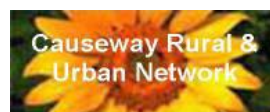# Networks Involving Communities in Health Improvement

Community Mapping Report

Exploring the needs and assets of community groups in addressing health and wellbeing improvement.

A joint study undertaken by Causeway Rural & Urban Network, Cookstown & Western Shores Area Network, North Antrim Community Network & South Antrim Rural Network and funded by the Public Health Agency. ©2011

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Introduction and Background

The Networks Involving Communities in Health Improvement (NICHI) is a 3 year project developed by the Northern Investing for Health Partnership and funded by the Public Health Agency. The aim of the project is to promote and support effective community involvement in health and social wellbeing improvement in line with government and local priorities.

Three Project Officers are employed to deliver NICHI across the ten district council areas of the Northern area. They are based in the community network organisations of South Antrim Rural Network, North Antrim Community Network, Cookstown and Western Shores Area Network and Coleraine Rural & Urban Network. Their role is to engage local network members (more than 600 community groups) and the wider community to ensure groups are enabled, consulted and involved in the implementation of the health and social wellbeing improvement agenda.

One of the first tasks of the NICHI Project was to consult with community groups and undertake a mapping exercise to identify their needs and priorities in relation to health improvement, as well as their existing resources and capacity to address these issues within their communities. The findings of this mapping exercise would provide baseline information on community assets and needs and inform service providers, commissioners and other statutory stakeholders in the Northern area to ensure services are directed to those in greatest need.

This report combines the findings of the community mapping exercises that were undertaken by the three NICHI Project Officers across the ten district council areas of the Northern area.

Methodology

A survey was designed to collect the data and was administered face to face with representatives from community sector organisations during the period 2009-2011. (A full copy of the survey can be found in Appendix 1 and a list of groups consulted in Appendix 2.)

The survey was divided into two main sections. The first section asked respondents to indicate which areas of health & social well-being improvement had been addressed to date by their organisation. The survey used the 27 themes outlined within the Northern Investing For Health Partnership's Health Improvement Plan, for instance, physical activity, nutrition, mental health and so on. Respondents were then asked to break this down further, according to target group (i.e. antenatal, pre-school, children/young people, teenagers, adults, men/women or older people) and the type of activity undertaken (information sharing, awareness raising, project intervention or training/capacity building). They were also asked to identify any areas where they would like further information or support to develop work around in the future.

The second part of the questionnaire enquired about organisational structure and assets, including current resources, capacity, communication channels and services offered. Groups were also asked about any memberships of community or statutory bodies and their awareness of relevant government strategies.

Findings

Profile of respondents

A total of two hundred and seventy six groups were consulted with and completed the mapping survey across the catchment area. The breakdown of respondents by Council area is illustrated in the table below.

Figure 1:   Breakdown of respondents by Council area

| Council area	Number of respondents
Antrim	12
Ballymena	48
Ballymoney	26
Carrickfergus	12
Coleraine	17
Cookstown	33
Larne	35
Magherafelt	35
Moyle	26
Newtownabbey	20
Multiple areas	12

Lower representation from certain areas, for example, Antrim and Carrickfergus, is reflective of the fact that there was no consistent NICHI worker in employment in these areas which impeded the mapping process and not indicative of a lack of interest from community groups.

Approximately 44% of groups were providing services for communities within the top 20% most disadvantaged Super Output Areas in Northern Ireland.

With regard to the target groups being worked with, the vast majority of organisations were providing services for children, young people, adults or older people. There were less groups catering for ante-natal or pre-school populations and relatively few targeting males or females only.

Involvement in Health & Wellbeing Improvement to date

Respondents were asked which of Investing For Health's twenty seven themes they had undertaken any work around to date. The vast majority of community groups (80%) were delivering some kind of health-related programmes. Figure 2 below illustrates the specific areas that were most commonly addressed (in any form with any target groups).

