

Northern Community Area Network
NACN

Public Health Agency
PHA

Evaluation Report

Glens Healthy Places

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Executive Summary

- The Glens Healthy Places Programme was led by the Northern Area Community Network (NACN) across the Glens DEA in partnership with a *Local Implementation Group* that brought operational expertise across health, social care, public health, participatory budgeting and Community Planning.
- The programme was designed in 2 phases, with Phase 1 led by the PHA, involving local consultations and the preparation of a findings report along with an outline action plan. The Local Implementation Group changed the design from a focus on Participatory Budgeting across the Glens to four separate programmes. This was implemented between November 2019 and April 2020; with a budget of £111,000 on: Glens Men, which aimed to address loneliness and isolation among older males; a Participatory Budgeting initiative in Armoy village; Small Grants programme by NACN that lifted the award level to £7,000 where community projects addressed health and wellbeing; and Fresh Little Minds, which supported the mental health of Primary School children across the DEA.
- The Glens Men project engaged a cross-section of men who experienced loneliness, alienation or were disconnected from familial and community networks. The activities were defined with the participants, focused on inclusion and encounter and used nostalgic experiences to draw out men to participate, often for the first time. A total of 24 events were organized, that involved 338 full time equivalent participants with an average of 13 men attending each event. Two-thirds of the participants were aged over 65 and 97% described the events as Excellent.
- The Participatory Budgeting (PB) project (Armoy's Open Pot) used experienced PB facilitators, engaged with Armoy Community Association and an organised pre-meeting which helped departmental officials understand how low-level funding could help achieve a range of health and wellbeing outcomes. Armoy's Open Pot was attended by over 350 people of all ages. The 14 awards invested £6,000 in summer schemes, fun days and a range of health and wellbeing activities led by schools and community groups. The value of PB in reaching non-participant cohorts and supporting un-constituted groups, often for the first time, shows the importance of micro-investment in achieving a range of public health objectives.
- The Small Grants programme allocated nearly £36,000 across nine community projects and these reflected a broad spread of activities (driver training for a community minibus service; arts and crafts for older people; storytelling; yoga and Pilates classes), targeted users (isolated and vulnerable groups, young as well as older people); and a broad geographic coverage across the Glens DEA. It also shows how these projects connect with the three social need areas (isolation, mental health, transport and connectivity) that were identified during the consultation phase.
- Fresh Little Minds (FLM) facilitators worked with 293 children in mixed classes (aged P3-P6) over a 6-week period across 13 schools in the Glens DEA. The GROW programme focused on mental resilience; building self-consciousness and an ability to cope; and developing skills in communication and relating to others. An extensive evaluation led by FLM researched participants, parents and teachers and showed that it had significant effects on anxiety and concentration levels, behaviour in class and at home, levels of happiness and a capacity to relax.

- The challenge for these programmes and the various projects they support is their short-term nature and how the range of successful models can be scaled and replicated after the pilot phase.
- Stakeholders across the community, voluntary and statutory sector highlighted the strength of the programme as a rapid and flexible response to the needs of local people, an ability to align priorities raised in the consultation with delivery projects and the way in which the approach targeted a diverse range of needs over such a large area. The value of a place-based approach to health; working through local structures; building on soft infrastructure and community assets; and bringing together expertise across the statutory sector highlights the potential of such initiatives to work beyond the confines of a pilot programme.
- The pilot showed a commitment to social innovation by drawing on community assets to tackle health challenges around excluded older men, early years in mental health, the value of community infrastructure and the capacity to mobilise local resources in the context of *disconnected* groups, especially given the impact of Coronavirus.
- Delivery programmes with a focus on resource integration, clearly evident in the pilot, could reenergise a *Total Place* approach to area-based health planning. The alignment with multiple policies and programmes (community transport, disconnectedness, wellbeing among early years and older men) show that spatial, problem-focused approaches, have important potential in the *delivery* of health reforms across Northern Ireland. New skills and knowledge developed around the pilot need to be more formally supported, especially around: brokering and implementation; programme and project management; financial planning; and creating a genuine approach to coproduction in the public health arena.
- There is a need to: integrate programmes of work more effectively (an embryonic life-course approach can be detected); build connectivity (only small scale support through the grants scheme was invested in transport); and sustain social capital to deliver a more sustainable community-based health and wellbeing agenda.
- In this respect, the pilot demonstrates the value of intermediary community structures to relate local needs to statutory providers; coordinate action at the sub-regional level; and implement discrete programmes of work (independently, via re-grant modes and in partnership with other voluntary groups and agencies). Whilst it could not be claimed that Healthy Places changed how government works or rationalised spending, it did show how public sector agencies can operate effectively with community partners in the design and delivery of area-based interventions.
- The Glens Healthy Places programme was underpinned by well-developed and valid monitoring and evaluation systems, inevitably truncated by the impact of Coronavirus. But it shows the potential of effective social value measurement to account for impact and return on grant investment. This is important in developing a stronger culture of inter-organisational, and cross-sector working to achieve more sustainable health outcomes.

1. Introduction

1.1. Glens Healthy Places Project

Healthy Places is ‘a cross-cutting demonstration programme that aims to improve health, reduce inequalities and improve wellbeing and wider social outcomes, adding value to working strategically across Northern Ireland government departments and agencies, with local government and specific communities to empower and support communities to be safe, thriving, connected and confident places’. This *demonstration programme* is being delivered in the Glens District Electoral Area of Causeway Coast and Glens Borough Council and is one of three areas that reflect different challenges and opportunities. The concept is to take the learning from these three places, in which the evaluation is a critical part, and if the approach is successful, scale and replicate the programme to other areas.

The Northern Area Community Network (NACN) has been commissioned to deliver the project and a local implementation group was established to oversee delivery. The group has representation from Causeway Coast and Glens Borough Council, Northern Health and Social Care Trust, Northern Area Community Network, Public Health Agency, Participatory Budgeting Works, Community Places and Participatory Budgeting facilitators. Community centred, area-based interventions in health are emerging as a mainstream approach across wellbeing, rural development and regeneration policy in Northern Ireland. The Department of Health (NI) (DoH, 2018) recently launched a comprehensive framework on the *Expansion of Community Development Approaches*, in transforming health and wellbeing to 2026. It acknowledged that health inequalities, especially non-communicable diseases, could only be effectively addressed in partnership with local people, community development networks and NGOs. It explicitly called for a community development approach that placed the co-production of services at the heart of delivery. By co-production, they mean ‘citizen powered health with an emphasis on individual and community assets and balances of power’ (DoH, 2018, p.7).

Public Health England (PHE, 2015) also stress the importance of building healthier communities through a ‘whole of society approach’, which involves aligning service delivery with local needs and designing the right mix of interventions that will not always be the same in each place. What is interesting about the pilot in the Glens is that it developed a normative approach that aims to build on existing assets, including NACN itself. The emphasis on working with existing expertise, resources and systems, as well as innovating with new possibilities such as Participatory Budgeting, does suggest an asset-based approach in the Glens case in particular. The PHA (2015, p.19) define these as building on ‘individual and community strengths and capabilities as the foundation for improving for health and wellbeing’. In short, there is less reliance on deprivation and health poverty and more on capitalising what can be done in and with the community to improve wellbeing.

1.2. Evaluation objectives

The Terms of Reference sets out the key tasks involved in the evaluation including the need to: evaluate the process through which Healthy Places was implemented within the Glens DEA; capture progress on the programme; capture learning from its implementation; and provide a final impact report of the programme. Within this context, the objectives of the evaluation are:

1. To set out the financial and non-financial inputs into the project and their relevance to need, the policy context and the objectives of the Healthy Places pilot programme;
2. To describe the activities and outputs using monitoring data held by NACN;

3. To evaluate the impact of the four strands of the programme: Glens Men; Fresh Little Minds; Participatory Budgeting; and the Small Grants Programme;
4. To unpack stakeholder perspectives on the processes of change, the governance of the project and the value of community-led approaches in improving health and wellbeing outcomes; and
5. To set out the implications for policy and practice on area-based health delivery across sectors in Northern Ireland.

1.3. Data gathering

The report is broadly organised around these areas and uses a range of data gathering methods to capture project effects. These include: an analysis of relevant policies and programmes; an in-depth interrogation of secondary data held by the lead partner, NACN; spatial GIS analysis of NINIS multiple deprivation indicators; a critical review of the four projects (Glens Men, Fresh Little Minds, PB Armoy and the Local Small Grants scheme); as well as semi-structured interviews (n=30) with participants whose name, organisation and role is summarised in Annex I. The evaluators also attended the PB voting night event in Armoy and presented their interim findings to the delivery steering group in February 2020. It should be emphasised that many of the outcomes from four, largely experimental programmes, will take time to fully emerge and caution is needed in expecting rapid turnaround in each area.

1.4. Report structure

The next section sets out the context and rationale of the Glens pilot. In particular, it highlights the connection with a range of high-level policies but also questions how the pilot is designed, in practice, to impact on these approaches. The main part of the report in Section 2 describes the performance of the four projects, using interviews, observation at events, project monitoring data and participant feedback surveys. This is followed in Section 4 by an analysis of stakeholder perspectives from central and local government, key agencies and the voluntary and community sector. Section 5 draws the analysis together and sets out the implications for policy and practice.

2. Policy Context and Project Rationale

This section sets out the wider policy context of the Glens Healthy Places Project as well as the rationale for developing a place-based approach to improving health and wellbeing outcomes. It reviews the development of the Glens Healthy Places Project, especially the consultation process, describes the overall project budget as well as the level of resources from partner organisations.

2.1. Policy context

The cross-cutting nature of the pilot is emphasised by the range of policies and programmes to which it is connected. It is both the nature of the intervention as well as the way in which a community development partnership addresses wellbeing challenges that makes it an important pilot, especially in a rural area:

- The current *Programme for Government 2016 – 2021* has a key indicator (2) dealing with healthy life expectancy inequality gap and (15) concerned with improving Child Development. However, the pilot also relates to the Department for Education *Raising Standards Workstream* and in the commitment to an early years strategy in a secondary way through the Fresh Little Minds module.
- The Programme also maps on to a number of the strategic themes in the *Making Life Better* as a strategic framework that identifies ‘empowering communities’ as one of 6 central themes in service delivery. The strategy recognises that ‘community development is a natural tool in efforts to reduce health inequalities’ and the pilot aims to draw out the experimental *governance* aspects of the intervention as well as substantive impacts on children, loneliness and isolation (DOH, 2014, p.91).
- Linked to this, it also provides feedback on the organisational aspects of the DOH *Health and Wellbeing 2026 - Delivering Together* strategy, especially by building a stronger relationship with the community sector in a place-based environment.
- The pilot is important as a distinct community development intervention within the Department for Communities approach to the voluntary sector and specifically with their interest in Participatory Budgeting. The Glens pilot will provide valuable learning about PB, especially in the context of the recent *Innovation Lab* led by the Department for Communities that explored its wider application across government programmes.
- Part of the rationale for the selection of the Glens DEA was that it is a rural area with significant challenges around access to services, poverty and loneliness. Here, the pilot aligns with the DAERA *Tackling Rural Poverty and Social Isolation (TRPSI) Programme* and the *Rural Needs Act (NI) 2016*, where the *Rural White Paper and Action Plans* (last monitored 2017) drew attention to the distinct and complex needs of dispersed communities in the context of centralised service provision. *Maximising Access in Rural Areas* was a joint initiative between the PHA and DAERA to increase community access to a range of services, welfare benefits and grants and although this was not a direct aim of the programme, it will be shown that community infrastructure is critical in delivering physical and social inclusion across the Glens.
- At a Council level, the pilot connects with the first three outcomes in the Causeway Coast and Glens Community Plan (*A Better Future Together 2017 – 2030*) on: improved mental and physical health support for children and young people; and in access to services.
- The Glens pilot will also provide valuable learning about Participatory Budgeting (PB), especially in the context of the recent *Innovation Lab* led by the Department for Communities that explored its wider application across government programmes and policy areas, in this case health.

