

## **Communities In Transition**

### **Participatory Design Process – Reporting Template**

Please complete this report following each participatory design session (i.e. one per session) to record the key of the discussion. Please use the sections below to structure the report. If any area was not covered during the discussion, please note that in the relevant section.

Please return the completed report to [cit@cooperationireland.org](mailto:cit@cooperationireland.org) within one week of each participatory design session.

*Area: Carrick and Larne*

*Theme: Health and Wellbeing*

*Date: 29/01/2019*

*Number of attendee's: 6*

#### **1. Proposed interventions discussed to address the issues identified in Phase 1 fieldwork?**

Participants agreed with, but could not expand upon, the interventions suggested in Phase 1. These interventions were:

- Improving awareness, education and support around addictions and mental health has the potential to reduce coercive control and influence.
- Education work around negative impact of drugs/alcohol (early intervention);
- Support work for those with an addiction/mental health issues;
- Education/promotion of alternate ways/means of securing loans/financial assistance for those in debt (including signposting to support organisations and the 'Make the Call' initiative');
- Improve inter-statutory coordination (Health Trusts, support hubs, social services, PSNI etc.) on working with vulnerable individuals 'at risk' of coming into contact with armed groups.
- Support for interventions for conflict related trauma, including suicide prevention, and self-harm, depression and anxiety.

Additional interventions suggested by participants included:

- Gym memberships and outdoor pursuits for young people to combat mental health issues and the pursuance of damaging recreational activities around drugs and alcohol that bring young people to the attention of criminal gangs/paramilitaries.
- One-to-one mentoring work to guide community members through even the most basic process – the community is characterised as high in dependence but low in capacity.

- The community needs to identify and promote positive community role models ('community champions').
- Best practice visits to learn from other communities across Northern Ireland that are significantly more advanced on a transition continuum.

**2. Comments on current community capacity to address issues identified?**

- Community capacity is extremely low to address the issues identified. The low capacity is accentuated by the prevailing community tensions between statutory agencies (particularly the Council) and the community. The lack of traction several statutory organisations seem to have with some in the community in the B4 areas of Carrick and Larne serves to deepen the impact of the issues faced by the community.

**3. Outcomes that participants suggested these interventions would achieve?**

- Participants believed that interventions need to break the generational cycle of low educational attainment and attendance – poverty of hope – poverty (financially) – associative health issues (mental health/drugs/alcohol/sexual behaviour).

**4. How did participants suggest will we know if these projects/interventions have succeeded? (indicators/measures)**

- Participants suggested that an indicator of success could be that the most marginalised young people, families and individuals could have been engaged with.

**5. Target beneficiaries/participants of the suggested interventions?**

- Local young people
- Community groups
- All community residents

**6. How did participants suggest these projects/interventions will build the capacity/capability in the community?**

- Best practice visits could encourage the exchange of information and provide positive examples of work elsewhere which could be developed in Carrick and Larne;
- Mentoring work with those most 'vulnerable' in health and well-being terms would provide a resource to supplement existing mentoring work in the area – but build upon it as by very definition one to one mentoring work is labour intensive and engages with relatively low numbers of those most in need.
- Physical fitness programmes (including encouraging healthy living and perhaps gym membership) is tied in to also improving mental health and offering a viable 'adrenaline' filled alternative activity - particularly for those young people who may engage in 'risk taking' behaviour such as alcohol

and drugs (which may in turn perhaps lead to anti-social behaviour or getting in to drug debt with gangs/armed groups).

**7. How did participants suggest these projects/interventions will support the overall objectives of the Tackling Paramilitarism Executive Action Plan...?**

- a. **Paramilitarism has no place.**
- b. **Citizens and communities feel safe and confident.**
- c. **The public support and have increased confidence in the justice system.**
- d. **Support is available for those who wish to move away from paramilitary activity and structures.**

This question was not specifically discussed. But it was felt that focusing on either preventative work (in terms of educating people about addiction/debt), promoting healthy living as an alternative to alcohol/drugs, and mentoring work with those already living with addiction/stress/mental health issues would reduce the numbers of individuals who may get drawn into illegal activity/criminality and recruitment to an armed group (either through drug or other forms of debt).

**8. Any dependencies identified by participants?**

- Participants said that the community was highly dependent on statutory bodies (in particular the Council) but low in capacity. Paradoxically, there appears to be a strained relationship between some in the community and statutory agencies such as the council (particularly with the move towards the new council boundaries and perception that the new council is 'Ballymena orientated.').
- It was suggested that trust/relationships were needed to work with those with mental health/addiction issues in particular. Some concern was expressed that external organisations with no networks/relationships in the community would find it difficult to effectively engage in such work without local support.

**9. Any risks identified by participants?**

- The language of this programme will prevent the community from engaging with any intervention or project associated with terms such as "Tackling Paramilitarism" or 'lawfulness', for example. It was also suggested by one participant that this was why more members of local communities were not attending PDP meetings.

Participants identified the following barriers and risks to potential interventions/programmes:

- The lack of trust/relationship between individuals and community groups from differing areas in Carrick and Larne – risk of promoting competition (as opposed to cooperation) between communities for funds and resources.

- Poor (or no) relationships between communities and political representatives
- Poor (or no) relationships between communities and statutory organisations.
- Coercive control of criminal gangs/paramilitaries
- Community anxiety stemming from the ongoing paramilitary feud in the area (Carrick). It was suggested that this had led to people 'keeping their heads' down and not wanting to engage with a programme which has 'Tackling Paramilitarism' as its strapline.

**10. Any other comments made by participants?**

- A participant expressed a desire to see research conducted on the prevalence of prescription drug use in the area and the correlation with mental health issues and anti-social behaviour.
- A statutory participant maintained that there should be correlation between existing health and wellbeing programmes already operating in the area and any new interventions established under this programme.
- Increasing youth provision isn't necessarily the answer as participants indicated that young people can only really be attracted to youth provision from Monday-Thursday and they want to socialise with their friends on weekends. Participants said that this socialising tends to involve drug and alcohol use.

**11. Is a further follow-up workshop required? Please provide details.**

No follow-up workshop required.