

# Old Library Trust and Bogside & Brandywell Health Forum

## Communities in Transitions: Health and Wellbeing Programme

### Evaluation Report

October 2022



Northern Ireland  
Executive

[www.northernireland.gov.uk](http://www.northernireland.gov.uk)

## Table of Contents

<b>Executive Summary .....</b>	<b>3</b>
Introduction .....	3
How Much Did We Do?.....	3
How Well Did We Do It? .....	4
Is Anyone Better Off?.....	5
<b>Section 1: Introduction and Background .....</b>	<b>6</b>
1.1. Introduction and Purpose of the Report.....	6
1.2. Report Objectives.....	6
1.3. Report Structure.....	6
1.4. Programme Delivery Partners.....	6
Old Library Trust .....	7
Bogside & Brandywell Health Forum.....	7
1.5. Programme Funder: The Executive Office .....	7
<b>Section 2: Rationale &amp; Context for the Programme .....</b>	<b>9</b>
2.1. Introduction.....	9
2.2. Introduction and Rationale for Communities in Transition Health and Wellbeing Programme .....	9
2.3. Context for the Programme .....	12
<b>Section 3: Implementation &amp; Delivery .....</b>	<b>14</b>
3.1. Introduction.....	14
3.2. Programme Structure.....	14
3.3. Delivery Model .....	15
3.4. Eligibility Criteria .....	17
<b>Section 4: Methodology.....</b>	<b>19</b>
4.1. Introduction.....	19
4.2. Defining Success.....	19
4.3. Data Collection .....	19
4.4. Data Analysis .....	20
4.5. Limitations.....	20
<b>Section 5: Findings.....</b>	<b>21</b>
5.1. Introduction.....	21
5.2. Headline Achievements .....	21
5.3. Impact of the Communities in Transition: Health and Wellbeing Programme .....	22
Warwick-Edinburgh Mental Wellbeing Scale .....	22
Outcome Wellbeing Star.....	23
5.4. Participant Events .....	24
5.5. Volunteer Training.....	26
5.6. Summary .....	27
<b>Section 6: Consultation Findings .....</b>	<b>28</b>
6.1. Introduction.....	28

6.2.	Experience of the Programme for Participants.....	28
	Referral and Access Pathways .....	28
	Understanding of the Programme .....	29
	Provision of Support .....	29
6.3.	Experience of the Programme for Volunteers .....	32
	Volunteer Training .....	32
	Delivery Model.....	33
6.4.	Experience of the Programme for Staff .....	34
	Key Challenges .....	35
6.5.	Impact for Participants and the Wider Community.....	36
	Mental Health .....	36
	Addiction.....	37
	Physical Health and Fitness.....	37
	Access to Support and Services .....	38
	Impacts for the Wider Community .....	39
6.6.	Impact for Volunteers .....	40
6.7.	Impact for Organisations.....	41
<b>Section 7: Discussion, Learning, and Analysis .....</b>		<b>42</b>
7.1.	Introduction.....	42
7.2.	Outcomes Based Accountability .....	42
7.3.	Strategic Relevance of the Programme .....	43
7.4.	Delivery Model .....	45
	Participant Recruitment.....	45
	Relationships with Participants .....	45
	Administration .....	45
	Advertising .....	45
7.5.	Future Needs .....	46
<b>Section 8: Conclusions and Recommendations .....</b>		<b>48</b>
8.1.	Introduction.....	48
8.2.	Conclusions.....	48
8.3.	Recommendations .....	49
	Recommendation 1: Funding.....	49
	Recommendation 2: Understanding of the Programme .....	49
	Recommendation 3: Participant Assessment.....	49
	Recommendation 4: Partnership Network.....	49
	Recommendation 5: Impact on Paramilitarism.....	50
<b>Appendix A.....</b>		<b>51</b>
<b>Appendix B.....</b>		<b>52</b>

# Executive Summary

## Introduction

This report sets out an independent evaluation of the Old Library Trust’s Communities in Transition: Health and Wellbeing Programme (CIT), in partnership Bogside & Brandywell Health Forum. The CIT Programme is funded by The Executive Office and delivered in two phases; this evaluation concerns Phase 2 and focuses on a programme to address the health and wellbeing issues that local people face in both Creggan, and the Brandywell areas of Derry.

The evaluation adopted a mixed method approach to data collection including a desk-based review of CIT Programme documents, pre- and post-programme Outcome Star and Warwick-Edinburgh Mental Wellbeing Scale data, qualitative one-to-one consultations with CIT participants (8), volunteers (5), and staff (6).

## How Much Did We Do?



**94**

Individuals  
Referred



**60**

Participants  
Engaged



**60**

Health and Wellbeing  
Plans Implemented



**16**

Volunteers  
Recruited



**192**

Volunteer Hours  
Provided



**1440**

Hours of Mentoring  
Delivered



**7**

Volunteer Training  
Sessions



**22**

Additional Volunteer  
Courses Delivered



**20**

Health and Wellbeing  
Events Delivered



**6**

Kiosks Installed



**30**

Oversight Group  
Meetings

## How Well Did We Do It?

**64%**

Participants Engaged  
from Referral

**75%**

Participants Satisfied  
with the Support  
Provided

**100%**

Participants Felt the  
Right Needs are  
Targeted

**100%**

Attendees felt  
Building Positive  
Communities event  
met their needs

**100%**

Volunteer Satisfied with  
Training Provided

**100%**

Volunteers Felt Training  
Increased Knowledge  
and Understanding

**100%**

Volunteers Felt Training  
Increased Their Ability to  
Support People in the  
Community

*“The CIT Programme is the best thing I’ve ever done.” – Participant Feedback*

*“The CIT Programme has helped improve my mental health which is great because that’s a major reason I joined.” – Participant Feedback*

*“It has given me access to what I needed myself and the exercise part of it I started to really enjoy. It’s a bit addictive. You feel brilliant after it.” – Participant Feedback*

## Is Anyone Better Off?



94% Participants Mental Wellbeing Improved



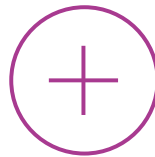
76% Improvement in Participant Ratings of Where They Live



40% Improvement in Participant Ratings for 'Looking After Yourself'



68% Increase in Participant Ratings of their Lifestyle



60% Increase in Participant Ratings of Feeling Positive



30% Increase in Participant Ratings of Family & Friends



56% Increase in Participant Ratings of Managing their Symptoms



40% Improvement in Participant Ratings of Managing Finances



46% Improvement in Participant Ratings of Work, Volunteering and Other Activities

# Section 1: Introduction and Background

## 1.1. Introduction and Purpose of the Report

This report sets out an independent and objective evaluation of the Community in Transition, Health and Wellbeing Programme in the Derry / Londonderry area. The Programme is led by The Old Library Trust (OLT), supported by the Bogside and Brandywell Health Forum (BBHF).

The purpose of this evaluation is to assess the success of the programme in terms of its outputs and associated impact on the relevant communities.

## 1.2. Report Objectives

The objectives of this evaluation report are:

- To assess the extent to which the programme has delivered against its agreed aims, objectives, and targets
- To assess the impact of the programme on participants, volunteers, the community, and organisations
- To assess the effectiveness of the programme delivery model and structures
- To assess both the local and strategic relevance of the programme

## 1.3. Report Structure

This report includes the following:

- **Section 2: Rationale & Context for the Programme**
- **Section 3: Implementation & Delivery**
- **Section 4: Methodology**
- **Section 5: Findings**
- **Section 6: Consultation Findings**
- **Section 7: Discussion, Learning & Analysis**
- **Section 8: Conclusions & Recommendations**

## 1.4. Programme Delivery Partners

The programme delivery partners (OLT and BBHF) are based in areas of high health inequalities throughout the north of Ireland. OLT has played a lead role in the development of many Community Forums, including leading public rallies, speaking on behalf of the community, and highlighting the values, assets, and positive aspects of the communities.

## Old Library Trust

The Old Library Trust (OLT) was established in 2001, as a registered charity (103106) providing services and activities to reduce health inequalities, address the underlying causes of poor health and improve community health and wellbeing within the Creggan area in Derry-Londonderry. Creggan is ranked as one of the most deprived areas in Northern Ireland.

The Old Library Trusts purpose is to:

*“Simply exist to make it easier for people to lead healthier lives”*

OLT services are organised under 6 core areas: Positive Minds, Family Support, Long Term Condition Management, Healthy Lifestyles, organisational sustainability and Older Adults. The OLT HLC employs 14 staff and is governed by 8 members of the board of directors. Throughout the years, the Old Library Trust has adopted a community development approach to engage people in health improvement initiatives, early year’s development, and community healing through partnership with statutory and voluntary service providers. An ethos of partnership and collaboration underpins OLT’s work. Through partnership with the Triax Neighbourhood Renewal Partnership, the Creggan community forum and the Healthy Living Centre Alliance, the OLT works to influence on the availability and delivery of services by statutory and voluntary service providers.

## Bogside & Brandywell Health Forum

Bogside & Brandywell Health Forum (BBHF) was established in 1999 and has had registered charity status from 2007 (105248). BBHF is a Healthy Living Centre located at the Gasyard Centre in Derry-Londonderry. The organisations vision is to:

*“Advance education, relieve sickness, assist vulnerable people such as those with a disability and the aged to promote the preservation and protection of health.”*

BBHF offer a range of programmes addressing physical and mental health, nutrition, smoking and social (connecting people into the community). BBHF is managed by 7 members of the board of directors and employs 16 members of staff.

## 1.5. Programme Funder: The Executive Office

The Executive office are funding the programme. A cross-Executive Programme Board oversees financial and wider performance of the Programme and ensures that the allocation of funding to



projects support the Programme's aims. Senior officials from across the Executive sit on the Board (including the Department of Justice, Department of Communities, the Department of Education, the Department of Health, the Department of Finance, and the Executive Office). The Police Service of Northern Ireland attends in an advisory capacity.

The Executives' responsibilities include (but are not limited to) the Programme for Government, Budget and Economic Strategy, and the Executive Action Plan on Tackling Paramilitary Activity, Criminality and Organised Crime. Their aim for Northern Ireland is to:

*“Contribute to and oversee the co-ordination of Executive policies and programmes to deliver a peaceful, fair equal and prosperous society.”*

The main objectives of the office are:

- Driving investment and sustainable development
- Tackling disadvantage and promoting equality of opportunity
- Effective operation of the institutions of government in the delivery of an agreed programme or Government.

## Section 2: Rationale & Context for the Programme

### 2.1. Introduction

This section introduces the Communities in Transition Programme and sets out the context within which it was conceptualised and delivered, offering an insight to the rationale for the Programme.

### 2.2. Introduction and Rationale for Communities in Transition Health and Wellbeing Programme

In November 2015, the Executive Office published ‘The Fresh Start Agreement<sup>1</sup>’ outlining their commitment to tackling residual paramilitary activity and associated criminality. An independent panel was then established to recommend strategies aimed at disbanding paramilitary groups presented in the panel’s report published in June 2016. Consequently, the Executive Office published the ‘Tackling Paramilitarism, Criminality and Organised Crime’ Action Plan outlining 43 actions under four key delivery approaches:

- A. Long term prevention
- B. Building Capacity to Support transition**
- C. Strategies and powers to tackle criminality
- D. Building confidence in the justice system

Action B4 within delivery approach B (Building Capacity to Support Transition) states:

*“The Executive should establish a fund to support ambitious initiatives aimed at building capacity in communities in transition including through developing partnerships across civil society and across community divisions.”* This action is the Communities in Transition Programme of which the Executive Office is responsible for.