Figure 2: Health themes most commonly addressed in the past
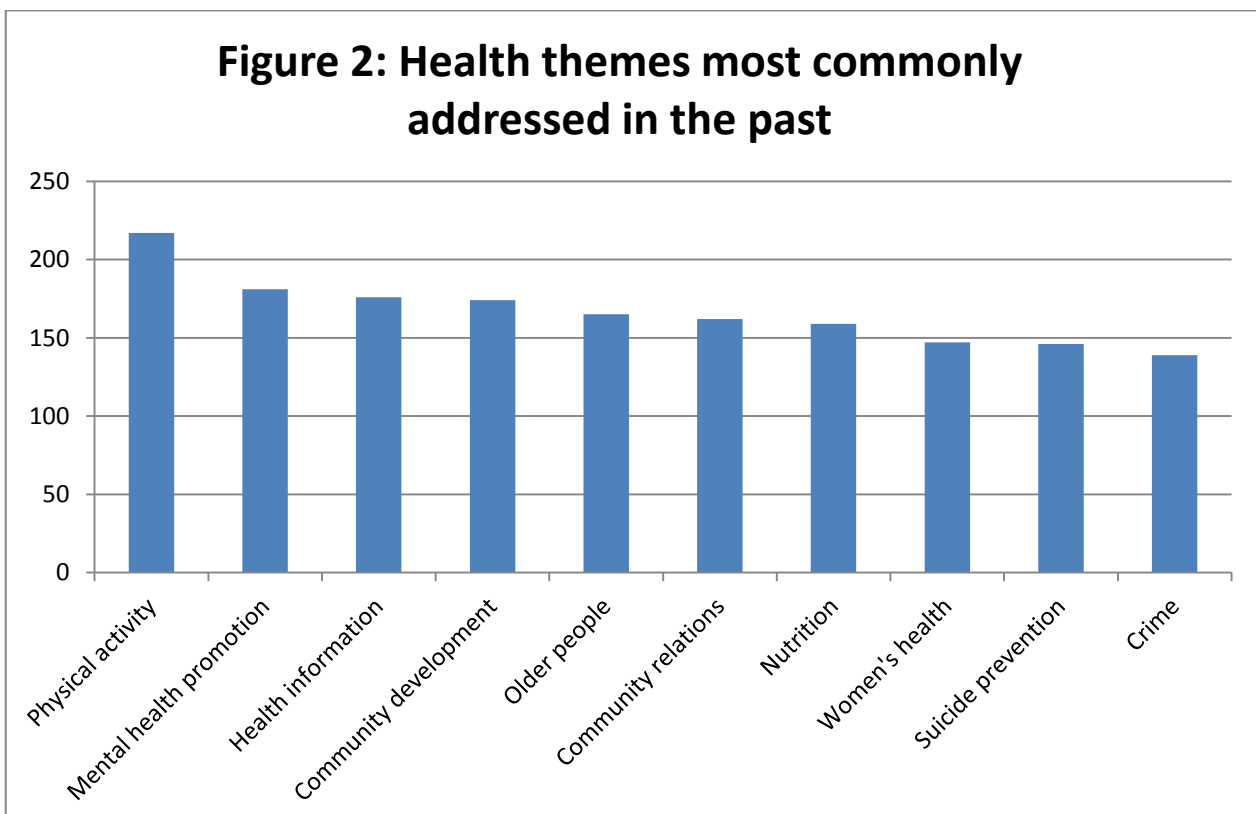
As can be seen, physical activity was the most commonly addressed health theme, with 79% of groups having been involved in delivering some form of related intervention. At the other end of this chart is crime, which had been addressed by half of the groups surveyed. Mental health promotion was the second most common area of health to target - two thirds of the groups had engaged their communities in activities to improve mental wellbeing. Women and older people featured as more frequently targeted groups for engagement in health improvement activities. Sixty three percent of groups identified community development as a key activity and way of working for their organisation.

With regard to the *type* of activities being delivered, most groups had been involved in information sharing or awareness raising around the various health areas. A significant number had also sourced support to deliver programmes or interventions while relatively few groups had engaged the community in health improvement through capacity building or training.

Appendix IV tabulates the level of involvement in the remaining health and wellbeing themes. There is a significant difference in the level of involvement between the most common and least commonly addressed areas. Homelessness was the least frequently addressed issue (11%), which may be partly reflective of the composition and needs of target groups being served. Teenage pregnancy, sexual health and smoking were also found at the bottom of this table with only 13%, 19% and 24% involvement respectively.

Future priorities

Groups were asked which areas of health & wellbeing, if any, they may like support to develop work around in the future. The most common requests are illustrated in Figure 3 below.

