EAST BELFAST COMMUNITY DEVELOPMENT AGENCY

HEALTH AUDIT REPORT

CONTENTS

The Research Project was funded by Investing for Health

We would like to acknowledge and thank everyone who took the time to participate in the survey.
All respondents are listed in Appendix One.

Jane Field Education and Development
Justine Brown East Belfast Community Development Agency

June 2006

THIS REPORT PROVIDES AN OVERVIEW OF THE METHODOLOGY USED FOR THE HEALTH AUDIT, THE DATA COLLECTED FROM THE HEALTH AUDIT, AND AN ANALYSIS OF DATA HIGHLIGHTS. IT ALSO OFFERS A COMMENT AND RECOMMENDATIONS.

CONTEXT

East Belfast Community Development Agency appointed a Health and Social Connections Worker in November 2005. One of the core objectives for this worker was to produce a mapping report reflecting existing health activity in East Belfast.

The aims of the Health Audit across East Belfast and Castlereagh were predominantly to:

• Gain relevant information providing a baseline of the various types and levels of activity operating in communities related to health and well-being improvement (specifically in relation to Investing for Health goals and objectives).

• Provide data and opportunities to facilitate better and more informed connections between projects with competing agendas, and contribute towards supporting communities to be more aware of and better able to influence the impact of the Investing for Health agenda.

The agreed outputs of the Health Audit were:

• To produce an up-to-date picture of various types and levels of activity operating in communities which are related to health and well-being improvement; and specifically to Investing for Health goals and objectives.

• Better and more informed connections between projects with competing agendas.

• That communities are more aware of and able to influence the impact of the Investing for Health agenda.

Education and Development was appointed to work with the Health and Social Connections Worker to support the fieldwork, collate and analyse survey returns, and write the Report. The Project Advisory Group also had an input into the development of the survey used, and a meeting was held with members to discuss the draft Report and implications for the development of the role of the Health and Social Connections Worker (see Appendix One for members of the Project Advisory Group).

68 completed surveys were returned; the projects, organisations and contact people are given in Appendix Two; the survey data is given in full in Appendix Three; Appendix Four shows examples of the impact of the health projects on individuals.

This Report provides an overview of the methodology used for the Health Audit, the data collected from the health audit, and an analysis of data highlights. It also offers a comment and recommendations.

In addition, Appendix Five of the Report outlines the Health and Social Connections Project Action Plan for the forthcoming year which has been developed directly in response to the comments and recommendations made by Jane Field. This Action Plan sets out the three main objectives and areas of activity for work. The Action Plan exists as a guide and will evolve and develop further over the year period in the light of experience, learning and new evidence.

METHODOLOGY

Jane Field met with the Health and Social Connections Worker on several occasions to discuss the approach to the fieldwork. A draft survey was prepared by the Health and Social Connections Worker which was reviewed and revised and circulated amongst the Advisory Group for comment.

It was agreed that the survey would be emailed and posted to all 250 members of East Belfast Community Development Agency along with a covering letter, in April 2006. Groups were also contacted by phone and encouraged to complete the survey and offered the opportunity to complete it face-to-face with the Health and Social Connections Worker.

Surveys were returned either by post or email; and some chose to complete the survey during a face-to-face interview. 22 organisations responded to EBCDA to say that they did not have a health related project running within their organisation. It is also likely that other members are not currently involved in delivering health related projects.

A total of 68 completed surveys were returned for collation and analysis.

In addition to the surveys two focus groups were facilitated by the Health and Social Connections Worker.

The draft report was circulated to members of the Advisory Group; and Jane Field attended a meeting of the Advisory Group in June 2006, in order to discuss and finalise the Report.

HIGHLIGHTS FROM THE DATA

Appendix Three presents all the data collated from the 68 completed survey returns. This section of the Report provides highlights from the data. It should be noted that not everyone responded to all the questions, and many questions allowed for more than one answer (hence at times data will not 'add up' to 68 responses).

PROJECT PROFILE

Adults (aged 25 – 59 years) were the target group for over two thirds of the survey respondents, with almost two thirds of the projects responding targeting older people older people (aged over 60 years). Young women (17 – 25 years old) were the target groups for over half the survey respondents. 30 projects targeted young men (17 – 25 years old), 29 projects targeted 11 – 16 year olds; and 24 and 22 projects respectively targeted primary school children and pre-school children.

All the survey respondents worked within at least one of the BT4. BT5. BT8 and BT16 post code areas; and most worked in several areas, including some in addition to these.

Of those who responded to questions about the nature of funding for their health project; 35 (just over half the respondents) stated that their project was funded for a specific time period; whilst 15 projects (just over one quarter) are permanently / core funded. 4 projects were not being funded at the time of completing the survey; and 1 is self-funded.

The most frequently mentioned funding body was the South and East Belfast Trust (SEBT), which funds (or contributes to the funding of) 11 of the projects in East Belfast that responded to the survey (4 through permanent / core funding, and 7 over a specified timeframe).

