Review of Rialto Community Health Projects

2011- 2012

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Rialto Community Health Projects

Contents

Foreword

The HSE Health Promotion Department is proud to be associated with the foundations of a community development approach to health in Rialto for over 10 years. Through the social regeneration of Fatima, the Health Promotion Department was able to support, in conjunction with the Combat Poverty Agency at the time, a community model of health based on the social determinants of health. The Fatima Health Project has been in existence since 2003 and the Dolphin Health Project since 2006.

Central to this work is the presence of community development health workers with knowledge of local issues but with the understanding and skills needed to facilitate health promoting opportunities for a local population. According to the 2011 census, poverty and deprivation are high in the Rialto area despite regeneration in Fatima. Lone parents make up 49% of the total family units with children in Rialto. Nearly 20% of households are people living alone. In Health research, carried out by local people including health workers in 2009 'Community Health, Community Wealth' the stark reality of debt, poverty and social isolation informed the projects that essential work on mental health and stress needed to be part of the core work of the health projects. The wide ranging programmes covering physical exercise, stress management, creative and confidence building programmes form a well rounded approach to dealing with these issues. In addition, a low cost counselling service has been developed and is available for those people where group work cannot support the stress they are feeling while also being available to the wider catchment area.

The strong links with the Rialto/Coombe Primary Care Team has benefited the Rialto community. The two health projects access and support people who are not necessarily aware of what is available for them within services while the Primary Care Team refer clients to the various programmes to support their progression to wellbeing. HSE Dublin South City Mental Health Services, Occupational Therapy, Physiotherapy and the GPs are among medical professionals referring clients into the wide variety of wellbeing programmes available. Health Promotion work with HSE Primary Care to support and fund this work so it can operate in partnership with the community and the services. For HSE Primary Care on the ground in the area, this is a good example of a mutually beneficial partnership. Communities' feedback to the Primary Care Services help the HSE design and deliver better.

This review, carried out by the Discipline of Occupational Therapy, Trinity College, is a timely reminder that the work of community health projects such as these in Rialto is one half of the equation of the health of a community. As a Director of Health Promotion, these projects access a very hard to reach audience and are capable of delivering good health outcomes at a very low cost. In my association with the two community development health projects in Rialto, based in Dolphin and Fatima, I am aware of the high quality work being carried out. I believe this review gives us an indication of the impact of the two health projects on Rialto's residents' health and well-being as described by the participants involved in this review.

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Introduction

The Dolphin and Fatima Community Health Projects were established in 2003, as part of the Social Regeneration Plan (Whyte, 2005) with support from the HSE Health Promotion Department and Combat Poverty Agency 'Building Healthy Communities' programme. The health projects aim to '*tackle the high rates of ill-health within the Fatima Mansions and Dolphin House estates and improve the holistic wellbeing and spirit of the community*' (p.39). The health projects are based in the F2 Neighbourhood Centre in Fatima and the Community Portacabins in Dolphin House, providing informal and welcoming environments for the community to get involved in health programmes and receive information and services.

The Dolphin project employs two part-time community development health workers and Fatima employs five part-time local community development health workers (four of whom are part of community employment and job initiative schemes) and a part-time project coordinator. A community health coordinator was appointed in Rialto in 2007 as part of Fatima Regeneration. The role of the coordinator involves supporting the development of the local health projects and establishing links with the Health Service Executive's (HSE) Primary Care Teams in Rialto. Since 2009 the position of the Community Health Coordinator has been part funded by the HSE Health Promotion Department. Programme funding for both health projects have come from a variety of sources – Fatima Regeneration Board, Local Drugs Task Force, Dormant Accounts Fund, Bus Eireann grant and Community Foundation of Ireland.

The Community Development Model (Community Development and Health Network, 2007, Combat Poverty Agency, 2009) is the guiding framework for the Rialto Community Health Projects. Health workers communicate with local residents to identify health issues and develop programmes in response to local residents' needs. Lehmann and Sanders (2007) in their review of community health workers found that they make a valuable contribution to community development and promote access to basic health services. They also highlighted that community health programmes are vulnerable unless '*driven, owned by, and firmly embedded in communities themselves*' (p:v, 2007). The Community Health Projects also work from a Social Determinants Model of Health (Dahlgren & Whitehead, 1991), promoting health by providing services that local residents may not have access to due to poverty or social exclusion. The Social Determinants of Health Model was first developed by Marmot et al. (1978). It examines the causes of disease, and has become more prominent in public health research in recent years (Koh, Piotrowski, Kumanyika, & Fielding, 2011).

Partnership is a key element of the Rialto Community Health Projects working closely with local primary care teams, GPs, Dublin City Council, Neighbouring Community Initiatives, the HSE and most importantly the local community. The publication of '*Community Health, Community Wealth-Rialto's health and wellbeing: Local needs and community solutions*' showed the importance and value placed on residents' opinion of health and its determinants through participatory research and action (PRA) (Fatima Regeneration Board, 2009). The concept of community participation as shown through this research is considered a cornerstone of primary health care (Rifkin, 2009). There is evidence to show that community engagement in decision making and in the design and control of public services can promote ownership and engagement, and are therefore considered to ameliorate health issues (Attree, French, Milton, Povall, Whitehead, & Popay, 2011).

The results of the PRA provided a basis for the work of the Rialto Health Projects and was further developed through a strategic planning process involving the Rialto and Coombe Primary Care Teams and the Rialto (Dolphin & Fatima) Community Health Team between August and September 2010. This collaboration resulted in the development of a Strategic Plan 2011-2013 entitled 'Improving Community Health Outcomes in Rialto through Community Health and Primary Care'; a comprehensive document which aimed to set out the broad nature of the work over 3 years.

The associations made between the Rialto Community Health Projects and the local primary care teams aim to promote a more integrated health service. Within Rialto, community health workers undertake preventative, curative and developmental actions to promote health and wellbeing on an individual and group basis. These actions and associations between both services endeavour to provide a continuum of care within the Rialto area. Lehmann and Sanders (2007) consider each community health project as being unique, as it responds to the community and the inherent cultural norms. This document aims to gives an insight into the work taking place in the Rialto community health projects. It is relevant and valuable to capture this work and its impact on health as the role of community health worker is relatively new to Ireland (Combat Poverty Agency, 2009).

