Strengthened Connections: Evaluation of a well-being programme delivered through Community Social Workers in a primary care setting.

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Abbreviations and Acronyms

ANS: Autonomic Nervous System

CSW: Community Social Work(ers)

DoH: Department of Health

GP: General Practice

IF: The Ideas Fund

LoC: Locus of Control

MDT: Multi-Disciplinary Team(s)

ORECNI: Office of Research Ethics of Northern Ireland

PIN: Patient Identifier Number

PNS: Parasympathetic Nervous System

SE: Somatic Experiencing

SNS: Sympathetic Nervous System

SSP: Safe and Sound Protocol

UU: Ulster University

WEMWBS: Warwick-Edinburgh Mental Well-Being Scale

WHO: World Health Organisation

WHO-5: 5-item WHO Well-Being Index

WHSCT: Western Health and Social Care Trust

YWCL: Yellow Wood Consultancy Limited

Statement of contribution

The programme was designed by a co-production team funded by Yellow Wood Consultancy Limited (YWCL) through The Ideas Fund (IF) and comprising patients referred to in this report as peer mentors or peers from Clarendon Medical, Community Social Workers (CSW) from Clarendon Medical and the researcher from Ulster University (UU). Support the whole way through the process was provided by Roisin McLaughlin of North West Community Network and colleagues from the Ideas Fund Community of Practice with Jill Cornforth from The Ideas Fund providing inspiration and encouragement alongside practical help and guidance.

Each team member had specific areas they led but everyone was involved in all decisions. Recruitment to the programme was facilitated by the CSW's in Clarendon Medical. Delivery of the programme was done by YWCL and the peer mentors. Safety of all patients during the process was overseen by the CSW's. Design of the evaluation was led by the Ulster University researcher. The ethics process was completed by the Ulster University researcher with support from the peer mentors and the wider team. The team and all patients who participated in the programme contributed their data. Data was collected by the Ulster

University researcher. Qualitative analysis of data was done by the researcher and a colleague from Ulster University. Quantitative analysis was done by the researcher. Writeup of the report was done by the researcher. The report was reviewed and agreed by the team including new patients from Strengthened Connections.

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We would like to give a very special thank you to every patient from Clarendon Medical who took the risk and tried the programme. Because of your bravery, the story continues. This report is dedicated to you.

“I heard about the group and the work that it was doing and I thought, God, this really sounds something different. Something that maybe I’m going to do. Maybe stick at it. And when I went to the group I just felt so welcomed. Trust… believe it or not, didn’t have an issue with trust from day one.” [Brenda]

Acknowledgements

Little did we know when we began Healthy Connections in 2019 where it would lead. With our team of collaborators, Roisin and Caroline, Social Work Team at Clarendon Medical, Grainne our Researcher and some of our first patient participants, Emma, Declan and Jenny, it has been a transformative experience for all of us. But foremost, it has been the participants and mentors themselves who have made this project the success it is.

To the talented and visionary people who sparked this process, Roisin Cartmill and Caroline Stack CSW team at Clarendon Medical, we couldn't imagine working with a better duo! You always went the extra mile, driven by your hearts which are so clearly rooted in the people of Clarendon Medical.

Deep thanks to our researcher Dr Grainne McAnee, Ulster University (UU). You immersed yourself in the process from the start and that has made all the difference for us. We feel honoured to be a fellow explorer of mental well-being with you, guided by your passionate and expert hand in research. We much appreciate your conscientious work, ably supported by Dr Orla McDevitt-Petrovic, Lecturer at UU.

Having started off as participants, Emma, Declan and Jenny promptly stepped forward as peer mentors, inspired by their own mental well-being journey. They have become our partners, helping to co-design and co-produce our novel mental well-being programme within Clarendon Medical. More recently this has become a growing band, with the inclusion of Noma and Donna and more. We believe in you, as you believe in us. And look what then can happen! We are watching with great excitement, the various unfoldings of Clarendon patient community.