The duration of funding received by those projects in receipt of funding over a specific timeframe ranged from eighteen months to six years (with one major project receiving funding over an eighteen year period). By the end of June 2006 (ie before the publication of this Report) 5 of the projects finding will have ceased; with a further 5 projects funding finishing before the end of 2006.

One of the problems for health related (and other projects) is that project funding is very often time-bound. For projects with a specific target and goal in sight (which have a rational beginning, middle and end) this may be rational and realistic. However, many of the health related projects in East Belfast believe that the work they are doing is ongoing, certainly over the medium-term; and when funding ceases a gap is left; and community needs are unmet.

HEALTH ISSUES ADDRESSED BY THE PROJECTS

A wide range of health issues is addressed by the projects. The most frequently mentioned were:

- Health information (42 projects)
- Mental / emotional wellbeing (40 projects)
- Social isolation (40 projects)
- Advice / information (39 projects)
- Training / education (36 projects)
- Healthy eating / nutrition (35 projects)
- Social inclusion (35 projects)
- Raising health awareness (34 projects)
- Drugs / alcohol misuse (31 projects)
- Life skills (31 projects)
- Older people's health (31 projects)
- Physical activity (31 projects)
- Home safety (28 projects)
- Community safety (27 projects)
- Family support (25 projects).

Survey respondents were asked to state how their health project contributes to the health needs of the community. A wide range of examples of how projects contributing to the health needs of the community were mentioned; including housing, providing health checks, mental health and wellbeing, peer education and services for victims of domestic violence. The most frequently mentioned health needs that are being met through the projects were:

- Health workshops / training (31 projects)
- Social inclusion / reducing isolation (24 projects)
- Information (21 projects)
- Raises participation in physical activity (18 projects)
- Promotes healthy lifestyle choices (19 projects)
- Healthy eating (14 projects)
- Befriending / reassurance / support (12 projects)
- Community safety / addressing fear of crime (9 projects)
- Drugs awareness (9 projects)
- Community based playgroup with parental involvement / child development (9 projects)
- Parenting skills / parent support / positive parenting (9 projects)
- Personal skills / personal development (8 projects)
- Improve educational opportunities for children (7 projects)
- Counselling eg trauma, addiction problems (6 projects)
- Mental health / promoting mental wellbeing (6 projects)

The survey asked what impact the projects are making on the health of the community. Again, a range of examples of the impact that projects are making was given; with the most frequently mentioned examples being:

- Greater awareness / understanding of health issues (26 projects)
- Greater integration and participation in the community (21 projects)
- Improved healthy lifestyles (21 projects)
- Advice and information available (18 projects)
- Social inclusion (14 projects)
- Depression reduced / emotional wellbeing (13 projects)
- Signposting / referrals / linking people to other opportunities/services (12 projects)
- Improved physical fitness levels / physical activity (11 projects)
- Reduced feelings of social isolation (10 projects)
- Information more widely spread (8 projects)
- 9 Referred people to GP (as a result of health checks / information) (7 projects)

From the responses given it is evident that there is an awareness about the importance of having an impact and that projects need to be able to demonstrate outcomes and impact. The survey asked for (anonymous) examples of how the project has had an impact on individuals; these are shown in Appendix Four.

Looking more specifically at outcomes and impact, the survey asked respondents to explain how their projects have been measured or evaluated. 14 projects have had an external evaluation (with a further 5 intending to appoint an external evaluator in the future) and 14 undertake internal evaluation. 20 projects rely on verbal feedback; whilst others (12) record numbers present at events and 12 projects make use of questionnaires and evaluation forms. Other examples of the way in which the success of projects are measured included referrals to other agencies, maximising benefits and a video diary. One person expressed a feeling that "Sometimes it is hard to measure the impact, but we need to make it a priority to have indicators for measuring success".

40 survey respondents identified unmet health needs in the community, with a further 13 respondents stating that they were 'not sure' whether or not there are unmet health needs. Only 7 respondents stated that they had not identified any unmet health needs. The six most frequently mentioned unmet health needs were:

- Depression / mental health
- Social isolation
- Healthy eating
- Older people's health issues
- Drugs and alcohol awareness
- Sexual health
- Suicide prevention and issues (including self harm)

Those present at the Youth Focus Group noted a range of needs for young people, including a lack of leadership in East Belfast, anti-social behaviour, poor diet, bullying, truancy, physical, social and mental wellbeing (including suicide awareness), and the importance of engaging parents.

However, a total of 47 different unmet health needs were identified in total; and this is one aspect of the data that should be considered in its entirety by the Health and Social Connections Worker and the Advisory Group. The Advisory Group may also wish to draw on the information gained from two Focus Groups held with SEBT staff, recently gathered by the Inner East Belfast [Neighbourhood Renewal] Partnership. The discussion focussed on current trends and health needs within Inner East Belfast, and ways in which Health and Social Services and community initiatives could more effectively complement each other.

