“Inclusive. Adaptive. Innovative.”

METHOD

Dr Oonagh McArdle
and Tanya Lalor

Athbhreithniú ar thionchar Rannóg Oibre Pobail an Iardheiscirt de chuid Fheidhmeannacht na Seirbhíse Sláinte ar shláinte agus fholláine pobal

A review of the contribution of the HSE Southwest Community Work Department to communities and to their health and well-being

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FSS an Iardheiscirt
HSE South West

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Acronyms used

BOTP	Beneficiary of Temporary Protection Payment
CHN	Community Healthcare Networks
CWD	Community Work Department
CHW	Community Health Worker
CSO	Central Statistics Office
HAZ	Health Action Zone
HSE	Health Service Executive
IHA	Integrated Health Area
IPA	International Protection Applicant
IRG	Independent Review Group
PBRA	Population-Based Resourcing Approach
PCW	Principal Community Worker
RHA	Regional Health Area
SAGAA	Review of the Service Arrangement and Grant Aid Agreement

1

BACKGROUND AND INTRODUCTION

1. Background and introduction

HSE South West is in a unique position across all HSE Regions with regard to the evolution of community work in Ireland, For the last fifty years, it has retained a Community Work Department in both Cork and Kerry, which plays a key role in the development of integrated health and professional services in the functional area of the executive.

The Community Work Department (CWD) adopts a holistic perspective in relation to the concept of health and acknowledges the social determinants of health. It is concerned with developing a collective response to needs within communities, including those experiencing social exclusion, and it promotes inclusive processes that secure concrete improvements in the quality of life for these communities.

In May 2024, Primary Care, HSE South West commissioned a review of the Community Work Department (Cork North, Cork South and Kerry). The review was undertaken to:

- Describe the CWD that currently operates in HSE South West.
- Complete of a high level overview of the current work undertaken by the CWD in HSE South West.
- Quantify community work engagement with different types of community services
- Identify where the CWD is best placed within current and future structures and how that could impact on its ability to meet its objectives.
- Outline how the CWD's approaches can be most effective in the current policy context.
- Review the contract management role of the CWD – considering the maintenance of the flexible/partnership approach with organisations of all sizes and identify essential community work involvement and requirements.
- Seek to address the balance between capacity-building in communities and contract management in respect of community and voluntary organisations who work in partnership with the CWD to provide services required by and funded by HSE South West.
- Analyse and make recommendations on the staffing compliment of the CWD in HSE South West.
- In line with the Framework and Qualifications for Community Workers in Ireland, make recommendations on what qualifications should be specified in any community work campaigns.
- Map community work engagement with other agencies – local authorities, Education and Training Boards, schools/universities, Tusla, statutory agencies and inter-agency initiatives.

1.1 Methodology

A desktop review was completed of current community work activity and its history and evolution within the HSE. Consultation took place with the following key stakeholders:

- CWD staff teams
- Retired Community Workers and Principal Community Workers
- Heads of Service, managers and clinicians (including Public Health, Health Promotion, Primary Care, Social Inclusion, Community Healthcare Network Managers, Traveller Health Unit, Social Inclusion, Services for Older persons, Public Health Nursing, Speech and Language, Dental services)
- Community and voluntary organisations across care groups and geographical areas
- Other identified stakeholders including Local Development companies

In total, 110 people took part in consultations including one-to-one interviews, focus group discussions and online survey responses. These are outlined below

Table 1.1 Methods of consultation

Method	No people
Semi-structured interview	29
Focus group discussion (eight focus groups)	60
Online survey	26[1]
Total	**113**

[1]Two individuals completed both an online survey and participated in a focus group.

2

POLICY AND PROFESSIONAL CONTEXT

2. Policy and professional context

2.1 Development of Community Work in Ireland

Community development in Ireland is strongly rooted in the rural cooperative movement with Muintir na Tíre, founded in the 1930s, noted as the first formal community development organisation in Ireland. From the 1980s onwards, a shift is evident with community development evolving from a focus on rural self-help and self-reliance to more radical approaches recognising the intersectionality of poverty and inequality issues. This expansion led to the growth of organisations working with groups focusing on 'increased citizen involvement and community activism representing sectoral and geographical communities' (Government of Ireland, 2000: 74). Since the late 1980s community work has been funded directly by the state and 'a distinct discipline and ethos has evolved, committed to working professionally and collectively with communities for social change, inclusion and equality' (Adhoc Group, 2008: 12).

From the early 1980s, education and training courses in community development began to emerge. The first professional post-graduate qualification in community development was offered in 1981 by Maynooth University, which then began offering an undergraduate professional programme in 1985, with other universities in Ireland, North and South following. From the outset, these programmes included assessed and supervised placements as well as contextual and professional studies modules and focused skills development.

A growing sense of urgency to promote community development work and to recognise its professional status led to the establishment of an 'ad hoc group' of community work practitioners, educators and others in the mid-2000s who met to consider ways in which they could contribute to the development of the discipline. A series of consultation workshops with community workers, facilitated by the Community Workers' Co-operative, led to the development of Towards Standards for Quality Community Work—an All-Ireland statement of values, principles and work standards that was launched in 2008. The document states that the consultations leading to its creation indicate clearly that community work practitioners, trainers and funders increasingly recognise the need for a set of standards to govern and safeguard community work as a profession, and to inform and guide the training and education of community workers (Adhoc Group, 2008: 8).

Towards Standards was presented as a work in progress open to development in the light of changing circumstances and feedback from users. Arising out of the concern to ensure that community work education and training played its role in supporting and benchmarking quality community work, the group which produced the Towards Standards went on to establish the All-Ireland Endorsement Body for Community Work Education and Training in March 2010. The starting point for the founders was that in order to do community work well, complex analysis, skills and competencies are required along with a recognition that community work is 'an open profession committed to ensuring access for participants in community initiatives' with the concern that,

> An increased number of individuals, agencies, and institutions now offer community development or associated training and education at various levels and standards, with little coherency in terms of who teaches, what gets taught, what duration, what cost, and what underpinning values. In addition, many of those managing community development have no background in the field
>
> (All Ireland Endorsement Body for Community Work Education and Training, 2016).

Community development values and practices are identified as central to work to address poverty, social exclusion and inequality, and the promotion of human rights. The values are identified as Collectivity; Community Empowerment; Social Justice and Sustainable Development; Human Rights, Equality and Anti-discrimination, and Participation and should be seen as 'interdependent, with considerable cross-over between the knowledge, skills and qualities inherent in all of them' (All Ireland Endorsement Body for Community Work Education and Training, 2016: 3). Principles which community workers and separately employers, funders, policymakers and programme implementers need to adhere to are also identified.

Developed in consultation and collaboration with community development and community work practitioners, the All Ireland Standards for Community Work define community work as,

> A developmental activity comprised of both a task and a process. The task is social change to achieve equality, social justice and human rights, and the process is the application of principles of participation, empowerment and collective decision making in a structured and co-ordinated way (All Ireland Endorsement Body for Community Work Education and Training, 2016: 5).

Concurrent with cuts in state funding to civil society over many years, a series of significant compliance-related duties were introduced by the government for civil society organisations. The Charities Act was introduced in 2009, following which the Charities Regulator was established to oversee a new regulatory regime for charities. This was followed by changes to the Companies Act (2014), the introduction of General Data Protection Regulations (GDPR), the Register of Lobbying (and other requirements of the Standards in Public Office Commission (SIPO) such as the Electoral Acts), Safeguarding legislation (Children First Act) and Garda vetting, and the Health Information and Quality Authority (HIQA). Regarding programme staffing and employment, if (co-) funded by statutory agencies, government departments and agencies such as Tusla, the HSE and Pobal also set specific compliance requirements (Carroll & Barron 2019).

The combined effect has meant that many civil society organisations that focus on various aspects of equality are under-resourced and over-burdened. According to The Wheel:

> Charities have experienced a very significant increase in the range and intensity of legal, regulatory and funding-related compliance requirements in recent years but no additional funding has been made available for the accompanied administrative and finance work. Moreover, it is not realistic to expect charities to fund raise from the public for money that can support the additional administrative and finance costs that compliance with multiple reporting requirements entails. (The Wheel, 2020)

2.2 The HSE and policy context

The HSE philosophy provides for 'loyal and impartial service for the benefit of the State and the people of Ireland' (Dept of Health, 2022). A number of policy initiatives have been developed in recent years such that the structure and strategy of health services in Ireland have changed and indeed are still in the process of change.

These changes have incorporated an increased emphasis on community engagement and prevention, with a shift towards inclusive, preventative, and participatory approaches to health service delivery. This includes community-centred initiatives, the promotion of social determinants of health, and the tackling of inequalities and social exclusion within health strategies.

In this section, an overview of existing and emerging policy and their relevance to community work principles are outlined. In addition, an overview of the restructuring of health services, arising from Sláintecare is outlined.

Sláintecare

Sláintecare (2018) acknowledges social exclusion and states "inequality of access is embedded in our current system and creates barriers and perverse incentives that stand in the way of doing the right things for patients that need care. Moreover, wider health inequalities persist among some groups of the population" (Sláintecare Implementation Strategy, 2018, p.8). The implementation strategy focuses on population health needs assessment: "The first step in understanding the needs of the population is to assess health need and the distribution of that need in a population, followed by population risk stratification with identification of particularly vulnerable population groups. This must include an understanding of the wider determinants of health" (p.32).

Sláintecare Implementation Strategy and Action Plan 2021-2023 sets out the priorities and actions for the next phase of the reform programme. It aims to deliver a universal health service that offers the right care, in the right place, at the right time, at low or no cost. With a focus on prevention the action plan acknowledges directly that there are many groups of people who require tailored health and social care interventions but that health inequalities are compounded by the wider determinants of health.

Health and wellbeing policies and initiatives

Related health and wellbeing policies and initiatives, outlined below, increasingly focus on community engagement, prevention, equality and social inclusion and the role of the social determinants of health in policy measures.

Healthy Ireland: A Framework for Improved Health and Wellbeing (2013–2025) sets out a series of themed actions aimed to improve the health of people living in Ireland. One of its goals is to reduce health inequalities in Ireland, with a focus on the broader social determinants of health. In terms of partnership and cross-sectoral work, it sets out a series of actions that involve cross-sectoral partners.

Ireland's Well-being Framework (Understanding Life in Ireland: The Well-Being Framework 2024) is a cross-government initiative to help improve understanding of quality of life and to measure progress in this regard. The Well-being Framework brings economic, societal and environmental impacts together under one Framework, and it places a particular focus on equality and sustaining well-being into the future. It includes 11 dimensions of well-being, which capture quality of life issues, such as housing, skills, work, health and community.

The National Traveller Health Action Plan (2022) has explicitly adopted the values and principles of community work (in addition to the social determinants of health), as outlined below in the government report, 'Sustainable, Inclusive and Empowered Communities: A five-year strategy to support the community and voluntary sector in Ireland 2019-2024 (Department of Rural and Community Development). This defines community development as:

> Community development and community workers work to empower, enable and support communities to improve their quality of life. They work to address poverty and social exclusion, and to achieve rights and equality for marginalised communities including Travellers, women, migrants, minorities and others that experience poverty, inequality and social exclusion (p.8).

Connecting for Life, Ireland's National Strategy to Reduce Suicide, was launched in 2015. The strategy involves preventive and awareness-raising work with the population as a whole, supportive work with local communities and targeted approaches for priority groups.

Age Friendly Ireland is a national initiative dedicated to making communities across Ireland more accommodating and supportive for older adults. Aligned with the WHO's Global Network of Age Friendly Cities and Communities, the programme collaborates with local authorities to address the environmental, economic, and social factors that influence the health and well-being of older people.

The primary objectives of Age Friendly Ireland include:

- **Empowering Older Adults:** Ensuring that older individuals have a significant voice in decision-making processes related to housing, health, spatial planning, and other aspects of daily life.
- **Enhancing Public Spaces:** Modifying public areas to better meet the needs of older people, thereby promoting accessibility and safety.
- **Improving Services and Participation:** Expanding housing and transportation options, facilitating access to essential services, and creating opportunities for older adults to engage actively in community activities.

The National Dementia Strategy, launched in 2014, sets out the Government's plan to meet the needs of people with dementia and their families and carers. There are six priority areas within the strategy. Across these six areas are 14 priority actions and under each a number of additional actions. Its implementation is being led by the National Dementia Office in the HSE.

The National Traveller and Roma Inclusion Strategy 2024 - 2028 (NTRIS II) represents a whole of Government approach to improving the lives of Travellers and Roma in Ireland and to ensure the full inclusion of Traveller and Roma communities in Irish society. The strategy encompasses actions across its thematic areas of Accommodation, Education, Employment, Culture, Heritage and Identity, Combating Discrimination and Health and Well-being, amongst others. It brings Government departments and agencies together along with representatives of both Traveller and Roma communities to address the issues which affect them most, in a structured way. The high-level objectives in the strategy will be delivered through two 2-year action plans, which outline key performance indicators (KPIs), responsibilities and timelines for implementation of actions.

The formation of the **National LGBTI+ Inclusion Strategy** in 2019 was a significant step forward in the engagement between the State and LGBTI+ people in Ireland. For the first time, there was a coordinated, cross-departmental plan to respond to the unique needs and challenges of the entire LGBTI+ community. The strategy, which included 108 actions, was envisioned to run to 2021 but was extended to 2023, following the onset of the global COVID-19 pandemic.

The central aim of the **Third National Strategy on Domestic, Sexual and Gender Based Violence 2022-2026** is 'zero tolerance' of domestic, sexual and gender-based violence in our society. An implementation plan was approved by the government for the first 18 months of the strategy, with annual action plans to follow for every subsequent year of the lifetime of the strategy.

2.3 HSE restructuring

Sláintecare reform seeks to transform how healthcare is delivered in Ireland and aims towards equal access to services for every citizen based on patient need and not their ability to pay.

By putting people at the centre of the health system and developing primary and community health services, the Department of Health and the HSE are developing new models of care that aim to enable

people to stay healthy in their homes and communities for as long as possible.

Accordingly, the HSE is currently restructuring as it splits into six new HSE Health Regions. Each Health Region will have responsibility for planning and coordinating the delivery of health and social care services within their respective defined geographies. This change is in line with the Sláintecare vision of an integrated health and social care service. These regions will be responsible for delivering both hospital and community care to the defined geographies, with HSE South West representing Cork and Kerry. Services working together within each region include:

- Hospitals
- Primary care services, for example, pharmacies and doctors' surgeries
- Community services
- Social care services
- Public and private providers
- Health and social care professionals
- Voluntary sector services

This means that patients can be cared for closer to home, whatever their health needs, creating the conditions to:

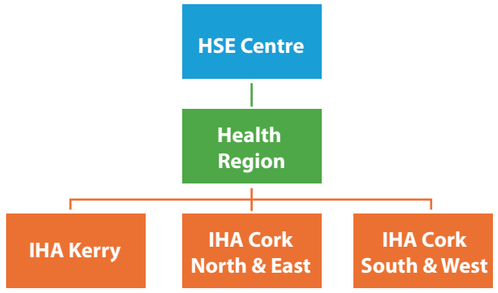
- Plan and deliver services around the specific needs of people in each area
- Improve how these services are run and how people take responsibility for them
- Strengthen local decision-making by giving regions the power to plan, manage and deliver their own care
- Provide a consistent quality of care across the country, with the HSE Centre being responsible for ensuring standards across the regions

Each region has its own budget, leadership team and responsibility for local decision-making and is led by a Regional Executive Officer (REO). The six REOs reports directly to the HSE Chief Executive Officer. Regions are accountable for services planned and delivered to the defined population in their geographies as well as their health outcomes.

Each Health Region will have between 2 and 4 Integrated Healthcare Areas (IHAs). These will bring together both acute and community services under one geographically based structure for populations of between 150,000 and 450,000. Community Healthcare Networks (CHNs) are the building blocks for organising services within each IHA, and there will be approx. 2-8 CHNs and 1-3 Hospitals in each IHA. Each IHA is:

- Responsible for the health needs of the whole population within the geographical area
- Responsible for access and care coordination of health & social care services for patients and service users
- Responsible and accountable for the delivery of safe, high quality, patient-centred health and social care services locally.
- Enable and drive integrated service delivery by placing responsibility for the operational management of all hospital and community-based services within the geography under a single team.

In the HSE South West Region, there are three IHAs as indicated in the diagram below.



In addition, each Health Region will have a Patient and Service User Council that will:

- Be a way for patients and service users and organisations to come together and be partners in healthcare decisions and planning at every level of the organisation
- Assist all teams to deliver an improved service to patients and service users and meet their needs
- Have broad representation across geographic, ethnic, health, age, gender, sexuality and other dimensions

- Actively recruit patient and service user partners to ensure a diverse and inclusive cohort of interested representatives.
- Have a clear set of achievable outcomes which are measurable, collated and analysed nationally to ensure consistency.
- Allocate funding to each region via annual estimates which will be increasingly informed by a population-based resourcing approach (PBRA), excluding national specialist services. Regions have appropriate autonomy in deciding how that budget will be spent in line with the services that they are planning for their defined population. This planning will be informed by a Health Needs Assessment (HNA). The goal is to improve equitable regional investment and balance national consistency with appropriate local autonomy to maintain consistent quality of care across all regions. Regions will, within the overarching 'Pay and Numbers Strategy', have appropriate autonomy for workforce determination and deployment to meet identified local population needs.

Review of the Service Arrangement and Grant Aid Agreement

A Review of the Service Arrangement and Grant Aid Agreement (SAGAA), which focuses on the contractual documentation and engagement process between the HSE and voluntary providers, is currently underway and is being conducted in the context of the following important developments:

- The work of the Dialogue Forum;
- The publication of the Partnership Principles;
- The completion of the case study programme[2]
- The scope of the work comprises a technical review of the legal documentation and the engagement lifecycle (a 'process review') that supports the SAGAA process.