A consortium led by co-operation Ireland<sup>2</sup> was appointed by the Executive Office in September 2017 to develop the two-phased Community in Transition programme. OLT and BBHF participated in the initial fieldwork and participatory design process of the programme between November 2017 and March 2018. Through the engagement process, 7 key ‘themes for transition’

---

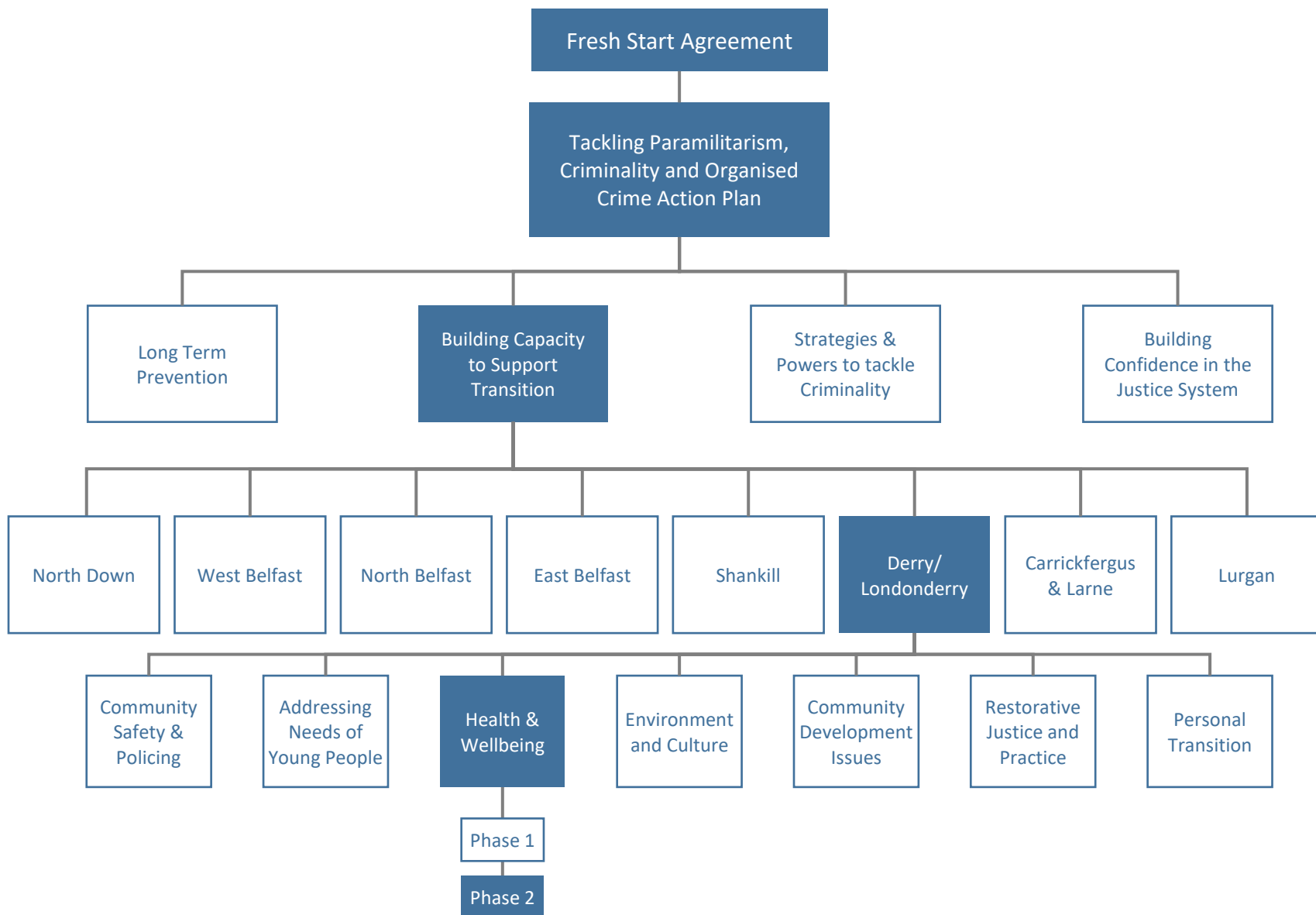
<sup>1</sup> [Fresh Start Agreement](#)

<sup>2</sup> Co-operation Ireland is an all-island peace-building organisation. Working to build a shared and cohesive society by addressing legacy issues of the conflict and facilitating contact and collaboration between people from different backgrounds.

were identified. £10 million funding was ring-fenced for delivery of the Communities in Transition Programme from April 2021 to March 2024. The Community in Transition Programme supports 8 geographic areas where there has been a history of paramilitary activity and coercive control. The programme aims to transition those 8 communities into one where paramilitary activity no longer plays a role. It does this by supporting the capacity of individuals and groups to affect positive change for themselves and their communities. The Communities in Transition Programme's seven key themes are:

1. Community Safety and Policing
2. Addressing the Needs of Young People
- 3. Health and Wellbeing**
4. Environment and Culture
5. Community Development Issues
6. Restorative Justice and Restorative Practice
7. Personal Transition

OLT (lead) in partnership with BBHF are delivering the Communities in Transition Health and Wellbeing programme for Creggan and Brandywell area. This evaluation reviews phase two of Transition Health and Wellbeing programme within Derry-Londonderry.



### 2.3. Context for the Programme

The programme design consultation (see Section 2.2), conducted between November 2017 and March 2018 in the Creggan and Brandywell area, identified a need for a wraparound community-based support for marginalised adults and families, to include:

- Mental health/counselling and addiction support;
- Physical activities to improve physical and mental health;
- Pathways to education, training and employment
- An outreach/engagement strategy to identify and engage with marginalised adults and families, to support them access community services;
- Outreach and information work to engage with adult males in 25-50 age range,
- Community education and dialogue, with a focus on combating the stigma around mental health, drug use and addiction and ‘punishment’ attacks
- Acknowledgement of the disenfranchisement of dissident republicans in the area and the need for considerable work to embed into community initiatives

The general impact of the troubles conflict and the subsequent impact on mental health was raised as a critical issue. The consultation also identified that many people “may be reluctant to engage with statutory service providers due to lack of trust and confidence,” with particular reluctance made to adult males who may not engage in services due to stigma.

The Creggan and Brandywell areas are within the most deprived areas in Northern Ireland, within the top 2% and 13% respectively with regards to multiple deprivation. Creggan is a Triax Neighbourhood Renewal area. Neighbourhood Renewal Programme aims to reduce the social and economic inequalities which characterise the most deprived areas. Triax is a Partnership that comprises 22 members which include representatives from local communities, voluntary organisations, elected representatives, private sector and local statutory organisations. The Triax partnership is responsible for assisting the identification, development and delivery of programmes which aim to address the objectives of community renewal, social renewal, economic renewal and physical renewal of their neighbourhood renewal area. The Creggan, Bogside and Brandywell Triax area faces considerable health related challenges (NISRA Statistics):

- 64% of all deaths are cancer related, 30% cardiovascular and 11% respiratory.
- 3<sup>rd</sup> highest prevalence of obesity in Derry and Strabane for people aged 16 and over (out of 11 council areas)
- 30.4% of the population live with Long-term illness, health problem or disability (21,7% in Northern Ireland, 2017)

Other figures relating to the deprivation of the area include (NISRA Statistics):

- Older people's income: 3<sup>rd</sup> most deprived (Creggan Central 1), out of 890 Super Output Areas (2018)
- Employment deprivation: Creggan south is 14 whilst Creggan Central 1 is 16 in terms of deprivation both Super output areas are with 2% most deprived
- Income deprivation: Creggan Central 1 is 20 out of 890 (2% most deprived)
- Derry employment rate 55.7% compared to NI average of 67.2% (2017)
- Derry City and Strabane District Council had highest level of child poverty compared to other councils within Northern Ireland at 34% in 2016
  - 48% Brandywell Ward
  - 45% Creggan South
  - 46% Creggan Central

This section points to both challenging socio-economic circumstances, compounded by enduring legacy issues and high levels of paramilitarism. This is the context which within which the CIT programme was developed and delivered in this area.

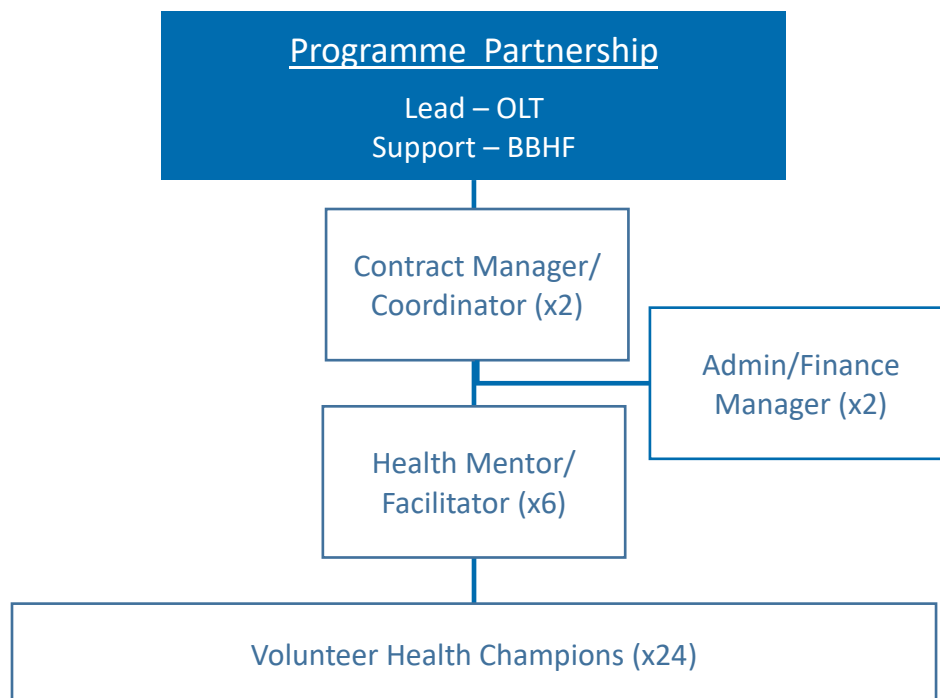
## Section 3: Implementation & Delivery

### 3.1. Introduction

This section describes the programme delivery model, providing a practical overview of how it operated in the local community.

### 3.2. Programme Structure

OLT led the delivery of the programme, in partnership with BBHF. Both OLT and BBHF provided a total of 10 staff in a blended team, supported by a bank of volunteers as per the diagram below.



#### Lead Partner – OLT

OLT is Lead Partner and held overall responsibility for the contract, including:

- Delivery of all outputs as indicated in the letter of offer
- Assuming responsibility for the resulting liability/partner reporting
- Reporting both on programme implementation, issues, challenges and impacts
- Monitoring of Progress / Recording Achievement of Outputs
- Compliance with Audit Requirements
- Managing 8 of 16 volunteers

### **Supporting Partner – BBHF**

BBHF worked in partnership to support OLT in delivery of the programme across all key aspects of management and reporting, playing a key role in design and development of all such aspect. In the event of unforeseen circumstances or absences, BBHF would represent the partnership in place of OLT at all necessary meetings and would be responsible to delivery of the programme. BBHF were responsible for 8 of 16 volunteers throughout the programme.

### **Programme Team**

- **Contract Manager/Coordinator** – holds overall responsibility for the programme, liaising with TEO on contractual matters, planning and reporting. Additionally, the Contract Manager/Coordinator was ultimately responsible for people and quality management of the programme team to ensure progress against programme KPIs.
- **Health Mentor/Facilitator (x6)** – responsible for managing referrals to the programme, individual assessments with programme participants and ongoing mentoring and support to 60 individuals across the programme. Mentors developed bespoke actions plans for participants and identified additional areas of support, including indicating other services available to participants. Two Facilitators were directly responsible for supervising volunteers and coordinated monthly volunteer meetings and quarterly volunteer wellness events. The Health Facilitators worked collectively work to deliver the 3 health and wellness events to participants.
- **Volunteer Health Champions (x16)** – primarily responsible for servicing the health needs of programme participants in their area, including disseminating information about health and wellbeing activity, signposting people to services, facilitate activities and promote the use of the kiosks in the community.
- **Admin/Finance Manager (x2)** – responsible for management and administration of procurement and drawdown of additional funds to support action plans. Additionally, oversight of commissioning and payment to contractor for video/digital aspects of the contract alongside supporting the Contract Manager to compile monthly reports to TEO

Whilst there were designated responsibilities for management and administration, the volume of administration required for the programme resulted in more administration support required from other staff members.

### **3.3. Delivery Model**

There were 6 components to the delivery model as outlined in the diagram below.



**1. Initiation with The Executive Office, OLT and BBHF**

- Goal setting
- Programme roles and contractual relationships agreed



**2. Implementation Group**

- Engage local partners and relevant statutory agencies to establish implementation group



**3. Volunteer Health Champions**

- Upskill 16 volunteers as peer mentors with minimum standard qualification. (Brief Intervention, Suicide Prevention and Drug & alcohol misuse training.)