This brief review demonstrates the scope of Healthy Places and whilst there are limits to a modestly funded, short-term programme focused on such a wide geography, the mix of outcomes, method of delivery and partnership approach demonstrate the potential of an area-based approach in reducing health inequalities.

2.2. Place-based approach to health and wellbeing

The All Departmental Officials Group (ADOG), which provides the strategic governance structure for Making Life Better, established a *Place-Based Approaches Sub-group* to oversee implementation including the work of the three pilots (which had representatives from the Departments of Health, Communities, Justice, Education, Infrastructure, Rural Development and the Food Standards Agency). This aimed to strengthen inter-departmental coordination on area planning and service delivery and share learning from the pilots. It is also connected to the HSC Transformation Programme and in particular *Delivering Together* that aims to put users at the heart of service design and implementation.

The Healthy Places demonstration programme was taken forward in three areas: The Glens District Electoral Area of Causeway Coast and Glens Borough Council; Lisnaskea in Fermanagh; and Ardoyne and Ballysillan in north Belfast. They were selected to test how a place-based approach to improving health and wellbeing could function in locations with different demographics, contrasting priorities and needs as well as different levels of community capacity. One of the key outcomes was to reflect on the critical learning and if the approach was successful, aim to replicate a place-based approach to other areas across Northern Ireland.

2.3. Phase 1 PHA led Consultation and Action Plan

The development of the pilot involved two stages and it is important, as noted in the conclusions, that these are more seamlessly integrated, especially in short-term experimental projects. In March and April 2019, the PHA organised three *Stakeholder Engagement Meetings* in Ballycastle, Loughgiel and Cushendall. The actions were set out under the cross-cutting themes as:

1. Doing: Work directly with communities and local providers to support delivery of identified actions;
2. Influencing: Develop positive relationships between key communities, service delivery partners, statutory agencies and decision makers to cultivate positive, effective and respectful working relationships;
3. Changing: Develop inter-departmental system changes to support the implementation of place-based approaches; and
4. Leading: Bringing together key communities, service delivery partners, statutory agencies and decision makers to plan, collaborate and enable place-based approaches.

This consultation raised a number of issues around mental health; transport and connectivity; and isolation and especially its connection with wellbeing and access to services. The *Glens Engagement Report* (PHA, 2019) showed that a range of specific issues were also highlighted in the table discussions around the need for economic development, in particular to increase employment; education and support for mental health as well as improving the school estate; and the development of local facilities and community spaces. These spaces included leisure and recreational facilities, the natural environment and community centres. Transport, isolation and access to affordable housing were also raised. The *Actions* were set out under the four themes above and underscore the need to work with communities, build their capacity in service delivery and expand the Dalriada Partnership as a model of cross-sectoral working; increase small grant

investment; and test out Participatory Budgeting within a community setting. The Plan also highlighted the opportunity to develop a joint funding plan that addresses overlaps and created synergies between statutory agencies in particular.

2.4. Phase 2 Design, inputs and networks

Stage 2 involved awarding the formal contract for delivery of the programme with NACN, which effectively started in mid-November 2019. To support delivery on the ground, a *local implementation group* was established, which included representatives from Causeway Coast and Glens Borough Council, Northern Health and Social Care Trust, NACN, the Public Health Agency and Participatory Budgeting Works Northern Ireland. Given the tight timescale for Phase 2, this group was important as it brought together cross-sectoral knowledge, skills, experience and established local networks which were already embedded across the Glens District Electoral Area. The group was important in designing the diverse range of projects as initially it was considered that all of the investment would be devoted to PB alone. This again demonstrates the importance of NACN as a structure to rapidly design and deliver the four programmes effectively, within budget and on time, despite the Christmas period and Covid-19.

NACN have overall management responsibility, are the budget holder and Figure 1 provides a summary of expenditure by task. The profile demonstrates an efficient form of delivery, given the range of partner organisations, the mixed mode of working (regranting and direct service provision), experimentation (with novel approaches such as PB) and the timeframe involved. It is worth noting that only 13% (£14,670) of the budget was on management and administration costs and 80% on service delivery (£89,330). The funding for FLM was different in that they received support the mainstream Glens Healthy Places programme (£10,098) as well as a PHA contact (£10,500), in recognition of the scale of their work across the area.

Figure 1 Glens Healthy Places Project Expenditure

Budget line	Total
Glens Men	£15,700
Glens Men Resources	£14,000
Glens Men Facilitation	£1,700
PB Armoy	£17,260
Armoy PB Grants	£6,005
Armoy PB Resources	£4,000
Armoy PB Facilitation	£7,255
Local Small Grants Scheme	£35,772
Fresh Little Minds	£20,598
NACN Mainstream Project Allocation	£10,098
PHA Contract	£10,500
Administration and Management	£14,670
Evaluation	£7,000

Total	£111,000
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It should also be stressed that financial inputs were only one aspect of delivery and the local implementation group that drew together health and social care, public health, the community sector, community planning and experts from participatory budgeting were critical to the design and implementation of the range of interventions. This brought together expertise, technical support, connections and access to key stakeholders in a way that would not have been possible without this type of local governance structure. The programme, summarised in figure 2, began operationally in November 2019 and was completed by April 2020, with subsequent adjustments for the impact of Covid-19.

Figure 2 Four Elements of the Glens Healthy Places Project



2.5. Health and wellbeing challenge in the Glens

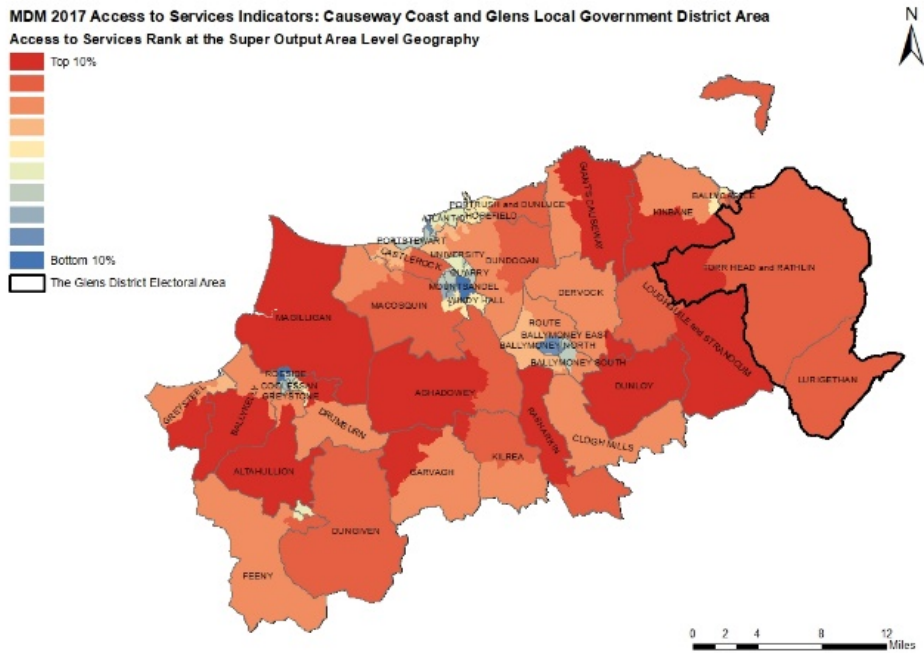
A spatial analysis of the Multiple Deprivation Measure (2017) *Access to Services Indicator* shows the following for the Causeway Coast and Glens Council Area, and the Glens DEA in particular:

- Figure 3 shows that SOAs (Super Output Areas) located in more urban wards around Coleraine, Ballymoney and Limavady rank lowest and are therefore the least deprived when using the Access to Service measure. This would suggest they are the most connected to existing services and facilities located across the Causeway Coast and Glens area.
- Coastal SOAs vary in their ranking using this same deprivation measure. Those clustered in the Portstewart or Portrush and Dunluce electoral wards have a lower rank which suggests they are more connected to local facilities. In comparison, Giants Causeway and Magilligan are higher ranked and are more disconnected from existing services.
- The SOAs that ranked highest using the Access to Service deprivation measure are located further inland and away from coastal areas in rural wards such as Aghadowey, Rasharkin, Loughgiel and Stranocum, inland parts of Torrhead and Rathlin and Kinbane.
- Similar spatial patterns are visible for the other deprivation indicators which included Service-weighted travel time by public transport (figure 3); service-weighted travel time by private transport; and the proportion of properties with a broadband speed of less than 10 Mb/s.

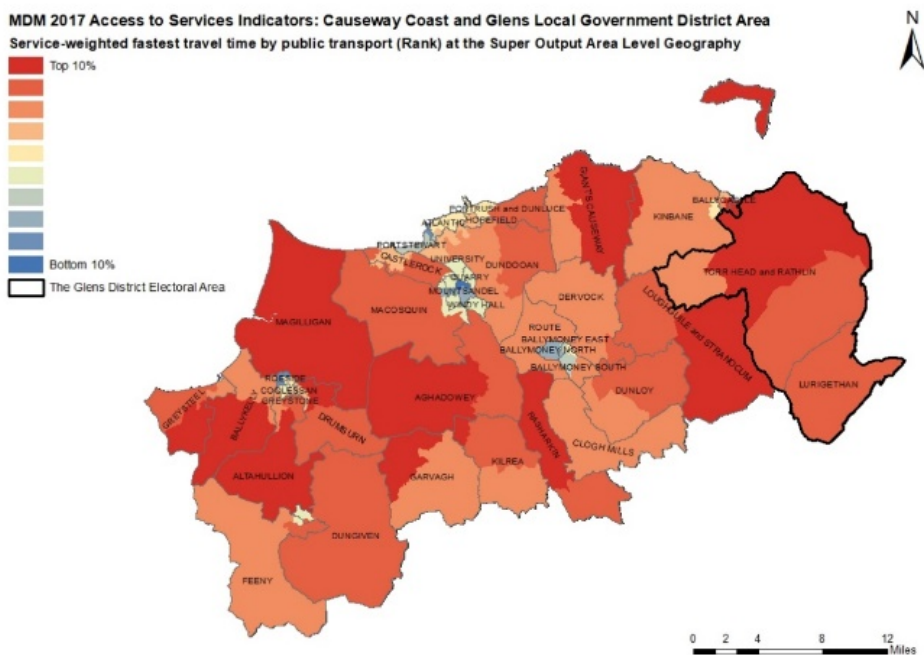
- Overall, the analysis shows that SOAs that make up the Glens DEA (3 in total) rank in either the Top 10% or 20% most deprived when using Multiple Deprivation Access to Service Indicators. This underscores the nature and extent of disconnectedness experience by places such as the Glens.

Figure 3 Service deprivation and the Glens DEA

Access to services



Fastest time by public transport



The final programme for the Glens Healthy Places pilot clearly connects with mainstream policies across departments and local government, aligns with the particular needs of the area and broadly builds on a set of local engagement events. The next section considers each strand in turn.

3. Project Outputs and Activities

This section sets out a more detailed analysis of the four key project elements. It will largely focus on examining the outputs and effectiveness of each component in terms of addressing poor determinants of health and tackling health and wellbeing inequalities across the Glens DEA. It will also draw out the critical learning which will help outline the scope to scale or replicate other place-based approaches in different areas across Northern Ireland.