Figure 3   Priority areas for future development
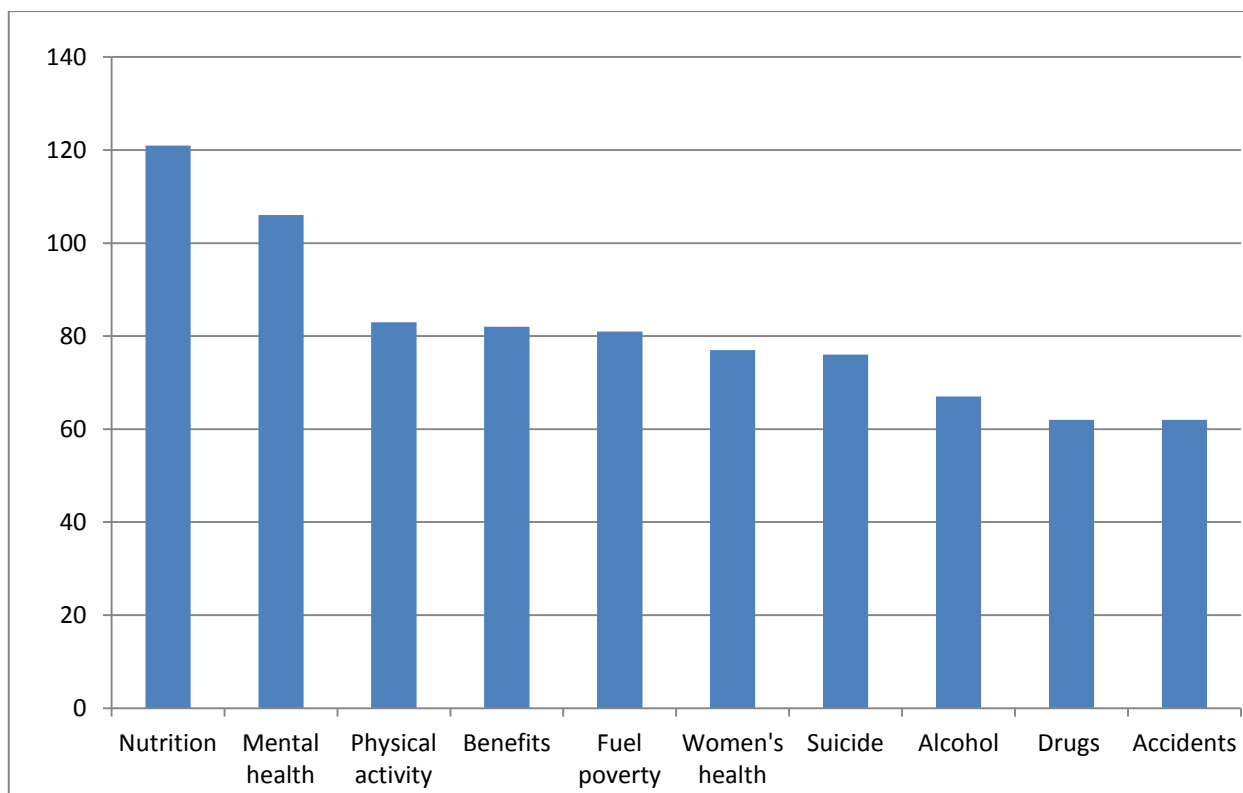
There was some overlap between the issues that groups had most commonly addressed in the past and those that they identified as on-going future priorities, for instance, mental health, suicide prevention and physical activity. However, a few issues also emerged as future priorities that had not been so frequently addressed previously, most significantly, benefits support and fuel poverty, but also drugs, alcohol and accidents. These may be areas where higher levels of information and support will be needed. Most notably,

nutrition was identified as the top priority issue for groups – 44% would like further support to address this in future.

Appendix V illustrates the level of interest in addressing the remaining health and wellbeing themes. Those identified as lowest future priorities for the groups' activities included some of the broader, underlying determinants of health, namely unemployment, housing and homelessness. There was a similar level of interest in addressing the issues of smoking, sexual health and teenage pregnancy in the future as there was in the past. (20%, 15% and 13% of groups identified these as priority areas respectively.)

Organisational capacity

Ninety five percent of groups stated they had staff to deliver their services, although in many cases these were volunteers rather than paid employees. Around half of respondents had received either management or staff training. Approximately three quarters felt their staff had the necessary knowledge, skills and experience to carry out their duties effectively.

