



Glens Healthy Places

Programme Evaluation Report

December 2021 – December 2023

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Executive Summary

The Glens Healthy Places (GHP) programme was a community-based health intervention delivered across the Glens area of Northern Ireland from 2021 – 2023. Funded by the Community Foundation and delivered by the Northern Area Community Network (NACN) as the lead partner as input from a cross-sectoral working group, the programme has worked to improve local health outcomes, reduce place-based inequalities, and enhance wellbeing through four programme elements:

Glens Men

- Delivered over 130 hours of activities targeting older socially isolated men. 116 men participated in walks, talks, tours, and gardening initiatives.
- Recruited a demographic mix including complex cases. 85% of participants were aged over 65 and retention was high over the 18 months of events and activities.
- Analysis using the GHQ-12 questionnaire showed a modest improvement in mean mental health scores between baseline and exit across participants. Specific indicators like self-confidence and ability to cope were shown to improve.
- Feedback highlighted benefits around socialisation, peer interaction, knowledge exchange and access to places of interest such as museums or local heritage sites.
- Implications include further integrating with the Community Listeners; increasing the provision of outdoor activities like walking clubs; encouraging maker-style activities and exploring possibilities around creative engagement techniques in citizen science.

Participatory Budgeting (PB)

- The PB programme engaged over 1,468 residents across 9 Glens villages to allocate £47,400 in funding to over 83 community defined PB projects.
- Strong attendance was seen at the PB voting events, with engagement from a range of demographic groups during the process, including Compass point and reflection events. High satisfaction was reported with the voting process and evidence of greater involvement in other community-based activities.
- On average, 38% of participants across the villages reported feeling an increased sense of real influence in their community after the PB process.
- PB increased wider participation in the villages, built community solidarity, and created opportunities for relationship building aligned to goals around mental health, rural regeneration, and wellbeing services.
- Some unfunded PB bids successfully acquired investment elsewhere, including statutory agencies, local authorities and credit unions demonstrating the leverage potential of PB activities.
- Implications include: continuing adaptive support to develop the local PB ecosystem through village partners; connecting processes strategically to wider funding programmes such as PEACE; using PB to facilitate consultation processes on village plans or procurement processes across Causeway Coast and Glens Council.

Community Listeners

- The programme trained 105 volunteers to provide emotional support and connect people to existing health and wellbeing services across the glens. Volunteers showed a

good understanding of emotional wellbeing and now have relevant skills and competencies to offer peer-to-peer listening support as well as in-place signposting.

- The recruited listeners reported high programme satisfaction in terms of tutor quality, practical organisation, sessions meeting their expectations and the development of relevant new skills to support their listening capacity and awareness of mental health conditions.
- They also demonstrated an ability to apply practical learning around communication techniques, coping skills, setting boundaries and self-care.
- Implications include formalising the approach into a broader listening framework and strengthening referral pathways to other NACN supported services.

Fresh Minds Education

- The Fresh Minds Education (FME) Schools Support programme was implemented to improve children's mental health and wellbeing. It involved teacher training on trauma-informed approaches and providing classroom resources to support the advancement of the AMBER approach.
- Over two cohorts of delivery concluding in August – November 2023 respectively 11 primary schools participated reaching 983 pupils. There was high teacher participation with 43 teachers/assistants trained over two cohorts.
- Significant self-reported gains by teachers were found in areas like knowledge of child development, translating the taught approaches or other tools into teaching practices, and trauma-informed methods.
- Positive trends were found in pupils' wellbeing measures from baseline to exit. Improvements ranged from 10–27% in areas like dealing with problems, managing anxiety/stress, family relationships and general wellbeing.
- Interviews with teachers revealed the FME resources were child-friendly and flexible across year groups and different curriculum areas. Other benefits included: easier management of disruptive behaviours; scope for creative, cross-curriculum applications; supporting teacher professional development; and facilitating better mental health conversations between school staff, pupils, and parents.
- The training increased teacher confidence in supporting child wellbeing and encouraged new initiatives like school mindfulness spaces. Teachers are now aiming to embed the AMBER approach and affiliated methods through whole school strategies and by sharing experiences with other schools.

Overall Conclusions

- Potential to develop an integrated community mental health pathway connecting the four elements delivered here as well as other local services or community projects that support health and wellbeing or are working to advance the Take 5 frameworks.
- Build monitoring systems to gather data on long-term health/wellbeing impacts—particularly on the individuals, and to assess social value impacts of work to better understand the financial savings and cost implications of this type of intervention.
- Formalise interventions based on best practice frameworks while retaining participatory co-production approaches (like PB) to support better place-based health and wellbeing outcomes.

- Recommendations include developing the model into a comprehensive, long-term funded service tailored to meet the local health and wellbeing needs of the Glens context. This would involve drawing on WHO design guidance to develop a business case to explore the feasibility and cost implications of the model in practice.
- Applications could be made to scale impacts and reach through other emerging funding programmes like PEACEPLUS or scale the different elements via local funding streams administered through the local council. Corporate sponsorship represents potential financial support for PB activities whilst FME could explore commissioning and procurement opportunities through the Public Health Agency, the Education Authority and Regional Health and Social Care.

The evaluation demonstrates the significant potential of community-based approaches under local intermediaries like NACN to effectively improve health and wellbeing outcomes in a rural setting. Although focussed on the Glens area, the learning and implications from this work have relevance for place-based health interventions in other localities across Northern Ireland and beyond.

1 Introduction

1.1 Programme Rationale

A pilot Glens Healthy Places Demonstration Programme was delivered between November 2019 and March 2020 and supported by the Public Health Agency. It aimed to test out an area-based approach to address the complex needs of rural communities in the wider Glens area. The aim was to improve health, reduce inequalities and improve well-being and wider social outcomes. It also brokered strategic working across government departments and agencies, with local government and specific communities to empower and support them to be safe, thriving, connected and confident places.

It is worth emphasising, in the context of the evaluation design, that this Glens Healthy Places programme (2021 – 2023) advances the 5 dimensions of the Take Five framework below. Connecting to these high-level outcomes was important across the four programme elements as well as cumulatively.

- **Connect:** Connect with the people around you: family, friends, colleagues and neighbours at home, work, school or in your local community.
- **Be active:** Go for a walk or run cycle, play a game, garden, or dance.
- **Take notice:** Stop, pause, or take a moment to look around you.
- **Keep learning:** Don't be afraid to try something new, rediscover an old hobby or sign up for a course.
- **Give:** Do something nice for a friend or stranger, thank someone, smile, volunteer your time or consider joining a community group.

1.2 Programme Design and Management

The programme has been supported by the Community Foundation for Northern Ireland (CFNI) with funding from the Department of Health spanning two years and has been delivered by the Northern Area Community Network as the lead partner. Following on from the pilot, a local cross-sectoral working group has continued to advance the model as a place-based approach to improving health and wellbeing. This group has included representation from Causeway Coast and Glens Borough Council, Northern Health and Social Care Trust, Northern Area Community Network, Fresh Minds Education and Participatory Budgeting Works. The programme was organised across 4 distinct elements of work:

- **Participatory Budgeting** across 9 Glens villages to empower communities to define their health and well-being priorities and to fund small initiatives to address local needs.
- **Glens Men Project** throughout the Glens DEA which sought to tackle issues such as social isolation and poor mental health targeting specifically older men.
- **Children's mental health and resilience** in primary schools within the DEA supporting school staff and parents/carers in their delivery of resources that can improve mental health outcomes in young children.

- **Supporting Community Listeners** and raising awareness for mental health and emotional well-being by identifying local services and delivering relevant support activities.

1.3 Experience of Phase 1 of the Glens Healthy Places

The evaluation of the [Glens Healthy Places Programme 1](#) showed how it created a rapid and flexible response to the needs of local people and tested out a place-based approach to health by working through local structures; building on community assets; and bringing together expertise across the voluntary and statutory sector. Community infrastructure, networks with area-based and sectoral groups and extensive knowledge of local dynamics (including the hidden lonely) offered a prototype in place-based health planning. The first evaluation also demonstrated the need for the project and for engagement to be maintained but for integration between the elements to offer a more holistic approach to local planning. It also stressed the inefficiencies of start-stop interventions based on short-term financing when there is both evident need and demonstrable impact in such projects.

1.4 Evaluation Approach

The report is broadly organised around the above areas of work and uses a range of data-gathering methods to capture local and wider programme effects. These include an in-depth analysis secondary data held by the lead partner, NACN and gathered by the four programme elements; deployment of survey methods like the GHQ questionnaire to baseline impacts vs other cohorts and areas; a critical review of the four areas of work (Glens Men, Fresh Minds Education, PB across the Glens and the Community Listeners) which included observations by the evaluators at different events during the programme; as well as semi-structured interviews with FME teachers and a focus group of individuals responsible for co-ordinating PB activity. The evaluators also attended several PB voting events and presented their interim findings to the cross-sectoral working group at various points during the delivery from 2021 to 2023.

1.5 Evaluation Report Structure

The initial sections of this report have set out the context and rationale of the Glens Healthy Places programme and outlined the influence of the pilot work which was delivered previously between 2019 and 2020. In particular, it highlights the connection with the Take 5 framework and will also offer an overview of the monetary and non-monetary inputs which have combined support programme design and practice. The main part of the evaluation report from part 2 onwards describes the performance of the four different areas of work, using interviews, observation at events, project monitoring data and participant feedback surveys. Section 6 draws the analysis together, reflects on the learning and sets out the implications for policy and future practice in this area.

1.6 Costs and Allocation of Resources

The overall breakdown of the budget is summarised in Figure 1, which shows that the majority of the £285,056 was invested in staff (47%) and operational (45%) costs. The overheads made up just 5% of the budget.

Figure 1 Overall cost structure of the programme

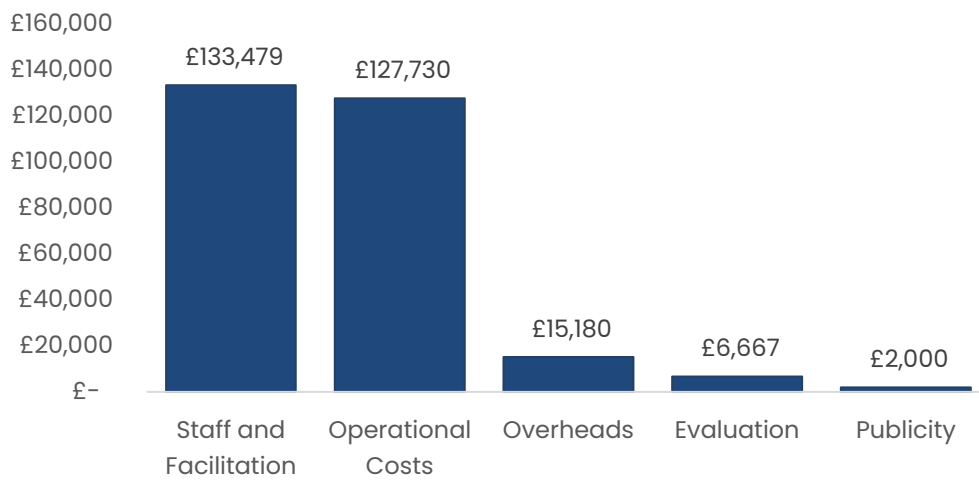
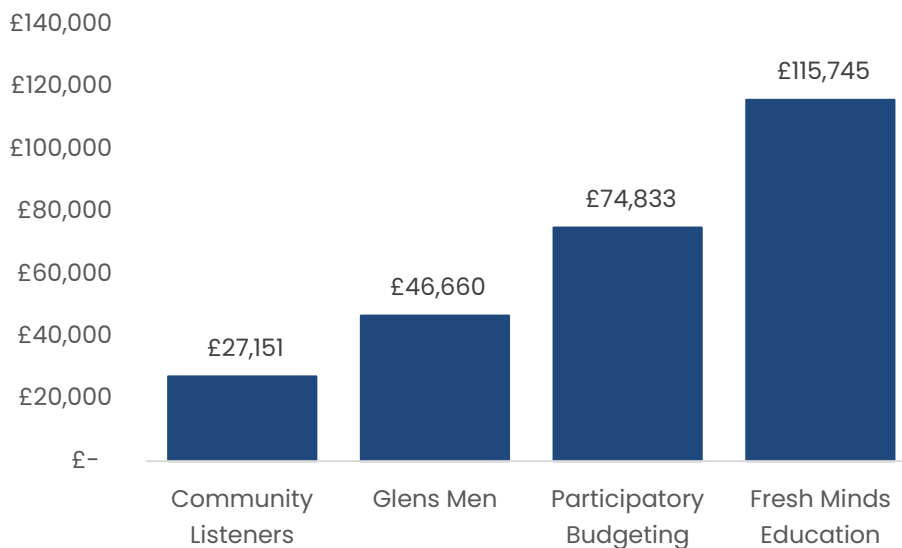


Figure 2 Programme allocation by value and work area (£)



The financial allocations to these programmes are shown in Figure 2. The Community Listeners took up 10% of the overall programme costs, with 44% allocated to Fresh Minds Education. Glens Men and Participatory Budgeting comprised 18% and 28% respectively.

1.7 Organisational Inputs

In addition to financial support, programme delivery was supported by several non-monetary inputs which helped to coordinate activity and advance the rationale of the initial application. These are summarised below:

Robust governance structure. The umbrella structure provided by the cross-sectoral working group provided sound governance and ensured that delivery deadlines were met, risks were

mitigated, and adequate operational support was provided to maintain the momentum of the programme throughout.

Sharing capacity and expertise. Direct operational support administered by NACN across the four programme elements has supported community capacity across the Glens. For example, the allocation of PB funding awards demanded working with individuals or groups with limited experience in managing grant aid. Although the awards were small, the distribution across 83 funded projects required significant input from NACN and the PB facilitators to ensure that programme monies were spent in line with the relevant procurement guidelines and awards criteria. In the long term, this experience will build the capacity of smaller community groupings across the Glens to manage grant aid effectively and potentially grow their confidence to seek out further funding opportunities that might support their work.

Utilising local intermediaries. NACN as an area-based network has been critical to the delivery of this programme but also for potential future community-based health responses. Their role as an intermediary has enabled connectivity with local individuals, groups and existing services across the Glens which supported effective programme recruitment, curation of activities, events delivery, and engagement with hard-to-reach cohorts (e.g., older isolated men living across the different rural villages).

Recruiting sector specialists. Deployment of sector specialists, for example, Fresh Minds Education and experienced local PB practitioners have offered tacit knowledge and thematic sectoral expertise at the point of delivery. The appointed Glens Men facilitator also drew on local experience but also the wider NACN network to develop awareness around complex issues like loneliness and curated events and activities that connected well with the interests learning styles and capabilities of the recruited older men.

Evaluation input. Programme evaluators met with cross-sectoral working group at various points during the delivery to provide real-time monitoring and evaluation. These reflection points provided recommendations to help refine the programme delivery model and ensure that the four different elements were advancing the outcomes set out in the initial application. A series of short learning briefs were also published to disseminate programme effects and learning as and when they emerged to a wider stakeholder audience beyond the cross-sectoral working group. The table below summarises the events attended by the evaluators during the delivery of the programme to help understand its local effects.

Event	Date
Community Listeners Launch	April 2022
PB in Glenariffe	July 2022
PB in Cushendun	July 2022
PB in Armoy	August 2022
FME Presentation of Resources	October 2022
Glens Men Walk and Christmas Lunch	December 2022
PB Reflection Workshop	September 2023
Glens Men Reflection Event	November 2023
Glens Men Wives Afternoon Tea	November 2023
Community Listeners Reflection Event	November 2023

2 Glens Men

2.1 Glens Men Rationale

The Glens Men programme is a continuation of the first Healthy Places programme and builds on its evident success. The evaluation of the first phase emphasised its role in addressing rural loneliness and in particular how risk groups, such as older men can be effectively reached via a community-based approach. It also acknowledged the particular challenges of mental health in a rural environment. Here, WHO (2021a) point out that the effects of loneliness are accentuated by isolation, and this has been reflected in the redesign of the overall programme, especially with the Listeners component. For this reason, it is important to understand what these effects mean for the target group and how they relate to known attributes of rural loneliness in low mood (e.g., feeling unable to make decisions), physical health (e.g., trouble sleeping or sleeping too long) and their emotional health (e.g. feeling bored, angry, or left out) (WHO, 2021a, p.2).

WHO (2021a) also point out that men most value groups that try to increase social opportunities and interaction with others. While many men want mixed social, gender and age groups they equally value activities that facilitate emotional and social ties with other men. Similarly, Musella (2023) makes the distinction between emotional and social forms of loneliness with the latter providing a framework for community interventions aimed at bringing men together in a social arena. This is not to say that such practices do not address emotional estrangement, only that their primary purpose is about collective interventions. This is why, in evaluation terms, it is important to explore the alignment between the problems experienced by older men and the design of interventions via Glens Men.

2.2 Glens Men Programme Design and Activity

Figure 3 summarises activity across the programme and in particular the volume of participants (116), with more than 130 hours of direct contact and supported by 13 volunteers. It is also worth noting the importance of female participation, especially to help some men to access the programme for the first time, support them practically and enable them to build a degree of trust with the wider group. 85% are over-65 although there has been representation from younger men over time. The 28 women that participated are the wives, partners, and carers who attended the reflection event during December 2023. The importance of the community network and in particular established groups as gateway infrastructure clearly underpins the programme.

- The frequency, volume and variety of activity achieved in a comparatively short period of time is set out in Table 1. There is a difference in attendance with some events task or skills focused and others more collective and social, hence the data range. The mean rate of participation was 16.4 with a standard deviation of 16.1, reflecting the mixed method of delivery across areas and activities. Duncan et al. (2021) describes the type of interventions that address isolation and loneliness (see conclusions and implications for a broader consideration of its role in a place-based health approach) and the Glens Men programme maps effectively against the key tenets of that approach.

- First, there is evidence that the intervention aimed to prevent further decline in mental stress and as the quantitative and qualitative data show, some evidence that this has been effective for the Glens Men cohort.
- There has also been a significant investment in building mental health awareness and in particular in highlighting problems, prevention strategies and the potential of recovery planning.
- Physical activity has also been integral to the delivery of a range of activities and as is shown later, there is an appetite for more active health approaches in the Glens.
- The most significant activity and impact area is what Duncan et al. (2021) term ‘social activities and befriending’ and as noted below, the emphasis on socialisation, meeting and talking have been at the core of the design of Glens men activities.