Some changes have already been agreed and reflected in the documentation and processes.

Design Principles

Design principles for the health region approach were developed around key themes and are outlined below. Of note with regard to this review is design principle 6 which clearly outlines the building on trusted relationships with Section 39 organisations.

1. Patient-focused integrated care outcomes for service users and patients. Design will ensure that the introduction of health regions and associated system reforms enable the delivery of high-quality, integrated health and social care services to meet the needs of the population and deliver positive outcomes for service users and patients.
2. Governance and accountability. Design will apply the principle of subsidiarity and ensure clear definition and understanding of governance, clarity of mandate, clear lines of accountability and reporting lines for the health regions as subdivisions within the HSE.
3. National consistency. Design will ensure that the model is set up to ensure national consistency in appropriate areas, e.g. models of care and patient safety standards.
4. Devolved decisions and activities. Design will support increased, empowered, devolved decision-making in the health regions and other service delivery entities and will ensure activities are closer to patients and service users where possible.
5. Our people. Design will ensure that the Irish health and social care system is an attractive place to work, and allows staff to maximise their potential and productivity, as well as providing opportunities for career progression and skills development.
6. Clear interfaces, partnerships, and aligned incentives. Design will ensure clear interfaces and aligned incentives are defined for all Irish health and social care system internal and external stakeholders. This will support a highly productive, transparent health and social care service that enables transparent communication, enhanced collaboration, and the building of positive trusted relationships, including with GPs, pharmacy, the Section 38 and 39 voluntary sector, and private providers.

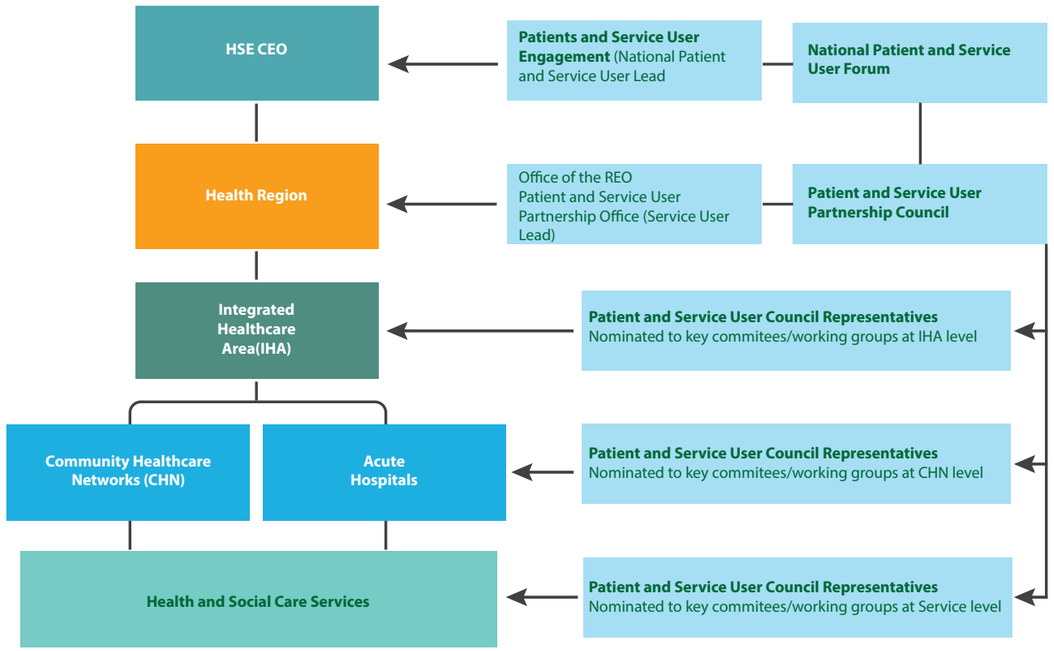
[2] The Dialogue Forum Case Study aimed at informing the thinking of the Forum on how to improve relationships between stakeholders as well as informing the SA (Service Arrangement) review. The overall aim of these sessions was to build an understanding of the key challenges and opportunities which exist as part of the embedding of the agreed Partnership Principles into the structures, process and projects of State and voluntary providers. It was undertaken between August 2022 and March 2023.

7. Collaborate in design. Design will ensure the voices of all interested stakeholders are considered, with early and ongoing engagement, and a collaborative approach to seeking input on national and local services.

8. Maximise Data and Information. Design will ensure the HSE and wider health eco-system is set up to leverage and enable the better use of health and social care data and information, to drive holistic insight across the system and inform evidenced-based decision-making and performance oversight. This will be done in line with the relevant regulatory requirements as well as policy standards and frameworks.

9. Use evidence to inform the design. Design will ensure consideration of evidence from multiple sources, including international learnings, and will be informed by relevant regulatory, policy standards and frameworks.

The diagram below charts the patient and service-user council relationships with the structures of the HSE (as of March 2025).



2.4 Dialogue forum

The Dialogue Forum was established in 2019 to build a new and more collaborative relationship between the HSE, Department of Health and state-funded independently owned and governed not-for-profit organisations to deliver the transformative reform envisaged by Sláintecare and achieve better quality, people-centred health and personal social services.

The State and voluntary sectors have become increasingly mutually interdependent over time. The scope of voluntary organisations funded under Sections 38 and 39 of the Health Act 2004 has grown significantly in scale and scope. Section 38 and 39 organisations now account for more than 25% of the total health budget each year.[3]

However, various structural reforms and policy changes have resulted in growing dissatisfaction amongst many of these organisations, leading to an increased sense that the current arrangement is no longer fit for purpose.

In response to this, an Independent Review Group (IRG) which was set up in 2017 to assess the strengths and weaknesses of the hybrid healthcare system and the roles of voluntary organisations within it. The IRG concluded that in order to improve the Irish healthcare system it is imperative that the relationship between voluntary organisations and the State improve. Their final report stated that:

> We recommend public recognition of the separate legal status and of the important role of the voluntary sector through a Charter based on principles such as putting the patient/service user at the centre of the system, shared purpose, active involvement, dialogue and joined up government. The Charter should be developed and its principles put into practice through a Forum, which should be established to facilitate regular dialogue between the relevant State representatives and the voluntary sector. (p.11)[4]

The Dialogue Forum has recently developed and agreed a set of core principles to guide how the statutory and voluntary sector should work together in the future. The purpose of these Partnership Principles is best summed up by the following extract from the document:

> *"From the outset of the Forum there has been a robust consensus that addressing the integrated set of challenges within the sector in a manner that could deliver quality people-centred services necessitated a dramatic step-up in the level, scope and quality of collaboration and integrated working across the system".* [5]

These principles are outlined in the diagram below.

[3] Prospectus (2023) Dialogue Forum Case Study Process Final Report.
[4] Independent Review Group (2019) Report of the Independent Review Group established to examine the role of voluntary organisations in publicly funded health and personal social services. Dublin: Department of Health. Available at: https://assets.gov.ie/9386/6d02f4a9fb554e30adbebb3eec5091d9.pdf
[5] Department of Health (2023) Partnership Principles. Dublin: Government of Ireland. Available at: https://assets.gov.ie/251951/d4e6fafb-7127-48c3-b7a4-40192b4b4dec.pdf

3

THE COMMUNITY WORK DEPARTMENT

3. The Community Work Department

Community participation came to the fore internationally with the 1978 Alma Ata declaration, which framed the community as central to the planning, organising, operation and control of primary health care (WHO, 1978). In recent years, community participation has once again emerged as a priority in health globally following the initiation of the new Sustainable Development Goals. In line with the SDGs, integrated people-centred health services are key to achieving universal health coverage and attaining this goal requires participatory approaches (Marston et al, 2016). With the increase of chronic disease worldwide, intersectoral approaches encompassing community participation and engagement have been identified as key for implementing strategies in health promotion and the prevention and control of chronic diseases.

However, the practice of community engagement, participation and community work has long been in practice in Ireland and community work in the HSE pre-dates these.

In this section, an overview of the Community Work Department across the HSE as well as its development in Cork and Kerry is outlined.

3.1 Community work in the HSE - history and development

Under the 1953 Health Act, the role for voluntary and community organisations was recognised, permitting the government to fund voluntary organisations for health provision.

In 1970, the (then) Southern Health Board made recommendations to the Department of Health for the recruitment of four community work posts in Cork City.

In 1974, five Community Care teams were established to cater for Cork and Kerry, which were 'exclusively engaged in the administration of Health and Welfare Services on behalf of the Agency'., later that year, five community workers were appointed to those teams, to help voluntary groups with the organisation and development of services for the aged'. It was identified at the time that the 'greatest obstacle in extending the services is the absence of social workers with training or expertise in community development'(Health Board community workers group, n.d.)

This work remit was broadened in 1977 to include pre-school work and other areas of development including neighbourhood work and liaising with grant aided groups. In addition, in 1977 (as part of the job creation programme) the Department of Health created 30 community work posts throughout the country, to be employed either directly by the Health Boards or seconded to voluntary organisations funded by them.

These Community Workers were to report to a Senior Social Worker and work as a member of the Community Care Team under the Director of Community Care. Each candidate for appointment should have a recognised degree or diploma in social science or other relevant qualification and a minimum of two years' experience working with community groups/organisation or a minimum of two years in other forms of social work or be considered for employment as a trainee community worker (at that time, the only community work qualification was the one year post graduate programme offered by St Patrick's College Maynooth).

The salary scale was to be the aligned to that of social workers. The principal functions of these posts included identifying, creating awareness and advising on priorities in meeting social needs within an area; promoting, maintaining and developing the potential of voluntary groups; developing and maintaining liaison between these groups and relevant statutory agencies; promoting and evaluating standards and quality of service; and working with other agencies providing health and social services in the area.

During this initial phase, the Irish Association of Social Workers held a conference on Community Work (in 1977) and in 1978 a national review of community work in the Health Boards was undertaken.

The CWD in Cork and Kerry was established in its own right in 1985 when the service separated from the Social Work Departments. Between 1982-95, there were eight community work posts in the region. The first Principal Community Worker (with a regional remit covering both counties), was appointed in 1995.

Subsequently, a Principal Community Worker was appointed to each Local Health Office (LHO) area in 2001, at which point there were 14 community workers and five principals in situ. At this point in time, community workers carried out their functions via work with the elderly, families, interagency work, grant allocation, voluntary groups, and others, including unemployed, Travellers, special groups, etc.

The HSE was established in 2005. At this time, community workers were employed within health services throughout the country although in very different ways. A mapping exercise in 2008 identified 57 community development Whole Time Equivalent (WTE) posts within the HSE with differences evident both within and between HSE areas in terms of numbers employed, areas of work, structures and grades of employment (HSE Community Development Work Service, 2009).

Following the establishment of Tusla in 2014, the specific remit of childcare and family support was removed from the brief of the community work teams, resulting in the loss of nine staff who transferred to Tusla.

At present, in 2024, HSE South West is in a unique position across all HSE Regions because it has retained a Community Work Department since 1974, when other areas lost staff and eventually departments were phased out. In discussions undertaken as part of this review, those consulted attributed the survival of the CWD to the following:

- The staff members and Principal Community Workers of the CWD demonstrated exceptional vision, leadership and commitment to the work
- The continuity and long-serving staff members which maintained this commitment and values. This enables a strong institutional knowledge. This has resulted in a culture of commitment to the principles and values of community work which continues to this day.

3.2 Current structure of the CWD

Across the areas of Cork South, Cork North and Kerry, each department is led by a Principal Community Worker. Within each team there are a range of roles consisting of Community Workers, Team Leaders, Community Health Workers, Community Support Worker, and Migrant Health Workers.

These departments engage with community and voluntary groups including older persons, Traveller & Roma organisations, migrant organisations, women's and men's initiatives, community development groups, LGBT+, as well as county interagency groups and local fora including Age Friendly, Local Community Development Committees (LCDCs), Local Area Implementation Teams (LAITs), Local Authority Community Response Fora. They work and support 'Dementia Friendly' towns, meals on wheels networks, community day care centres and the Government's 'Be Winter Ready' programme.

They are responsible for 319 Grant Aid Agreements or Service Level Agreements with community and voluntary organisations with a value of €13,765,980.56 in 2024, covering services for HSE sections including Mental Health, Older People, Palliative Care, Chronic Illness, Primary Care and Social Inclusion.

Each PCW reports to a different General Manager aligned to the three Integrated Health Areas (IHAs): Kerry; Cork South West; and Cork North East. This alignment has enhanced the development of a more cohesive understanding and partnership approach between the CWD and their colleagues in different disciplines, as well as enabling partnership work between CWD and the Networks.

Inputs

The CWD comprises a range of roles including Community Workers, Community Health Workers, Migrant Health Workers, Administrators, Team Leaders and Principal Community Workers. Some roles work on a thematic basis (e.g., with women, peer-led groups, community initiatives, interagency, migrants, Roma, mental health, Travellers, older people) and others work on a geographic basis, serving a wide of range of groups in their respective areas.

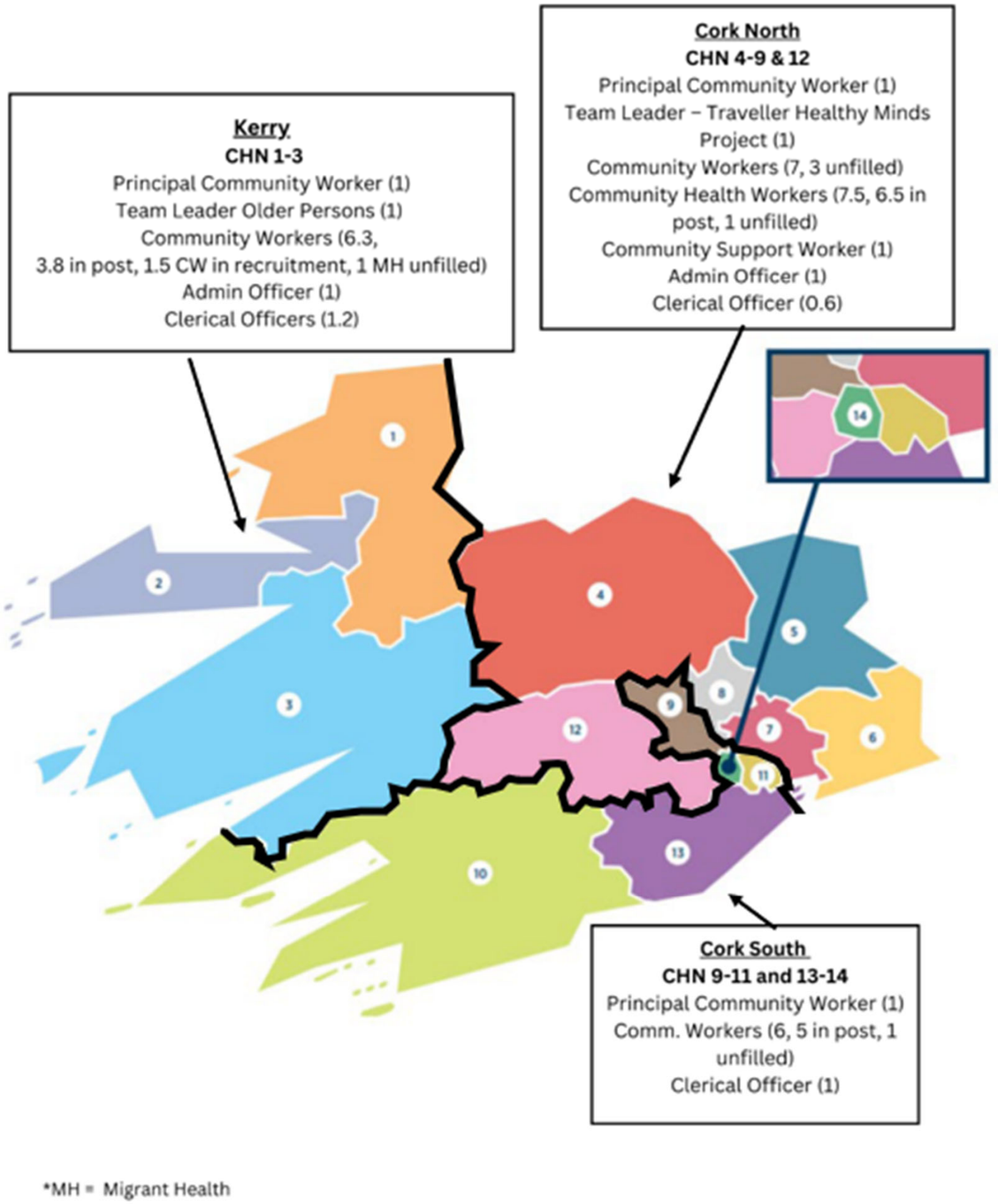
While the roles may be different, the consultation process found the roles to be complementary and each play a supportive role with communities that they work with. For example, Administrators support the processing of groups' funding applications and liaise with groups. Community Health Workers work directly with communities – the engagement with communities can lead to more developmental work with Community Workers, as and if needs arise.

The staffing complement (as of November 2024) across the three areas is different and is outlined below. In addition, staffing numbers have reduced due to the impact of the HSE embargo, and currently, vacancies are either not all being filled[6], or are filled on a staggered basis due to HSE budgetary restraints.

The most significant variation between the projects is the existence of Community Health Workers employed in Cork North. There are eight CHWs in Cork North. These roles were developed under the Health Action Zone (HAZ) on Cork's Northside. The model has been replicated in three towns in the county (in addition to a specific role within the Traveller Healthy Minds project).

[6] Vacant posts are only being filled if they are vacant from Jan 1st 2024 and approved through workforce prioritisation process remove footnotes

The map below lists the roles within each of the geographic departments. It indicates the Community Health Networks (coloured sections) and the three areas are delineated by the heavy black lines.