Three quarters of the groups had their own premises, although some of these felt that they required more space or renovations in order to adequately provide for service users. Around half of respondents felt they did not have adequate time to fulfil the requirements of their role. In some cases, there was a feeling that the majority of the work was being left to one or two key people who were the main drivers of the organisation and at risk of burn-out. A significant number of groups stated that they relied solely on volunteers and were dependent on securing funding in order to keep their services going. Sixty one percent stated they had adequate finances,

although, in many cases, funding only covered basic running costs and insurance and groups had to look elsewhere for programme costs.

The groups surveyed appeared to be employing a wide range of communication methods to support and promote their work. Just under half (n=131, 47%) produced a newsletter or E-zine, while around three quarters published an annual report and press releases and 86% held Annual General Meetings. Other communication channels that were mentioned included community notice boards, leaflets, posters and flyers, websites, Facebook and word of mouth.

Services provided to community

The vast majority of respondents said their organisations were involved in providing information (91%) and networking opportunities (87%) for service users. Around one third offered photocopying facilities, room hire or internet access. Only 17% were in a position to provide transport in order to facilitate access for service users and just 5% supported service users with accountancy. Other services provided that were identified included an advice line, support groups and signposting, i.e. linking service users in or referring them on to other providers such as GPS, Housing Executive or CAB.

Awareness of government strategies for health

There was some level of awareness of these strategies, although understanding of their detail and relevance was less well developed. Investing For Health was the most widely recognised of those listed (137 groups, 49%). Around one third of respondents (31%) had heard of the Patient Client Council (PCC) and 19% of the Programme for Government,

while only 32 groups (11%) were familiar with the Personal & Public Involvement strategy. Eleven percent of groups cited other strategies that they were aware of, for instance, Children & Young People, Fit For Play, Environmental Waste, Rural Development, Biodiversity, Countryside Recreation, Community Relations and Sport Matters.

Involvement in health related partnerships, networks & forums
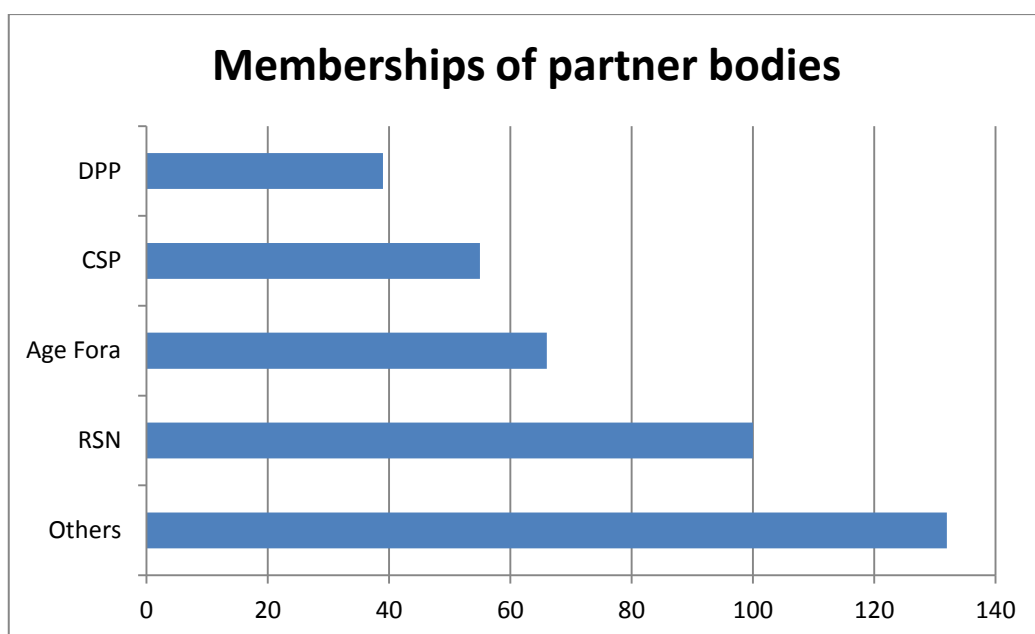
As can be seen, the largest number of respondents (n=132, 47%) claimed to be members of *other* partnership bodies and networks that were not amongst the list of options offered in the survey. Membership of bodies classified as 'other' included; NICVA, Children's Services Planning Locality groups, NRP, DSD, Workers Education Authority, Community Forums and Interagency groups. Thirty six percent of respondents were members of the community support networks that were responsible for administering the surveys. One fifth were members of the Community Safety Partnership and 14% contributed to the District Policing Partnership.

