



## NEWS ALERT for all Support Staff

January 2007

The number of participant places on offer for the SKILL Programmes for the **2007/2008** academic year were communicated to health service employers at the start of the New Year and are shown below. The places should be filled reflecting the numerical strength of the support grades in the employer's area. Employers are to seek nominations and return them by **Friday 30th March 2007**.

The Centres for Nurse Education will continue to provide the Health Care Assistant programme that has been in existence for a number of years and in this regard a further intake of 1,000 participants is anticipated for **2007/2008**. This is in addition to the

### IMPORTANT DATES

January 2007- March 2007	Briefing Sessions
May 2007	Pre Learning Assessment
June 2007	Outstanding Pre Learning Assessment(s)
September 2007	Programme commences
May – June 2008	Programme ends

places outlined below and will be borne in mind when allocating places to support staff grades.

The important dates for **2007-2008** are shown above.

It is anticipated that the specific dates, times and venues for the **2007 – 2008** programme will be available in June 2007.

HSE Regions	Support Staff Places	Support Staff Supervisors Places
HSE South	528	15
HSE West	721	15
HSE Dublin Mid Leinster	406	15
HSE Dublin North East	379	15
<b>Dublin Area Teaching Hospitals</b>		
Beaumont	43	3
AMCH Tallaght	35	3
St Vincent's	31	3
St James's	71	3
Mater	37	3
<b>Disability Federation of Ireland</b>	435	15
<b>National Federation of Voluntary Bodies</b>	435	15
<b>All other Smaller Voluntary Hospitals</b>	10 in each organisation	1 in each organisation

**Remember!**  
Make sure to apply  
before it's too late!

Consistent with last year, once participants are nominated for the 2007 – 2008 programmes they will be invited to a Pre Learning Assessment (PLA) with a qualified tutor for a one-to-one assessment/discussion. Once individuals have completed their Pre Learning Assessment they will commence a programme in **September 2007** and will be provided with the adequate support to successfully complete their FETAC Level (3, 4, 5 & 6) programmes

There continues to be a financial contribution from the **SKILL Fund** towards the costs associated with and backfilling of participants attending programmes – this

amount is €2,500 per Health Care Assistant and €2,000 per all other support worker per programme. This is in addition to course fees which are fully met from the Fund.

## How do I apply?

For details on how to apply you should contact your Human Resource Department to find out what are the local arrangements to be nominated onto the Programmes. In the case of the HSE Regions the following personnel will be able to help you.

## HSE Regions

### Dublin Mid Leinster

#### Ollie Plunkett

Training & Development  
Oak House, Limetree Ave,  
Millennium Pk, Naas, Co. Kildare  
Tel: 045 880435  
Email: oliver.plunkett@mailm.hse.ie

#### Mairead Kelly

Performance & Development  
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### West Marie Liston

Performance & Development  
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### Dublin North East

#### Kevin James

Performance & Development Unit,  
St Brigid's Hospital, Ardee, Co. Louth  
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Email: Kevin.james@maile.hse.ie

#### Ann Smith

Performance & Development Unit,  
St Brigid's Hospital, Ardee, Co. Louth  
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Email: AnnE.Smyth@maile.hse.ie

### South Martina Walsh,

Training Co-ordinator  
Performance & Development  
Resource Centre, Unit 9a, South Ring  
Business Park, Kinsale Rd, Cork  
Tel: 021 4927418  
Email: Martinab.walsh@mailp.hse.ie

For all other agencies you should contact your Human Resources Department.

## Where and when are the Briefing Sessions?

There will be a series of joint VEC/HSE/SKILL project team briefing sessions/workshops for line managers and prospective participants taking place from the end January 2007. For information on locations, times and dates you should contact your Human Resource Department. In the case of the HSE Regions see names and contact details above

## What is involved in the Pre Learning Assessment?

The PLA is not an "interview" or a bureaucratic hurdle, nor is it a job assessment. It takes the form of a general introductory talk on the award/course, followed by a one-to-one chat.

