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: Shankill

Theme: Health and Wellbeing

Date: 13/02/2019

Number of attendee's: 6

1. **Proposed interventions discussed to address the issues identified in Phase 1 fieldwork?**
   - Participants highlighted that in terms of the community dynamics and characteristics of this area, the most appropriate interventions would be those focused on befriending and mentoring. It was noted that current provision within community organisations that operate befriending services are stretched to capacity. Therefore, more support for attracting volunteers to act as community befrienders and mentors is needed.
   - Integrated services based in the Spectrum Centre, work holistically with individuals, families and the community.
   - A participant suggested that an emergent issue locally is the parents of young people borrowing money to fund their own drug addiction. It was mentioned that debt and coming to the attention of paramilitaries through drug debt is not just an issue for young people, but also older people within the community.
   - Participants stated that the closure of FASA was a big loss to the community – not simply because of the loss of service (as other organisations have taken on part of that work), but also in the sense that the organisation (building) offered a physical/visual presence in the community, which is missed. In sum, many felt that a core base is needed for service providers; and which will provide a physical space, which is accessible to the community.
   - Detox facility – given the health and wellbeing needs of the community, participants emphasised that a local space for detox and connected complimentary therapies is needed within the Shankill. Additionally, participants discussed the breakdown of health provision on a Northern Ireland wide basis with accident and emergency being ill-equipped and

unsuitable to meet the health and wellbeing needs of individuals. It was suggested that the development of walk-in crisis centres on a localised community basis would also be a positive development.
- Information/drop in session with service providers to highlight to local community what health and well-being services are available to them (Like the 'Leave the Lights On' event in the area). An information pack to be distributed to homes locally could also be considered for those unable to attend such events.

2. **Comments on current community capacity to address issues identified?**
   - Participants believed that a reason for the low capacity within the community itself to address the issues identified was, in part, due to a lack of awareness or knowledge within the community of existing service provision that is available locally.

3. **Outcomes that participants suggested these interventions would achieve?**
   - Participants suggested that interventions could produce outcomes within the community that includes a level of provision and self-responsibility. In other words, such interventions should aim to promote an uptake community service provision, but should also focus on empowering individuals to acknowledge, and seek solutions to the factors, which have a detrimental impact on their own lives.

4. **How did participants suggest we will know if these projects/interventions have succeeded? (indicators/measures)**
   - Uptake in local people using local service provision
   - Increased and sustained collaboration between current community and voluntary sector service providers and statutory service providers.

5. **Target beneficiaries/participants of the suggested interventions?**
   - All members of the community
   - Community and voluntary sector service providers
   - Statutory service providers and agencies

6. **How did participants suggest these projects/interventions will build the capacity/capability in the community?**
   - Participants stressed the need for interventions to work towards changing the culture within the community in terms of confidence and readiness to come forward to access support from organisations/agencies.

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.**
    - A participant expressed a core belief that a community, which fails to recognise, confront and deal effectively with health and wellbeing issues (focusing around trauma and legacy of the conflict) cannot transition. By dealing with issues that continue to impact and stymie community development, individual capacity grows; that in turn sustains community capacity and development.
    - A cyclical process that involves trauma/loneliness/drugs/debt creates a vacuum in which paramilitaries can exploit individuals and communities. Participants suggested that challenging this culture and mind-set through interventions can help negate conditions in which paramilitarism prospers.

8. **Any dependencies identified by participants?**
    - Participants suggested that for interventions to be successful they cannot be standalone and conducted in isolation. Many emphasised that a holistic service which meets the full needs of individuals is required.
    - The interventions must be flexible and person specific as health and wellbeing needs are so complex that a generic programme would not suffice.
    - Service provision must be able to respond to need on a 24/7 basis. This is lacking in the area at present, and in particular, for those in crisis or vulnerable to a relapse.

9. **Any risks identified by participants?**
    - Participants noted that the choice of delivery partner is crucial in this area, as a delivery partner with no local credibility will not be accepted.
    - A participant noted that trained practitioners are vital as the risk of re-traumatization in working with individuals suffering from trauma is critical.

10. **Any other comments made by participants?**
    - A participant noted that health and wellbeing issues in the Shankill area are complex and cannot be compartmentalized. It was posited that health and wellbeing issues impact each generation/demographic within the community, yet the priority has tended to focus on responding to violent conflict, which has subsumed people and services.
    - A participant stated that conflict became a normalised childhood experience for successive generations of children and young people in the

area. According to participants this was compounded by a generational trend of poor parenting skills, social skills, self-care and other socialisation issues within the Shankill.

- Participants involved in community and voluntary sector service provision maintained that the nature and system of funding meant that organisations and individuals were constantly living on edge as funding runs out. This means that there is little or no possibility of developing or coordinating a long-term strategy.
- Participants highlighted an appetite locally for counselling services with trauma and resilience being suggested as key issues (particularly as some people do not realise they are dealing with a trauma legacy from the conflict).
- Participants emphasised that health and wellbeing issues impact on all ages and individuals in the community. It was noted by a participant that in their experience a lot of interventions are focused (and funded) for young people and that the generation (aged 30-45/50) are dealing with issues of loneliness and social isolation that manifest as poor health and wellbeing issues/outcomes.
- Health and wellbeing practitioners in attendance discussed the need to be cognisant that effective interventions can be dependent on developing relationships with individuals and only after establishing relationships of trust can interventions, such as counselling, be possible.
- Participants discussed the danger of how "normalised" drug use is for young people (and parents) on a social basis, particularly with people 'self-medicating' with prescription drugs.
- Participants mentioned that people presenting at hospitals/medical practitioners with substance or alcohol use cannot be given a mental health diagnosis ('dual diagnosis') – this then has a major impact for the individual and their family as their underlying conditions of their addiction are not being responded to.
- With specific reference to the culture and dynamic of relationships in the area, participants highlighted the need to resource and support the informal networks/individuals. It was discussed how in this community individuals in positions of responsibility (such as football coaches/band leaders/ community workers) are approached by people needing support for health and wellbeing issues and those individuals need supported to signpost people to get the help they need.

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

No further follow-up workshop required.