Figure 3 Overview of attendees, contact hours and group engagement

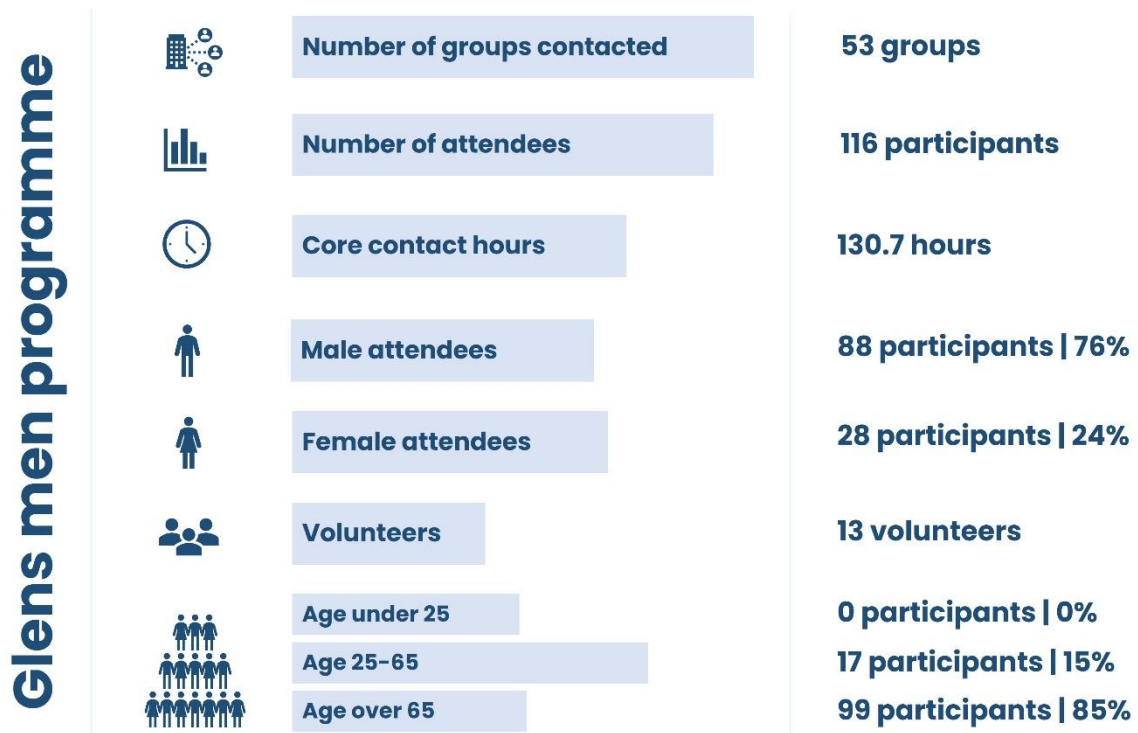


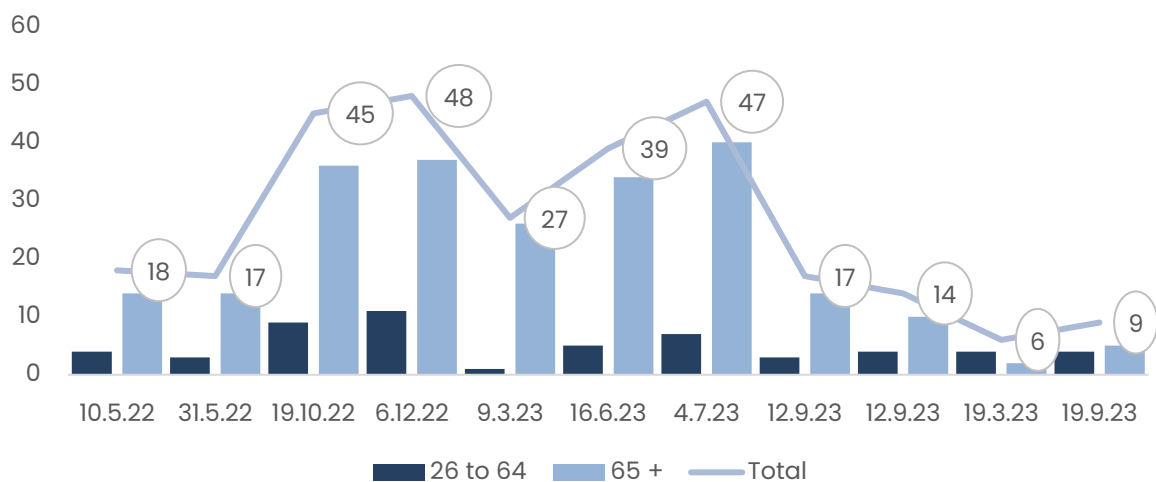
Table 1 Glens Men programme

Date	Activity	Total number attended
1.02.22	Needs analysis	51
11.02.22	Launch of Booklet	24
29.03.22	Dander & Dinner	57
26.04.22	Ulster Folk Park	36
10.05.22	Wildlife Gardening	18
31.5.22	Wildlife Gardening	24
29.6.22	Sayings of the Glens	15
16.8.22	Tour of Derry/ Londonderry	39
19.10.22	NI Digital Archives and Big Breakfast	51
02.02.23	Meet & Chat Cushendall Glenariffe Waterfoot	7
07.02.23	Glens Men Meet & Chat Loughgiel	22
09. 02.23	Glens Men Meet & Chat, Ballintoy	16
14.02.23	Glen's Men Meet & Chat, Armoy	10
16.02.23	Glens Men Meet & Chat Cushendun	16
09.3.23	Movement and Mind Management	45
19.04.23	Mind Your Mind	34
16.06.23	Garden Show	40
04.07.23	Rathlin Island	48
17.4.23	Mid Glens social café (SC)	0
27.4.23	Loughgiel SC	6
3.5.23	Armoy/Mosside/Stranocum social cafe	2
9.5.23	Ballintoy/Ballycastle SC	7
15.5.23	Mid Glens SC	7
25.5.23	Loughgiel SC	5
31.5.23	Armoy/Mosside/Stranocum	3
5.6.23	Ballintoy/Ballycastle SC	9
12.6.23	Mid Glens SC	6
22.6.23	Loughgiel	3
28.6.23	Armoy/Mosside/Stranocum SC	4
3.7.23	Ballintoy/Ballycastle SC	10
4.7.23	Rathlin Island	48
3.8.23	Loughgiel SC	2
9.8.23	Armoy/Mosside/Stranocum SC	6
14.8.23	Ballintoy/Ballycastle	6
21.8.23	Mid Glens SC / Pain Session	13
6.9.23	Armoy/Mosside/Stranocum SC / Pain Session	4
11.9.23	Ballintoy/Ballycastle SC / Pain Session	9
12.9.23	Mid-Glens Energy Efficient Cooking	18
12.9.23	Ballintoy / Ballycastle, Study Tour Old Mill, Cloughmills	13
18.9.23	Mid Glens Social Cafe	6
19.9.23	Broughshane Visit	6
19.9.23	Loughgiel - Tracing Your Family Tree	11
4.10.23	Armoy/Mosside/Stranocum SC	7
9.10.23	Ballintoy/Ballycastle SC	3
16.10.23	Mid Glens SC	6
17.10.23	Ballintoy / Ballycastle, Energy Efficient Cooking	7
18.10.23	Armoy / Mosside / Stranocum Energy Efficient Cooking	4
1.11.23	Armoy/Mosside/Stranocum	4
	TOTALS	788

2.3 Participant activities and attitudes

The profile of participants for a range of events from surveys undertaken by NACN are set out in the diagram below. It shows that the engagement of older men aged 65 plus was maintained over the events. The way the programme recruited men with complex conditions and maintained its focus on those at risk of marginalisation, is a key strength of a community-led approach.

Figure 4 Participant profile



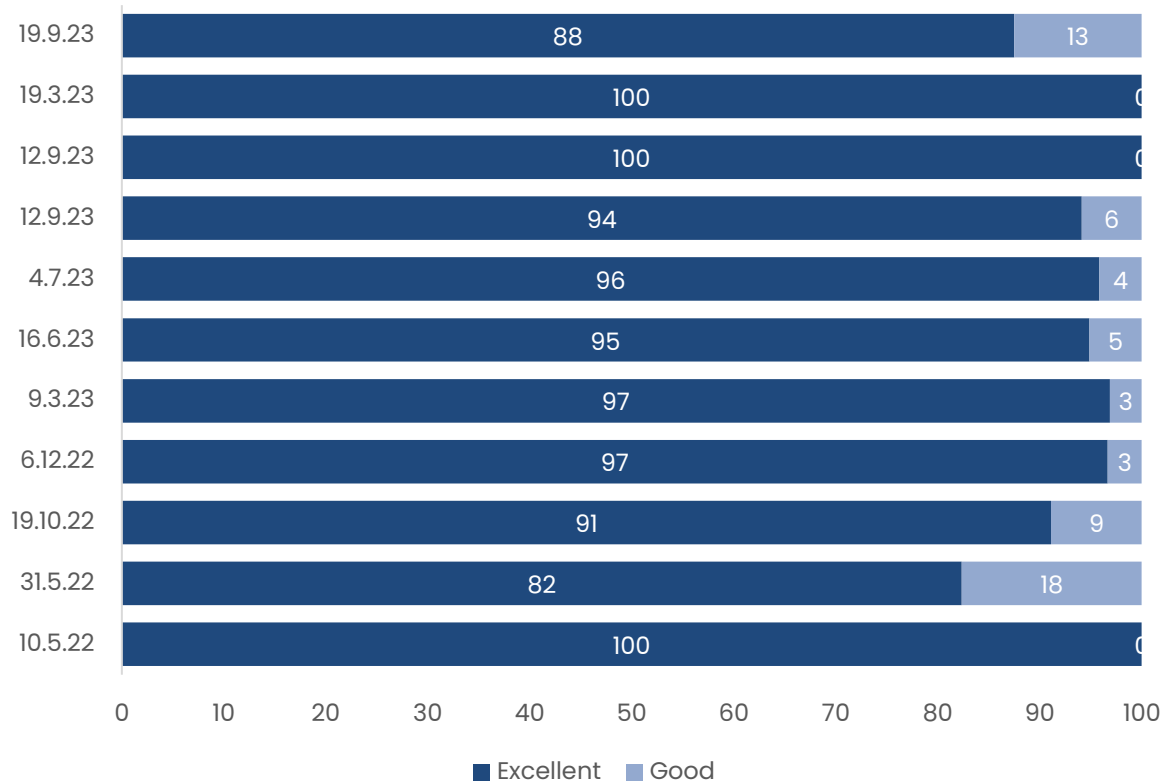
Base=315 respondents

This also avoided the risk of over-populating the programme with socially competent people although socio-demographic mix is an issue important to participants. Many did want to see the cohort reflect different ages, areas, social backgrounds and so on. The extensive publicity (see below for history and gardening) via a range of media channels, formats, organisations and word-of-mouth contacts maintained the focus on the target group.



The NACN survey of 315 respondents showed that 95% considered the programme ‘excellent’ and 5% ‘good’ and Figure 5 makes the point that this was consistent across events (with date identified).

Figure 5 Participant satisfaction across events



Base=298 respondents

2.4 Health Measures over Time

The General Health Questionnaire 12 (GHQ 12) is a psychometric screening tool to identify common conditions although it is not a diagnostic instrument. The variables below are asked at the start of an intervention and at the end to determine the distance travelled across a range of participants. These are set out in Annex I. The survey was answered by 36 people at the April 2022 Cultra and the second, at the reflections event in Ballycastle in November 2023 with 22 participants. Gao et al. (2004) show that the 12-item General Health Questionnaire contains three factors, Anxiety and Depression; Social Dysfunction; and Loss of Confidence. Given the emphasis on older isolated men, these patterns underscore the need to target particular types of interventions that reflect the range of needs and possibilities for change. In order to explore these relationships further, the baseline dataset was subject to the same Principal Component Analysis that Gao et al. (2004) used, and this is summarised in table 1 in the Annex. As with Gao, it identifies three components that explain 68% of the variation in the data, which is a high degree of variance.

Gao et al. (2004) describe *Social dysfunction* as behaviour that is atypical or out of the ordinary and involves maladaptive acts such as losing control, deep unhappiness and worthlessness. *Loss of confidence* includes an inability to cope, concentrate on everyday tasks

and make decisions; and *Anxiety /depression* is lack of enjoyment, persistent worry and a sense of depression itself. There are, of course, significant overlaps between these components and how they cut across the Glens men data, but they do reveal the complexity of the group.

Factor 1 (42% of the variance) relates to practical aspects of life, an ability to function and in particular a sense of self-worth. Anxiety and risk of depression are high in this group.

Factor 2 explains 16% of the variance and reflects a group who are coping and lead self-fulfilling and rewarding lives in which they feel useful and valued. It is important that the programme reflects such variance and maintains the health of participants as well as tackling evident distress among the group.

Factor 3 is the smallest factor at 11% and reflects an *at-risk* group. They can address their problems but have comparatively low scores (compared with factor 2) on anxiety, with a positive correlation on indicators including depression, confidence and worthlessness.

In short, the analysis shows that the Glens Men has recruited a group with complex and diverse problems, which is important given that recruitment in such cohorts is difficult. There are differences in capacity, but it is clear that some of the most marginalised men have been identified, included, and sustained within the intervention. It should also be emphasised that the GHQ 12 is not a diagnostic tool, and any changes need to be read with caution. The pairs overlap but are not matched as the survey was with a group of men at the start and a second group of men at the end, but it does give an insight into how these cohorts report their health and how that is different between two points in time. The diagram below summarises the headline figures and shows there has been a modest improvement in the mean reported health throughout Glens Men. The mean score (out of 4) at baseline (April 2022) was 1.10 but this had declined to 9.70, 18 months later, a difference of -0.13. This is proportionate to the nature of baseline conditions, the time period and the type of interventions but shows, in very broad terms, that the overall mental health of the Glens Men collective has improved.

Figure 6 General Health Questionnaire analysis

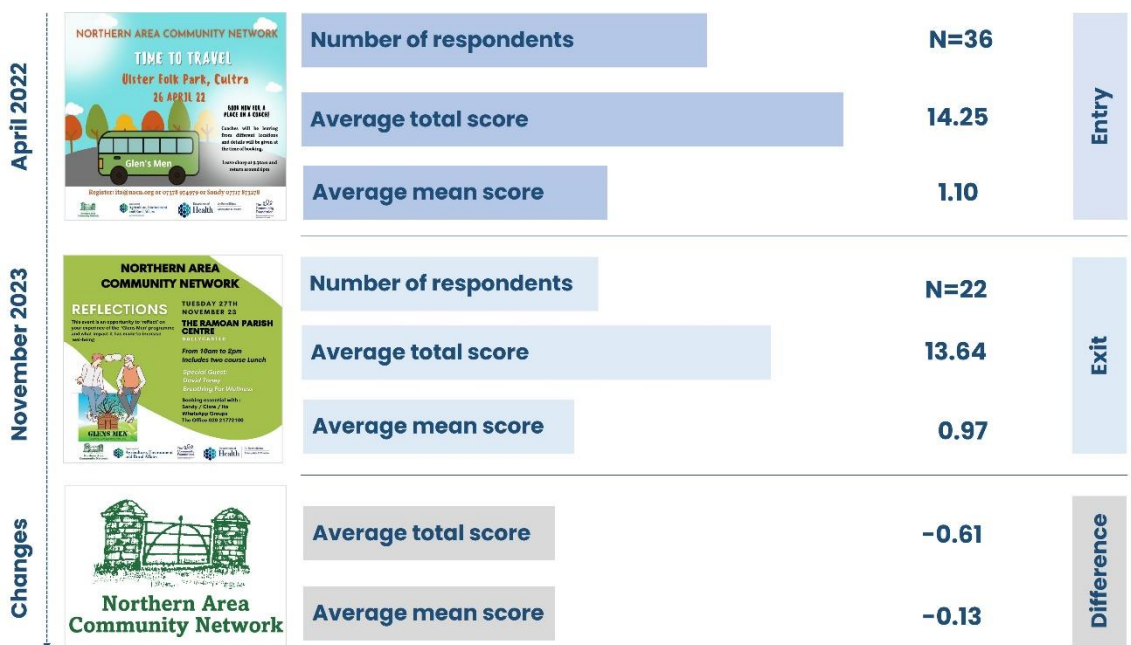
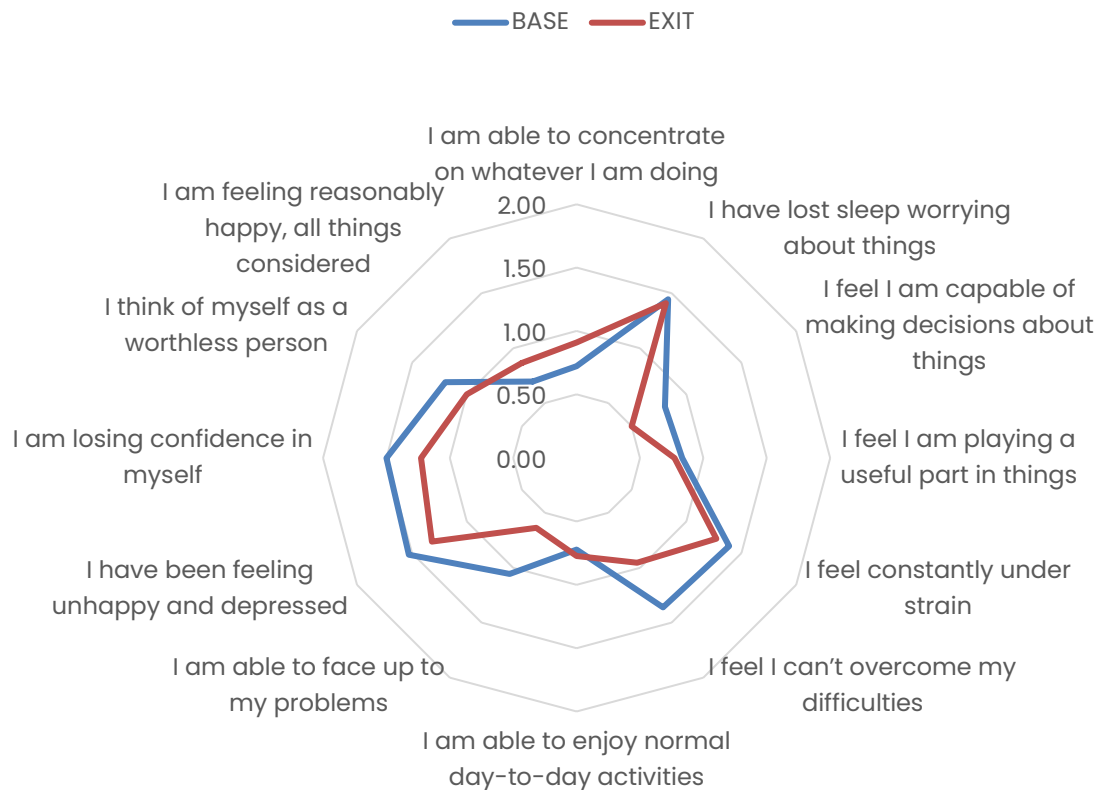


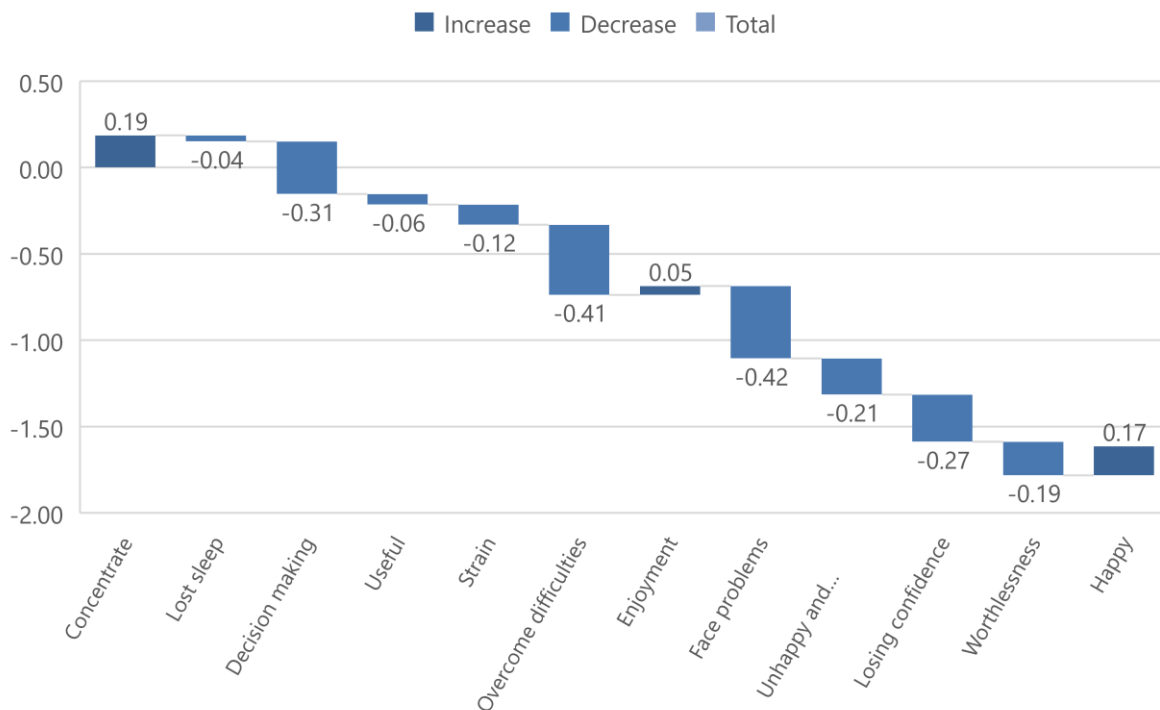
Figure 7 below shows the structure of changes across the 12 variables and where most closure has been achieved. For several indicators, the change has been negative or marginal but as will be shown later for others, linked to the nature of Glens Men activities, there has been a shift in self-reported health. The point of the diagram is to show albeit marginal contractions in rates of ill-health particularly around self-confidence and ability to cope.