It serves many functions, and is used:

- To gather information for the SKILLVEC database for scheduling and to track each participant as they go through the modules
- To find out if someone might be exempt from any of the modules
- To answer any questions or concerns a participant might have about returning to education, and to reassure and allay the fears they might have.
- To find out which of the elective modules a participant will be taking.
- To allow the participant, with the help of the SKILLVEC assessor, to identify any need for additional support they might have to enable them to complete the FETAC awards. A number of options are on offer, generally in the areas of Literacy, English as a Second Language and IT. Those participants who avail of this process will then link back into the level 5/6 programmes at a later stage.

# The SKILL Factor in the Irish Health Services

Towards the end of last year over 600 people attended the SKILL conference in the RDS Concert Hall in Dublin. The conference was organised to raise awareness and also promote and communicate the benefits of the SKILL Project in the Irish health services. Support staff and their managers comprised the majority of the delegates on the day. This report captures the key moments of the conference



*William Attley, Chair SKILL Steering Group, Brendan Drumm, Chief Executive, HSE, Alan Smith, General Manager, SKILL Project & Jack Kelly, National Executive Council Member, SIPTU and Board Member of St. James' Hospital*

this usually means for them that such change refers to someone else.

## “Historic moment for Health Service Support Workers in Ireland”

The conference opened with the welcoming address from **Mr William Attley**, Chair of the SKILL Project Steering Group who told the capacity crowd in the RDS Concert Hall that any rational analysis of the problems facing the health service today must surely conclude that it needs major structural reforms if it is to meet the needs and objectives of creating a world class health service for the 21<sup>st</sup> century.

The problem he said is that while most people accept this and indicate how ready they are to embrace change

He added that he was making these points in order to illustrate the exceptional nature of the SKILL Project which is the biggest change management project being undertaken in the Irish health service. Uniquely he said the Trade Unions who represent the support workers are to the forefront in its promotion recognising that within this very large group of workers exists a reservoir of talent and energy that, if released, trained and supported back at the workplace, could make a significant contribution to improving the care that is provided to the patients of our Health Service.

For the first time ever there is a serious commitment by government to upskill a huge number of support workers in the health service whose talent and goodwill is only waiting to be tapped. We are he said witnessing a historic moment for health service support workers in Ireland and we all have an important part to play.

He said that this approach needs to be replicated throughout the Health Service and particularly it needed to be supported by top management with clear lines of accountability established at every level of the health system.

He said that for support staff it provides a new and unique opportunity in that for the very first time they are being provided with a chance to acquire new sets of skills, which will be certified, put to use inside the service and provide a pathway to further education if they so decide. These new skills will open up new horizons, create new and better opportunities and provide greater job satisfaction for support workers he added.



*Mary Hickie SKILLVEC and Jacqueline Nunan SKILLVEC*

In conclusion he said that the SKILL Project can make a significant contribution to a structural shift in our Health Services but that it will not happen unless it is supported by management at every level. It is therefore imperative he said that no group of workers stand in the way of the structural changes that are required to ensure that the new skills of the support staff are put at the disposal of the patient.

He then welcomed the Chief Executive of the Health Services Executive Professor Brendan Drumm to perform the opening address to the Conference.

HSE Chief Executive, **Professor Brendan Drumm**, told the conference he was anxious to move the SKILL Project forward. However, he warned that it was one thing to get into skills development and quite another to create the structures required to allow people to utilise the skills they had acquired. It was essential to enable people to develop their skills he added in order to provide a service that the public would recognise and celebrate as world class.

He went on to say that demoralisation was one of the biggest problems affecting people working in the health services today. Staff faced constant criticism in the media and the media focused on this criticism rather than the fact that 95% of people were satisfied with their dealings with the health services.

Professor Drumm said that one of the places he was always keen on seeing whenever he visited a hospital was the kitchen because it was the person working in this area - serving meals to patients- who created the vital first impression and who set the entire agenda for the patient's experience of the hospital. If your MRI scan was 24 hours late you were more likely to forgive this if you were being fed properly he added.



*HSE Chief Executive addresses conference*



*Left to right, Alan Smith SKILL Project, Minister Tim O'Malley T.D, Minister of State at the Department of Health and Children and Matt Merrigan National Industrial Secretary SIPTU*

Overall, he believed that everybody in the public health sector had to realise that they were providing a service to the community and unless they accepted this they faced the prospect of being taken over by the private sector.