Level of interest in membership of a Health Alliance

The final question in the survey asked respondents if they would be interested in becoming members of a Northern area Health Alliance. The purpose of the Alliance is to provide a mechanism for community groups to network and share information, engage in evidence-based health improvement, access training and capacity-building opportunities and contribute to shaping the health improvement agenda. The majority of groups surveyed (n=253, 92%) were interested in joining the Health Alliance, illustrating the strong commitment to improving health and wellbeing within the community sector and the potential for interagency collaboration between statutory and community partners.

<u>Conclusions</u>

- There is already a wealth of work being done within the community sector to address health and well-being improvement issues and a strong commitment to sustaining and further developing this work.

- Key health topics addressed include physical activity and mental health promotion. There is also evidence that the wider determinants of health and well-being are being addressed, for instance, crime and community relations. Most of the activity to date has focused on information sharing and awareness raising. Community groups may need further support with capacity development to enable longer-term and sustainable programmes.

- Mental health promotion and physical activity continue to be priority areas for future development within communities, along with other key wellbeing issues, such as nutrition benefits support and fuel poverty.

- Sexual health, teenage pregnancy and smoking appeared to be regarded as relatively lower priority health issues by community groups and as such may need further promotion in order to place them higher up the agenda.

- Key challenges to the capacity of community groups to address health and wellbeing issues include a lack of sustained funding and their reliance on the commitment of volunteers in order to continue functioning.

- There is an awareness of the wider strategic context, in particular, Investing For Health, but less of an understanding of the finer details and implications of these documents for community sector organisations.

- The interest and capacity of the community sector to contribute to health and social wellbeing improvement needs to be capitalised upon and supported by cross-sectoral working relationships and the NICHI Health Alliance model provides one mechanism for facilitating this collaboration between community and statutory services.

Appendix I   Community Mapping Survey Template

NICHI Officer (Name)		**Date:**	
Key Stakeholder Organisation:			
Name: *(initial contact)*			
Address:			
Tel:		**Fax:**	
Email:		**Future key contact for (NICHI)**	

Main Areas of Health & Social Wellbeing Improvement Work Undertaken			
	Target Group e.g. antenatal, preschool, children/young people, teenagers, adults, older people, women/men	**Nature of Activity** i.e. training/capacity building, project intervention, awareness raising, information sharing	**Support Required** Please state which activities you would like support to initiate/develop.
Smoking			
Nutrition/Obesity			
Physical Activity			
Alcohol			
Drugs			
Accidents (home, traffic, farm, workspace)			
Sexual Health			
Teen Pregnancy			
Benefits Support			
Homelessness			

Fuel Poverty			
Mens Health & Social Wellbeing			
Womens Health & Social Wellbeing			
Early years/Child Health & Social Wellbeing			
Older People Health & Social Wellbeing			
Disability (physical/learning/ acquired)			
Mental Health Promotion			
Suicide Prevention			
Transport			
Community Relations			
Community Development			
Housing Issues			
Crime/ Fear of Crime			
Unemployment			
Basic Skills			
Health & Social Wellbeing Improvement Info			
Black & Minority Ethnic Groups e.g. travelling community			

Organisational assets

Resources	☐ Staff/Volunteers ☐ Buildings ☐ Finances ☐ Time ☐ Others	Comments:
Capacity	☐ Management Training ☐ Staff Training ☐ Access NI ☐ Knowledge ☐ Experience/Skills ☐ Others	
Communication	☐ Newsletters/E-Zines ☐ Press Release ☐ Annual Reports ☐ Events e.g. AGM ☐ Others	
Programmes	☐ Health ☐ Environment ☐ Community Relations ☐ Older People ☐ Women ☐ Youth ☐ Childcare ☐ Others	
Activities	☐ Physical Health ☐ Mental Health ☐ Nutrition ☐ Capacity Building ☐ Formal/Recreational Education ☐ Others	
Services Provided	☐ Information ☐ Networking ☐ Newsletters ☐ Photocopying ☐ Room Hire ☐ Internet Access ☐ Accounting ☐ Transport ☐ Others	
Memberships	☐ CSP ☐ DPP ☐ RSN ☐ Age Related Fora ☐ Health Fora ☐ Others	
Knowledge of Govt. Strategies	☐ IfH ☐ PCC ☐ PfG ☐ PPI ☐ Others	