**4. Health & Wellbeing Events & Information**

- 3 health & wellbeing events (include health checks and MOTs for local people, taster sessions for health & wellbeing activity, nutritional information and advice.)



**5. Participants**

- Engage 60 individuals that require direct support with personal health & wellbeing.



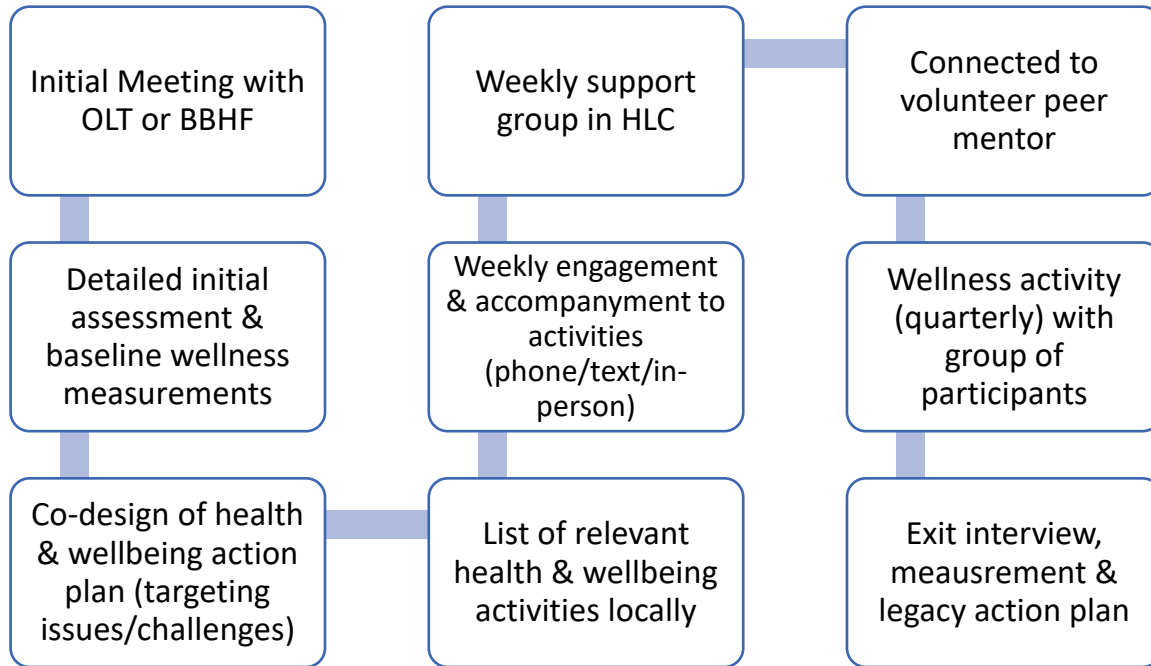
**6. Evaluation & Ongoing Management**

- Review personal health plans for quality, needs and risks
- Co-ordinate and manage delivery
- Monitor data and address gaps in participation, ensure activity measures the indicators.

Component 4 outlines 3 events were intended to be delivered. OLT and BBHF took responsibility to deliver 2 events each, resulting in the delivery of 4 events. Other delivery changes included volunteer training delivered online due to COVID-19 restrictions.

A participant’s journey (component 5 of delivery model) through the programme is outlined below. Typically a participant would engage in mentoring for one year and had regular contact with their mentor and was tailored to their specific interests or needs. Examples of support provided to participants include:

- Mental Health and wellbeing provision provided through councillor
- Physical health and fitness activity classes
- Addiction recovery coaching



### 3.4. Eligibility Criteria

The CIT Programme delivers mentoring and health and wellbeing support to individuals that meet the eligibility criteria for a period of 12-months. The eligibility criteria outlined that participants must:

- Live in the area
- Be unemployed
- Have a long-term limiting condition or mental health condition
- Have low levels of education and/or qualifications
- Be identified by service provider as having high-risk of negative behaviour and choices

Participants were intended to self-refer onto the CIT Programme through the digital kiosks<sup>3</sup> (interactive app) within the community however, technology restrictions prevented self-referral and kiosks were utilised for relevant advertisement. Participants were referred onto the CIT Programme from a wide range of sources including:

- Family/Relative
- Self-referral
- In-house programme referral
- School referral
- GP referral
- Statutory referral
- START 360
- Counsellors
- Family Support Hub referral
- Social Prescribing (SPRING Programme)
- FACT Programme
- Right Time, Right Place (Mental Health Programme)

---

<sup>3</sup> Kiosk is a touch screen digital display. It was intended to advertise programme activities and allow individuals to complete a programme self-referral form.

## Section 4: Methodology

### 4.1. Introduction

This section sets out the methodology used to carry out the evaluation, including approaches to data collection, data analysis, and limitations.

### 4.2. Defining Success

The evaluation methodology was underpinned by an Outcomes Based Accountability Framework (OBA). OBA provides a framework for measuring the impact of interventions and initiatives on outcomes and to enable discussions to take place about how to continually improve those outcomes, focusing on two key areas: population accountability and performance accountability.<sup>4</sup> Centrally, this evaluation framework seeks to answer three key questions:

- How much did the CIT Programme do?
- How well did the CIT Programme do?
- Was anyone better off as a result of the CIT Programme?

OBA is employed by the Executive Office (programme funder) in their draft Programme for Government and is recognised as an effective tool for impact measurement.

### 4.3. Data Collection

The evaluation adopted a mixed method approach to data collection. This included the following activity, carried out between August and September 2022:

- Desk review of programme data including:
  - Original tender for CIT Programme procurement
  - Examples of monthly contract management reports
  - Examples of monthly meeting notes
  - Pre- and post-programme Outcome Star data collected by CIT mentors. 57 baseline responses and 48 post-programme responses were gathered. Respondents who did not complete both surveys have been omitted from the results. A total of 48 responses were utilised in this report.

---

<sup>4</sup> Orme, S. (2021) *Outcomes Based Accountability: A Refresher*. Available at: <https://www.assemblyresearchmatters.org/2021/05/20/outcomes-based-accountability-a-refresher/>

- Pre- and post-programme Warwick-Edinburgh Mental Wellbeing Scale data collected by CIT mentors. 56 baseline responses and 50 post-programme responses were gathered. Respondents who did not complete both surveys have been omitted from the results. A total of 50 responses were utilised in this report.
- Volunteer training opportunities
- 2 face-to-face, focus groups with a total of 8 service users to gather data on the delivery of the programme and understand its impact.
- 1 face-to-face focus group with CIT Programme staff regarding the delivery of the programme, key successes, and challenges encountered. This involved 6 staff members, including representatives from both OLT and BBHF.
- 1 face-to-face focus group with CIT Programme volunteers regarding the delivery of the programme and their experience. This involved 5 volunteers.
- 1 participant case study conducted by OLT.

#### 4.4. Data Analysis

Qualitative data analysis was conducted using both thematic and narrative approaches. Categories were developed, coded, and reduced. Survey data, researchers' observations and thematic data from interviews was cross referenced to identify emergent themes and issues and to explore the relationships between issues. Participant sampling and data collection continued until no new conceptual insights were generated and the research team felt they had gathered repeated evidence for the thematic analysis, thus reaching theoretical saturation.

#### 4.5. Limitations

Efforts have been made to enhance the reliability and validity of findings through multiple method consultation. However, we note the following limitation:

- Due to the sensitive nature of paramilitarism, its influence, and individual and community vulnerability, it was decided by CIT Programme management that consultations should not focus on these topics. Resultingly, conclusions made about the CIT Programme's impact in these areas are based solely on subjective staff and volunteer perceptions.

## Section 5: Findings

### 5.1. Introduction

To understand and assess the overall impact of the Communities in Transition Programme, the following section details qualitative survey data, headline achievements and results from the Outcomes Star and Warwick Edinburgh Mental Wellbeing Scale.

### 5.2. Headline Achievements



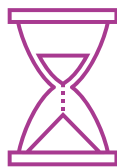
60 Participants



60 wellbeing plans



1,440 hours of mentoring



192 volunteer hours



16 Volunteers



11 qualifications



30 oversight group meetings



20 Health and wellbeing events



6 Advertisement Kiosks

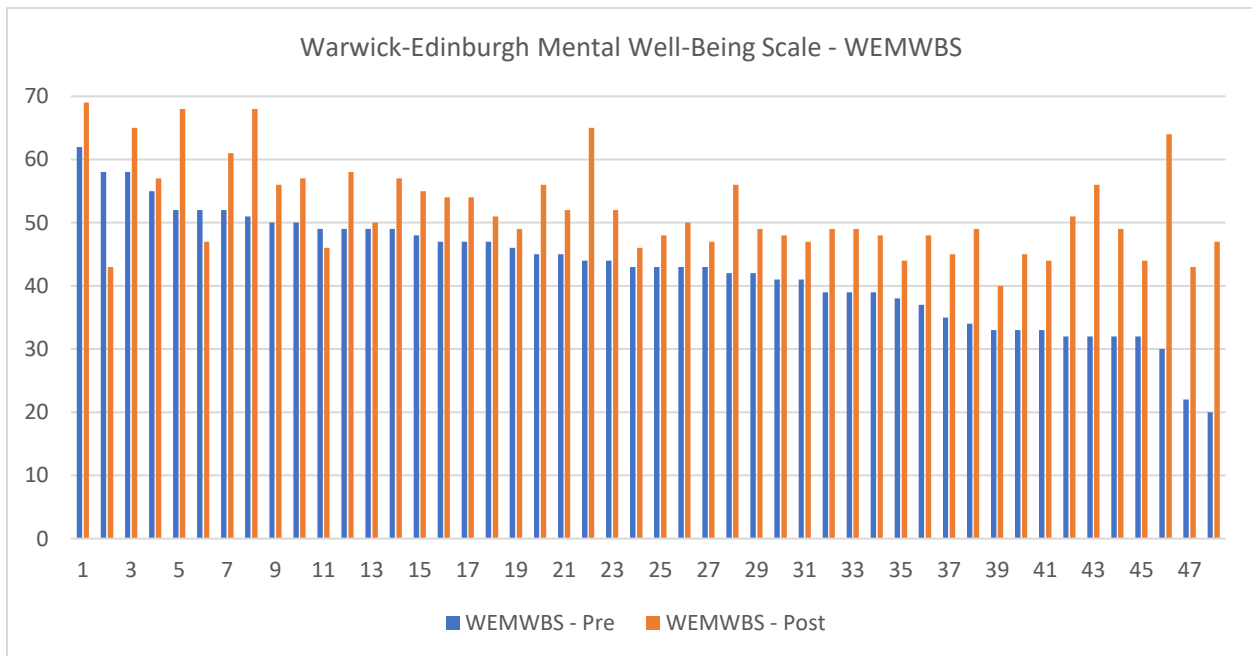
### 5.3. Impact of the Communities in Transition: Health and Wellbeing Programme

#### Warwick-Edinburgh Mental Wellbeing Scale

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) is a measure of mental wellbeing focusing entirely on positive aspects of mental health through a 14-item scale with five response categories from ‘none of the time’ to ‘all of the time’. WEMWBS is scored by first summing the scores for each item. Scores range from 0 to 70, higher scores indicate higher positive mental health as follows:

- 0-32 points: very low score
- 32-40 points: below average
- 40-59 points: average
- 59-70 points: above average

48 participants completed the WEMWBS before and after participation in CIT. The average rating before participating in the programme was 43, increasing to 52 after. 94% of participants increased their WEMWBS score after participating in CIT Programme, whilst 6% decreased after participating in the CIT Programme.