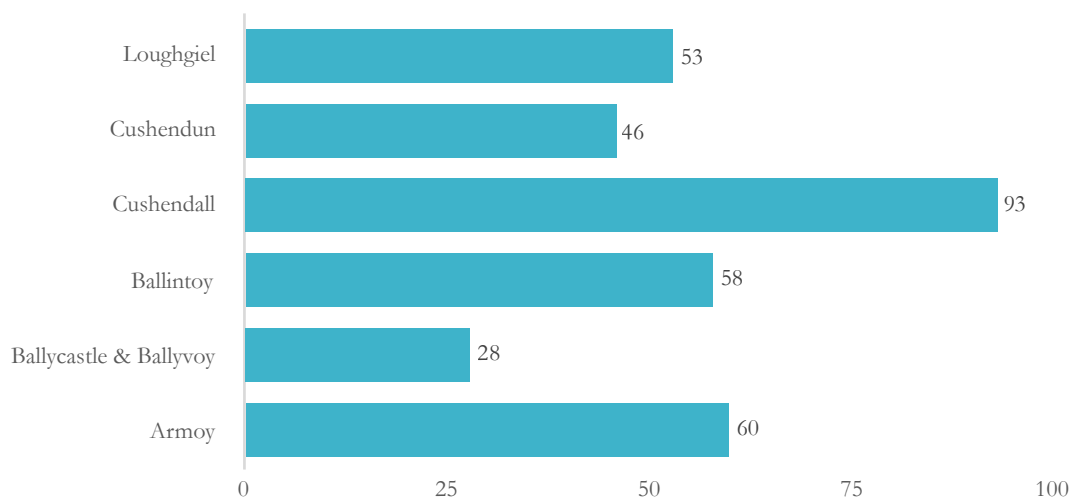
3.1. Glens Men

The Glens Men element targeted men of all ages living across the Glens DEA to help reduce social isolation and tackle issues linked to loneliness. Adams (2014) argues that the ‘age of loneliness’ is now a central concern across all places, including rural as well as urban communities. Whilst not exclusively linked to older people, issues created by loneliness are certainly more persistent as communities age. Research by the Joseph Rowntree Foundation (JRF, 2012) showed that being older is one of the main risk factors in loneliness and Milligan et al. (2015) stress that loneliness is connected with elevated blood pressure, poor physical health, increased mortality and mental ill-health (especially depression, suicide and dementia). The focus on inclusion and encouraging people to socialise adds value to other be-friending services, emphasising that complementarities need to be established *within* community provision as well as across sectors.

The primary aim of Glens Men was to encourage men to leave their home, identify activities that would incentivise mixing and to make firmer social connections with others across the Glens. Organised across the six areas of Armoy, Ballycastle & Ballyvoy, Ballintoy, Cushendall, Cushendun and Loughgiel, there was a dedicated focus on trying to engage men who are hard to reach or have in the past shown reluctance to participate in community events. This required the programme team spending time in the six areas to identify who these individuals were and how they could be best engaged. It also demanded building trust and drawing upon local networks or existing older peoples’ collectives such as Ballintoy Young at Heart who could help to identify specific cohorts. Men who were eventually recruited on to the programme were encouraged to suggest ideas for potential outings which included National Trust properties, the St. Patricks Centre, Downpatrick, the Somme Heritage Centre, Conlig, Whitehead Railway Museum, the Famine Village, Donegal as well as HMS Caroline and the Ulster Museum in Belfast. They also suggested activities or skills-based workshops which could be delivered locally with support from a facilitator which included; storytelling, photography, repair workshop, birdwatching, arts and crafts, cookery classes, book clubs, walking group, heritage and reminiscence work, fishing, and music/singing. This co-design process with participants helped to produce a programme that connected well with their social needs, individual interests and capabilities. Some of the recruited men were also identified as informal leaders and were often used during the delivery to provide informal support and ensure that participants remained motivated and committed to attending the activities.

The budget of £15,700 allowed for costs linked to room hire, facilitators, travel, refreshments and admission fees and a summary of what types of activities/events were delivered are set out in Figure 4, with a detailed breakdown of activities in Annex II. In total, twelve trips and twelve get togethers/planning meetings/big breakfast were organised across the six areas. This involved 338 full time equivalent contacts cases and the average number of men attending each organised event or activity was 13.

Figure 4 **Glens Men Activity and Participant Numbers FTEs**



Some of the events were oversubscribed which showed the interest created by the project, the level of reach and also the willingness of local men to take part. It is noted later that due to the Coronavirus the programme was reorganised to support isolated men at home with rescue packs, keeping in contact and organising assistance with shopping and services.

- Out of 142 satisfaction surveys completed across the village areas, 97% of the respondents rated the programme “Excellent”. No programme respondents rated it “poor”.
- Two-thirds (66%) of the men that took part were aged 65 and over. However, some areas like Loughgiel had representation across age categories including younger men aged 26-34 and even < 25.
- 75% of the respondents were married and just under a quarter (23%) were either divorced or single. Less than 2% of those that responded were widowed.

The survey findings were supplemented by interviews with both facilitators and participants, which highlighted a number of strategic issues:

- Healthy participant numbers demonstrated that the programme was well marketed and clearly generated keen interest across the different areas. Although some attendees were already members of existing community collectives, luncheon clubs or arts and crafts groups, some had not been involved in any previous formal activity. For example, one man had just returned to the Glens after spending his career working in other parts of the UK and was using the programme as an outlet to meet new people and re-connect with the local area. Another rarely travelled outside the Glens, so for this participant attending an organised excursion was a significant personal achievement. As this community development worker pointed out this had to be done in a way that incentivised their involvement and respected the barriers they face in socialisation:

I visited St Patrick's Heritage Trail, Downpatrick recently with a self-selected cross-community group of men from Armoy, under Public Health Agency initiative 'Glens Men' outings. They were quite overwhelming in their appreciation of the whole experience. A number of these men had possibly NEVER as part of a group experienced listening to anyone, anywhere speak to them in a respectful, interesting way.

- The co-design approach helped the programme team to organise events that participating men clearly valued and enjoyed. The blacksmith demonstration at Patterson spade mill and the tool caddy workshop at Glenarm Castle were particular highlights. The task orientated focus of these workshops captured the imagination of the men and also helped create solidarity across the group, particularly when some helped others complete the practical tasks. The activities also created spaces of everyday encounter supporting meaningful conversations and sustained social interaction in a non-threatening environment.
- Although the vast majority of the men were over 65, it was clear the programme engaged well with a cross section of men who were experiencing a range of personal challenges. For example, during the latter stages of the programme one participant disclosed his personal struggles with addiction and mental health that were having a negative impact on his marriage. For this individual, participation in the programme not only provided him with a safe space to share and talk about the issue but it also helped him realise how moving forward, positive behaviours could be developed by spending time with peers and participating in group activities.

"Programme Staff were so helpful and patient. Very good day out! Nice to get out with a great bunch of people"

"Great day. People at the Spade Mill were entertaining, educational and excellent. It was a really pleasant day"

"Very interesting experience - nice to be able to create something. A very good day out!"

- The age mix shows how the programme provided a platform for intergenerational activity which created mutually beneficial outcomes such as building a shared understanding and values as well as new skills. COVID-19 curtailed some of the programme delivery but clearly there is scope to strengthen personal development outcomes and indeed draw on the personalisation methodologies developed by Fresh Little Minds. How these life-course approaches work together and are potentially shared with the other pilots could be significant in the context of intergenerational approaches to loneliness and isolation.
- Feedback from Armoy demonstrated how for some men, participation in the programme had provided them with an opportunity to socialise with people from the other community. Finding new ways to help build community cohesion is important, especially in places such as Armoy, which have experienced tensions in the past as well as in the context of the emerging EU PEACE PLUS Programme.

- Moving forward it will be important to sustain the networks and relationships that have been developed in the context of the Glens Men programme. Despite disrupting the schedule of events and activities, COVID-19 has inadvertently provided a useful opportunity to test the resilience and effectiveness of these relationships in the short term. Already some of the men have demonstrated an unprompted willingness to provide support to other participants who might be geographically isolated and potentially more vulnerable. This again shows the degree of solidarity that was developed during the delivery phase and how participants are willing to do more than just share their time to support the welfare of others.
- The success of the programme to date has already been recognised by other local actors. For example, in Ballintoy, a local church has offered to explore how faith-based groups can help support a local men's collective in the short term. In the medium and long term, NACN have an important strategic role to play, not just in distilling the learning but also by exploring how it might be possible to sustain this emerging network of men's projects, particularly in an increasingly competitive funding environment. One strategy might involve exploring how it can maximise resources and skills by creating working alliances with other be-friending services.

3.2. Participatory Budgeting in Armoyle

- Participatory Budgeting (PB) is a process of democratic deliberation and decision-making, in which citizens decide how to allocate part of a public budget. It should build on the assets of the community, their local knowledge and their experiences. PB can take different forms and can be used to achieve very different objectives, depending on the degree of involvement of, and ultimately the power delegated to participants. Armoyle's Open Pot represented a PB exercise which sought to generate interest, conversations and deliberations in the allocation of a budget of £6,000 to individuals and community groups who were encouraged to pitch an idea to help 'make life even better for the people in Armoyle'. The invitation was open to all from 8 years and over who live, work and socialise in Armoyle. Following a process of engagement, ideas were submitted by written bids and had to be safe, legal and delivered by spending £500 or less between February and March 2020. Once citizens had submitted their written bids, a voting night was held which allowed people to pitch their ideas to other community members who were then asked to vote to determine which ideas received funding. To help facilitate the delivery NACN initiated a number of highly effective measures which ensured the process was conducted safely and within the dedicated timeframes of the wider Glens Healthy Places Programme:
- NACN enlisted the support of two practitioners from Northern Ireland's Participatory Budgeting network as facilitators. This provided useful support and guidance about how to plan and deliver effective PB processes, deliver a community engagement process to generate interest and curiosity in PB and outline its relevance to the Armoyle community in terms of addressing health and wellbeing issues
- The establishment of a local PB Steering Group (see appendix for participants) with membership from Armoyle Community Association was critical in shaping and delivering the project. It was also possible to make use of their existing community Facebook page which helped to promote the 'Open Pot' event in an inclusive way via social media. Meaningful engagement was critical, especially given some of the community tensions in the area in the past.

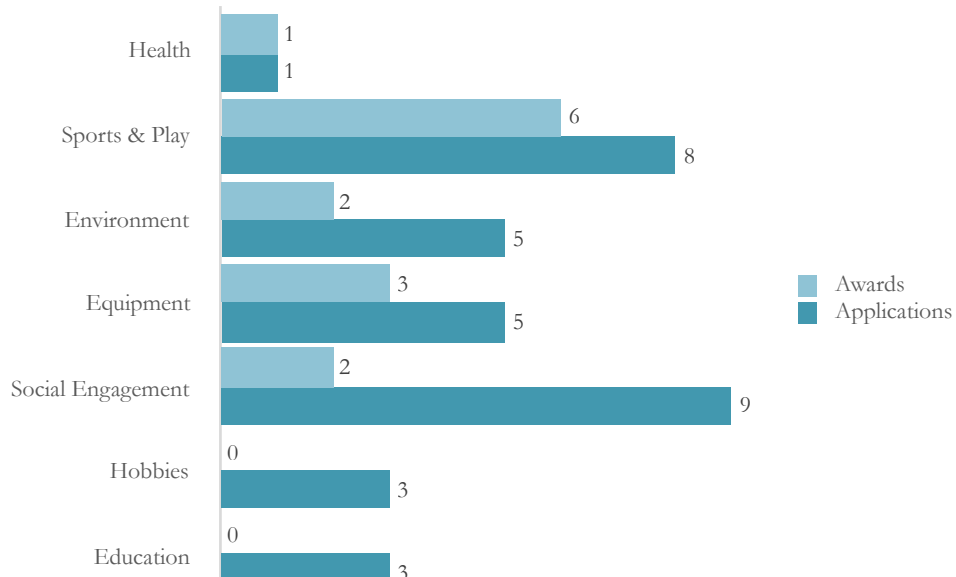
- Following submission of the bids, a meeting was organised which involved members of the Healthy Places ADOG steering group. This provided public officials with a space away from their respective departments to learn more about PB as a community engagement tool and how it could be tailored to deliver health and wellbeing outcomes. It also provided an opportunity to screen project ideas that had been submitted by the community to ensure that they were not only safe and legal but also capable of advancing the strategic priorities of *Making Life Better*. The inclusion of Armoys residents at this meeting also enabled a discussion about risks and mitigation as well as practical aspects of delivery on the voting night and support in the post-award period.