*MH = Migrant Health

3.3 Activities and methodologies

Community Work Role

The Community Work Department assesses and meets community needs by supporting funding, governance and development. It works from the principles of equality and community development, which means: equitable partnerships, needs-led projects and services with local communities, and effective support for service user engagement. This work is undertaken through supports and guidance for community groups in the set up stage and development stages of community based services. This includes:

- Service Level Agreements
- Grant Aid Agreements
- Section 39 funding
- National Lottery Funding
- Interagency Work
- Community Development

The role description of a community worker includes the following:

- To liaise with and advise local voluntary and community organisations and groups involved in delivering health and personal social services with the aim of promoting health and social gain.
- To enable and facilitate local communities and groups to identify their own needs and to encourage their involvement in playing an active part in the development and operation of health and social services in the community.
- To support the Principal Community Worker in the management of Section 39 funding to the community and voluntary sector, including oversight of relevant HSE Service Level Arrangements, Grants Aid Agreements, HSE National Lottery Grant Applications and other contract and governance matters.
- To conduct service evaluation and research projects.
- To work with the local community and voluntary sector and appropriate staff of Cork Kerry Community Healthcare in the identification and definition of local health issues and exploring methods of enhancing the local delivery of health services throughout Cork Kerry Community Healthcare
- Have a working knowledge of the National Standards for Safer Better Healthcare (NSSBH) as they apply to the role
- To develop and support effective links and promote joint working in the community between the various community and voluntary sectors, HSE and other key stakeholders

3.4 Actions, activities, structures

Support for Section 39 organisations

The support for ‘Section 39’ organisations is a key activity and one which occupies a significant portion of the work of community workers. In a staff focus group undertaken as part of this review, it comprised the single most time consuming activity of staff and also was regarded as the most important support.

The relationship is one of funding and oversight and ensuring that the terms of Grant Aid Agreements are complied with. The CWD works using HSE checklists to ensure compliance for groups availing of funding. Internal audits can examine records to ensure CWD is working with groups, supporting any gaps are flagged and communicated to the CWD on a regular basis.

The work also forms an important supportive role in the view of community and voluntary organisations (discussed in a later section).

In 2024 to date, 339 grants have been awarded by the Community Work Department (Section 39 grants). The number of groups and breakdown of funding categories is outlined in the tables below.

An example of the range of funding awarded gives insight into the size of grants provided. As presented in the table below, in 2024, the most significant size of grant award is between €500 and €2,000, which accounts for between one quarter and one third of grants awarded across Cork and Kerry. Larger sized grants comprise a low proportion of grants awarded by the Community Work Department.

Table 3.1 Number of grants awarded and size of grants in Kerry (Section 39, 2024)

Size of grant	No. awarded	% of all grants awarded
over €1m	0	0%
Over €500K	7	7%
Over €250K	6	6%
Over €150K	3	3%
Over €50K	3	3%
Over €25K	4	4%
Over €10K	14	14%
Over €5K	14	14%
Over €2,000	19	19%
Over €500	29	28%
Less than €500	3	3%

Table 3.2 Number of grants awarded and size of grants in Cork North (Section 39, 2024)

Size of grant	No. awarded	% of all grants awarded
over €1m	0	0%
Over €500K	0	0%
Over €250K	3	2%
Over €50K	22	16%
Over €25K	21	15%
Over €10K	9	7%
Over €5K	10	7%
Over €2,000	27	20%
Over €500	42	31%
Less than €500	3	2%
Less than €500	3	3%

Table 3.3 Number of grants awarded and size of grants in Cork South (Section 39, 2024)

Size of grant	No. awarded	% of all grants awarded
over €1m	0	0%
Over €500K	2	2%
Over €250K	18	1%
Over €50K	10	20%
Over €25K	10	11%
Over €10K	15	16%
Over €5K	4	4%
Over €2,000	9	10%
Over €500	30	33%
Less than €500	2	2%
Less than €500	3	3%

The groups funded are wide-ranging, including meals on wheels (MOW), day care centres, community development organisations, women's groups, social inclusion groups and activities (e.g., Travellers, Roma, LGBTQI+ groups and other types of activities and groups) and other activities.

It was noted by community organisations and staff alike that Section 39 grants have not increased in real terms for many groups, and in some cases have not been increased since 2008. Even where additional funding may be made available, this may not be reliable on a year to year basis.

Core activities of Community Workers

Other activities undertaken by the CWD (Community Workers) include:

- Development work
- Supporting groups and individuals (health promotion, signposting, information, referrals)
- Attending (and often chairing) meetings and follow up actions relating to work of CW Dept and the HSE
- Advocacy work (for funding and service development), and acting as a link between community groups and the HSE
- Needs assessment and service development (making a 'business case' for initiatives)
- Liaising with senior management in HSE on operational and strategic goals in partnership with S39 organisations
- Administration follow-up
- Networking (inter-agency structures/meetings, networks)
- Supporting compliance (of groups) around section 39 funding
- Responding to group needs and problem solving
- Planning events – including promotion, communication, marketing, social media etc
- Representing HSE on various fora

Activities of the Community Health Workers

The partnership foundation of community health projects and HAZ workers complements the role of the CWD and enhances relationship with community sector and enhances profile of the HSE perspectives in community. The Health Action Zones are the HSE South West's response to developing Community Health within specific areas identified of high disadvantage and supported through the RAPID Programme.

The development of the Health Action Zone concept in 2001 provided a timely opportunity to target health inequalities, drawing from community development principles of empowerment, involvement, consultation and participation to enhance inclusion and sustainability.

- To improve the health and lifestyle of an area through a series of health focussed initiatives that build on existing services and facilities.
- To explore barriers to accessing services and to involve local people in the design and delivery of service.
- To target the delivery of health services in local areas.

Quarterly Reports from Community Health Workers in Cork North CWD provide insight into the activity programmes co-ordination work, of their work in the Health Action Zones and community health projects. In Quarter 2 of 2024 – 3448 people attended in person (109) groups and (405) sessions organised and run by the community health workers. In Quarter 1 of 2024, there were 2,012 attendees at workshops, groups and courses, including walking groups; yoga and chair yoga; therapeutic dancing, drumming, singing and music sessions; carers support groups; dementia café; mental health and complementary medicine, gardening, bingo and craft activities.

Community engagement and collaboration

The Community Work Department works across Primary Care, Older Persons, and Mental Health and liaises with Health and Well Being Departments. Within Primary Care, the department includes a social inclusion focus and has expertise in supporting refugees, International Protection Applicants, Travellers, Roma, migrants, LGBT+ and women's services.

The department has a long history of engagement with, and development of, community and voluntary sector organisations and networks in the region. This focus includes engaging with the following:

- local authority structures, community response forums, LCDCs, Healthy Kerry and Age Friendly programmes in Kerry and Cork
- Local Development Companies
- All Traveller organisations engaging with the Traveller Health Unit
- Community and voluntary funded organisations working in migrant health
- Older persons services and supports including local networks e.g. meals on wheels, Tea Dance Fora, Dementia Inclusive Communities etc
- Supporting the health response to Ukraine crisis as lead in health in-reach clinics to accommodation centres
- Work with LGBTI+ organisations
- Work with Roma families

Relationships with HSE structures

The vision of the Community Work Department and its work in enhancing Community Health Networks and IHAs in HSE South West states that its 'relationships will ensure community engagement with CHN initiatives and services are successful.' [7] The department states that its professional input and community development approach will involve the following:

- Good community engagement by supporting CHN engagement, access to services, events and projects.
- Conducting needs assessments in collaboration with service heads, managers, and communities to adapt and improve services.
- Providing necessary supports while preventing duplication of efforts.
- Sharing expertise in social inclusion and community development to support marginalized groups and strengthen partnerships with HSE staff and services.
- Ensuring existing services and agreements are integrated into new HSE initiatives to promote sustainability, community leadership, and efficiency.
- Developing pilot projects with community, voluntary partners, and Community Healthcare Networks (CHNs) to implement Sláintecare initiatives (e.g., Caring Together and SVP care packs for older people).
- Representing HSE in county-wide and local networks, fostering collaboration between agencies, community groups, and CHN staff.
- Supporting community and voluntary organisations through the Section 39 process, including guidance for voluntary management committees via the GAA/SLA process.
- Engaging in unique projects and programmes tailored to each of the three areas.

[7] Community Work Dept HSE South West Submission on Draft Proposal on Voluntary Organisations in Health Regions Design

4

CONTRIBUTION OF THE CWD TO COMMUNITY AND HSE OUTCOMES

4. Contribution of the CWD to community and HSE outcomes

[The CWD] work in a spirit of equality, respect, partnership and deep care and understanding of the role that community based organisations play in delivering health outcomes at local level. It is a vital service, and the community sector would be greatly diminished without this essential line of support, guidance and mediation of the relationship between the HSE and the voluntary/community sector.

The outcomes of the work are found at individual level within communities (particularly with vulnerable and marginalised groups), with community organisations and their capacity to deliver, the development of new initiatives and pilot programmes, and by enhancing the work of a number of HSE departments.

In this section, we describe the nature of the relationships and how work is undertaken, as well as the outcomes of the work of the department, and its contribution to communities.

4.1 Contribution to HSE work

The CWD engages with HSE professionals and clinicians directly, as well as through networks and fora. This includes its work with Community Healthcare Networks, as well as specific initiatives like implementation structures of 'Our Living Islands' Action Plan 2023-2026 (West Cork Islands) which includes health and wellbeing planning with local communities. The discussions with HSE professionals were wide-ranging and included contributions from public health and infectious disease clinicians and managers, dental services, physiotherapy, chronic disease, public health nurses, health promotion staff as well as the Enhanced Community Care Managers in CHNs, in addition to departmental managers.

The support provided by the CWD that was noted included support for HSE clinicians to access marginalised communities (migrant communities, including Ukrainians and IPAs) for specific clinical services (vaccinations, infectious diseases information); support in developing programmes around health promotion; sexual health; men's health; Traveller health; and services for older people. Most of the relationships have been long-term, with others forming in recent years during periods of crises, including COVID, or when new communities needed to be reached (such as migrant communities).

Contributing to the work of clinicians and other HSE disciplines

A consistent view was that the relationships between CWD and knowledge of communities in local areas contributed to the work of other HSE professionals. According to one HSE staff member:

They are best placed to link in with the voluntary organisations – sometimes we would not know them. They create linkages with communities and share it with staff so that we know what is available

Relationships of trust between the CWD and communities enabled HSE professionals to deliver programmes in a speedy and responsive way. There is also a continuity in these relationships which is important:

Our interaction with community groups can be sporadic, and staff in the HSE can change – the Community Work Department are more than just a connector – they have the inherent trust with the community and continuity of staff. This means that we can hit the ground running with our work with the groups.

These relationships provide important supports to public health and infectious diseases clinicians:

We would have had a lot of engagement with them trying to manage cases of infectious diseases – they had the connection with the community, they would come out to the sites, they would help us to navigate communication and cultural issues and then when IPAS and Beneficiaries of Temporary Protection (BOTPs). They would help us to facilitate meetings and linkages with communities – around cultural issues and supports. They would also help us re transport to facilities. Our relationship there with CWD is very important in navigating these issues.

Health promotion staff in the HSE also have a close working relationship with the CWD, which is essential to their work:

The CWD have established clear structures for engagement between the HSE, voluntary agencies and the community and are an essential partner for the effective health promotion and health and wellbeing, programmes, initiatives, partnerships and interventions

It would be very hard to do our work without their support – our level of engagement varies according to need – but they are always available to support our work.

For HSE acute services, the point was made that there are needs of patients (on discharge) that may not come within the support threshold of social workers, but have been supported by the CWD.

Within the whole Integrated Health Area, there is the thing about discharging into the community –there are social supports needed but it would not meet the threshold of social work. They are not social work. We now have Multi Disciplinary Team meetings (physio, nursing, paediatrics, GPs) – I don't see why they cannot be members of those network teams looking at the population and wider support needs – they are very much part of this team so that they are part of primary care which is social care.

One example of a problem-solving approach undertaken by the CWD was in response to preparing for a hospital discharge. There was a need to facilitate access to the patient's home post discharge by a range of professionals. The CWD facilitated a collective response to this issue and initiated the Caring Together project. This is a partnership between Community Healthcare Network 1 and 2, Cumann Iosaef and the CWD in Kerry. This initiative will continue to meet these needs for older people in the community. The individual consulted noted that other health professionals would not have the reach or contacts within the community to facilitate this.

Quality assurance – ensuring value for money and compliance

The CWD provides a quality assurance role regarding the use of HSE funds by community and voluntary organisations in their areas. This includes ensuring that groups are compliant with legislative and financial accountability requirements, through direct support to community groups and their committees, including advice on governance and compliance requirements and communicating changes in codes. However, the approach is one of capacity building, and the Community Work Department staff emphasised this:

We support groups around being fully aware of their obligations and ensuring that they can meet them.

The importance of this work was noted by HSE professionals, who were cognisant of the importance of the community and voluntary sector to the delivery of HSE services, while acknowledging the challenges for this sector. The point was made that while compliance requirements were very important, so too is support for a sector which is faced with limited funding and staff, as well as ageing volunteers. The sustainability of the community and voluntary sector is increasingly threatened as a result of these issues, and the importance of the Community Work Department in identifying and supporting needs was noted.

Community work staff navigate those relationships well - making sure governance is solid and ethical, while also acting in solidarity with community groups. This results in an approach which is both supportive and challenging when required, which is enabled by strong relationships. This was noted by community sector organisations and is discussed below.

Facilitating relationships between HSE and communities

Both HSE staff and community organisations spoke about the role of the CWD in bridging the gap between the HSE and communities on the ground. According to one staff member from a community organisation:

They create a deeper understanding of the HSE and how it works, they make the HSE more accessible (not waiting longer to be diagnosed, they can problem solve issues) this is particularly important for island communities who are more isolated and disadvantaged.

Having a strong profile within the community meant that the CWD are the 'go-to' HSE contact for community groups. According to HSE staff, this has also enhanced their relationships with communities:

Have established the department as the HSE contact for most community based responses.

HSE staff believed that this function created tangible benefits to the HSE and to preventative health:

The work with communities empowers people – and makes a huge contribution to preventative medicine.

The approach of the CWD was described as facilitating person-centred engagement with the HSE as well as supporting communities to address their own health needs. Community organisations spoke about the benefits and impacts of this:

The CWD has opened up access to the HSE and led to greater engagement with the HSE clinicians

They look at things on a holistic basis – far more natural and engaging – you bring them in at their level (workshop, classes, etc) and then once you have the trust, you have an avenue in to the community and you can refer and signpost.

Some initiatives start out as chair yoga and then they lead to mental health actions…they engage with the community and start with the needs of the people and then offer services on this basis. They know how to speak to the community.

The work was believed by the community sector to contribute to significant health outcomes through preventative work, that often does not get acknowledged:

The Community Work Department can hit a far greater level of the population before they get sick, and you need to develop the relationships – it is a long-term thinking mindset for the organisation. The HSE is empowering organisations to do the work themselves, this is a huge thing. It is showing to the people that the HSE is accessible, and supportive.

In fact, on several occasions, some HSE staff noted that it was only when they spoke with colleagues in other regions, that they realised a resource of a Community Work Department was not in place in other regions. One noted that when they describe the contribution of the CWD with HSE colleagues in other regions, these colleagues recognised how the resource of a Community Work Department could benefit their own work:

I am the envy of my colleagues [in other regions]

Representing and showcasing good examples and models of community engagement and participation will continue to be an important function of the CWD. There is growing recognition of the need for a person-centred approach, and to involve individuals, communities and service users in the planning, design and delivery of services. This is a key approach of the CWD, and the department is frequently called upon to help other HSE services in this regard. The CWD was acknowledged in the consultations to be uniquely placed to act as a guide and support to HSE colleagues to successfully engage with communities. Examples of engagement are outlined in the case studies.

Adding value to programmes and initiatives

The CWD undertakes a wide range of actions across a range of programmes and initiatives. Community organisations made the point that this meant that in their experience, programmes and initiatives were driven by the CWD, and that in other areas, delivery could be piecemeal without the expertise and approach of community work. For example, community organisations with a regional or national remit viewed how programmes could be delivered differently in other areas:

In other regions, a small number of HSE staff were designated to identify a small number of actions and to push them…rather than drive the delivery of strategies as a whole.

As a HSE department, the CWD leverages supports from across the HSE, as well as other agencies. This was evidenced in the implementation of 'Our Living Islands' Action Plan 2023-2026 which includes health and wellbeing plans with local communities. According to one community organisation involved in the process:

The Community Work Department brought together communities and asked them to prioritise key actions and then they drive it…They leveraged other supports and agencies to engage with it (national ambulance service, Coastguard, key HSE and others). Some of the actions are very important in terms of prevention and crisis.

Adding value also takes the form of funding support, and it was pointed out that the CWD can work with groups to source funding that are outside of the HSE.

4.2 Relationships with community and voluntary organisations

We have had extremely positive engagements with the Community Work Department over the last two years...[they] are not only solution focused but they are population and person centred. They are very responsive and so helpful in getting issues resolved promptly

Community organisation

The relationships with community, voluntary and local development organisations were long-standing, but the activities emerging from these relationships varied, according to the specific needs and initiatives. Many of these organisations had a relationship of over 20 years with the CWD, and they placed a very high value on the work of the CWD. The CWD's responsiveness, inclusiveness, and support for community voices were articulated consistently throughout the consultations.

The supports arising from these relationships can comprise advice and support, advocacy for groups

(often within HSE structures), oversight and funding, and coordination of area-based responses. Regularly, the CWD holds multiple different relationships with communities and community groups. In this section, the contribution of these working relationships and supports are outlined.

