

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 within one week of each participatory design session.

Area: Brandywell & Creggan

Theme: Health and Well-being

Date: 21/01/19

Number of attendees: 15

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

Wraparound community-based support for marginalised adults and families, to include:

- Mental health/counselling and addiction support;
- Physical activities to improve physical and mental health;
- Pathways to education, training and employment (see Community Development report);
- An outreach/engagement strategy (and worker) to identify and engage with marginalised adults and families, in order to support them in availing of community-based services;
- Outreach and information work to engage with adult males in 25-50 age range, who are least likely to engage with existing health and well-being provision;
- Community education and dialogue, with a particular focus on combating the stigma around mental health, drug use and addiction and 'punishment' attacks.

The work should involve engagement with and through families to ensure maximum impact of counselling, advice and information and should include sustained mentoring for people involved to ensure the programme / engagement has a sustained impact.

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

Participants noted that community-based mental health services are under strain, just as statutory providers are struggling to fulfil long waiting lists. They

made the case for much needed additional support in this area. It was also stated that the lack of clear pathways and referral mechanisms between community-based services and activities represents an obstacle to their having a more long-term, sustainable impact on those who use them.

On a related note, there was a consensus that there is a need for dedicated outreach and engagement work to identify and engage with marginalised adults and families who may not have the awareness or confidence to avail of community-based services.

Participants also noted that many people may be reluctant to engage with statutory service providers due to lack of trust and confidence in key agencies.

Any programme should have the capacity to engage pro-actively with people, rather than wait for a crisis or for people to approach community-based services. This could be done via schools or through an initial door-to door approach within the community.

Any engagement health and wellbeing programme will need to have appropriate incentives or support such as free childcare; free gym access; be linked to wider employment and training.

3. Outcomes that participants suggested these interventions would achieve?

- Will build resilience with the community, including physical, mental and parenting skills;
- Will help to enhance and strengthen the coordination of community-based services, particularly for those experiencing or impacted by mental health and addiction problems;
- Will help to enhance pathways available to those experiencing such difficulties and are liable to become involved in criminality or fall under the influence of paramilitarism;
- Will improve access to community-based services for those marginalised adults and families who are not currently availing of them;
- Will help to combat the stigma around mental health and addiction along with the attitudes that support paramilitary style attacks and intimidation.

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

- Increased use of community-based services;
- A long-term reduction in the number of people entering the criminal justice system;
- A long-term reduction in the incidence of criminality;

- Improved mental and physical health outcomes for those liable to become engaged in criminality or fall under the influence of paramilitarism;
- An increase in the number of people in employment or training;
- A reduction in the number of paramilitary style attacks.

5. Target beneficiaries/participants of the suggested interventions?

- Marginalised adults with mental health or addiction problems and are liable to become involved in criminality and/or fall under the influence of paramilitarism;
- Family units which are (liable to be) impacted by mental health or addiction problems, associated criminality and/or paramilitarism.

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

- Will strengthen existing community-based services;
- Will help to improve collaboration and signposting between community organisations, providing better support for those who need it;
- Will help to re-integrate marginalised adults and families into the community;
- Will help to encourage a necessary long-term shift in how people view mental health and addiction problems, at the same time challenging the attitudes that support paramilitary attacks.

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.

The proposed intervention would seek to ensure that there are early, preventative measures, alternative pathways and enhanced community support mechanisms in place for marginalised adults and families who have fallen or are liable to fall under the influence of paramilitarism. At the same time, it will seek to challenge the stigma around mental health and addiction along with attitudes that support paramilitary attacks.

b. Citizens and communities feel safe and confident.

Citizens will feel safer and more confident when there are appropriate support mechanisms in place for those who have mental health and addiction problems and may be on a path to involvement in criminality. They may also feel safer and more confident with a better understanding of addiction as health and societal issues that can be addressed with preventative action.

c. The public support and have increased confidence in the justice system.

N/A

d. Support is available for those who wish to move away from paramilitary activity and structures.

Access to the proposed intervention would be extended to ex-prisoners and those who are moving away from involvement in paramilitary activity (along with their families) particularly as they are among those most likely to suffer mental health or addiction problems.

8. Any dependencies identified by participants?

N/A

9. Any risks identified by participants?

N/A

10. Any other comments made by participants?

Participants recognised that that statutory services are under immense strain – that diminished resources and long waiting lists in the statutory sector mean increased pressure and limitations on community-based services. It was stated that community-based services should not be expected to compensate for the withdrawal of state provision. At the same time, it was acknowledged that this drove home the need for clear referral pathways and concept of progression for those accessing community-based services.

Participants were also keen to stress the need to address these issues and their impact in the context of the family unit.

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

N/A