Interested in health alliance?   **Yes/No**

Appendix II   List of groups surveyed

Antrim Borough Council

Antrim Borough Outdoor Recreation Advisory Group

Antrim Community Forum

Antrim Walking Group

Arthritis Care

Caddy & District Community Group

Family Caring Association

Neillsbrook Community Development Group

Randalstown Arches Association

Randalstown Cultural Awareness Association

Rehability

Six Mile Water Guardians

Time For Me

Carrickfergus Borough Council

Carrickfergus Borough Council

Carrickfergus Community Drugs & Alcohol Advisory Group

Carrickfergus Community Forum

Carrickfergus Neighbourhood Development Group

Carrickfergus Women's Forum

Carrickfergus YMCA

Charles Sheils Community Group

Glenfield Community Association

Northern Ireland Safety Group

Sure Start

The Pregnancy Resource Centre

Whitehead Community Association

Newtownabbey Borough Council

Ballyclare Badminton Club

Ballyclare Community Concerns

Bawnmore & District Residents Association

Belfast Hills Partnership

Carnmoney Football Development Association

CLASP (Church Road Longlands & Arthur Social Programme)

4th Newtownabbey Boys Brigade

Mallusk Community Action Group

Monkstown Boxing Club

Monkstown Community Association

New Mossley Community Group

New Mossley Youth Centre

Newtownabbey Senior Citizens Forum

Newtownabbey Walking To Health

Newtownabbey Women's Group

Rathcoole Youth Centre

Sense NI

South East Antrim Community Federation

Twinburn Community Association

Young Enterprise

Coleraine Area

Dhu Varren group

Windy Hall Senior Citizen's group

Windy Hall Youth Club

Crafts with Love

Kilrea Walking Group

Ballysally Youth and Community Centre

Garvagh Community Group

Vineyard Centre-Causeway Coast

Thompson Fold

Millburn Playgroup

Coleraine Youth Outreach-NEELB

Autism NI-Coleraine

Riding for the Disabled-Coleraine

St. Malachy's Pre School and play school

Kilcranny House

Age Concern-Causeway

Castlerock Community Association

Cookstown Area

Tamnamore Craft Club

An Creagan Visitor Centre

Cookstown and Dungannon Women's Aid

Holy Trinity College

MS Support Group-Cookstown

Dunnamore Community Association

Kildress Kare

Moneymore Activity Group

Coagh Community Cross Roads

Desertcreat Mother Union

Sandholes Community Group

3 Spires Craft Club

O4O Age Concern Cookstown

Monday Club Cookstown

Kingsmill Community Group

Coagh Historical Group

Total Respect Foundation

Ardboe Community Projects

SELB Youth Project

Sure Start Cookstown

Institute of Irish Leadership-Pomeroy

Pomeroy Development Projects Ltd

Pomeroy Parent and Toddler

Pomeroy Resource Centre

Pomeroy Players

Brigh Senior Citizen's Group

Cookstown North Community Group

Muinterevlin Community Group

St. Colman's Parish Community Group

Stewartstown Community Group

Coyle's Cottage Women's Group

Coagh & District Local History Group

TABBDA

Magherafelt Area

Magherafelt Monday Club

Glasgowbury Music Group

Slievegallion Community Preschool

National Autistic Society-Mid Ulster Branch

Off the Cuff Magherafelt

Desertmartin Community Group

Magherafelt Young at Heart

Ballymaguigan Community Development Association

Network Personnel

Ballinascreen Early Years

Tobermore Community Projects

Bellaghy Women's Group

Swatragh Wednesday Club

Gran Quilters

Killeleagh and St. John's

Ballinascreen Community Group

Loup Women's Group

New Meadows Group

Desertmartin Luncheon Club

Upperlands Community Development Group

Erin's Own GAC-Lavey

Lavey parent and Toddlers Group

Shop Mobility Magherafelt

Youth Connect-Maghera

Mind Wise

Lower Castledawson Community Association

Granaghan & District Women's Group

Castledawson Women's Group

Naiscoil na Speirini

Slievegallion Community Development Group

Mergargy Women's Group

Kilcronaghan Community Association

Fathers for Justice Group

Killowen Community Group

Dyslexia and Dyspraxia Support

Ballymena Council Area

Ballee Community Association

Include Youth

Ballymena Evergreens

SureStart

Portglenone Senior Citizens Group

