Description

Over a decade ago, in recognition of the significance of home accidents as a major cause of death and injury, the Council requested the introduction of legislation giving district councils in Northern Ireland authority to promote safety in the home. This resulted in such powers being contained in the Local Government (Miscellaneous Provisions) (Northern Ireland) Order 1992.

Similar legislation had been in place in England and Wales since 1961. It was possible to learn from good practice which had been developed by local authorities in Great Britain over the intervening thirty years. The home safety check scheme is based on a scheme introduced in Gloucestershire by the Royal Society for the Prevention of Accidents (RoSPA) in the early 1980s. Research on that scheme and similar projects, mostly operated by English district councils, showed such interventions to be successful in making homes safer. The scheme aims to reduce accidents in the home. In Belfast, it is targeted at people most vulnerable to home accidents. While the scheme is available to everyone living within the City, it is promoted particularly in areas of higher social deprivation, and among people who are aged under 5 or over 65, and it is with these people that the scheme has the greatest uptake. While accidents in the home can affect people in all socio-economic groups, and of any age, there are patterns of inequality. Home accident rates are higher in areas of social deprivation, and certain accidents have a greater impact on particular age groups.

In formulating the scheme, discussions were held with RoSPA and a variety of local organisations, such as the Northern Ireland Housing

Executive and the Northern Ireland Fire Brigade, and a visit was made to the homecheck scheme in Dudley, West Midlands. A pilot project allowed the development of the scheme in its current form.

Through contacts with community groups, referrals from other agencies and, on occasions, door-to-door leafleting in an identified area, and requests for home safety checks are generated. Two home safety assistants are employed, thirty hours per week. They have been trained in various aspects of home accident prevention, and in customer care. With the approval of the occupants, the two home safety assistants visit homes and carry out checks. Advice is given on many aspects of home safety relating to the individual's circumstances. Areas covered include tripping hazards, smoke alarms, storage of household chemicals and safety with electricity. In addition to advice, minor repairs such as replacement of defective electrical plugs and unsuitable plug fuses are carried out free of charge. Other potentially harmful situations are referred to other organisations, which may be able to take action to reduce the problem. This includes repairs by the landlord, the installation of smoke alarms through Council funded voluntary organisations, and the installation of handrails and other mobility aids, through referral to the Occupational Therapy Departments of the Health and Social Services Trusts. On completion of the check, an information pack is provided for the customer.

Partners involved

While this programme is operated by Belfast City Council, assistance is received from Bryson House, Voluntary Services Belfast, Northern Ireland Housing Executive, and the local Health and Social Services Trusts' Occupational Therapy Departments.

Source of funding

An initial pilot project was funded by Making Belfast Work. The scheme is considered to be a valuable intervention in improving safety in the home. As a result, it is now fully funded by Belfast City Council. In addition, the Council has provided funding for the purchase of smoke alarms, which are fitted by partner organisations. This provides further improvements to safety in homes visited by the home safety check scheme.

Expected outcomes and impact

The expected outcomes of the home safety check scheme are improvements in the safety of the home environment, increased knowledge of precautions to prevent accidents, reductions in risk taking in the home, reduction in home accidents and improved confidence in home safety. Evaluation of the scheme has shown that almost 100% of customers are satisfied with the scheme, nearly 80% feel safer following a check, and over 30% claim that they have made changes in their own home, following the advice received as part of the check. Over ten thousand homes have been visited since the scheme began, with around three thousand electrical plugs rewired or replaced each year. Around two hundred referrals to other agencies are made in a typical year.

Links with inequalities in health

This popular scheme is based on a model developed by the Royal Society for the Prevention of Accidents in England. It has been adopted by a range of authorities. Evaluation of such schemes has shown positive results. As part of the Belfast City Council scheme, many thousands of improvements have been made to the home environment, either directly or indirectly. Evidence exists of dangerous situations which have been brought under control, including gas leaks, fumes problems and unsafe electrical installations. Surveys of customers have indicated changes in behaviour and improved confidence in home safety.

Since the home safety check scheme is targeted at people most vulnerable to home accidents, and particularly those living in areas of higher social deprivation, and people who are aged under 5 or over 65, improvements in both the home environment and behaviour will have a positive impact on inequalities in health.

Belfast City Council has been providing a home safety check scheme for more than a decade, and has no plans to withdraw the scheme.

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7. Making Healthier Choices

WHO, Health 21 Target 11: Healthier Living

"By the year 2015, people across society should have adopted healthier patterns of living"

WHO, Health 21 Target 13: Settings for Health

"By the year 2015, people in the region should have greater opportunities to live in healthy physical and social environments at home, at school, at the workplace and in the local community"

Title: Actively Ageing Well

Organisation: Age Concern

Background

Actively Ageing well is a five-year programme that began in April 2002. The Programme was developed by Age Concern Northern Ireland and the Health Promotion Agency for Northern Ireland. It provides a focused community development intervention to increase the number, range and quality of physical activity programmes available to older people through community and older peoples organisations.

Description

Actively Ageing well aims to:

- Develop physical activity programmes and support the organisational development of participating community organisations, and
- Increase the range of sustainable physical activity programmes available to older people

The project operates throughout Northern Ireland. It is targeted at people aged 50 plus and seeks to make exercise and physical activity more accessible and attractive for this age group.

The project is innovative in that it utilizes a community development approach to engaging older people in participating in physical activity. The work focuses on establishing and implementing sustainable physical activity programmes for older people in the community and older people's organisations.

Older people themselves are actively involved in identifying areas of physical activity they would like to pursue and in project delivery.

At the initial stages of this process, groups undertake an Organisational Health Check, which offers an assessment of the group's needs and specific training to address these needs. This capacity building support is further enhanced through Emergency Life Support Training and "Physical Activity Counts" Training. The groups then go on to select a range of activities they would like to pursue for a six-week period.

In the first year of the project there has been a focus on general physical activities, offering groups maximum choice where possible and the opportunity to try new activities.

In subsequent years there will be a specific lead activity topic for those groups that are able or would like to focus on a particular area. The lead topics are: walking, gardening, swimming and aqua fit and dancing from years two – five respectively. In years two to five, groups will have the opportunity to train their own activity leaders for a range of physical activities. This in turn offers increased sustainability and capacity building support for the groups.

Actively Ageing Well is delivered through six consortia of community based older peoples groups throughout Northern Ireland, which incorporates 60 participating groups. Whilst the groups are offered support at an individual level, there is also an emphasis on working together in and across the consortia. This in itself offers opportunities for groups from a range of communities and backgrounds to meet together and share experiences.

Whilst the project is open to all older people to participate, up to a maximum of 60 groups, there is a particular focus on the engagement of the most disadvantaged; to strengthen communities, to challenge stereotyping and discrimination, improve access to services and to influence changes needed on the wider economic, cultural and environmental focus.

Partners involved

The Actively Ageing Well Project was devised through Age Concern Northern Ireland and the Health Promotion Agency for Northern Ireland. The project is being delivered by Age Concern Northern Ireland through six consortia of community based older peoples groups throughout Northern Ireland, which incorporates 60 participating groups. Age Concern Northern Ireland is a major voluntary organisation committed through campaigning, community development and service provision to promoting the rights of older people as active, involved and equal citizens.