To every programme participant, you took a risk and entrusted us with your lives and story, presence and honest sharing and we thank you sincerely for taking that chance. We grew in our encounters with you. Each one of you brought your own uniqueness to the group and we looked forward to every single session! Thank you for generously sharing your time to also be part of this research.

We also greatly appreciate the MDT at Clarendon for all their support as well as the excellent help of Roisin McLaughlin at North West Community Network.

Last but certainly not least, our gratitude goes to Jill Cornforth of the Ideas Fund for your passion, encouragement, humanity and approachability. We felt ourselves grow in confidence and aim for bigger things, supported by you. You are a fine ambassador for the Ideas Fund, an innovative and flexible funder, which enables genuine community capacity building.

There are many, many other people who supported this project in different ways and helped to make it happen. To our beloved families, friends and supporters, we say a special thank you. It has been a life changing experience for all of us. We have been honoured and awed to witness the growing roots of ***change*** now firmly established in the Clarendon Community.

With thanks and gratitude

Fiona, Rosemary and Anne, Yellow Wood Consultancy Limited (YWCL)

Summary

“It was a wee bit of something you can't explain it, you have to go along, and I wish everyone could experience it”
[Sarah]

Community Social Workers (CSW’s) began working in GP surgeries within the WHSCT in 2019 including those in Clarendon Medical. As part of their work in the Clarendon Medical community they formed a working partnership with the YWCL group who gave their time freely to help the CSW’s run a pilot programme called Healthy Connections in the surgery. The connection was created and grew. YWCL secured funding from The Ideas Fund to work together with patients from the Clarendon Medical community to coproduce a well-being project. They delivered the project to the wider patient community. Evaluation of the programme was done by a researcher from Ulster University, also funded by The Ideas Fund through YWCL. The evaluation was mixed methods with the main focus on qualitative methods. Patients overwhelmingly reported positive experiences of the programme. This report continues the story of the evolution of this medical practice into a community empowered to look after their wellness.

Ethical approval was granted from the Office of Research Ethics Committees in Northern Ireland (ORECNI) (reference number 22/NI/0044) on 23rd March 2022. Research governance approval in General Practice in Northern Ireland is given at the practice level and this was granted by Clarendon Medical.

This report has been written with two central aims which are of equal importance. The first is to report on the scientific process through which the study was done under full ethical approval. The second is to do so using accessible language in a style that allows any reader, academic and non-academic to understand and indeed, enjoy reading it. Part of that means that scientific processes are explained as they are used.

So please, enjoy.

Keywords: well-being; co-production; GP Practice; community Social Workers; systemic change; creative therapies; safety

Background

This evaluation was conducted on completion of the delivery of the YWCL Well-being Programme in Clarendon Medical GP Practice. Funding for delivery of the programme was from The Ideas Fund. The story of YWCL began with delivery of a pilot programme – Healthy Connections. This was a co-production inspired and led by Roisin Cartmill, Community Social Worker (CSW) and her colleague Caroline Stack. Through that initiative the relationship between the Clarendon Medical community and YWCL began. This report continues the story of the growth of the Clarendon Medical community and that relationship.

Meet The Team

In the spirit of YWCL, the Ideas Fund, the CSW's and patients of Clarendon Medical Practice and the Ulster University researcher, every aspect of this work was a co-production. All decisions were taken as a team and all tasks were agreed as a team with different team members leading different aspects of the work. The team are presented in Figure 1 below.

Yellow Wood Consultancy Limited

Fiona Bell

Fiona Bell MSc is a founding co-director of YWCL. She is a socio-cultural animateur; working directly with community groups to inspire mental well-being and social change through the arts. She is also a trauma therapist, completing her Somatic Experiencing (SE) training in 2023 and a certified Safe & Sound Protocol (SSP) Provider. Her diverse training and clinical background includes Transpersonal Art Therapy, Community Drama, Health Sciences, Social Work, Community Work, Law and Gestalt Practitioner (current). She is passionate about the innate capacity of human beings to heal and recover and uses creative arts, dreamwork, story, symbolism, imagination, SE and bodywork to support healing and change.