Rectory Residents Association

Ballymena & District Carers Group

Dunclug Youth Forum

Harryville Partnership

Hope Centre

Dunclug Partnership

Dunclug Residents Group

Dunclug Senior Citizens Club

Dunclug Womens Group

Clough Communtiy Association

Glenravel Young at Heart

Broughshane Development Association

Carnlea Orange Hall Committee

Cloney Development Group

Portglenone Enterprise Group

Inter-Ethnic Minority Forum

Glenariff Improvement Group

Ballymena Retirement Group

Broughshane Youth Forum

Ballymena Hard of Hearing

Headway

Tullymore Rural Amenities Group

Clough Community Association

Ballykeel Youth Group

Community Focus Learning

Triangle Housing

Glenravel Sport & Community Complex

Gortgole Fold

All Saints Youth Club

Fibromyalgia Group

Ravel Rascals

Ballee Community Association

Ballykeel Mature Adults L/C

Woodvale Beacon Centre

Harvest

Waveney Fold

SCNI

Women's Aid

Seven Towers Senior Citizens Group

Seven Towers Cultural Group

Ballykeel 1 Community Association

Ballymena North Walking Group

Portglenone Thursday Senior Citizens Group

Ballymoney Council Area

Ballybogey Community Association

Ballybogey 50+ group

Glebeside Community Association

Cheers Youth Group

Link House

Carnany Community Association

Dervock & District Community Association

Rasharkin Community Association

Ballymoney Disability Forum

Rasharkin Women's Group

Rasharkin Community Association

Loughgiel Community Association

Cloughmills Community Action Team

Ballymoney Community Resource Centre

Dunloy Development Association

Stranocum Community Association

After Schools Club

Loughgiel Community Playgroup

The Mill Youth Club

Balnamore Community Association

Ballymoney Evergreens

Castle Community Association

NIAMH

FAB Femme Womans Group

Rasharkin Youth Club

Compass Advocacy

Larne Council Area

Millbrook Silver Circle

Millbrook Community Association

Larne Community Care Association

Townparks Residents Association

Carnlough & Glenarm Parent & Toddler Group

Glenlough Management Committee

Carnlough Development Group

Glenarm Community Association

Ballycarry Community Association

Glenoe Valley Community Association

Glynn Community Association

Carncastle Community Association

Ballygalley Development Association

Islandmagee Community Development Association

Linn Road Ladies

Linn Road Dancers

Alive & Well Walking Group

Acceptable Enterprises

Tullygarley Community Association

Age Concern Larne

Volunteer Now

Larne Youth

Harbour Senior Citizens

Antiville Community Association

Preventing Addiction Larne

St Anthony's Community Centre

Seacourt Community Council

Factory Community Group

Larne YMCA

Sallagh Community Association

Harbour Community Group

Larne & Inver W.I.

Larne Community Development Programme

PIPS Larne

Women's Aid Larne

Moyle Council Area

Ballycastle & District over 55 Club

Corrymeela Community

North Antrim Community Transport

Greenlight Gateway

Ballintoy Women's Institute

Carnamore Community Group

Cushendun & District Community Association

North Antrim Dalriada Group

U3A

Ballycastle Church Action

Bushmills & District Community Association

Glen Rural Community

Armoy Community Association

Rathlin Community Association

The Bushmills Trust

Rathmoyle Day Centre

SOLAS

Mosside Monday Club

Mosside Development Group

Dunseverick Community Association

Friends Group

Ballintoy & District Community Development Association

Glens Social Club

Cushendall Development Group

Ballintoy Young at Heart Club

Organisations covering multiple council areas

RNIB

Insight Group-Cookstown Day Centre

Good Morning Project

Age Well Partnership

Alzheimers Society

Superstars Club

Save the Mid

TIPSA

Loughshore Youth Forum

Carers NI

East Antrim Foster Carers Network

Mindwise New Vision

Appendix III   Steps in Mapping Exercise

- Source a list of network member groups from membership database held by the community network containing group name, main contact and contact number and separate into district council areas.