The Health Promotion Agency for Northern Ireland is the major regional provider of health promotion services. The Agency plays a leading role in policy development and the provision of advice on health promotion issues. The Agency is a statutory non – departmental public body funded by the Department of Health, Social Services and Public Safety (DHSSPS) Northern Ireland.

Actively Ageing Well has a particular focus on working together with the users of the service to ensure the range of training and activity

programmes are identified by older people themselves. Thus a fundamental component of the work rests upon the partnerships developed with the community and older people's organisations. This has been very successful to date and the project has been flexible in changing some of the training programmes in response to requests from participants.

The Health Promotion Agency for Northern Ireland and Age Concern Northern Ireland worked together to develop the project in response to an identified need to work with older people to provide safe, sustainable, and enjoyable opportunities to engage in physical activity, and to try and remove some of the barriers that traditionally exclude older people from engaging in physical activity. Whilst the project is being delivered by Age Concern Northern Ireland, there is ongoing close collaboration between the two agencies to oversee the development of the project.

Actively Ageing Well also works in partnership with a number of Health and Social Service Trusts and Physical Activity Partnerships in the running of the Project. There is continued liaison and support from the Trusts, which include: Down and Lisburn Health and Social Services Trust, Craigavon and Banbridge Community Health and Social Services Trust, North and West Belfast Health and Social Services Trust and the Northern Area Partnership for Physical Activity. Actively Ageing Well works closely alongside other Age Concern initiatives, to include Age Concern local groups and the Ageing Well project.

Leisure and sports professionals are also key partners in raising awareness of the needs of older people undertaking physical activity programmes and in working towards increased accessibility of services for older people.
The project also is working with and continuing to develop working relations with policy makers, the wider community and voluntary sector and the media to raise awareness of the need for physical activity programmes for older people and to promote more positive attitudes to older people and physical activity.

Source of funding
Actively Ageing Well is a five-year project that is funded primarily through the New Opportunities Fund, Healthy Living Centres initiative, with additional support from statutory partners.

Expected outcomes and impact

Outcomes and impact of the Actively Ageing Well Project will operate on a number of levels, these include: individual health gain through improved physical and emotional well being, increased social inclusion, training and development of expertise within the community, and at a strategic level, policy and practice changes.

Physical activity through community and older people's organisations is a proven method of enabling and encouraging some of the most sedentary older people to become and remain more active.

Enhancing levels of physical activity can have a positive impact on specific health conditions that include – heart disease, stroke, type 2 (late onset or non insulin dependent) diabetes, osteoporosis, bowel cancer and Alzheimer's. The project aims to encourage some of the most sedentary older people to become and remain more active. Promoting and increasing opportunities for physical activity through community and older people's organisations has been proven as successful method of engaging and enabling older people to become more active. In addition, the community development focus offers increased capacity building for groups and increased sustainability for the promotion of physical activity with these groups

Links with inequalities in health

Inequalities in health persist through life. Those born into relatively poor families, who have undertaken dangerous and manual work, who have relatively low educational achievement, are likely to experience worse health overall and more years of chronic illness and disability than their better off counterparts in the same age range.

Significant health improvements can be made by enabling and encouraging the most sedentary older people to engage in moderate levels of physical activity. By engaging with community partners, the project will have a route straight into the heart of disadvantaged communities and older residents.

In addition to working in disadvantaged areas, it is important to recognise the particular needs of older people living in rural areas and those who are disadvantaged by ethnic minority status. The project therefore has ensured that these communities and their issues are represented.

Missing out on information, training, contacts and connections can additionally marginalize disadvantaged communities. Actively Ageing Well focuses on equity between community organisations, investing resources to ensure that all the participant groups have the

information, knowledge and capacity to articulate their needs. Community relations, development of common interests, shared activities and work across consortia has begun and will continue to break down barriers between communities.

Individuals in the participating groups will have the opportunity to train as dance, swimming, gardening and walking leaders, amongst others. This is an opportunity for enjoyable volunteering as well as potential earnings for older people. There is currently a shortage of qualified activity leaders prepared and enthusiastic to lead programmes in older peoples groups, and there is also extensive poverty amongst older people. Thus the project will go a long way towards tackling not only inequalities in health status, but also hopes to provide volunteering and employment opportunities for older people, and to target stereotypical ageist perceptions that are often made against older people at all levels of society.

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Title: Belfast City Hospital Trust Cardiac Rehabilitation Programme

Organisation: Belfast City Hospital

Background

The Belfast City Hospital (BCH) Trust provides acute hospital facilities at the Belfast City Hospital and cancer services at Belvoir Park Hospital. The Trust provides regional services and serves the population of Greater Belfast with general hospital services.

The Cardiac Unit within the BCH functions as both a local and specialist provider of cardiology services for Belfast and Northern Ireland. Since 1995 the Department has held Charter Mark award for its commitment to quality and service development.

The BCH is part of the Eastern Health and Social Services Board (EHSSB) bid to the New Opportunity Fund for the Eastern Area Rehabilitation Programme. 'Cardiac Rehabilitation can promote recovery, enable patients to achieve and maintain better health and reduce risk of death' (Effective Health Care Bulletin 1998).
The BCH is participating in the programme to ensure the uniform implementation of quality standards. It will specifically strengthen the Phase 2 and Phase 3 cardiac rehabilitation at the BCH. These Phases provide rehabilitation support for cardiac patients following discharge from hospital.

Cardiac rehabilitation is a multi-disciplinary programme of care for people with a cardiac illness. The rehabilitation programme will include structured exercise training together with continuing education and psychological support and advice on risk. A menu-based approach recognises the need to tailor services to the individual and includes specific education to reduce cardiac misconceptions, encourage smoking cessation and weight management, vocational rehabilitation to assist return to work or retirement.

The programme is targeted at those with a coronary heart disease. There is currently no selection on the basis of age, impairment,

disability or smoking status. The programme, which is run on an outpatient basis, runs over 12 weeks. It includes living with the symptoms, management of cardio-vascular risk factors, promotion and provision of regular physical activity.

The educational sessions include advice on issues such as:
- Stress Management
- Lifestyle and Symptom Management
- Relationship Advice
- Medication Information
- Return to Work/Leisure Advice
- Symptom Management

The aim of the project is to ensure that all EHSSB residents admitted to hospitals in the EHSSB area with a cardiac event and particularly the most socially disadvantaged, will have access to a quality cardiac rehabilitation programme.

Partners involved

The Cardiac Rehabilitation Alliance will promote partnership and collaborative working between public and voluntary agencies and representatives of the community of interest (patients and their families).
These include:
- Chest, Heart and Stroke Association
- Eastern Health and Social Services Board
- Royal Group of Hospitals
- Mater Hospital
- Ulster Community and Hospitals Trust
- Down Lisburn Health and Social Services Trust (HSST)
- Cardiac Support Groups
- North & West Belfast HSST
- South and East Belfast HSST
- Council Leisure Services Departments
- Eastern Physical Activity Co-ordination Group

The programme was developed by and is contributed to by the multi-disciplinary team, which include:
- Cardiac Rehabilitation Nurse
- Cardiologist
- Physiotherapist

- Dietician
- Clinical Psychologist

Patients (who have a previous history of cardiac illness) are referred to the service from either a Cardiologist, or a General Practitioner, or they may refer themselves.