Networking and strategic alliances

The networking and relationship-building work of the CWD has supported collaboration within local development structures, adding value and avoiding duplication. For example, the department is represented on the Community Development Working Group of South Kerry Development Partnership (SKDP) and has engaged with the local development company on several projects. According to the SKDP:

SKDP have worked very closely with Community Work Dept. staff on a number of different projects (e.g. Men's Health Week, Health and Wellbeing). SKDP have also linked in with our In-reach Team specifically in relation to work with New Arrivals. [Community worker] is also the HSE Community Work Department representative on the SKDP Community Development Working Group which meets each quarter.

The CWD also represents the HSE on county-wide structures and interagency groups such as Age Friendly Kerry and Cork, Local Community Development Committee (LCDC), Healthy Kerry, Local Link Kerry, Cork Healthy Cities, Cork LGBTQI+ Interagency group etc, and it progresses initiatives across all sectors.

Provision of supports

In a later section, the capacity building work to community groups and its impacts are outlined, as well as the role of the CWD in supporting groups to be compliant with HSE funding regulations and best practice. The consultation process included groups' description of this work. One voluntary sector organisation characterised the support and its impact as follows:

This support includes: moral support for staff and board working in the voluntary sector, technical support in the form of guidance particularly for voluntary boards and also for management personnel in community organisations, practical support in accessing funding and mentorship and guidance to the sector. The impact is enhanced capacity within the community sector to keep going, to navigate statutory obligations and requirements, to develop necessary skills in managing and governing organisations and to source essential funding.

4.3 The community work approach taken

Most will carry around the community work manual – they can quote the standards of community development. They are very committed.

Almost 40 years of engagement with CWD….[our CDP] was enabled to survive as an independent community resource through engagement with HSE South West, when much of the architecture of community development was being dismantled, post economic crisis of 2008.

The quotes above from community organisations illustrate the wide recognition of the commitment to community and to community work undertaken by the CWD across all groups consulted: whether community, local development or HSE. In this section an overview of the approach undertaken by the department, as articulated across the consultation process is provided.

Innovation and problem-solving approaches

The innovative and problem-solving approach of the CWD was referenced. According to one HSE clinician:

I have always found the dept. to 'think outside the box', adopting innovative approaches to problems. They also take a very holistic view and appreciate the value of collaborators in addressing problems.

From the earlier section in this chapter, it is clear that the department facilitates stakeholders to work together. According to a HSE staff member:

Inclusive, adaptive, innovative. They don't take enough credit for the work they do themselves. They have a key ability to bring all stakeholders along with them. They produce very high quality outcomes at all junctures

There are challenges in capturing the work and highlighting the approach undertaken, as it is nuanced. According to one community organisation:

They work around corners and flexibility – they problem solve. Sometimes you cannot promote this.

Relationship building

The value and respect for the role that communities can play in addressing the health and wellbeing needs of communities was valued by community organisations.

The community work approach undertaken by the department is collaborative and inclusive. They prioritise building strong relationships with community organisations, ensuring that they understand our needs and concerns. Their approach is responsive and flexible, making it easy for us to engage with them and work together on initiatives that benefit the community. Overall, they foster a supportive environment that encourages open dialogue and partnership.

The CWD provides supports to groups as they are needed, and a one-size-fits-all approach is not adopted. This is an effective and responsive approach to work, and as community organisations develop, the hands-on role of the department is required less. This was described by two community organisations:

"We work with the department in a collaborative and strategic way. We are now in our third joint strategic plan. We have a steering/governance group and working groups to implement a project which we manage. The steering group includes other partners from ETB and County Council and other HSE departments.

Community work personnel act as mainly as advisors and occasionally facilitators to the work we carry out"

Community-based and bottom-up approaches

The insight and knowledge of the CWD into the needs of communities was noted in consultations. This was attributed to relationships developed with community groups and on-going engagement with communities. In the view of HSE staff:

They have their ear to the ground and so are always one step ahead of emerging needs

Community based and focused on the needs of the people in the community. Bottom up approach supporting organisations and people to be able to support the needs of the community and empowering community groups to maximise their impact..

This was also reflected in consultations with community organisations:

Very professional, open, transparent. Share best practises from their experience and knowledge of groups. Willingness to contribute and advise groups

There was a strong consensus about the importance of continuing and maintaining the work of the department, continuing to adhere to community development standards, and of championing the marginalised. The following reflects the recommendations of two voluntary sector organisation managers:

Continue to keep close to the communities you serve so as to keep your finger on the pulse of what's happening and the real needs being experienced.

To hold steadfast to the core values and approach that inform Community Work practice, to continue to work in a face-to-face, accessible real engaged way with community-based organisations and to continue to ensure that systems serve people as opposed to pressurising community groups to serve administrative systems.

Balance between support and holding to account

The relationships with Section 39 organisations means that the department also holds groups to account in relation to compliance around funding. According to some community groups, the strong relationships developed enables the CWD to be challenging when needed. In the view of this organisation, this approach of 'holding to account' and openness was also reflected in how the department works internally, with an openness to challenge each other if required:

We are funded by them – we are reporting to them, and they are our close colleagues…This could be difficult, but when you are dealing with people with integrity, it is good. They also hold us to account if they need to be...normally with a funder we are afraid to rock the boat if you disagree with them, but we can discuss openly with them.

The combined role of funder and supporter was noted by the community sector as being effectively managed by the department:

Not like 'Big Brother' but very supportive, [a] sense of working together.

The benefits of this were noted by one group, insofar as there is a confidence that they could approach the CWD if they were in crisis:

Self-governing autonomous organisations which can seek support in crisis, knowing it won't compromise their independence.

Having a strong relationship means that internal difficulties that can emerge in an organisation are addressed in an open manner, with full disclosure. According to one voluntary organisation manager:

My experience of the Community Work Department's approach is that its value base is aligned to the values of the voluntary/community sector organisations that it supports. Community Workers that I have engaged with practice from an ethos of valuing, understanding and championing the work of the community sector, while at the same time supporting community based organisations to navigate the obligations of being a contractor of the statutory sector.

However, the emerging influence of managerialism was also noted in the consultations as a challenge. One community organisation noted that:

Partnership and collaboration, underpinned by community development principles of equity and inclusion are to the forefront but managerialism also creeping in: business case for interventions, value for money considerations which count cost but not contribution of community efforts.

The limits of funding were also noted by community organisations:

My engagement with staff members within the department has always been positive but some more funding for community groups in general for them to carry out their very valuable work would be much appreciated.

Financial matters under Section 39 would be an issue. there seems to be no way to increase the actual amount. But we do appreciate the once off monies received for special projects. This is hard work on us to budget early in the financial year.

The importance of a continued advocacy role for the department as regards funding was also highlighted by the community sector:

Actively seek additional funding sources and advocate for increased support from local government and other stakeholders to sustain and expand community initiatives with the cost and living and overhead expenses being so high for organisations currently. Funding needs to address this.

Utilise Community Work Department's vast knowledge and experience of the community sector to advocate in a strategic, coordinated and strong way for a proper funding infrastructure for the Section 39 sector.

Partnership and collaboration

Partnership and collaboration are a critical feature of the work, which enables needs to be addressed. These relationships are developed internally within HSE and also with community and voluntary organisations and local development organisations. According to one voluntary organisation:

The department works collaboratively with multiple agencies within and outside the HSE to get projects over the line in lots of creative ways and in response to the needs on the ground so-to-speak. The department has its finger on the pulse of the communities, not least those experiencing disadvantage in myriad ways.

An example of partnership working with the local development company - and other internal HSE and external community groups - which has resulted in an identified need being met was noted by the local development company:

One such example was a recent project where a need for cancer support services was identified in the Caherciveen area by a local resident who contacted South Kerry Development Company. Following on from this, our Community Development Officer spoke to [community worker] about what could be done from a HSE perspective for these local residents in Caherciveen. She then contacted Recovery Haven in relation to this. A meeting was held in July with a number of organisations including Recovery Haven, HSE Community Work Dept, HSE Primary Care, SKDP, South West Kerry FRC and Women's Collective. Recovery Haven are now scheduled to run a support programme out of Caherciveen in September.

According to a HSE staff member, the CWD is:

Always championing disadvantaged population groups using a community development, collaborative approach.

There was also a view that the approach of the CWD needs to be protected in some instances. For example, one individual spoke about a wider HSE focus on 'outputs' in short periods of time can be at the expense of deeper engagement which provide greater outcomes. This was noted by one community group:

if there were no large numbers showing up, or doing outreach, they would not understand the process of community engagement. They might blame the community for not attending. How they advertise, and how they engage – they would not understand how important this is.

Advocacy

The advocacy work of the CWD was noted throughout the discussions. This was facilitated by their inclusion within the HSE structure. It was felt that if they were external of the HSE, they would not have the same influence. According to a HSE manager:

An important aspect of their role is advocacy, bringing issues back up the line with HSE management structures - I have seen this happen, where [issues[can be brought to national level – they have the links.

Challenges to highlighting the work

Some people spoke about the insight required, and how problems are solved in a subtle and invisible way. According to a community organisation:

It is a little bit intangible – you can see what it is doing – the social inclusion it provides for elderly, the thought around timing, phone calls that might make a difference – [the approach is] how can we get you in there without them knowing.

In the view of one community organisation, community work can be invisible and should be seamless, because it supports others to make change, it facilitates networks and relationships, and it quietly solves problems. As a result, there is a risk that its contribution to change within communities fails to be acknowledged. Notwithstanding these challenges, those who were consulted across HSE departments, including managers and clinicians, as well as community and voluntary organisations, and local development bodies were clear and consistent about the contribution of the CWD in their communities.

There was a view that the nature of the work and its outcomes can be incompatible with quantitative measurement forms. According to one community organisation:

In community work, KPIs don't measure what is needed – it is the soft outputs that are needed. Community Work was doing social prescribing for years before it was called that. If it not measured by the softer outputs, the qualitative data….small inputs can lead to qualitative benefits

The need to raise awareness and build the profile of the work of the CWD within the HSE was a dominant theme in discussions and feedback. Two HSE clinicians made the following points:

Somehow make other departments aware of the support CWD can provide in realising initiatives. I was very fortunate to have met some wonderful colleagues in CWD who worked with me to address common issues, it would be wonderful if other colleagues saw the potential of collaboration.

Take opportunities to highlight the work done and take credit for same. Prior to working with the department, I would have very little knowledge of their role.

Some specific recommendations around publishing the work of the department were noted:

Monthly activities metric, Annual audit value for money, client feedback.
HSE staff member

Need to market the department better as it is only one in HSE.
Community organisation

Sell good news – for example, on the ground, approachable, engaged and active. A section of HSE that is "good news" but a need to highlight this.
Community organisation

When Healthy Ireland was created under Sláintecare - there were kit bags, wrist straps, pull up stands etc – the Community Work Department needs to promote the work it does, but in a way that acknowledges their community partners, which a lot of initiatives like Healthy Ireland forget to acknowledge.
Community organisation

In comparison to other public service and statutory agencies, [the CWD] have endeavoured to keep bureaucracy to a minimum, while adhering to best standards - maintain this! No Community or Voluntary group wants to spend disproportionate amounts of time, energy, staff and volunteer resources on administration.
Community organisation

4.4 Contribution to communities and impacts

The review sought to establish how the CWD has an impact on communities. Responses here include community organisations, local development organisations and HSE personnel. Many reflect the themes above and described how the approaches undertaken by the CWD yield results for communities.

Involvement in many areas in a constructive manner that means their own work and their work with partner organisations is significant and impactful, bringing a health and wellbeing focus to many different forums and places.

Invaluable, they are in many respects the invisible thread that woks behind the scenes to make connections and bring projects together.
HSE Clinician

Intercultural work

For decades, the CWD has been involved in initiatives to address the health and social needs of Travellers, asylum seekers, refugees and migrants. It was acknowledged as playing a key role in the establishment and growth of Traveller organisations in the region and to the emergence of a strong Traveller voice in Cork and Kerry.

They have been a massive support to community workers and Travellers, particularly women.
Community organisation

This work is also responsive and flexible, adapting to needs as they arise, with tangible benefits for communities. The following example was provided by a HSE staff member:

I got a call to say 60 people were going to an island in west Cork at 11pm on a Saturday night. How would they get there? What was the transportation, food, set up needed…? The CWD did it all – transport, ferries, food, baby supplies, organising GPs, accommodation, linkages with communities on the Island.

It has acted to provide information, signpost to services, work collaboratively to establish new services and supports, carry out awareness raising and promote anti-racism. Those consulted were of the view that work with migrant and vulnerable groups would either be harder to undertake, or may not have happened at all, without the support of the CWD. According to community organisations:

We have seen it with Ukrainians, if they weren't there, it would make things a lot harder

The work with the Roma community would not have happened if it was not for them. [8]

Older people and other groups

The support of the CWD has impacted on other communities, including older people, LGBT+ groups and others. Groups working with older people made the following points:

They have changed the lives of thousands of people in a number of ways. First, and I suppose most important, they support meals on wheels six days a week delivered to peoples homes. For those who are able to get out and socialise, they are brought in by bus to centres for lunch, exercise classes, bingo, music and song. Our elderly are both nourished physically and mentally.

A wonderful support to the elderly who want to stay in their own homes.

In rural communities, small and often informal organisations that support older people to undertake social activities can have a significant impact on the health and wellbeing of these older people. The CWD is conscious of the value of these small interventions, according to those consulted. The following quotes are examples of feedback from a range of community organisations, HSE managers and clinicians, and local development organisations:

I can only describe it in one word EXCELLENT. They helped us set up a new committee after Covid. They were extremely helpful and also gave us funding to improve our kitchen and buy comfortable chairs which has made a huge difference to our senior citizens. We started with 10. We now have 32 members and 2 more interested in starting.

As a department their contribution and impact has been increasingly progressive and highly significant to the social inclusion of older people, LGBTQIA+ older communities and general arts and health practice across all of West Cork

Inclusive, comprehensive and of real benefit to service users through involvement in areas such as health promotion initiatives, social centres, Men's Sheds etc.

Regarding impact, hundreds of services across all ages in Kerry have been set up and supported as a result of the Community Work Department, vulnerable individuals and families would never have received the services without their support.

For some, an expanded remit for the department and for workers would be welcomed:

Just to reiterate it would be great if the workers could expand their remit out to other categories e.g. one parent families, residents' groups in disadvantaged areas etc.

For those target groups that work with 'older people' and 'new arrivals' it is very significant. I would like to see them broaden out the groups that they work with to include disadvantaged communities, one parent families etc.

Impacts of capacity building work and support for community and voluntary sector

They really helped us set up our organisation [otherwise] we would not have survived — or if we did, we would not have been as strong.
Community organisation

Capacity building work for the community and voluntary sector was an important role of the CWD noted. This includes support for groups work such as the one in the quote above, to form their governance and committee structures. It also takes the form of support for established groups, including funding, governance and advisory supports, and supporting the development of pilot initiatives or programmes, led out by community and voluntary sector organisations. Many of the community organisations and voluntary organisations attributed their start-up or continued existence to the inputs and capacity building work of the CWD, as reflected in the quotes below:

[The CWD] works in a spirit of equality, respect, partnership and deep care and understanding of the role that community based organisations play in delivering health outcomes at local level. Community work is a vital service, and the community sector would be greatly diminished without this essential line of support, guidance and mediation of the relationship between the HSE and the voluntary/community sector.

The Community Work Department has made a significant contribution to communities in Cork and Kerry by fostering collaboration and supporting various local initiatives. Their work has helped strengthen community organisations, enhance access to services, and promote awareness of important issues. Through their engagement, they have facilitated opportunities for community members to come together, share resources, and develop programmes that address specific local needs. Overall, their impact is evident in the increased capacity of community groups to create positive change and improve the quality of life for the communities we serve.

Voluntary bodies would not survive without the help of the Community Work Department.

The knowledge of the community workers on the community sector and of possible funding sources have enabled them to target support to groups in an effective manner. One respondent from a community group noted that the department has

Helped many groups survive, maintain, adapt and develop over decades. Overview of sector, funding streams and services and how these might support our group

Initiatives and responsive to needs

HSE staff inputted on the physical and mental health impacts on the communities in Cork and Kerry, and provided specific examples of initiatives:

They really improve quality of life and mental and physical health outcomes for people. In Cork, there is an initiative called Happy Talk, speech and language therapy for a wide population group…a very large study with UCC. They are very involved in the set up and the fore runners of this. They work in areas of deprivation and can link in with people and connections.

An example of an initiative which helped to support discharge from acute hospital by preparing the homes of older people for discharge and access to mainstream HSE supports (the 'Caring Together' initiative). The department's contribution to the work of HSE acute services through its capacity to respond to needs was noted by HSE staff:

I would be conscious from conversations in hospital settings that one of the difficulties for people going home is the lack of supports in the home – to be able to stay home and get home from hospital. It is still very difficult to get things to kick in very fast – there are a number of reasons for this, developing community supports is one of the ways to address this

In response to this need, the Community Work Department developed a collective response in collaboration with community partners. They established the Caring Together initiative, a home clear up for an elderly person leaving hospital.

They are looking at getting funding to get an organisation to take it on board (Caring Together). Working collectively with community work and ourselves – they have the networking and links to make this happen. We could not put in support services for people unless living conditions were cleaned.

At organisational level, some spoke about how the CWD has led to strengthened organisations. For example, according to community organisations:

We would not have as strong an organisation as we have today – our structures, we have had support around board, governance, mentorship. Children have grown up with them, they may not know the department, but they know the people and they know what they have done around advocacy, support, crisis, accommodation.

I do believe that they hold a standard within the sector general – they are the last bastions of community work.