It is important for both practitioners and policy makers to reflect on the significance of measures like these, particularly as they can help ensure that PB processes remain as fair and transparent as possible. The PB voting night was held on the 31st January and was open to all those 8 years and above those who ‘play, work and live’ in Armoys see images in Figure 5. All PB bidders were provided with a display stall that allowed them to explain or ‘pitch’ their ideas to the rest of the community. Ideas were wide ranging and included the purchase of sports and outdoor play equipment, gardening materials, support for community events, group demonstration workshops, fitness classes and an over 55’s tea dance.

Figure 5 PB Voting Night in Armoys

In total, 241 of the attendees voted, which represented nearly one-third of the 769 households in the local SOA 2019. Attendance, which also included the current health minister Robin Swann was approximately 350 people and the venue was at maximum capacity on the night. Figure 6 summarises the content of the 34 bids that were made as well as the 14 ideas that were eventually awarded funding. Again, this shows how the proposed ideas were wide ranging but that their content had relevance to a range of physical and mental health, recreation and community socialisation.

Figure 6 Armoys's Open Pot: Applications and Awards by Thematic Area



To better understand the general impact of the PB awards, three project leaders were interviewed to reflect on the outcomes of their initiatives. The name of the project, the value of the grant that was awarded as well as the activities are summarised in Figure 7.

Figure 7 PB Army Open Pot Grant Participants and Awardees

The Army Summer Scheme was awarded £500 to purchase equipment to help with the delivery of their annual summer scheme. In its 26th year, the summer scheme currently avails of funding from Children in Need (£10,000) which helps to cover operational costs such as the use of facilitators to co-ordinate and deliver a mix of activities and excursions. However, this funding is restricted in that it does not permit the group to buy equipment and materials. The unrestricted nature of the PB funding has allowed organisers to purchase play equipment that was important to the ongoing sustainability of the summer scheme. This in a broader sense helps to create positive health and social outcomes, especially for the 111 children who participate in the scheme annually. Finding new ways to support and maintain the quality of activities delivered also helps local working families that rely on the scheme as an affordable form of childcare during the school holidays.

The **Community Easter Fun Day** was awarded £500 to organise an event open to all members of the Armoy community which has now been arranged for the summer. The grant helped to purchase materials, food, facilitators, activities and entertainment. The aim of the fun day was to capitalise on the enthusiasm and community interest generated by a previous social event at Christmas. Events such as these are important in terms of building community connections and particularly for divided communities such as Armoy where promoting inclusion and improving good relations remains an important part of development work. Here, it is important to see everyday encounters, built around wellbeing needs as part of peacebuilding at a community level.

Armoy over-55's applied for a grant to help organise a weekly tea dance. Although unsuccessful with their own application, representatives worked with younger people on a successful project that received funding on the night. This group also played an active role in the organisation of the voting process. This shows how PB did more than just allocate but helped to build solidarity across Armoy and its residents, regardless of their age.

The interviews with the three participants provide a useful insight into the key learning from a PB process in a mixed rural community. These 10 learnings were reinforced by reflective interviews held with 30 participants and voting night attendees which were collected by the PB facilitators and are summarised below:

1. The use of PB processes provided an opportunity to build Armoy's community infrastructure and the 14 grant awards will help to sustain an annual calendar of local events. This will be especially important in the post-lockdown period.

"I first heard about it when a friend told me at a coffee morning. I just didn't get it at first – free money and for what? But then the school started getting into it, people started talking and I then began to think of ideas and what might be possible but by that time it was too late. It's only when you get talking and see other ideas that it starts to get your own brain working."

2. The use of PB represented a departure from previous community engagement projects and created genuine excitement and a 'real buzz' for all those that took part or attended. This was evident during the conversations between residents on the voting night but also through the positive social interactions that evolved across social media.

"We did so much voting last year but you don't always see the initial impact. Impact is in England or somewhere else, it takes a long time to trickle down. This was immediate. It didn't feel pointless voting. Very real. Real issues and not politicians deciding. It's you and your neighbours". (Interviewee)

3. The PB process to a degree has acted as a catalyst for some members of the community to develop spin-off grassroots projects. For example, volunteers from the Armoyn Community Association have drawn on the PB process to explore the feasibility of developing a *Community Fridge*. This aims to address waste and food poverty by providing a ‘second hand’ market in local food supply.
4. As with other PB exercises, Armoyn’s Open Pot provided exposure as well as opportunities for un-constituted groups to apply for funding. This also helped Armoyn Community Association re-evaluate the social and physical assets currently in place, particularly in the context of new ways of working with agencies and key stakeholders that are emerging out of Community Planning.
5. The facilitation of PB processes in Armoyn promoted intergenerational contact and mutual support. These took place during the organisation of the voting night but also in the delivery of some of the supported projects. The voting age being set at 8 years old also strengthened participation from young and older people alike.

“With my 5 votes, I listened to everyone with the question in my head – which of these ideas are going to be more beneficial. I was really stuck. After voting for my husband wasn’t sure how to use my other 4 votes. I did change my mind and voted for something I had never thought of. They were so passionate. I work night shifts and not always out in the community. Their passion made me realise how much is out there.” (Interviewee)

6. Participation in the PB process has prompted some individuals in Armoyn to re-think their community connections. For example, post-voting night discussions have already taken place between applicants who did and did not receive a grant award. This has involved members from the PTAs of two schools who are examining the feasibility of pooling resources to help develop mutual fundraising efforts.
7. PB participants commented on the highly effective support received from the Participatory Budgeting Works facilitators. There were also unexpected logistic challenges with the large number of participants attending on the night and there are implications here for the use of other voting methods including digital platforms and virtual systems.
8. The money awarded via the PB grants was free of restrictions within the parameters of safe, legal and viable which allowed resources to be tailored more effectively to meet need on the ground. For example, the local Summer Scheme could use their PB award to cover some small capital costs which was not possible through their Children in Need grant. This freedom has allowed scheme organisers to purchase much needed play equipment which will ensure their service remains relevant and user friendly in the long term.

“Brilliant experience leading up to the Voting Night and then the night. We don’t often have access to money and this was a real opportunity to get some things funded. The process just snowballed with kids driving it and developing posters ...” (Interviewee)

9. An unavoidable outcome of any PB process are those participants who are not successful. This is where the role of both PB works facilitators as well as in this case the local broker, Armoyn Community Association, is critical to post-project support, especially by signposting unsuccessful applicants to other funding sources.
10. It is important to note that one unsuccessful PB applicant, Armoyn Social Club, has since organised a series of events which have been well supported by the wider community.

For them, the voting night created greater awareness of their activities which has resulted in new members and helped build their capacity to raise other funds.

Finally, as with any PB process, an accountability/reporting event was planned for the end of April for the successful bidders to report back to the voters and to celebrate their achievements. This was unfortunately postponed due to Covid-19.

3.3. Small Grants Programme

The Small Grants element (see figure 8) was managed and administered by the project lead, Northern Area Community Network. Community and voluntary organisations throughout the Glens DEA area were invited to apply with proposals which would work to support a range of wider policy themes and strategic priorities including:

- Making Life Better (Public health framework) priorities;
- Programme for Government, Outcomes 3 & 4;
- Health and Wellbeing 2026 - Delivering Together;
- Systems, Not Structures – Changing Health and Social Care; and
- Protect Life 2 – A Strategy for Suicide Prevention in the north of Ireland

Figure 8 Overview of Local Small Grants Projects

Award Recipient	Target Group	Primary Theme	Total Funding awarded
Gaeil Ruairi Og agus Gaeil na nGlinnti	Wider Community	Mental Health	£4,207.50
Friends of Glenariff	Local Community and surrounding villages	Isolation	£4,996.00
Cushendun and District Development Association (CDDA)	Everyone in the Glens District Electoral Area	Mental Health	£3,220.63
Antrim Glens Traditions Group	Wider Community	Isolation	£2,370.00
Cushendall Development Group (CDG)	Cushendall and Mid-Glens area	Mental Health	£4,474.42
Loughgiel Community Association	Loughgiel, Armoy, Stranocum and surrounding areas	Transport and Connectivity	£4,730.56
Glens Storytelling and Cultural Heritage Group	Public in Ballintoy, Ballycastle, Rathlin, Armoy, Stranocum, Mosside, Loughgiel, Ballyvoy, Cushendun, Cushendall and Glenariff	Isolation	£4,532.50
Ballintoy Young at Heart	Men and Women over 55 living in Ballintoy and surrounding area	Isolation	£3,947.00
Glens Youth Club	Youth living in Cushendall, Cushendun, Glenariff areas	Mental Health	£3,293.85
		Total	£35,772.46

The size of the grants ranged from £2,500 to £7,000 and were available to both non-constituted and constituted community groups which represented a significant uplift from the previous £1,000 limit. Grants were awarded based on their potential to address three priorities in the Glens Engagement Report, including transport and connectivity, social isolation and mental health. Some groups, depending on the size of their project were offered part funding with the rest being made up from their own budgets or reserves as well as in kind contributions from other funders. Applications were assessed on their potential to contribute to wider models of best practice which could address the determinants of poor health and reduce health inequalities.

The table shows that £35,772.46 was allocated to 9 organisations across the Glens. A total of four projects aimed to address the theme of isolation, four mental health and one attempted to improve transport and connectivity. Some of the projects like the *Glens Storytelling and Cultural Heritage* group had an inter-generational focus, whilst *Ballintoy Young at Heart* targeted the over-55 community. Other projects such as the *Glens Youth Club* organised activities for young people which demonstrated how there was a good spread of funded projects in terms of thematic scope, targeted users and geographic coverage across the DEA. To better understand the outcomes of the programme, figure 9 provides a series of vignettes which reflect on the impact of spending, especially in the post-project period.

Figure 9 Profile of Small Grant Awardees

Grant Awardee and Project

Loughgiel Community Association were awarded £4,730.56 to help a project which allows them to transport vulnerable people to a GP or other health related appointment as well as other social outings to improve their wellbeing. After securing funding from the Department for Communities *Supporting People* to purchase a new minibus, this grant was used to train volunteer drivers which included a CPC test (x2), a Provisional Licence Fee and a Theory Test Fee. The service is used by over 40 people, many of whom are registered clients through Supporting People and experience a range of underlying mental and physical health problems. As a way to enhance rural connectivity the minibus service is also used to help facilitate a local social prescribing scheme delivered in partnership with GPs in Loughgiel and surrounding areas. The grant has also enabled the Association to apply for an £18,000 award, which if successful will allow them to employ a driver to supplement the volunteers who currently operate the service. During the COVID-19 outbreak it is worth noting how the minibus has played a critical role in distributing two hot meals a week to vulnerable people living in Loughgiel, Armoy, Cloughmills and Dunloy.