Demographic and social profile of Rialto

The context within which the health projects are located is important. Rialto is an area with many faces and facets. As reported in the 2011 national census Rialto has a population of 4,837 with 2,399 males and 2,438 females.

An 'old and enduring' community, it is an area which generates considerable loyalty both from many of its residents and from those who work in the area, either in local businesses, or in the range of community, statutory and voluntary organisations which are located there (Bissett, 2003).

There is a sense of 'village' about Rialto with its wide range of buildings – from Victorian and Edwardian terraces, to semi-detached post war houses, to Fatima Mansions and Dolphin House, the two flat complexes developed by Dublin City Council in the 1960s. Fatima Mansions has gone through a regeneration project while Dolphin House which has 436 housing units is embarking on a regeneration process.

In common with much of Ireland, Rialto has seen a number of changes over the last number of years – the arrival and departure of the Celtic Tiger and the arrival of people from many parts of the world.

Unemployment

In 2011, a total of 308,500 people (almost 9%) were unemployed in Ireland. In Rialto this figure was higher with 628 people (15.5%) unemployed. However, currently the Irish media reports the national unemployment at an increased level of 14.5%, therefore it is natural to conclude that an increase is also occurring within the Rialto statistics. Unemployment has greater adverse effects on the mental health of male manual workers, single mothers and main-earner women not in receipt of unemployment benefit (Puig-Barrachina, 2011). Unemployment is inherently related to a country's national economy (Strandh, Mehmed & Hammarstrom , 2010). For example, there is an extremely low demand for labour in the current Irish economic context. The impact of unemployment includes reduced mental health with an increased risk of suicide (Lundin et al., 2012; Strandh, et al., 2010) and turning to crime to alleviate financial worries (Barron, 2008). Unemployment also impacts on the cognitive and behavioural development of children in poverty (Duncan, Brooks-Gunn, & Klebanov, 1994). Unemployed persons experience more physical, emotional and functional impairments than those employed. Lower social support makes these impairments more apparent (Kroll & Lampert, 2011).

Lone parents

There are 725 family units with children living in Rialto. Three hundred and fifty two of these units (49%) are headed by lone parents. In contrast to this, the proportion of lone parents for family units with children nationally is 11%. Within Rialto there are 325 female and 27 male lone parents indicating a higher percentage (92%) of female lone parents compared with 8% of male lone parents.

Lone parenthood is linked with an increased risk of health and educational problems with antisocial behaviours among boys and girls believed to be compounded by material disadvantage (Spencer, 2005). Socio-economic disadvantage, especially a lack of economic resources, has been cited as a reason for poorer educational performance of children of lone parents especially girls (Weitoft & Hjern, 2004). Low-income, lone mothers, have smaller support networks and are more reliant on mutual support (Attree, 2005). Female lone parents who have few tangible resources are believed to have reduced intrapsychic resources incorporating reduced confidence, self-esteem and coping mechanisms. (Stewart, 2008).

Research recommends that lone female parents who are struggling have access to adequate tangible resources and supportive environments. These in turn will enhance women's intrapsychic skills (Stewart, 2008).

Living alone

The number of people living alone in single households in Rialto surpasses the national average: 18% (n= 866) in Rialto in comparison to 7% nationally. Living alone is an important factor in depression (Fukunaga, 2012), and social and financial vulnerability among the elderly population (Bilotta, et al. 2010). Younger people living alone, in social housing, have been identified as having greater risk in their housing journeys especially those with cumulative disadvantage (Garthwaite, 2012). Social support has been identified to be an effective method in dealing with social isolation (Fukunaga, 2012; Cattan, et al. 2005).

Disability

The number of people with a disability in Rialto is 745 (15%) which surpasses the national average of 13%. As with national statistics there is a strong link between increasing age and disability. People with a disability over 45 years make up 9% of the Rialto population. The national census includes chronic diseases under the category of 'disability'. Almost 27% of the total population of Rialto are above the age of 45 years. Research has shown how the prevalence of chronic disease is associated with increasing age and lower socio-economic groups and results in increased use of health services, increased morbidity, lower quality of life and premature death (Smith, Ferede and O'Dowd, 2008).

Poverty

It is clear from the census figures that Rialto has high levels of poverty and social deprivation. The impact of this is multi-faceted and addressing it requires innovative creative responses some of which the Rialto Health Projects are well placed to provide (Meadows and Grant, 2005).

The Survey on Income and Living Conditions (SILC) (2011)[1] is a household survey covering a broad range of issues in relation to income and living conditions in Ireland. The "*at risk of poverty rate"* identifies the proportion of individuals in Ireland who are considered to be at risk of experiencing poverty based on the level of their current income and taking into account their household composition. Lone parents experienced the highest rate of deprivation in 2010 at 49.8%. People of working age who lived alone had the next highest deprivation rate of 33.9%. Both of these groupings feature significantly in the population of Rialto.

It is evident from these statistics that many of the population in Rialto are at a higher risk for a range of negative health outcomes. It has therefore been recommended that supports and services organised and delivered at a community level, and tailored to local needs, have the potential to fill the gaps of nationally-led services (Attree, 2005). The Rialto community health projects have been established to complement and fill the gaps in government services. This review therefore is aimed at an initial evaluation of the programmes and services delivered by the Rialto community health projects.

This report presents the findings from an **exploratory, non-funded**, research project to examine service users' perspectives of the health and educational programmes delivered in Rialto. The report is divided into two sections, the first part presents users' perspectives of the community health programmes and the second part presents the opinions of local health professionals and staff of voluntary organisations who

[1] All figures taken from *Survey of Income and Living Conditions (SILC) (2011)- for more information on this survey see Appendix 1.*

refer their patients, clients and/or members, to the community health programmes and have attended educational events in the Rialto health projects.

For the purposes of this research, the following questions were identified in collaboration with the Rialto Community Health Coordinators:

1. In what ways, if any, do the Rialto community health projects address the health needs of local residents?
2. What are participants' experiences of the health related programmes delivered in Fatima and Dolphin?
3. What are the opinions and experiences of Rialto-based health professionals, and other service providers, of the community health programmes provided in Fatima and Dolphin?