The challenge of rural community organisations in terms of access to volunteers and capacity of the community was articulated by one community

organisation. The contribution and flexible support offered by the CWD enabled their organisation to build its capacity and support a strong volunteer base. In terms of the impact of this work, it was believed to contribute significantly to the sustainability of a community organisation in a rural setting (which works with hundreds of families and provides numerous programmes).

If you are not in Dublin, you are pulling from a small community and trying to build a board from a cohort of volunteers – the Community Work Dept has given us the space and support to develop this – we have 60 volunteers, strong governance, staff with degrees, diverse team, a board which is more diverse than ever…

Their work helps to glue together areas that traditionally get lost in services.

COVID work

The department did everything and anything that was required during COVID.

The responsiveness of the CWD department during COVID was noted throughout the consultation process. This involved providing hands-on practical support, making referrals to services (including mental health services) and coordinating work with communities and HSE services on the ground to provide access to services. One community organisation noted that

During COVID we were in Woodies with the Principal Community Worker, buying materials for communities to stay safe...hands-on support.

Referrals were made to HSE mental health services, as well as to Section 39 mental health organisations, and they delivered age friendly initiatives to support the needs of vulnerable older people. The access to, and trust with, the community enabled those with the highest needs to be identified and referred.

The Community Work Department worked with hundreds of community organisations, groups and associations in addition to statutory organisations and institutions throughout Covid. The vast majority - if not all - were part of the Covid 19 Local Authority Helpline. In Cork, each area of the city and county were allocated to a HSE community worker and local authority staff member. The community and voluntary organisations in each area of the city and county formed part of a community response team and were in weekly or daily contact with the community workers in order to resolve the calls that came through from members of the public. Community workers supported the community and voluntary organisations to continue their regular work through an adapted approach. The organisations expanded their roles to meet the needs of their communities but also continued to deliver their own essential services. Supported initiatives included meals on wheels; phone call supports; transport initiatives; and the Arts for Health West Cork[9].

The work included support for vulnerable groups or those who required more assistance due to their age, health or home environment; assisting and ensuring that frontline workers and volunteers in the community sector received their vaccinations; supporting minority communities to receive their vaccinations through bespoke clinics.

4.5 Conclusions

The Community Work Department is widely acknowledged throughout the consultation process for its contributions to communities across Cork and Kerry while also servicing the work of the HSE and Department of Health. The consultations have demonstrated how community development work has helped build capacity, resilience and empowerment in communities. Placed in the frame of health care provision which can represent a continuum (from self-care, health promotion, health interventions and social care to hospital and residential care), the review demonstrates that community work has a key role to play across the continuum. This role includes the development of individual agency, to community health promotion, and to the creation of strong, vibrant, community groups responding to community health needs in an organic, flexible and all-embracing manner. Through their engagement with the community and voluntary sector and providing a link between these groups and the HSE, the CWD has made a significant contribution to health outcomes across Cork and Kerry, as outlined above.

[9] The Arts for Health Partnership Programme is based in West Cork and provides a managed arts programme for older adults accessing healthcare services since 2005.

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5
SCOT ANALYSIS

5. SCOT Analysis

The SCOT (Strengths, Challenges, Opportunities and Threats) analysis below presents the views of the wide range of stakeholders consulted, including various HSE professionals (clinicians and managers) as well as community and voluntary sector organisations, and local development and local authority staff.

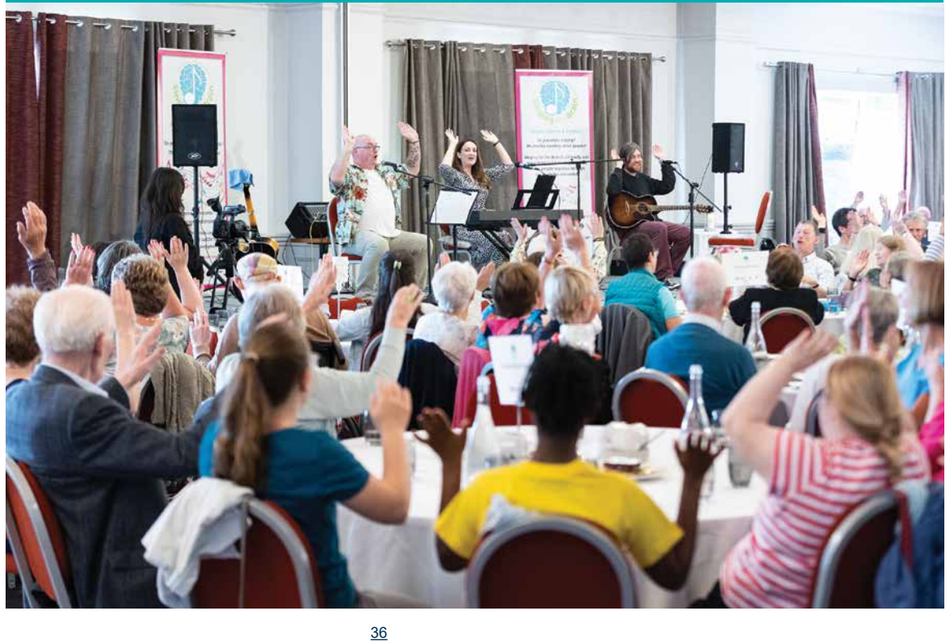
Table 5.1 Strengths, Challenges, Opportunities and Threats

Strengths	Challenges
Very competent, experienced, responsive, hard-working personnel	Resource limitations and constraints in funding and staff resources impacting their ability to support all initiatives
Saving state costs through prevention and keeping people out of hospitals	Changing community needs: adapting to the evolving needs of diverse communities (e.g. ageing population, new communities) can be challenging, requiring ongoing assessment and flexibility.
Adapts and responds to the needs of communities, the C&V sector and the HSE by averting crises – COVID, Ukrainians, migrants, public health, IPAs	Relatively small size of the department within the context of many diverse needs and groups and wide geographical spread.
Leverages HSE funding with community groups	Limited profile and visibility within the HSE– can be exacerbated by the wide range of functions of the department.
Positive attitude towards risk-taking and innovation. Strong empathy and communication skills	The broader national policy erosion of respect and understanding of community development principles and practice.
Strong relationships and robust partnerships established with community orgs, reflecting quality engagement at local level	Lack of strategic co-ordination with national organisations and no Community Work Department in other areas – may result in not being included in nationally led responses/ initiatives.
Staff have a strong grounding in and commitment to community development principles and practice	CWD is no longer the only one involved in certain aspects of work, e.g. working with migrants. Planning with these agencies would be beneficial.
Deep recognition of social determinants of health and the contribution of diverse, small local community groups to social and physical health and well being	Reliance on short term funding and funding for pilot projects – lack of development funding.
Strong reputation with community organisations - viewed as supportive resource, longstanding relationships and institutional memory – enables an emergency or innovative response when required	Challenge to align to new HSE structures, strategically engage with other departments in HSE (e.g. health promotion and outside agencies) to address social exclusion.
Ability to bring a diversity of stakeholders together to achieve success. Position within the HSE enables doors to be opened	
Client focused, advocating for all citizens, professionalism of staff, empathy	

Opportunities	Threats
Work within new IHA structures to progress integrated care across all sectors	Staff overload and risk of burnout and changes in personnel.
Increased collaboration: there are opportunities to enhance and support partnerships with other organisations, broadening the reach and impact of different groups and initiatives.	Changing corporate culture of the HSE (managerialism, one-size-fits-all and output focused).
To support a speedy, responsive and innovative way in times of crisis and emergency, e.g. during COVID.	Uncertainty re: changing policies, strategies, HSE infrastructure and financial pressures.
Can relay the experiences and difficulties of community sector within the wider HSE and demonstrate the gains that come with meaningful engagement with people.	Economic factors: economic downturns or budget cuts could threaten funding and support for community initiatives.
To advocate at local, regional and national level for a proper funding infrastructure for the Section 39 sector.	Competition for resources (internally and externally) for HSE and community services, potentially impacting CWD effectiveness.
To advocate the value and importance of community development, equality and inclusion to other public service organisations in contrast to value for money, service provision, cheap problem solving.	Risk of bureaucracy and increased oversight (SLA, Sec. 39).
Potential policy opportunities -via: Sláintecare, Healthy Ireland, and Principles for Partnership.	Risk that highly systematised, administrative and remote ways of working will gain increased dominance and suffocate the person and community organisation centred work.
Community Healthcare Networks - connection through community engagement.	Budgets: most Section 39 have seen budget lines remaining static since 2008 (a decrease in budgets in real terms). Need to advocate vociferously for increase in global budget. Centralised budgets of new HSE structure - could marginalise CWD (risk of emphasis on acute services).
Engagement with third level institutions, particularly AIEB endorsed providers - could provide opportunities for student placements, and possibilities for graduate research.	Lack of understanding of the CWD may affect its survival or funding, exacerbated by the lack of CWD in other regions.
Expansion of the CWD would further enhance the CHNs and the delivery of Sláintecare.	Risk that the CWD could get drawn into other activities, and away from community work.
Ability to mobilise community and services with minimal resources, use of patients and groups as advocates for their work.	A large team with county remit, and an outreach ap-proach
	Sláintecare - lack of consideration of community work approaches in rollout.
	Community sector - increased reliance on a diminishing number of community leaders and volunteers.

6

PRINCIPLES OF THE WORK AND COMMUNITY WORK PRACTICE



6. Principles of the Work and Community Work Practice

In this chapter, an analysis of how the work aligns with the values of community work practice is outlined. These values are illustrated in the figure below, which is an extract from the All-Ireland Standards of Community Work (AIEB, 2016). The case studies that follow illustrate how these values and principles operate in greater detail.

6.1 Community Work values

Collectivity is defined as ‘collective analysis, action and outcomes for a just and equal society’ (AIEB, 2016): The case studies below demonstrate how the community work department facilitates and supports communities to take collective action for the benefit of their communities.

Community empowerment is defined as ‘increasing knowledge, skills, consciousness and confidence of communities’ (AIEB, 2016): The Community Work Department supports capacity building among community groups to respond to the needs within the community and to develop independent sustainable structures and organisational capacities, including support for company and organisational structures.

Social Justice and sustainable development is defined as ‘promoting environmentally, economically and socially sustainable policies and practices’ (AIEB, 2016). The CWD levers resources and partnerships to effect change for communities, and it brings together agencies and services, within and beyond the HSE, to improve access to services particularly with marginalised communities and areas. This has taken place in partnership with communities. Examples include area-based regeneration projects, community-led initiatives in the islands, as well as other work with marginalised groups such as Roma, Traveller, LGBTQI+ and migrant groups.

Human Rights, Equality and Anti-discrimination is defined as 'affirming human rights, promoting equality and challenging discrimination'(AIEB, 2016). As illustrated in the case studies below, the work of the CWD and the communities with whom it works are committed to promoting and advocating for equality and human rights of marginalised groups who experience inequality, including (but not limited to) LGTBQI+, Traveller, Roma and migrant communities and older people.

Participation: participation is defined as 'communities identifying their needs and engaging in response' (AIEB, 2016).. The case studies and consultations note the work of the CWD in supporting active community participation in identifying their needs and facilitating communities to address these needs. According to one community organisation, *'it gives the communities ability to have a voice in what concerns them and also back up [support] in order that a programme or a support could be put in place to meet a need identified'*

6.2 Case studies

The case studies below illustrate the depth and breadth of the work undertaken over many years. Each points to the contribution of the work of the CWD to community work values.

CASE STUDY
Mind Your Head

The Mind Your Head programme is a resource for exploring mental health issues with young people. The programme is delivered in collaboration with the Health Action Zone (HAZ) Cloyne Diocesan Youth Service, and the Traveller Health Minds project. The programme is funded by Cork Kerry Community Healthcare.

The programme was developed as a result of a need identified by youth and community services in Gurranabraher (on the Northside of Cork City) where young people attending these services had raised issues around mental health and self-harm.

Mind Your Health was written by a youth worker and a community health worker. It explores mental health issues with young people and is designed specifically for youth workers, youth leaders, peer educators and others working with young people.

The programme is very much about giving young people space and time to explore and talk about their concerns and opinions on mental health. It also highlights tools and supports to help young people cope and deal with issues that can have a negative effect on their mental health.

It is delivered over 10 sessions across a 10 week period. Topics include communication, conflict and anger, image, drugs and alcohol, coping with stress, LGBT+, online well-being, and consent.

At the end of each programme young people are asked to evaluate the programme which is used to further develop it, and it is largely informed by the young people who have participated in it.

In 2020 an evaluation of Mind Your Health found that it was extraordinarily successful in its efforts to educate young people around the topic of mental health, it was inclusive and that it was young person centred.

"We learned a lot about Mental Health" (Young Person)

"Yeah it really helps you to learn about things you are probably going to come to at some point in your life" (Young Person)

"The Mind Your Head Programme proved itself to form an integral component of our well-being programme. It provides students with the resources and space to discuss important issues in everyday life. The outcome for those involved ensures that young people can develop coping strategies for adolescence and adult life in support of greater resilience while promoting self-esteem and self-confidence. Getting involved in the Mind Your Head programme has been a very positive experience for our school and in particular our Transition Year students." (Guidance counsellor in local school)

CASE STUDY
Dementia Awareness within the Community

There are 64,000 people with dementia in Ireland and the number of people with the condition will more than double in the next 20 years to over 150,000 by 2045.

The Community Work Department instigated a local community response in collaboration with the Alzheimer Society of Ireland and the North Cork Dementia Alliance. Since 2022, a number of dementia information evenings have been held in Cork City and County, the aim of which is to generate public awareness, provide information, support and advocacy to those living with a diagnosis of dementia. At these events, presentations are made by professionals who work in the area of dementia care, those with first-hand experience of dementia, and family carers, as well as information stands from the HSE, primary care and community and voluntary sector supports and services. Feedback from some participants at a recent event pointed out:

"My husband has just been diagnosed with Alzheimer's at a young age of 67. The evening was so informative as I know very little about Alzheimer's, and to hear the different stories was a great insight. The different help strategies were brilliant and as I am going to be his carer and giving up work shortly to look after him, every bit of information I get will truly help. Wonderful speakers and help available."

Growing places for wellbeing at St Marys Health Campus

The 'Wellness Walk and Memory Trail' at St Mary's Health Campus in Cork city has been slowly developing as a valued amenity for the local area. The walk has seen the Memory Trail installation in 2019 following the installation of the gravel track under the Scots Pine woodland in 2015. The Healthy Ireland "Little Things" campaign was also installed along the walk in 2020. The community has established an ad hoc fairy garden. Since 2021 there has been a weekly community garden and community fruit and nut project developed by local community groups and Health Action Zone in collaboration with HSE at the campus. There was an installation of 0.5 acre community market garden project in 2023 with partners Churchfield Community Trust [10].

The sensory garden project began in early winter 2023 and the concept is co-design and development of sensory garden spaces along the wellness walk at St Mary's campus. Each season, aspects of the garden are developed by the Health Action Zone with community groups and campus staff. The 70th anniversary of the campus is being celebrated in 2025 and the aim is to open the walk and gardens during this celebration.

The project has initiated a series of developments that support the long term sustainability of the Wellness Walk for over 300 staff and residents on the campus and the local community. The 'Growing Places for Wellbeing' programme provides opportunities for social inclusion and educational spaces to develop a culture of sustainability on campus and in the wider community. The project's community development approach enables the exploration of diversity and facilitates the symbiotic relationship between human and nature in health.

This project will be further developed in 2025 to include a part-time community gardener, who will work collaboratively in the campus with the local community and partners to develop sustainable food and other initiatives.

CASE STUDY
Mitchels Regeneration

In 2002, Tralee was one of 20 large towns prioritised under the RAPID programme. Within the town, three areas were designated by RAPID for targeted intervention, one of which was within the Mitchels Boherbee areas. At the time the wider Mitchels Boherbee area included 780 residential properties, 99 of which were vacant. 28% of the residents were local authority tenants and 30% were on the live register.

Despite the structures and institutional support provided by the RAPID programme, there was a clear realisation that the programme on its own would not be sufficient to address the deep-rooted challenges within the Mitchels Boherbee area and it became clear that in order to address the needs of the community, the area needed to be regenerated

Tralee Town Council took on the role as the lead agency but believed that progress could only be made if the community was embraced as a primary partner in the process. Given their long involvement with community development in the area and their very particular skillset, the CWD team became critical partners in the process and facilitated the community participation and engagement structures that are integral to the regeneration project.

There's been a strong relationship between the statutory and voluntary agencies anyway (Documenting and understanding the local regeneration process: The Mitchels Boherbee project, Tralee UCD School of Geography 2018). Consequently, with the input of the CWD, planning for the regeneration took a more participatory direction.

The establishment of the Community Participation Task Group in October 2004 was critical to ensuring a relevant and bottom-up approach was maintained in the regeneration programme through all stages of its development and implementation. The objectives of the group were to:

- Identify the needs of existing groups in the area
- Ensure the community is informed and included in the development and delivery of the plan

[10] The Trust offers training, work and enterprise skills with a particular focus on adult education, woodwork, painting and horticulture.

- Ensure two-way feedback between the community and the Regeneration Steering Committee (discussed below)

The task group remained in place for over 16 years and was chaired by a CWD community worker. Findings from an independent mid-evaluation found that Kerry County Council and the HSE CWD were identified by the community as being the most active agencies, with the CWD role in facilitating community participation emerging as a crucially important element. Several respondents also noted the importance of the positive relationships developed between Kerry County Council and CWD staff and regarded it as an important model of interagency co-operation. When asked to evaluate how they think the regeneration project has evolved, the community representatives overwhelming rated the project as having been very successful (100%). An official from Kerry County Council consulted as part of this review noted that the contribution of the Community Work Department

'has been immense. Regeneration would not have been a success without their involvement. Individual members assumed positive leadership roles and contributed hugely to the success of the project, supporting vulnerable and marginalised groups.'