It is noted that there are projects already in existence, which are addressing many of the identified unmet health needs. The questions to be asked therefore include whether these projects have funding to cover a wide enough area in East Belfast, do projects have the resources to be able to meet the need and whether community organisations (and others, for example Health and Social Service professionals) know enough about the range of projects that are up and running? Some of these questions are raised in the answers to the next question. There is also the fact previous projects were addressing some of the unmet needs, but have ceased due to the lack of available funding; for example, one respondent noted that "the loss of the COPE Project had a major impact on people suffering from anxiety and depression".

Projects felt that they could support increased signposting and information relating to health issues and effectively promote health work in cooperation with other projects through a more joined-up approach. There was also a feeling that it should be possible to work more effectively with and have increased engagement with GPs and health professionals to improve service delivery and increase health awareness, intervention and prevention.

PARTNERSHIP, LINKS AND NETWORKING

Partnership and a more coordinated approach to working was the focus of the third section of the survey; addressing 'Links and Networks'. 37 of the respondents stated that their project was part of a larger or wider project; 55 projects work in partnership with other community organisations in East Belfast or Castlereagh and 55 work in partnership with statutory or voluntary organisations. This feedback indicates a high level of partnership and implies a willingness to work (or a recognition of the benefits of working) in partnership with other organisations.

The survey respondents participate in a range of networking activities; the three most frequently mentioned being:
• Attending conferences/workshops (56 projects)
• Meetings with others in a similar role/job (54 projects)
• Member of a Steering Group/Advisory Group / Management Committee (48 projects).

Only 13 respondents felt that there are sufficient links between community organisations; whilst 31 felt that there are insufficient links and 20 are 'not sure'. A range of suggestions for improving collaboration, partnership and 'joined up' working across community groups was made; with the two most frequently given suggestions being a greater sharing of information (14 projects) and that organisations could be less territorial; (for example share resources, ideas and facilities).

It was thought that one of the reasons for lack of communication and cooperation between groups is due to suspicion caused by competition for the same pot of funding. Another respondent agreed that there is "a need for a coordinated approach to working together; but we may need to change the mindset of people before this can be achieved".

A number of practical examples about how greater communication, cooperation and sharing of information could happen were made; these included a website of all health related projects, regular emails giving updates and organising conference, workshops or forums; although one respondents added a note of caution "Beware – meetings can be time consuming and counter productive".

One project respondent suggested a way forward; "hold a one day workshop to determine potential alliances and to produce a simple action plan of engagement with each other to optimise delivery or determine new opportunities". This was suggested prior to the development and delivery of the Inner East Neighbourhood Partnership's Themed Workshop on Health (June 5th 2006); where representatives from the community, statutory and voluntary sector met to discuss a range of issues pertaining to health in Inner East Belfast; to identify priorities and suggest ways forward to implement positive change. The feedback from those attending this two and a half hour session was very positive; and suggests that there may be value in facilitating a similar activity with community groups across East Belfast.

Three respondents suggested further highlighting and promotion of success stories about community projects, with one suggesting a 'celebration day'.

STATUTORY AGENCIES, POLICY AND PRACTICE

The survey asked the level of contact that respondents have with a number of statutory agencies. 35 projects (just over half) have regular contact with the SEBT, and a further 15 have occasional contact with the Trust; although 7 stated that they have no contact with SEBT. 29 projects have regular contact with either Belfast City Council or Castlereagh Borough Council, and20 have occasional contact with the Councils; whilst 25 projects have regular contact with NIHE, and 19 have occasional contact with the Housing Executive. 22 projects have regular contact with the Police Service, and 23 have occasional contact with the PSNI; 18 have regular contact with the Education and Library Boards (either Belfast or South and East). And 16 projects have regular contact with the Eastern Health and Social Services Board. One respondent noted, "Statutory and community links can be difficult, largely because of bureaucracy and time constraints" and another felt that "Community groups work well at management level with statutory agencies, but people on the ground need to know more".

43 survey respondents said that they actively attempt to influence statutory agencies' policies and practice; with the five most frequently stated methods being:

- Consultation opportunities / response to government papers
- Through a link organisation or network
- Participate in strategic committees, statutory panels or seminars
- Lobby MLAs
- Networking

8 respondents felt that they needed further support in lobbying and knowing how best to have an impact on influencing policy and practice; and that they needed more skills, to know who to approach and a greater understanding of the system and structures. One respondent noted that their organisation doesn't get too involved in "due to time constraints and unwillingness to be involved in endless meetings". During one of the Focus Groups concern was expressed about the ability to impact on policy and practice, and that many government initiatives appeared to overlap "there is a lack of understanding about how government policies translate on the ground".

DURING ONE OF THE FOCUS GROUPS CONCERN WAS EXPRESSED ABOUT THE ABILITY TO IMPACT ON POLICY AND PRACTICE, AND THAT MANY GOVERNMENT INITIATIVES APPEARED TO OVERLAP "THERE IS A LACK OF UNDERSTANDING ABOUT HOW GOVERNMENT POLICIES TRANSLATE ON THE GROUND

INVESTING FOR HEALTH

The final section of the Health Audit focussed on Investing for Health. Respondents were asked which of the seven Investing for Health objectives their project linked to or related to. The table below shows the feedback:

The table shows that over three quarters of the projects responding to the survey link in to Investing for Health Objectives 7 (To Enable Healthier Lifestyle Choices) and 3 (To Promote Mental Health and Emotional Well Being); with only two-fifths of the projects working towards Objective 4 (Healthy Environment and Affordable Housing).