The Glens Storytelling and Cultural Heritage Group were awarded £4,532.50 to use storytelling as a way to help tackle isolation for people living across the Glens DEA. Delivered by trained facilitators the sessions were attended by all age groups and covered a broad range of themes which included reminiscence and events from World War 1 and 2. Although part of the programme could not be delivered due to the COVID-19 outbreak, the completed sessions were shown to help increase participants' confidence and strengthen local connections, especially when it focused on local heritage. The sessions also provided space for intergenerational contact, which has allowed the group to grow its network, particularly through its online social media page. This is important for mobilising support for annual cultural events including the *Glens Story Telling Festival*, which is increasingly focused on the most isolated people across the area. Finally, in response to COVID-19 the group have used a portion of their grant to record and share stories via their *Nine Glens* website. This has required the team to familiarise themselves with online communication platforms, which in turn has helped to develop digital and IT skills across the organisation.

The Cushendall Development Group were awarded £4,474.42 and performed an umbrella role to ensure that other local groups who do not usually receive funding or technical support. The CDG then allocated resources to a number of smaller groups and individual facilitators who delivered a series of mental health and wellbeing activities in venues across the mid-Glens area. For example, a local *Knit and Natter* group was supported to organise 6 Fabric Painting Classes which were held during a 2-hour session every Friday. Apart from events which had to be cancelled due to the COVID-19 outbreak, attendance was high, consistent and at times oversubscribed with a total of 103 people taking part in a broad range of activities which included chair yoga, flower arranging, pilates, cookery demonstration, circuit classes and singing/music classes. Participation in the activities was positively received with many welcoming the opportunity to meet new people, get more active and learn new hobbies in a friendly group environment.

Friends of Glenariff were awarded £4,996 to address isolation in the Glenariff community and surrounding villages. The activities were delivered from Glenariff's new community and recreation centre which opened 9 months ago with £1.1 million of combined investment from the Big Lottery Space and Place Fund, Causeway Coast and Glens Borough Council, fund raising efforts by local community as well as a loan from UCIT. Activities included chair yoga for people with limited mobility, jive classes, a Friday tea dance and social club, flower arranging for older people, boxercise for teenagers and adults, as well as baby yoga for local parents. The events were well attended and nearly all were fully subscribed which shows that the programme activities were in line with the interests, needs and physical capabilities of the local community. Critically, some of the grant was also used to organise Safeguarding and Child Protection training for the 50 volunteers who work in the centre. This type of low-level revenue funding has helped to cover operational costs especially given their ongoing efforts to develop a mixed income model. The outbreak of COVID-19 again curtailed the original activity schedule and the under-spend created was re-profiled by NACN to form a support group to help people who are vulnerable or are self-isolating because of the virus. Similarly, to the Glens Storytelling group, they are also exploring how to digitise their service delivery, co-ordinate volunteers and run online health and wellbeing classes.

3.4. Fresh Little Minds

Fresh Little Minds (FLM) are a group of facilitators who offer a range of programmes to support children's mental health and develop their individual resilience. Delivered across schools, churches, or community group settings, FLM teaches children practical strategies which can help improve their self-confidence and provides them with tools to cope better with life's worries or challenges. The 6-week programme that was delivered as part of the Glens Healthy Places project is called GROW and allowed children to explore their emotions and learn various self-calming techniques. The learning outcomes of the GROW programme are summarised below:

- Better understanding of how the brain works;
- Learning techniques for regulating the nervous system;
- Cope with intense arousal which can help to counteract destructive acting out;
- Reduces stress and feelings of anxiousness;
- Learning on how to express emotions;
- Spending less time on devices and more time with people;
- Developing empathy;
- Physical and cognitive activities that promote mutual understanding, care, cooperation and respect for others;
- Developed gratitude practice.

Figure 10 shows that a total of 293 children participated in the programme across 13 schools in the Glens DEA. The GROW workshops took place over 6 weeks, varied between 1-1.5 hours in length per session and each school dedicated between 6 and 7 days towards programme delivery, which included participation from their own teaching staff. The input from the schools was important, as it allowed staff an opportunity to consider how the content from the GROW programme could be built into the existing curriculum.

Figure 10 Schools participating in the Fresh Little Minds initiative

School Name	Date	Children	Year
Armoy Primary	12/03/2020	25	Mixed
Bushvalley Primary	12/03/2020	25	P6
St Olcan's Primary	12/03/2020	28	P3
St Patrick's Glenariff	09/03/2020	23	Mixed class
St Patrick's Loughgiel	09/03/2020	21	Mixed class
St Anne's Corkey	09/03/2020	25	P6
Glenann Primary	10/03/2020	17	Mixed class
St Ciaran's Cushendun	10/03/2020	23	Mixed class
St Mary's Cushendall	10/03/2020	27	Mixed class
Barnish Primary	18/03/2020	25	Mixed class
Gaelscoil an Chastail	18/03/2020	27	Mixed class
St Patrick's & St Bridgets Ballycastle	18/03/2020	27	P6
St Mary's Rathlin	Incomplete	27	Mixed class
Total		293	

FLM conducted internal monitoring to better understand the effectiveness of GROW, which was shared with the external evaluators for analysis. These procedures were organised around three reports:

- A Facilitators' Report: Focussed on the experiences of participants—the children themselves but also practice based reflections provided by the facilitators.
- A Teachers' Report: Outlined teachers' reflections on the GROW programme and which assessed the impact on both children as well as the implications on curriculum planning.
- A Parents' Report: Provided an opportunity for parents to feedback their experiences of the programme from a domestic perspective.

The Facilitators Report assessed the pre and post perceptions of participating children across the following 5 social distance measures:

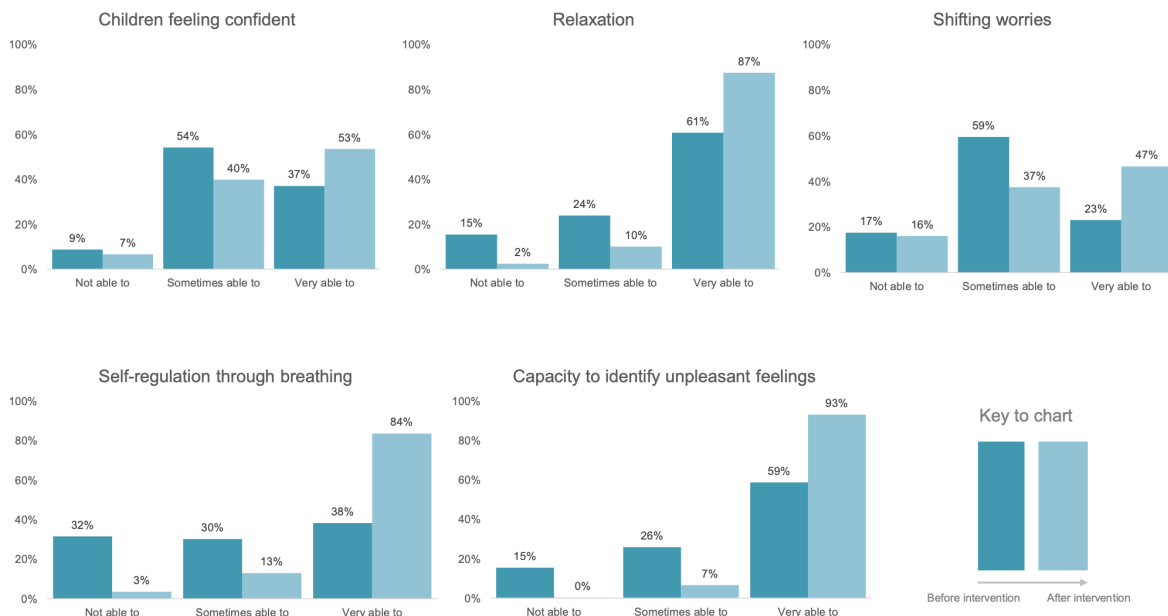
1. How many children felt confident before/after FLM?
2. How many knew how to move their worries out before/after FLM?
3. How many knew how to identify unpleasant feelings before/after FLM?
4. How many children knew how to relax before/after FLM?
5. Were the children able to use breathing to self-regulate before/after FLM?

3.4.1. Participant responses

Figure 11 provides a combined breakdown of participating children’s responses, which achieved a response rate of 286 out of 293 children (98%). The survey results show how children demonstrated a collective self-perceived improvement across all five social distance measures pre- and post-involvement. The largest increases involved the use of relaxation techniques and in their individual capacity to identify and manage unpleasant feelings.

The results show that by participating in the GROW programme, children not only increased their conceptual understanding about mental health and resilience, but they also learnt practical tools to relax, reduce anxiety and exert control over other parts of their lives. This might involve learning how to manage their worries, cope with difficult situations but also how to improve relationships with their peers, teachers, parents and siblings. These self-perceived improvements also highlighted the positive contribution made by the FLM team. They demonstrated an ability to develop and deliver a learning programme with appropriate content that aligned with the needs and interests of children with varying baselines of mental health, resilience and emotional wellbeing.

Figure 11 Participant impact of the GROW Programme

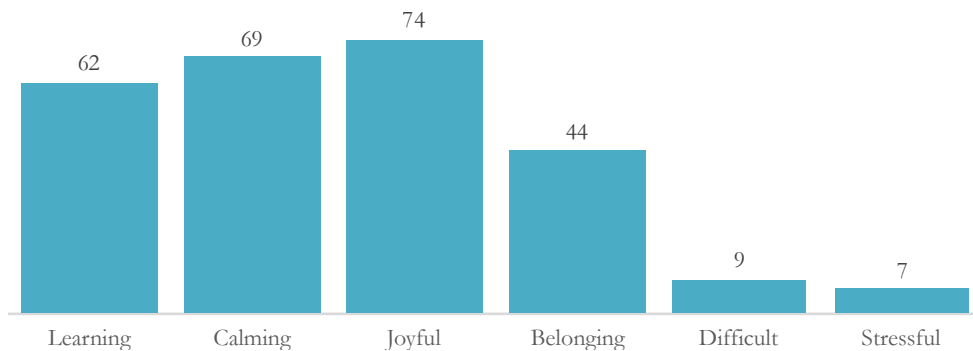


Surveys based on N=258

Figure 12 summarises the combined responses of participants about what they valued from the programme. High response rates for ‘joyful’ (74%) and ‘calming’ (69%) demonstrates how the children clearly enjoyed the content of the programme and over half (62%) felt they had learnt

something. Under 10% considered participating in the GROW programme difficult whilst just 7% found it stressful.

Figure 12 Feelings of GROW Programme Participants Post Delivery (%)



3.4.2. Parental assessment

Figure 13 sets out an analysis of responses to a qualitative survey with 61 parents about their experiences of the programme. Parents noted the particular effect on behaviour and attitude of their child, especially in terms of a capacity to relax and control anxiety. Similarly, they saw an impact on self-esteem, improved situational behaviour at home and in social settings and a capacity to self-regulate attitudes. These, they felt, built emotional resilience, developed better tools to cope with stressful circumstances and to adapt to challenging environments. Parents also thought that the educational outcomes had improved for children and created an openness to new ideas and different ways of learning.