Figure 7 Profile of change in the GHQ 12



This is reinforced when specific statistics are considered for each variable in Figure 8. The analysis shows a slight increase (getting worse) in reported attitudes including an ability to concentrate (+0.19), enjoying daily activities (+0.05) and overall happiness (+0.17). These are related to *social dysfunction* (Gao et al., 2004) and highlight the complexity of mental health problems across older men. However, significant improvements have been registered in overall confidence including a sense of worthlessness (-0.19) and loss of confidence itself (-0.27). The ability to make decisions (-0.31), overcome difficulties (-0.42) and face up to problems (-0.42) also shows an improvement in self-efficacy, which is a core objective of the programme. These responses to social isolation do not address the complexity of anxiety and depression, but appear to disrupt behaviours, change thought patterns and open possibilities brought about by being in a communal environment.

Figure 8 Scale of change in GHQ measures



2.5 Benefits and Implications

To get a better understanding of the experience of participants, a text analysis was conducted of the written responses to the feedback questionnaire delivered by NACN. Leximancer is a text-mining tool used to calculate and visualise themes emerging from interviews, policy documents and transcripts (Cretchely et al., 2010). Angus et al. (2013) show that it uses word frequency statistics (from all the words in a document) to generate their respective visualisations, as well as how topics relate to each other. Figure 9 shows that in response to the question of what was most enjoyable about the event several issues emerged.

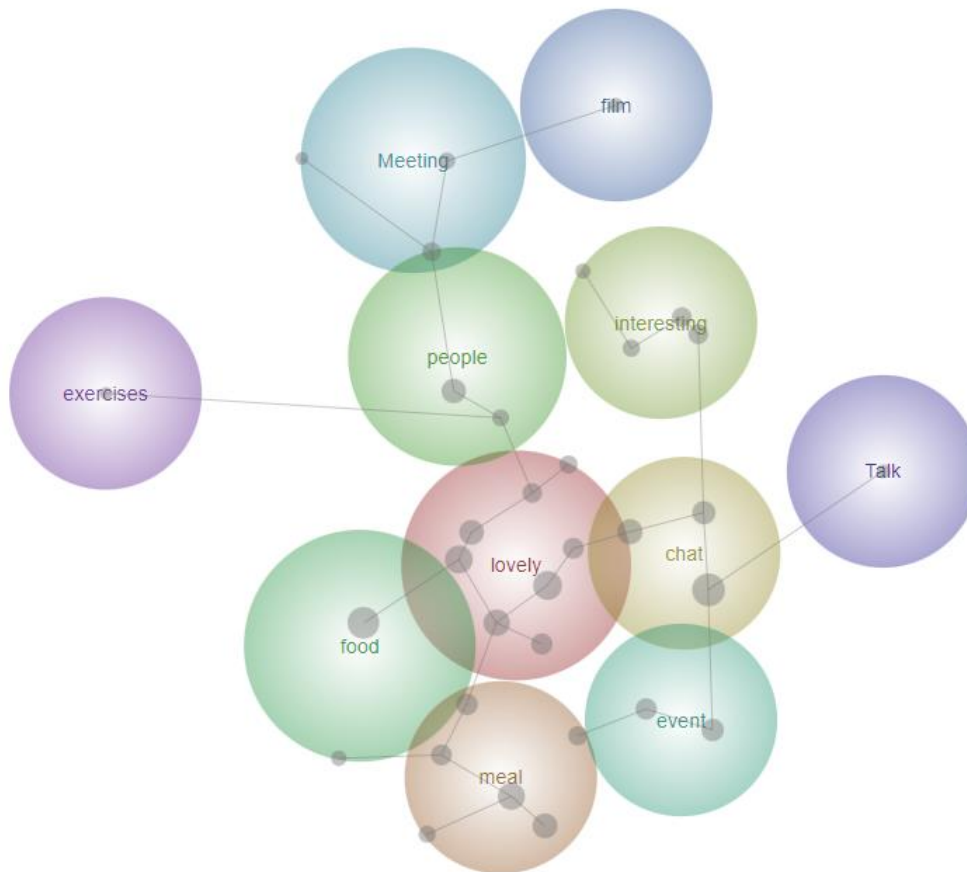
The first cluster of issues is experiential in that participants *met* other *people* to simply have a *lovely* time. The expressive concern for loveliness is important as it often disrupts the isolation that many (not all) experienced. The possibilities of socialisation and how these events open other experiences, choices and personal agency cannot be understated.

Second, is the importance of *talking* and the ability to *chat* in a safe and accessible environment. The use of discourse in tackling loneliness has been well established and opening possibilities for men to talk about issues in a naturalistic manner has been a significant effect of the range of activities. Discussing their experiences, sense of place, the past and everyday pursuits enabled them to negotiate the events, the physicality of the space and the activities in a non-threatening way. This is reinforced by Milligan et al (2013, p.124) who emphasise the importance of such spaces in addressing barriers to participation among older men:

'Whilst inclusionary social spaces and supportive social ties can be important for enhancing physical and mental wellbeing amongst older people, evidence suggests that lone-dwelling

older men can experience greater difficulty in accessing effective social support, relative to older women. Understanding those spaces of communal activity that are likely to be successful in promoting health and wellbeing amongst older men is thus important if we are to improve their quality of life.

Figure 9 What was most enjoyable about the programme?



Base: 1915 words in NACN feedback survey

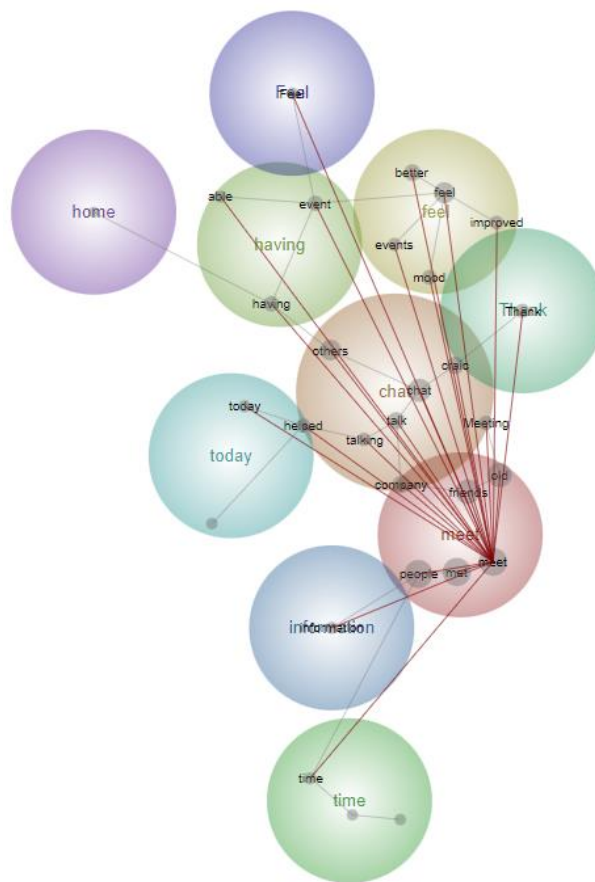
This is related to the third point, which is about the importance of the space itself, its location in familiar settings and the importance of the *meal* which enabled a more natural conversive environment. Whilst it might seem to be part of the organisation of an event, the meal in itself is an important social practice, making it easier for participants to engage as outsiders. This is especially important in dealing with 'lone wolves' for whom groups are a daunting experience (SSCR, 2020, p.3). NACN staff point out how those most at risk and hardest to reach have been incentivised onto the programme and more importantly, have sustained engagement over time. This underscores the need for listener intervention to be more strongly integrated with the Glens Men in the development of the intervention.

Fourth, *exercise*, *film* and *interesting* activities emphasise programme content and the need for practical interventions, engender self-worth and that will sustain interest among participants. The content of the programme is an issue that needs to be planned and coordinated in a more deliberative way in moving the Glens Men forward.

2.6 Impact on Mood

A similar analysis was conducted on how participants assessed the impact of the various events on their mood. Figure 10 shows the main clusters from the (literal) words of participants and pulls out the relationship between the term *meet* with other concepts underscoring the central impact of socialisation on older men. This is strongly connected with *chat, talking, and craic* but also with *feeling better* (in terms of *mood and improved health*) and *having the ability to act* in different ways (especially by attending events).

Figure 10 How has the event improved your mood?



Base: 1554 words in NACN feedback survey

It is interesting how *home* is referenced and in particular how the programme has enabled participants to address a sense of entrapment in their own house. Based on research in Northern Ireland, Engage With Age (2009) showed how loneliness in older people can happen anywhere, but is most experienced in the home and getting them across the threshold is a significant act in its own right. Again, the identification of hidden and most at-risk lonely highlights the importance of Listeners, but also the need for pathways to sustain their socialisation away from the house.

The feel is a cluster on its own and underscores the impact of the programme on mental health, to some extent reflected in the overall GHQ 12 analysis. Whilst causality as we noted, is

always difficult to assert, the self-reported effects of the programme are consistent in mood, feeling better, engagement and socialisation.

2.7 Speaking to Men

These themes are explained further in discussions with the men themselves based on a series of semi-structured discussions with 16 participants at the reflections event (7th November 2023). The key impact areas were highlighted:

- **Coping mechanisms.** What is clear from the men is how the various events equipped them with a range of techniques to deal with their physical and mental health. The emphasis on breathing, relaxing, wellbeing, meditation and reminiscence therapies underscored the extent to which they were empowered to take responsibility for their health.
- **Promoting physical activity.** Some men were keen to get more active and avail of opportunities that could improve their physical fitness and mental wellbeing. The north coast is home to various trails and footpaths that could connect the men with the wider natural environment and areas of outstanding beauty through organised walking or rambling groups. This activity would have to be tailored to reflect the interests, capabilities, and fitness of the men but there is a demand across the group for opportunities that connect them with green and blue assets across the Glens.
- **Task-focused activity.** The majority of the men embraced and enjoyed the Patterson Spade Mill experience which demanded practical and hands-on involvement through the making of tools. The Men's Shed in Coleraine is fitted out with workshop equipment and a range of tools, which might offer a potential destination to broaden this and engage the men in wood and metalwork activities. Some of the men shared how they were already involved informally in this type of work (branch weaving for instance) and had enjoyed successful careers across several trades.
- **Longitudinal engagement.** The men have started to enjoy the familiarity of connecting with the 'same faces', especially as the programme has progressed and this is evidenced by low attrition over time. The geography of the Glens is quite disparate, and the cohort was well-represented by several of the local villages (Ballycastle, Balintoy, Mosside, Armoy and so on). The cross-place engagement strategy enacted by the Glens Men team enabled further local meetups (usually in coffee shops or cafes), which emphasises the importance of trust, frequency, and familiarity in everyday engagements.
- **Diversity of the cohort.** From the participatory discussions, it was interesting to see evidence that the programme was connecting effectively with single men living independently across the Glens. These men were also shown to be active socially across other clubs and older people's activities taking place across the Glen's and welcomed this programme as part of a broader social offer which was making them feel more connected with others. In contrast, there were men whose participation was coordinated by a spouse or other family members who supported involvement through planning and communicating with the programme officer via email and WhatsApp. These differing

profiles reflect effective penetration across a cohort of the population that is traditionally difficult to connect with, especially in rural and more isolated contexts such as the Glens.

2.8 Speaking to Women

The evaluation also involved structured discussion with 13 women on the 21st of November (wives, partners, relations) of men attending the Glens Men events. The analysis signalled the importance of this group in encouraging participation and maintaining engagement throughout the programme. Several issues are critical here:

- **Getting across the threshold.** Women were critical in that vital first engagement, getting out of the home and entering an environment that for some men, was awkward and even intimidating. Several of the women whose partners and relatives were shy or not naturally social, emphasised how significant this first step was but also how the men were grateful for the encouragement and 'never looked back'.
- **Escalating engagement.** Most women stated that the men had developed the confidence to extend their social networks, join other activities (Heritage and Health operating via local libraries) and even take leadership roles in community and voluntary groups.
- **Recruitment.** They also became active recruiters of other isolated men who through their networks, knew were lonely or vulnerable. The snowball effect was important, especially as such peer support was critical in attracting new entrants with the same anxieties they had experienced in such settings.
- **Mixing activities.** The women saw value in the mix of social activities, trips that emphasised knowledge and experiential task-based events. The blended approach and providing a sense of purpose to the event was shared across the cohort.
- **Stopping the slide.** The approach was critical for men who were convalescing, had been bereaved or had lost the ability to drive and where the risk of spiralling mentally and socially was greatest. Disrupting such cycles of decline, re-engaging with other people, and building confidence and personal control were essential in turning their lives around.
- **Planning for optimism.** The sense of hope, optimism and 'something to look forward to' and to plan and organise with a sense of purpose, enabled men to take greater control of their own wellbeing. This sense of agency was reflected in the number of men who wanted more ambitious activities, meeting with other people in different areas and maintaining their engagement, especially over the winter when the risk of isolation was highest.

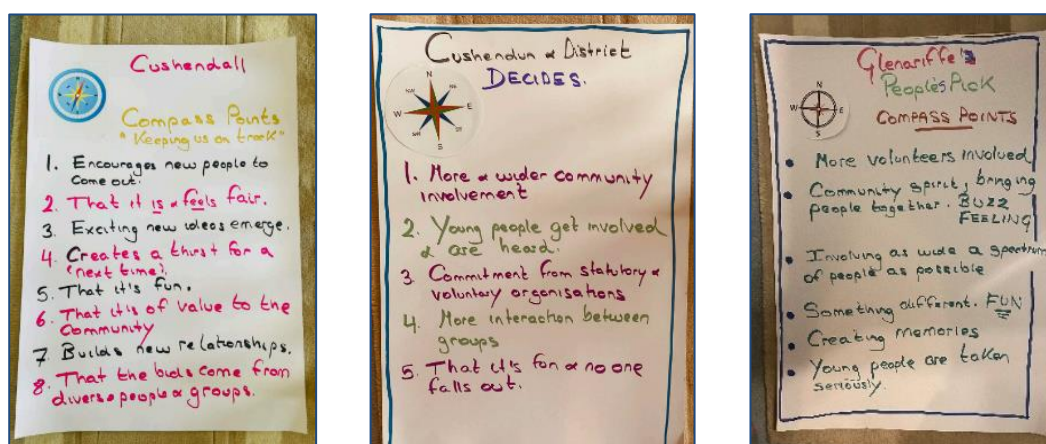
3 Participatory Budgeting (PB)

Participatory Budgeting (PB) can be described as “local people deciding how to allocate part of a public budget.” It is a democratic process that gives citizens a direct say in how public funds are used to address local needs and priorities. However, PB is about more than just budget allocations. It provides opportunities for community engagement or consultation using non-traditional methods that are inclusive of people who don’t often have a political voice. The process facilitates civic participation, and empowerment, and often becomes a celebration of positive community action. Regionally across NI, PB has been promoted since 2016 by the PB works network but also by two projects delivered by Community Places. During the Spring and Summer of 2022, the second project co-designed NI’s very own PB Charter. The process has involved input from public government officials, PB advocates and the Community and Voluntary Sector and has been supplemented by local learning from successfully delivered PB projects, which included local projects from the Glens. A range of these stakeholders have already committed to embedding or sharing the Charter in the context of their work. As with Glens Men, the Participatory Budgeting element benefited from rapid implementation based on the experiences of the pilot phase but was scaled considerably to include 9 separate PB processes across different Glen’s villages—some of which had no previous experience of PB.

3.1 PB Design and Local Engagement

At the outset of each Participatory Budgeting (PB) process, the facilitators organised a series of ‘Compass Points’ events with each participating village to strengthen local engagement and provide a deliberative platform for residents to co-design their own PB process. The compass points also allowed space for the community to voice their concerns and shape a PB process that was reflective of the needs of each village. This opportunity was important as it increased their stake in the process and allowed them to negotiate what type of outcomes, they felt were important collectively as a community.

Figure 11 Co-producing PB processes through compass points



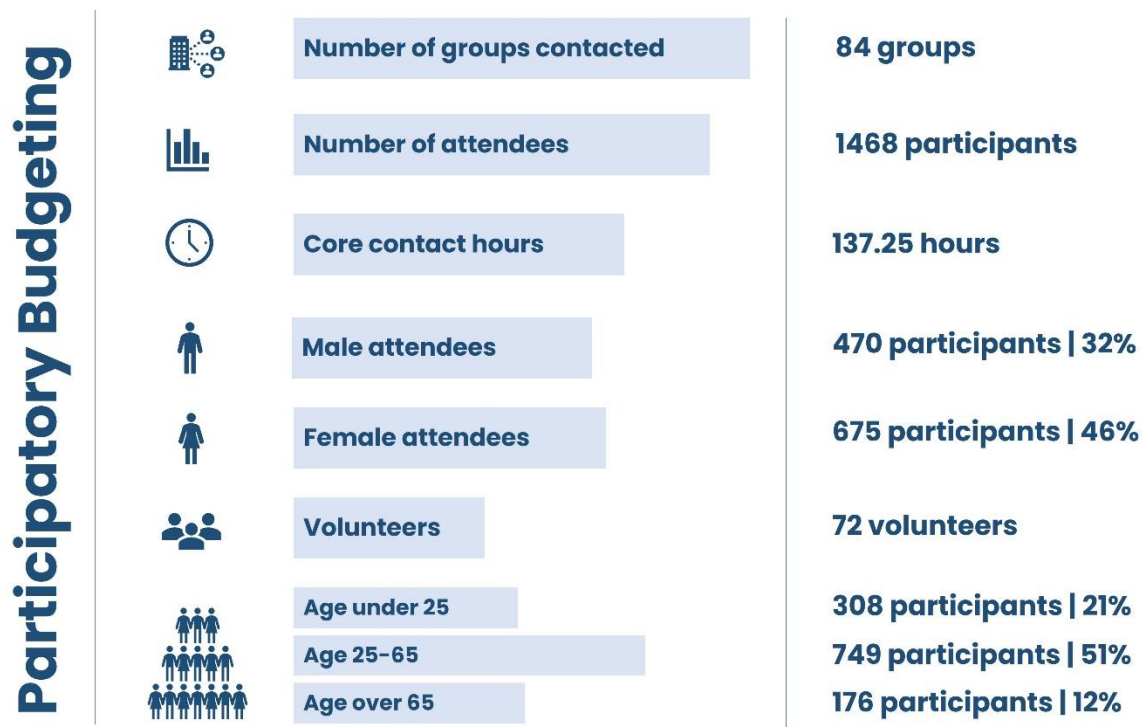
The summaries in Figure 11 show how these outcomes were wide-ranging and varied from village to village, but cross-cutting examples included—a need to encourage participation

from a range of groups (particularly those with limited involvement in the community previously), increase the involvement of young people or ensure that the PB experience was fun and capable of creating a local buzz and excitement. The Cushendun and District compass point event also raised the need to increase commitment from statutory and voluntary organisations. Reflection events were also organised with each village to reflect on the learning and assess how the initial local expectations were realised. 3 design workshops at the beginning with the programme PB design team to shape and decide the process as well as ensure a common understanding of PB processes. A series of thinking cap workshops were delivered in local schools in each Glens area to strengthen buy-in but also educate young people about PB and what transformative effects it could have on their community.