Part 1:
Users' perspectives of
Rialto Community Health Projects

The Rialto community health projects address health issues in a variety of ways including: providing community health programmes, individual support and practical advice, health guidance, delivering programmes for people with specific needs and facilitating access to relevant services provided by HSE and other service providers. Below is an outline of the services and groups provided in the Rialto Health Projects, and the numbers attending. There is some cross over in the numbers as some people attend more than one group. The community health workers are working to full capacity in terms of the number of groups they can facilitate and rely on many volunteers to assist with the majority of the groups. Tables 1-4 list the programmes and services delivered within the Fatima and Dolphin community health centres.

Table 1: Groups targeted at parents and children

Groups for children and parents	Location	Number of attendees
'Parent and toddler group' provides peer support for parents and play opportunities for children to develop social and motor skills	F2 Centre	25 parents are registered with this group with an average of 7 attendees weekly
'Gymtastics': provides peer support for parents and play opportunities for children with disabilities to develop social and motor skills	F2 centre	10 parents and 19 children attend weekly

Table 2: Physical activity groups for adults

Activity	Location	Number of attendees
Yoga (twice weekly)	F2	Ranges from 8-12
Circuit training (twice weekly)	F2	Average 11
Pilates (weekly)	F2	Ranges from 8-10
Zumba (weekly)	F2	From 15-30
Monthly walking group	Various locations	Average 16
Boxercise (weekly)	Community portacabins, Dolphin House	Average 10

Table 3: Groups targeted at mental health and personal development

Health and well-being programmes (weekly)	Location	Number of attendees per week
'Women's group': craft and cooking activities with a discussion of health issues.	F2	Average 10
Relaxation: drop-in class with meditation and breathing techniques	F2	Ranges from 13-17
Knitting group: provides opportunities for women in Rialto area to meet each other	Dolphin and F2	27
Personal Development: 8-week course based on concepts of self-worth, confidence and purpose.	F2	8-10 per programme
Men's gardening and social group: members grow plants and vegetables	St. Andrew's resource centre, Dolphin.	Ranges from 8-12
Breakfast morning: aimed at mid to older age adults	Community portacabins, Dolphin House	Average 9
Cooking group	F2	Ranges from 4 - 6
Art group	Community portacabins, Dolphin House	11
Music group: opportunities to experiment with different musical instruments	F2	10

Table 4: Individual services and annual events

Events/services provided	Location	Number of attendees in 2011
Drop-in information: Individuals drop-in on a once-off basis for health related information	Community portacabins, Dolphin House	42
Holistic therapy: individual sessions of acupuncture, massage and homeopathy	F2 Community portacabins, Dolphin House	79 attendees over 178 hours 37 attendees over 111 hours
'Keeping well in the recession': 6-week programme run in February and September, 2011.	F2	6 in February group 10 in September group
Individual counselling	F2	30
Trialogue: Discussion forum for people with mental health, their family members and health professionals.	F2	20
Bi-annual Health Fair	F2 and Community portacabins, Dolphin House	120
International Women's day event	F2	110

Participants' perceptions of health programmes

Qualitative and quantitative measures were used to gather participants' opinions and perceptions on a sample of the community health programmes. However, this information was only collected at one point in time. As the Rialto Health Projects run many groups, two focus groups took place to gain insights into attendees' perceptions of the programmes and any impact on their health and well-being. To gather quantitative information, questionnaires were used to collect information from people who attend the physical activity groups. Questionnaires were also used with community-based health professionals to (i) gain an understanding of their perceptions of the community health programmes, (ii) establish how often they referred to the service and (iii) explore their views of the lunchtime educational workshops for service providers.

Qualitative findings

Focus groups took place with participants of the drop-in relaxation group and the men's gardening group, to gain an overview of different parts of the population in the Rialto area. The activities of the two groups are quite different with the men's gardening group involving a lot of physical activity, whilst the drop-in relaxation uses light exercise and breathing from a stress management perspective.

Drop-in relaxation group

Twelve of the 17 members of the Fatima drop-in relaxation group participated in the focus group. These participants reported having been attending relaxation from between four weeks and a year. Eight of the members have been attending six months. It takes place on Tuesday mornings in the F2 centre and was developed from a five week 'Keeping yourself well in the recession' course, which ran in February and September of 2011. Members found out about the drop in relaxation class from a variety of sources including posters in the GP's waiting rooms, Citizens Information Centre, the local gym, researching the internet, talking to friends, through the YWCA, and through participating in other groups run by Fatima and Dolphin health projects.

The focus group participants described the relaxation classes as offering '*a very calming and welcoming environment*'. Gentle exercise (involving the whole body), meditation and breathing techniques were described as the focus of the class. One participant described attending the group as a form of '*mental massage*'.

From a health and well-being perspective, participants felt that the class helped them to **'de-stress'** both within the class and everyday life. Participants described how they de-stressed through breathing techniques and gentle exercise. Some have also developed breathing techniques to de-stress that they have transferred to their everyday activities '*…. take a deep breath and things are not as bad as you think, I've learned that'*. Participants noted that they found it more difficult to do the gentle exercises on their own. One participant stated that '*before attending the group I was*

stressed out and I couldn't take things in, I didn't understand and I couldn't give any comfort to anyone. With the relaxation it has shown me how to wind down and gave me energy also'. Increased **energy** levels were also expressed by two other participants of the group. One participant stated *'I'm in pain a lot of the time*', and participation in the group can help to '*come out of it for a short time'*. In terms of the long-term effects of the class, one participant stated that '*later in the week it keeps you built up for the next time you come along…. it is very restorative'*.

Supportive social outlet was seen as a salient factor for the majority of group members when discussing what they felt they were getting from attending relaxation. Participants discussed the support they received from the facilitators and from the other group members, as '*everyone is interested in everyone else'*. Another common reason for members continuing attendance was that it got them out of the house, it encouraged meeting and talking to other people. One participant stated the class was assisting her '*in getting back confidence so that I can get back out again*' and '*gives me somewhere to go*'. Another participant noted that '*From Sunday I'm looking forward to Tuesday, I love it!'*

The drop-in relaxation group was also found to **improve mood and help motivate and organize** participants. One participant said that the group '*keeps your spirits up, it gets you organised and it gets you up out of bed. And even if you're knackered you get up out of bed. It motivates you'*. Several participants felt that the drop-in relaxation '*lifted their spirits'*.