Figure 13 Parental assessment of the impact of GROW

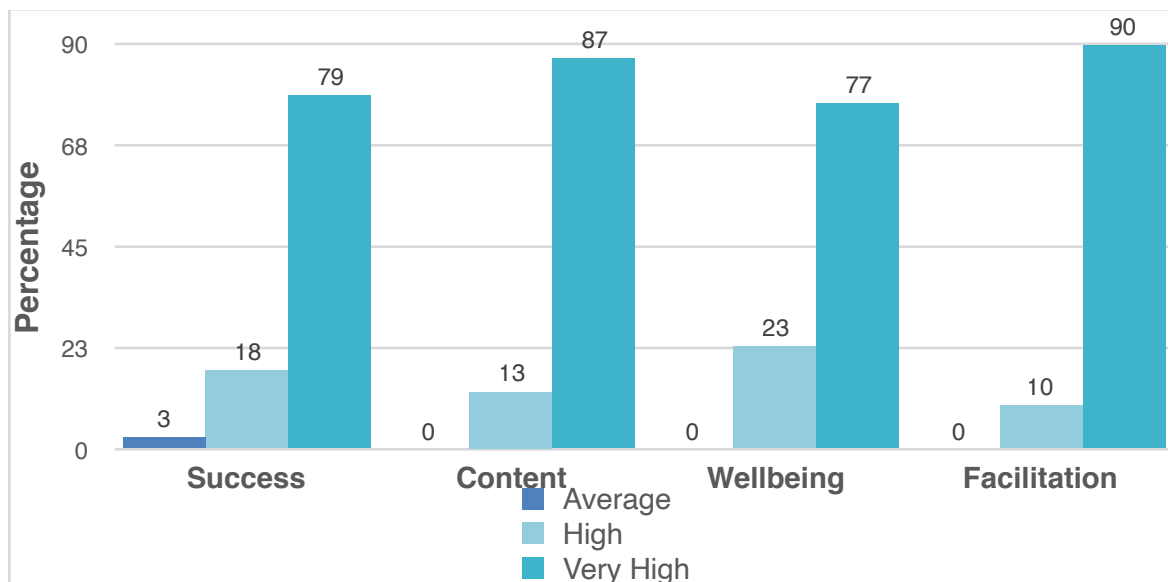
IMPACT	COMPONENTS OF CHANGE	PARENTAL QUOTATION
Behaviour and attitudes	<ul style="list-style-type: none"> A reduction in worry, anxiety and distress A sense of calmness and challenging depressive thoughts Happiness and a sense of personal fulfilment Improved happiness and personal contentment 	<p>'Jane is able to recognise ways to help her calm down and deal with emotions as they arise. She is able to recognise and use a range of breathing techniques'.</p> <p>'My son is a worrier and some of the exercises helped him relax ...It was also really positive for my son not to be singled out as the child in need and to realise that all his class friends have worries. Normalised his feelings'.</p>
Self-esteem	<ul style="list-style-type: none"> Self-acceptance, introspection and a sense of identity Trust in friends and willingness to socialise Stronger acceptance of, and within, the familial group Confidence in a mix of social and educational contexts 	<p>'My son has been kinder to his big sister, he is a lot calmer and copes with difficult situations better, for example there are not as many melt downs now, its such a relief, I wish the Fresh Little Minds team could visit our school weekly'.</p> <p>(My son is) 'more aware of his feelings and emotions and more sensitive to others now'.</p>
Self-regulation and awareness	<ul style="list-style-type: none"> Higher rates of self-acceptance Capacity to relax and concentrate on everyday tasks More accommodative strategies especially in the home Effective communication skills and capacity to interact 	<p>'My son really enjoyed the programme and loved to take time out each week to relax with Linda and unwind. This programme has helped him talk about how he is feeling and gave him a reason for going into school'.</p> <p>'Clare is able to recognise ways to help her calm down and deal with emotions as they arise'.</p>
Emotional resilience	<ul style="list-style-type: none"> Tools to cope with stressful circumstances Setting and achieving personal goals Better ego-resilience and emotional management Evaluating emotions and adapting behaviours 	<p>'My daughter is much more relaxed and better at reading her own body and has new words to express her needs'.</p> <p>'My daughter is able to recognise when she's under some stress and employ some of the techniques to help'.</p>
Learning development	<ul style="list-style-type: none"> Improved problem solving capacities Stronger approach to peer learning and trust Effective teacher engagement and support for pupils Openness to new ideas and fresh thinking 	<p>'My child has become very confident in himself, understanding that others don't have to hold him back any more'.</p> <p>'My child has been practising and showing us the breathing techniques ...most noticeably (she) struggles with reading and we have noticed that it has really helped her unwind before and after reading homework which is such a gift to her and to us'.</p>

N=61 responses

The overall score for parents against key learning attributes is set out in the diagram below. It shows that most parents ranked performance very high on the success of the programme, the effects on child wellbeing and on the content of the curriculum. Nine out of ten surveyed

regarded facilitation in the very good range, which is further supported in the teacher's assessment of the innovation within the programme.

Figure 14 Overall parental scores for attributes of GROW



3.4.3. Teachers' assessment

The Teachers' evaluation was completed by eight staff who participated in the programme. Participating staff dedicated 6-7 days towards the programme and despite acknowledging the challenges of maintaining the attention of children, all eight agreed that the 1/1.5-hour sessional slots were to quote the survey response 'just right'. The initial motivations of teaching staff to roll out the GROW programme varied. Some expressed how they had enjoyed a positive response from children during a previous FLM taster session whilst others cited the need to address the growing number of children with anxiety related issues or who struggle to manage their feelings and emotions in a positive way.

Post-programme, the eight teachers were interviewed online and asked to reflect on the effectiveness of the programme by rating its success, commenting on the difference it made and suggesting how improvements could be realised. They agreed that the content of the programme was appropriate, pitched at a suitable level but also effective in terms of supporting children's health and wellbeing needs:

“It has educated children to understand more about feelings they are experiencing in their bodies. They now have a toolbox with ways they can use to help themselves if they are feeling low for whatever reason”

Similarly, to the responses of the children in the facilitators’ survey there was also praise for dedicated programme elements, particularly the teaching of practical self-calming and relaxation techniques.

“Pupils appreciated their relaxation during these sessions. It helped them deal with emotions in a safe space”.

The skills and coping mechanisms developed were also shown to connect with other personal development areas such as communication. This was important, especially given the growing concerns many teachers and parents shared regarding child safety and behaviour in online environments;

“In a world becoming so concerned with connecting online, this helps children connect with themselves. It gives them safety and confidence”

As noted earlier, parents recorded the impact on the programme on the attitude of children in the home and in particular on interpersonal relations with siblings. Similarly, teachers’ feedback show how participation in the GROW programme at school had prompted positive conversations at home:

“Some parents remarked that their children had been talking about how much they enjoyed their experiences at home. They expressed that the information given about the sessions was impressive and much needed in today’s society”

These reflections are important, not just in support from parents to help build their child’s resilience but to help address some of the broader social stigmas that surround mental health. It also shows the importance of investing in preventative models like FLM, which can clearly help to build and improve emotional resilience at an early age. This was recognised by the teaching staff, who were well aware of the wider Northern Ireland context where there is currently a growing demand on CAMHS services but also a rise in youth suicide rates:

“Taking part in this programme is not a choice but more a need. Many children are suffering from trapped trauma, anxiety, depression and a lack of self-love. It is becoming very common for children to lack the coping skills they need to face up to the challenges of daily life. We now know that N.I. has one of the highest rates of suicide in Europe. Educating our children on how to use their mind and body to help them to overcome negative thoughts is no longer a choice but a need. We must teach our children how to grow to become happy and healthy adults. Fresh Little Minds does this very well and provides a base for the teacher to continue to work from. I have learned so much from being part of the delivery of this programme”

Evidence presented here has shown how practical strategies can create positive outcomes which in the long term can help children feel less overwhelmed, minimise disruptive behaviour and provide a range of tools for young people to manage difficult situations. These outcomes are important, particularly in the context of broader policies that aim to address mental health, resilience and emotional wellbeing. Early intervention responses such as GROW are critical not just because of the impacts they have on individual participants but also because they reflect a creative approach which can in the long term help to ease or reduce stress on local mental health or social care services. This outcome is important, especially as research by Khan (2016) which shows how there is a 10-year delay between young people presenting first symptoms and getting support. It is also increasingly relevant in Northern Ireland where mental ill-health rates are 25% higher than in other parts of the UK (NICCY, 2017)

4. Stakeholder Perspectives

This section examines stakeholder perspectives, especially across the statutory sector on the design and performance of the pilot. In broad terms, there was significant support for the programme and as noted, the success of individual projects owed much to the expertise, networks and time invested across health and social care, PHA and Council. It is at the operational level that the potential of a spatial approach to health, how to coordinate (financial and non-financial) resources and bring specialists together with the community has been realized from the work in the Glens.

4.1. Lead in time

There was an acknowledgement that the lead-in time for the pilot was condensed by the nature of the *Confidence and Supply* funding and the need to facilitate early implementation and spend profiles. Respondents variously described the process as ‘truncated’, ‘pressurised’ and ‘hurried’ and in particular, that the period invested in preparation and consultation left less time for implementation, especially as a pilot. Here, a number of respondents felt that to some extent, preparatory work had already been done in the form of existing area-based approaches, health partnerships (such as Dalriada), consultations (around the Community Plan) and local strategies (such as Village Plans). Given the high turnaround, they felt less time devoted to a *de novo* consultation process could have been better used on delivery, experimentation and learning from what is a pilot initiative.

4.2. The nature of consultation

It was also recognised however, that there was a significant process of regional engagement as well as opportunities for the public to participate in workshops and set priorities for the programme. The consultation report highlighted the commitment to coproduction and in particular the way in which communities were able to shape the content of the programme. However, a number of respondents identified disconnects between the consultation and: delivery structures at a local level; the aims of Healthy Places; what was realistically deliverable given timescales and financial resources; and the final strategy for the Glens DEA. For example, PB was not identified as a priority but transport and connectivity were raised as issues by local people; and unemployment and economic development, which were also raised, are beyond the scope of the programme to address in any meaningful way. This highlights the potential for more focused consultation processes built around what a comparatively modest programme is capable of achieving. In particular, community stakeholders were concerned that such an open and broad ranging consultation could build expectations that could not be met with the resources available.

4.3. Governance and network strength

The governance arrangements for Healthy Places demonstrated important horizontal and vertical integration across organisations, sectors and practitioners. The *ADOG* aimed to integrate central government Departments, not necessarily resources, and through the *Place Based Approaches Sub-group*, acted as a strategic framework, especially to gain buy-in and draw out lessons for practice. In this respect, the pilot was significant for emphasising the importance of a spatial approach to health inequalities and how community infrastructure offers an important framework in coordinating programmes, identifying local need and delivering services to hard-to-reach groups. However, public sector stakeholders in particular, recognised that integration was ‘policy lite’ in that it did not leverage financial resources, change the way in which mainstream programmes were implemented or coordinate investments under the area’s

Community Plan. Given the restricted nature of the pilot, this was unlikely but there was recognition by a range of sectors about their place and potential role in a Healthy Places approach. This included, for example, the way in which DfC saw value in the PB initiative; the importance of connectivity and rural transport for DEARA; early years intervention in both health and education; and the importance of loneliness within the Council's wellbeing agenda. All of this stresses that the *Doing* component of Healthy Places had learning value for a range of stakeholders. How and where that is replicated or mainstreamed is a challenge, especially for the way in which the experiences of this (and other) pilots is translated into the public, voluntary and potentially the private sector.