3.2 PB Process Outputs and Impacts

Since the inception of Glens Healthy Places, a total of nine PB processes have been organised and delivered across the different Glens Villages and were participated by 1,468 residents. Typically, Figure 12 shows how participants attending these local processes were generally female (46%) and adults aged 26 to 65 (51%) although there was representation across all age groups, notably young people. 72 volunteers were also recruited as a result of PB activity. Some participants were unwilling to disclose data on age or gender which accounts for the percentages not totalling 100.

Figure 12 PB process participants by gender and age cohort



Loughgiel (31%) and Ballycastle (29%) had the highest proportion of young people attending under the age of 18 whilst Ballintoy (21%) and Mosside (18%) had the highest proportion of attendees aged 65 and over. The potential of a more focused programme of PB, linked to Take 5 outcomes (see section 1) is raised but it was positive to see how one of the latter Ballycastle PB process was designed around the needs and aspirations of young people.

3.3 PB Process Effects

An aggregated breakdown of the overall attendance of the PB voting event by each village, the total and description of the bids submitted, and the level of funding awarded by each PB process are summarised in Table 2.

Table 2 PB outputs by village, attendance, bids and votes cast

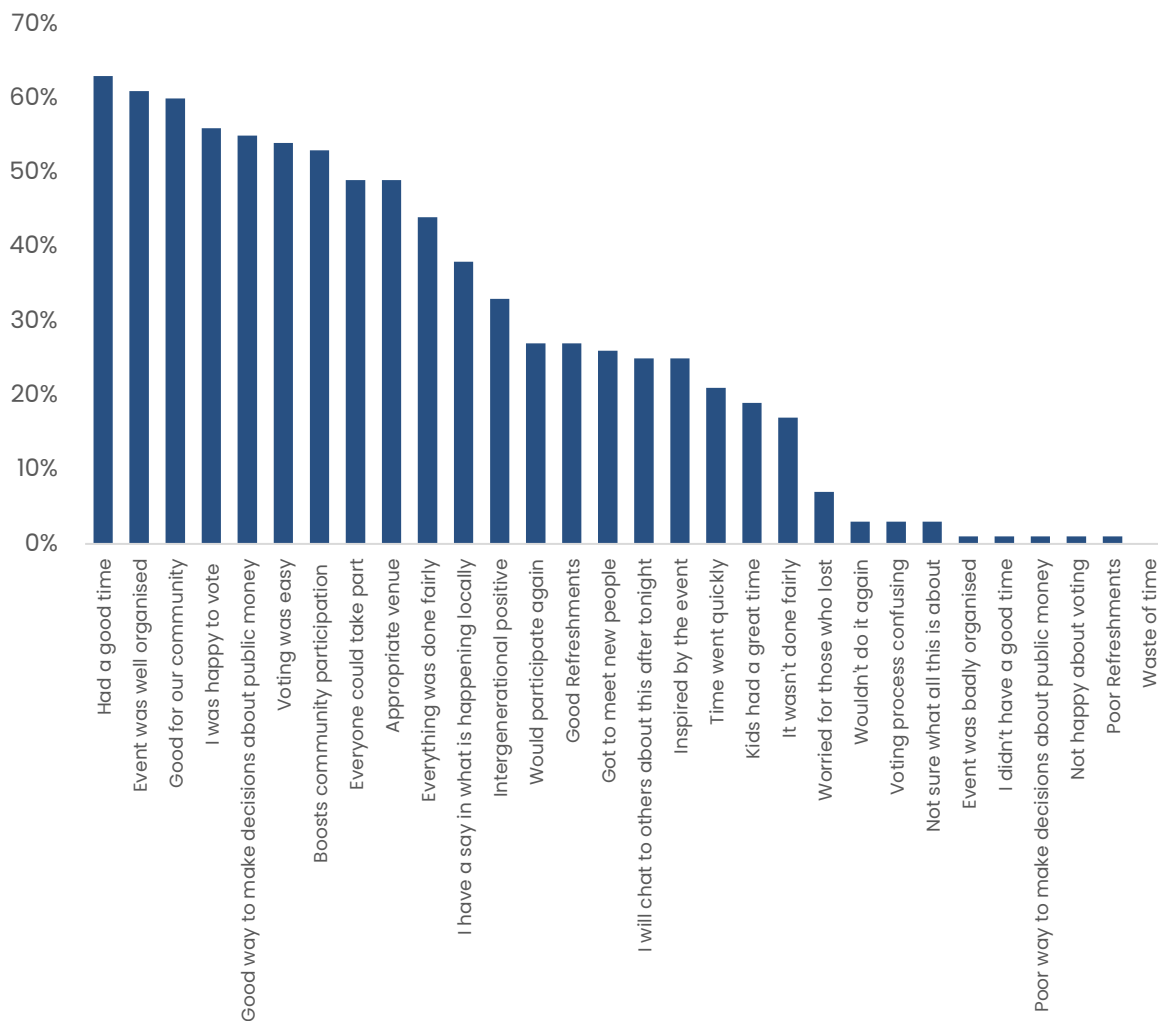
Event	Pot size	Attendees	Bids	Awards	Award %
Cushendall	£6,000	252	17	13	76%
Cushendun	£6,000	120	14	8	57%
Glenariffe	£6,000	213	24	10	42%
Armoy	£6,000	202	19	13	68%
Loughgiel	£6,400	181	20	12	60%
Mosside	£3,000	130	8	3	38%
Stranocum	£3,000	99	10	3	30%
Ballintoy	£6,500	92	16	13	81%
Ballycastle	£4,500	179	17	8	47%
Total	£47,400	1,468	145	83	55%

In total, £47,400 was awarded across the 9 villages in response to the 145 bids that were developed by members of each respective community. The highest number of bids were submitted to the Glenariffe PB event (24) whilst the average across the 9 villages was 16. The submitted bids were aimed at bringing the community together, promoting skills/hobbies, and improving public spaces but can be grouped generally across the following 8 impact areas.

- **Outdoor activities/equipment for schools and youth groups** (playground equipment, outdoor learning, sports equipment)
- **Community events and outings** (pantomimes, trips, tours, lunches)
- **Health/wellbeing initiatives** (first aid training, therapy, mental health or resilience programmes, health checks,)
- **Arts, crafts, and music activities** (art classes, music workshops, dance, poetry, or storytelling)
- **Environmental/outdoor enhancements** (planting flowers/trees, benches, signage)
- **Equipment for local clubs/groups** (sports clubs, men's sheds, knitting groups, etc)
- **Activities for older people** (outings, events, clubs, support sessions)
- **Equipment for place-based health support** (defibrillators, first aid training, parenting health advice.)

Reflecting on the cross-sectional nature of the PB bids is important and reinforces the value of PB as a consultative tool that can help identify the local community priorities and needs. Moving forward these processes should represent an important resource for local community planning partnerships to support future place-making activities or aid the development of new programmatic funding opportunities across the Causeway Coast and Glens council area. These thematic impact areas could also potentially offer focus and support for a Glens-wide community-based therapeutic intervention.

Figure 13 Aggregated attitudes to the 9 PB events (Mean % score)



In terms of PB event experience, Figure 13 shows how 21% felt time went quickly and 61% said the event was well organised. Perceptions of the voting process used at the events were also generally positive – an average of 55% thought it was a good way to make decisions with a high of 73% in Ballycastle and a low of 35% in Armoy. An average of 54% across the 9 Glens villages found it easy to cast their vote. After participating in the PB process, on average 38% felt they were having more of a real say in their community, though this ranged from a high of 57% in Mosside down to a low of 15% in Cushendun.

Qualitative reflections and comments taken from the survey show how PB processes seem to have been received positively overall in terms of organisation, enjoyment, and increasing community participation, though perceptions differed across the 9 Glens Villages.

Figure 14 Qualitative PB event feedback

“Great idea to get the whole community involved! Thank you”.
“Fantastic to see this happening, well done to the organisations”.
“All very well organised and child friendly. Well done and thank you!”
“This is such an encouraging initiative! And a brilliant learning opportunity for children. Well done!”
“Thank you, a great way to support local groups 😊”

“Think this is a great way to decide how to allocate money to the local community”.
“Really enjoyed the event whatever the outcome the process in itself was great for the young people in our community to experience”.
“Would be good to have an online voting option too”.
“Just a pity all the entries cannot get something even a partial amount of what they applied for”.
“The participation of the children from the primary school was impressive and you could see them growing in confidence. There were also a lot of teenagers who came in to vote and was great that the slam ball bid was represented by teenagers”.
“It was great that individuals were recognised as well as groups. The smaller pot helped allow that to happen”.

3.4 PB and Community Renewal

This section provides some examples on how participatory budgeting processes played out differently across the Glens villages. It also summarises some of the place-based impacts experienced by each community.

PB in Armoy. In July 2022, the village of Armoy hosted a PB event for the third time, this time outdoors at Limepark Playing Fields. As with previous PB processes, this event promoted enthusiastic involvement from across the local community. This level of engagement is especially noteworthy given the place-based divisions that have hindered community development efforts here in the past. Post-Covid, it was positive to see individuals connecting socially and devoting their time and creative thinking to supporting activities that can have potentially meaningful place-based impacts, such as the local summer scheme. In this context, PB is emerging as an effective means of stimulating inclusive community participation and cohesion in Armoy.

PB in Loughgiel. It was the first chance for the Loughgiel community to engage with PB methods. The voting event attracted 181 attendees and out of the 20 bids submitted, 12 successfully received funding. To support unsuccessful bids, the Northern Health and Social Care Trust provided extra funds. This enabled a tree-planting initiative, a bird box-making project, and a luncheon club to go forward. General feedback from PB attendees identified a need to support unsuccessful bids. This monetary leverage—albeit small demonstrated a strong response from public agencies to reward those who had tried to engage with the PB process without monetary success.

Youth-led PB in Ballycastle. This represented an exciting opportunity to get input from local young people and better understand the place-based issues they face. In this context, participatory budgeting was viewed as an innovative departure from traditional grant allocation processes as it was completed in partnership with the communities themselves rather than traditional top-down allocation methods.

3.5 PB Programme Reflections

In September 2023, members of the Glens Healthy Places working group and the project evaluator held a reflection workshop. The purpose was to understand the impacts, lessons

learned, and challenges from implementing the 9 local PB processes. The workshop highlighted the following key findings:

- **Resource intensive change.** PB processes are again shown to be resource intensive and require high levels of dedicated staff time to ensure effective community engagement and management of the different process elements including compass point events, the voting afternoon/night as well as space for reflection. The programme team also facilitated the administration of 83 funding awards to individuals and groups who have limited experience in managing grant aid expenditure. For this, they must be congratulated for ensuring that the overall budgetary resource was spent in line with terms, conditions and periods set out in the initial funding contract.

Community-driven change by PB offers an engaged model of deliberative decision-making and the scope to broker new networks and build local community capacity. This includes the following place-based effects.

- **A flexible and adaptive tool for community driven change.** PB processes translate differently across different communities. In this case, there has been valuable place-based learning across the 9 Glens villages about what elements of PB worked well and which did not. Inter-generational participation showcases the growing appeal of PB across different age cohorts and the breadth/number of bids submitted (145) highlights significant local engagement from the 9 villages that took part. It was also positive to see that over 700 volunteers contributed to PB process across the 9 villages.
- **Brokering local development.** Local community associations particularly in Stranocum, Armoy, and Glenariffe were also shown to be helpful brokers in translating PB activities more effectively across the 9 villages. Assessing how PB is resourced going forward, both financially and non-financially (in terms of skills and capacity) as well as securing the appropriate support to retain and develop this local community broker network will be critical to embedding PB processes throughout the Glens in the future.
- **Building capacity.** PB processes provide valuable insights into local community dynamics, especially in areas with traditionally low levels of community cohesion and engagement. The village of Armoy has now completed three successful PB processes and there has been evidence to suggest that during this period local capacity has been boosted, voluntary participation rates are increasing, and the village now has a much stronger platform to co-ordinate and deliver community-led activity and programmatic work.

Beyond the allocation of the money, reflects the spillover impacts of PB in communities, in terms of increasing participation, building community solidarity, stimulating new for new projects, and creating alternative funding opportunities.

- **Improving community participation.** PB processes have helped sustain community solidarity and participation developed during the COVID-19 pandemic, especially in supporting vulnerable residents. The inclusive outcomes of PB have also provided opportunities for residents to reconnect with their community and form different relationships by participating in new place-based initiatives. The impact and

effectiveness of these local projects need to be tracked in the longer term to evaluate the scope for replication, scaling, or adaptability of these grassroots proposals to support local change.

- **Working at scale.** PB practice in the Glens has benefited from support offered by the Causeway Coast and Glens PB Citizens Space which has developed learning and capacity both internally across the local council (notably the community planning partnerships) and communities. This technical assistance has refined in-place PB practice in terms of voting tutorials, engagement methods via social media, school involvement, bidder presentism, and failed bids support. Consequently, the 9 PB processes represent a demonstrable application of [Northern Ireland's PB Charter](#) as well as a rapid and effective extension of the PB route map that was developed by the regional PB works network from 2020-2022.
- **Building on success.** Drawing on the capacity of the local multi-sectoral network across the Glens there is potential to adapt the policy fit of PB across emerging funding programmes. For example, PEACE PLUS 4.2 [Rural regeneration and social inclusion](#) could scale the 3-pronged application of PB that was also adopted in "Sharkin Plan-it" which involved asset mapping exercises but also created in-place effects around community engagement and civic involvement. Innovative applications of PB practice (e.g., youth-led in Ballycastle) have also shown how it can help better understand the priorities of young people which could be explored further in response to other PEACE PLUS calls such as 3.3 [Youth Mental Health and Wellbeing](#). The use of PB methodologies might support other SEUPB outcomes around relationship building at both the individual and community levels.

The programme also worked beyond the local to connect with significant support, stimulating a wider approach to area planning and opening new possibilities for grant funding.

- **Unintended effects.** Some unfunded bids secured alternative investment to deliver their projects, which was leveraged with support from the programme team as well as input from the business community e.g., the local enterprise centre. Private or social enterprise sector involvement could scale future PB processes via corporate sponsorship, social value in procurement contracts, CSR commitments and even Credit Unions that supported the Loughgiel PB event.
- **Supporting a strategic approach** Parallel to the 9 local PB processes other in-place examples like Plan It Rasharkin demonstrate how PB can represent an innovative and effective departure from traditional community engagement techniques. The cross-section of bids submitted for PB funding also represents a useful appraisal of local needs across the Glens villages which could inform future funding initiatives advertised by Causeway Coast and Glens Council or help facilitate consultation in the development of local village plans. The work of the Causeway multi-disciplinary team might also be relevant here.
- **Spillover effects.** PB processes have in particular had positive effects on communities beyond the organised events (compass point, voting and reflection nights). For

example, the village of Armoyle has now completed its third PB process and throughout conducting PB the local development association has noticed greater willingness from community members to participate in wider events and activities being organised across the locality regularly.

In addition to the focus group, the programme team organised a series of celebration events across the 9 Glens villages which invited further participation and engagement with residents who took part in the PB processes (see Figure 15). These events provided an informal platform to reflect on the learning journey and map out the initial impacts emerging from PB funded activity. They also created transparency around how the funding awards were spent and accountability about what outcomes were realised. Long term it will be important to track the efficacy of local PB supported activity (83 bids in total) and to explore whether there is potential for scaling or adapting effective practice across the other Glens villages.

Figure 15 PB Celebration and Accountability Events

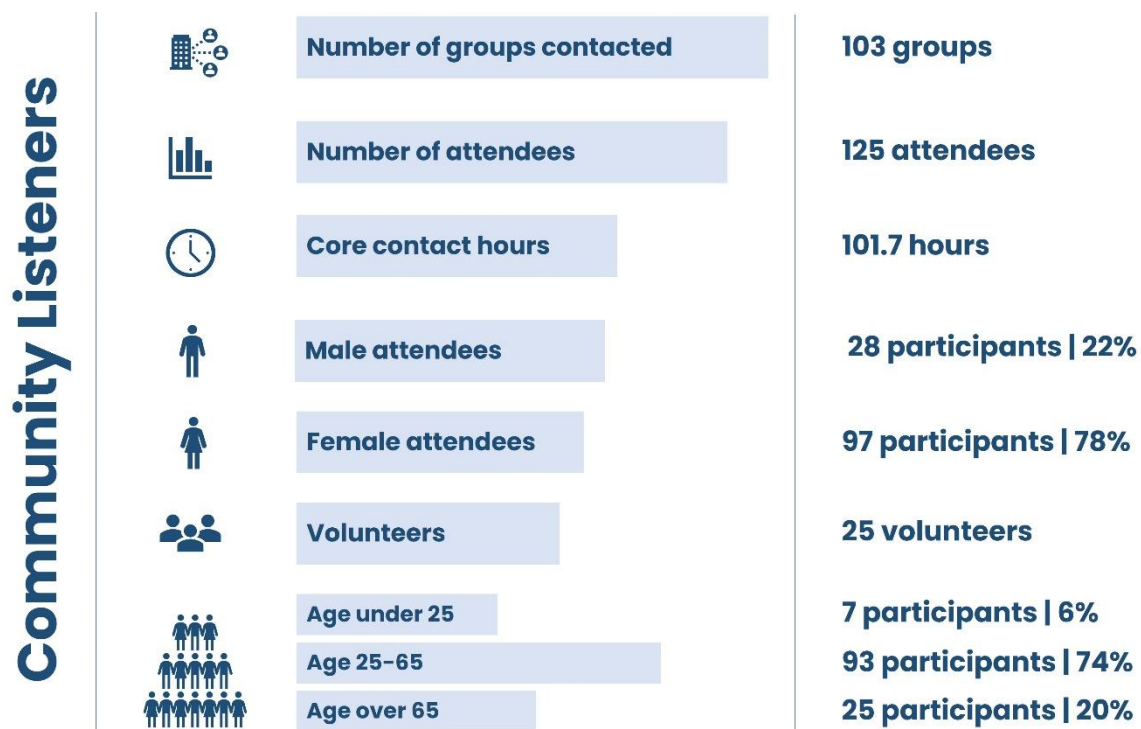


4 Community Listeners

This is a new and innovative element of the programme by using everyday community structures to identify and reach people at risk, especially those of social marginalisation, poor physical and mental health or who need services (in housing, benefits, social care, access to work and so on). The trigger points for loneliness are complex and often linked to the loss of a partner, retirement, or an inability to drive. In the Glens, risk factors also include deteriorating physical, mental and cognitive health linked to physical isolation, declining kinship and friendship ties and the loss of traditional meeting places, including pubs, libraries, and post offices. (Lim et al., 2020). WHO (2021a) develop these effects making an important distinction, especially in a rural context, between social isolation and loneliness. Loneliness is a painful subjective feeling that results from a discrepancy between desired and actual social connections. Social isolation, by contrast, is about a reducing kin and friendship networking resulting in a loss of interaction with others. Whilst these are not necessarily correlated, the strength of Listeners and the Glens Men element of this programme is that it builds connections between both, or at least creates the enabling environment for interaction to counter loneliness via a network of kin and non-kin relationships.