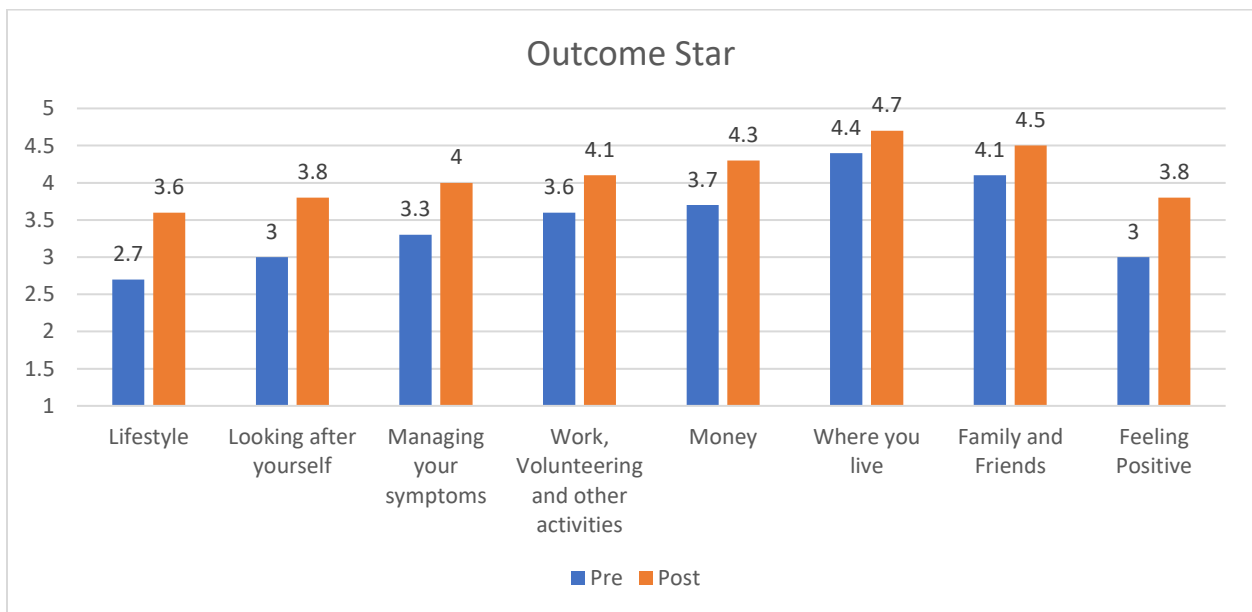


## Outcome Wellbeing Star

The Outcome Wellbeing Star was developed to encourage people to consider a range of factors that have an impact on their quality of life. The wellbeing star focuses on 8 areas:

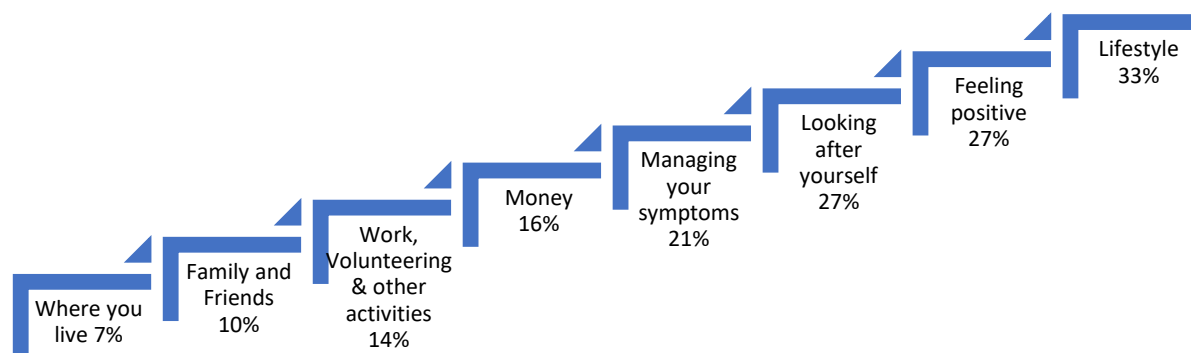
1. Lifestyle
2. Looking after yourself
3. Managing your symptoms
4. Work, volunteering, and other activities
5. Money
6. Where you live
7. Family and friends
8. Feeling positive

Each of the 8 areas utilise a score from 1 to 5, with 1 being 'Not thinking about it' and 5 being 'as good as it can be'. A higher score indicates a more positive journey of change. All 50 participants completed outcome star before and after the programme, the findings are reviewed below.



The participants average rating for each area of the wellbeing star increased in every area. The percentage increase (in corresponding order) are shown below.





The individual participants ratings changed within each area (see table below). From participating in the CIT programme their ratings on Lifestyle, looking after yourself, and feeling positive respectively increased by 68%, 66% and 60%. Whilst participants rating on family and friends, and where you Live saw the smallest increase in rating, no participants decreased their rating after participation.

Participants Rating	Increased	Remained unchanged	Decreased
Lifestyle	68%	30%	2%
Looking After Yourself	66%	30%	4%
Feeling Positive	60%	32%	8%
Managing your Symptoms	56%	40%	4%
Work, Volunteering, and other activities	46%	42%	12%
Money	40%	54%	6%
Family and Friends	30%	70%	-
Where you Live	24%	76%	-

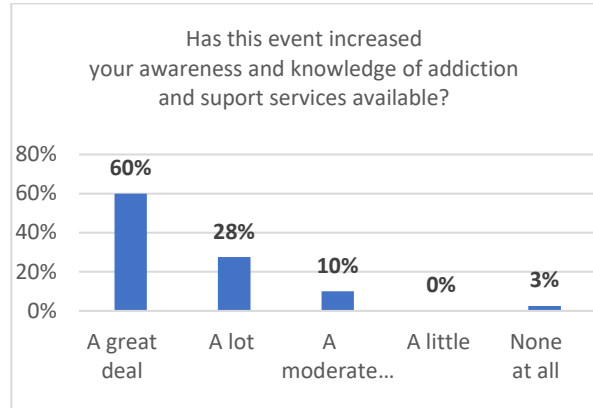
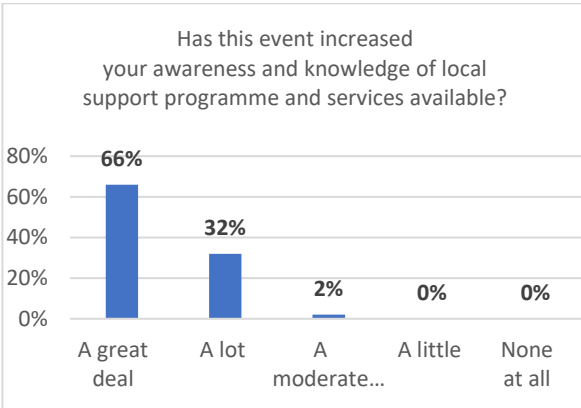
## 5.4. Participant Events

### One Big Creggan Health Fayre

100% of participants felt the event: helped overall wellbeing; increase knowledge and awareness on wellbeing and support available; and were interested in attending more events.

### Addiction Even

97% of participants felt more aware of the support available as a result of this event and 100% of participants were interested in attending future events.

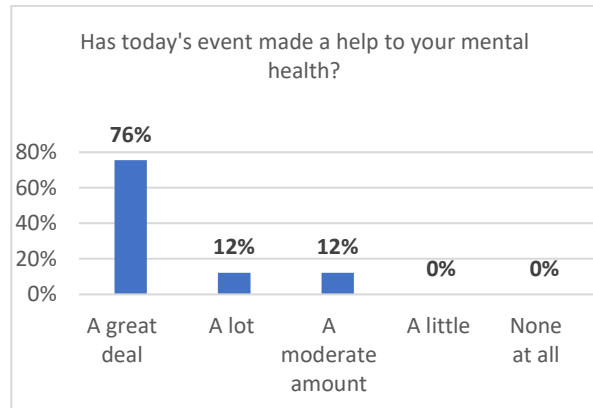
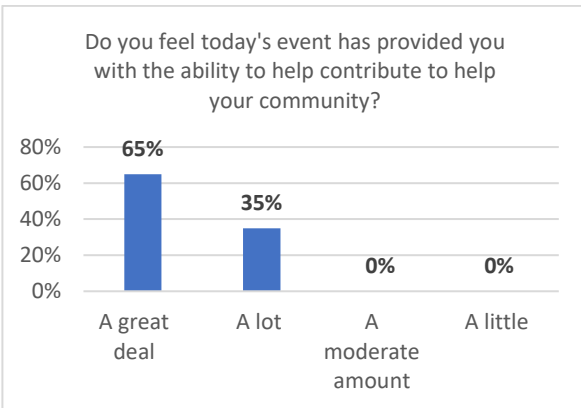


**Building Positive Communities Workshop**

100% of participants: felt more hopeful; indicated they wanted to get more involved in the community; and felt their expectations were met or exceeded by this event.

**Promoting Positive Wellbeing**

All participants indicated the event was a positive experience; gave them hope and helped their mental health. 98% indicated a strengthened connection to local community support.

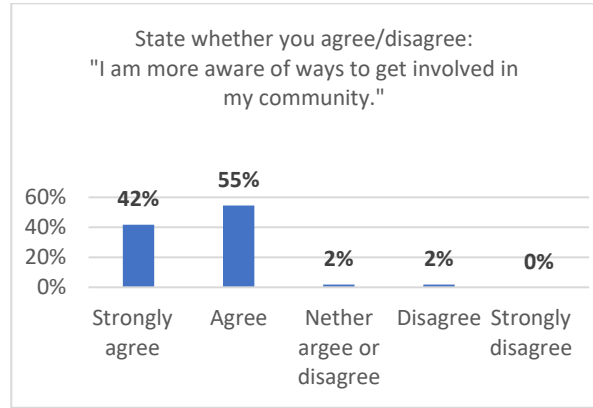
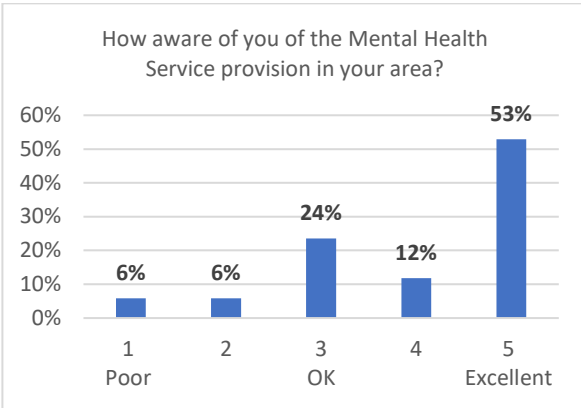


**Mental Health Panel**

A majority of participants (53%) rated their awareness of the mental health services available as Excellent following this event, and 95% indicated they found the event informative.

**Schools Health Fayres**

Over 90% indicated they were more aware of: ways to get involved in the community; services available for youth and mental health; and felt that the event provided them with the ability to plan for the future.



### Schools Health Fayres

Additional findings from the schools Health Fayre:

- Almost 95% agreed they were more aware of where to get support following this event.
- Almost 90% agreed they were more aware of where to signpost people for support as a result of this event.
- 93% agreed that the event prompted them to consider what is available in the community for youth.
- 56% of participants rated the event as have helped their mental health 'A great deal'.

## 5.5. Volunteer Training

All volunteers completed a minimum standard of training to ensure they were all fully qualified to commence with their volunteer roles. Minimum standard of training included:

- Principle of Risk Assessment
- Wellbeing Outcome Star Training
- AED
- First Aid at Work
- Mental Health First Aid
- Level 1 & 2 Food Safety
- Safety Guarding Children & Adults at Risk
- Health & Safety at Work
- Level 1 & 2 Trauma Informed Practice
- Elevate – Certificate in Compacity Training

In addition to the minimum standard there were 22 other Volunteer Training courses completed as per their interests (see Appendix for detailed list and survey responses).

20 responded to a survey regarding their ASCERT training. All agreed the training increased their knowledge with 70% of those 'strongly agreeing'. Over 90% agreed that the training made them think differently about their impact on the community, and all participants agreed that the training provided skills to get more involved.

27 responded to a survey regarding their Fitech training. 100% of respondents felt the Fitech training provided them with new skills that they would be confident using in the community. 85% indicated the Fitech training increased knowledge and understanding of health.

All participants (19 respondents) indicated the ASIST training improved their knowledge and increased their ability on supporting their community regarding mental health. 95% of participants felt Very or Extremely confident they were equipped to discuss and provide intervention after the training.

100% of respondents of Trauma informed Practice (12 respondents) strongly agreed/agreed that the training increase their knowledge. All participants agreed/strongly agreed that the event made them think differently about their impact on the community. All participants indicated feeling that they are helping improve the community by completing this training.