Rosemary Bradley

Rosemary is also a founding co-director of YWCL as well as having other roles including working as a researcher herself. For the last 20 years she has worked in many areas of health and social care and has a particular interest in mental health and well-being. She feels her work is one aspect of her but does not define her and has many, many interests

Figure 1. The Team.

and above all loves to have new experiences. A quote that she loves is,

“Ar scáth a chéile a mhaireann na daoine”

This is an Irish saying which translates to “people live in each other’s shadows” which for her means we are shielded from the sun by each other, we rely on each other for shelter. People need each other.

Dr Anne Tracey

Anne is also a founding co-director of YWCL. Anne is very proud of what has been achieved over these past years through the collaborations between YWCL, Roisin and Caroline, the CSW team at Clarendon, Grainne and Orla the researchers at Ulster, the peer mentors, Emma, Declan and Jenny, Roisin McLaughlin at North West Community Network and the Ideas Fund.

A former lecturer at Ulster University, Anne is a researcher and author of two books. She is a registered counselling psychologist with the Health Care Professions Council and chartered psychologist with the Psychological Society of Ireland. Anne continues to work in the field of counselling and therapy within the health sector and in a private capacity. She volunteered with Cruse Bereavement Care for twenty-six years. Anne’s other passions are singing and performing with family and friends. Currently she presents her own weekly radio programme ‘In

conversation…'. Anne believes that it is important to allow people space to grow, and to strive to create the conditions within which growth might be possible.

Clarendon Medical

Roisin Cartmill

Roisin Cartmill is a Senior Social Work Practitioner in Primary Care in the Multi-Disciplinary Team (MDT), based in Clarendon Medical Practice. Roisin's practice has been both influenced and transformed by training opportunities such as Model of Attachment Practice, Systemic Practice, Signs of Safety, and Mindfulness for Social Workers amongst many other valuable learning tools. Roisin has been a Social Worker for 17 years in family/childcare directorate before moving to the Primary Care team. Prior to her Social Work role, she has worked in community development roles and understands how both Social Work and community development go hand in hand. Roisin has supported and contributed to developing Clarendon Medical as a community in itself, consisting of many co-produced interventions and groups, she has supported community partnerships and the development of these groups. Roisin is particularly interested in genuine, authentic service user involvement and will say, "*this is where the magic happens*". Roisin

credits a lot of her learning and development throughout both her personal journey and professional career to these working together interactions with service users.

Caroline Stack

Caroline Stack is a Social Work assistant in Primary Care MDT based in Clarendon Medical GP practice. Caroline has developed an interesting and rewarding career in this role; she brings with her a wealth of experience from previous roles in children's residential home and Praxis. She has contributed to the development of the new service of Primary Care MDT: she is the co-author of a research report evaluating an intervention she co-produced with the Social Worker, patients, researcher and community partners. Caroline was involved with her cohort of Social Work assistants in co-producing a falls prevention/social isolation event; this was designed, produced and delivered in partnership with many relevant agencies. She is especially skilled in engaging service users with a value of compassion, integrity, kindness, humour and much more. She is especially interested in health inequalities and advocacy of service users; going the extra mile with service users is integral to her practice. Caroline's acknowledgment and understanding of her own self-care has been a journey for her and she

has flourished both personally and professionally. “*We cannot teach people anything; we can only help them discover it within themselves.”*

Emma-Louise Bond

Emma-Louise Bond was part of the original group ‘OG’ of patients who took part in Healthy Connections and went on to become a peer mentor in Strengthened Connections. She is a qualified secondary music teacher who currently works as a carer in her local community. She is a singer and songwriter who through the years working with Clarendon Medical and YWCL has reconnected to her passion for music and for helping others. This experience has taught her so much about herself and she believes she has grown substantially. In turn this helps her to understand others more deeply. Thanks to this opportunity Emma is now an aspiring entrepreneur and is hoping to help people through her music workshops and through her own life experiences.