In terms of the success of the group, one participant stated that the '*group is really working because more people keep coming, and other courses I've been on, people dwindle away'*. They articulated the need for having the support of the facilitator as they found it difficult to do the gentle exercises without verbal instructions and the environment of the F2 centre. A negative aspect identified was that there were no classes during the Christmas period with one participant stating '*that was the worst time when I needed it most'*.

In terms of recommendations, one participant felt there should be a small fee or a contribution to help fund the class. There were mixed views from group members regarding this view, as some felt they could not afford it. Another recommendation made within the group was for members to text each other, rather than the Health Projects paying for texting members about events that were happening. In terms of relaxation techniques used in the group, "tapping" which consists of. Tapping various body locations with finger tips in order to promote optimal health, was something many of the group members were interested in exploring in the future. They also thought a second drop in relaxation class in the morning time during the week, would be beneficial.

Men's Gardening Group

Gardening is found to have several health benefits including increased access to food, improved nutrition, increased physical health and improved mental health (Wakefield, Yeudall, Taron, Reynold & Skinner, 2007). As part of the gardening group in Rialto, group members have breakfast together before starting their work. Since February 2012, there has been a move towards a healthier breakfast of porridge and fruit.

Between eight and twelve men generally attend the gardening group. It takes place every Wednesday morning in St. Andrew's Community Centre on South Circular Rd. Four members of the Men's Gardening Group took part in the focus group. Three of the participants have been in the group for over two years and participant four for 1 year. The participants initially found out about the group from a variety of sources including occupational therapists, another group member and through participation in other activities in the F2 centre. During the winter months the group stays indoors making bird boxes, feeders, window boxes and Christmas decorations. When the earth is warm enough the group completes gardening tasks outside. The group has won an award from Dublin City Council in relation to the upkeep of their garden.

Participants of the focus group stated that they come to the group because it '*gets us out of the house'*. One participant stated that he likes the group because of the produce it yields; '*we enjoy going out in the summer months, when you're planting and digging you're learning like…and that's the value at the end of the year, we can see what we worked for'*. Projects in which the group have been involved include St. Andrew's Community Centre, a local grotto and an allotment. These projects involved digging and cleaning an area that was to become a new garden, planting grass, and developing plants and vegetables, planting them and taking care of them over the year. One participant noted that some of the members go to the allotment in their free time on Saturdays to water the plants. There is a definite social element to this group with group members organising and meeting on a regular basis outside of the weekly group meetings.

One participant felt that the major benefit of the gardening group was the contact he had with other people, stating if he missed a week *'(I) Feel it affects me, if I miss it. It's just getting in touch, if you miss a week I feel you miss the contact. You need to come all the time*.' Another participant agreed that the group was an important outlet '*It's a way of contact; if there's anything going on, or if any of these are missing we can contact each other…. Everybody keeps track of each other'*. Wakefield et al (2007) explored outcomes of community gardens in Toronto and found that gardening developed social networks as people had a common interest.

One participant felt that a negative of the group was that it always felt too short. All participants stated that it would be nice to have some new members join the gardening group. Visiting other gardens, and building links with other similar gardening groups, was another recommendation made.

There is considerable research which looks at 'men's shed programmes' in Australia. These programmes were developed for older men and retirees in Australian communities. They take place in sheds or garages run by different organisations and are 'workshop–type space in community settings and a focus for regular systematic, hands-on activity by groups deliberating, and mainly comprising of men' (Goulding et al, 2007 p.13). There is research to suggest that work is an important part of social norms for masculine behaviours and a sense of masculinity impacts on health and well-being (Ormsby, Stanley, and Jaworski, 2010). Some of the activities in the men's gardening group during the winter months are similar to those in the shed programmes such as completing woodwork activities, making bird boxes and feeders. Ormsby et al (2010), note the importance of having a 'men's space' that promotes interaction and companionship and allows for participants to be challenged and gain a sense of achievement in the products yielded therefore promoting health.

Overall, participants from the two focus groups expressed that attending the groups is a meaningful and important part of their week. Both groups felt that the social contact and the support received were an important reason for attending. Although what is being done within the groups is different, people feel comfortable in the said environments, which are promoting health and well-being.

Quantitative findings

Physical Exercise Groups

Participants of the physical exercise groups were surveyed to gather quantitative information and to gain an understanding of participants' perceptions of the groups. A number of exercise groups are run in the F2 neighbourhood centre including zumba dancing, circuit training, yoga and Pilates. Increasing physical activity is a priority of the HSE's health promotion team, developing websites like www.getactiveireland.ie. The benefits of being active play a big part in both physical and mental health (HSE Health Promotion, 2012). Questionnaires were handed out at the end of these classes; some people completed them immediately, whilst others brought them home and returned them at the next session. A total of 15 questionnaires were completed from participants in the yoga, circuit training and zumba classes. The respondents included ten females and five males and ranged in age from 31 to 59 years of age, with an average age of 42 years. The time frame in which the respondents have been attending the classes varied from one week to two years with the majority attending for at least six weeks. Friends and F2 staff and events (e.g. open day and play group) were the two ways in which the respondents found out about the classes.

Respondents were asked to rate their agreement on statements related to why they attended the classes. The statements are displayed in Table 5 in rank order of level of agreement with reasons for attending the classes:

Table 5: Reasons for attending physical activity group

Statement	Proportion of respondents 'agreeing' and 'strongly agreeing'
I come to the class to improve my mood	84.7 %
I come to the class to improve or maintain my fitness	84.6%
I come to the class to de-stress	84.6%
I come to class to increase my energy levels	84.6%
I come to the class to help with health issues such as cholesterol and blood pressure	69.3%
I come to class to reduce depression and anxiety	69.2%
I come to class to get out of the house/ have 'me time'	61.6%
I come to class to maintain a healthy figure / lose weight	53.9%
I come to class to meet and socialise with others	30.1%

In open-ended questions, respondents were given the opportunity to identify other reasons why they attended which included *'to have fun', 'to increase mobility', 'help with insomnia'* and '*make me feel better about myself*'.