## 5.6. Summary

The Warwick-Edinburgh Mental Wellbeing Scale and Outcome Star evidence the programme has positively impacted participants in all aspects of wellbeing measured. The training for volunteers has increased the knowledge, awareness, and enabled volunteers to feel that they are aiding the improvement and making an impact on their local community.

## Section 6: Consultation Findings

### 6.1. Introduction

This section presents a thematic analysis of focus group data collected from 5 staff, 5 volunteers, and 8 participants. For clarity and ease of reference, feedback is presented under the following headings:

- Experience of the Programme for Participants
- Experience of the Programme for Volunteers
- Experience of the Programme for Staff
- Impact for Participants and the Wider Community
- Impact for Volunteers
- Impact for Organisations

### 6.2. Experience of the Programme for Participants

The majority of participants reflected positively on the support they received from the CIT Programme, noting that the programme provided “access” to what they needed and referencing a continued motivation to engage, regardless of their length of involvement with the programme. All participants noted that they would refer a friend or someone with similar needs to the programme, communicating how the programme had positively impacted their confidence levels, mental health and wellbeing, and nutrition. One participant had already referred others to the CIT Programme, noting that friends with addictions were eager to engage once made aware, but some were disappointed as they did not live within the programme catchment area.

#### Referral and Access Pathways

A common theme of the participant focus groups was the process of referral to the CIT Programme. The access pathways to the CIT Programme were broad. Two participants self-referred to the CIT Programme after approaching OLT/BBHF to inquire about support available, with another participant self-referred after seeing programme advertisements in a local shop. Two participants were referred by OLT or BBHF into the programme after engaging with other services at the respective Healthy Living Centre. Other access pathways included referral by a family member, GP, or social worker. Whilst one participant recalled seeing advertisements, other participants had been unaware of the programme, with those referred by the GP/social worker indicating that they “needed the referral to know about” the programme.

Motivations for engagement and participant support needs were also varied. Four participants referenced their need for addiction support and motivation to stay/enter sobriety as their primary reason for engagement with one noting they were “tired of life passing [them] by.” One participant became involved to motivate his son to lose weight but found he enjoyed the programme and continued engagement for his own wellbeing. Other motivations included a need for mental health support and a need to “rejuvenate” after experiencing “burnout” at work. Participants also referenced how the COVID-19 pandemic worsened issues around addiction and mental health by fostering isolation and anxiety. The CIT Programme coincided with participants seeking to re-establish social connections following the pandemic.

*“I came into OLT looking for a course to help with my sobriety and they introduced me to CIT.” – Participant Feedback*

*“When I started it was for my son who is twenty stone. I got involved to get him involved but I was enjoying it for myself, and it became more about me.” – Participant Feedback*

## Understanding of the Programme

Participants who were referred to the programme by medical professionals or social workers had a greater understanding of the CIT programme and its purpose, recognising the programme would help “improve your health and wellbeing,” and could have a focus on “fitness, addiction and mental health.” Participants who accessed the programme by self-referral or organisation referral had a poorer overall understanding of the programme purpose and the support available. One participant noted that they hadn’t realised the programme could “provide support for more than addiction,” and two believed the programme was solely focused on fitness. Two participants felt that the programme “could have been explained better,” as they “didn’t really know what the programme was about.” It was referenced that increased knowledge may have improved the experience of the programme for participants through increased understanding of support available and the period of support. A lack of knowledge about the CIT Programme in the community was highlighted by participants as likely limiting the number of self-referrals.

*“I realised after engaging that the programme wasn’t just about addiction and that people have other issues on it.” – Participant Feedback*

## Provision of Support

Participants felt that the programme “filled a gap,”; that “the atmosphere and the staff were great and brought us out of ourselves,”; that the programme was “good craic,” and provided holistic support. Participants referenced how the programme staff and volunteers provided

“brilliant support,” and focused on building relationships, frequently speaking to participants to ask how they were progressing and to ask for input on how to improve the programme.

*“There’s a gap in programmes in general. Once you’re past being a teenager there’s not much targeted at you.” – Participant Feedback*

*“The relationships are important and make for a friendly atmosphere instead of one that is just serious and structured. These relationships are intertwined through both Old Library Trust and Bogside & Brandywell Health Forum.” – Participant Feedback*

A central theme of the consultations was the experience of the one-to-one mentoring. Participants appreciated that the mentors checked up on them and were “non-judgmental,” and noted that the support “sticks out because of the relationship formed,” this helped to alleviate the anxiety around socialising which emerged during the COVID-19 pandemic and eased the experience of initial assessments. Whilst participants felt apprehensive discussing difficult topics and talking about their addictions and mental health issues in these assessments, it was noted that “mentors were very friendly which made it easy.” The empathy and understanding from mentors were seen as key to the disclosure of personal information, with time taken to explain why this information was needed and how it would be used. Participants noted that they could “tell their motivations and know they cared.” Additionally, it was noted that whilst mentors “advised and gave an option of the type of support for you,” they allowed participants to have a choice in the type of support they accessed which enabled autonomy over their support journey.

*“I had it listed what was available and the person suggested what I should go to but didn’t tell me what to do or force me to do anything. They helped that way.” – Participant Feedback*

*“It clicked for me that this was a woman who cared, and I found it comfortable to talk about after that.” – Participant Feedback*

Participants positively reflected on the range of support available through the CIT Programme. Connecting participants to addiction support was seen as a key success of the programme as participants felt addiction supports were lacking in the Derry area. Feedback on the courses delivered centred on the model of delivery, with participants noting that when outside facilitators were brought in, they either “talked at you,” or “allowed you to be involved.” Participants preferred the latter as they felt this style was more conducive to learning and engagement. Further, specific feedback in relation to fitness courses noted that the experience was much better than that in a public gym as you “weren’t intimidated by others,” and the instructors

“chatted about your illnesses or limitations you had,” and then showed participants how best to use the machines.

*“People came in to deliver courses such as healthy eating and talked about that. Some of the courses were better than others. Some of them they just talked at you and didn’t actually advise you or give advice.” – Participant Feedback*

*“I had my security badge renewed and paid for through the CIT Programme.” – Participant Feedback*

Clients were largely happy with the support provided by the CIT Programme, and two felt no changes were necessary. However, the majority of clients did provide suggestions to enhance the support offered. Two participants felt that after the 12-week mentoring support, there was potential for greater follow-up which made in order to maintain the progress they had made, noting that it was unclear why they couldn’t enter another 12-week course. These participants felt that the programme should focus on defining its parameters before engagement, so that participants are not left “disappointed.”

*“The gym was once a week and after 12 weeks that was it, there was no additional support. I would have liked to do it again, but I was told I wasn’t allowed to.” – Participant Feedback*

In terms of defining programme parameters, one female participant noted that the CIT Programme should make it clear that whilst the programme has many male participants, it is not solely aimed at this cohort. It was felt that this perception could be off-putting for women. Other suggestions for improvements include “trips away” to other activities, and one participant noted that they would have benefitted from support with transport, to assist in access to the programme.

*“I thought it was all men at the start and I was the only woman. It didn’t put me off because I was so desperate for help that I did care. For others though that might be an issue.” – Participant Feedback*

Finally, as highlighted earlier in this section, participants felt that the CIT Programme would benefit from greater advertisement to raise awareness of its availability. Suggestions included leaflet drops in the Creggan and Brandywell areas, advertising in doctors, chemists, and other public places, and raising greater awareness among community workers and medical professionals.



### 6.3. Experience of the Programme for Volunteers

The volunteer consultations involved reflections on their experience with the CIT Programme. Motivations for involvement centred on a desire to “give something back,” and to upskill. All volunteers stated that they were motivated to stay engaged with the programme and would recommend volunteering with the CIT Programme, highlighting that it’s “a way to give back and be social,” whilst also accessing upskilling opportunities.

*“There's a sense of wanting to give back to the community as the major motivation and there's also a bit of you know, there's a skill up there. There are benefits for yourself as well.” – Volunteer Feedback*

#### Volunteer Training

All volunteers were provided with training opportunities, completing both a set of minimum training standards before engaging with the CIT Programme and additional opportunities based on interest. Volunteers reported that there were a wide range of additional training opportunities which were “presented to everyone,” and volunteers were allowed to choose “to do it or not do it.” It was felt that the skills gained through the training would be transferable, and beneficial to their continued development. Volunteers reported that the upskilling opportunities had a dual benefit, adding to volunteer experience and capability, whilst also benefiting the community being served.

*“The training was brilliant. There was loads available and then we were able to choose our own.” – Volunteer Feedback*

*“I have actually become a level two fitness instructor and GP referrer through the CIT programme so the upskilling for me was brilliant because it allows me now to give back more to the community.” – Volunteer Feedback*

Volunteers were largely happy with the training opportunities, but it was highlighted that virtual delivery hindered the learning experience. Whilst volunteers acknowledged remote delivery was necessary in the context of the COVID-19 pandemic, it was felt that it was “hard to engage with a screen for four or five hours, three times a week.” Volunteers promoted in-person learning, noting that it made it easier to engage with “intense” topics.

*“I think online, the training could be made more inclusive instead of someone just talking at you for an hour. Some of it was quite intense; when you're in a room its good because you're in the middle of it and it keeps you engaged.” – Volunteer Feedback*

## Delivery Model

Volunteers felt that the experience of volunteering on the CIT Programme was a positive one and highlighted that they enjoyed the “challenge of actually reaching people,” and learning to “respond to people’s needs.” Volunteers also highlighted that they were not “flat out or stressed with the amount expected,” indicating a good balance of responsibility and time. Volunteers felt that the key successes of delivery included the mix of one-to-one and group work which volunteers felt “got participants socialising and in for a bit of craic,”; that the approach was tailored to each participant’s needs and did not come at a financial cost; and that relationships were built up between volunteers, staff, and participants. It was felt that the relationship between volunteers/mentors and participants enabled effective impact measurement, highlighting that “having a chat and seeing where they are at”; approaching them in a different, less formal setting; and showing them that “you are a peer,” helps to develop a bond and put the participants “at ease.” This was felt to be particularly effective with male participants, who it was noted are “normally very hard to get to open up.”

*“You do 12 weeks one to one but then you introduce them to the group. You also tailor your approach to the client and what they need and want so they don't all get the same.” – Volunteer Feedback*

The relationship between volunteers and staff was also seen as a positive. It was highlighted that on occasion, volunteers deal with difficult topics. It was acknowledged that you “take away a bit of what you hear,” but volunteers commented on the support provided by the staff of OLT and BBHF. Volunteers noted that they have “clear access” to support and are able to “get support and talk straight away,” to “sort it out.”

*“We have clear access to staff. As a matter of fact, we will be asked is everything okay, and are we feeling under pressure?” – Volunteer Feedback*

Volunteers were happy with their experience of the CIT Programme, but suggested improvements to the programme as a whole. This largely centred on the participant profile, with volunteers noting that the focus on adults aged 18-65 was a limitation as “older people express interest in this,” and that efforts should be made to “have more women on the programme.” It was felt that the only barrier to expanding the programme was funding, as demand in the community already existed. Finally, volunteers had also observed the high workload of staff, noting that the “amount of paperwork which is required for evidence is immense.” It was felt that staff members were so bogged down in admin,” that it could affect delivery.

## 6.4. Experience of the Programme for Staff

The staff consulted felt that the CIT Programme had provided holistic support for participants from the Creggan and Brandywell communities, stating how the progress made had been “exceptional,” all targets had been reached from the funder’s perspective, and that the programme had a major impact on participants. The staff noted that the communities served were disadvantaged and deprived, with the CIT Programme addressing a gap in health and wellbeing support at a time when the “health service is suffering,” promoting “better connections between statutory and community organisations.” However, staff noted that the wealth of need would not be adequately addressed in a short-lived programme, instead requiring long-term support to handle demand and focus on underlying issues.

*“We’re getting more people coming out because they’re valuing engaging with people because they were locked away for so long. The demand for our programmes is increasing, but also the level of support that we need to provide is increasing.” – Staff Feedback*

*“This programme is good, but there’s a lot more out there needs done and a lot more support needed. Our programme is inundated with people looking for support.” – Staff Feedback*

The mentoring component of the CIT Programme was identified as a key factor in delivery. Staff viewed the mentor-participant relationship as a “vital point” for the programme which ensured participants would “stay on through the whole year.” Mentors felt that this was aided by their choice to encourage engagement, but not force attendance. It was felt that mentors were a strong role model and helped keep participants “on the straight and narrow.” Staff observed participants trusting their mentors and looking forward to them “checking up on them,” which encouraged continued engagement and eased the process of impact measurement.