Source of funding

To secure the additional funding the proposal has been submitted, as an umbrella grant from the Eastern Health and Social Services Board, to the New Opportunities Fund.

Expected outcomes and impact

The focus of the project is Secondary Prevention. The Individuals who will benefit from the project will have been admitted to hospital with a cardiac event and the rehabilitation programme will be part of their treatment plan.

The expected aims and outcomes from the programme include:

- Improvement in the patients ability to carry out everyday activities
- Reduced symptoms
- Reduced disability
- Increased confidence and well-being
- Improvement in cardio-vascular risk factors e.g. reduction in smoking, reduced blood pressure, improved cholesterol levels
- Improved health education in family and friends
- Reduced anxiety and depression
- Improved and return to work and/or leisure activities

Links with inequalities in health

The risk factors for Coronary Heart Disease (CHD) are most prevalent in the lower socio-economic groups. The incidence of cardiac events are also skewed to those individuals from lower socio-economic groups, unskilled working men are three times more likely to die prematurely of CHD than men in professional or managerial occupations. The Standard Mortality Rates for CHD in Belfast in 1987-1995 were highest in North (107) and West (106) Belfast (Belfast Healthy Cities 1998). One third of all patients admitted to EHSSB hospitals with cardiac events in 2002/02 resided in the 25% most disadvantaged wards. Individuals born in the Indian sub continent, now living in the UK are also at higher risk of developing CHD, with 38% higher death rates for men and 43% higher for women than the

UK average. Research has shown elsewhere that women and older people are less likely to be invited and to attend cardiac rehabilitation.

This initiative will target these at risk individuals, while also providing rehabilitation for all cardiac patients who are at risk of premature death and morbidity. Those will deliver the various elements of this project in a manner as to maximise accessibility in greatest need.

Reference

- Effective Health Care, *Cardiac Rehabilitation,* HNS Centre for Reviews and Dissemination, University of York, Aug 1998, Vol 4, Number 4 ISSN:0965-0288

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Title: Investing for Health – Fresh Fruit in Schools Pilot Scheme

Organisation: Department of Health, Social Services and Public Safety

Background

The mission of the Department of Health, Social Services and Public Safety (DHSSPS) is to improve the health and social well-being of the people of Northern Ireland (NI). In support of this, it was decided to develop a cross-cutting strategic approach to health improvement in view of the need to address the wider determinants of health. Consequently, the Minister for DHSSPS was given the lead responsibility for the development of the *Investing for Health Strategy* through the Ministerial Group on Public Health – a cross-governmental body consisting of senior officials from each NI Government Department.

Description

The *Investing for Health Strategy* provides a framework for action to improve health and well-being here, which focuses in particular on the sources of good health and on inequalities in health. But it requires particular action in specific areas to support its implementation. The Fresh Fruit in Schools pilot is listed as one of the actions to be taken under the objective in *Investing for Health* "to enable people to make healthier choices."

The health benefits of eating more fruit and vegetables are well documented. Research indicates that a higher intake of fruit and vegetables is associated with better health in general and particularly a lower risk of cancer and coronary heart disease. It is important that children receive good nutrition and acquire the habit of healthy eating at an early stage of their development. Fresh fruit schemes are operating successfully in schools in England and Wales, with evaluation to date showing an increase in fruit consumption which has also been extended to the home context. Consequently the Northern Ireland pilot Fresh Fruit in Schools Scheme was launched in October 2002 and is intended to run to June 2004.

The Scheme has the following aims:

- To provide access to fruit for P1 and P2 children (4-6 years of age) within selected schools
- To promote awareness of the benefits of healthy eating and good food hygiene
- To encourage children to develop the habit of eating fruit
- To encourage children to adopt and sustain healthy eating patterns in school, at home and in the community

Broad criteria were developed to identify schools to be recruited to the pilot. There was a general focus on schools which score more highly in terms of deprivation e.g. using the Noble indicators of deprivation, free school meal entitlement and levels of tooth decay.
In addition, efforts were made to secure a broad range of schools in terms of type, (maintained/controlled/integrated/special) location, (rural and urban) and size. A small number of Irish medium schools are also participating.

As a result, there have now been a total of 87 schools recruited to the scheme incorporating 4,100 pupils, which is operating in the 4 Health Action Zones.

Partners involved

A number of partner organisations have been recruited to facilitate the effective roll-out of Fresh Fruit in Schools. Initially the scheme was authorised by the cross-Departmental Ministerial Group on Public Health (MGPH) which agreed that the project would be delivered through the Health Action Zones (HAZ). Health Action Zones were created to reduce inequalities in health and social well-being and to create a healthier population through joint interventions by public agencies, the community, voluntary and private sectors. The scheme operates in areas served by the 4 HAZs.

Each HAZ has established Steering/Working Groups within their area to help oversee the pilot, take local decisions and ensure complementarity of work. These typically include representation from Education and Library Boards and Health Promotion Officers (including from oral/dental health) from Health Boards or Trusts in that area.

The HAZs have also been given the flexibility to source and distribute the fruit through whatever means they determine locally. Most are

linking with their Education and Library Boards School Meals Service who have been generally supportive. One HAZ - North & West Belfast, is sourcing fruit entirely through local suppliers with each school having its own budget. Armagh and Dungannon HAZ is using a "mixed economy" supply model i.e. some schools sourced through School Meals Service and others through local suppliers.

The Health Promotion Agency have been engaged to develop regional elements of the Scheme including:

- Development of a scheme identity
- The regional launch and related publicity
- Development and production of schools briefing packs and promotional materials
- Research and evaluation of the pilot
- Development and maintenance of a website for the scheme

It should also be highlighted that the Departments of Education (DE) and Agriculture & Rural Development (DARD) have also been closely involved in providing advice and relevant points of contacts to facilitate administration of the scheme, and were initially members of a project steering group.

Source of funding

Funding for the pilot was secured by the Ministerial Group on Public Health from Executive Programme Funds.

Timescale

The pilot scheme is scheduled to run from October 2002 to June 2004.

Expected outcomes and impact

The scheme is aiming for the following outcomes:

- To provide greater access to fresh fruit
- To promote the benefits of eating fresh fruit
- To encourage development of healthy eating habits in children
- To encourage sustainability of healthy eating patterns

An evaluation of Fresh Fruit in Schools will aim to measure the impact of the scheme on the following:

- The change in childrens' attitude to fresh fruit
- The change in childrens' awareness of the benefits of eating fresh fruit

- The change in childrens' consumption of fresh fruit
- Any change in the general dietary habits of children
- Any change in attitude and dietary habits been transferred from the classroom to the home
- The changes in the habits or attitudes of parents towards fresh fruit
- The effect of the scheme on classroom behaviour
- The effect of the scheme on the school environment and atmosphere
- The sustainability of these impacts

A similar scheme, the National School Fruit Scheme, has already been piloted in more than 500 schools in England. The initial evaluation has shown that the scheme is popular with the children, their parents and teachers. The most popular fruits were bananas, followed by apples, satsumas/clementines, plums and pears. The level of consumption was maintained during the period of the pilots, with 44% of schools reporting that the consumption of fruit increased over a six week period. There is some evidence that the scheme is encouraging children to choose fruit in preference to less healthy choices. In some instances children are reported to have overcome their initial reluctance to eat fruit or to try new fruits, largely as a result of positive peer pressure.