4.1 Community Listeners in Numbers

The overall profile of the Listeners programme is set out in the diagram below which demonstrates the importance of community infrastructure, supported by NACN, in mobilising locally based mental health programmes. 103 groups were contacted to identify and incentivise Listeners to the programme with 125 individuals attending the events.

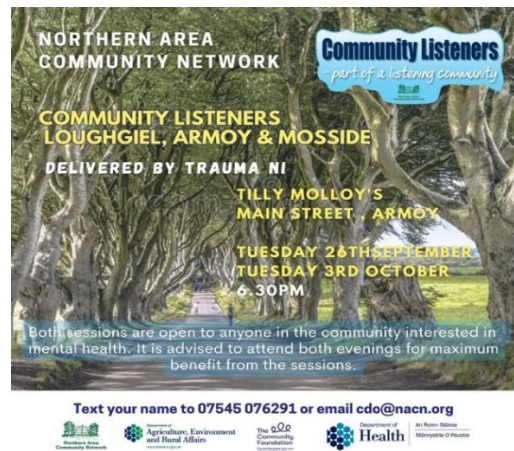
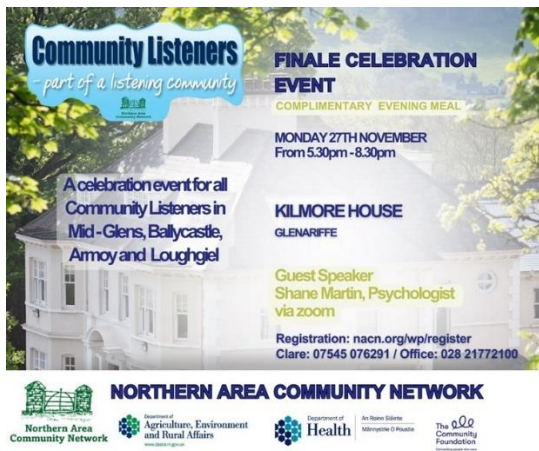


The approach also stimulated significant volunteer contributions (25), was primarily female (78%) and was spread across demographic groups in the Glens. A key strength of all four

interventions is the sheer quantum of contact hours (101.7 for Listeners) often in the evenings, to register maximum impact with the listener cohort.

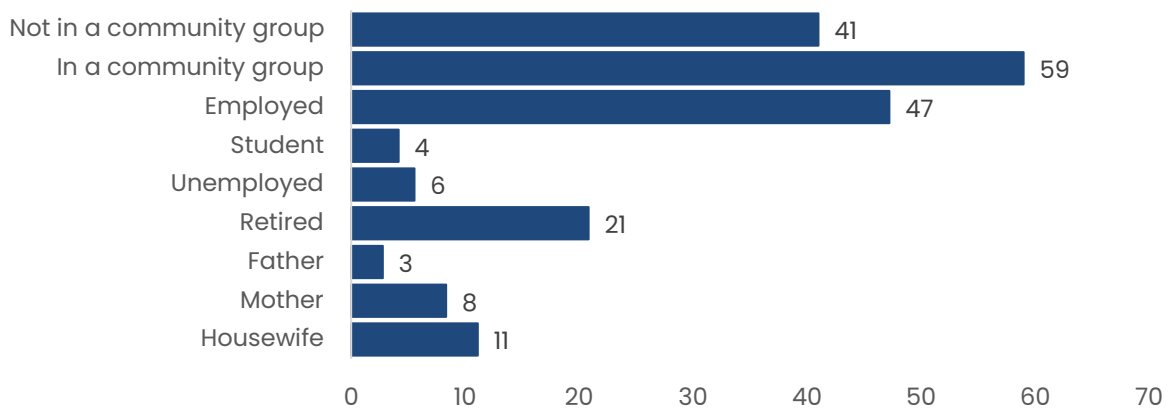
4.2 Recruitment and Identification of a 'Listener'

The innovative nature of the intervention is an issue itself in the definition of listeners, how they are accessed and supported and in particular how they work in practice in respective communities. The programme was marketed effectively across local social media channels (NACN) but also utilised more traditional methods and activities including advertisements across local services (such as convenience stores and pharmacies). A range of venues were used but there was fluctuating uptake across villages reflecting the disparate nature of community infrastructure in the Glens.



There were also challenges with recruitment initially in the rollout of the Listeners programme, especially to reach beyond people already quite active in community development. However, as Figure 16 below shows, 41% of participants were not involved in a community group, so the participant recruitment did go beyond the formal sector.

Figure 16 Structure of participants (%)

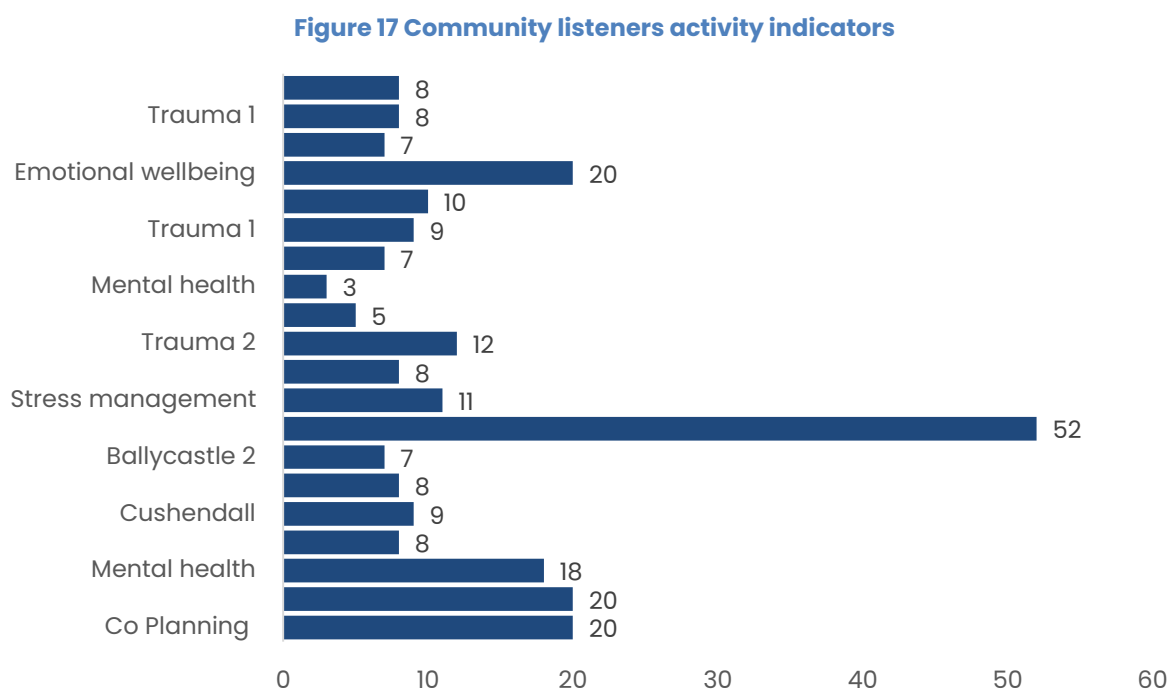


Base=72 respondents

Moreover, it attracted people from a wide variety of self-reported backgrounds (hairdressers, newsagents, sports coaches etc). Nearly half (47%) were employed, including people from health and social care who added value to local delivery; retail and services; and workers in anchor institutions including schools, churches and sporting organisations. However, figure 16 also shows that there was a range of participants who identified as parents, retired or unemployed people. The profile should reflect, within reason, the population within which listening is embedded and whilst comparisons have not been possible, the profile demonstrates a demographic, professional and sectoral mix in the wider Glens area.

4.3 Activity by Type and Time

Figure 17 below sets out the substantive activities within the programme (including area-based events in Ballycastle and Cushendall). It shows the spatial and functional range of the Listeners programme which built awareness and knowledge, especially around mental health; defined terms and concepts more clearly (such as stress and trauma); but placed an emphasis on coping skills, techniques and practices that could be applied in everyday settings.



The lead in time and staff input have been greater than expected, given that this was a new approach and start-up costs were significant in recruitment, finding appropriate venues and designing programme content. However, as Figure 17 shows with the exception of particular peaks, participation was relatively even across time and place. It should be emphasised that this programme is not about volume, but about recruiting, training, and supporting a group of well-positioned and embedded actors to connect to at-risk groups, sectors and subareas.

The questionnaire was designed and distributed by NACN and the key results are set out in the diagram below. (It should be emphasised that this is based on a sample of the overall 250 participants). Figure 18 shows that on average (7.05), most people had a good understanding

of emotional wellbeing, which is important as a degree of competence is required in listening functions. However, and to some extent reflected in the background profile, this varied, with some having relatively low self-assessed scores (4.00) and others with comparatively high knowledge (8.80). (Note these figures relate to the mean score for events although some events produced few responses, hence the need for aggregation). The standard deviation is 0.22, which is low, showing that recruitment, in general, attracted people with an interest in and a degree of knowledge of the issues.

Figure 18 Community listeners activity indicators

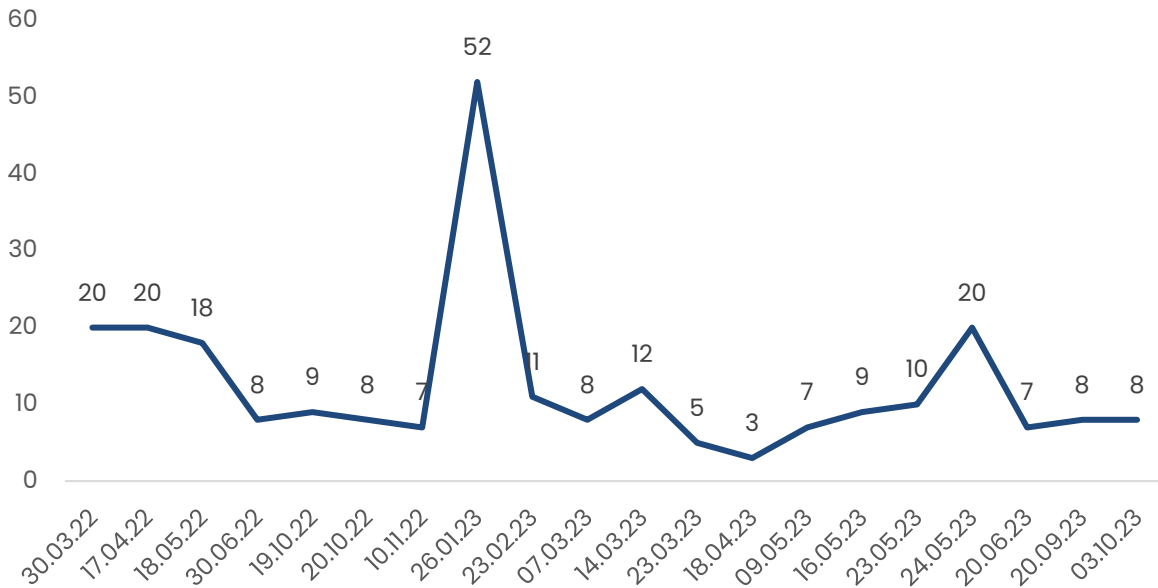
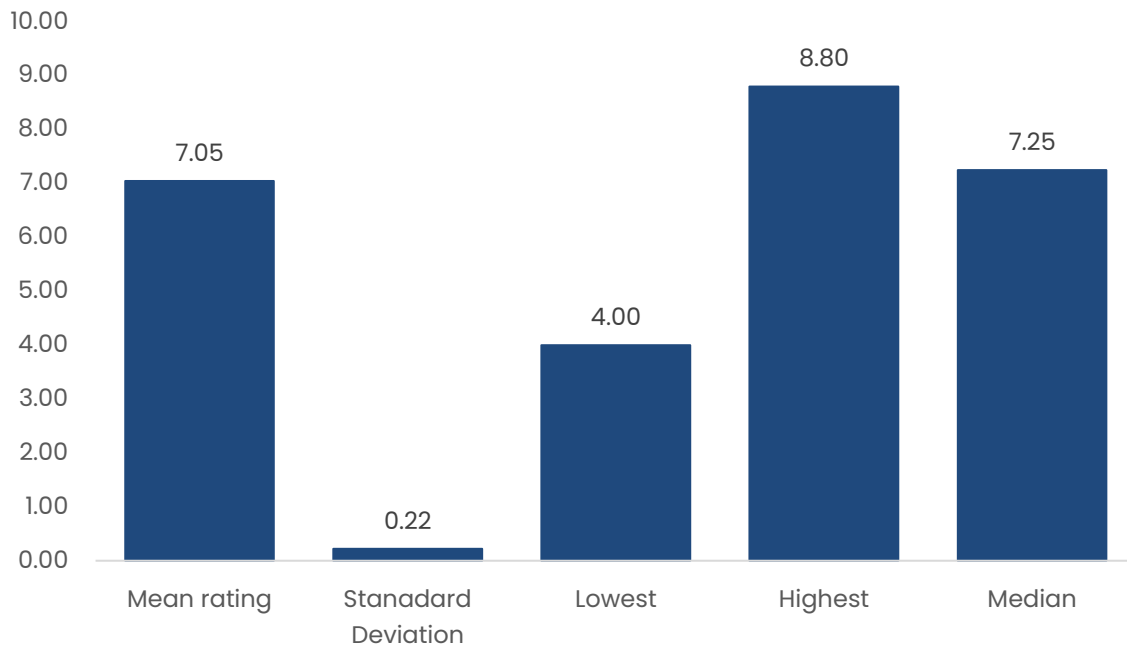


Figure 19 Self-assessment of current knowledge of emotional wellbeing (1-10)

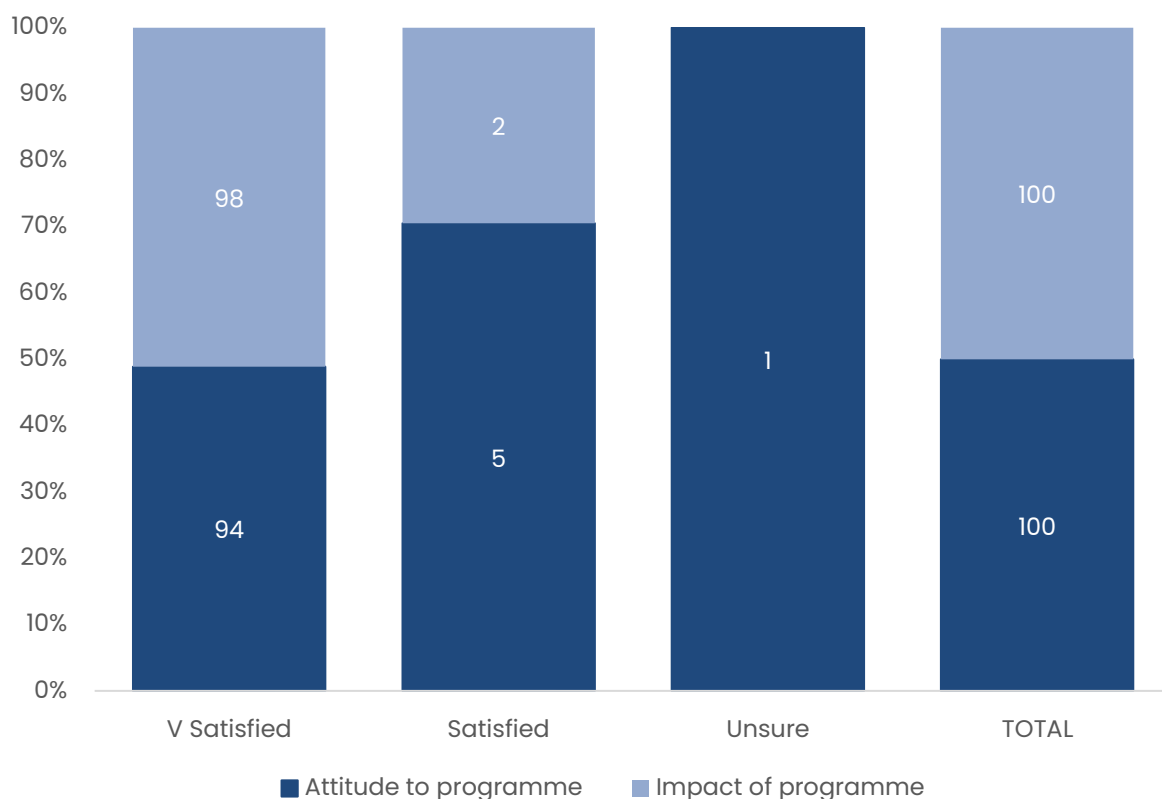


Base=71 respondents

Figure 20 shows the high rate of overall satisfaction with the programme (the organisation of sessions, quality of tutor, venue and so on) and its efficacy for participants (by showing how the skills developed will inform their practice). Several factors underpin the relatively high rate of satisfaction:

- Participants highlighted how they were equipped to understand and respond to different conditions including low mood, acute stress, disorders and depression. It therefore moved beyond building awareness to supporting people with a mix of techniques to support people in the wider community.
- They also identified enhanced communication skills especially when broaching challenging topics with family members, friends or their peers.
- It strengthened participants’ confidence to apply routine techniques, such as the importance of sleeping, relaxation and breathing into everyday practices.
- The link between physical and mental health was underscored by integrating movement, mobility and yoga on the one hand, with relaxation, meditation and breathing on the other. This offered a whole-of-person approach to pragmatic interventions that users were likely to apply in practice.

Figure 20 Performance of the listeners programme (%)

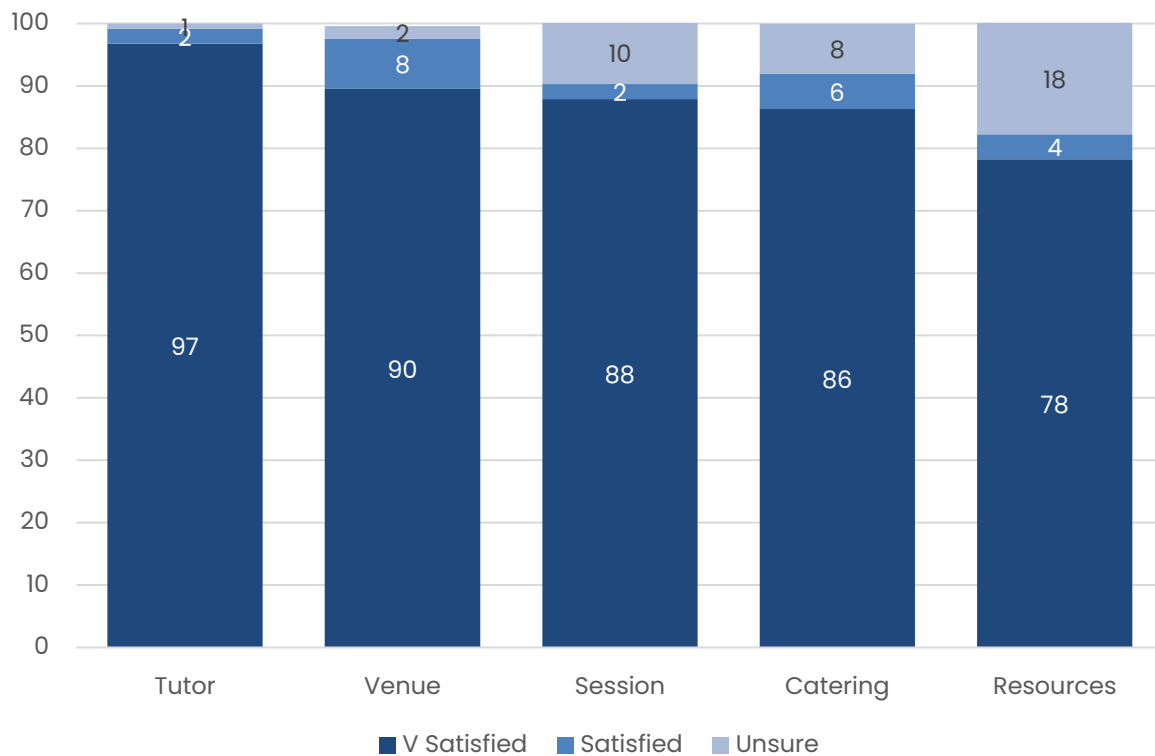


Base=124 respondents

Figure 21 breaks this down by looking at the performance of the programme by service delivery area. This was especially high for the quality of tutors, design of sessions and practical aspects of the venues. The physical dimension of space was also noted as a safe environment for

participants and listeners in co-producing strategies for mental and physical health in a local setting. This emphasis on peer and group learning and a sense of community, rather than being left to 'do it themselves', engendered a culture of group think about the mental health needs of the wider Glens community.