The engagement of the Community Work Department along with other key agencies has ensured that the community has been central to shaping regeneration and instrumental in developing the holistic regeneration plan.

CASE STUDY

Te Rodel Nevo Drom: We are Looking for a New Way – A Health strategy for Roma Families in HSE South West.

The Tralee International Resource Centre (TIRC) has worked directly with Roma families in Kerry for the past ten years, and commissioned a socio-demographic profile of Roma families in the county in 2018, which was funded by Tusla. This identified a need for a clear action plan to support the health needs of Roma families, and with HSE funding, a health strategy for Roma in Cork and Kerry was commissioned.

The development of the strategy involved a consultation and research process with over 50 representatives from the Roma community, NGOs and statutory agencies (in early 2023). Roma peer-workers were engaged in the research as experts by experience. This strategy was launched in May 2024 and aims to address the unique health needs of the Roma community in Cork and Kerry. It embraces the goals of the 'Second National Intercultural Health Strategy (2018-2023)'.

A list of some actions identified and completed to date:

Action identified	Completed to date
The need for a multiagency response	1st meeting of Interagency group took place on 18th October 2024
Recruit two Roma workers located in NGOs in Cork and Kerry	Roma development worker has been recruited in Kerry
Develop a Roma hub for Cork and Kerry areas	TIRC continues to serve as a focal point for Roma support
Peer workers to be supported to participate regularly in the Roma Health Network	Three peer workers have been recruited in Kerry
Celebrate Roma culture - International Romani Day April 8th.	Training sessions have been completed with the com-munity work in-reach team, and with the social inclusion drug and alcohol support worker.
	International Romani Day was celebrated in TIRC on the 8th April 2024

This work reflects community development principles of collectivity, participation and community empowerment in the following ways: throughout the process the Roma community and peer health workers were consulted to analyse their situation and articulate a vision and strategy for change; they played integral part in forming this strategy and working with statutory and voluntary organisations; and they continue to implement the actions identified. In relation to the principals of Human Rights, Equality and Anti-discrimination, the peer health workers promote the rights of marginalised Roma and participate in the multiagency response forum to advocate for the rights of Roma in Kerry.

CASE STUDY

TransKerry

TransKerry, a support group for adults over 18 years of age who identify as Trans or are questioning their gender identity, has been working in partnership with the Kerry Community Work Department since 2017. TransKerry emerged as a need when a member of the community approached the Community Work Dept in Kerry looking for support for Trans people, particularly people in rural areas of Kerry who were isolated. The community could not afford, or access supports as they were based in Dublin and Limerick.

The group meets once a month and organise social events, community walks and Trans events during 'Kingdom Pride'.

There are now three groups operating in the county: TransKerry (for over 18 year olds), which is facilitated by core facilitators from the Trans community and supported by Listowel Family Resource Centre (FRC); TransParenCI and Transformers, for families and young people under 18 years, which are facilitated by Kerry Adolescent Counselling Centre and Transgender Equality Network Ireland (TENI). All services are available in Kerry, and as at 2022, over 200 families, staff from NGOs, and HSE staff have received information, support and training on gender identity, supporting the Trans community, Trans health care, and many other topics.

The Kerry Community Work Department and Social Inclusion have supported TransKerry from its establishment and work closely with Listowel FRC to support the funding, development and resourcing of the group. Listowel FRC supports a TransKerry core facilitator alongside a team of volunteer facilitators that identify as Trans and Cis.

This work reflects community development principles of Collectivism: A key element to the success of TransKerry is that it is a community-led initiative that operates in partnership with the HSE. It is a demonstration of community empowerment and collective action with the community defining their collective goals and actions for change. The principal of Community empowerment is reflected in the support provided to the group from partner organisations in order to analyse their situation and articulate a vision and strategy for change. In addition, the group works with partner organisations to address inequality and injustice, and is supported and resourced in its collective work for equality and rights. In terms of the principal of Human rights, equality and anti-discrimination, TransKerry uses a human rights, equality and anti-discrimination approach to promote the rights of the marginalised LGBT community.

CASE STUDY

West Kerry Active Retired

In Summer 2023, the Kerry Community Work Department was approached by members of the community living west of Dingle, asking if more could be done for older persons in rural areas of the Dingle Peninsula. The age profile of the Kerry population is higher than that of the state across all age categories aged 60 and older. 20% of the county's population (29,567) are over 65 years, an increase of 18% compared with 2016 (the state equivalent is 15%). It is also projected that within the next 20 years, the number of elderly people in Kerry living alone will increase from 4,600 to 8,000.

The peninsula has an excellent service in West Kerry Care of the Aged (a long-standing organisation dedicated to supporting the elderly population in Dingle and surrounding areas). However, a gap was identified in services for active older persons.

The CWD was aware of older people who were participating in 'Better Bones, Better Balance' programme[11] and organised a meeting with this group with the programme facilitator, to consider the possibility of setting up an active retired group in the area. There was great interest in this idea and subsequent meetings took place. These discussed the idea of an active retired group, how to set one up, and about how to establish a committee. The CWD provided governance and practical supports to the group (including sourcing a venue, facilitating committee and constitution development, setting up bank accounts, and accessing Section 39 funding). The first meeting of the group took place May 2023 in Ionad Chaitlín Naofa, Ceann Trá, Trá Lí.

As an outcome, a West Kerry Active Retirement Group was established to dispel loneliness and encourage new friendships among older people in the community. Members have found a renewed sense of purpose through community engagement.

[11] This is an eight week programme aimed at low risk community dwelling adults to maintain strength and balance and thus reduce the likelihood of a future fall.

The group, in collaboration with the CWD, has supported and planned health information events in West Kerry. As of September 2024, the West Kerry Active Retired group has 80 vibrant and active members.

CASE STUDY
Supporting Refugees and Persons seeking International Protection

Since March 2022, Kerry has experienced the arrival of many Ukrainians fleeing the war in their country. Kerry has the second highest Ukrainian population in Ireland, with Kenmare Municipal District having the highest population of new arrivals from Ukraine since March 2022. There are also 900 people seeking international protection in Kerry across 14 accommodation settings.

Across Cork and Kerry, the CWD led a response to setting up new systems and frameworks to meet the health and social needs of the Ukrainian community. Working closely with the NGOs and their Ukrainian support workers funded by the HSE, the multi-disciplinary in-reach team includes staff from Mental Health, Public Health, Psychology, Ukrainian support workers from NGOs funded by HSE Grant Aid Agreements, Covid vaccination team and the DASH bus service, community groups, FRCs, Local Development Companies, migrant organisations, HSE, and statutory organisations.

In Kerry, the HSE in-reach team, led by the Community Work Department and Public Health Nursing visits all new accommodation settings where there are Ukrainian arrivals. The team supports understanding of the Irish health system, assists with filling in medical cards and making referrals as necessary to GP, PHNs, maternity, hospital, dental, psychology and other services. In-reach visits ensure that the in-reach team can make appropriate referrals which are managed with community and hospital services, including public health, disability, dental and orthodontic services.

The team has developed new communication aids and information tools and has translated documents and admission forms for several hospital departments in University Hospital Kerry. Trauma-informed care has been provided through the expansion of HSE Social Inclusion psychology services which is offered to all Ukrainians in need of the service. Bespoke GP and dental clinics have been developed and the CWD has managed referrals to dental, mental health, social work, radiology, maternity, oncology, and emergency department services.

CASE STUDY
Ard Churam Day Care and Dementia Services

North Kerry is a large rural geographical area with hard to reach locations where older people live. Despite the fact that one in four older people live alone, there was no dedicated day care service for older people in the North Kerry area until 2007.

In 2006, the Community Work Department with Public Health Nursing colleagues called a community meeting of interested community volunteers to discuss day care in north Kerry. The model of the voluntary run day care centre was discussed, and a committee was formed called ‘North Kerry Day Care Centre’, which evolved to ‘Ard Chúram Day Care Centre North Kerry’. From 2007, scheduled meetings were facilitated by the CWD with the committee, and the committee was supported by the CWD to develop its vision, mission, aims, ethos and plans to develop day care in North Kerry. In 2008, some Section 39 funding became available which supported the committee to develop a one day service in a rented premises. The committee became a company limited by guarantee and a registered employer. The organisation started fundraising for capital to identify locations and sites for a building. Ard Chúram now runs a five day service for older people and opened another building for dementia care in 2022, which is also a five day service.

CASE STUDY
Establishment of CESCA

In 2014, the Cork CWD were instrumental in establishing CESCA (Cork Equal Sustainable Community Alliance) with the aim to progress and promote equality and social inclusion agendas in the city. In the context of reduced budgets and the introduction of the Public Sector Duty[12] , the alliance was created to maintain solidarity between groups who experience inequality. The CWD phoned people to call a meeting to explore a collective response to these issues. They met regularly for six months to establish the alliance, and focused on the nine grounds of discrimination as identified in Irish equality legislation (in addition to socio-economic status). The alliance is made up of 18 diverse community and voluntary organisations working in Cork city. It works

[12] The Public Sector Human Rights and Equality Duty (‘public sector duty’) places a legal obligation on public bodies to promote equality, prevent discrimination and protect the human rights of their employees, customers, service users and everyone affected by their policies and plans (Section 42 of the Irish Human Rights and Equality Act, 2014).

in partnership with, and is supported by, the CWD. The continued focus is on equality and human rights, building capacity of groups, and solidarity with workers of member groups. CESCA is innovative because of its ability to work collaboratively across organisational boundaries to achieve impact on equality issues within the city, while also supporting innovative projects which have a significant impact on those who experience disadvantage.

CASE STUDY
Tralee International Resource Centre

In 2008, a needs assessment of the migrant community in the greater Tralee area by the local development company, Partnership Trá Lí, identified a need for specialised supports and information to meet migrant health issues.

The Community Work Department convened an interagency working group of over 20 groups and volunteers in the Tralee area to look at a collective response to this need. One year later, a small community group, Tralee International Resource Centre (TIRC), was formed and received Section 39 funding to employ part-time staff. A one room drop-in centre was accessed to start its work. TIRC developed and formed a company, and acquired charitable status. The group liaised with a similar organisations in Killarney (KASI) and they developed joint European projects. TIRC is an independent organisation committed to human rights, and to supporting health and social justice of the international and Roma communities in the Tralee and North Kerry area.

CASE STUDY
Connecting With Men, Youghal

Many men feel isolated, needing opportunities to connect, share experiences, and improve their overall well-being. Local health and wellness practitioners in partnership with the community health worker and Youghal Community Health Project identified the need for support for men’s health. , A monthly ‘Connecting with Men’ group was formed as a follow on to an initial six week programme. The monthly programme was designed to include various health and community based activities in the same model of the 6 week program. For example: Reiki, cake decorating, cycling trip; chair yoga, walking tours, activator poles, African drumming, sound bath[13] , and pyrographics[14]. The 18 members of the men’s group, represent diverse ages and cultural backgrounds.

The programme successfully brought together men from various backgrounds, who formed new friendships and connections.

Participants reported increased feelings of belonging and improved mental and physical health. Attendance at monthly meet-ups sustained interest. Some of the men and their families are now linked into other community health programs such as the ‘Happy Feet’ walking group, ‘Singing for the Brain’ and family health services.

CASE STUDY
Kerry Post Natal Depression Support Group

In 2014, the Public Health Nurse (PHN) service raised the issue of needs and gaps for mothers in the post-natal period at a North Kerry Primary Care Team (PCT) meeting. As a result, the North Kerry PCT decided to work on a local response to address these needs.

A working group was established to organise a ‘Well Being for Mother & Baby’ awareness day with a focus on post-natal depression. The working group comprised of CWD, Public Health Nursing, Mental Health and Listowel FRC. The first event took place in May 2014 in the FRC, and this is now an annual event, being delivered in CHN 1, 2 and 3. It was agreed to establish a monthly Post Natal Depression Support group, with the CWD, PHNs and Community Mental Health Nurses co-facilitating on a rotational basis. The meetings started in Jan 2015 and were held in-person, but now take place on-line. Since 2020, a core facilitator is employed who leads on-line meetings and meets women on a one-to-one basis in person, online and over the phone.

As an outcome from this work, Kerry has a dedicated post natal depression support group for mothers and families, and acts as a referral resource for health, mental health and social care professionals as well as GPs.

CASE STUDY
Dementia Friendly Tralee

Dementia Friendly Tralee Interagency Group was established in May 2019 with the support of the

[13] A sound bath is a meditative experience where participants are “bathed” in sound waves produced by instruments like singing bowls, gongs, tuning forks, and chimes. The goal is to promote deep relaxation, stress relief, and a sense of inner peace.

[14] Pyrography is the art of burning designs onto a surface (usually wood, leather, or paper) using a heated tool.

HSE Community Work Dept. Its aim is to raise awareness of dementia in the community and to share responsibility for ensuring that people with dementia feel understood, valued and can continue to contribute to their community. Kerry GAA are active participants on this group, which has representatives from a wide spectrum of the community, including the HSE, Tralee Chamber Alliance, Kerry County Council, An Garda Síochána and from voluntary and statutory agencies.

One of the first initiatives was undertaken by Kerry GAA and involved the delivery of dementia awareness training to the GAA Health and Wellbeing committees in 2020, and later to club stewards from Austin Stack Park and Fitzgerald Stadium in 2022. In response to an identified need, Kerry GAA, in consultation with the HSE CWD, produced the Dementia Inclusive GAA Communities booklet containing communication tips to enhance interaction with those with memory difficulties and which included practical advice on making the physical environment dementia inclusive. It provides solutions to GAA clubs for supporting those with memory difficulties to continue to contribute to their local GAA communities - whether that is through attending matches or volunteering.

CASE STUDY
Domestic Violence Network

Domestic violence is a hidden part of our society and in rural areas, women and children affected by domestic violence experience barriers which exacerbate their situation. In order to support women in rural mid and south Kerry to become aware of local and country-wide frontline and crisis supports, the Community Work Department in Kerry assisted the setting up a Domestic Violence Network. Members include the South West Kerry Family Resource Centre, the Killorglin Family Resource Centre and the Women's Collective Ireland, South Kerry (whose manager facilitates the network meeting) and Kerry CWD.

CASE STUDY
Caring Together

Caring Together started as a pilot in CHN1. At Crisis Management Team meetings, an issue was raised that there were a number of older people who could not receive healthcare supports based on environmental issues in their homes. The Enhanced Community Care Manager and the CWD met to explore solutions and engaged with community partner, Cumann Iosaef, to establish a new initiative, Caring Together. This is a cleaning and support service for older people. Referrals are only considered for older people where their health and well-being is restricted by their home and/or is inhibiting the intervention of health care professionals in supporting at-home care. An ongoing maintenance and relationship support service is offered and there is an agreed referral pathway agreed between older people, the HSE and Caring Together.

To date, over 40 people have been supported by 'Caring Together'. The project is extended to CHN 2 and also takes urgent referrals in CHN 3. The result is a safer home environment for the patient, and staff who deliver care in the home. Patients are happier, safer and are engaging in other community and health supports.

Another project emerged with St Vincent de Paul (SVP) Kerry to support care packs in the community for clean bedding for care at home and /or on discharge from hospital. This initiative is called Care Packs SVP.

Outcomes:

- Complex cases at crisis management team meetings are addressed quickly saving staff time. These complex cases can be managed in partnership with the community sector
- The establishment of a new service in CHN 1-3 for older persons which is sustainable and provides value for money
- Older patients reported that they are happy, engaged and their quality of life and care at home has improved
- Staff can deliver their homecare safely providing dignity to the patient
- Maintenance of homes and relationship-building with recipients is built into this project
- The project demonstrates innovative practice: saving staff time, creating referral pathways, dignity and care for older people

An evaluation of 'Caring Together' is underway with Munster Technological University in Kerry.

CASE STUDY
Screening Champions Programme

The in-reach team was contacted by a GP practice in North Kerry to note that BOTPs (Beneficiary of Temporary Protection Payment) were not making appointments for cervical checks. The in-reach team made a plan to address the issue and the following steps were put in place:

- Advertise the cervical screening programme in a large accommodation setting
- Be on-site to register women online and explain the screening process.
- Once letters for their screening appointments, the in-reach team arranged the appointments which were block booked with a translator present.

50 women benefited from this.

Similarly, a GP in South Kerry contacted the in-reach team with the same issue and a plan was put in place with the support of the local FRC to register BOTP women for cervical check. 40 women registered and made appointments with their GP.

Subsequently, In April and May 2024, the in-reach team were trained by the Public Health department, National Screening Service to become screening champions, and are now trained to promote, cervical screening, breast screening, bowel screening and diabetic retina screening. The team promote the screenings on an individual and group basis.

In October 2024 - which is Breast Cancer Awareness month - the In-reach team and South Kerry Development Partnership organised a women's health event in Killorglin for BOTPs and IPAs. As part of the event, a presentation was given on the four screening programmes and women were registered on the day for the various programmes. 53 women attended.

A similar event was held in Kenmare in December 2024 and 16 BOTPs and IPAs attended.

The in-reach team also met with Roma peer workers in TIRC and delivered the screening presentation to them and shared videos in the relevant languages to share with the community. These have now been shared with the Roma community.

The in-reach team have gone on to participate in the health promotion's Foundation course in Sexual Health Promotion and are creating opportunities to raise awareness about sexual health and cervical screening.

CASE STUDY
Cervical Cancer Screening - Smear Tests Case Study West Cork

Following the outbreak of war in Ukraine in 2022, the CWD was tasked with organising health in-reach sessions to complete an initial triage of the health status of people who had arrived in this area. The purpose of this was to link Ukrainian people with relevant services (e.g. GPs, medical card, medical services) as well as to support Public Health Nurses with children's health issues.