The evaluation also highlighted a number of wider benefits in the school. For example, teachers report that the scheme is a support to teaching and learning about healthy eating and has been used to support science, numeracy and literacy in schools. Other benefits of the scheme included improved attention levels, an increased ability to settle down to work and better behaviour generally among the children.

Links with inequalities in health

Good nutrition is essential during childhood, as it is a time of rapid growth, development and activity. This is also a vital time for healthy tooth development and prevention of decay. General eating habits and patterns are formed in the first few years of life, so it is important that the food and eating patterns to which young children are exposed - both in and outside the home - are based on good nutrition.

The role of fruit and vegetables in a healthy balanced diet is well recognised. They are valuable between-meal snacks as alternatives to confectionery and crisps. They also have an important role in

protecting against several major health problems that affect Northern Ireland, including heart disease and cancer. Experts recommend that we eat five or more portions of fruit and vegetables each day.

Research published in 2001 highlighted that children here are high consumers of snacks that are high in fat and/or sugar. For example, more than two out of five boys and almost half of girls aged 5-11 years were reported to eat confectionery at least once a day. Also approximately half of boys and girls of the same age were reported to eat savoury snacks such as crisps at least once a day.

In contrast, the consumption of fruit and vegetables in Northern Ireland is much lower than is currently recommended. For example, only 12% of 5-11 year old children in the survey ate five or more portions each day, according to their parents, while 15% do not eat any fruit or vegetables on a daily basis.

This research also indicated that people from low income households tended to have less healthy eating patterns generally and to eat less fruit and vegetables in particular than those living in more affluent circumstances. These groups also reported most difficulties making dietary changes because of issues such as cost, availability and accessibility of fruit, vegetables and other healthy food choices. In a stark illustration of how inequalities in health develop and impact on our lives, people from low income households are also known to experience more ill health and to die younger compared with those from higher income households. The fresh fruit in schools pilot scheme has considerable potential to tackle inequalities in health by being targeted at children in schools in the most disadvantaged areas, who experience the poorest health.

Encouraging and enabling young children to develop healthy eating patterns offers great potential to invest in public health for generations to come. Research highlights that eating patterns developed during childhood tend to be continued into adulthood. Many of the chronic diseases that occur later in life begin to develop during childhood. In particular by targeting children from disadvantaged areas and low income households, and by promoting the importance of a healthy diet, progress can be made in breaking the perpetual cycle of health inequalities.

Reference

Health Promotion Agency (2001) *Eating for Health – A Survey of Eating Habits among children and young people in Northern Ireland*

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Title: Mater Hospital Trust Pulmonary Rehabilitation Programme

Organisation: Mater Hospital Trust

Background

Chronic Obstructive Pulmonary disease (COPD) is a major public health problem. It is the fourth leading cause of chronic morbidity and mortality in the UK and the United States and is projected to rank fifth in 2020 as a world wide burden of disease.

Within North Belfast the prevalence of respiratory disease is exceptionally high with 90% of single parents from inner city housing estates still smoking. The future rate of COPD sufferers can be expected to be 20% of this population, which will have a major impact on their individual health status and future health care resources. The insidious nature of COPD means that the disease can be moderately severe before it is diagnosed and irreparable damage has been caused to the individual's respiratory system. The breathlessness that occurs restricts activities of living and is known to result in anxiety or depression in up to 50% of sufferers.

Description

The Mater Hospital Trust has long recognised and responded to the needs of COPD sufferers in it's local catchment population and a number of years ago developed and adopted an integrated care pathway for these patients.

In November 2001 it further developed this work by introducing a Pulmonary Rehabilitation Programme. Prior to this development, North Belfast patients requiring pulmonary rehabilitation had to travel to the Belfast City Hospital and many do not have access to private transport. In addition they were receiving rehab from staff who had not been involved with their inpatient care. The American Thoracic Society (1999) defines pulmonary rehabilitation as:

"A Multidisciplinary programme of care, for patients with chronic respiratory impairment which is individually tailored and designed to optimise physical, and social performance and autonomy."

The programme is targeted at those with sufficient lung function. There is currently no justification for selection on the basis of age, impairment, disability or smoking status. The programme, which is run on an outpatient basis, runs over 8 weeks. It includes physical exercise, disease education, psychological and social intervention. Patients undertake physical aerobic training – brisk walking or cycling, receive individual physiotherapy advice, smoking cessation advice, and educational sessions, covering issues such as: Nutritional Advice; Managing Travel; Benefits System; Making a Change Plan; Loving Relationships and Sexuality; and Exacerbation Management.
At the end of 2002 a Respiratory Patient Support Group was launched, at the request of patients themselves, to address some of the social isolation issues so common with COPD and particularly prevalent in areas of social and economic deprivation such as North Belfast.

Partners involved
The programme was developed by and is contributed to by the Multi -disciplinary hospital team which includes:

- Respiratory Nurse Specialist
- Respiratory Physician
- Physiotherapist
- Dietician
- Occupational Therapist
- Pharmacist

Patients are referred either from the Respiratory Physician or their GP.

Source of funding
The Trust has received no funding specifically for Pulmonary Rehabilitation. The service has been developed by re-configuring funding which is received for the Respiratory service in general from our commissioners – Eastern and Northern Health and Social Services Boards.

Expected outcomes and impact

The aims of the Pulmonary Rehabilitation Programme are to:

- Reduce Symptoms
- Reduce Disability
- Increase Functional Capacity
- Improve Health Status
- Facilitate the development of coping strategies
- Provide self management skills
- Reduce dependence and the health care burden

Links with inequalities in health

COPD has suffered from a negative image amongst healthcare workers and the public in general. It tends to be viewed as a "self-inflicted" disease due to its link with smoking and patients themselves often have low expectations of what can be done to control/improve their symptoms. In comparison to Cardiac related conditions it receives less funding, less publicity and less attention, despite its prevalence.

The Pulmonary Rehabilitation Programme has the potential to improve adherence to medication, exercise tolerance and changes in activities of daily living. It, in conjunction with the Support Group, also has the potential to increase participants' confidence in themselves. This in turn enables a client group who have traditionally been unseen, despite the size of group, to speak up for themselves and demand that their health care needs are addressed.

Finally, the programme prevents patients living in the local catchment area, who often have to rely on public transport, from having to travel for their rehabilitation.

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Title: H.Y.P.E. (Health for Youth through Peer Education) - Promoting the Sexual Health of Young People

Organisation: North and West Belfast Health and Social Services Trust

Background

HYPE is a project that aims to improve the sexual health and well-being of young people by increasing their access to health education, information and services.

The project is based within the Nursing Department of North and West Belfast Health and Social Services Trust (NWHSST) and is managed by the Primary Care Co-ordinator who is responsible for Family Planning Nurses across the Eastern Health and Social Services Board Area (EHSSB).

The project was developed as a result of increasing concerns about the high rates of teenage pregnancy in North and West Belfast. A consultation document entitled *'Myths and Reality: Teenage Pregnancy and Parenthood'* was issued by the Department of Health, Social Services and Public Safety in November 2000. The report highlighted the fact that unplanned teenage pregnancy and early motherhood or fatherhood is associated with poor educational achievement, poor physical and mental health, social isolation and poverty. The development of HYPE closely followed the recommendations contained within this report.