These findings show that the respondents attend the class for a variety of reasons which they feel benefit their physical and mental health and well-being and for a lesser amount of respondents it benefits their social wellbeing. This was further reinforced when respondents' noted what they believed were the benefits of the classes, including '*better flexibility and awareness of my body'*. One respondent noted that the class '*makes me feel good about myself, I'm getting fit and losing weight and on the road to getting my figure back*.' Another wrote that '*they increase my energy levels and body awareness, help my mood and help me socialise*'. All participants

engaged in other physical activity during their week, with walking, cycling and swimming being the most popular activities.

Recommendations for the groups were to make sure yoga finished on time, as respondents were sometimes late back to work when the class ran over time. Other recommendations included more yoga, aqua, zumba and classes geared towards overweight people prone to cardiovascular diseases were.

As part of this project, it was important to also consider the younger population within the Rialto area. **Gymtastics** is a group which 'fosters the health and wellbeing of children living with a disability, their siblings and parents through physical activity' (Rialto Health Project strategic report, 2010). It consists of two sessions of up to six to eight children in each, and there is a waiting list. Evaluations completed by parents identified the group as "*a safe, inclusive, and supportive environment to develop skills***"**. Parents reported that it helped their children to improve their motor and social skills, something which the HSE Health Promotion Team is currently highlighting for children with disabilities (HSE Health Promotion, 2012). The group is considered an important leisure activity for many of the children within their weekly routines. It was also reported as an excellent outlet for parents of children with disabilities to discuss issues and offer each other support, thereby reducing stress and isolation. One parent stated that the weekly group '*stops the sense of loneliness... not stuck in the situation*'.

The United Nations Committee on the Rights of a Child (UNRC 2006) recommended that the Irish Government needs to do more to promote inclusion and reduce negative societal attitudes towards children with disabilities. This is further highlighted by the National Action Plan for Social Inclusion 2007-2016, which pledges that '*Every child should grow up in a family with access to sufficient resources, supports and services, to nurture and care for the child, and foster the child's development and full and equal participation in society'* (Office for Social Inclusion, 2008, p.30). Analysis of the evaluations show that parents feel participation in Gymtastics within the F2 centre positively relates to this pledge. As the group takes part in a community centre for children and adults with and without disability, it is seen as promoting social inclusion. This sense of inclusiveness has a positive effect on the parents and children, one parent stated that "*they're not judged in the F2 centre"* and another felt participation meant that their child is "*more in tune with the world...not as isolated*".

Resch, Benz and Elliott (2012) studied determinants of wellbeing for parents of children with disabilities. Parents completed surveys which looked at parents' demographics, problem solving skills, access to information and resources, environmental and social supports, appraisals of threat and growth, life satisfaction, physical and mental wellbeing and the child's characteristics. When demographic variables were controlled for, the largest contributors to parents' wellbeing included environmental supports, access to resources, and parent's appraisal of threat to their children. Although the evaluations of the Gymtastics group did not include such thorough surveying, similar themes were identified which provide supporting evidence that the environmental and social supports, and sharing of information between parents during Gymtastics, are of benefit to their wellbeing.

Summary Part 1

A unique feature of regeneration in Fatima Mansion was development of a social regeneration plan (Whyte, 2005), with health being one of the eight components leading to the establishment of the Rialto Community Health Projects. From the qualitative and quantitative information gathered from the attendees of the Rialto Community Health Projects, it appears that the projects are having a positive effect on people's health and well-being, be it their physical, mental and/or social wellbeing. Within the focus groups and the evaluation of Gymtastics, a strong theme identified was that of social connectedness. The physical environments in which the groups take place, and the social environments which includes group members and community health staff, were viewed as a pillar of support for many involved. The drop-in relaxation focus group data, and the findings of the physical exercise questionnaire, show how participation in the groups impact on physical and emotional wellbeing. However, this data was collected retrospectively and therefore prospective data are required to rigorously test these findings.

Part 2 :
Service providers' experiences of Rialto Community Health Projects

This section of the report presents survey data collected from service providers who refer, and/or inform, local residents of the Rialto health programmes. These include primary care and hospital-based health professionals, and staff of local community-based services and voluntary organisations. These service providers also attend educational events organised by the Rialto health coordinators.

For those who refer people to the health programmes a questionnaire was developed to (i) explore to what extent they refer individuals to the community health programmes and (ii) gain an understanding of health professionals' views of the community health programmes in the Rialto area. The questionnaire was distributed via 'Survey Monkey' to members of the Rialto health programme database. A total of 212 people were sent an email with links to the questionnaire. However, due to issues with the accuracy of the database, it is not clear whether there was overlap of people on the database and whether only those service providers who currently refer to the programmes were surveyed.

Referral patterns and opinions

A low number of the total group responded to the email with nineteen people completing the on-line survey. These included general practitioners, community health workers, nurses, health promotion officer, occupational therapists, physiotherapists, a network manager and an information officer. Respondents worked in Primary Care Teams (n=8), St. James Hospital (n=4), local mental health services (n=2), four respondents worked in community related teams (drugs teams, community development and community response) and one person worked as part of a advocacy organisation for older adults (Age Action). Seventy nine percent of respondents have been working in their current position for three years or more.

Four respondents reported referring ten or more individuals to the programmes on a quarterly basis and four respondents stated they never refer individuals to the community health programmes. The remaining eight respondents refer an average of 20 individuals per year to the community health projects. Drop in relaxation, counselling and the men's gardening and social group were the most common programmes referred to by health professionals. The women's group, parent and toddler group, personal development, holistic therapy, stitch and bitch and the walking group were also regularly referred to.

Seven respondents noted their support for the service, with one respondent stating that it gives '*clients options to engage locally in meaningful activities which improve their*

health outcomes ' and '*It's a very valuable initiative and promotes social inclusion and essential training for the local area. The health programmes greatly complement what primary care teams are also doing in terms of health promotion'*. Another respondent noted that '*it has opened doors to people in the area and provided much needed integration between statutory, voluntary and community services*.'

Respondents rated seven statements on their perceptions of the Rialto health programmes and are shown in Table 6 in rank order of strongly agreed and agreed.