As part of this work, barriers to accessing the national screening services (in particular CervicalCheck) were identified by the CWD staff, including a shortage of GPs (particularly in an area with a high volume of new arrivals) and an increase in requests from women whose smear tests had been delayed as a result of the outbreak of the war in Ukraine.

In response to these, community workers from Cork South CWD undertook the following:

- Escalated requests through Primary Care colleagues and the GP Lead General Manager.
- Requested, and sourced, a GP surgery and practice where the Nurse Practitioner could facilitate over 15 women's request for smear tests.
- Coordinated the process (including suitable dates, logistics, registrations with CervicalCheck, information required) for the smear tests to be carried out
- Partnered with the Local Development Company to support the women to access their smear tests (including transport provision).
- As a result of this process, the following outcomes occurred:
- 11 women completed their smear tests on the designated day
- These women's access to support services (Local Development Company and GP practice) was facilitated and the women are now registered for subsequent screening services.
- A better understanding among the health practitioners of the language barrier and the need for good quality interpreters
- Strong working relationships established with Senior Health Promotion Officers from the National Screening Services (BreastCheck, CervicalCheck, Bowel Screen and Diabetes Retina Screen).
- The CWD is now reaching Ukrainian and Syrian women as well as those in direct provision using appropriate and translated materials to register for BreastCheck.

- Training has been undertaken by 19 colleagues across Cork and Kerry as part of the National Screening Service Community Screening Champions pilot programme.

- There are plans to roll out the Community Screening Champions Programme across Cork County, and the provide Ukrainian people (all genders) with information of the four national screening service in Ukrainian.

It is an outstanding example of Partnership in Practice Principles where 'the voices of patients and services can be transformative when we plan, design and evaluate healthcare services'.

This piece of work serves to highlight the added value of the CWD across HSE SouthWest and the work that has been done since its inception over the last 50 years of dedicated and committed service to those who live in our communities, whomever they are, whatever their beliefs and wherever they come from.

CASE STUDY
Dementia Inclusive Bantry

In 2021, the CWD organised training in dementia for the Age Friendly Bantry[15] committee (of which Cork South Community Work Department is a member), following which a dementia sub-group was formed, and an awareness evening in Bantry was held (attended by 130 people). This meeting indicated the needs and interest in the community in Bantry becoming a Dementia Friendly Community. The actions included

- The establishment of a Bantry Memory Café in 2023, which runs on a monthly basis with an average of 20 participants. This provides activities and space for those with dementia to meet others also living with dementia or cognitive impairments, their family and friends, in addition to health and social care professionals.

- Dementia inclusive training delivered by the CWD to the business and general community, emergency services, community and voluntary organisations. The CWD also promoted the 'National Understand Together' campaign and their badges are used in venues where over 50% of staff have undertaken training.

- In 2024, a researcher was employed to develop a three-year action plan for Bantry (to be launched in 2025 with Bantry Dementia Alliance). This involved a wide ranging consultation process, and actions include staff and volunteer training, adjustments to buildings and spaces to maximise accessibility (using Inclusive Design Principles), making activities more inclusive for people with dementia, and running dementia specific programmes. The Bantry Dementia Alliance will oversee the implementation of the Action Plan.

- In 2025, Cork South CWD secured funding for a three year pilot Dementia Inclusive West Cork Project which will continue to support the dementia inclusive work in Bantry as well as expand the approach to Clonakilty.

The Cork South Community Work Department has taken a key role in the development of these actions. It has drawn together a wide range of roles and organisations including clinicians and care coordinators, voluntary organisations, local development organisations, as well as community organisations (e.g., schools, the business sector, health services, local authorities, hospital, church and faith groups amongst others). The community worker chairs the dementia subgroup and secures funding for the memory café, the research and action plan development, the pilot Dementia Inclusive West Cork Project as well as some of the awareness training.

Outcomes include:

- Greater participation by people with dementia in their community

- Improved awareness of dementia and how to support those with the condition in Bantry

- Buy-in from all sectors to supporting those with dementia

- Greater support for people with dementia and their families through initiatives established

Cork LGBTI+ Interagency Group

The Cork LGBTI+ InterAgency Group brings together a range of state and community partners to raise awareness and to enhance LGBTI+ inclusion at local and political level. It was formed in 2002 by Cork City Council, the HSE (Social Inclusion), CWD (Cork North and Cork South).

Membership includes Cork Gay Project, LINC[16] , Gender Rebels, Sexual Health Centre, CESCA, Ballyphehane Togher CDP, HSE Cork Kerry Community Health Care, Cork City Council, An Garda Siochana, Tusla Child and Family Agency, Defence Forces, Cork Education and Training Board, Cork City Partnership, Cork City Library, Department of Social Protection and Mercy University Hospital.

Its work has involved the following:

- When first established, CWD representatives from Cork South met with Cork City Council to progress the council's objective that LGBTI+ community will become more fully enabled to participate in the Social, Cultural and Economic life of the City'.

- One of the first actions undertaken a service needs analysis ('Towards Objective 86') which explored a strategy to enable the community to participate in the social, cultural and economic life of the city. This guided the initial work of the interagency group

- Actions that are undertaken and supported by the group include the annual LGBTI+ Awareness Week in Cork (educational inclusive talks, workshops and social events), the rainbow flag on State buildings, the 'Rainbow Cities' submission, the rainbow crossings in the city. The group is proud that Cork City was the first local authority on the island of Ireland to fly the rainbow flag from a civic or public building and is the only city on the island of Ireland become a member of the International Rainbow Cities Network, which pledges to protect and enhance LGBTI+ rights and inclusion amongst its members.

Outcome: The group values a collective and collaborative approach to effecting change that enhances current rights for the LGBTI+ community in Cork City and County. The group highlights (and aims to address) outstanding rights and protections the community has yet to realise.

CASE STUDY
West Cork Islands Health Forum

There are seven inhabited islands off the coast of West Cork (Cape Clear, Sherkin, Bere, Whiddy, Heir, Long and Dursey) with a total population of 511 people (Census 2022). Individual Island populations range from three to 218 residents.

Challenges to providing a primary care service to island populations arise due to fluctuations in populations during the summer months, an ageing population with more complex care needs, reduced accessibility to services and other infrastructural deficiencies, and difficulties in attracting and retaining healthcare professionals.

The West Cork Islands Health Forum is part of the Cork Kerry Community Healthcare response to the Primary Care Island Services Review (HSE, 2017). The review set out a vision to build an effective and sustainable, high quality and fair primary care service that facilitates collaboration between the island populations, healthcare professionals, the Primary Care Team, and secondary care services and includes 71 actions across Emergency Care and E-Health work packages.

In 2021, Cork South CWD, directed by the Head of Service, Primary Care, established the forum, which meets on a monthly or bi-monthly basis, and is one of three such groups established across the country. Its membership includes the CWD, HSE representatives (including health and wellbeing, health promotion, public health nursing, emergency services), representatives from island community organisations and cooperatives, islanders, coastguard, RNLI and Cork County Council.

The forum reviews current health services on the West Cork islands, and develops plans to maintain services working well, make improvements where needed, and address gaps in services.

Through the Emergency Care work package, actions undertaken have included:

- Publication of a one-page document located in public places, homes and in holiday houses that clearly outlines the steps to take in the case of a medical emergency.

- Provision of AED's (Automated External Defibrillators) across the islands

- Training of voluntary Community First Responders and Emergency First Responders across the islands and delivery of a First Responder Programme. [17]

In 2024, workshops took place to identify key actions under the E-Health work package, including:

- A project to explore the use of wearable devices to improve islanders' health.

- Exploring the potential of using Attend Anywhere[18] to facilitate medical appointments where appropriate (complementing face to face appointments rather than replacing them).

[15] An initiative launched in 2020 by Cork County Council

[16] Advocating for Lesbian and Bisexual Women in Ireland.

[17] First Responders are notified by text when certain medical emergencies occur on their island and they help to stabilise the patient, provide care including CPR & defibrillation, until the ambulance crew arrives.

[18] A web-based platform that helps health care providers offer video call access to their patients as part of their 'business as usual', day-to-day operations.

- Improving communications on existing HSE service capabilities that islanders may not be aware of.

Outcomes include:

- Improved relationships between HSE and islanders with positive benefits. For example, in 2023, the HSE's mobile vaccination unit provided Covid-19 vaccinations on Sherkin Island following requests from the islanders.
- Improved awareness of health services as island residents have more regular engagement and access to information about services.
- Improved awareness of islanders' health needs and challenges within the HSE. For example, the Head of Service, Primary Care initiated contact with Cork County Council about improving access to toilet facilities, as well as disability access to piers and ferries on the islands which impacts on people's health but is outside the remit of the HSE.
- Improved resilience of island residents. For example, trained First Responders and AEDs has enabled a local emergency response while awaiting emergency services.

CASE STUDY

Cork South & West Health In-Reach For Newly Arrived Ukrainian Refugees

This initiative was developed when Ukrainian refugees (Benefits of Temporary Protection) arrived into communities in Cork South and Cork West and required screening for health needs, as well as access to medication, prescriptions and medical appointments.

The CWD undertook the following actions

- The Cork South CWD team liaised with a wide range of medical professionals (e.g., GPs, Public Health Nurses, dentistry, psychology, public health, physiotherapy and community mental health departments), Tusla, disability services, accommodation providers and others.
- The CWD facilitated a date whereupon new arrivals' health needs were assessed (via a screening document which was created), to enable medical appointments to take place.
- Following the screening process, a subsequent meeting was had with the relevant health professionals and persons were prioritised for further care or signposting to relevant services.
- Other health-related queries were also taken by the community workers and resolved or signposted to relevant services. This included medical card issues, follow-up for prescriptions and with local pharmacies for dispensing of medication.

As the CWD was the first point of contact for most newly arrived Ukrainians, there were other non-health related queries, which were addressed in follow-up with local services. This meant that the community workers became one of the trusted, 'go-to' people by the Ukrainian community.

The role of the community worker involved facilitating the following:

- Community workers supported those with medical issues including assistance with medical treatment and care (e.g. relating to cancer, H.I.V., T.B., neurology, physiotherapy and walking aids, death and funeral grants; hospice, maternity). Similarly, hospital staff and clinics became aware of this link and would contact the CWD to liaise with individuals or families or highlight support or signposting required.
- They supported HSE departments to deliver services to Ukrainians (such as psychology in relation to stress reduction and physiotherapists in supporting those with limited mobility).
- The CWD also became the primary link for Ukrainians re-locating to other regions (or arriving from other regions). This included advocacy work with IPAS (International Protection Asylum Seeker) and UCTAT (Ukraine Temporary Accommodation Team) teams, and community workers were occasionally drafted onto the IPAS medical in-reach teams for new arrivals to the Cork South area.
- The CWD supported accommodation providers (most had either little or no experience of accommodating refugees) and answered queries and enhanced their capacity to provide effective services.

7

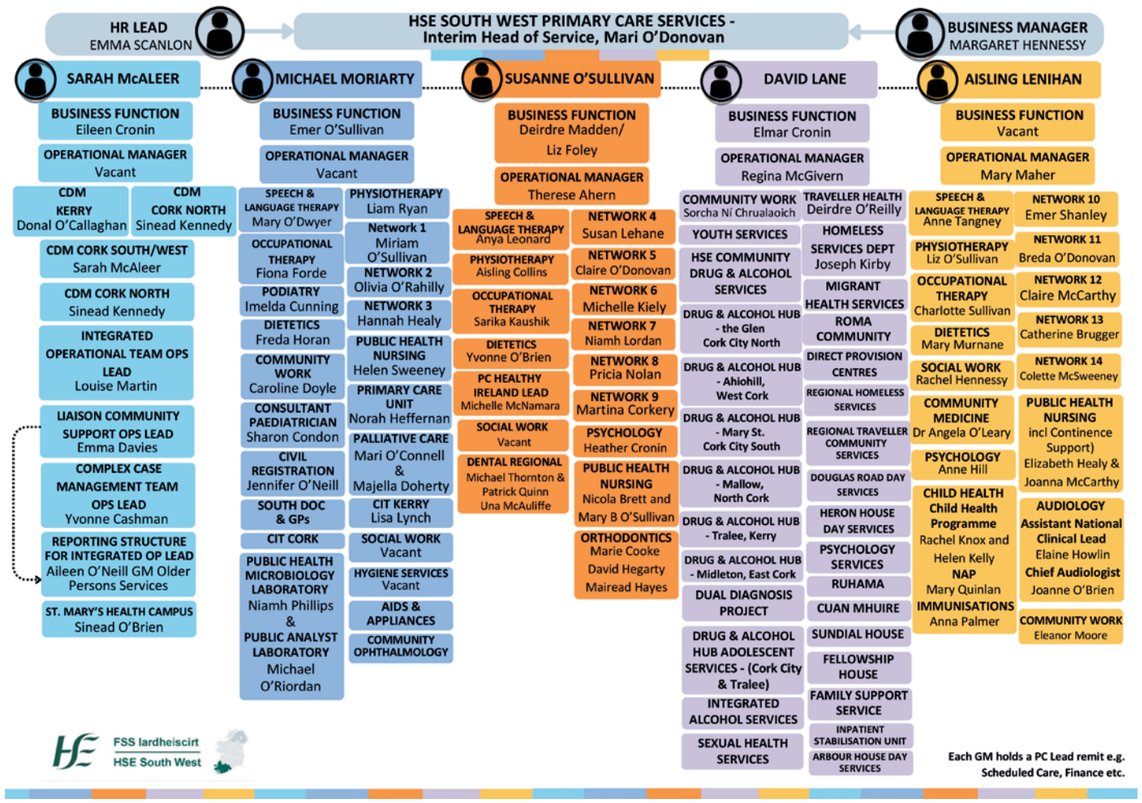
COMMUNITY WORK DEPARTMENT AND THE HEALTH SERVICE

7. Community Work Department and the Health Service

7.1 Where community work is placed currently within the HSE

Two of the PCWs report to General Managers for their respective regions (these managers also are line managers for disciplines such as Speech and Language, Physiotherapy, Public Health Nursing, Social Work, Community Healthcare Networks, Occupational Therapy, and other disciplines). The PCW Cork North reports to a General Manager who is also the Social Inclusion Lead. This line manager is also line manager for Youth Health Services, homeless services, drug and alcohol services and Traveller Health and Roma Health.

Outside of their line management reporting roles, the Community Work Department works with a wide range of HSE professionals, including primary care clinicians and disciplines, those working under social inclusion, and outside of the primary care services, including older persons' services, and mental health services.



7.2 Evolving structures and future opportunities

Within the current HSE structures, there are CHWs employed only in Cork North CWD. There are filled and unfilled community work posts for migrant health work in all three areas as well as other unfilled posts (e.g., Winter Initiative post in Cork North and other CHW positions).

Interviewees identified that the community work teams are currently in a position to be both strategic and very operational, remaining close to patient delivery and patient engagement. While the new structures are currently under development, the CWD should continue to work in partnership with the networks and to be as close as possible to patient care and delivery.

In the new structures the CWD teams should continue to have a role in both strategic planning as well as service delivery, as in practice these are not separate dimensions. Remaining under the current management structure with other primary care disciplines and clinicians allows the CWD to connect with communities on the ground while also forming part of the wider team. As one interviewee stated 'services cannot operate without them and in my view, they can't operate without the services'.

HSE Social Inclusion aims to reduce inequalities in health and improve access to mainstream and targeted health services for vulnerable and excluded groups in Ireland. These groups are specifically named as people with addiction, those in homelessness; international protection applicants, refugees and migrants; Travellers and Roma, LGBTI+ people, and people experiencing gender based violence. While the CWD work with these groups, they also work with groups outside these categories, including older people and people who are economically disadvantaged.

The CWD works very closely with the older persons non-residential department. This work includes supporting meals on wheels, active retirement groups, voluntary day care centres, supporting Age Friendly Policy and Healthy Age Friendly Homes programme. With the support of the CWD through Section 39 these initiatives, keep older people active, mentally fit and able and support the older person to stay at home longer. This has been very beneficial with working with the Networks. For example, under the Winter Ready Fund, CWD has supported directories and information brochures for ICPOP. /Theses brochures bring together information from the clinical setting and the community and voluntary setting together in partnership so that the patient/client has a "one stop shop" access to information for the older person. Some interviewees were of the view that being under the Social Inclusion department could limit its influence, as it may be somewhat 'cut off', suggesting that while community work was already a lead player in these areas, they also link with wider structures and departments, and could additionally integrate more with other roles, particularly in light of new and emerging HSE structures. The review found a clear belief that the optimum location for community work is within primary care, where the department has parity with a wide range of other mainstream clinical and non-clinical departments and roles.

Key policy initiatives, including Sláintecare, Healthy Ireland and Principles for Partnership and other policies referenced in 2.3 of this report, offer various frameworks for the CWD to be a strategic and to be an operational player in HSE South West. The Community Healthcare Networks are essentially about enhancing connections between health services and communities through enhanced community engagement. The links between CWD and the CHNs should be maximised.

As the newly emerging regional health structures are placing a greater emphasis on patient and community engagement, it is a missed opportunity not to have drawn on the expertise of, and contribution by the CWD in the design and delivery of such structures (e.g., parent and service user councils) as well as partnership arrangements with Section 39 organisations. It is worth remembering that the community and voluntary sector is a varied body, comprising small voluntary organisations with none or few staff, and large organisations with million euro budgets and many staff teams. The CWD could offer real understanding of these smaller organisations on account of their broad experience working with such groups. They could add significant value to the Dialogue Forum as well as leading on community engagement in Cork and Kerry.