The target group for the project are young people, aged under 25 years, living in the North and West Belfast Health Action Zone area. Young people in this area are often disadvantaged by a range of social and economic factors and the rates of teenage pregnancy are much higher than in the rest of the EHSSB region. In 1998, 42.1% of the births to teenage mothers within the EHSSB area were in North and West Belfast. The project has specifically targeted vulnerable young people who are the most likely to become pregnant such as those in care, those who drop out of school, teenagers whose mothers were teenage mothers and those in the juvenile justice system.

Major initiatives delivered within the project have included:
Peer Education Programmes – delivered in schools and community locations such as youth clubs and community centres. The programmes cover topics such as relationships, confidence building and information on services as well as covering sexual health issues.

Youth Advice Services – a clinic is held weekly in Belfast city centre and outreach services have been developed in other locations such as schools, the Belfast Institute of Further and Higher Education, hostels for the homeless, youth forums and aftercare drop-in sessions. The clinics provide health checks, pregnancy testing, advice and information, free contraceptives and referral to other services.

Provision of Information – a range of cards, leaflets and posters have been developed containing information on sexual health issues and useful telephone numbers. Information packs have also been developed for young people and for new mothers aged under 20. An information phone-line is in operation every weekday for an hour in the afternoon for use by both young people and parents.

The KISS (Keeping it Safer Sex) Road-shows – have been presented within schools consisting of a drama production performed by young people followed by facilitated discussion groups to explore the issues raised. The drama was created jointly by the Rainbow Factory from Youth Action Northern Ireland and HYPE project staff.

The HYPE project, is implemented by a multi-disciplinary team consisting of a full-time Project Leader, three full-time and one part-time Peer Educators, a full-time Family Planning Nurse, a Family Planning Doctor who provides one session a week at the city centre clinic and a part-time Clerical Officer.

Partners involved
The HYPE project works with a wide range of statutory, voluntary and community organisations. The Health Educational programmes alone have involved partnership with 75 agencies. An Advisory Group, representing a range of interests, has helped to develop the project. Some of the main partners include:
- North and West Belfast Health Action Zone
- Belfast Education and Library Board
- Belfast Institute of Further and Higher Education

- Girl's Model Secondary School and other Local Schools
- Genito-Urinary Medicine Clinic, Royal Hospitals Trust
- Eastern Health and Social Services Board
- South and East Belfast Health and Social Services Trust
- Down and Lisburn Health and Social Services Trust
- Belfast Brook Advisory Group
- Family Planning Association
- Simon Community
- Northern Ireland Youth Forum
- Include Youth
- Opportunity Youth
- Youth Action Northern Ireland
- Upper Springfield Development Trust
- Springhill Youth Development Project
- Training for Life Project

Source of funding

The project has been funded by the Belfast Regeneration Office for a period of three years up to June 2003. Further funding is now being sought whilst a strategy for the sustainable future of the project is devised.

Timescale

Start – August 2000
Completion – June 2003

Expected outcomes and impact

The sexual health needs of young people in North and West Belfast were investigated in a study conducted prior to the development of the HYPE project. The proportion of teenage births in North and West Belfast was higher than other areas, rates of sexually transmitted diseases for young people were rising and it was shown that a significant number of sexually active young people were not accessing the appropriate services. High rates of unplanned pregnancy and sexually transmitted infection have been linked to poor knowledge about sexual health and failure to put this knowledge into practice once it is acquired. The HYPE project was therefore developed with the core aims of increasing the uptake of services, supporting the reduction and prevention of sexually transmitted infections and reducing the rate of unplanned pregnancy amongst young people.

An independent evaluation of the project was commissioned after it had been in operation for two years. The evaluation included extensive consultation with the main stakeholders and project participants. It was found that overall the project had met and, in fact exceeded, its key targets and had gained widespread recognition and respect for its work.

The project has had a significant impact in terms of the number of young people that it has seen. Between January 2001 and October 2002 many young people took part in education sessions or programmes: 815 within schools and 623 in non-schools based programmes/sessions. During the same period, 373 young people registered with the city centre advisory service and 513 at outreach services.

Analysis of trends in birth rates shows that in the EHSSB area as a whole, the number of births to women under 20 fell by 12.07% between 1998 and 2001. However, on its own North and West Belfast showed a sharper decline of 16.27%. Although the drop in birth rates could be attributed to a number of factors, with the numbers of young people accessing the services provided by HYPE, it seems reasonable to conclude that it has at least made a contribution to the downward trend in birth rates to young women. Unfortunately, the data is not available to analyse trends in sexually transmitted diseases by Trust or age group.

The overwhelming evidence from the consultation with stakeholders and participants is that the project has achieved its purpose in promoting and supporting the development of positive behaviours with regard to sexual health amongst young people in North and West Belfast.

Links with inequalities in health

The evaluation report identified a number of key success factors that contributed to the effectiveness of the project:

- The project was developed in response to clearly identified needs
- A series of recent policy statements on the sexual health of young people supported the need for the project
- The development of the multi-disciplinary team was underpinned by strong, shared common vision and values
- Partnership working was developed at all levels of the project
- Clear project objectives and targets were developed at the outset to guide the project's development
- All of the project staff had a track record in working with young people, sexual health promotion and/or peer education

- Some of the team members had prior, positive experience of peer educators working alongside professional staff
- Time and effort were expended on team building and nurturing activity by an experienced, skilled project leader
- There was an emphasis on developing mutual respect for the roles and expertise of others in the team
- Time was taken to formally combine best practice from the three main strands in the project model, i.e. youth work, peer education and family planning
- Strong operational management was provided by a Project Leader to whom all staff report
- The project's location within the Trust under the management of an experienced Nurse Manager provided extra support
- A culture of open communication and consensus decision-making was developed within the team
- A very flexible and responsive approach was taken to delivering customised sexual health education programmes that respected the values and constraints of the host agencies
- The team took a strong creative and experimental approach to the design of service delivery models in a range of different settings

Research has shown links between teenage pregnancy and social exclusion and deprivation. Evaluation of the HYPE project has shown that it has contributed to reducing health inequalities by equipping young people individually with the knowledge and support to address sexual health issues and by providing new and accessible services.

Reference

- Department of Health, Social Services and Public Safety (2000) *Myths and Reality: Teenage Pregnancy and Parenthood'*

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Title: YAHOO (Youth and Health Outreach Office)

Organisation: Royal Group of Hospitals

Description

YAHOO (Youth and Health Outreach Office) is a project that aims to improve the sexual health and well-being of young people in North and West Belfast. The programme focuses on young people aged between 13 and 19 years and is based in the Ballymurphy Women's Centre in West Belfast. The centre is open and provides a planned programme every Monday night from 7.00pm to 10.00pm as well as providing a drop in support programme. The programme is staffed by a community midwife who is based in the Royal Jubilee Maternity Hospital and is supported by Ballymurphy Women's Centre and voluntary workers.

YAHOO was developed as a result of increasing concerns over the lack of education and information on sexual health matters among young people within the Upper Springfield area of West Belfast. There was also increasing concerns about the high rates of teenage pregnancies in North and West Belfast. A consultative document entitled *"Myths and Realities, Teenage Pregnancy and Parenthood"* was issued by the Department of Health, Social Services and Public Safety in November 2000. This Report highlighted the fact that unplanned teenage pregnancies and early motherhood or fatherhood is associated with poor educational achievement, poor physical and mental health, social isolation and poverty.