Respondents gave examples of the ways in which their project contributed towards each Objective; full details can be found in Appendix Three.

There is a high level of interest shown in developing partnerships and working with others to further respond to the Investing for Health Objectives, with 53 (just over three quarters) of the respondents expressing a willingness to work in collaboration. Some gave examples of areas or projects that they would be interested in working on with others; and others noted specific organisations, projects or networks with whom they would be interested in working in partnership.

	OBJECTIVE	LINKS TO PROJECT
Objective 1	To Reduce Poverty	38
Objective 2	To Develop Skills	47
Objective 3	To Promote Mental Health and Emotional Well Being	51
Objective 4	Healthy Environment and Affordable Housing	29
Objective 5	Neighbourhood Improvement	35
Objective 6	To Reduce Accidental Injuries and Deaths	29
Objective 7	To Enable Healthier Lifestyle Choices	52

COMMENT AND RECOMMENDATIONS

The data from the Health Audit provides an overview of the range of community based health projects that are in place across East Belfast and Castlereagh. The emphasis of the projects is on intervention, prevention and raising health awareness; i.e. a social model of health. All age groups are targeted by the projects; with many delivering services or providing facilities for a specific age group.

The range of health issues addressed by the project are wide and varied; from social isolation to healthy eating and physical activity to addressing mental health issues. Many of the projects offer training and personal development opportunities, some offering qualifications, whilst others run more informal workshops. Providing information, verbally or in user-friendly formats, is an important element of many of the projects. Signposting people to other services, projects and health professionals is also a key part of the work of many of the community based projects.

Almost two thirds of the respondents identified unmet health needs in the community; which are listed in full in Appendix Three. Many of the health needs mentioned by the projects correlate closely with those recently identified by SEBT health and social services professionals in Focus Groups held with Trust staff working in Inner East Belfast in May this year; and also with those issues raised at a Neighbourhood Renewal Themed Workshop held in early June.

The survey respondents participate in networking activities in a range of ways; including being part of a larger initiative, attending conferences, meeting up with others who have a similar role (formally and informally), and working in partnership with community and / or statutory organisations. The majority of project respondents felt that there are insufficient links and a need for greater collaboration between community organisations in East Belfast and Castlereagh. Feedback suggested that there is a willingness to work more closely together, and the survey respondents suggested a number of ways in which improved partnership working and joined up thinking could be implemented.

The final section of the survey listed the seven Investing for Health Objectives; and asked respondents to identify which of the Objectives their health project links to or relates to. Every respondent noted that his or her project contributed to at least one of the seven objectives (in the vast majority of cases more than one objective, and in a minority of responses in excess of five different objectives); and went on to explain ways in which the project made a contribution. Over three-quarters of the survey respondents expressed a willingness to work in partnership with others to develop projects to further contribute towards the Investing for Health strategy.

The final section of this Report offers some suggestions to build on the Health Audit and to develop the role of the Health and Social Connections Worker, based on the data gained from the survey.

WORKING DATABASE

The survey returns provide an ideal basis for a working database. Full contact details, along with the project aims and contribution towards meeting health needs of the community are given for every one of the 68 projects that participated in the Health Audit. Further, respondents have provided details about current networking activities and partnerships and expressed their views on developing further partnership opportunities. This data should be developed as a working database. All respondents should receive a copy of the Health Audit Report. Consideration should be given to the idea of hosting workshops to discuss the findings of the Health Audit and considering ways forward. It is recommended that numbers be limited at the workshops in order to facilitate full in-depth discussion (around 20 people) and that as such it may be necessary to offer two or three different dates.

UNMET HEALTH NEEDS

The unmet health needs identified by the survey respondents are very similar to those identified during other discussions that have taken place during the Spring and Summer of 2006 (for example those identified by SEBT Health and Social Service professionals in Focus Groups and those identified by consultation informing the Inner East Partnership's developing Action Plan under Neighbourhood Renewal).

One of the recurring themes is the need to be informed about community initiatives and to ensure that those working in the statutory and voluntary sectors are able to easily know the projects and initiatives available, and to be easily able to access such information. Survey respondents identified the need for a joined up approach, such that duplication can be avoided and increased opportunities for signposting people to other opportunities can be taken up. There is also a need to share good practice and to transfer such good practice from one project to another.

The Inner East Belfast and Tullycarnet Neighbourhood Partnerships (established under the Neighbourhood Renewal initiative) will both be including health issues within their rolling Action Plans. It is important that information is shared and that any initiatives that affect the community as a whole work collaboratively.

INCREASED PARTNERSHIP WORKING AND COLLABORATION

The survey data indicated a recognition that community groups in the past may not have worked as closely or collaboratively as they might have done. Historically there are many reasons for this, including community fragmentation and a fear of competition for the same (relatively small) pot of competitive funding. Feedback gathered during the Health Audit suggests a real willingness to overcome the practice of 'going it alone' and suspicion that has been prevalent, and already many projects have actively looked towards opportunities for partnership working.