Integration, trust and reciprocal relationships were developed and maintained effectively during implementation, but more could be done to connect the design phase with the consultation and then delivery. The *Local Implementation Group* was important in inter-agency coordination, especially between the NHSCT, the Council, PHA and PB partners and enabled a mix of skills, organisations and networks to be mobilised efficiently in a comparatively short period of time. NACN worked effectively to connect stakeholders and to align community structures with beneficiaries and as noted later, the response to Coronavirus shows the adaptive capacity of such structures. Trust was developed, especially within the Local Implementation Group and it is important that the networks established or reinforced in the pilot are capitalised on in developing relationships with statutory agencies and providers in both the private and voluntary sector (such as around transport). The Community Plan and staff provided an important strategic framework for Healthy Places in the wider Glens area and connected Northern Ireland wide policies with local health and related social needs. There was strong participation by Council with considerable potential to develop the wellbeing agenda around loneliness and rural isolation.

4.4. Community-led health

Public Health England (2015, p.6) placed communities at the heart of programme delivery and recognised that 'collaborations and partnerships – where approaches involve communities and local services working together at any stage of the planning cycle, from identifying needs through to implementation and evaluation'. The pilot clearly reflects the ambition of such an agenda by:

- Effective listening coordinating and prioritising resources;
- Working with local structures, especially community groups as well as NGOs;
- Pump prime investment
- Working, particularly with the Trust to develop practical projects capable of delivering within tight time and financial constraints;
- Innovating with a range of methods from participatory budgeting, Glens Men and early years mental health, but these need to be formalised in a way that can deliver sustained outcomes;
- There is clearly an appetite for, and a capacity to deliver, larger scale community grants and the level of this investment needs to be reconsidered, especially if more ambitious programmes around transport and connectivity are to be implemented.

The pressures in the area are sustained and it is unlikely that short term pilots will address the complexity of the challenges. For example, referrals to Child and Adolescent Mental Health Services (CAMHS) in Northern Ireland have increased by 21% in three years. Figures obtained by the Belfast Telegraph (2019) show that there were 13,439 referrals made to CAMHS in 2017/18, up 2,363 from 2014/15. The NHSCT area saw the biggest increase, with the number of young people being referred to mental health services more than doubling since 2014/15. FLM has, as a result of their pilot, attracted further funding from NHSCT to work with School Nurses in the top 5 schools with pupils presented on the CAMHS waiting list. They continue to

innovate and have introduced a *Residency Model*, where a facilitator is placed in the school offering wraparound and intensive support, a more cost-efficient method of delivery and work to the AMBER School award to maintain standards and ensure quality control. In 2019, the Department of Health launched the *Protect Life 2 - Suicide Prevention Strategy* which aims to 'enhance community capacity to prevent and respond to suicidal behaviour within local communities'. The approaches here are an important part of the multiple pathways to identify and respond to a growing problem.

FLM, but also the outcomes from the three other projects show that there are effective and cost-efficient initiatives with demonstrable impacts that need to be developed in a more integrated way (spatially, across the life-course and to target particular groups). The *model of delivery*, via a community intermediary, demonstrates the efficiency with which local coordination, management expertise, monitoring and evaluation, cost control and project management can be brought into such arrangements.

4.5. Strategy development and implementation

The rationale for the selection of the Glens as a pilot was unclear to a number of respondents. This is not to diminish the issues faced by the area but if the logic of the selection were clearer, say around isolation and centralising services, the programme may have been better understood, especially by statutory partners. The scale, spatialization of health challenges and the resources available mean that a wide range of possibilities emerged for funding, especially given the expansive nature of the consultation. The four projects did respond to the diversity of conditions in the area but a stronger spatial and sectoral focus (say on isolation which a number of statutory agencies prioritised) might have helped the design of the intervention as an experimental project.

4.6. Skills and capacities

The pilot did develop important skills, knowledge and opportunities for learning. One of the implications of the work is the need to set out a clearer set of competencies in developing and delivering area-based approaches to health and wellbeing. These include negotiation and brokering; project management and financial delivery; dispute resolution; working with (and past) gatekeepers; how to replicate practice; and an appetite for risk (especially with difficult-to-reach groups). Importantly, these are skills shared across sectors, organisations and levels of government and if an area-based approach to health is to be realised stronger support for technical skills would help strengthen the sustainability of such practice.

4.7. Adaptation and Coronavirus

Stakeholders recognised that the programme enabled a degree of innovation, responsiveness and ability to adapt, not least in the context of the Coronavirus. This included community grants projects adjusting delivery to online media; creating wellbeing rescue packs (see below); and developing additional resources for schools to cope with the stress caused by the virus on children. What is clear from the pilot is that a distinct set of protocols, skills and systems will be needed if area-based approaches and the integration they invariably involve, are to be mainstreamed in any meaningful way.



A Guide to Coronavirus:
Why self-isolating is important and what to do during the time spent at home.



Contact Details:
 Northern Area Community Network
 Old School House
 Mill Street
 Cusheadall
 Tel: 028 2177 2100

Page 1



CALM DOWN WITH TAKE 5 BREATHING

1. Squeeze your hand out like a star
2. Curl the pointer finger of your other hand ready to trace your fingers up and down
3. Slide up each finger slowly - slide down the other side
4. Breathe in through your nose - out through your mouth
5. Put it together and breathe in as you slide up and breathe out as you slide down

Keep going until you have finished tracing your hand!

Exercises to do at home

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Riddle me this....

1. A doctor and a bus driver are both in love with the same woman, an attractive girl named Sarah. The bus driver had to go on a long bus trip that would last a week. Before he left, he gave Sarah seven apples. Why?
2. A woman shoots her husband. Then she holds him under water for over 5 minutes. Finally, she hangs him. But 5 minutes later they both go out together and enjoy a wonderful dinner together. How can this be?
3. You have me today. Tomorrow you'll have more. As your time passes, I'm not easy to store. I don't take up space. But I'm only in one place. I am what you see. But not what you see. What am I?
4. I am taken from a mine, and shut up in a wooden case, from which I am never released, and yet I am used by almost everybody. What am I?
5. If two snakes marry, what will their towels say?
6. If eleven plus two equals one, what does nine plus five equal?
7. You can touch me. You can break me. You should wish me if you want to be mine. What am I?

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5. Key Learning and Implications

This final section pulls together the experience of the pilot and its implications for policy and practice. Although it was not a large-scale initiative, it did reveal a range of possibilities for developing area-based interventions. It is suggested that summaries of the key findings could be used, especially by NACN to take the learning further to help mainstream the successful practice identified in the analysis.

5.1. Transformation through social innovation

Area-based approaches in health are not new but, in the Glens Healthy Places, there were a range of innovative practices that can be understood against the overarching objectives of the wider programme:

- **Doing** by building inclusive innovation that placed the community at the heart of defining issues, delivering programmes and evaluating what changed. Different approaches to coproduction were tested in the form of Participatory Budgeting and the importance of early years intervention in mental health. The Glens Men project identified the potential of nostalgia as a way of including the lonely old and how storytelling, rural traditions and keeping alive intangible and tangible heritage can be interpreted as community-based therapies. The social determinants of health also relate to disconnectedness from familial and community networks, services and facilities. Here, micro-investments via grants and participatory budgeting leveraged a wide range of inclusive outcomes, but how these interventions are sustained beyond the pilot remains a challenge.
- **Influencing.** The approach (more as a by-product than design) highlighted the value of an *emerging* life-cycle approach to health needs from early years to older isolated men as well as the potential of a *whole-of-life* intervention led by the community, in partnership with health and social care providers. This is still ‘modular’ but the connections between Fresh Little Minds (early years mindfulness), Glens Men (imaginary nostalgia) and small grants (storytelling) shows the potential of a diverse approach to loneliness, anxiety and depression. The efficacy of these interventions needs to be better evidenced and explained and here we note the ability of GROW to set out distance travelled measures through a more controlled experimental evaluation design.
- **Leading:** Leadership is evidenced in the strong process of consultation, working through area networks and bringing local services together with communities. This place-based experimentation is recognised in the way for example, PB brought a significant number of the community together and along with statutory representatives, politicians and NGOs. The funding allowed NACN to increase funding from £1,000 to £5,000 per project and it showed that there was considerable demand, that the funding was dispersed effectively and that it cut across a range of community health outcomes. Leadership through local structures with a track record in partnership approaches, implementation and accountability is a significant outcome from the pilot as a different way of working.
- **Changing:** The ADOG at a strategic level and the implementation group at a local level, along with local authority input showed the potential of an integrated approach to service delivery. DAERA recognises a distinct ‘rural character’ to health inequalities, DfI the importance of community transport and the pilot also addresses key outcomes in the Community Plan. It was recognised that the development of the pilot was a two-way

process and that the experience of the Dalriada Partnership, RESURGAM in Lisburn and Thrive in Rathcoole fed into the concept. However, a number of respondents questioned the value of repeated pilots when so much evidence has already been gathered about what works and what does not.

Whilst there was significant progress toward the four aims of Healthy Places, there was also criticism of the framework, especially to guide high turnaround, community level interventions. Some felt the concepts are too general, difficult to define and overlapping or did not act to enforce policy or programme (spend) integration. Others felt that the development of the pilot including the selection of the area, partner involvement, the consultation process and alignment with the action plan were not as transparent as they could be, particularly for a short-term intervention.

Community assets as well as community participation, made the programme a success and existing community infrastructure, systems and networks (especially with Council and the Northern Health and Social Care Trust) enabled implementation to be accelerated and to maintain spending deadlines. ‘Bringing together’ worked at the delivery level rather than strategically, which is not a particular criticism, given the nature of the programme. However, there is comparatively limited evidence of where and how Departmental systems have changed or could change in response to the scale of the intervention.

5.2. Delivering the future of health policy

Figure 16 shows that Healthy Places in the Glens is strongly aligned with *Making Life Better* and has achieved its role as a pilot to show how it can translate policy into practice, as well as its limitations as a place-based framework. Clearly, it illustrates the practicalities of a community empowered approach (5) and the role of NACN in brokering programme delivery as well as in a genuine commitment to co-production with rural communities. Moreover, it demonstrates the importance and strength of a life-course methodology (1 and 2) by working across early years and age-related loneliness. The small grants programme and Participatory Budgeting shifted the emphasis to empowering communities (3) to define their own health needs and the everyday (often small scale) investments that helped to support socialisation and encounter within the community.

In ‘creating the conditions’ (4), it has strengthened the enabling environment across mobility (transport), assets (halls and facilities) and social capital (via community groups) that has also helped in the adjustments necessary to deal with Coronavirus. In addition to these cross-cutting themes, the Healthy Places pilot fits within and informs the implementation of the *Health and Wellbeing 2026 Delivering Together* framework. This again commits HSC to ‘become better at tapping into the innovative ideas and energies in communities themselves, and in the community and voluntary sectors. In all communities, every child and young person should have the best start in life, people should have a decent standard of living, and all citizens should be supported to make healthier and better informed life choices’ (DoH, 2017, p.12). Innovation in PB, early years mental health and age loneliness and how these help communities to make better decisions for themselves, emphasises the need to move beyond pilot programmes to mainstream delivery, where it has been shown to work.