All of the skills we are talking about he said can be given a more expanded role and should not be seen as just another small development in a particular area. While working in Our Lady's Hospital, Crumlin, he said he kept in close contact with housekeeping staff. When you are dealing with children who may be in hospital for many weeks, housekeeping staff he said were the people who knew more about the children than anybody else. He felt that we should have a structure that looks on these staff as a positive point of contact with the children and their families.

He concluded by saying that he was optimistic about the future and that the organisation will change when people at all levels stand up to be counted and say we want to use our talents to help make this a world class service.

Following the opening address the conference proceeded following three key themes;

- **Putting the Customer First** which focussed on the benefits that the SKILL Project would bring to patient/client care.
- **What's in it for You?** which described how a similar project was benefiting health service workers in the USA.

During this session those present also heard from two support staff from the Irish health service about their experiences of the SKILL Programmes and the impact it has had on their professional lives.

- **System Wide Improvement & Return on Investment** which covered the wider benefits of the SKILL Project to the health services in Ireland.



Senator Fergal Quinn

## Putting the Customer First

**Senator Fergal Quinn** who opened the session suggested that the effectiveness of our health service could be greatly improved if we took the simple action of banning the word 'patient' and put 'customer' in its place. By doing so he said the person is placed at the centre of the system and reminds everybody that the people being treated are the hub around which the service should revolve.

Those in the health service should consider it their mission to serve the customer in the best way they can he added and if we look on patients as customers, and put them first in the running of our health service, we would very soon find out that what people want is, along with getting better, to be treated well.

This downgrading of the person receiving the service has come about for a misconceived reason he felt and that was because the health carers are the experts, who know more about what is needed than the person on the receiving end and thus the idea has grown up over the years that that person doesn't really matter. As a result he said people at the sharp end of the health system are often treated with indifference, and this can affect the outcome of their treatment. In the worst-case scenario, people can die as a result of this indifference he added.

It also creates the myth he continued that the only people who matter in the health service are the medical experts at the top of the pile. While not for a moment discounting their obvious value he said he couldn't help wondering if by treating them as gods we don't undermine the sometimes equally important work that can be done – and very often is done – by other, less-regarded workers in the health system.

Senator Quinn felt that treating people well means treating them as individuals and caring for them means bringing them a cup of tea or cracking a joke with them just as much as prescribing the right drug or carrying out a surgical intervention. If we take a holistic approach to the business of making people well, all the people on the team have an important role to play. Making a hospital work well is very much a challenge of team-building he concluded.

Irish Patients Association chief **Mr. Stephen McMahon** told the conference that the health services are not just there to provide employment opportunities. They begin and end with the patient and until such time as all people can afford to make effective choices with regard to their care, he preferred to use the term "patient". Last year he said the Irish Patients Association launched the European Patients' Charter for Ireland which covers preventative measures, access, information, consent, free choice, privacy, quality, safety, personalized treatment and the right to complain.

Essentially he said what we are talking about is how important your roles are as a fellow traveller with your patient on their journey. He went on to say that it's about whether you have the skills to support the patient on the journey and it's about a never ending journey in the pursuit of knowledge and the patient being the key person. In developing a new culture of patient centeredness he said it was worth remembering the dictum of Charles Darwin...

**“It is not the strongest of the species that survives, or the most intelligent, but the one most responsive to change.”**



Pictured from left to right, William Attley, Chair SKILL Steering Group, Stephen McMahon, Irish Patients Association, Debra Humphris, Southampton University UK and Senator Fergal Quinn



*Debra Humphris, Southampton University, U.K.*

Much has been said about the objective of securing a world class health system he told the conference but we can never have this until there are no longer any second class health care workers. Support professionals, health care assistants, porters, caterers, cleaners, catering assistants and others have to remember that for many patients they are the face and heart of the hospital.