Figure 21 Performance by organisation of the programme (%)

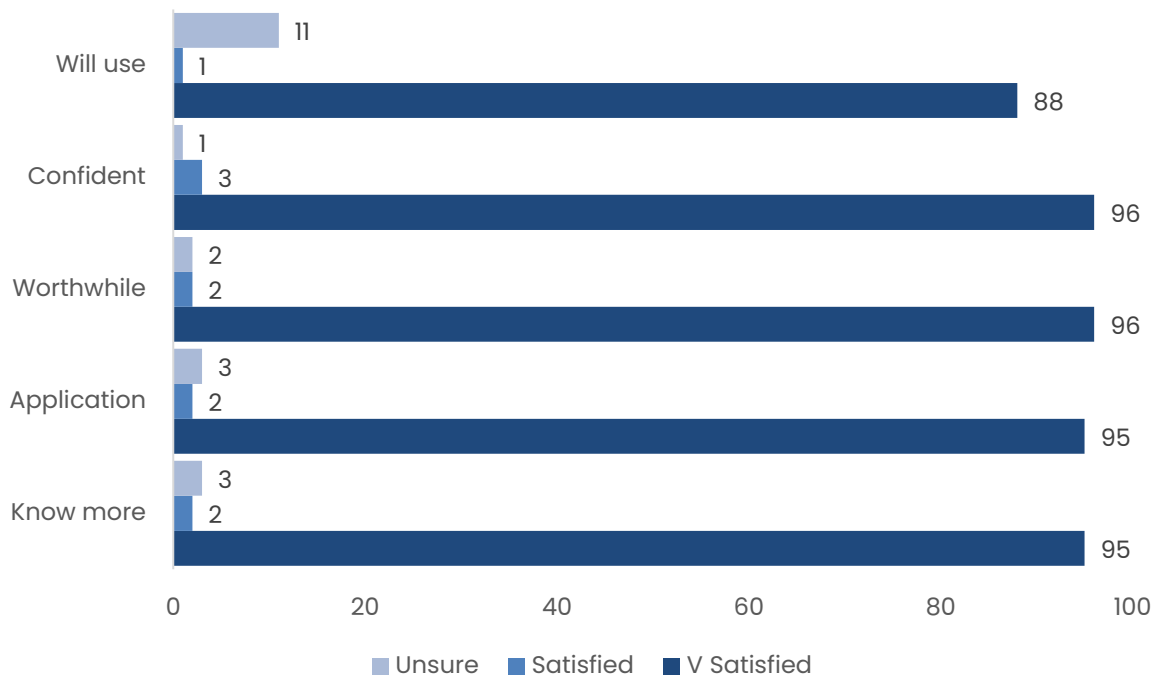


Base=124 respondents

Figure 22 extends this analysis and in particular, the willingness and ability to apply the interventions considered in the programme. In total 95% knew more and felt capable of implementing the learning in practice. The key outcomes include:

- The emphasis on self-care and strengthening the resilience of listeners to enable recruitment, support and steering a range of people with often complex conditions to appropriate services. Developing a capacity for self-reflection and how this can help others was recognised by participants.
- Learning new techniques, concepts and interventions, particularly around more complex conditions including survivors of various forms of trauma.
- The methods of personal and community listening and moving beyond 'hearing' to understand and support people in need but also to identify competence boundaries when more diagnostic or therapeutic interventions are needed. Community listeners are not clinicians and understanding service boundaries as well as how to direct participants to the right type and level of support was important.
- Some respondents felt that interventions were 'trauma heavy', but these are critical to the integrity of the approach, ensuring listeners understand the diagnostic limits of their competence and how to interpret different conditions.

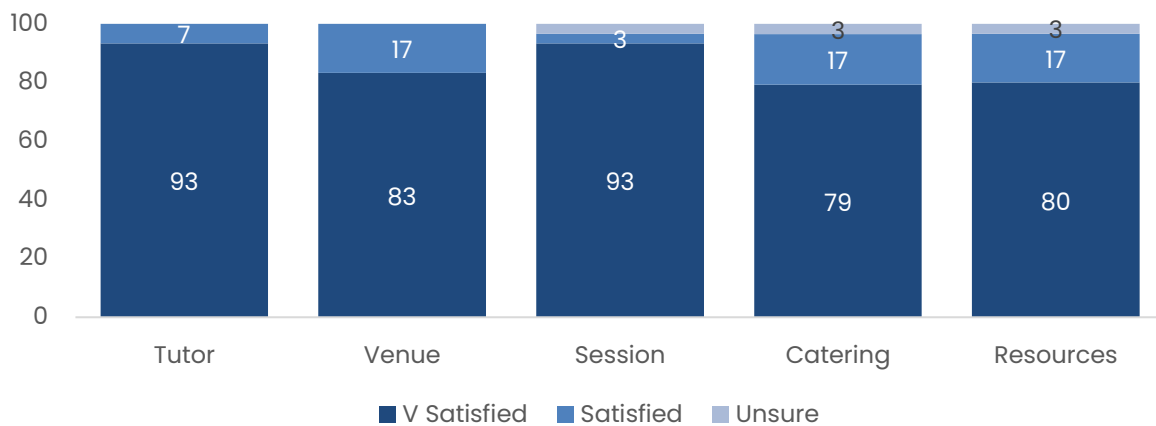
Figure 22 Performance by activity (%)



4.4 Community Listener Final Event

The session focusing on resilience was the last event and offered an opportunity to review the experiences of the programme as well as the contribution by the psychologist Shane Martin who discussed personal and collective resilience. The survey also showed that respondents valued the expertise of the psychologist and how resources were made available via his website (<https://moodwatchers.com/wp/>) for application and further learning. The ability to relax in peer groups and reflect on practices was a strength of the session, with an appetite for such applied models to be developed in the future.

Figure 23 Satisfaction with final listener event (%)



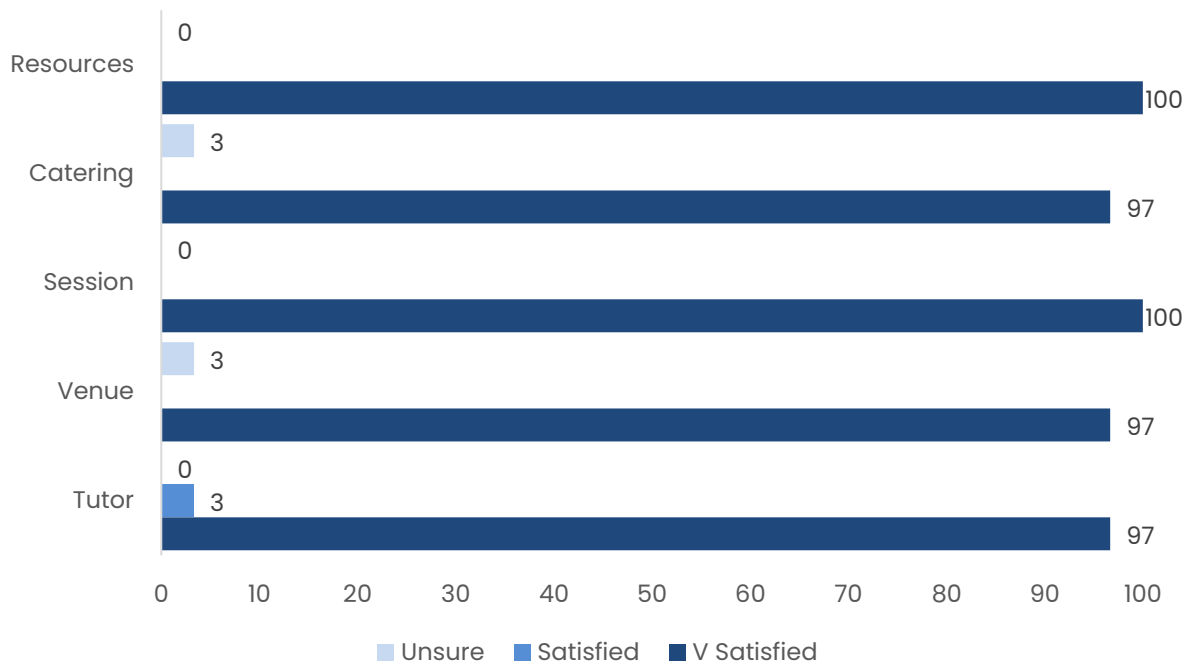
Base=30 responses

This was reinforced in some of the qualitative commentaries:

Very interesting, great tips. Very enjoyable night
Enjoyed the connections, learned a lot and enjoyed the dinner and the talk with Shane.
The speaker was very informative yet light-hearted. The company of different groups was very enjoyable.
Good food and company. Shane Martin (was an) inspirational speaker.
As this is the last session, I hope that more community Listener projects will be organised (with) more information on courses on resilience in the community.

The diagram below reinforces the strength of the programme with the vast majority of respondents satisfied with the speaker, resources and venue. The way in which listeners and community development workers are supported across Glens Men and Community Listeners was an issue with individual participants. Building their capacities and resilience in facing complex problems and supporting them at a personal level were priorities for volunteers in particular.

Figure 24 Satisfaction with final listener event (%)



Base=30 responses

5 Fresh Minds Education

5.1 Programme Context and Rationale

The Fresh Minds Education Schools Support programme was conceived during the pandemic as a response to the severe impact on children and young people's mental health. CAMHS have demonstrated the unprecedented demand for mental health services for children and young people across Northern Ireland, with over 2,000 children on the waiting list. Initiated in January 2021, the programme advanced a pro-trauma-informed with community facilitators, empowering approach to meet children's needs by working through the key adults in their lives (teachers, classroom assistants, parents, domestic caregivers etc.).

It was developed in line with [Northern Ireland's Mental Health Strategy 2021-2031](#) and [Wellbeing in Schools Framework](#), which encourages early preventative measures and interventions to improve children's ability to manage pressures and reduce the need for mental health services. Key areas of the school support programme included:

- Educator training and support on trauma and resilience;
- Mental health resources for educators;
- Resources helping parents support children; and whole school support.
- FME coordinated project launch and tailored resource development.



From September 2022 to March 2023, FME provided a 2-day training offer to build teacher capacity on trauma-informed approaches, emotional health, and resilience. Participating schools and teachers translated the learning into practice with their pupils from October 2022 through November 2023. Relevant resources and support were also provided to the recruited educators, and these included extensive educator guides, a relax and regulate toolbox, MP3's, journals and other template style tools for class-based activity as well as a digital platform which offered remote support to complement the follow up on site visits.

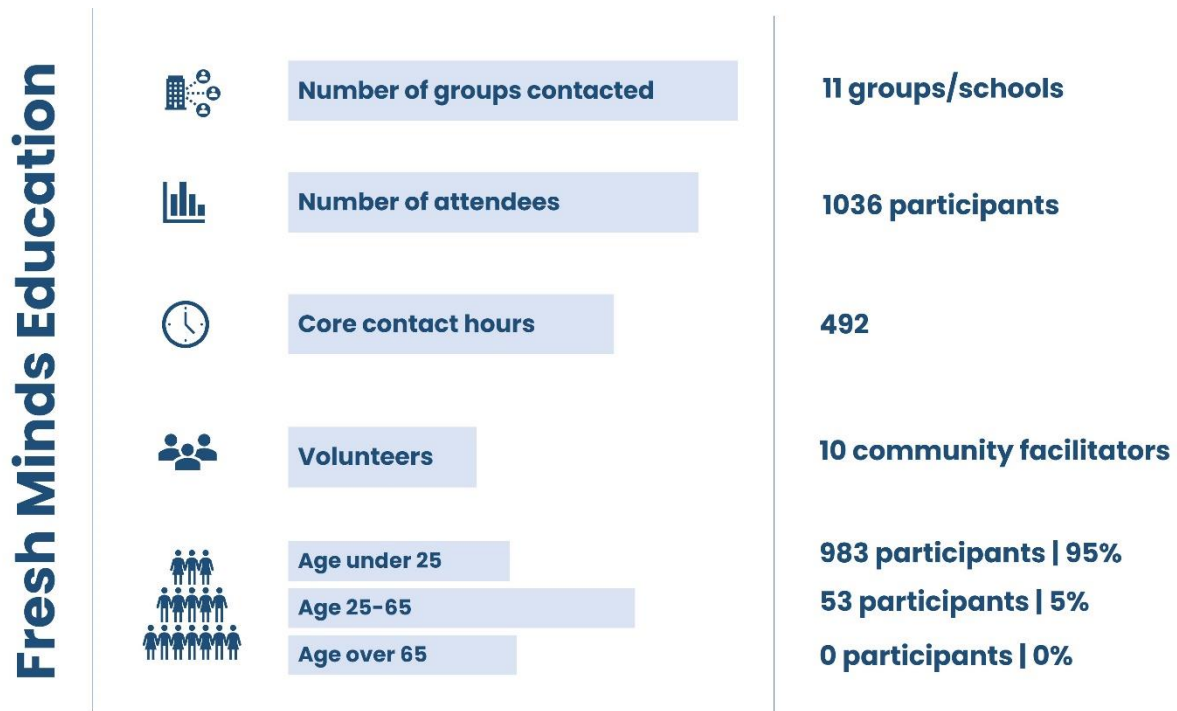
5.2 Programme Reach and Outputs

Analysis of primary school participation across the Glens in Figure 25 demonstrates positive trends in engagement and recruitment. Over two discrete cohorts in August and November 2023, a total of 11 schools committed teachers or teaching assistants (43 in total) for the training. A cumulative total of 549 pupils completed The Fresh Little Minds SUNRISE Programme whilst a further 434 (983 in total) benefited from teachers having embedded The AMBER Approach because of their training received and onboarding work facilitated by Fresh Minds Education.

In summary, primary cohort participation across the Glens averaged around 89 pupils and the 11 schools engaged with took part were: Ballycastle Integrated, Bushvalley Primary School, Gaelscoil an Chastil Ballycastle, St Anne's, Corkey, St Ciarans, Cushendun, St Mary's, Rathlin, St Patricks, Loughguile, St Mary's, Cushendall, St Olcans, Armoy, St Patricks and St Bridgets

Ballycastle and St Patricks, Glenariff. Total pupil engagement incrementally improved as the programme progressed and there was good evidence of participation across different academic year groups.

Figure 25 FME programme outputs



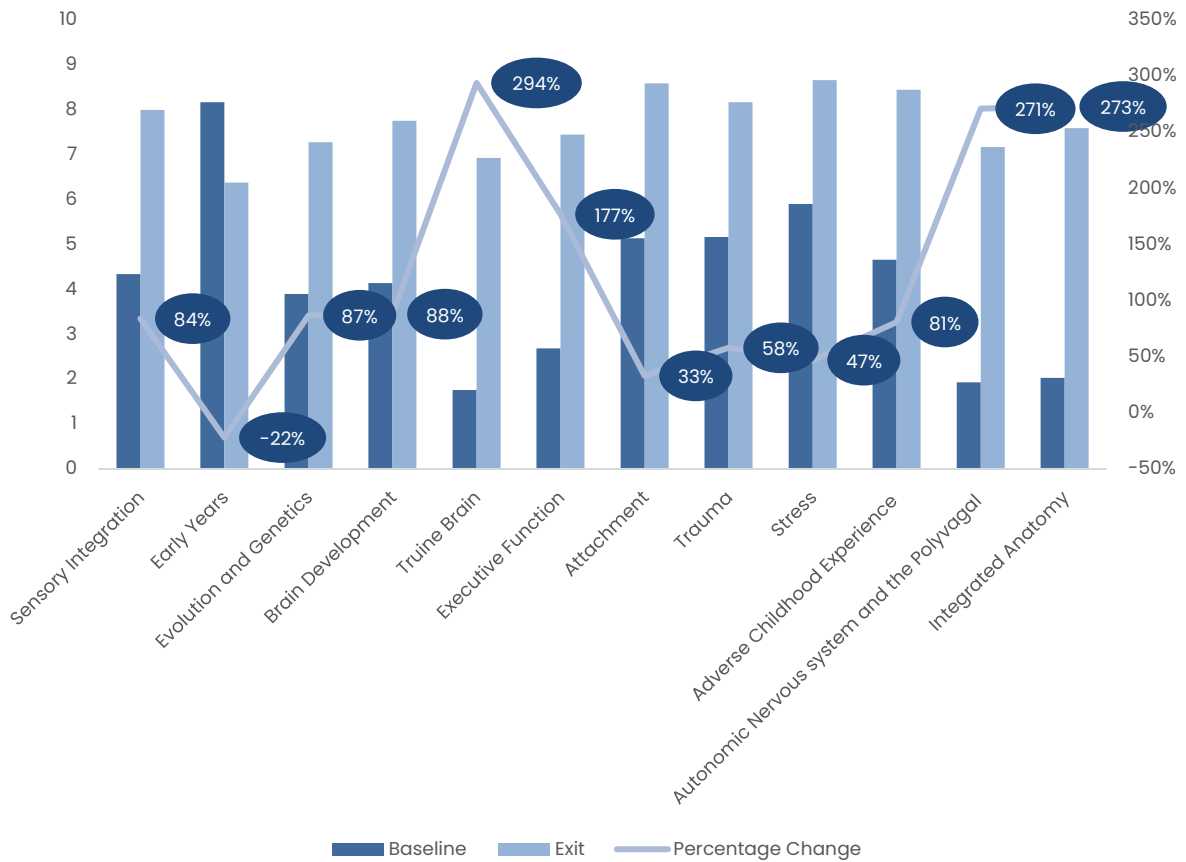
5.3 Impact on Teachers

A teacher's survey was developed to better understand how the programme impacted on three areas: 1) knowledge and awareness of cognitive functions, 2) translating taught mindfulness theories and elements of the AMBER approach into practice 3) recognition of certain needs or practices when using these approaches with young children. A baseline and exit survey were completed using the teachers to assess their distance travelled across these areas as they moved through the programme.

Figure 26 shows how there were significant self-reported increases in awareness and knowledge across many areas related to child development and working with children, especially around topics like sensory integration (84% increase), evolution & genetics (87% increase), executive function (177% increase), and polyvagal theory (271% increase).

The largest awareness increases were recorded in Figure 26 around integrating the taught theories and AMBER approaches into practice. Especially across areas like anchor-based work (230% increase), movement-based work (123% increase), and breath-based work (143% increase) This suggests that after receiving the FME training, the teachers were able to make strong connections between theory and application of the AMBER approach to their pupils.