Table 6: Rank order of opinions of Rialto Community Health Projects

Statement	Proportion of respondents agreeing and strongly agreeing
The community health projects are of benefit to the local community	86.7%
The community health projects are complimentary to primary care services	80%
The community health projects are helping to address health inequalities in Rialto	73.3%
The community health projects are not doubling up on primary care services	73%
The community health projects promote community inclusion	72.3%
The community health projects are addressing the health needs of the Rialto community	66.7%
Health professionals are not aware of the range of programmes and services available in the Rialto community health projects	40%

Recommendations made by the respondents included having an in-service for allied health professionals in St. James's Hospital regarding the health programmes available in the Rialto area. The development of a simple one page contact list, available on-line and as a hard copy for easy access for health professionals, was also recommended. This supports the importance of increasing awareness and publicity of the community health programmes.

Educational and information-sharing workshops

The strategic plan of the Rialto Community Health Projects aims to "*tackle the high levels of health inequalities in Rialto reflecting those outlined in the Social Determinants of Health through facilitating opportunities for awareness raising, information exchange, networking, advocacy, training and education in relation to prioritised themes for all stakeholders who have a role to play in addressing health inequalities"*. It is planned to achieve this through "*the Community Participation in Primary Care Initiative which targets wider stakeholder involvement than the Primary Care Team and Community Sector. This space has the potential to facilitate innovative responses to the named health issues through providing a safe space for networking, relationship building, shared discussion and work integration opportunities*" (p.51).

In order to fulfil this aim of the strategic plan, the community health co-ordinator organises lunchtime workshops and seminars to raise awareness of health issues in the Rialto community and to promote continual development of health professionals working within the area. Table 7 lists the workshops delivered in 2011. There were 130 attendances at the workshops with an average attendance per workshop of 21 people from a wide range of professions including; social workers, public health nurses, community health nurses, occupational therapists, members of the Fatima and Dolphin health projects, members of the community drugs team and addiction, housing welfare and employment as well as other services.

Table 7: Workshops delivered in 2011

Workshop topic	Time delivered	Number of attendees
Domestic violence	February, 2011	23
Supporting people in financial difficulty or at risk of homelessness	March, 2011	12
Older people's rights, entitlements and active aging	May, 2011	21
Bereavement	June, 2011	21
Disability	September	29
Benzodiazepines and polydrug use	November, 2011	24

Attendees of the lunchtime workshops were sent an on-line survey. Seventeen people from a variety of professions who had attended one or more of the workshops completed the questionnaire. Attendees included an education-co-ordinator, sports and recreation officer, psychotherapist, community development workers, GPs, nurses, occupational therapists, and physiotherapists. The majority of respondents (87.5%) have been working in their current positions for three years or more.

Respondents rated their agreement on a number of statements regarding the lunchtime workshops using a Likert scale. All respondents strongly agreed that the '*The workshops act as a means of networking and exchanging information with other service providers'* and that '*the workshops promote a more integrated and cohesive service in the area*.' Eighty nine per cent of respondents agreed that '*the workshops assist service providers to tackle health inequalities in the Rialto area*'. Eighty eight per cent of respondents felt they applied what they had learnt in the workshops to their everyday work, and 75% of respondents felt it stimulated their learning in the topics covered. In terms of continual professional development, 67.5% agreed the workshops were important. Finally 65% agreed '*Participation in the workshops made me more likely to recommend service users to participate in the Fatima/Rialto community health programmes*'. This indicates that the workshops increased awareness of the services and groups available in the community health projects.

Receiving information from local services and networking were seen as valuable elements of the workshops for respondents. It was also noted that the workshops always kept to their scheduled time, which was important for the working day. Aspects that were considered less valuable were that sometimes topics were repeated or were not related to an individual's role. One respondent felt it was important for presenters to be working within the catchment area of Rialto in order for attendees to be able to make use of services discussed. Another respondent noted that it would be beneficial for information presented in the workshops to be available if individuals are unable to attend the workshops due to time commitments.

Respondents were asked to rate statements, from one to five, about what they believed the lunchtime workshops were achieving: Table 8 shows the rank order of respondents' opinions:

Table 8: Respondents opinions of outcomes of workshops

Statement	Rank order
The workshops facilitate exchange of information	1
The workshops promote networking	2
The workshops raise awareness of issues in Rialto area	3
The workshops are an opportunity for training and further education	4
The workshops enable advocacy opportunities	5

On an open-ended question an attendee of the 'Disability workshop' noted that they found it "*really informative and helps me make contacts in the area*". An attendee of the 'Domestic Violence' workshop stated that the '*information presented was relevant and practical for use with women who you may come in contact with*.' In relation to the same workshop another noted that '*It was nice to get a clear concise summary of the topic which doesn't intrude too much on the working day*.'

Summary Part 2

Although there was a low number of respondents to these surveys, quite a wide range of health professionals (particularly from primary care) and staff from voluntary-run organisations, who refer to the community health programmes, responded. The two most commonly referred to programmes were the drop-in relaxation and men's gardening groups. The survey respondents believe that the Rialto community health projects promote social inclusion and compliment the ethos and services of primary care. However, they recommended increased publicity of the programmes offered in Fatima and Rialto. Attendees of the lunchtime workshops were also surveyed. The respondents identified the benefits of the workshops as an opportunity for facilitation of information exchange and as a good opportunity for networking with staff from different organisations. Recommendations included making the information available for those who cannot attend the workshops. Due to the difficulty making contact with all attendees of the workshops, the findings are limited in their generalisability.

Impact of Rialto Community Health Projects

This exploratory study demonstrates physical, psychosocial and social benefits to participants of the programmes to differing degrees. Among the focus groups conducted, social connectedness was an important element in both groups. Social connectedness is described as an 'internal sense of belonging and is defined as the subjective awareness of having a close relationship with the social world' (Lee & Robbins, 1998:338). From the discussions within both focus groups, several commented that participation got them '*out of the house'* and into a '*welcoming' environment*' reducing their sense of social isolation. The number of people living alone in Rialto is over double that of the national average (18% and 7% respectively). Living alone has been identified as leading to social isolation and depression (Bilotta et al. 2010).