One of the difficulties is in knowing exactly what is available and what is happening across communities in terms of initiatives, activities, opportunities and services across the community, statutory and voluntary sectors. This is not made any easier due to the relatively short-term nature of funding for many projects, such that projects come and go. This has been demonstrated in the Health Audit in so far as it is known that funding for almost one-seventh of the projects included in the Audit ceases before the end of 2006. In itself the fact that 'good' initiatives that play (or have played) an important role and had a positive impact on the health of the community cease due to lack of funding can add to wariness and does little to help the credibility of community based projects (for example one respondent cited the demise of the COPE project as having a detrimental effect on those in the community with mental health difficulties).

Suggestions were made by respondents to create ways in which the community can remain up-to-date about initiatives and who they can contact or signpost others onto. Ideas about ways in which this could be done included regular email or paper bulletins and a community health initiative website. Some respondents felt that EBCDA is ideally placed to facilitate greater networking across community groups. One respondent felt that "links between organisations need to be structured and managed as a core activity and not as a result of responding to a single issue or event" which reiterates the need for the Health and Social Connections Worker post.

ONE OF THE DIFFICULTIES IS IN KNOWING EXACTLY WHAT IS AVAILABLE AND WHAT IS HAPPENING ACROSS COMMUNITIES IN TERMS OF INITIATIVES, ACTIVITIES, OPPORTUNITIES AND SERVICES ACROSS THE COMMUNITY, STATUTORY AND VOLUNTARY SECTORS.

LINKS AND NETWORKS

Many of the projects have the active support of the South and East Belfast Trust and other agencies, and most of the projects have regular contact with the Trust, NIHE, or the PSNI, with a smaller number in regular contact with Education and Library Boards or the Eastern Health and Social Services Board. Indications are that much communication with representatives from statutory agencies is at a relatively senior level, and concerns were expressed that there is a need for greater communication and collaboration with those working in communities. Whilst it is understood that this Report will be forwarded to the statutory agencies, it may well be those in management positions who review the Report rather than informing those 'on the ground'.

Ways of facilitating greater communication with those working for the statutory agencies needs to be addressed. It would seem that there is a willingness from workers in community, statutory and voluntary sectors to work more collaboratively; the question is more about how to make this happen in practice, taking into account that time is the most limited resource. One respondent noted "community infrastructure is considerably under-developed in a number of the most disadvantaged communities targeted. In order to maximise the limited capacity for community activity, interventions need to be inclusive, collective and holistic".

POLICY AND PRACTICE

About one-fifth of the survey respondents take time to participate in community consultations on proposed policy and practice, and a similar number participate in strategic committees, statutory panels or seminars. Some take a proactive approach and lobby MLAs, Councillors or individuals at a national level, whilst others rely more on informing other organisations, such that they contribute towards their lobbying. Whilst only 8 respondents specifically stated that they would welcome input as to how to lobby and influence policy and practice more effectively, implications may be drawn from the data that there is a need across community groups to be better placed to participate in influencing policy and practice.

Towards the end of 2005 the Community Development Health Network identified a gap in the capacity of Community and Health Workers' skills in terms of effectively lobbying and influencing policy and practice, and a concern across communities that the community voice seems to be relatively ineffective, and a (consequent?) growing apathy in participating in numerous consultations.

It is recommended that EBCDA works closely with the Community Development Health Network to further explore how to build capacity across the community such that the community voice has a greater impact and is heard and listened to by decision-makers.

DEMONSTRATING IMPACT

The majority of survey respondents recognised the need to measure and demonstrate impact and outcomes. Some projects appointed an external evaluator whilst others have implemented internal evaluation and monitoring systems (in the past feedback has shown the benefit of ongoing formative evaluation contributing to the development and review processes). For some, quantitative data (such as the financial maximisation of benefits or the number of referrals to GPs following community health checks) provides a very concrete measurement of success, whilst for others measuring and demonstrating the impact of health awareness-raising measures is more difficult. Whilst a range of self-evaluation tools is available to community groups, there would appear to remain a need to support groups in being able to effectively measure and demonstrate the success of their projects.

Dominic Harrison (Deputy Director, Public Health, North West England region), the keynote Investing for Health Conference speaker this year, made a case for the need to demonstrate the economic impact of intervention, prevention and health awareness projects. There may be benefits in further exploring this approach and there may be simple tools or materials that can be developed to encourage community projects to participate in measuring the economic impact of their projects.

CELEBRATING SUCCESS

A number of the survey respondents suggested that there would be benefit in promoting successful projects. Some have invited senior managers to a presentation showing the activities delivered and impact of projects, and others have given a presentation to MLAs at Stormont. The Investing for Health Standing Conference also provides an opportunity through the workshops to showcase the work delivered by community health projects.
However, there may be a way in which through a coordinated, collaborative approach good practice and impact could be effectively demonstrated to those who make decisions. Further, this would be in line with the message that came across strongly at the Second Investing for Health Standing Conference (15th June 2006), which recommended regular spotlighting and promotion of good practice and the impact of community health prevention, intervention and awareness-raising projects.