The YAHOO project was established prior to the *Myths and Reality* and is mentioned as a model of care document but received additional impetus from the recommendations of this report and this has allowed the project to go from strength to strength.

The target group for the project is young people, male and female, aged between 13 – 19 years living in the Upper Springfield area in West Belfast, however, many other groups from across Belfast visit the YAHOO Project and have taken part in programmes delivered by the staff members of the YAHOO Project. It is widely recognised that

young people who live in the North Belfast area suffer multiple disadvantages across a range of indicators and indeed the Upper Springfield area is ranked third overall in the Noble Index of Deprivation for Northern Ireland. In 1998 42.1% of all births to teenage mothers in the Eastern Health and Social Services Board area were in North and West Belfast. The YAHOO Project aims to engage those most vulnerable in the Upper Springfield area, particularly those who are at risk from exclusion, prescribed and non-prescribed drug abuse, and those who have come to the attention of both the informal and formal policing systems which exist in the area.

The YAHOO Project aims to provide an environment which is safe and non-judgemental and encourages young people to feel free to use the drop-in facility for a variety of purposes.

The formal 8 week programme which the YAHOO Project delivers, centres on increasing knowledge of the reproductive system, contraception, sexually transmitted diseases, drug abuse, parenting skills, as well as talks from external speakers such as Women's Aid, Rainbow who educate young people in HIV and AIDS awareness and Sheltered Help who work with people with substance abuse, alcohol problems and drug abuse.

Partners involved

The YAHOO Project is a community based project that is a partnership between the Royal Group of Hospitals Trust and the Ballymurphy Women's Centre. However, there are other groups who are involved both in the delivery of the programme, using the services of the programme, and supporting the initiatives. Some of the other partners involved are:

- North and West Belfast Health Action Zone
- Belfast Education and Library Board
- Belfast Brook Advisory Group
- Upper Springfield Development Trust
- North and West Belfast Community Trust
- Women's Aid
- Meanscoil Feirste

Source of funding

Most of the funding for the Project has been supplied by costing the time of the midwife to the Royal Group of Hospitals. However, the Project has recently heard that it has been successful in receiving money per annum from the Executive Programme Funds (Children's Fund) which will sustain the programme and help develop it over the next two years.

Expected outcomes and impact

It is anticipated that the proportion of teenage pregnancies in North and West Belfast will be reduced as a result of interventions such as the YAHOO Project, as well as other projects which are being delivered in the area and which also aim to address teenage pregnancy. It is also anticipated that the Project will address high rates of sexually transmitted infection which had been linked to poor knowledge about sexual health, and failure to put this knowledge into practice once knowledge is acquired.

The YAHOO Project's basic philosophy is to raise young people's awareness of prevention of both, sexually transmitted diseases, and unwanted pregnancy, as well as self responsibility and encouraging young people to take responsibility for their own lives. The Project also demonstrates the value in partnerships between community organisations, statutory agencies and education providers. It is also recognised that the strength of the YAHOO Project is in its ability to communicate with young people who have been disenfranchised by traditional intervention programmes delivered by the Public Sector. The YAHOO Project recognises the limitations placed on young people by their lack of literacy and numeracy and the programme is tailored accordingly. Furthermore given that the programme was a bottom-up response to the perceived major issue affecting a local community it is valued by the local community and young people are encouraged to attend, and not dissuaded by peer pressure. Midwives act as a referral point to other service providers if a young person presents with issues or problems outside the midwives sphere of knowledge and practice.

Analysis of birth rates within the Eastern Board area as a whole have shown that the rate of births to women under the age of 20 has fallen and has fallen most shapely in the North and West Belfast area by 16.27%. Whilst this drop in birth rate could be attributed to a number of factors it may be accepted that the YAHOO Project and

interventions such as it have made a significant difference. Furthermore, qualitative analysis of the Project which is gained through participant feedback as well as focused group meetings would support the hypotheses that the Project has made a difference in engaging young people to talk about issues which they normally find difficult to discuss. More quantitative analysis of the Project in terms of numbers attended and rates of pregnancies, which have resulted or not resulted, is not yet available. But this type of longitudinal study would be valuable to further reinforce the point that this bottom-up approach to a perceived messy problem in a local area can have significant effect.

Links with inequalities in health

As already stated it would appear that the YAHOO Project is unique in a number of aspects:

- It is the bottom-up approach to addressing a perceived difficult issue in a local area
- It is jointly owned and managed by stakeholders from the Public Sector and the Community Voluntary Sector
- The programme responds to the needs of the young participants who use the service and it is modified or adopted as appropriate, taking on board feedback received from the participants
- There are clear objectives and actions linked to these objectives, which guide the project implementation
- Having a community based midwife acting as an anchor within the project gives it a creditability within the local community as well as with the public service stake holders
- Many of the volunteers working in the programme have developed further skills and knowledge about sexual health matters which has helped develop the curriculum of the programme
- The values and ethos of the programme are imbedded within community development ethos and the project is viewed with some pride by the local community, and young people are consequently encouraged to attend

The links between deprivation, social isolation and lack of formal educational qualifications with teenage pregnancy and increasing numbers of sexually transmitted diseases is well established. The YAHOO Project which is a community based initiative is unique in its approach to addressing these issues and has established a track record at attracting a targeted audience to address these difficult and intangible problems.

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Title: South Belfast Highway to Health

Organisation: South Belfast Highway to Health

Background

South Belfast Highway to Health has emerged as a result of an extensive consultation process on health and wellbeing issues throughout the disadvantaged communities in south Belfast, undertaken over a period of two years. It is firmly based on principles of partnership and co-operation and on a holistic and broad definition of health, and is rooted in community development principles.

While the consultation process identified numerous specific health issues, the overriding issues were lack of information and poor access to health and wellbeing services and facilities. As a result, South Belfast Highway to Health is about facilitating access to health and wellbeing information and programmes, and providing support for disadvantaged individuals and communities in south Belfast to influence services and renegotiate their relationships with service providers.

This Project is bringing together 10 target communities in south Belfast from different cultural backgrounds. The emphasis will be on participation, confidence-building, developing skills and allowing communities to define their own health needs, while developing relationships between communities and service providers and creating opportunities to contribute to decision-making processes.

Description

South Belfast Highway to Health is focusing on the ten most disadvantaged communities in south Belfast:

- Ballynafeigh
- Donegall Pass
- Lisburn Road
- Lower Ormeau
- Markets
- Sandy Row
- Taughmonagh
- Village
- Chinese community
- Other Ethnic minority communities

The Project will employ 10 Health Development Workers (currently 6 are in post), one for each of the target communities. Ideally these will be 'lay' health workers, recruited from and based within the target communities.

Each Health Development Worker will be supported by a Community Health and Wellbeing Advisory Group at community level, which will be made up of representatives of community organisations, individuals from the community, and health professionals, when appropriate. This group will advise and support the worker and will provide community input into the programme.

While a needs assessment has already taken place to develop this project, the Health Development Workers, in conjunction with the Advisory Groups, will undertake further health and wellbeing needs assessments within the target communities in order to identify local priorities. These will then provide the basis for individual Community Health and Wellbeing Action Plans.