Figure 26 Teachers' knowledge and awareness of cognitive functions



There were also major self-reported increases around the perceived importance of certain practices or conditions when working with children in Figure 27, like connecting before correcting (23%), self-regulation as a leader (25%), cultivating resilience through relationships (28%), sitting with painful feelings (58%), self-compassion (26%), mistake-making (48%), etc. This points to increased prioritisation of social-emotional learning as well as trauma-informed, compassionate practices across their teaching practices.

Figure 27 Translating theory into taught teaching practices

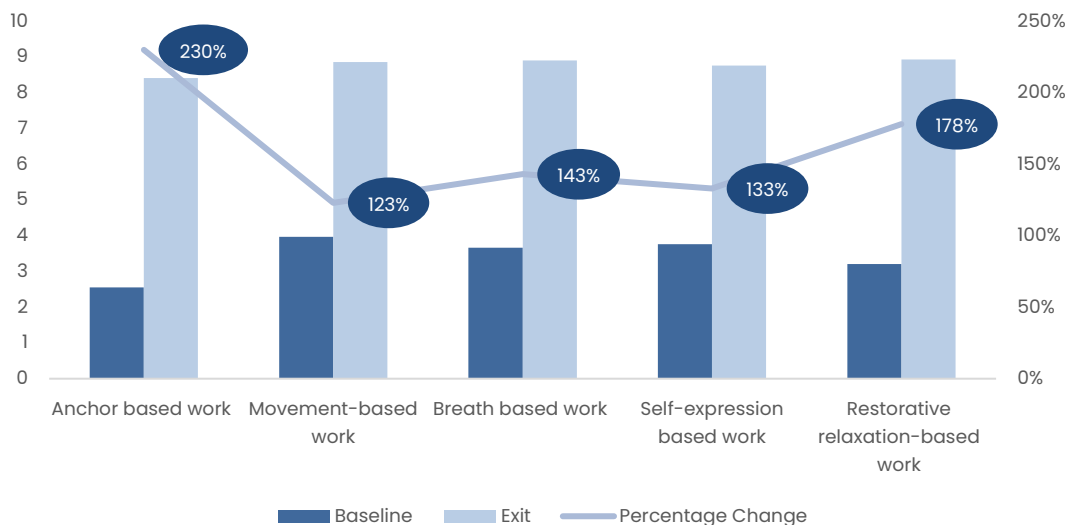
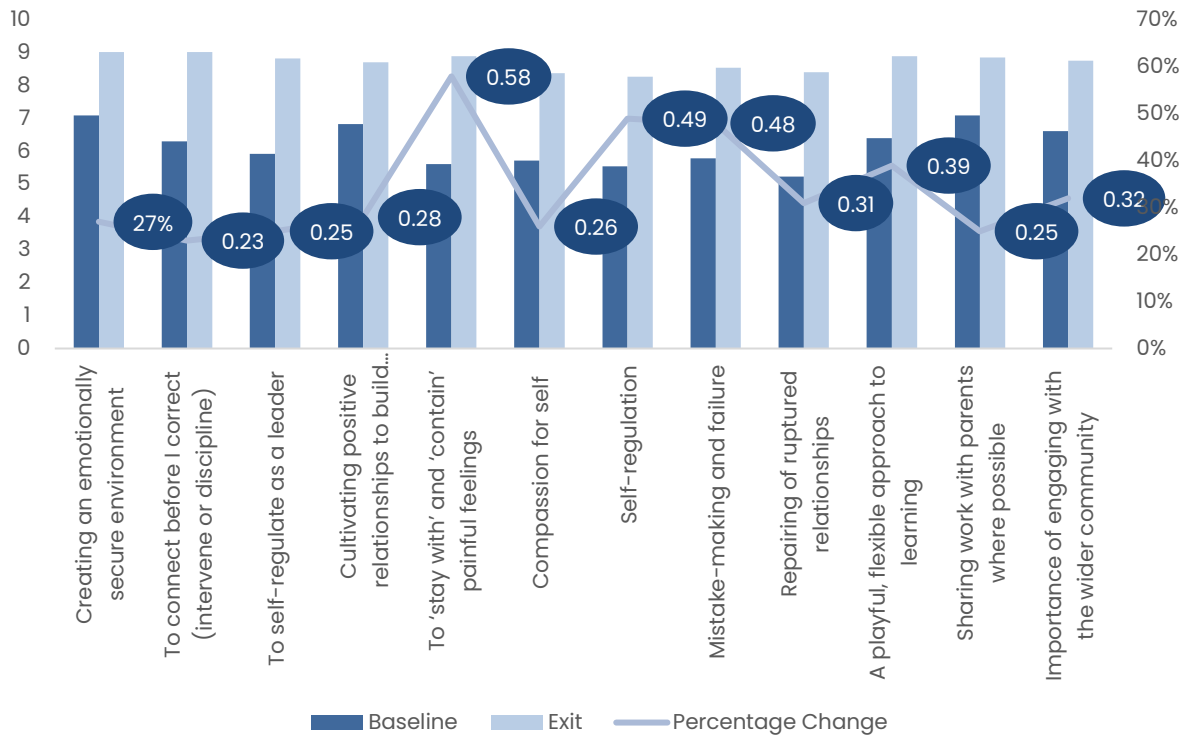


Figure 28 Acknowledgement of certain practices when working with children



Whilst already rating highly in some areas like creating secure and trustworthy environments and engaging parents/communities, the survey shows increased awareness more broadly related to knowledge and skills in supporting children’s development. This suggests an overall perception of increased confidence and ability in these topics after participating in the training from FME and applying the tools and resources in practice. In summary, the self-reported findings from the participating teachers show clear gains in knowledge and awareness, pointing to an effective training experience. This has enabled the practical development of skills around meeting children’s developmental needs through compassionate and trauma-informed practices.

5.4 Impacts on Pupils

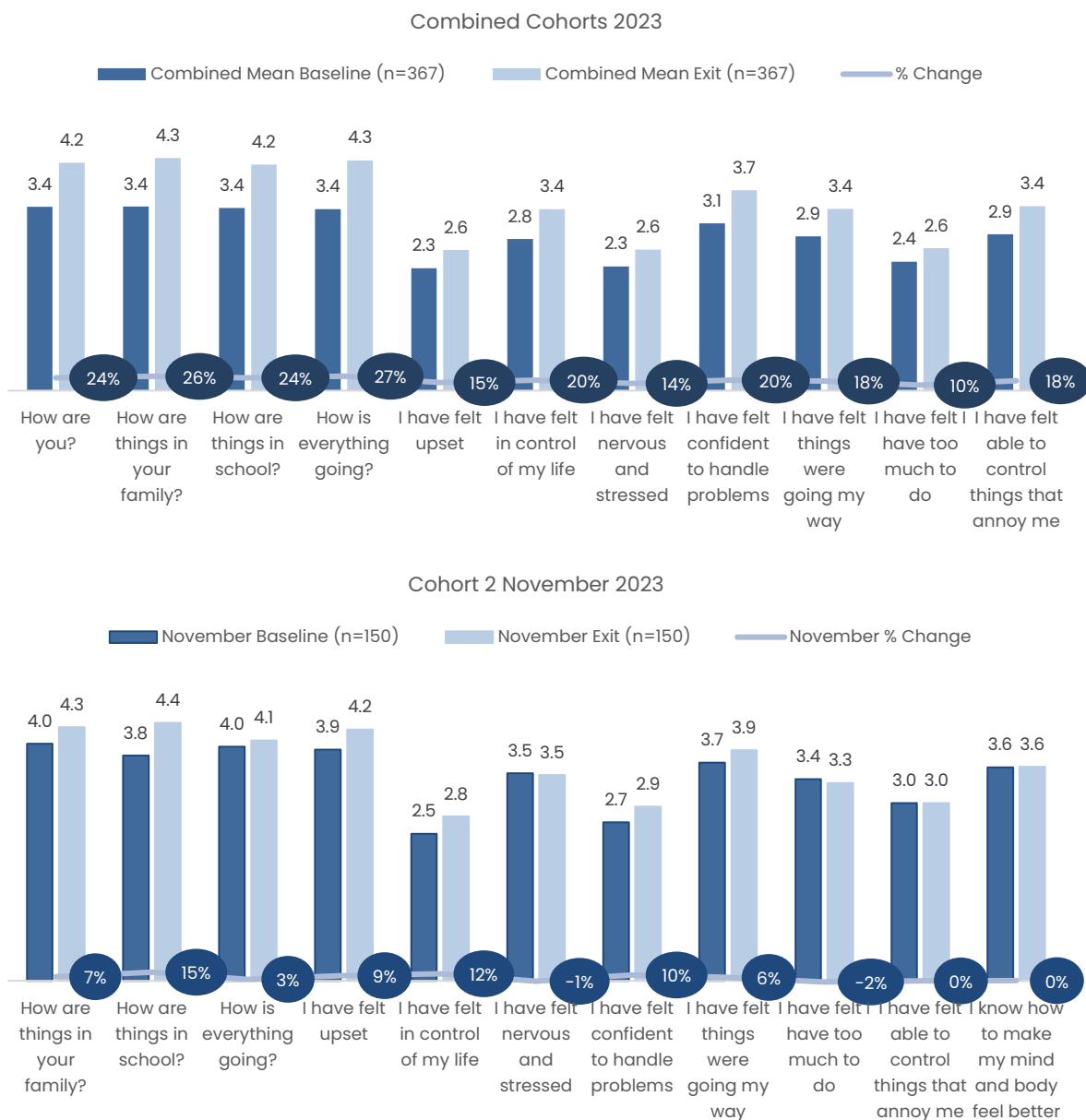
To monitor the impact of the programme on pupils, a survey was developed by drawing on wider survey templates developed by Kidscreen and PSS. The data in Figure 29 tracks well-being measures across two cohorts (November and August) of students at baseline and exit of a programme. The combined data provides evidence to suggest improvements in pupil well-being from baseline to exit on the programme. All 11 indicators measured demonstrated increases ranging from 10% up to 27%.

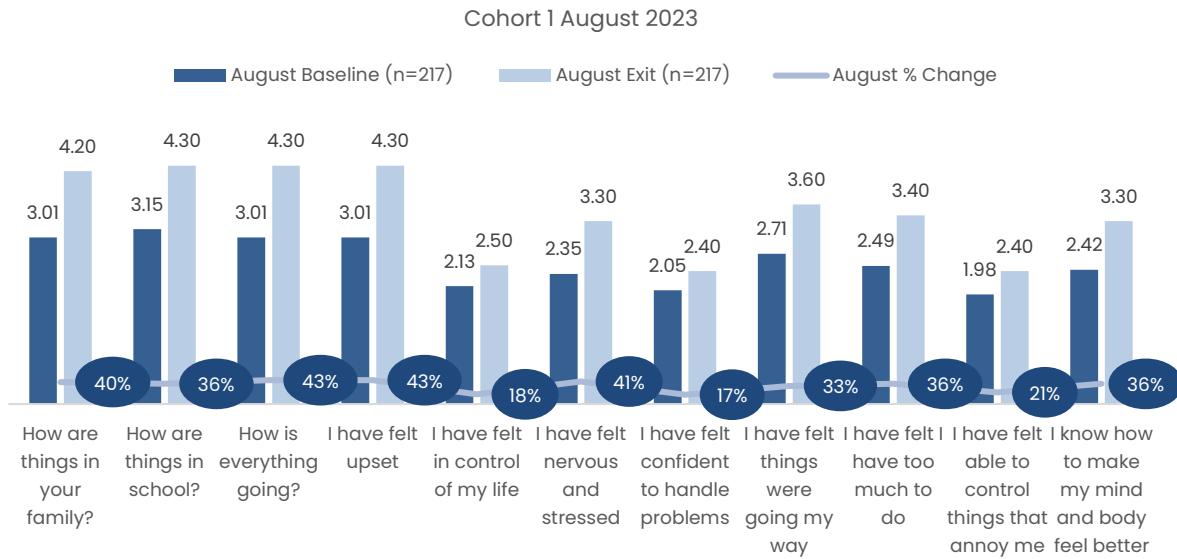
The largest gains in the combined data were seen in the measures of "How is everything going" (27% increase), "How are things in your family" (26% increase), and "How are you" (24% increase). The smallest improvement was seen in students feeling they have "too much to do," which increased by 10%. This suggests the programme may have helped students feel more

positively about how life is going and provided them with the skills to improve family relationships.

Other key findings show how the pupils' confidence in handling problems grew by 20%, suggesting increased self-efficacy. 15-18% more students reported improvements in anxiety and stress levels, feeling less upset or nervous and overwhelmed. Overall, the analysis of the combined cohort data reveals improvements in emotional, family, school, and general well-being measures across the pupils from the outset to the conclusion of the programme.

Figure 29 Baseline and Exit scores of pupils taking part in the programme





5.5 Speaking to Teachers

In Autumn 2023, interviews were conducted with some of the teachers and learning assistants who took part in the educator training and delivered the school’s programme. The purpose was to understand their experiences of the taught AMBER approach and the broader impacts when applied in practice on classroom teaching methods, curriculum development as well and effects on pupil behaviour.

- User friendly resources.** All the teachers and learning assistants who participated in the training praised the quality of the resources supplied and in practice, these were shown to connect well with the different learning styles, interests, and capabilities of their pupils. The new FME digital platform consolidated educator training and facilitated the translation of the taught techniques into their teaching practices. The content of the support materials and classroom resources was pitched appropriately, and teachers praised how they could be adapted easily across the curriculum for a range of age cohorts.

“The mnemonic is easy for children to understand and remember. Child-friendly, bright, and colourful”.

“The children find it attractive, because Amber is a dog, and they respond well to this”.

“It was very child-friendly; everything was pitched at the right level for this age group”.

FME offer a creative and preventative approach to improving the mental health and wellbeing of young people. The delivery of the materials by the trained teachers was shown to have the following in-classroom effects.

- Curriculum-friendly tools.** Teachers and teaching assistants embedded the AMBER approach and the suite of taught resources across the curriculum in creative and

interesting ways. For example, one teacher made an explicit link to STEM subjects by procuring heart monitors to explore anxiety's physical effects, like raised heart rate. Others used the approach to plan and encourage a journaling or diary exercise, which helps the pupils to recognise challenging experiences and manage their emotional responses. This demonstrates the flexibility offered by the taught approaches and the scope they offer for cross-curriculum development.

“A wide variety of resources which can be used in different lessons. The teacher is free to pick the most appropriate for each class”.

- **Managing challenging situations.** Application of the AMBER approach has been proactive for managing potentially disruptive classroom behaviours, in particular supporting high-energy students who may struggle to regulate emotions. These tools are also important in schools with larger class sizes which can limit the scope for one-on-one pupil support. In some participating schools, the AMBER approach has also helped guide appropriate pastoral care responses to complex issues like bullying or coping with deeply sensitive problems at home such as parental loss. Some teachers explored adapting the approaches for other year groups, including supporting pupils in navigating potentially difficult transitions like moving on to secondary school.

“Children enjoyed trying relaxation techniques and I felt it had a positive impact on their behaviour and ability to focus in class”.

“I found teaching the children different ways to handle tricky emotions and learning about breathing techniques helped those with anxiety”.

- **The value of support staff.** The interviews demonstrated teaching assistants are often better placed than teachers to work one-on-one with pupils and administer the FME calming exercises, mindfulness, and other relaxation techniques. Future recruitment strategies might want to target teacher assistants more explicitly or support the development of in-school clusters which embed the AMBER approach more broadly across the curriculum as well as different year groups.

“It has a good way of getting children to engage and become part of the learning - activities and lessons were colourful, engaging and enjoyable”.

The delivery of the FME training model offered an innovative and affordable (free via the Glens Healthy Places programme) opportunity for schools to support professional development, which is important given the budgetary constraints facing schools at present.
Other professional

- **Train the trainer model.** The adoption of a train-the-trainer type approach represented a departure from previous FME delivery methodologies which had involved face-to-face contact with pupils. There has been operational learning here in terms of the challenges of working more remotely, but the FME team were praised for their responsiveness and capacity to deliver follow-up support to teachers as and when

required. There was also significant praise and satisfaction reserved for the training days which were reported as being well organised and offered the teachers with a supportive platform to pilot the AMBER approach.

“A brilliant 2 days, so glad I was able to be a part of the sessions and I’m looking forward to complementing this learning when I get back. Became more knowledgeable and felt supported in the learning. Lots of facts and info on why the programme works”.

“The training FME provided was informative, enjoyable, thought-provoking and had lots of fun moments too. Privileged to be part of this training and to have learnt about the AMBER Approach”.

- **Teacher professional development.** The training was shown to support the professional development of teaching staff and provided them with the tools to become anchor adults and trusted figures in the lives of their pupils. This role is important, especially for pupils from disadvantaged backgrounds who may not receive mental health or emotional wellbeing support at home.

“Great Programme that I have got loads out of personally and professionally”.

“This programme has been wonderful with lots of informative presentations and practical sessions to allow us to try out lots of the approaches”.

- **Brokering domestic input.** Sending the resources home has facilitated positive conversations about mental health, helping to reduce stigma and encouraging parents to explore how they too can help support their child’s mental health and emotional wellbeing. The FME tools and techniques were shown to be easy and fun to use, with scope for independent application by the pupils themselves in tandem with parents or other caregivers at home.

The adoption of the FME AMBER approach was shown to have a catalytic impact across the schools taking part who are now exploring ways to embed or scale support for pupils’ mental health and wellbeing in the following ways:

- **Spin-off mindfulness resources.** Engaging with the material has motivated participating teachers to create new or develop existing calm-down spaces with mindfulness resources for children experiencing challenges regulating their emotions. These included Amber and other relevant FME materials shared during the training. The need for these spaces has increased post-COVID, where it was deemed that younger pupils’ social skills have been underdeveloped. These designated spaces also reinforce the value and practice of anchoring techniques like controlled breathing which helps pupils to self-soothe and allows them to identify different emotions.

“Children were able to think about feelings and emotions and useful ways that they could help to cope with their emotions. It helped some children to deal with disappointment and conflict at school”.

“Amber the teddy is so comforting she relates very much to the children at this age”.

- **Supporting a whole-school approach.** Some teachers highlighted how since the implementation of the training they were now working to integrate the AMBER approach into a whole-school strategy that can improve mental health and wellbeing outcomes. This involves creative applications like the practice of regular meditations, mental health awareness days like ‘Tune in Tuesday’ or the design of dedicated activities or physical spaces across the site which can help pupils recognise anxiety and manage negative emotions.
- **Inter and intra-school development** While not formally scaled through wider teacher networks yet, the AMBER approach was utilised during a shared PE class between two local schools to promote mindfulness. Professional teacher development networks might help share experiences and develop inter-school practice but also embed these approaches more broadly, including other schools that did not participate in the training on this occasion.

6 Conclusions and implications

This section reflects on the key findings of the evaluation and highlights the implications for the development of the components as an overall programme. These are not set out prescriptively, but as ideas and frameworks that NACN might evaluate in scaling high impact areas of the Glens Healthy Places programme.

6.1 The Power of Listening

The *Community Listeners* intervention was a departure from the original programme and represented an innovative method of engaging the most excluded and lonely people in the Glens. The intervention developed, via experience, critical learning and adjustment to place more emphasis on connecting users with health support, specialist help (on benefits for example) and importantly onto other NACN services.

The approach is rigorous and the emphasis on listeners, brokerage and gateway services is emerging, but is clearly effective. The Public Health Agency (PHA, 2016) emphasise the importance of active listening and suggests a methodology that involves:

1. **Open questions** rather than asking questions which only require a yes or no answer.
2. *Summarising* helps to show that you've listened to, and understood, what has been said.
3. **Reflecting** by repeating back a word or phrase can encourage people to go on.
4. **Clarifying** to identify the source of the problem and ensure there is confidence in the core issues being discussed.
5. **Reacting** with sympathy, empathy and understanding is vital. 'That must have been difficult' or 'You've had an awful time' can be helpful things to say.