*“The strength of the mentors in building those relationships has been such a driving force in maintaining the individuals on our programme, particularly those who require additional support from one year into another. It’s a relationship.” – Staff Feedback*

Staff also highlighted the success of the partnership between OLT and BBHF in the delivery of the CIT Programme, noting that the two organisations “worked hand in hand,” and shared a focus on “community health and wellbeing.” The partnership was facilitated by well-planned meetings and shared responsibility, with the organisations supporting each other throughout. Further, the partnership developed with outside organisations was also seen as a key success as it “allowed some of the pressure to be lifted off the mentors,” and provided an assurance of knowledge around difficult topics such as mental health and addiction. Staff noted that this aspect was

important in “making a journey for individuals which answers their interests or specific needs,” and noted that they were branching out into additional services to continue this support.

*There's been organised partnership so that's been strengthened between us. There's no doubt as a result of this programme, relationships are very good between our staff. And we've had some strategic planning days together, not just for this programme, but for others and that's been a huge benefit too. – Staff Feedback*

*“Having those outside partnerships is really strong for the programme in relation to how we build that whole action plan for individuals.” – Staff Feedback*

## Key Challenges

Unanimously, staff felt that the CIT Programme had been a success but noted that it was not without challenge. Firstly, staff noted that the administration side of things “was a challenge because it was so time consuming.” Staff faced challenges which resulted from “the expectations of the funder as well as the changing goalposts.” It was felt that the process was somewhat bureaucratic and had a direct impact on delivery on the ground. Staff felt the process impeded what the programme was able to achieve as a large portion their time was consumed by administration, paperwork and providing evidence.

*“If the funder would consider more flexible, then we could target more organisations to do a lot more work which in turn benefits the community.” – Staff Feedback*

*“Creates a domino effect, effects management, effects mentors, effects volunteers, effects service users.” – Staff Feedback*

Secondly, whilst staff felt that impact measurement and the initial assessment of participants had been successful, they noted that in cases of self-referral where a medical professional or social worker is not involved, it is beneficial to have the initial assessment performed by a trained counsellor or health practitioner. The rationale for this approach centred on the need for a clinical approach to ensure the programme is appropriate. It was felt that future delivery of the programme would feature this intervention as standard. Third, the source of funding for the programme created a challenge for staff. Some within the local community, have been vocal in their opposition to this funding in line with their political views. This proved an issue when attempting to set up information kiosks, with one local shopping centre refusing to host the kiosk in protest. Resultantly, staff noted that they “learned to lean more towards the mentor aspect” and “focus on the health bit” when recruiting participants and delivering the programme.

*“Because of the nature of the funding and the way it was branded, one of the local shopping centres refused.” – Staff Feedback*

The use of the kiosks also proved a challenge. Staff noted that whilst the original purpose of the kiosks was to advertise the CIT Programme and facilitate self-referrals, the COVID pandemic delayed implementation and the software didn't permit the intended functions. As the software was found to be more suited to web surfing, the kiosks now display local community groups, the OLT websites, and social media, sharing information through these channels.

## **6.5. Impact for Participants and the Wider Community**

Participant consultations reflected that the CIT Programme had positively impacted upon many areas of participant's lives. However, there was also an equal realisation that participants had to be ready and willing to change through prolonged engagement with the programme and that higher levels of engagement were linked to greater impacts. Participants felt that the “right needs have been targeted,” but noted that “the doors will open when you want to change.”

*“The CIT Programme is the best thing I've ever done.” – Participant Feedback*

### **Mental Health**

Participants consistently referenced how the CIT Programme supported their mental health and wellbeing. Participants attributed improvements in mental health to the provision of a counsellor who could help process their negative thoughts and behaviours; to the comfortable mentoring environment where they were able to talk about their issues; and to having something to look forward to. Three participants also noted how access to physical activity opportunities was conducive to good mental health, noting that “exercise changes mindset” and allowed participants to “get out of the doom and gloom.”

*“The CIT Programme has helped improve my mental health which is great because that's a major reason I joined.” – Participant Feedback*

Two participants referenced specific improvements for their wellbeing in the area of confidence, and four noted how increased socialisation had benefitted their mental health. Participants noted that the CIT Programme “gives you more confidence” because it provides an opportunity to “get out to engage with other people,” and highlighted that engaging with others developed trusting relationships, which was particularly important post-COVID-19 pandemic to counter the isolation brought on by lockdowns and social distancing restrictions.

Improvements in participant wellbeing were also observed by staff. Staff highlighted that the COVID-19 pandemic had compounded mental health challenges for people who were already struggling and caused a deterioration in those who otherwise would have not faced these issues. Staff observed high levels of social anxiety in participants at initial engagement but noted that after one-to-one mentoring support, feelings of anxiety “left a lot of the participants.”

## Addiction

All participants who had a history of addiction experienced improvements in their ability to cope or abstain from substance abuse after engagement with the CIT Programme, noting that they are now “in a better place.” Specific reference was made to ARC (Addiction Recovery Coaching), with participants highlighting that outside of the context of the CIT Programme, it was difficult to access ARC if you were seeking support to maintain sobriety, rather than to achieve it. Participants noted that this “filled a gap,” and reduced the likelihood of “relapse,” as a result of poor access to support. Staff also observed improvements for those participants who had a history of addiction, highlighting that participants have described the support as “lifechanging.” Staff noted examples of participants who were “a year to fourteen months,” into their sobriety and referenced the wider impact of this progress on participant’s families:

*“There’s one participant who came through Old Library Trust and is now down with us at Bogside & Brandywell Health Forum who had been struggling with addiction for a long time. I see him now out and about and his daughter is always with him. That shows a lasting impact on a family. That man has had access to support and role models through the CIT Programme, and now he’s able to be a positive role model in his daughter’s life.” – Staff Feedback*

## Physical Health and Fitness

All participants who engaged in fitness classes through the CIT Programme referenced improvements in their physical activity levels. As referenced above, these improvements had knock-on effects for mental health, and also produced benefits for physical health including weight loss, better sleep, and a one participant saw a reduction in the need for cholesterol medication. Participants felt “healthier,” and noted that once you’re involved in exercise “your mindset changes,” and you want to eat better. Additionally, two participants who were initially hesitant about exercise classes classified themselves as “addicted” to fitness following engagement.

*“It has given me access to what I needed myself and the exercise part of it I started to really enjoy. It’s a bit addictive. You feel brilliant after it.” – Participant Feedback*

## Access to Support and Services

Six of the participants consulted felt that their access to support and services had been improved through the CIT Programme, noting that the programme facilitated “access to what [they] needed,” and “opened avenues for people.” One participant highlighted that they had not been aware of the availability of the ARC programme before engagement with the CIT Programme, and staff observed that when participants were aware of what was available, they were more “proactive,” about seeking the support they wanted and would “ask for help, rather than waiting to be directed.”

*“I know about more services and programmes that I can access through OLT and BBHF and other services in Derry. I wouldn’t have otherwise because most stuff in Derry spreads by word of mouth and advertising isn’t great.” – Participant Feedback*

## Participant Case Study

As an unemployed thirty-nine-year-old man with two young children, I was at a point in my life where I knew I needed to make a change. I had seen online that the Old Library Trust were running a mentoring programme, so I decided to reach out to them on Facebook. At the time I was dealing with a lot; with my addiction and life problems, I dug a hole that deep, and the only way out was to put MY HAND UP AND SAY IM BEAT, I NEED HELP.

Once I got in touch, I went to the OLT and met Conor, both the centre and Conor were very welcoming & supportive. Conor discussed in detail the types of support and activities that were available. I engaged in the fitness program, along with ARC (Addiction Recovery Coaching) and with OLT, I really loved that side of the program as I grew in confidence and size (I was able to put healthy weight on).

Since joining the programme I've more confidence to carry out life on life's terms, I'm more willing and open minded. I am 14 months clean off drink & drugs, plus 10 months smoke free, its impacted and helped with my Mental Health and Wellbeing, Confidence, Physical Health, Social, Exercise, Education, Family issues, Knowledge of services can help me when I need.

This programme has allowed me to achieve more than I could dream, I live a life now beyond my wildest dreams I loved this programme. I can't imagine what my life would be if this programme hadn't of happened.

### **Impacts for the Wider Community**

Whilst the CIT Programme worked with individuals to improve their health and wellbeing, staff, volunteers, and participants all felt the programme had the potential to have wider benefits for the communities of Creggan, Bogside, and Brandywell. Consultations highlighted that the CIT Programme “taught a lot of people about health and wellbeing and would go further if it had the chance,” and could have a “follow-on effect on crime and anti-social behaviour,” by providing constructive activities and opportunities for education and training. Additionally, as highlighted above, the impacts produced for individuals have knock-on benefits on their family and wider social circles.

Despite the positive impact made for participants through the CIT Programme, there was a consensus across all focus groups that the Creggan and Brandywell communities still face many



challenges and would require long-term support. The major needs in these communities were identified as poverty and unemployment, addiction, poor mental health, homelessness, anti-social behaviour, and the legacy of the Troubles which were described as the “elephant in the corner.”

As outlined in Section 2.2, the CIT Programme’s purpose centered on improving health behaviours as a conduit to improving resilience and improving choices in the local community, which in turn will lead to the avoidance of paramilitarism. Both staff and volunteers felt that in its current form, the CIT Programme had the potential to positively impact the resilience of the community to the risk of paramilitary influence, but felt it required a long-term effort. Volunteers felt that in enabling individuals to feel “happier and healthier,” they would make “better choices.” Similarly, staff members felt that if you improve health and wellbeing of people, provide strong role models, support people to maintain sobriety and enter employment then “there’s a chance that we will see reduced links to that type of influence.”

*“I think it comes down to the length of the programme. The longer the programme is rolled on, and as we build up the resilience of the community, that’s where you see the change – you don’t see it within a year.” – Staff Feedback*

## 6.6. Impact for Volunteers

All of the volunteers consulted reflected positively on their experience with the CIT Programme. It was noted that volunteering with the programme is rewarding because you can “see great improvements when you see where people have come from.” Participants noted that their engagement with the programme has “changed their perceptions,” “opened their mind to addiction and mental health,” and made them more “empathetic.” Staff members observed improved mental health and wellbeing in the volunteers, increased confidence, and self-esteem.

*“We’re seeing the differences in people. Seeing people coming in on day one that can hardly look you in the eye when they’re doing their outcome star. Then they move on to having the craic.” – Volunteer Feedback*

Consistent reference was also made to the opportunity to “upskill,” and increase knowledge and education through interest-related courses. As outlined in Section 5.5, volunteers accessed a wide variety of training opportunities, and were able to deliver their own classes based on what they had learned. All volunteers noted that the skills developed through the programme are “transferable,” and have made them “want to stay in the community sector,” to use these skills to the benefit of their communities.

One volunteer had previously been a participant in the CIT Programme. The staff focus group highlighted his story:

*“I’ll give the example of one of our volunteers. He was taking part in our groups and then we approached him to become a volunteer and it’s been life changing for him. He’s an older man and now he’s delivering programmes and he’s out in the community. There’s a real social aspect of this for him too. You can see the impact of those social aspects on his resilience and mental health and wellbeing.” – Staff Feedback*

## 6.7. Impact for Organisations

Whilst the CIT Programme was focused on improving the health and wellbeing of participants from the Creggan and Brandywell areas, the programme had additional, unintended benefits for Old Library Trust and Bogside & Brandywell Health Forum. Firstly, staff felt that awareness of both organisations in the local community had increased as a result of the CIT Programme as more people are engaging and advocating for the support they have received. Second, staff referenced the “sense of accomplishment,” and “sense of pride,” they experienced after supporting someone and seeing their progress.

*“When you’ve seen the journey from when people are coming in the door to where they are now two years down the line, you see the change in them. You feel like that’s rewarding and as staff you can say this is great what we’ve done for this person.” – Staff Feedback*

This sense of accomplishment was further facilitated by the upskilling opportunities which the CIT Programme presented. Staff members and mentors achieved additional qualifications such as a Level Four Mental Health and GP Referral which allowed them to address issues, they “wouldn’t have been able to deal with,” beforehand. As a result of the upskilling opportunities, the workforces of both OLT and BBHF have been developed through the CIT Programme and have increased capacity. Additionally, the capacity of the organisations more widely was increased through the upskilling of volunteers, as highlighted above.