In conclusion, Mr McMahon said that while the SKILL Project would empower staff he thought it important to leave a message to all in positions of authority and that message was a quotation from Your Company's Secret Change Agents by Richard Tanner Pascale and Jerry Sternin **"Somewhere in your organization, groups of people are already doing things differently and better. To create lasting change, find these areas of positive deviance and fan the flames."**

The session concluded with **Professor Debra Humphris** of Southampton University outlining the concept of Intermediate Care (IC) which she defined as a short period, normally no longer than six weeks, of intensive rehabilitation and treatment to enable patients to return home following hospitalization, or to prevent admission to long term residential care; or intensive care at home to prevent unnecessary admission.

She outlined the experience of a patient, Mr V, as an example of how, using the principles of intermediate care, health service professionals could work and learn together and discover new role opportunities.

Mr V had suffered a stroke and was living at home. Within five days after being discharged from hospital, he received 17 visits from various professionals. While he felt well served he was rather surprised by the number of visits he was receiving, he was repeating information and did not know who was coming, when they were coming or for what purpose

Under an IC approach a team, which had learned together and where support staff had been skilled up, would distinguish between the generic and specific interventions required by Mr V. Research into the reality of practice had shown that some 80% of interventions were in fact "generic" i.e. they could be carried out by any member of the care team.

A great deal of myth she said existed around the question of who undertook various aspects of care i.e. "only a nurse can do this etc". All available data she added supported the need to increase the number of rehabilitation and health care assistants and optimising productive time meant a real increase in the number of appropriately trained rehab assistants to support clients with their generic requirements.

Professor Humphris said all community healthcare professionals should be trained in generic skills and be prepared to utilize them alongside their profession specific skills She said that evolving new models of service focused on the customer will require flexibility and adaptability. This she said is taking place against a background of knowledgeable consumers, an increasing role for technology and the concept of learning and working together.

Finally she described the SKILL Project as a fantastic investment by government in an important part of the workforce and said the challenge now was how to put newly acquired skills into use to improve the patient experience.



*Martin McDonald, A/National Director of Human Resources, HSE*



Michael Paull, Dean of Adult and Continuing Education, City University of New York

## What's in it For You?

Professor Michael Paull Dean of Adult & Continuing Education, City University of New York and Ms Deborah King Executive Director, Employment, Training and Job Security Programme, New York offered an international perspective on this theme, while Ms. Marian Rock and Mr. David O'Grady Irish Health Service Support Staff workers, spoke of their experiences of the benefits of training and education.

**Professor Michael Paull** began by saying that a problem adult learners pose is that they challenge the status quo. If you offer a porter or a cleaner education and training or offer them the chance of becoming a nurse or social worker the educational and healthcare systems have difficulties dealing with this.

He said the Bronx area of New York offers an extreme example of how adult programmes can work in unfavourable demographics. The Census of 2000 showed he said that the Bronx is the third most densely populated county in the USA. that it has 1.3 million residents in an area of 44 square miles that 52% of the people are Hispanic, 30% African American, 12% White (Non Hispanic) and 4% Asian. It also found he said that 30% of households are headed by single women and the same percentage live below the poverty line, that 37% of over 25 year olds have no high school diploma and that the unemployment rate is 8.8%.

The City University of New York he said decided on an outreach programme – “CUNY on the Concourse” – to locate part of the campus in a main population hub. We share space with SEIU 1199 (Service Employees International Union) to address healthcare training needs. We wanted students, he told the conference, to visit and pair employment and educational opportunities. We are

constantly seeking to validate experience he continued so that college credits become an important currency when applying for a position.

In creating a higher education continuum he said they start with assessment of basic skills moving to contextualized remediation, bridges to college and adult degree programmes. Remediation is done in the context of the profession the person is pursuing e.g. in the case of learning English the context would be medical terminology.

He gave an example of a contract course programme sponsored by the SEIU 1199 Training and Employment Fund and offered at CUNY. It provides dedicated classes for eligible members who are interested in health careers. Over 400 members attend classes each semester. About 43% of all participants who started from 1999 to 2003 were still enrolled in CUNY in autumn 2004 and 78% of first time enrolees re-enrol in CUNY the following semester he said.