Jenny Coyle

Jenny is a patient in Clarendon Medical. She was also part of the ‘OG’ group of patients who participated in Healthy Connections. She went on to be part of Strengthened Connections. She values the connections she has made with the team and loved being part of the ‘Connections’ series, in fact she credits this with helping to save her life. She feels she

has found herself through this whole process. She is ‘pure buzzing’ since delivering her own workshops. Jenny had wonderful things to say about the research component and in fact the researcher herself!

Declan Thompson

Declan also continued his journey through the Connections series to be a peer mentor on Strengthened Connections. He brought heart and soul to the project, being a foundation member from the start. Declan embraces personal growth as well as connection with others and is committed to his own unfolding journey. Whilst the group experience was very ‘different’, Declan immersed himself and now proudly wears an exquisite tattoo as a memory to one of the powerful experiences he gained during the project! He is a skilled facilitator himself and can now add to his repertoire – auricular acupuncture and guided visualisation journeys. Declan is also a keen gardener and was heavily involved in the original set up of the Clarendon Medical Community allotment. Alongside keeping his own family allotment in prime condition, he loves to host and is known for his hygge get togethers!

Ulster University

Dr Grainne McAnee

Grainne is a research associate at Ulster University working in the School of Psychology and alongside a School of Psychology spin out company called Pneuma. She is an avid community researcher and describes herself as having been radicalised in the most positive way by exposure to people who will no longer accept things just because "*we have always done it that way*". She lives by the motto of "*yes, if it ain't broke don't fix it, but if it is then fix it!*" She has a solid background in both quantitative and qualitative research methods and is a firm believer that mixed methods provides both the breadth and the depth required to understand the human experience which is enduringly fascinating to her. She is obsessed with Derry City Football club and her dog, the most beautiful cocker spaniel in the world. She also quite likes her husband, her four girls and her cat. For Grainne, "*it is always, always, always about the people you meet*."

Dr Orla McDevitt-Petrovic

Orla is a Lecturer in Applied Psychology at Ulster University with an established career in qualitative analysis. She is a Psychological Well-being Practitioner (PWP) and her clinical skills massively enhance her

teaching of the next generations of PWPs. Her research interests and specialities lie in the areas of service improvements and evaluations, as well as CBT based interventions for anxiety and depression. On a personal note she is also a Derry City Football Club superfan, a complete lover of all things Harry Potter and she adores cheese, corn snacks, tennis and the PS4.

Background Literature

All research studies should be embedded in theory and the hypothesis or ideas that are being tested should be driven by evidence in the literature base that support them. The first section of the background literature looks specifically at the theory underpinning the YWCL programme development. For this we begin by addressing the case for co-production and groupwork which follow the principles of Healthy Connections and which was a core reason for the success of that programme. We move then onto human beings' basic needs, specifically the need for safety. We introduce the polyvagal theory as a mechanism for creating those necessary feelings of safety in the human body. This creation of safety was one of the bedrocks of all group work that was done in developing the YWCL programme. Feelings of safety allow the promotion of conditions for well-being. We discuss what well-being means and some of its components. Locus of control (LoC) is one of these components in which we were particularly interested. We discuss what that means and what it influences. Finally, we address the use of creative therapies as a tool for well-being work and their links to LoC and well-being.

The second part of this background looks at the wider landscape in which this study was conducted. CSW's placed in primary care settings in the Western Health and Social Care Trust (WHSCT) are proving themselves to be potential agents of systemic change as they move towards the creation of a community of wellness in Clarendon Medical practice. By operating as CSW's they have dedicated themselves to the principles of co-production and intense involvement of patients in all that they do. We explore the role of the CSW's in the MDT and what CSW is. Finally, we will address the concept of wellness hubs within the community constructed around GP surgeries. Being committed to these principles within their CSW practice has led to a shift in how this GP practice operates.