*As organisations we’re equipping ourselves too. Say a couple of years ago, drugs and addiction, we would have probably said no, we can’t touch that. But we’ve educated ourselves more in these areas and we’re able to support people that present at our doors with these issues.” – Staff Feedback*

## Section 7: Discussion, Learning, and Analysis

### 7.1. Introduction

This section presents an analysis and discussion of the key learning for the CIT Programme. The section is framed under the following headings:

- Outcomes Based Accountability
- Strategic Alignment
- Delivery Model
- Future Needs

### 7.2. Outcomes Based Accountability

This evaluation relies on programme delivery data, wellbeing survey results and qualitative evidence from participants, volunteers, and staff to enable an objective assessment of how much the CIT Programme did, how well the CIT Programme did, and whether anyone was better off as a result. A summary of this information is provided in the table below:<sup>5</sup>

How Much Did We Do?	Value	How Well Did We Do It?	Value
Participants Referred	<b>94</b>	Participants referred who are also engaged	<b>64%</b>
Participants Engaged	<b>60</b>	Participants who feel satisfied with the support provided	<b>75%*</b>
Health and Wellbeing Plans Developed and Implemented	<b>60</b>	Participants who feel the right needs are targeted	<b>100%*</b>
Volunteers Recruited and Engaged	<b>16</b>	Volunteers satisfied with training provided	<b>100%</b>
Number of Volunteer Hours	<b>192</b>	Volunteers who feel that training has increased knowledge and understanding of topic covered	<b>100%</b>
Hours of Mentoring	<b>1440</b>	Volunteers who feel that training has increased their ability to support people in the community	<b>100%</b>
Number of volunteer training sessions	<b>7</b>	Attendees at CIT Programme events who felt that events met	<b>100%</b>

<sup>5</sup> Values which are followed by an asterisk indicate that this information has been concluded from consultation data.

Number of additional volunteer training courses provided	<b>22</b>	their needs expectations, and reported interest in future similar events	
Health and Wellbeing Events	<b>20</b>		
Kiosks Installed	<b>6</b>		
<b>Is Anyone Better Off?</b>			
Participants with Improved Mental Wellbeing			<b>94%</b>
Participants who improved their rating for 'Looking after yourself'			<b>66%</b>
Participants who improved their rating for 'Lifestyle'			<b>68%</b>
Participants who improved their rating for 'Managing your symptoms'			<b>56%</b>
Participants who improved their rating for 'Work, Volunteering, and Other Activities'			<b>46%</b>
Participants who improved their rating for 'Money'			<b>40%</b>
Participants who improved their rating for 'Where you Live'			<b>76%</b>
Participants who improved their rating for 'Family and friends'			<b>30%</b>
Participants who improved their rating for 'Feeling positive'			<b>60%</b>

### 7.3. Strategic Relevance of the Programme

The evaluation findings demonstrate that the CIT programme has supported the participants with 100% of participants felt the right needs were targeted. CIT has made a positive impact on their mental wellbeing, lifestyle, positive attitudes, and the individual's capacity for looking after themselves. Additionally, all volunteers felt their training increased their ability to support their community. Resultantly this will help the sustainability of support within the communities. Outcomes of the CIT programme are strategically linked to several national policies:

#### **Draft NI Programme for Government 2021-2026**

The new Programme for Government was still at draft stage at the time of this report and thus, the draft is considered. There are 9 outcomes within the framework of which 1 outcome 'People want to Live, work and visit here' directly aligns to the CIT programme. There are 4 key priority areas within this outcome of which one "Tackling Sectarianism, building respect and Identity" is of note. The CIT programme aimed to end paramilitary activity and address the harm and vulnerabilities caused by it. The CIT programme directly aligns with the draft Programme for Government priority area given its purpose included increasing individual and community resilience against paramilitary control and reducing the number of people vulnerable to paramilitary influence and control in the Creggan and Brandywell. Although resilience against paramilitary control was not formally measured during the programme delivery given the sensitivities of data collection, the evaluators can attribute the improvements of health and wellbeing that arose from individuals living in the community with high levels of paramilitary activity as improved resilience.

**The Executive Office Fresh Start Agreement and Tackling Paramilitarism, Criminality and Organised Crime’ Action plan** as outlined in section 2.2 were the foundations of the CIT programme, as the Communities in Transition programme was formulated as an action there is an immediate alignment with the strategic aim at Northern Ireland Executive statutory level. The CIT programme has delivered upon action B4 ‘Building capacity to support transition’ within the action plan as it built capacity within the community in transition. The capacity was built through training of volunteers of which 100% of volunteers felt their training increased their ability to support people in the community. Additionally, 94% of participants that undertook mentoring reported improved mental wellbeing, 66% reported improvement in their ability to look after themselves whilst 76% improved their rating for where they live. These improvements in ratings demonstrate an improvement within the community as a result of this programme.

**Derry City & Strabane District Councils Community plan – Strategic Growth Plan 2017-2032** vision is a “thriving, prosperous sustainable City and District with equality of opportunity for all.” The plan has 3 cross cutting themes of which one includes good relations. The CIT programme directly aligns with the Community Development Outcome within the community plan as it aims to provide support for “vulnerable individuals to prevent pathways into criminality and/or paramilitaries”. Given the participants increased their rating of ‘work, volunteering and other activities’ in addition to ‘feeling positive’, ‘where you live’, and ‘looking after yourself’ the CIT programme demonstrated the importance of engaging the targeted cohort and providing the level of mentorship, support and training.

**Department of Health’s Mental Health Strategy 2021-2031** seeks to increase access to mental health support for the population of Northern Ireland. It takes a whole life approach and a whole system focus and the key aim is to ensure long term improved outcomes for people’s mental health. The CIT programme improved 94% of participants mental wellbeing, 60% feeling of positivity and 56% of participants ability of looking after themselves. The CIT programme delivered upon actions within Theme 1 of the statutory mental health strategy ‘Promoting mental wellbeing, resilience and good mental health across society’.

**Making Life Better: A Whole System Strategic Framework for Public Health 2013-2023** outlines the Northern Ireland Executives priorities for creating opportunities and conditions for individuals, families, and communities to take greater control of their lives and be enabled to lead healthy lives. CIT programme outcomes have delivered under 3 themes of making life better strategy: ‘Empowering healthy living’, ‘empowering communities’ and ‘developing collaboration’ by improving mental and physical wellbeing of participants and increasing support abilities within the community.

## **7.4. Delivery Model**

### **Participant Recruitment**

Consultations revealed that addiction, poor physical and mental health and wellbeing were the key reasons why participants decided to engage with the CIT Programme, with two participants referred to the programme by medical professionals or social workers. Addressing the health and wellbeing needs which arise out of living in a community with high levels of paramilitary activity, criminality and organised crime was a key purpose of the CIT Programme. It is therefore clear that the programme targeted the right participants. Despite this, participants possessed varied understandings of the CIT Programme, and some expressed a desire for clearer programme parameters. The consultation process revealed that those who did not fully understand what the CIT Programme was about and what was available were less satisfied with their engagement experience.

### **Relationships with Participants**

Evaluation findings suggest that the development of strong relationships and rapport between CIT Programme staff, mentors, volunteers and participant is the primary foundation of proactive, prolonged, and open engagement. The existence of a positive relationship was key in ensuring clients were comfortable communicating their needs in the initial assessment and through programme delivery, which in turn enabled the creation and implementation of an appropriate action plan. Significant factors in these relationships included the non-judgemental approach to participants, and the empathy with which participants were approached.

### **Administration**

During consultations, staff highlighted their commitment to the delivery of the CIT Programme. However, the administrative requirements of the funder were underlined as detracting from this focus, with the extent of administrative duties required from staff highlighted as substantive. It was the view of staff that were the funder to be committed to a single set of, or flexible in, their requirements, this would facilitate the reallocation of time to programme delivery and participant support. In the absence of these conditions, staff noted that they would have to “streamline” the CIT Programme, opting for supports which require less paperwork rather than providing supports in line with need.

### **Advertising**

The participant consultations revealed that only one participant recalled seeing CIT Programme advertisements, and all participants felt that the CIT Programme would benefit from greater

advertisement to raise awareness of its availability. Whilst the programme aimed to employ kiosks as key sources of advertisement and recruitment, the impact of the COVID-19 pandemic on installation and software limitations have not permitted these functions. Whilst the kiosks currently display the OLT website and social media, sharing information through these channels, participants were not familiar with the kiosks or their locations, suggesting that these are not the optimal sources of advertisement.

Staff noted that the source of funding for the programme created a challenge, with some within the local community vocal in their opposition to this funding in line with their political views. Whilst advertisements for the CIT Programme could face the similar opposition, staff noted that they found success in programme recruitment and delivery by focusing on the health and mentoring aspects of the CIT Programme. Future advertising campaigns could adopt a similar approach.

## 7.5. Future Needs

There is strong evidence to support the positive impact of the CIT Programme on participants across Creggan and Brandywell. There is also strong evidence of enduring challenges in relation to difficult socio economic circumstances and ongoing paramilitary activity/threat. In addition, as communities emerge from the COVID-19 pandemic and enter the new cost of living crisis. OLT and BBHF are concerned that the health and wellbeing, particularly mental health, or those living in local communities could deteriorate, resulting in poor lifestyle choices and enhanced vulnerability to paramilitary or other influences. In this context, it is clear that the support provided by the CIT Programme will continue to be needed in future.

Alongside continual need, demand for the CIT Programme will likely grow based on current societal trends. Cost of living in the UK is on the increase as inflation escalates. Research from August 2022 highlights that across the UK, 89% of adults have reported that their cost of living has increased, with 57% cutting back on non-essentials, and 35% reducing spending on food and other essentials.<sup>6</sup> Increased cost of living is most intensely impacting deprived areas, with 42% of adults from deprived areas cutting back on essentials and 18% of adults from deprived areas using more credit than usual, compared with 13% of the general population. Increased financial pressures are likely to increase the prevalence of stress and anxiety and strengthen the influence of paramilitary groups in deprived areas, with research by Ulster University highlighting the use

---

<sup>6</sup> Office for National Statistics (2022) *What actions are people taking because of the rising cost of living?* Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure/articles/watactionsarepeopletakingbecauseoftherisingcostofliving/2022-08-05>

of opportunistic money lending schemes by paramilitary organisations to target “vulnerable individuals in need.”<sup>7</sup>

---

<sup>7</sup> Ulster University (2020) *Illegal Money Lending and Debt Programme* . [Online] Available at: [https://www.endingtheharm.com/wp-content/uploads/2021/05/Illegal\\_Money\\_Lending\\_Report-Consumer-Council-NI.pdf](https://www.endingtheharm.com/wp-content/uploads/2021/05/Illegal_Money_Lending_Report-Consumer-Council-NI.pdf)



## Section 8: Conclusions and Recommendations

### 8.1. Introduction

This section offers conclusions on the evaluation of the CIT Programme and provides recommendations for future delivery.

### 8.2. Conclusions

The CIT Programme offers a clear link between the issues it sought to address, the services it delivered, and the outcomes it intended to achieve. This evaluation report has identified the following headline findings:

- The programme has contributed to supporting the health and wellbeing needs of people living in the Creggan and Brandywell areas of Derry City, areas with significant socio economic deprivation, health inequalities and high levels of paramilitary activity, criminality and organised crime. People living in these areas therefore remain vulnerable and susceptible to paramilitary influence. The project partners hypothesise that improved health and wellbeing will empower participants to make better choices and improve resilience to paramilitary influence. This is at the heart of the theory of change.
- The programme has delivered purposeful activity and made positive contributions towards its intended purpose.
- The programme has successfully delivered interventions and support, with the clear majority of volunteers and participants satisfied with their experience.
- The programme has provided extensive training, education, and upskilling opportunities for both staff and volunteers which has increased the capacity of OLT and BBHF, and the community and voluntary sector more widely.
- The programme has developed relationships with external partners across the operational area which have increased the support available to participants and strengthened internal understandings of mental health and wellbeing and addiction.
- The programme has strengthened connections between OLT and BBHF which will enable them to continue to serve their communities in future and raised awareness of their respective purpose and provision.
- The programme is strategically aligned with the priorities of several nationwide and local policies and strategies.
- The programme offers lessons in relation to the future delivery of both the CIT Programme and other health and wellbeing programmes.