SERVICE LEVEL AGREEMENTS

The majority of community health projects are funded over a specified timeframe. For many, when the funding ceases, the project stops or may continue offering limited services. Very often the health need remains.

There is a need for the community to identify its strengths and the strengths of community-based projects in terms of developing and delivering health initiatives, services and support structures that have an impact on intervention, prevention and raising health awareness that effectively support the mainstream statutory services.

Having identified the strengths and the impact of community projects there is a case to be made for developing a community strategy to seek Service Level Agreements with the statutory agencies, such that projects may be sustained and delivered to meet community needs.

FINALLY ...

The Health Audit has raised a number of issues that should be explored and developed. Much of this is potentially within the remit of the Health and Social Connections Worker. EBCDA, the Advisory Committee, with ongoing consultation with the community, should identify the priorities and develop a strategy, closely linked to Investing for Health in order to continue to develop, promote and sustain community-based health intervention, prevention and awareness-raising initiatives.

ONE RESPONDENT SUGGESTED “IT COULD BE USEFUL IF AREAS WERE TARGETED AND EACH AGENCY TOOK ON A SPECIFIC REMIT WITHIN THAT AREA IN ORDER TO INVOLVE THE WHOLE COMMUNITY OVER A SPECIFIC PERIOD OF TIME TO MEET SPECIFIED TARGETS”.

APPENDIX ONE:

HEALTH AND SOCIAL CONNECTIONS ADVISORY GROUP MEMBERS

MAGGIE ANDREWS	East Belfast Partnership
MICHAEL BRIGGS	East Belfast Community Development Agency
JUSTINE BROWN	East Belfast Community Development Agency
MARK CORBETT	National Energy Action
YVONNE COWAN	South & East Belfast Trust
ALAN HOUSTON	East Belfast Community Health Information Project
TANYA HUGHES	Ballybeen Women's Centre
MAUREEN MAGUIRE	South & East Belfast Health & Social Care Group
ANN MARTIN	Tullycarnet Community Forum
MAURICE MEEHAN	Investing for Health – EHSSB
SANDRA MCCARRY	South & East Belfast Trust
MARY MCMANUS	East Belfast Independent Advice Centre
GERALDINE O'REGAN	Inner East Belfast Sure Start
ALAN WILSON	East Belfast Area Youth Project

APPENDIX TWO:

SURVEY RESPONDENTS

HEALTH PROJECT	ORGANISATION	CONTACT PERSON
Activities for the Elderly	Clanmil & Housing Association	Jean Scott
Age Concern	Age Concern East Belfast & Castlereagh	Sydney Cook
Ballybeen Peer Education	Ballybeen Womens Centre	Gillian Stitt
Ballymacarrett Group of Parishes	Ballymacarrett Group of Parishes	Rev. Colin Hall-Thompson
Ballymacarret Youth & Community Project	Ballymacarret Youth & Community Project	Sam McCready
Carew II Family & Training Centre	Carew II	Heather McMurray
Castlereagh Community Safety Partnership	Castlereagh Community Safety Partnership	Darren Curtis
Castlereagh Community Network	Castlereagh Borough Council	Lisa Wilson
Community Centre	Walkway Comm Centre	Rachael Davison
Community Sport Programme	Castlereagh Borough Council	Clare Bell
Contact Youth Counselling Services	Contact Youth Counselling Services	Julie Martin
Dee Street Community Centre	Dee Street Community Centre	Tommy O'Reilly
E.B.C.H.I.P.	E.B.C.H.I.P.	Ian Kerr
East Belfast Alternatives	East Belfast Alternatives	Andy Moorhead

APPENDIX TWO:

SURVEY RESPONDENTS CONT...

HEALTH PROJECT	ORGANISATION	CONTACT PERSON
East Belfast Area Youth Project	East Belfast Area Project	Alan Wilson
East Belfast CAB	East Belfast CAB	Linda Williamson
East Belfast Community Health Information Worker's Group	East Belfast Community Health Information Worker's group	Kathleen Feenan
East Belfast Independent Advice centre	East Belfast Independent	Mary Mc Manus
East Belfast Mission	East Belfast Mission	Linda Armitage
EBM 'Meals on Wheels' EBM 'Mission Café'	East Belfast Mission	Peter Quigley
Engage with Age	Engage with Age	Maire Gribbon
Engage with Age	Engae with Age East Belfast	Laurence Wright
First Steps Project	The Oasis Centre	Lesley Dornan
Fruit Co-operative	Sydenham Infants' School	Jean Cogger
General Health Promotion	Strathearn School	Caroline Wilson
Glenluce Quality Caring Centre	Hilltop & Glenluce Care Limited	Julie Jamieson
Gingerbread NI	Gingerbread NI	Maeve Kelly
Good Neighbour Project	The Oasis Centre	Isobell Miles
Greenway Women's Centre	Greenway Women's Centre	Jo Knock

APPENDIX TWO:

SURVEY RESPONDENTS CONT...