The concept of social connectedness is related to good health. Social connectedness helps one to feel that they belong to, and have a part to play in, society (Spellerberg, 2001). It is strongly related to social capital, 'a term that social scientists use as shorthand for social networks and the norms of reciprocity and trust to which those networks give rise' (Sander & Putnum, 2010 p.9). The concept of social capital is cconsidered an important way for health professionals, on a local level, to buffer the social determinants of health (Hunter, Neiger, & West, 2011). Putnum, a leading figure in the concept of social capital, claims that 'no democracy, and indeed no society, can be healthy without at least a modicum of this resource' (Sander & Putnum, 2010:9). Hunter et al., (2011), claim that health professionals can provide opportunities for social capital by enhancing social networks and reciprocity in the community. From this small-scale study, it appears that the Rialto community health programmes are promoting social networks and providing safe physical and social environments in which to do this.

Others identified increased confidence for getting out of their homes as a result of participation in the health programmes. Participants stressed the support they receive from the staff, as well as other members of the group. Within the men's gardening group, the level of support among members went beyond attendance at the group itself with members checking up on each other during the week. With Rialto's higher proportion of lone parents (49% versus the national average of 11%), supportive environments are considered important protectors against mental health difficulties (Stewart, 2008).

From a practical perspective attendees in the programmes are being educated about their health and taking control of it. Within the drop-in relaxation group members are learning and applying techniques to de-stress in their daily lives. Interestingly, improving mood was the most 'agreed' and

'strongly agreed' reason for attending the physical exercise groups among respondents. Similarly, maintaining fitness, de-stressing and increasing energy levels were identified as reasons for attending the relaxation and men's gardening groups.

These findings align with prominent health topics within the HSE health promotion report '*Look after your mental health*'. This is now a phrase that has been repeatedly heard on Irish television and radio. It is used in the HSE's health promotion campaign to encourage Irish society to recognise the importance of looking after one's mental health. On the website, (www.yourmentalhealth.ie) tips are given on how one can improve their own mental health. These include '**accept yourself**, **get involved, keep active, eat healthy, keep in contact, relax, talk about it, ask for help**'. Based on the data collected, the Rialto community health projects are providing individuals in the Rialto area outlets to improve and/or maintain their mental health.

The incidence of chronic diseases is increasing in Ireland and the impact of this for individuals includes reduced quality of life and increased mortality. The prevention and management of chronic diseases represents one of the major challenges for the Irish Health Service Executive (HSE, 2008). One of the main elements of the HSE's Chronic Disease Policy Framework focuses on the prevention of chronic disease through engagement in health promotion activities. Physical inactivity is recognised as one of the main contributors to the development of chronic diseases. The participants of the physical exercise group in Fatima included improving their fitness levels, and addressing health issues such as increased cholesterol and blood pressure, as their reasons for attending this programme. These findings therefore support the role of the Rialto health programmes in the prevention and management of chronic disease in the local population.

For children with disabilities Gymtastics in the F2 Centre was found to promote inclusiveness in the local area. The F2 centre was seen as a welcoming environment for all to attend and promotes social inclusion. Early life experience has a huge determining factor in terms of health and inequality (Public Health Alliance, 2007). The centre promotes a 'normal' environment for children to attend where there are no 'medical' approaches or associations with services designed for people with disabilities. For example, the HSE health promotion website recommends for children with disabilities to join the Special Olympics teams and local sports development which appears to be targeted at young people who are likely to become involved in drugs (HSE Health Promotion, 2012. Dublin City Council, 2012). Although both organisations are doing excellent work, Gymtastics is promoting a supported environment for young children and parents in their local area. Gymtastics also provides parental emotional support; reported to assist in relieving stress, reducing isolation and loneliness, and sharing information and ideas through shared experiences.

Overall, a sense of cohesion and connectedness was noted by the health professionals surveyed, promoting a more integrated health service in the area. The community

health projects and the role of the community health coordinator are providing a service which is found to be of benefit to health professionals, promoting an integrated service with primary care teams, and other services and organisations. The community health projects provide health professionals with referral options in the local community for Rialto residents. The lunchtime workshops organised by the community health coordinator were also seen as a forum for networking with others, and encouraging a more integrated health service in the Dublin 8 area.

However, lack of awareness and publicity of the community health projects was identified by the respondents. Health professionals reported not being aware of the full range of services provided in the community health projects and recommended the development and distribution of a simple one-page of information and contacts.

The opinions of those who refer residents from Rialto to the community health programmes were positive towards the impact the programmes are having on the health of the local population. They also identified that the programmes compliment primary care services in the area and provide a support service for people being discharged from local health facilities. In addition to providing direct services for the Rialto residents, the community health projects were also identified as providing an educational forum for government and non-government agencies serving the Rialto area.

Conclusion and recommendations

From the small scale, and short-term research, conducted for this report, an undersized yet valuable insight is given into the community health projects in Rialto. Currently, evidence-based practice and outcome measures are essential for health service provision and evaluation. The participatory action research completed in Rialto in 2009, '*Community Health, Community Wealth*', showed the value placed on participatory research, leading to the development of the strategic plan 2011-2013. Presently, the Community Health Projects in Rialto must show 'cause and effect' of participation in their programmes and services. However this is reliant on stable funding for the future of the community health needs.

By amalgamating literature from social sciences and health sciences, an understanding can be gained of the important part that The Rialto Community Health Projects play in promoting health and well-being. Whether this is achieved through engagement in groups or programmes, attending individual counselling or homeopathy sessions, providing information on health related matters, educating others, and acting as a social and emotional support, needs to be investigated further. From this initial research conducted in Rialto, the community health projects are identified as an important part of participants' live, benefitting physical, psychosocial and social wellbeing to differing extents. Therefore, support for the continuation and development of the programmes is important for the participants involved. However, although this research has indicated positive impact on participants' health, further research is required, using a more robust research design to verify these findings. This research will rely on consistent approaches to documentation being put in place to show the rates of participation in the community health projects and an audit of how funding is utilised.

- The instability of funding and the continuous possibility of staff redundancies is affecting the work of the Rialto community health projects and its' staff. The Community Development Health Workers, the Community Health Coordinator and Community Development Worker expressed difficulties in planning sustainable health programmes when they are unsure if their posts will remain, or if there will be funding to support it. Therefore, stability for the future through secured streamed funding would promote sustainability of the work being done with a commitment to the promotion of health in the Rialto area. This would also relieve the uncertainty and anxiety felt by staff with regard to redundancy. This commitment for the future would also allow for more robust research to be carried out.