- Contact each group within their council area. Arrange to meet to carry out mapping exercise. Contact each group by phone and if possible meet with them as face to face meetings generate higher response rates and is key to building trust with each group.

- It is important that NICHI officers do not raise expectations which may not be able to be fulfilled by service providers. Therefore it is necessary that NICHI officers only gather the specified information and explain to each group that information gathered will be entered and collated on a statistical package and forwarded to a range of service providers. Therefore it may take some time for any health intervention to be progressed.

- Explain that the NICHI project is working with community, voluntary and statutory organisations with the aim of improving the health and social well being of communities within the NIfHP area. The mapping exercise is being carried out to ascertain the activities the group are currently involved in and the gaps.

- Further explain that NICHI officers are employed by community networks and funded by NIfHP/PHA – Northern Area. State that each officer is currently carrying out a mapping exercise of community groups within the network area. Advise each group that it is more than likely that they will not be involved in all activities or with all target groups.

- Register which activities the groups would be interested in becoming involved in and state that all information will be collated and analysed and forwarded to the appropriate service provider

who may contact the group at a later date with a view to supporting this work.

- First stage of the mapping exercise is based on 27 health improvement themes and focuses on target community & activities in which they engage/have engaged.

- Ascertain health and well being activities/projects in which each group are involved.

- List the health and wellbeing activities each group is not involved in.

- Invite each group to state which health activities they would be interested in engaging in.

- Carry out second stage of mapping exercise to ascertain group's resources, capacity, methods of communication, programmes, activities engaged in, memberships and knowledge of current government strategies.

- Space provided for comments by respondent on each health improvement theme.

- Next stage after mapping network members is to speak to non member community groups then voluntary organisations and finally smaller groups.

- All data to be inputted to SNAP Survey Software version 10 (helpline recommendation) to analyse results.

- Analysed results to be forwarded to service providers after consultation with them. The service provider will contact the group and provide the activity. NICHI officers will not be involved in delivery of project and will only act in a signposting capacity.

Appendix IV　　　　　**Additional areas of health activity addressed**

Area of health & wellbeing	Number of groups involved	Percentage
Basic skills	137	50%
Accidents	134	49%
Fuel poverty	124	45%
Benefits support	121	44%
Housing	112	41%
Men's health	112	41%
Disability	111	40%
Drugs	110	40%
Alcohol	98	36%
Transport	83	30%
Early years	80	29%
BME groups	76	28%
Unemployment	72	26%
Smoking	66	24%
Sexual health	53	19%
Teen pregnancy	37	13%
Homelessness	29	11%

Appendix V   Additional future priorities of groups

Area of health & wellbeing	Number of groups interested	Percentage
Men's health	60	22%
Smoking	55	20%
Health information	54	19%
Crime	53	19%
Basic skills	52	18%
Older people	47	17%
Community relations	44	16%
Sexual health	41	15%
Disability	38	14%
Teen pregnancy	37	13%
Early years	32	11%
Transport	30	11%
Unemployment	29	10%
Community development	24	9%
BME groups	21	8%
Housing	17	6%
Homelessness	10	4%

Appendix VI   Limitations of the mapping process

- The length and detail of the mapping survey – this may have been off-putting for some respondents and some parts may have been rushed if time was running out within the scheduled appointment.

- Completion of the survey, inputting and analysing the data was a time-consuming process and competed with other tasks of the NICHI Officers.

- Because of the limits on time, in some cases mapping was taking place without any prior consultation or relationship with the group which made the process of building trust and dialogue more difficult.

- Problems with interpreting certain sections of the survey which seemed to be, in some cases, repetitious or over-lapping.

- Subjective interpretation of participants' responses by the researcher.

- Lack of space in the survey template for recording responses. Voice recordings of interviews would have assisted with recording process and ensured no valuable data was omitted.

- Responses were mostly the views of only 1 or 2 group leaders and are not necessarily representative of the whole organisation.

- Lower number of groups consulted with in certain Council areas and as such the findings are an unequal representation of views.

- The mapping data is 'out of date' almost as soon as it is recorded and consequently there will be a need to re-visit groups periodically to ensure the reliability of the findings.