He went on to describe the Adult Degree Programme (ADP) that began in 1977. This is a way he said of making it possible for working adults who are over 25 to earn a degree related to their workforce aspirations in a reasonable amount of time. It offers among other things he said flexible admissions, credit for life experience, independent study, individualized majors and ongoing and regular counselling and advice. The programme has 750 students, 10% of the College's undergraduate student body and he said progression and retention rates are the same as traditional students.

The workforce implications of ADP are he said that a large percentage of the students major in professional areas, nursing, health science, education, social work and business and many use independent study for practical



Some audience members



internship experiences in the hospitals, community centres or working with small businesses through the Small Business Development Centre and the Clinton Fellowship Programme. After graduation, students report an increase, on average, of 40% in their salary he concluded.

**Ms Deborah King**, Executive Director, Employment, Training and Job Security Programme, New York developing this theme further said that the challenges facing the healthcare industry worldwide include not enough financial resources, increasing costs, people living longer, more complex medical conditions, skill shortages, more career options for women, recruitment and retention of staff and patients demanding higher quality services. The 1199 SEIU Training and Employment Funds have developed successful strategies to deal with these challenges she said and these involve union and management at all levels developing innovative solutions to issues. Projects involve joint work on improving patient care, productivity, job satisfaction and training to enable workers to meet job demands and move into new careers. This also means she added investing in training the workforce and involving healthcare workers in how care is delivered.

She said they had worked in partnership with employers and the union to provide innovative educational opportunities for health care workers. These programmes cover almost 200,000 health workers across all health sectors including home care, nursing homes, ambulatory care clinics and acute hospitals. Today she said we are the largest joint labour/management training organization



*Deborah King, Executive Director, Employment, Training and Job Security Programme, New York*



*Left to right, Caroline Manning, Brona Johnson and Lisa Ingle all from St. John's Hospital, who attended the conference*

in the United States. Over 30,000 members enrolled in one of our programmes in the 2005/06 academic year.

The types of programmes sponsored by the Training and Employment Fund include a full range of educational services –from basic education through to college and postgraduate education. In addition she said they have programmes developed locally by staff and labour/management committees to improve patient care and hospital and nursing home functions including foreign language, computer skills, team building and gerontology.

We are a union and industry driven project providing quality, accessible education for working adults and she said we seek to partner with public and private universities and colleges to meet workers' needs and to develop worker friendly programmes through back to education, part time, distance learning and credit for life experience projects. We try she added to provide bridges through degree and career ladder programmes, scholarships for full time study and we try to assist through the provision of childcare.

Our experience demonstrates that many healthcare workers can – with some educational support – learn new skills to improve patient care and productivity and achieve financial and personal gain. Others she said can enter college and become nurses, radiology or respiratory therapists, social workers, counsellors and other technical and professional jobs.

She concluded by saying that their educational philosophy is that most adults can successfully learn new skills and that it is up to us to develop programmes that work for the adult population

This session continued with two Irish Support Staff workers who outlined the value to them of undertaking the SKILL programme.

**Ms. Marian Rock**, a health care assistant at the Oncology Day Unit, AMNCH, Tallaght followed by giving an account of her experience with the education system. The primary school she attended was “packed” and because of this she was moved up a class at the age of ten. She then found it hard to keep up with a class full of older pupils. I was not equipped for it she said and she remembered two teachers discussing her and her problems in front of her as if she was not there. It was a nightmare for a child she said. She subsequently left school at 14, worked in a sweet factory and later in a paper mill, got married and had three children. After answering an advertisement she returned to work as a ward attendant in Tallaght Hospital working at first in the old Meath Hospital.

The orientation course was very good but nothing prepared her for that first day she said. Moving to the new hospital in Tallaght was very exciting and she asked if there were any courses for health care assistants and this was the start of her experience of the SKILL Project she said. She recalled that it was her first time in a classroom for 30 years but everyone was exactly the same as her and when they started telling them about the assignments they nearly died. Then she said they realised that they had been dealing with much of the subject matter in the past and that in fact they had a mass of knowledge from their working lives. She said that of the 19 in the class not one dropped out and they all passed. The course she said gave her a much needed boost and now when working alongside nurses and doctors she has the knowledge and confidence to engage with them. Marian concluded on this positive note for all adults intending to return to learning.