The Health Development Workers will develop information resources within communities and will provide a link to agencies and services, while also developing and organising health and wellbeing programmes to meet the community needs identified. To date these have included physical activity programmes, cancer awareness, healthy eating, smoking cessation, stress management, confidence building, drug awareness, sexual health awareness and general health awareness. Training will also be organised to build the capacity within communities to enable local people to take action around their own health and wellbeing and promote long-term improvement in health and wellbeing.

The Project will also employ a centrally based Support Team, which will support the Health Development Workers and will link the project strategically with agencies and services. It will ensure the development of strong relationships between agencies, the Project and communities and will support the Health Development Workers in building capacity within communities to develop and understanding of agencies, and enable community input into service re-design.

The Team will also support the Health Development Workers in developing links between communities to promote strong

relationships, regular information exchanges and enable communities to work jointly on common themes.

South Belfast Highway to Health will build and develop extensive links with existing programmes and ensure that communities will be able to take full advantage of these.

Partners involved
The lengthy consultation process and development of the Project has resulted in a strong partnership of community and voluntary groups, representing the ten most disadvantaged communities in South Belfast; South Belfast Partnership Board; Housing Executive; South and East Belfast Health and Social Services Trust; and Belfast City Council. This is reflected in the make-up of the Management Board where each of the communities and each of the partners are represented. The work of the Project is currently supported by the South and East Belfast Health and Social Services Trust Community Development Team.

Source of funding
The Project has obtained funding from the Eastern Health and Social Services Board (EHSSB) and from the Investing for Healthier Communities Programme, through the Community Foundation for Northern Ireland. It has also obtained funding from New Opportunity Fund (NOF), Healthy Living Centres, and Belfast Regeneration Office (BRO).

Timescale
Programme started: September 2002
Programme to be completed: March 2005

Expected outcomes and impact
The outcomes and impacts are expected to be:
- Increased health awareness
- More control over physical and mental health and wellbeing
- Ability to make more informed choices
- Increased levels of grass roots health and wellbeing activity
- Increased confidence and capacity within communities with regard to health and wellbeing
- Changes in attitudes and lifestyles through health programmes, support groups, links to external and community supports

- Increased collaboration and relationships with health professionals, leisure centres, etc
- Strong partnerships at strategic and operational level between community, voluntary and statutory organisations
- Social interaction and dialogue within and between communities and across the community and ethnic divide through joint initiatives providing optimal opportunities for greater wellbeing through increased social networks
- Increased involvement of health professionals at community level
- Influence on service re-design and changed services

Links with inequalities in health

The Project targets the most disadvantaged communities in south Belfast and will address the needs of people in their own communities by working at community level, and ensuring consultation with communities on their needs. The project will target inequalities through working with those suffering the worst health, who do not access existing services effectively. Social exclusion will be tackled by affording opportunities to individuals and communities to have an input into the design and development of services, and encouraging agencies to develop positive relationships with communities. The project will promote coping skills through education, training and outreach work, and encourage community activity and self-help in disadvantaged neighbourhoods through an extensive health and wellbeing programme. Opportunities will be maximised for individuals, families and communities to protect and improve their health through the enhancement of knowledge, and better use of existing resources. Partnership working between local communities and with other agencies will be encouraged; as will the development of structures and skills, which will extend beyond the life of the Project, by ensuring that skills will remain within communities, and that ongoing relationships between communities and service providers will be developed.

The Project will be monitored and evaluated on an ongoing basis, in order to ensure that the aims and objectives are met. The Project will make contact with other health and wellbeing initiatives in order to share experiences and learning. Learning from the Project will be transferable to other initiatives, both at community and at agency level.

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8. Eastern Health and Social Services Board

WHO, Health 21 Target 20: Mobilizing Partners for Health

"By the year 2005 implementation of policies for health for all should engage individuals, groups and organisations throughout the public and private sectors, and civil society in alliances and partnerships for health.

Title: Tackling Inequalities in the EHSSB Area

Organisation: Eastern Health and Social Services Board

Background

The Eastern Health and Social Services Board (EHSSB) is one of 4 Boards in Northern Ireland, and is responsible for the population living within the Council Districts of Ards, Belfast, Castlereagh, Down, Lisburn and North Down. The central role of the Eastern Board is to Commission a wide range of health and social care services relevant to the needs of the population.

Description

In the ongoing assessment of need of the population the Board has analysed the specific distribution of deprivation and the strong corresponding relationship with health and well-being. The Board recognised that improvements in the health and well-being profile of the population, particularly for those who live in the least affluent areas, requires action and resources focusing on the wider determinants of health. The emergence of the Department of Health Social Services and Public Safety (DHSSPS) led *'Investing for Health'* Policy framework has represented a major opportunity to develop a 'tackling health inequalities strategy' within the Eastern Board area.

The Eastern Board approach to date includes, construction of an ongoing record of the current relevant work of a wide range of statutory, voluntary and community organisations. This provides a broad picture of how a significant number of key organisations are contributing to wider determinants of health activity.

An interactive Internet Website called "Wellnet" (www.wellnet-ni.com) has been developed. The Site represents a number of opportunities. Firstly a wide range of invited organisations can describe their work and have access to details of other organisations, projects and approaches, thus promoting mutual learning. Secondly "Wellnet" will be used as a means of identifying organisations that may wish to meet to undertake collaborative work on an issue or geographical basis related to the tackling health inequalities agenda.

Four Health and Well-being Officers have been employed to support the development of the *Investing for Health* Strategy. Each of these Officers is based within a local Health and Social Services Trust site and will work closely with Trusts and Trust area community, voluntary and statutory organisations. The focus of this work will be on agreeing processes aiming to achieve improvements in local health and social well-being, and on improving the potential to achieve progress on priority needs. The main vehicle for planning progress on priority needs will be a Health Improvement Plan.

An Initial Health Improvement Plan framework has been developed and will include an analysis of local need and proposals to tackle health inequalities. The 2003/04 *Investing for Health* 'Health Improvement Plan' (HIP) will form the basis for a rolling annual programme of similar Plans.

The two overarching goals of *Investing for Health* are:

- To improve the health of our people by increasing the length of their lives, and increasing the number of years they spend free from disease, illness and disability.
- To reduce inequalities in health between geographic areas, socio-economic and minority groups.

The intended beneficiaries and target groups of the Strategy within the EHSSB area will be as outlined in the *'Investing for Health'* Policy Document. These include;

- Families and children experiencing poverty
- All people and young people in particular who lack the skills and attitudes to achieve
- Those individuals and communities facing risks to positive mental health and emotional well-being
- Increase in access to social housing and improvements in levels of air pollution
- Improvements in Estates and local neighbourhoods
- Reductions in accidental injuries and deaths in the home, workplace and on the road
- Enabling people to make healthier lifestyle choices

Partners involved

The Eastern Board are keen to involve as wide a range of partners in the *Investing for Health* strategy as is appropriate and practicable. The partners with whom we expect to make formal relationships in the Eastern area include:

- The District Councils - Ards, Belfast, Castlereagh, Down, Lisburn and North Down
- Health and Social Services Trusts
- Belfast Education and Library Board, South Eastern Education and Library Board
- Northern Ireland Housing Executive
- The Belfast Regeneration Office and The Area Partnerships-North Belfast, Greater Shankill, West Belfast, Greater East Belfast and South Belfast
- Area Partnerships in Ards, Down, Lisburn and North Down
- Belfast Healthy Cities
- Local Strategy Partnerships
- North and West Belfast Health Action Zone
- Local Health and Social Care Groups
- Health Promotion Agency
- Healthy Living Centre Projects
- Sure Start projects
- A wide range of Community and Voluntary Groups

Source of funding

Initial seeding funding was allocated from the DHSSPS to Boards to facilitate the recruitment of *Investing for Health* staff. It is anticipated that the Health Improvement Plan will, from 2004/05 onward, have an allocated budget from the DHSSPS. The amount is as yet undesignated.