HEALTH PROJECT	ORGANISATION	CONTACT PERSON
Healthy Living Centre	EBCHIP	Alan Houston
Healthy Tullycarnet Neighbourhood Project	Tullycarnet Primary School	Mrs. Sandra Jackson
Home Start	Home Start East Belfast	Eelco Westerhuis
Holiday Project	'The Hopefuls'	Des Meredith
Imago Project	Imago Project, Oasis Caring in Action	Angela O'Neill
Increase Cycling	Green Action	John Wright
Inner East Belfast Sure Start	IEBSS	Geraldine O'Regan
Interface	Interface	Ian McKee
Interface Forum	Short Strand Community Forum	Sean Montgomery
Interface Youth Support Programme	Interface – Youth Support Programme	Jenny Stuart
Knocknagoney Community Centre	Knocknagoney Community Centre	Caroline Lambe (Centre Manager)
Lagan Village Home Safety Project	The Bridge	Colin Robinson
Laganside Corporation	Laganside Corporation	Anne Harty
Monkey Nastixs Parenting Classes	Beechfield P.S	Irene Reilly
N/A	Castlereagh Libraries (SEELB)	Joan Thompson Mairead Ferguson

APPENDIX TWO:

SURVEY RESPONDENTS CONT...

HEALTH PROJECT	ORGANISATION	CONTACT PERSON
N/A	CROWN Project	John McQuillian
N/A	EBCDA	Sonia Anderson
N/A	East Belfast Open Learning Centre	Emma Young
N/A	St. Clement's Church of Ireland	Rev. D. Logan
N/A	Tullycarnet Pres. Indoor Bowling Club	Dave Crothers
N/A	Wandsworth Community Association	Alison Smith
N.I. Community Addiction Service	NICAS	Alan Coleman
Newtownbreda Women's Institute	Newtownbreda Women's Institute	Maureen Johnston
Northern Ireland Tenants Action Project	Northern Ireland Tenants Action Project	Murray Watt
Oasis Early Years	The Oasis Centre	Andrew Dornan
Oasis Housing	The Oasis Centre	Barbara Young
Orangefield High School	Orangefield High School	W. Pearson
P.M.S & P.N.D Support	P.M.S & P.N.D Support	Julia Crawford
Senior Citizens' Club	Golden Year's Club	Mr. Tommy Chambers
South & East Belfast Health Trust	SEBT	Yvonne Cowan Sandra McCarry

APPENDIX TWO:

SURVEY RESPONDENTS CONT...

HEALTH PROJECT	ORGANISATION	CONTACT PERSON
Sydenham Cross-Community Support Centre	Sydenham Cross-Community Support Centre	Stephen Dodds
The Bytes Project	The Bytes Project	Maureen O'Gorman
The CODA Project (Community Drugs Awareness)	The CODA Project	Bobby McConnell
Tullycarnet Family Project	Barnardos	Claire Humphrey
Warm Start Project (06/07)	NEA NI	Mark Corbett
Womens Activity Programme	Lagan Water Sports Centre	Jill McDonald
Willowfield Parish Church	Willowfield Parish Church	Alan Higgins

APPENDIX FIVE:

HEALTH & SOCIAL CONNECTIONS PROJECT ACTION PLAN NOVEMBER 2006 – DECEMBER 2007

OBJECTIVE 1:
TO SECURE NETWORKING OPPORTUNITIES LINKING EAST BELFAST COMMUNITY DEVELOPMENT ORGANIZATIONS ON THE THEME OF HEALTH IMPROVEMENT – INVESTING FOR HEALTH.

ACTIVITY	TARGET	OUTPUTS	TIMESCALE/ACTION	RESPONSIBILITY/ COMMUNICATIONS
Working Database	To establish a working database of individuals and organizations who are involved in the area of health and well-being improvement within East Belfast and Castlereagh	To be used as a mailing list source for potential participants in Health Connections Project.	Nov 06 – Ongoing	Health Connections Worker and EBCDA Administration Staff.
Links & Networks	To develop links and networking opportunities in order to make connections to the Eastern Area Investing for Health Agenda	To represent EBCDA on health related networks /groups: Health Issues Working Group Woodstock Ethnic Minority Support Network Mental Health Community of Interest Fit Futures Community of Interest CDHN Community Pharmacy Advisory Group Fuel Poverty Community of Interest S & E Belfast Trust Community Forum	 Quarterly Monthly Monthly Quarterly Quarterly Quarterly Quarterly	Health Connections Worker

OBJECTIVE 1: CONT...

TO SECURE NETWORKING OPPORTUNITIES LINKING EAST BELFAST COMMUNITY DEVELOPMENT ORGANIZATIONS ON THE THEME OF HEALTH IMPROVEMENT – INVESTING FOR HEALTH.