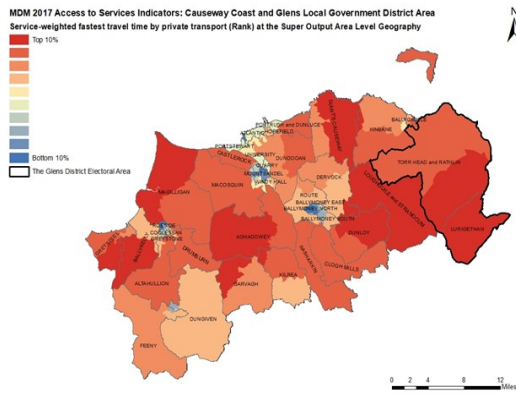
Figure 16 Policy alignment with Making Life Better

THEME	STRATEGIC FOCUS	GLENS HEALTHY PLACES DELIVERY
Theme 1	Every Child the Best Start	<ul style="list-style-type: none"> FLM delivering mental health programmes to children Impacts on child development, familial relationships and the learning environment Integrated approach across place, education and mental health
Theme 2	Equipped Throughout Life	<ul style="list-style-type: none"> Tackling loneliness across the life-course but with a particular focus on hard-to-reach older men Early intervention via innovative mental health programmes within school settings Large-scale impact with micro-investment, such as 350 people at the Participatory Budgeting vote night
Theme 3	Empowering Healthy Living	<ul style="list-style-type: none"> Supporting the most vulnerable with a mixed portfolio of projects; not a one-size-fits all approach Building the evidence base through experimentation, in FLM and Glens Mens about the efficacy of community based interventions in mental health and socialisation A focus on health inequalities cutting across traditional forms of residential segregation
Theme 4	Creating the Conditions	<ul style="list-style-type: none"> Distinctive model of change in a dispersed rural area in which community infrastructure, track record and access are vital Effective mobilisation of fixed (halls, sports facilities and schools); mobile (transport); and social capital (groups, networks and NGOs) infrastructure across the Glens DEA Participatory Budgeting emphasised the potential of innovative community partnership, especially on socialisation programmes
Theme 5	Empowering Communities	<ul style="list-style-type: none"> PB and small grants programme enable communities to self-define health and social care needs within parameters Mobility and connectivity supported via community transport initiatives A reflexive infrastructure able to respond to the diverse needs presented by the Coronavirus pandemic
Theme 6	Developing Collaboration	<ul style="list-style-type: none"> ADOG and the local implementation group bringing health actors together Strong integration with the Community Plan and its priorities on health NACN and effective governance mechanism to bring stakeholders and community resources together

The pilot was also significant in testing out *Theme 6, Developing Collaboration* and here, it has most impact and potential as a *total place* approach, especially in the context of a dispersed rural community. Total Place involves a *whole area* approach but concentrates on coordinating public spending in a more integrated way, which avoids overlap or duplication of revenue (and where necessary capital) expenditure. The key strengths of the pilot point toward a *proto* total place framework by: engaging in locally based problem identification; project prioritisation, especially through PB and local grant making; coordinated *project* spend; capital and revenue mix, albeit at a micro scale; local delivery *governance*; and community-led implementation via NACN. A single, investment focused, area-based approach to integrate spending toward agreed health and wellbeing outcomes (say as expressed in the Community Plan), is one option to help mainstream the Glens approach.

5.3. Loneliness, isolation and connectivity

The pilot also shows the potential to scale-up responses to disconnectedness and loneliness. This was raised explicitly in the consultation process and addressed in the Glens Men project, the outworking of PB funding and in a number of the small grants. In order to develop the approach, a Loneliness/*Social Isolation Index* (for both the Causeway Coast and Glens or NHSC area) could provide a baseline analysis of pressure areas (hotspots), sectors (older men) and service needs (such as demand-responsive transport). Connectivity via multiple means (interpersonal, online, transport) is an area where a community-based approach, soft networks and hard infrastructure (transport and greenways) could be pulled together in a more ambitious strategy for the Glens and wider Council area.



Lancashire County Council (2016) developed a distinct set of measures separating out concepts of **loneliness and isolation** to build a more comprehensive picture of the spatiality of health challenges. The introduction highlighted the nature of service poverty in the Glens and the diagram on the left shows the travel time by private transport, which underscores the distinct challenges in rural areas. Here, reliance on community groups, networks and services becomes more pronounced, especially as care in the home is increasingly central to health services.

There are connections with emerging capital projects on greenway infrastructure, social/green prescribing and community integration. There is a danger that synergy between these initiatives will be lost without an integrated approach, possibly developed within the Community Plan. A schedule of projects, likely costs, delivery responsibilities, and actions (generating funding, planning and design, consultation and so on) would be needed to bring the lessons of the pilot to the wider Council and Trust area within a total place framework.

The Welsh Assembly produced *Connected Communities* in 2020 and placed community development at the heart of the connectivity agenda. This is linked to community hubs, time banks and investment in locally operated transport. The Glens pilot is similarly important in shaping the discourse about loneliness and its effects in a rural context in Northern Ireland. A recent NISRA report shows that people living in urban areas are more likely to be *more often lonely* (38.0%) than people living in rural areas (31.1%) (DoF, 2020). Isolation, loneliness and peripherality, as the pilot demonstrates, takes on a distinctive edge in the Glens and rural patterns need to be understood further. The pilot could help develop a bespoke rural approach to connected communities across the region, in a way that would integrate the various project ideas and experimental schemes into a single ambitious investment programme.



5.4. The implications of Covid-19

Covid-19 did not permit all strands of work to fully complete, although most had delivered the bulk of their actions. The relationships that had grown through the projects created a strong web of mutual support, which highlights the importance of community infrastructure in dealing with such threats. This has allowed people at the margins of society to be protected as the projects were able to adapt to new modes of delivery, partner with other groups or extend their service reach. For example, FLM conducted a two-week consultation with schools to put together a package of support for teachers, pupils and families at home over the lockdown period. As with the NACN rescue packs for isolated men, food and hot meal deliveries and strengthening safe-distance contact visits, it demonstrates the *resilience* of the community sector in both planned and responsive approaches to public health challenges. It would be useful to audit place-based

communities and the various ways in which they responded to the virus and how in particular, the most vulnerable groups were cared for and with what effect.

5.5. Social value measures

Despite the impact of Coronavirus, the four projects all produced useful monitoring and impact data that showed a variety of social, community and health effects. These systems are rigorous, valid and account accurately for the volume as well as the causal effects of each intervention. This discipline needs to be developed across health interventions to demonstrate and account for the social value of such approaches. A range of metrics around return on investment would help to better evidence the effects of partnership working, especially where the interventions contribute to savings in health and social care. For example, recent work showed the impact of green and blue spaces and the opportunity benefits they create for a range of stakeholders in Derry and Strabane Council (Vivid Economics, 2019). These, of course, need to be used with care as not everything is reducible to financial metrics and simple input-output calculations.

What is clear is that low level interventions with carefully planned micro-investment do leverage significant outcomes for the public sector. Using the *VIVA Calculator* (see Gaskin, 2011) and data from the Small Grants Programme, we can show that every £1 invested in the volunteering component of the nine grants in Glens Healthy Places leveraged £1.39 in additional economic value. In a time of constrained budgets, it is important that the public sector achieves value for money but also that community organisations are properly rewarded for delivery. Similarly, it is important that the evidence base is robust in scoping out the nature of the problem and they apply valid and reliable measures of impact. The *Campaign to End Loneliness* (2016) produced comprehensive guidance on how to better understand, map and plan for its effects on older people, which could be built into area-based approaches in the future.



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Annex I Stakeholder Interviews

Name	Organisation
Karina McCollum	Causeway Coast and Glens Borough Council
Louise Scullion	Causeway Coast and Glens Borough Council
Anne Marie Doherty	Northern Health and Social Care Trust
Aine Wallace	Fresh Little Minds
Eilish Craig	Fresh Little Minds Facilitator
Siobhan McFaul	Fresh Little Minds Facilitator
Ita McErlean	Glens Men Programme
Sandy Wilson	Glens Men Programme
Margaret Reid	Glens Men Ballintoy
Gerry Burns	Glens Men & Armoy Community Association
Noeleen Diver	PB Works Network
William McMullan, PB Armoy	Summer School Armoy
Ruth McNeill, PB Armoy	Community Event – Easter Fun Day
Margaret Fizzsimmons, PB Armoy	Armoy Seniors Club
Liz Weir Small, Grants Recipient	Glens Storytelling and Cultural Heritage Group
Shauna Mitchell, Small Grants Recipient	Cushendall Development Group (CDG)
Fern Major, Small Grants Recipient	Friends of Glenariff
Angela O’Hagan, Small Grants Recipient	Loughgiel Community Association
Paula Rogan	Public Health Agency
Shauna Houston	Public Health Agency
Maurice Meehan	Public Health Agency
Elaine O’Doherty	Public Health Agency
Sharon Polson	Department for Communities
Gerard Treacy	Dept of Agriculture, Environment & Rural Affairs
Gary Maxwell	Department of Health
Dolores Palmer	Department of Health
Gillian Hynes	Department of Health
Sharon Gilmore	Food Standards Agency
Eileen Cowan	Department for Infrastructure
The authors also shared written and verbal correspondence with Karin Eyben to reflect on the PB experiences in Armoy.	

The Glens Healthy Places Pilot Local Implementation membership included Breige Conway (NACN), Noleen Diver (PB Works), Anne Marie Doherty (NHSCCT), Karin Eyben (PB Works), Shauna Houston (PHA), Karina McCollum (Causeway Coast and Glens Borough Council) and Louise Scullion (Causeway Coast and Glens Borough Council).

PB Armoyn Open Pot Steering Group membership included William McMullan, Ruth McNeill, Maire McToal, Margaret Fizzsimmons, Jean, Anne-Marie Doherty, Karina McCollum, Breige Conway, Louise Scullion, Lisa Harris, Karin Eyben and Noeleen Diver).

Annex II Glens Men Activity Schedule

Activity	Date	Location	Participants
Armoyn Get Together/Planning Meeting	17/12/2019	Tilly Molloy's Café	13
Armoyn men Trip 1	30/01/2020	Crumlin Road Jail and Colemans Garden Centre	18
Armoyn Get Together/Planning Meeting 2	14/02/2020	Tilly Molloy's Cafe	15
Armoyn men Trip 2	27/02/2020	The St Patrick's Centre Downpatrick	14
Ballycastle and Ballyvoy Get Together/ Planning Meeting	17/12/2019	Thyme and co Cafe	9
Ballycastle and Ballyvoy Get Together/ Planning Meeting	21/01/2020	Thyme and co Cafe	5
Ballycastle and Ballyvoy men Trip 1	25/02/2020	Titanic Belfast & Colemans Garden Centre	14
Ballintoy Get Together/Planning Meeting	16/12/2019	Ballintoy Church Hall	9
Ballintoy Get Together/Planning Meeting 2	08/01/2020	Ballintoy Church Hall	8
Ballintoy men Trip 1	24/01/2020	Titanic Centre, Belfast	12
Ballintoy men Trip 2	14/02/2020	Exploris Aquarium, Portaferry	14
Ballintoy men Trip 3	03/03/2020	Patterson's Spade Mill, Workshop and Storytelling	15
Cushendall Get Together/Planning Meeting 1	12/12/2019	Old School House Cushendall	15
Big Breakfast meeting	08/01/2020	Café Revive Cushendall	15
Cushendall men Trip 1	30/01/2020	Patterson's Spade Mill, Workshop and Storytelling	14

Cushendall men Trip 2	19/02/2020	Ulster Folk and Transport Museum	18
Big Breakfast 2 at Café Revive	26/02/2020	Café Revive Cushendall	15
Cushendall men Trip 3	12/03/2020	Glenarm Castle Estate & Workshop	16
Cushendun Get Together/Planning Meeting 1	23/01/2020	McBrides Cushendun	9
Big Breakfast at Café Revive	06/02/2020	McBrides Cushendun	20
Cushendun men Trip 1	11/02/2020	Crumlin Road Jail	17
Loughgiel Get Together/Planning Meeting 1	16/01/2019	Loughgiel Millennium Centre	18
Loughgiel men Trip 1	12/02/2020	Crumlin Road Goal	17
Loughgiel men Trip 2	05/03/2020	Stormont Belfast	18