In this respect, NACN should formalise the approach to listening, not as a clinical method, but as a common-sense response to its own understanding of need, experience delivering the programme and knowledge of rural communities. Liaison with professionals in health and social care, public health and academia (especially around sociobiological and sociopsychological interventions) would help shape the next version of the framework. The approach combines several components beyond listening to deal with training and skills development, sharing best practices, brokering services and navigating users to the right supports. However, the listening function does embrace its essential quality and characteristics. It is a vital intervention in mapping, identifying, recruiting and supporting the most vulnerable in a dispersed community. This should remain as its essential function but as noted, integrate with a range of internal and gateway services in the wider mental health arena.

6.2 An Integrated Approach

SSCR (2020) noted that *social inertia* is a significant barrier to alleviating loneliness in older men but the lack of realistic options and how to enact them are particular problems. What the Glens Men programme offered is safe multiple entry points that were navigable, even by those

who felt uncomfortable or resistant to deliberative socialisation practices. Friends, wives and other family are critical gateways for less active men and locality, knowledge of the environment and purposeful activity enhanced the propensity to engage. Here, the link between the Listeners and Glens Men is evidenced and this could be operationally strengthened.

There is a need to consider how the approach can be embedded across wider networks, including those managed by the Glens multi-disciplinary team. There are important issues around signposting or identifying referral pathways and where the limits of a community-based approach rest. GHP demonstrates the value of a community development approach to mental health and the capacity of NACN to pull together funded services in a way that connects better with communities and strengthens local access at the point of need. A placed-based mental health project would:

- Develop an integrated pathway between Listener functions and onto Glens Men although multiple points of entry are possible.
- It would also consider how this relates to the work of the internal suicide prevention function and the NICHI Health Alliance, which recently awarded £30,000 to 72 community health projects and is active in welfare benefit support.
- The potential to link into PB aligned specifically to the Take Five themes and provide a way for communities to take greater control over decisions that affect their health would also be considered as part of an integrated pathway.
- Specialisms, including child mental health, coping skills and interventions along with schools would build on existing partnerships and proven concepts.

6.3 Fidelity of Interventions

It should be emphasised that this is about formalising current practice but building the components into a more integrated, locally-based approach bespoke to the needs of a rural community. However, as with listening, there is a need to describe the intervention more rigorously and to benchmark it against best practices and interdisciplinary expertise. This is not about privileging health professionals but how community practitioners bring their professional expertise into the co-design of local services. For example, the evaluation noted the fidelity of the Glens Men programme and the analysis below simply describes, based on best practice, what a framework for such services might look like.

This is again, not creating something new, but demonstrating how the experience of the two phases of GHP has enabled NACN to create its own bank of knowledge, intervention methods and frameworks that could build more sustainable and efficient approaches to tackling rural mental health.

Table 3 Framework for developing the Glens Men programme

Type of intervention	Description
Signposting, information referral, advice services	Linking residents to non-clinical sources of support, advice and information. This includes what is often described as “social prescribing”.
Advocacy and legal support	Active support, advocacy and case management are provided to residents.
Education, training and workshops to expand skillsets	Training courses and workshops to develop skills and increase confidence (e.g. job interview training, IT skills development, financial literacy workshops, art courses)
Education, training and workshops for mental health awareness, prevention and recovery	Training courses, workshops and self-help material that aim to prevent suicide, help residents manage stress and anxiety (e.g. stress management courses, relaxation workshops and wellbeing apps, online self-help guides, helplines), maintain good mental health (e.g. ‘The Recovery College’), increase knowledge around mental health (e.g. mental health first aid) and reduce stigma associated with mental illness.
Promoting physical activity	Programmes designed to increase the physical activity of residents to promote positive mental health (e.g. walking groups, dance classes, yoga)
Peer support and mentoring	Help, guidance and reciprocal support are offered by peers, volunteers, or other members of the community.
Social activities and befriending	Events and groups that aim to connect residents with others in their community to reduce social isolation and build confidence (e.g. community events, sports groups, art classes, befriending services)
Practical help and assistance	Practical help designed to improve the quality of life of residents and support independent living. This includes ensuring access to affordable household heating and improving household security and fire safety.
Food security interventions	Programmes that promote wellbeing by providing meals, groceries, practical skills and support to those experiencing food insecurity.
Policies, strategies, funding and networks	Initiatives that aim to encourage collaboration and joint working, promote the mental health and wellbeing “agenda”, provide small grants, build organisational and community capacity (including supporting community groups and training volunteers), reduce fragmented referral care pathways or improve the delivery and implementation programmes.
Animal and green space interventions	Programmes designed to promote positive mental health through increased access to calming spaces for residents (e.g. greenspace initiatives, quiet rooms, animal farms).
Prevention of further decline in mental illness	Interventions which aim to prevent the decline of those who already have poor mental health

Source: Duncan et al., 2021

6.4 Programme Content

Within this context, there is a need to review the programme content, and how it addresses different types of exclusions and builds the coping capacity of men (and indeed a wider demographic of need). For example, people wanted to see participatory activities that gave meaning to their lives. SCCR recently underscored this aspect of programme design stating:

‘Men placed a high value on helping others and giving something back, for example through participation in volunteering roles, being involved in organising events or being part of an organising committee for groups and societies. Within these roles, men are not perceived to be service users or needing the support of others – rather, they are positioned as active contributors.’ (SSCR, 2020, p.3)

The men did highlight several activities that addressed such contributions:

- Organised walking, building on some of the programme, especially to access green or blue spaces, open the curative effects of nature and visiting unfamiliar landscapes.
- For a smaller cohort, more active environmental interventions, potentially using a citizen science approach is a possibility. Many had interests, experience and knowledge and a willingness to know more, and such purposeful options could connect with citizen science projects along the Causeway coast.
- The past is important and has been well developed as a programme activity in the Glens Men. There is a stronger awareness of nostalgia as an intervention for older people, which can build on the methods used across the GHP programme (see Wildschut and Sedikides, 2023).
- As noted earlier, task-based maker activities were important for some men who often feel they have lost intrinsic skills, identity with work and an ability to share experiences with other people and other generations.

6.5 The Potential of PB

PB has shown again to be an effective way to increase community participation and engagement, especially among groups that are traditionally less involved. However, PB processes require significant time and resource investment to organise and facilitate properly, so how this approach is funded in the future requires careful consideration and planning. The 9 different PB processes also provided valuable insights into community needs and priorities and the range of funded projects and initiatives reflects the different place-based issues facing the Glens villages that took part. PB has also been shown to have spillover effects beyond the actual budget allocation, which includes building social capital and community solidarity. Tracking the sustainability of these impacts will be important, potentially through a Social Return on Investment methodology could help to connect or scale the work of different funding programmes, including PEACE PLUS, to support outcomes like relationship building, youth mental health, and rural regeneration. Further scope for development might include.

- Leverage the community insights and proposed projects from the 9 PB processes to inform local development plans and strategies, as well as design of future funding programmes ran and delivered by Causeway Coast and Glens Council.
- Explore further the adoption of focused PB processes to increase engagement with certain groups like youth and marginalised communities. Also, keep working to consider ways to support unsuccessful but promising projects.
- Build on established partnerships like the PB Works network and Causeway multi-disciplinary team to share learning, provide technical assistance to communities, and potentially match funding models in the future.

- Consider corporate sponsorship models and opportunities to align PB with social value, CSR commitments from private sector partners to provide sustainable funding.

6.6 Supporting Young People's Mental Health.

Work delivered during the PB programme highlighted the need to respond to supporting young people's mental health. This was reinforced through the delivery of the FME programme, which achieved strong buy-in and participation across 11 primary schools reaching over 900 pupils. Self-reported survey data provides evidence of significant improvements in teachers' knowledge, skills, and confidence in supporting pupil wellbeing and applying trauma-informed approaches. Pupil wellbeing indicators also showed consistent improvements from baseline to exit, suggesting the FME approaches had a positive effect on their mental health and emotional well-being. Qualitative feedback revealed the practical value of the resources and techniques in managing challenging classroom behaviours, reducing pupils' worries, and connecting well with other parts of the curriculum. There are also emerging signs of wider culture change, with schools exploring the use of mindfulness spaces, developing whole-school mental health strategies, and exploring possibilities for inter-school collaboration. Further scope for development in this area specifically might include:

- The train-the-trainer model should be sustained but possibly widened to engage more classroom assistants as well as connect directly (rather than just remotely) with parents or other caregivers.
- Scale-up across more schools should be explored across the Glens and beyond, alongside inter-school teacher development networks as they might represent a promising platform to showcase the effectiveness of this work.
- Programme learning indicates scope for a more regional approach to promote child mental health through education settings focusing on early intervention. This work clearly advances the priorities of the Northern Ireland mental health strategy and the wellbeing in schools' framework, but resourcing will be critical.
- Alternative revenue funding opportunities could be explored through the PEACE programme strand 3.3 – Young People and Mental Health but also by working in consortia with other regional service providers across the sector in response to potential procurement opportunities advertised by health and social care trusts.
- Future evaluation work could explore specific wellbeing impacts on disadvantaged pupils and map effects across age groups. This could include a longer-term study to build on the strong evidence base established here.
- Capturing subsequent academic years would indicate if early gains persisted over time or whether there is a need for different types of support as children get older and have to negotiate transitions.
- Developing further connection with the Northern Health and Social Care Trust and their ongoing work around Take 5. The learning from GHP and the use of the AMBER approach could also help inform the emerging work of NHST in local schools.

6.7 Sharing and Learning

GHP has been an initiative bespoke to a rural environment, running across methodologies and for a comparatively long period of time. There is value in NACN sharing its expertise with other

community-based health interventions in Northern Ireland as well as learning from their experiences. The Public Health Agency supported 364 community health and wellbeing projects (2022/23) via its small grant programme and whilst this would be dependent on resources, it would be useful for NACN to benchmark best practice, evaluate alternative models and illustrate the effects of a multi-stranded approach in the Glens area.

6.8 Scaling the Approach

Consideration should be given to developing the approach as a fully-fledged, comprehensive community-based mental health service bespoke to the needs of rural areas. The risk is that short-term funding and stop-start initiatives lose momentum, and create expectations and awareness that dissipate and erode networks vital to recruitment. Moreover, the two phases of the Glens Healthy Places involved high-cost start-up and development work that minimises the chance to achieve scale economies in delivery. Skills, staff, systems for implementation and coordination, learning and adapting the programme are wasted in such approaches.

An alternative plan would present a long-term funded intervention based on the impact of Glens Healthy Places, the infrastructure and networks already in place and best practice in community development. The WHO (2021b) emphasised the need to build mental health services around the rights of people with psychosocial disabilities and prioritised several criteria that are already at the heart of the Glens Healthy Places approach. These rights include:

- **Respect for legal capacity** and a genuine person-centred approach that delivers the programme in a way that participants are comfortable with. This has undoubtedly created a degree of trust in the Glens Men intervention where the participants define what they are comfortable and capable of engaging with.
- **Community outreach** builds on the well-established infrastructure, trusted relationships, and tacit knowledge of NACN and partners inside and outside GHP.
- **Community inclusion** and centring the multiple strands of GHP in area-based communities, their members, local knowledge and identification of at-risk groups, especially through the Listeners programme.
- **Participation** by putting local people at the heart of programme design and delivery in which deliberative PB processes gave groups a real say in problem identification and the allocation of financial resources.
- **Recovery approach** where there are tested intervention models, especially dealing with loneliness but also via methods used by Fresh Minds Education and their resources to support teachers and pupils in developing mental resilience. As noted, these need to be recognised, audited, and formalised especially along with participants, academics, community groups and health professionals.

It is also worth noting that the World Health Organisation set out guidelines for the design of community-based mental health interventions (below), again with which GHP is aligned and in some respects, more advanced in its thinking and practice. In particular, the emphasis placed on respect for people, their identity and their capacity for self-determination is expressed across all four components of GHP. The recommendation here is to undertake a business case (and it is a business case) to develop Glens Healthy Places along with a funding plan,

potentially via the Northern Ireland Mental Health Strategy (or elements of the PEACE Programme) to scale the approach in the context of the WHO guidelines.

Connectedness This principle means that people need to be included in their community on an equal basis as with all other people. This may involve developing new meaningful relationships, reconnecting with family and friends, or connecting with peer support groups or other groups in the community.

Hope and Optimism Although hope is defined differently by different people, the essence of hope is the affirmation that living a full life in the presence or absence of 'symptoms' is possible.

Identity The recovery approach can support people to appreciate who they are, strengthen their sense of self and self-worth, and overcome stigma, and external prejudices as well as self-oppression and self-stigma.

Meaning and Purpose Recovery supports people in rebuilding their lives and gaining or regaining meaning and purpose according to their own choices and preferences. As such, it involves respect for forms of healing that can go beyond biomedical or psychological interventions.

Empowerment has been at the heart of the recovery approach since its origins and posits that control and choice are central to a person's recovery and are intrinsically tied to legal capacity.

Source: WHO 2021b, p.12.

6.9 Reporting systems and social value effects

There is a need to build on the monitoring and evaluation systems deployed across the programmes. These have helped track progress, impact, and outcomes for participants. In any future programme, these measures could be developed to look more closely at the effects on the health and wellbeing of participants, the capacity of those delivering services and how a community-led approach offers value over other interventions. These four elements have an impact beyond the delivery of activities and offer significant savings for the public sector by reducing the cost burden on mainstream services. The Northern Ireland Audit Office (2023) recently estimated that the cost of mental health in Northern Ireland is £3.4bn and emphasised the importance of integrated service integration with the community and voluntary sector in reducing the financial impact on the state. NACN can demonstrate (with the right data gathering systems) to a range of decision takers and politicians, how effective and efficient community-based models can be as well as their long-term potential in the mental health arena.

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8 Annex

8.1 GHQ Factor Analysis

4-point scale

1. I am able to concentrate on whatever I am doing;
2. I have lost sleep worrying about things;
3. I feel I am capable of making decisions about things;
4. I feel I am playing a useful part in things;
5. I feel constantly under strain;
6. I feel I can't overcome my difficulties;
7. I am able to enjoy normal day-to-day activities;
8. I am able to face up to my problems;
9. I have been feeling unhappy and depressed;
10. I am losing confidence in myself;
11. I think of myself as a worthless person; and
12. I am feeling reasonably happy, all things considered.

Table I Variance in the PCA

Component	Total Variance Explained					
	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	5.036	41.969	41.969	5.036	41.969	41.969
2	1.907	15.894	57.864	1.907	15.894	57.864
3	1.260	10.500	68.364	1.260	10.500	68.364
4	.926	7.719	76.083			
5	.707	5.888	81.971			
6	.616	5.131	87.102			
7	.463	3.856	90.958			
8	.353	2.942	93.900			
9	.255	2.129	96.028			
10	.185	1.543	97.572			
11	.165	1.373	98.945			
12	.127	1.055	100.000			
Extraction Method: Principal Component Analysis.						

Table 2 Component structure

Component Matrix^a			
Variable	Component		
	1	2	3
I am able to concentrate on whatever I am doing	.422	.449	-.083
I have lost sleep worrying about things	.692	-.078	-.416
I feel I am capable of making decisions about things	.724	.445	-.223
I feel I am playing a useful part in things	.620	.165	-.506
I feel constantly under strain	.638	-.375	-.458
I feel I can't overcome my difficulties	.617	-.407	.385
I am able to enjoy normal day-to-day activities	.547	.515	.507
I am able to face up to my problems	.643	.374	.257
I have been feeling unhappy and depressed	.720	-.484	.147
I am losing confidence in myself	.723	-.343	.195
I think of myself as a worthless person	.713	-.429	.175
I am feeling reasonably happy, all things considered	.649	.476	.059
Extraction Method: Principal Component Analysis.			
a. 3 components extracted.			

8.2 Fresh Minds Teacher Responses

FME Teacher Baseline and Exit Survey Responses with Full Descriptors

Rate your awareness of the role of sensory integration when planning your work with children (B)	4.34	84%
Rate your awareness of the role of sensory integration when planning your work with children (E)	8.00	
Rate your awareness of the role of Early Years (0 - 5yrs) experiences when planning your work (B)	8.17	-22%
Rate your awareness of the role of Early Years (0 - 5yrs) experiences when planning your work (E)	6.38	
Rate your basic knowledge & understanding of Evolution and genetics (B)	3.90	87%
Rate your basic knowledge & understanding of Evolution and genetics (E)	7.28	
Rate your basic knowledge & understanding of brain development (B)	4.14	88%
Rate your basic knowledge & understanding of brain development (E)	7.76	
Rate your basic knowledge & understanding of the Triune brain (B)	1.76	294%
Rate your basic knowledge & understanding of the Triune brain (E)	6.93	
Rate your basic knowledge & understanding of the Executive function	2.69	177%
Rate your basic knowledge & understanding of the Executive function (E)	7.45	
Rate your basic knowledge & understanding of attachment (B)	5.14	33%
Rate your basic knowledge & understanding of attachment (E)	8.59	
Rate your basic knowledge & understanding of trauma (B)	5.17	58%
Rate your basic knowledge & understanding of trauma (E)	8.17	
Rate your basic knowledge & understanding of stress (B)	5.90	47%
Rate your basic knowledge & understanding of stress (E)	8.66	
Rate your basic knowledge & understanding of Adverse Childhood Experience (ACE) (B)	4.66	81%
Rate your basic knowledge & understanding of Adverse Childhood Experience (ACE) (E)	8.45	
Rate your basic knowledge & understanding of the autonomic nervous system and polyvagal (B)	1.93	271%
Rate your basic knowledge & understanding of the autonomic nervous system and polyvagal (E)	7.17	
Rate your basic knowledge & understanding of Integrated Anatomy (B)	2.03	273%
Rate your basic knowledge & understanding of Integrated Anatomy (E)	7.59	

Anchor based work (B)	2.55	230%
Anchor based work (E)	8.41	
Movement-based work (B)	3.97	123%
Movement-based work (E)	8.86	
Breath based work (B)	3.66	143%
Breath based work (E)	8.90	
Self-expression based work (B)	3.76	133%
Self-expression based work (E)	8.76	
Restorative relaxation-based work (B)	3.21	178%
Restorative relaxation-based work (E)	8.93	

Creating an environment that is emotionally and psychologically trustworthy, safe and secure for children to engage with my work	7.10	27%
Creating an environment that is emotionally and psychologically trustworthy, safe and secure for children to engage with my work	9.03	
To connect before I correct (intervene or discipline)	6.31	23%
To connect before I correct (intervene or discipline)	9.03	
To self-regulate as a leader	5.93	25%
To self-regulate as a leader	8.83	
To cultivate a positive relationship when supporting children to build their resilience	6.83	28%
To cultivate a positive relationship when supporting children to build their resilience	8.72	
To 'stay with' and 'contain' painful feelings to support children to build emotional resilience	5.62	58%
To 'stay with' and 'contain' painful feelings to support children to build emotional resilience	8.90	
Compassion for self	5.72	26%
Compassion for self	8.38	
Self-regulation	5.55	49%
Self-regulation	8.28	
Mistake-making and failure	5.79	48%
Mistake-making and failure	8.55	
The repair of ruptured relationships	5.24	31%
The repair of ruptured relationships	8.41	
A playful, flexible approach to learning	6.41	39%
A playful, flexible approach to learning	8.90	
I am aware of the importance of sharing this work with parents where possible	7.10	25%
I am aware of the importance of sharing this work with parents where possible	8.86	
I am aware of the importance of engaging the community (e.g., school, church, club etc) where possible	6.62	32%
I am aware of the importance of engaging the community (e.g., school, church, club etc) where possible	8.76	