ACTIVITY	TARGET	OUTPUTS	TIMESCALE/ACTION	RESPONSIBILITY/ COMMUNICATIONS
Links & Networks	To provide easy to understand information on relevant health and well-being issues and practices.	Mail outs and E-mails containing current and relevant information to all EBCDA members. Health Connections Project updates in EBCDA newsletter. Signposting workers to others who can help with specific queries.	Ongoing Quarterly Ongoing	Health Connections Worker and EBCDA Administration
Policy & Practice	To develop the capacity of community and health workers skills in terms of lobbying and influencing policy and practice.	To organize training in core modules such as understanding the social model of health and health inequalities, the structure of health and other public services in Northern Ireland, RPA, the context of health policy, ie Investing for Health, A Shared Vision. To begin to develop a lobbying group within East Belfast/Castlereagh specifically around health related issues. Feed local issues into regional lobbying groups i.e. CDHN, NIAPN, NICVA.	6 half day training sessions by Oct 07 By Oct 07 Ongoing	Health Connections Worker, CDHN, Eastern Area Investing for Health Manager, EHSSB, NICVA, EBCHIP.

OBJECTIVE 2:
TO DEVELOP INFORMATION AND UNDERSTANDING OF THE LOCAL COMMUNITY DEVELOPMENT INFRASTRUCTURE AND THE CONTRIBUTION OF THIS TO LOCALITY HEALTH IMPROVEMENT.

ACTIVITY	TARGET	OUTPUTS	TIMESCALE/ACTION	RESPONSIBILITY/ COMMUNICATIONS
Partnership Working	To promote links between Community, Voluntary and Statutory organizations ina more structured and co-ordinated manner.	To make sure that all members and all other relevant stakeholders receive a copy of the East Belfast Health Audit Report. All relevant health information is circulated through the CWF and YWF Meetings. To make sure that clear lines of communication exist between relevant stakeholders by providing and passing on information, ie communication strategy	Nov 06 Ongoing Ongoing	Health Connections Worker
	To support existing partnerships and to assist in the development of workers skills in order to work more effectively in partnership.	To facilitate partnership working training/ workshops in order to promote creative methods of working and moving forward together.	1 training session Nov 06 – Oct 07	Health Connections Worker
Demonstrating Impact	To promote the need to demonstrate the economic impact of intervention, prevention and health awareness projects with community and health workers.	Begin to explore ways of monitoring and evaluating on an ongoing basis, with the possibility of developing a toolkit.	By Oct 07	

OBJECTIVE 2: CONT...

TO DEVELOP INFORMATION AND UNDERSTANDING OF THE LOCAL COMMUNITY DEVELOPMENT INFRASTRUCTURE AND THE CONTRIBUTION OF THIS TO LOCALITY HEALTH IMPROVEMENT.

ACTIVITY	TARGET	OUTPUTS	TIMESCALE/ACTION	RESPONSIBILITY/ COMMUNICATIONS
Demonstrating Impact		Examine & support ways in which groups can begin to effectively measure and demonstrate the success of their projects in order to achieve sustainability.	By Oct 07	
	To support, celebrate and recognize the value of community based initiatives and identify/ promote what the community does best.	EBCDA Conference with a health and well-being element attached to it. Deliver a holistic 6-8 course for workers looking at their physical and emotional well-being in order for them to work more effectively/look after yourself week.	By Oct 07 By Oct 07	Health Connections Worker and all other EBCDA staff
Training	Identify areas of training and development for Health and Social Connections Worker.	Institute of Leadership Management – Team Leadership Certificate completed. Enrolment on Belfast Healthy Cities 'Inequalities in Health' course. Attend any relevant seminars/workshops.	By Dec 06 Jan 07 Ongoing	Health and Social Connections Worker

OBJECTIVE 3:
TO DEVELOP LINKAGES TO THE LOCALITY INVESTING FOR HEALTH IMPROVEMENT PLAN AND TO ENGAGE LOCAL ORGANIZATIONS IN DISCUSSIONS ABOUT UNMET HEALTH NEEDS.

ACTIVITY	TARGET	OUTPUTS	TIMESCALE/ACTION	RESPONSIBILITY/ COMMUNICATIONS
Unmet Health Needs	To carry out further pieces of research specific to the Investing for Health Objectives.	Complete a small survey on the theme/objective of mental health and emotional well-being (as done in South Belfast via the SEBT.)	By July 07	Health Connections Worker/Mental Health Promotion Worker within the SEBT.
	Determine potential alliances and to produce a simple action plan of engagement to optimize delivery or determine new opportunities.	Host workshops around identified and unidentified unmet health needs.	4 sessions by Oct 07	Health Connections Worker
Wellnet	To develop the capacity of the local community and voluntary sector to make connections with the Investing for Health Improvement Plan	East Belfast/Castlereagh community/voluntary organizations registered on Wellnet.	4 by Oct 07	Health Connections Worker
	To develop a health themed web page on EBCDA's existing website with a link to Wellnet and ultimately to a wider network of organisations.	To be updated regularly. To incorporate issues such as policy developments, funding, local and regional health events, creative think tank to explore ways of addressing health inequalities.	Ongoing	Health Connections Worker/Avec Solutions