These sentiments were echoed by **Mr. David O’Grady** who works as a Moving & Handling Coordinator in St James’s Hospital, Dublin who told the conference that he left school at 16 to take up an apprenticeship but subsequently began working as a care attendant with the elderly in St James’s Hospital.



*David O’Grady St. James’s Hospital*



*Marian Rock, AMNCH Tallaght*

There was no training or orientation and the sights and smells he said on the first day were unbelievable. David learned a lot from the senior attendant there who knew the patients all very well. He worked in a variety of wards throughout the hospital and was made permanent. David remembers that he was hungry to learn but lacked confidence and opportunities.

After securing the post of therapy care attendant David became involved in an art for the elderly programme and it opened the door to unlocking his self confidence. David worked in various other departments of the hospital including emergency care. I found it exhilarating and I found I had an aptitude for patient care he said. Returning to learning opened many doors for him and other health care assistants he said giving them confidence, skills and the ability to embrace and enjoy challenges.

## Improvement and Return on Investment

The final session of the conference focused on the system wide benefits that the health service can gain through the success of the SKILL Project.

**Mr. Michael Scanlan**, Secretary General, Department of Health & Children opened this session and said that the three key groups to consider are patients/service users, staff and citizens and taxpayers. Each one of us falls into one of the three categories and sometimes more than one he said. We are all citizens, we are workers in the health services and we are actual or potential users of those services he told the conference.

We should, of course, start with the patient but we should not, however, stop there he said. You will not have a good service without well motivated staff and we are entitled to



*Michael Scanlan, Secretary General, Department of Health & Children*

be proud of what we do and the citizens and taxpayers are entitled to know what we are doing he said.

Nobody wants to pay extra taxes but he said that in his view there are a few messages we should send out to people. We have had a lot of successes in the health services but we are very bad at getting the good news out and if we can do that we can persuade people to pay the extra taxes he felt. We must measure what we produce, integrate our services and see how we can reform or do things better. If we measure, put the information out, ask questions and measure again then we are in a position to say that the talk about a black hole is rubbish and people can see what they are getting for their money he told the conference.

People are our greatest resource and 70% of our expenditure is spent on them. Making the best use of what we have means training and educating staff and achieving the right skill mix he said. The investment is there to support patients and the funding, of €60 million is in place to 2008 he said. Agreement has now been reached for new grades of therapy assistants and the Department of Health and Children is determined to see a return on this investment and that people co-operate in utilizing what you have achieved through this programme he told the conference.

The outcome of the project will be measured with a full independent evaluation already started and which will be completed by 2008. I am delighted the professions have been upfront in supporting the development of therapy assistants and it's up to all of us to take up this challenge. Equally, it's up to you to avail of the opportunities that are on offer and to challenge the system and force it to give you the answers.

Embrace change and cross the boundaries he urged. Change is not easy, it's unsettling and it happens to us

all he added. The SKILL Project gives you an opportunity to be part of change in the health services he concluded.

The final presentation of the day was made by **Ms Eilish Hardiman**, Deputy Chief Executive/Operations Manager in St. James's Hospital Dublin. In her organisation, 57 members of staff including cleaners/janitors, porters, catering assistants and health care assistants had completed a SKILL Programme. She chose to outline the improvements achieved in the Endoscopy Unit at her hospital through the support staffs participation on the SKILL Programmes.

The return on investment can perhaps be most clearly seen in the case of the Endoscopy Unit where there are 18 beds and a throughput of 1460 patients each month she said. The whole team has changed through the impact of the Skills Project resulting in greater flexibility, less demarcation and with staff taking on a broader remit she told the conference.

Expanded and new roles have been introduced across the team with a team approach being adopted to patient processing based on patient feedback and best international practice. New technology has been introduced supported by new roles to ensure safer patient care she added.

A traceability system has been introduced she said which meant that every endoscopy scope used for every individual patient can be tracked. We have 105 of these scopes she said costing €10,000 euro each and cleaning and sterilisation is central and these scopes are now in the care of the washroom attendants.