Expected outcomes and impact

The *Investing for Health Strategy* involves the Eastern Board developing a Programme whereby key areas of health Improvement can be addressed. For such programmes to be successful, collaboration with the key statutory, community, and voluntary sector is required. The Initial Health Improvement Plan 2003/04 will represent proposals reflecting a wide range of diverse activity on the *Investing for Health* targets. Establishing agreement and consensus on those areas that will be the subject of longer-term programmes/project activity within Trust areas and across the Eastern area, will be partly facilitated through the operation of the "Wellnet" site. The Health

Improvement Plan will reflect an interactive process between a wide-range of Eastern Area organisations. Plans will evolve over the next decade that not only highlight priorities for collective action, but also indicates effective local action on addressing inequalities and shares that learning across the Eastern Area Partnership.

Specific Objectives of the EHSSB Strategy will lead to:

- Formal written protocols between the EHSSB and various Partners outlining specified progress on *Investing for Health* targets
- 80 registered organisations actively using the "Wellnet" site with spin off meetings and Seminars facilitated by the Board *Investing for Health* Team
- Identification of Programmes/Project Proposals to be included in the Health Improvement Plan
- Procurement of funding against Priority Project Proposals through a Health Investment Plan

Links with inequalities in health

The *Investing for Health* Strategy being developed within the Eastern Area has the potential to be successful at promoting innovative responses to health inequalities for a number of reasons.

Firstly *Investing for Health* is a key Policy within the DHSSPS and has the support and involvement of the Cross Departmental Ministerial Group on Public Health. In addition IfH represents the leading edge 'Programme for Government' Initiative to secure progress on the "Working for a Healthier People" Priority.

Secondly a considerable body of expertise and experience exists across the various sectors within the Eastern Area. The Northern Ireland Housing Executive, Health and Social Services Trusts, North and West Belfast Health Action Zone, Belfast Healthy Cities, and the Local Area Partnerships, for example, have much accumulated knowledge to bring to bear on applied approaches to tackling the communities with the greatest needs. Combined with significant current activity, such as Sure Start, Healthy Living Centre Programmes, and Investing for Health Demonstration Grant Projects, there should be no shortage of potential contributors to the Tackling health inequalities/*Investing for Health* agenda.

Finally there appears a considerable degree of consensus and agreement across the sectors within the Eastern Area that tackling health inequalities and addressing the wider determinants of health is of crucial importance. Developing a framework, that can provide validation and support for current approaches being undertaken, as well as developing direction and agreement on priorities, will be important. If this can be accomplished then it is more likely that agreeing integrated strategic action and programmes capable of making a measurable impact on improving health within those areas with the greatest needs, will be successfully achieved.

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USEFUL CONTACTS AND DOCUMENTS RELEVANT TO INEQUALITIES

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The Institute of Public Health in Ireland www.publichealth.ie

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World Health Organization (WHO) www.who.dk

WHO European Healthy Cities www.euro.who.int/healthy-cities

Pan American Health Organisation www.paho.org

GLOSSARY

A number of abbreviations have been used throughout this document. These abbreviations are explained below:

ACE	Action Community Employment
AIDS	Acquired Immune Deficiency Syndrome
AQMAs	Air Quality Management Areas
AQS	Air Quality Strategy
AST	Appraisal Summary Table
BCH	Belfast City Hospital
BEBP	Belfast European Partnership Board
BELB	Belfast Education and Library Board
BITC	Business in the Community
BMAP	Belfast Metropolitan Area Plan
BP	British Petroleum
BRO	Belfast Regeneration Office
CCMS	Catholic Council for Maintained Schools
CDHN	Community Development & Health Network
CHD	Coronary Heart Disease
CHIP	Community Health Information Project
CIS	Communities in Schools
COPD	Chronic Obstructive Pulmonary disease
DARD	Department of Agriculture & Rural Development
DENI	Department of Education
DEL	Department for Employment and Learning
DETR	Department of Environment, Transport and the Regions
DHSSPS	Department of Health, Social Services and Public Safety
DRD	Department for Regional Development
DTI	Department for Trade and Industry
EBCHIP	East Belfast Community Health Information Project
EHSSB	Eastern Health and Social Services Board
EUPPR	European Union Programme for Peace and Reconciliation
FE	Further Education
fpaNI	Family Planning Association, Northern Ireland
GMC	General Medical Council
GOMMMS	Guidance On Methodology for Multi-Modal Studies
GP	General Practitioner
H&SS	Health and Social Services
HSSB	Health and Social Services Board
HSST	Health and Social Services Trust

HAZ	Health Action Zone
HEBS	Health Education Board Scotland
HIA	Health Impact Assessment
HIP	Health Improvement Plan
HIWG	Health Issues Working Group
HIV	Human Immunodeficiency Virus
HYPE	Health for Young People through Peer Education
LAQM	Local Air Quality Management
LHSCG	Local Health & Social Care Groups
LVRP	Ligoniel Village Regeneration Partnership
MBS	Malecare Befriending Scheme
MDMS	Multiple Deprivation Measure Scores
MENCAP	Mental Handicap Association
MGPH	Ministerial Group on Public Health
MiDAS	Mini-bus Driver Awareness Scheme
NHS	National Health Service
NI	Northern Ireland
NIBEP	Northern Ireland Business Education Partnership
NICEM	Northern Ireland Council for Ethnic Minorities
NIE	Northern Ireland Electricity
NIHE	Northern Ireland Housing Executive
NIMBA	Northern Ireland Mothers and Baby Action
NISRA	Northern Ireland Statistics and Research Agency
NOF	New Opportunities Fund
NSPCC	National Society for the Protection of Cruelty to Children
NUS	National Union for Students
NWBHSST	North and West Belfast Health and Social Services Trust
OFMDFM	Office of the First Minister and Deputy First Minister
PAC	Parents' Advice Centre
PACT	Peninsula Community Transport Ltd
PHLP	Peninsula Healthy Living Partnerships
PV	Photovoltaic
RELATE	Voluntary counselling advice service
RoSPA	Royal Society for the Prevention of Accidents
RTS	Regional Transportation Strategy
SEBDOC	South East Belfast Doctors on Call Cooperative
SEELB	South and East Education and Library Board
SPURS	Student Powered Units of Resource
TSN	Targeting Social Need
UCF	Ulster Cancer Foundation

UK	United Kingdom
USI	Union of Students in Ireland
UUJ	University of Ulster, Jordanstown
WHO	World Health Organization
WISPA	Women in Sport and Physical Activity
WRDA	Women's Resource and Development Agency
YAHOO	Youth and Health Outreach Office
YMCA	Young Men's Christian Association

Notes

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Notes

Photographs courtesy of:

New Opportunities Fund
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