## 8.3. Recommendations

### Recommendation 1: Funding

The CIT Programme has addressed a gap in health and wellbeing support for people living in Creggan and Brandywell areas of Derry/Londonderry. Given the strategic alignment of the CIT Programme to national and local policy priorities and the wide-spread impact of the programme for participants, volunteers, and staff, it is recommended that Old Library Trust and Bogside & Brandywell Health Forum use this evaluation to demonstrate and raise awareness of the impact of the programme. The Executive Office, as the funder, should be made aware of the significant progress made to date and the potential for future impact, to begin discussions about tendering for the continued operation of the CIT Programme, after the current funding cycle concludes.

### Recommendation 2: Understanding of the Programme

Consultations revealed that participants had varied understandings of the purpose of the CIT Programme and the support available, with those referred by medical professionals and social workers displaying a greater sense of understanding. Those who did not fully understand the programme reported lower levels of satisfaction. To ensure that all participants who engage with the programme have a comprehensive understanding of the CIT Programme, regardless of referral pathway, it is recommended that efforts are made to advertise and create greater awareness of the programme among the community, focusing on the mentoring and health and wellbeing supports available, with initial assessments used to confirm what participants should expect.

### Recommendation 3: Participant Assessment

Participants who are referred to the CIT Programme by medical professionals or social workers have their health and wellbeing needs assessed before referral whereas self-referred participants are first assessed upon engagement. Staff acknowledged that the inclusion of a trained counsellor or health practitioner in the initial assessment of self-referred participants facilitates a clinical approach which ensures that the CIT Programme is appropriate to support the participant's needs. It is therefore recommended that clinical assessments of self-referred participants are incorporated as a tenet component of the CIT Programme.

### Recommendation 4: Partnership Network

Staff acknowledged that partnerships with outside organisations were a key success of CIT Programme delivery, providing additional provision for participants, and a level of assurance around topics such as mental health and addiction. It is therefore recommended that Old Library

Trust and Bogside & Brandywell Health Forum expand their partnership network, in line with participant and local need, to continue to benefit the communities of the Creggan, and Brandywell areas, even in the absence of future funding for the CIT Programme. This should include formal relationships with local counsellors or health practitioners who can perform the initial assessments of self-referred participants, as outlined in Recommendation 3.

### **Recommendation 5: Impact on Paramilitarism**

The impact of the CIT Programme on the increasing community resilience against paramilitary control and reducing the number of people vulnerable to paramilitary influence and control in the Creggan, and Brandywell was not formally measured during CIT Programme delivery, and conclusions about the impact of the programme in this area are subjective. Whilst it is recognised that long-term support will be required to make sustained progress and to reduce community vulnerability, it is recommended that future iterations of the CIT Programme include an additional survey to measurement impact in this area, being mindful of the sensitivity of the topic. This survey could capture participant perceptions of the central issues affecting the local area; community resilience; the prevalence of organised crime; and opportunities for employment and education. Alternatively, project partners could work with the Executive Office and other delivery partners across the Communities in Transition Programme to agree a set of common metrics that measure paramilitary influence in a sensitive and safe way for project promoters and participants.

## Appendix A

### Additional Volunteer Training Completed

1. Level 4 Mental Health
2. Level 2 Indoor Cycling/Spin Instructor
3. Level 2 Yoga Teaching
4. Level 4 Cardiac Rehab
5. BACPR Specialist Exercise Instructor Cardiac Qualification
6. Level 4 Obesity & Diabetes
7. OCN Level 3 Diploma in Mental Health
8. Level 3 Cognitive Behavioural Therapy
9. OCN Level 3 Certificate in Holistic Health and Complementary Therapies
10. Level 5 Cognitive Therapy Certificate of Achievement Diploma in Coaching and Mentoring
11. Level 2 Gym/Fitness Instructor
12. Level 3 Exercise Referral
13. Level 4 Pulmonary Rehabilitation
14. EFT Training
15. Cognitive Behavioural Therapy
16. Exercise for Long Term Neurological Condition
17. Certificate in Art and Play Therapy
18. British Sign Language (Level 1 Award)
19. OCN NI Level 3 Diploma in Health and Social Care
20. ASIST Level 2 Suicide Prevention
21. ASCERT OCN Level 2 in Substance Misuse Awareness
22. FITECH – Blood Cholesterol Health Check

# Appendix B

## Volunteer Training Survey Responses

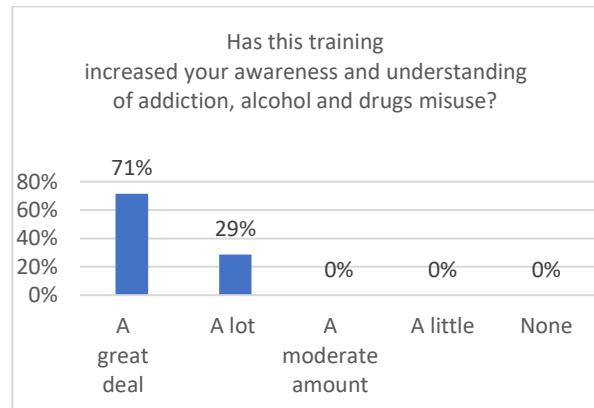
### ASCERT Training

At least 70% Strongly Agreed that the training increased their knowledge.



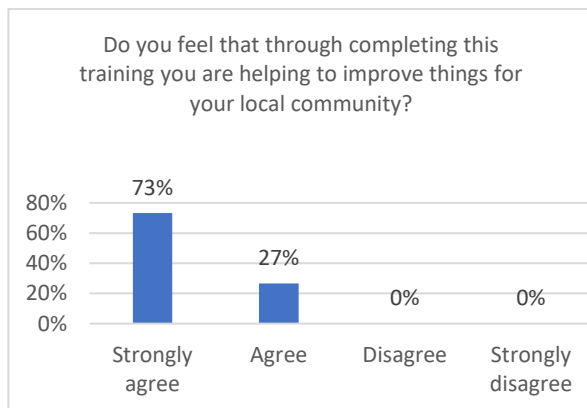
### ASCERT Training (cont.)

All participants indicated the training increased awareness of addiction and alcohol and drug misuse



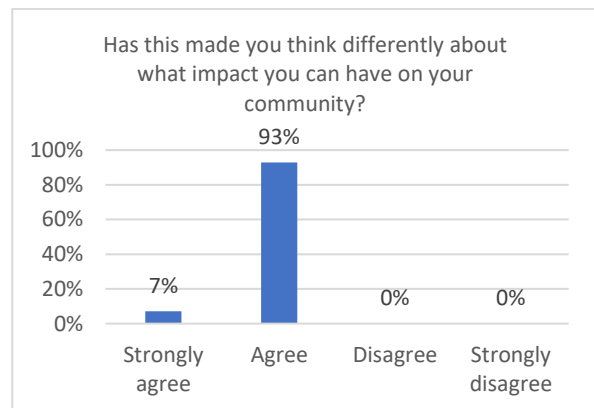
### ASCERT Training (cont.)

Over 70% Strongly Agree that they are helping to improve communities through the training.



### ASCERT Training (cont.)

Over 90% agreed that the training made them think differently about their impact on the community, and all participants agreed that the training provided skills to get more involved.



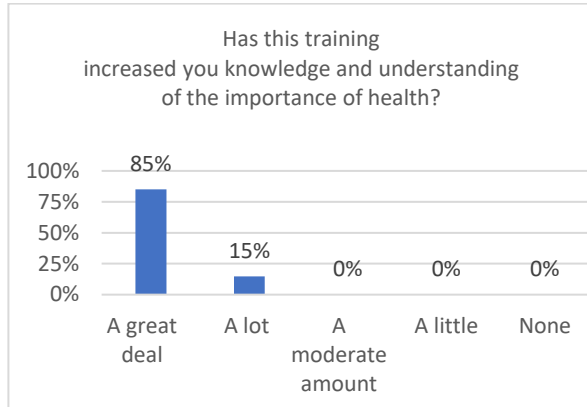
### Fitech Training

100% of participants felt the training provided them with new skills that they would be

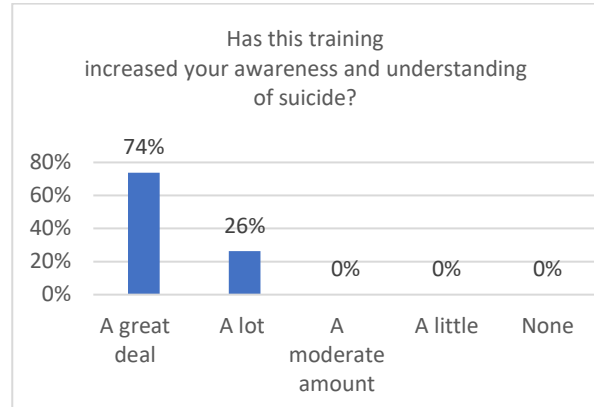
### ASIST Training

All participants indicated the training improved their knowledge and increased

confident using in the community. 85% indicated the training increased knowledge and understanding of health.

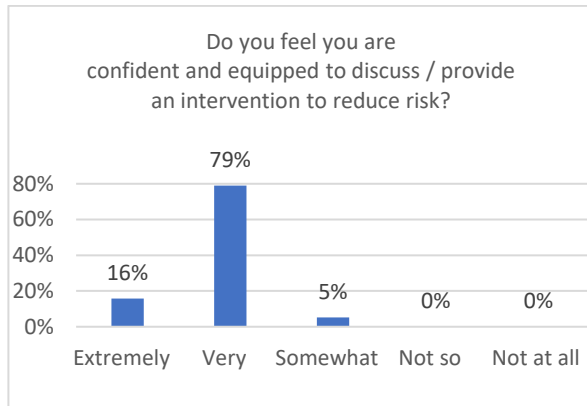


their ability on supporting their community regarding mental health. 74% indicated their understanding increase 'A great deal'



**ASIST Training (cont.)**

95% of participants felt Very or Extremely confident they were equipped to discuss and provide intervention after the training



**Trauma Informed Practice**

100% of participants Strongly Agreed/Agreed that the training increase their knowledge.

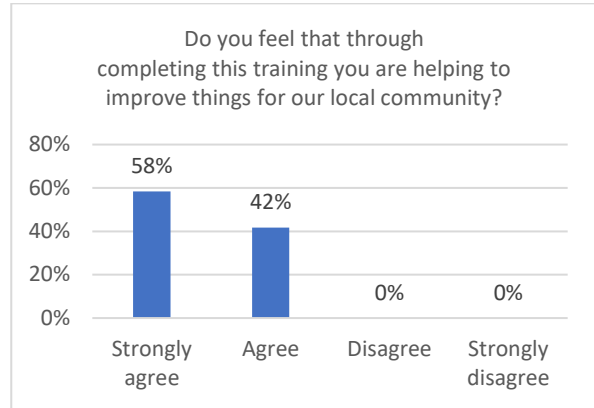
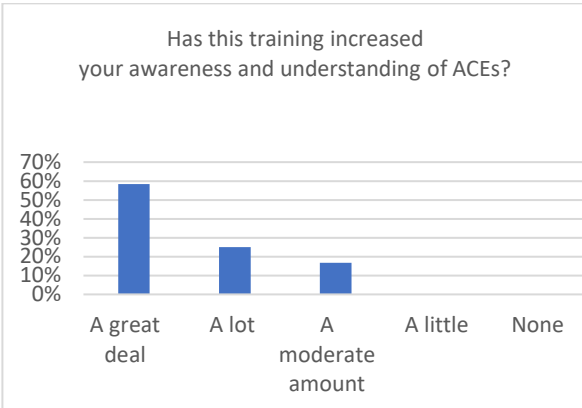


**Trauma Informed Practice (cont.)**

Almost 60% indicated the training increased awareness of ACEs.

**Trauma Informed Practice (cont.)**

All participants indicated feeling that they are helping improve the community by completing this training.



**Trauma Informed Practice (cont.)**

All participants Agreed/Strongly Agreed that the event made them think differently about their impact on the community.