Recording and auditing of microbiological testing of endoscopes is one of the key performance indicators for the Unit. 100% of the scopes are now monitored on a quarterly basis and the washroom assistants input the information on a data base. In effect they "own" this system and it's much better than the previous ad hoc one. The new responsibilities afforded by completion of the FETAC modules have benefits for all she concluded.



*Eilish Hardiman, St. James's Hospital*

# JOHN F. KENNEDY, JR. FELLOWSHIP PROGRAMME 2006 - 2008

**This is a Scholarship and Career Mentoring Programme created by John F. Kennedy, Jr. in 1989. It is available for the first time ever outside New York State and the United States of America to the SKILL Project by special arrangement with the John F. Kennedy, Jr. Institute for Worker Education, City University of New York.**

Last year under a unique and special arrangement six Fellowships were negotiated for the SKILL Project. Following a comprehensive application and selection process utilising a partnership approach with the involvement of local union representatives, these were awarded to support staff covered by the parallel benchmarking agreement and currently employed in the following Intellectual Disability services: Stewarts Hospital; Galway Association; Brothers of Charity (Waterford); Western Care; and Sisters of Charity of

Jesus and Mary (Moore Abbey). One application was also accepted from Eve Limited.

*The overall goal of the Fellowship Programme is to improve the quality of services to individuals and families by educating and strengthening the frontline workforce.*



*Proud Recipients of the JFK Jr Fellowships, pictured with Minister Tim O'Malley TD, Minister of State at the Department of Health and Children and Dr. William Ebenstein, JFK, Jr. Institute for Worker Education, City University of New York*

At the SKILL National Conference a milestone in the history of the SKILL Project was reached with the formal launch of the Fellowships by Minister of State at the Department of Health and Children Mr Tim O'Malley T.D. The 2006 – 2008 awards went to: Ms. Rosemary Nolan Stewarts Hospital; Ms. Chrissie Mulryan Galway Association; Mr. Donald Campbell Brothers of Charity Waterford; Ms. Bernadette Frain Western Care; Mr. Brian Morrissey Sisters of Charity of Jesus and Mary (Moore Abbey) and Ms. Karen Molloy Eve Limited.

Fellows receive a \$750 stipend twice a year/each semester up to a maximum of two semesters per academic year (where appropriate) but not exceeding a total of \$3,000 over the two years of academic study. The award is in respect of tuition, books, instructional material, transportation, student fees, childcare, and other expenses associated with higher education.

At the end of last year, which also coincided with the end of their first academic semester, each Fellow received a cheque for \$750 from City University of New York. In order to be eligible for continued funding Fellows must submit a progress update at the end of each semester and show proof that they are still employed in the same field and still pursuing their programme of study.

Looking ahead to academic year 2007 – 2008, the possibility of the six Fellows travelling to New York and undertaking part of their academic studies in the City University of New York is being explored with the respective Irish educational providers and the City University of New York. This is an exciting development and since discussions are at a very early stage updates will be provided in future newsletters or on our website [www.skillproject.ie](http://www.skillproject.ie)

## Career Mentoring

Mentoring is integral to the John F. Kennedy Jr. Fellowships Programme and in this context career mentoring refers to the supportive professional relationships between senior level staff and front line support staff. It also encompasses relationships between academic staff and working adult students in college settings.

*In the Kennedy Fellowship Programme, mentors primary roles are as academic advisors and career sponsors.*

Shortly after receiving their awards last year Fellows selected their mentors. A facilitated 'Mentoring Workshop' was then held on 18th October 2006 in the Tullamore Court Hotel, Tullamore, Co. Offaly to assist Fellows and their mentors in their roles as mentors and mentees. The workshop also created the opportunity to explore the benefits of the mentoring relationship and to practice the "first meeting".

In conclusion, the experience from John F. Kennedy, Jr. Institute for Worker Education, City University of New York has been that some Fellows have gone on to provide mentoring for new Fellows in subsequent programmes. Others serve more informally as "peer mentors" to new Fellows.

All SKILL Project Fellows and mentors will be encouraged to continue in their helpful relationships as part of a growing network and chain of professional support for support staff in the Irish health and personal social services.



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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