7.3 The community work role and professional context

The All Ireland Standards for Community Work introduce the task of community work as achieving progressive social change, defined as 'the changes in policy and law, structures and institutions, individual attitudes and behaviour and societal ideologies that are required for a just and equal society to prevail' (AIEB, 2016, p. 29). Community work as an intervention is concerned both with change itself and the means by which change is achieved. Connecting means and ends necessitates engagement, which is collaborative, constructive and challenging, avoiding the use of every, and any means to achieve ends. As professionals, and therefore accountable to communities, employers, and the profession itself, community workers consider their actions in terms of long- and short-term effectiveness, consequences and impact on others.

According to Dailly and Barr (2008) a community-led approach to health aims to address health inequalities by enhancing the level of control and influence that disadvantaged communities have over the factors that impact on health and wellbeing. This is based on an understanding that:

- People have a right to define what health means to them, to the opportunity to act in the interest of their own health, and to have control over the decision making processes that affect their health.

- A social model of health proposes that wider

determinants beyond the presence or absence of disease and individual health behaviours, have an impact on people's health and condition health behaviours. These determinants operate and interact at many different levels, and in varying contexts and settings. Those who experience disadvantage and poor health outcomes know most about local conditions. Their involvement is crucial in both identifying and understanding the causes of health issues and problems and who should be involved in addressing them.

- The wider social determinants of health operate largely outside of the control of individuals and generally require to be understood and addressed as collective issues.

- A social model of health suggests that an "upstream" approach to health improvement is essential (i.e. a focus on the conditions that support wellbeing is required as well as intervention to address individual health behaviour).

- Professional definitions of need and related intervention, regardless of theoretical robustness, often fail to engage the motivation of intended recipients because they do not take as their starting point the perceived and expressed needs of those whose wellbeing is the focus of change. Change efforts are more likely to be effective and sustainable if they respond to and make sense in terms of peoples 'lived' experience.

The model of practice of the CWD is closely aligned with this community-led model, and there is an opportunity for the CWD to disseminate its model of practice given policy commitments in Ireland to community-led approaches.

Recruitment

Findings from this review indicate that staff coming into the post with solid experience of working with the community and voluntary sectors is a huge advantage. Having been 'on the other side of the table (working in community and voluntary sector) creates the conditions for real solidarity and partnership'.

Coming into the post with a community work qualification provides community workers with a set of knowledge, skills and qualities to enable them to work effectively with groups. As community workers in the HSE, this allows them to balance the contract management aspect of the role with a development approach, where Section 39 organisations can feel supported, while also being challenged when appropriate.

Current recruitment status

People are eligible to apply for community work posts within the HSE South West with either a degree in Community Work or a degree in Social Science. According to the job description, the graduate can demonstrate a scheme of study relevant to the field of community work or a social work qualification or a relevant honours degree with at least two years full time experience in a field related above. The salary scale remains aligned to the social work grading for pay purposes only, as community workers do not have their own grade status within the HSE. Community Health Workers require a qualification at any level (from certificate to degree) in a number of areas or at least two years' experience in community development/community health.

Need for ongoing reflection on practice

The Community Work Department is in a unique position - both within the HSE and within the community sector. Without meeting regularly as a broad group and creating opportunities for praxis (reflection on practice), this uniqueness could lead to increasing isolation and stagnation of the work. Engaging in praxis can help to maintain values at the heart of thoughtful action but requires space and places for on-going reflection towards enhanced action. Workers should be facilitated to create and maintain spaces for themselves where this can happen. Such spaces can both improve practice through learning from, and challenging, each other but also provide shelter from the challenges of doing community work in a modern society. Given the possibilities from learning from elsewhere, it would also be important that community workers in Cork and Kerry be afforded opportunities to connect with community workers across the island and indeed internationally, to both inform others of their work and to broaden the learning in relation to developments and practice elsewhere.

8

RECOMMENDATIONS AND CONCLUSIONS

8. Recommendations and conclusions

This review has illustrated the major contribution of the Community Work Department in Cork and Kerry to the development of communities and community and voluntary sector infrastructure. At the same time, the department has addressed the social determinants of health for both individuals and communities in a holistic and sustainable way. In a context where the HSE may not always be positively regarded, community work staff have acted as ambassadors for the HSE and agents of positive change in communities. They have supported a wide range of health services to access and engage with communities and added value to these services' work. This value and contribution will become even more relevant with new health service configuration.

After 50 years of this work, it is incumbent on the HSE to commit to the sustainability of the model in Cork and Kerry and to look to expand it into other regions. The successful infrastructure, programmes, processes and services developed over the past five decades should be reinforced through the following recommendations.

RECOMMENDATIONS

8.1 The Community Work Department within the HSE

Interviewees strongly agreed that being placed under Primary Care in the current structures facilitates community workers to be able to respond to different issues affecting all communities, including people from disadvantaged geographical communities, as well as maintaining critical connections between health service professionals while also engaging in communities. It has facilitated continued engagement with Social Inclusion and Older Persons sections while remaining close to frontline engagement with HSE services and patient engagement, through the Community Healthcare Network and other structures as appropriate. These strengths and experiences of the CWD should be considered in any emerging reconfigurations.

In the emerging structures, there will be three Integrated Healthcare Areas in Cork and Kerry. In HSE South West, the Community Work Department is well placed to have a particular role in supporting and facilitating community and Section 39 organisations and service users to be meaningfully engaged in partnership in healthcare decisions and planning at every level of the HSE.

This opportunity should be strategically explored by the Community Work Department in partnership with the Integrated Healthcare Area Managers, and the General Managers for Social Inclusion and Older Persons.

8.2 Enhance the recognition of the community work profession

There is a need to recognise professionally qualified community workers within the HSE. To strengthen the professional status of community workers within the HSE, some measures are essential. This includes:

- The development and maintenance of a bespoke Community Work salary scale covering all levels in line with the professionally recognised qualifications. There is an urgent need to conclude the grade code process that is currently underway.

- Recruitment requirements: in a shortlisting and interview context, substantial preference should always be given to candidates with an AIEB endorsed primary or Masters degree over any other degree. Criteria regarding 'a scheme of study relevant to the field of community work' and experience in a 'related field' should be named explicitly to mean direct community work experience, rather than 'work in the community' which may not reflect community work experience. There is a need to distinguish between criteria seemed essential and desirable.

- To support the ongoing professional development of staff with existing AIEB recognised qualifications, continuous professional development (CPD) by AIEB recognised providers should take place on an annual mandatory or advised level (depending on grade, etc). This needs to be adequately resourced in terms finance, training budget, human resource and administration supports.

- In the situation where people are offered the post of community worker without a professionally recognised qualification, it should be a basis for the job offer that they undertake to attain a professional qualification (with some support from the HSE) within a given timeframe.

- Individual community workers employed by CWD who have been in community work employment since before 2011, but without an endorsed professional community work qualifications, should be encouraged to engage with AIEB to gain professional recognition of professional experience and practice through the AIEB's pilot scheme.

- Community health workers play an important role in directly engaging with communities in a health context and have developed key skills and knowledge in working with community groups. Some exploratory talks should take place with AIEB recognised providers, such as Maynooth University Department of Applied Social Studies (which has a bursary scheme) to explore opportunities for i) CHWs who wish to move into community work roles to recognise prior learning and education, and/or to gain a qualification, and ii) existing community workers without formal qualifications in community work who wish to pursue this.

8.3 Communicating the work more widely and more effectively

Within HSE South West and at a national level the existence of, and contribution by, the staff of the Community Work Department over 50 years should be acknowledged and celebrated by the Department of Health and HSE. Telling the story of what has been done and sharing good practice and learning has the potential to benefit the HSE (South West and at national level) and communities more widely. A long-term communication strategy (and resourcing) is needed. The HSE Communications Division should be approached to help communicate the on-going contribution of the department more widely.

Actions could include i) a research series with universities or research institutions to capture the impact of community work on health outcomes, ii) annual reports on the work of the CWD, and iii) a programmed set of activities to raise the profile of the work internally within the HSE South West.

8.4 Ongoing monitoring and evaluation of the work

There are several existing recording mechanisms in place across the CWD. Further suitable templates and frameworks for the ongoing monitoring and evaluation of the work should be designed and developed, in line and in partnership with community work principles and processes with the CWD itself. This could include mechanisms for capturing value for money of community work, and showcasing the work of the department and the groups it works with. Other forms of research could be undertaken, perhaps in association with universities - for example to capture the contribution made by volunteers and voluntary management boards, and to quantify in financial terms how these community groups, in essence match the funding provided by the HSE through their free, voluntary management labour.

8.5 Research programme

Population-based resource allocation (PBRA) is to be a key component in health provision in Ireland. The CWD should consider including a resourced research function within its remit. This could contribute to identifying population and community needs in Cork and Kerry, as well as assessing the contribution of community initiatives and community work approaches in meeting these needs. Engagement with health informatics and public health is critical for the CWD.

8.6 Additional Staffing

It is recommended that posts of senior team leaders within the CWD be funded by the HSE. This role could work across the three areas, with associated budgets to map issues facing communities, explore future proofing, and lead on delivering and evaluating pilot projects. This role should also involve developing training and CPD opportunities, research and strategic alliances with national bodies such as Community Work Ireland and other policy and research organisations.

Consideration should be given to increasing supports across the three departments in the areas of administration and human resources (HR), where a Business Manager could develop templates for others to work from. In addition, the appointment of additional team leaders could allow for the staff teams to play a broader role in increasing collaborative work regionally and nationally.

8.7 Increase opportunities for self-care

Because of their frontline status and community work role in connecting with communities and working in solidarity with them, critical issues facing communities also become critical issues for staff. In addition, staff under-resourcing places acute pressure on the staff who are front facing communities. Over time, the burden of dealing with such issues can become difficult for community workers themselves, leading to possible burnout. Of vital importance is to ensure that posts that are allocated are filled. Mechanisms and supports should be explored to consider what works for community workers as professionals in a non-clinical setting. This could include opportunities for debriefing around difficult and challenging circumstances, peer-support and team-building events and others.

8.8 Supporting community and voluntary organisations to thrive through greater funding and co-ordination at national level

Section 39 funding provides critical resources that enable organisations to support communities throughout Ireland for decades. However while costs have increased, Section 39 has not increased substantially in decades. At the same time, the burden on community and voluntary organisations has continued to increase. The under-resourcing of their work hampers the ability of community and voluntary organisations to maintain and develop services for vulnerable communities countrywide. Many interviewees for this review called for the model of funding allocation to be improved.

1. Increases in Section 39 funding are critically needed on a revenue basis. As referenced in this report, there has been no general increase since 2008. In 2025, agreement was reached at the Workplace Relations Commission (WRC) that workers in Section 39 agencies will receive an additional pay increase. However, this does not include an increase for operational costs.

2. In addition, multi-annual funding would ease the administrative burden for groups, as well as providing security and an ability to plan longer term. An internal development budget outside Section 39 could allow for CWD staff to work with groups to try new once-off projects or to address new and emerging needs managed by the PCWs.

3. Capital funding is urgently needed for community organisations and groups. A national HSE fund, like the Community Sport Facilities Fund operated by the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media, should be considered.

4. Government departments with responsibility for funding the community and voluntary sectors should consider how to ease the pressures on these voluntary boards of management while also maintaining good governance and compliance. This could involve streamlining of accounting processes and paperwork requirements for such organisations - currently there are the HSE internal PPGS; the Register of Charities; the Lottery; Section 39 grant applications and subsequent Grant Aid Agreement and Service Level Agreements. To avoid community and voluntary groups continually becoming overworked for their free labour, and to cut out duplication, a national approvals scheme could be considered whereby the voluntary group or NGO could apply for approval or accreditation and if granted, this could act as an approval cert (similar to a Tax Clearance Cert) which could be annually or bi-annually reviewed and if necessary revoked. This is consistent with 'accountable autonomy', one of the Partnership Principles that will underpin the HSE and community and voluntary sector relationships.

5. The SLA/GAA review recommendations need at a minimum to consider the variety/size and voluntary management capacity. In HSE SouthWest the CWD is best placed to navigate this with the Section 39 organisations.

8.9 Developing strategic alliances based on expertise and specialisms

It is evident from this review that the HSE Community Work Department is unique and has a major contribution to make to anyone supporting a community development approach to health.

The CWD should be facilitated to collaborate with groups at a regional and national level to share and progress understanding and practice. Suggested groups are Community Work Ireland, a national organisation seeking to promote and support community work across the island, and the Community Development Health Network, a regional organisation based in Northern Ireland working with local communities and across sectors to take action on the social determinants of health, improve health and wellbeing and reduce health inequalities.

It is also critically important also for community workers across the CWD, and across the island to come together themselves to reflect on their practice and to share learning.

The Community Work Department have developed expertise in community engagement and mobilisation (including with marginalised communities) as well as collaborative project development. This acquired knowledge base, relationships developed based on trust and skills could be shared with the HSE in other regional areas as well as areas of responsibility within the HSE. For example, collaboration with those responsible for patient and service user engagement within the HSE could benefit from this expertise.

The CWD occupies a unique role in the HSE, given its long-standing and in-depth HSE understanding of the needs of a wide range of small, community-based

Section 39 organisations. At the same time, there could be risk that these needs are under-represented in national fora that may arise from commitments as set out under the 'Partnership Principles' policy, if only larger Section 39 organisations are represented. This internal expertise of the Community Work Department should be utilised as national fora continue to be designed and developed, so as to ensure the interests of smaller organisations are captured.

Greater engagement should also take place with third level institutions, particularly AIEB-endorsed providers, to explore opportunities for student placements, as well as possibilities for graduate research.

In a changing Ireland, where many International Protection Applicants and refugees are staying and more continue to arrive, the CWD's expertise can greatly benefit other areas that lack this developed knowledge. The CWD should be resourced to document their models of work and should be involved at national level in the design and delivery of policy and programmes related to migrants. This means broadening the links beyond the Department of Health, to include others, including the Department of Rural and Community Development and Department of Children, Integration, Disability, Equality and Youth.

In addition, the Community Work Department HSE South West should participate and contribute to the Dialogue Forum as professionals with experience of engagement with the community sector and S39 organisations. The department's community development experience and values are directly relevant to the values and partnership principles of the Dialogue Forum model.

8.10 Implementation

Based on the assessment of the recommendations, consideration should be given by the Community Work Department to develop a three-year plan to manage the implementation of these actions and identify roles for their implementation. This should be resourced.

CONCLUSION

Interventions and actions for the creation of a more just, equal and sustainable world are needed now more than ever before. Globally we are experiencing deepening inequality within and between countries.. The HSE Community Work Department has an important role to play in addressing critical and current global and local challenges. Greater emphasis on governance and compliance has shaped the context in which the work takes place, but it is also clear that this is understood and navigated by the CWD. The participants in this research have both argued and demonstrated that community work plays a role in contributing to creating the conditions for community and societal transformation. The community workers we spoke with are evidently individuals anchored by a strong analysis and a clear value framework, alongside a clear vision and strategy while maintaining a commitment to integrity.

The work by the Community Work Department in Cork and Kerry has involved active engagement with indigenous local groups working to improve the quality of life in their own communities. In the main, this has involved direct service provision but also many have sought to impact on policy, given the opportunity and encouragement by the staff of the Community Work Department. By supporting communities to engage in a wide variety of innovative programmes and linkages the department has played a key role in decreasing the necessity for critical care interventions and providing extensive value for small staff teams. This review gives testament to this work and recognises the need for the HSE to re-confirm its commitment to partnership with communities and the associated infrastructure.

In the delivery of services across Ireland, the Government enters into partnership arrangements with the community and voluntary sector on smaller and larger projects. In Cork and Kerry for 50 years the Community Work Department has been central to this partnership, and it has worked well. This review finds that the department plays an important role in safeguarding the use of public funds by community organisations. The value of community workers acting in service - both of the state and of communities themselves - helping to develop and sustain those essential relationships is evident. These workers on the ground know the projects, see the work and the outcomes on the ground, providing both oversight and development on behalf of the state.

This review documents the on-going contributions being made by the Community Work Department to the health and development of communities in Cork and Kerry. Its commitment to deepening democracy and challenging inequalities is evident in its collective action for a better world.

Appendix one | Organisations consulted

Arts for Health / West Cork Arts Centre
Baile Mhuire Day Care Centre
Ballyheigue Family Resource Centre
Ballyhoura Rural Services Cork
Ballyphehane/Togher Community Development Project
Bishopstown Community Association
Bon Secours
CastleIsland Day Care Centre
Churchfield Community Trust Cork
Coimhchoiste Gaeltacht Uibh Rathaigh
Cork Equal Sustainable Community Alliance
Fermoy Day Care centre and Sheltered Housing (Cluain Dara) Cork
Gay Project
Glen Resource Centre
HSE (various departmental clinicians and managers, including Public Health, Health Promotion, Primary Care, Social Inclusion, Community Healthcare Network coordinators, Traveller Health Unit, Social Inclusion, Services for older persons, Public Health Nursing, Speech and Language, Dental services, Integrated Care Programme for Older People, Chronic Disease Hub)
KASI (Killarney Immigrant Support Centre)
Kenmare Family Resource Centre
Kerry County Council
Kerry Rape Crisis Centre
Kerry Travellers Health & Community Development Project
Killorglin FRC
Knocknagoshel Over 55s
Lantern Project
Le Cheile Family Resource Centre
Listowel Family Resource Centre
Lotamore Family Resource Centre
Macroom Family Resource Centre
Mayfield Community Development Project
Muintir na Tire Cork
NEWKD
Retired HSE Community Workers and Principal Community Workers
Rockchapel Social centre/Meals on Wheels
Sexual Health Centre
Sherkin Island Development Society
South Kerry Development Partnership
TIRC (Tralee Internation Resource Centre)
Wallaroo
West Cork Travellers
Westgate Foundation

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