- Lack of awareness and publicity of the community health projects was identified by health professionals and participants of this study. It is therefore recommended that information is circulated that clearly outlines the range of programmes

delivered by the Rialto community health projects. The promotion of the service would also act to encourage new attendees from other parts of the community (as identified as a need by members of the Men's Gardening Group)

- Continuation of the delivery of the lunchtime workshops series, which in this study were reported as being of great benefit to health professionals and other service providers in the area. However, further in-depth evaluation is important to establish exact referral rates and educational impact for attendees.

- Annual planning and regular evaluation meetings with local primary care and community health teams are essential to ensure cohesiveness, inclusivity and the continuation of existing community cooperation.

- Although the participants of this research reported that the groups benefitted their health and wellbeing in different ways, more robust research is needed to examine what is working and how. Pre-requisites for carrying out this further research include:

    - Clearly stated aims and objectives for each health programme to enable identification of appropriate outcome measures and data collection methods.

    - A database to collect accurate information on numbers and basic demographics of attendees of the programmes and individual-based services. This would help identify attendees who attend more than one group and to clearly document frequency of attendance and changes in patterns of attendance.

    - Statistics to be recorded by the Rialto community health workers and community health coordinators on their working day showing how much time is spent on facilitating groups, dealing with individual issues, talking to other services, and attending meetings etc.

This study shows that, for residents in Rialto who attended the health-related programmes and the service providers who refer into the programmes, the Rialto Community Health Projects are addressing local health needs through providing services which are complimentary to Primary Care. The staff delivering the Rialto community health projects are respected by the attendees and have developed relationships based on equality and respect. The non-medical view of health within the projects is providing a different perspective and experience of health in the Rialto area.

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Appendix

The Survey on Income and Living Conditions (SILC) (2011)[2] in Ireland is a household survey covering a broad range of issues in relation to income and living conditions. It is the official source of data on household and individual income and also provides a number of key national poverty indicators, such as the *at risk of poverty rate*, *the consistent poverty rate* and *rates of enforced deprivation*, which was completed in 2010 and published in 2011. The specific figures for the Rialto are not identified rather the national figures are outlined below:

1. The "*at risk of poverty rate"* identifies the proportion of individuals who are considered to be at risk of experiencing poverty based on the level of their current income and taking into account their household composition. In 2010 if all social transfers were excluded from income the "*at risk of poverty rate"* would have been 51.0%, indicating a steady increase from 39.8% in 2004. This increase over time demonstrates the increasing dependence of individuals on social transfers to remain above the "*at risk of poverty"* threshold.

- The "*at risk of poverty rate"* for those of working age (18-64) increased from 13.0% in 2009 to 15.3% in 2010.
- Almost one in five children were "*at risk of poverty"* in 2010 compared with almost one in ten of the elderly population.
- Households consisting of two adults with up to three children recorded an increase in their "*at risk of poverty rate"* from 11.4% in 2009 to 17.2% in 2010. Similarly other households with children had an increase in their "*at risk of poverty rate"* from 16.1% in 2009 to 21.2% in 2010.
- there was a relationship between various health related characteristics and the likelihood of a person being at risk of poverty.
- People with a medical card had a much higher "*at risk of poverty rate"* in 2010 than those without a medical card in 2010 (22.0% compared with 11.8%).

2. "*Enforced deprivation*"[3] refers to the inability to afford basic identified goods or services. It is reported at the household and not the individual level, but it is assumed that each person in a household where a form of deprivation was reported experienced that from of deprivation.

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[2] All figures taken from *Survey of Income and Living Conditions (SILC) (2010)*

[3] **List of 11 deprivation indicators**
1. Without heating at some stage in the last year due to lack of money, 2. Unable to afford a morning, afternoon or evening out in the last fortnight, 3. Unable to afford two pairs of strong shoes,4. Unable to afford a roast once a week 5. Unable to afford a meal with meat, chicken or fish every second day, 6. Unable to afford new (not second-hand) clothes 7. Unable to afford a warm waterproof coat, 8. Unable to afford to keep the home adequately warm 9. Unable to afford to replace any worn out furniture, 10. Unable to afford to have family or friends for a drink or meal once a month 11. Unable to afford to buy presents for family or friends at least once a year

If an individual experienced two or more of these eleven basic deprivation items due to inability to afford them, and was also identified as being at risk of poverty, then the individual is defined as being in *consistent poverty*.

- The deprivation rate for children (aged 0-17) was 30.2% up from 23.5% in 2009
- There was an increase in the rate of deprivation for those of working age from 16.0% in 2009 to 21.5% in 2010
- Lone parents experienced the highest rate of deprivation in 2010 at 49.8%
- People of working age who lived alone had the next highest deprivation rate of 33.9%
- All households with children showed a significant increase in their rate of deprivation
- The deprivation rate for individuals who were at risk of poverty were highest for individuals defining their principal economic status as not working due to illness or disability with a rate of 61.9%
- Individuals in households where no one was working also had a higher than average rate or deprivation of 52.8%
- Households headed by females had a deprivation rate of 44,4% compared with males at 35%
- Where the head of the household was unable to work due to illness or disability or as unemployed, the deprivation rate was 66.0% (illness) and 56.9% (disability)

3. "*consistent poverty*" is defined as being at risk of poverty at 60% of median income threshold and living in a household experiencing at least two forms of enforced deprivation from the eleven basic deprivation items already listed.

- Households consisting of one adult of working age showed the highest consistent poverty rate at 11.2%
- Unemployed persons reported the highest consistent poverty rate at 15.2%
- The next highest rate were persons not at work due to illness or disability with a consistent poverty rate of 13%
- Households headed by someone or working age had the highest consistent poverty rate at 7.1%
- Households headed by someone who was not at work due to illness or disability showed higher consistent poverty rates with a rate of 18.2%
- Households headed by persons who were unemployed has a consistent poverty rate of 16.2% compared with a consistent poverty rate of those at work of 1.8%

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