YWCL programme development

What is typically meant by co-production is consultation, collaboration, and the development of a shared vision (Daykin et al., 2017). The NI Department of Health (DoH) has stated that co-production should be incorporated in the development of programmes from our statutory services as outlined in their "*Health and Well-being 2026 – Delivering Together*" strategy (DoH, 2021). Co-production allows for services to be developed within an equal and reciprocal relationship between

professionals involved and the people who will use the service or programme (Boyle & Harris, 2009). The many benefits of co-production include that it means the programme or service developed is one that is actually what is needed and that it is an empowering and enriching experience (Daykin et al., 2017). There are barriers to effective and correctly applied co-production. It does require increased planning time and costs which clearly are not embraced by those in charge of budgets. There are often differences in status, power and language of the parties involved in the co-production and if not done correctly it can diminish the voices of those who are less powerful in the process, usually the service users (Daykin et al., 2017). Included in this research base are the findings of the Healthy Connections study (McAnee et al., 2021) in which the CSW's and patients found co-production to be one of the cornerstones of the success of that programme.

The use of groupwork in Healthy Connections provided the strong case for its continued use in this programme. Group work and its use in primary care in particular is cited as a useful but under researched area (Freeman et al., 2019). This 5-year study partnered with seven primary care services concluded that benefits of groupwork in a primary care setting were of four types: social support; improving skills and knowledge; increasing access to services; empowerment and solidarity.

Freeman and colleagues describe a number of types of groups that may operate in primary care which include peer support groups, targeted health promotion groups, arts groups, community gardens and community participation groups. Groupwork was chosen as an effective way to continue the journey that began with Healthy Connections and a way to meet the needs of the Clarendon patient community.

Figure 2 below shows the well-known Maslow's Hierarchy of Needs (Maslow, 1943). Once a human beings physiological needs are catered for one of the next drivers we have is to feel safe. That safety may be physical and it may also be psychological. More and more it is an interplay between both. In today's ever evolving world where many of the threats to safety are 'in our heads', this has never been more important. We may not be running from predators any more however for us being late for work, having an argument with a friend or receiving a negative comment online may provoke a threat reaction. The source may be vastly different from when our nervous systems evolved but the response is the same. This response may be activated by intermittent one-off occasions creating stress, that one off fight with a good friend, or it may be activated frequently if a person is living in conditions in which they feel threatened over a period of time. Our nervous system in this state is not able to achieve the balance or homeostasis that we

need to be healthy. In our society adults have been taught to inhibit their threat or danger reaction at all costs (Maslow, 1987) which means that often as adults, if we do feel threatened or in danger, no one will be able to tell. So our fear and pain is often unseen and unwitnessed.

The fact that we may not be overtly displaying signs of feeling threatened does not mean that it is not a strong influencer on our internal world, our bodies, our mental state and our behaviours. One mechanism by which this process happens is proposed by Porges (1995, 1997,1998, 2001, 2017) in the polyvagal theory. The polyvagal theory proposes a biological basis for social behaviour. The polyvagal theory is a complicated scientific theory, meaning it lends itself to heavy reading in its original format. Casiraghi (2019) provides a blog post which allows for a summary for those who are new to the theory and Porges himself provides us with a pocket guide (2017) for a condensed and less intimidating explanation. The polyvagal theory helps us to understand how both feeling in danger and feeling safe will influence our nervous system and how that in turn influences what we will do, and equally importantly, what we will not do. Our Autonomic Nervous System (ANS) is a set of cells and fibres that manage our internal organs and glands. Its main drive is to create and maintain the balance that is so important to our bodies. The ANS is further divided into the

Sympathetic (SNS) and Parasympathetic Nervous Systems (PNS) with homeostasis being the term given to the state of harmony the body achieves when these two systems are regulated; flexible and responsive. The SNS is responsible for activation and reactivity while the PNS is responsible for resting and digesting as well as the freeze response to threat. The PNS is engaged through two branches of the vagus nerve. The ventral vagus is supported by social connection and promotes ease and relative safety, whilst the dorsal vagus acts as the body's emergency brake survival response. The vagus nerve is the longest cranial nerve reaching the majority of the body's organs. It is further divided into

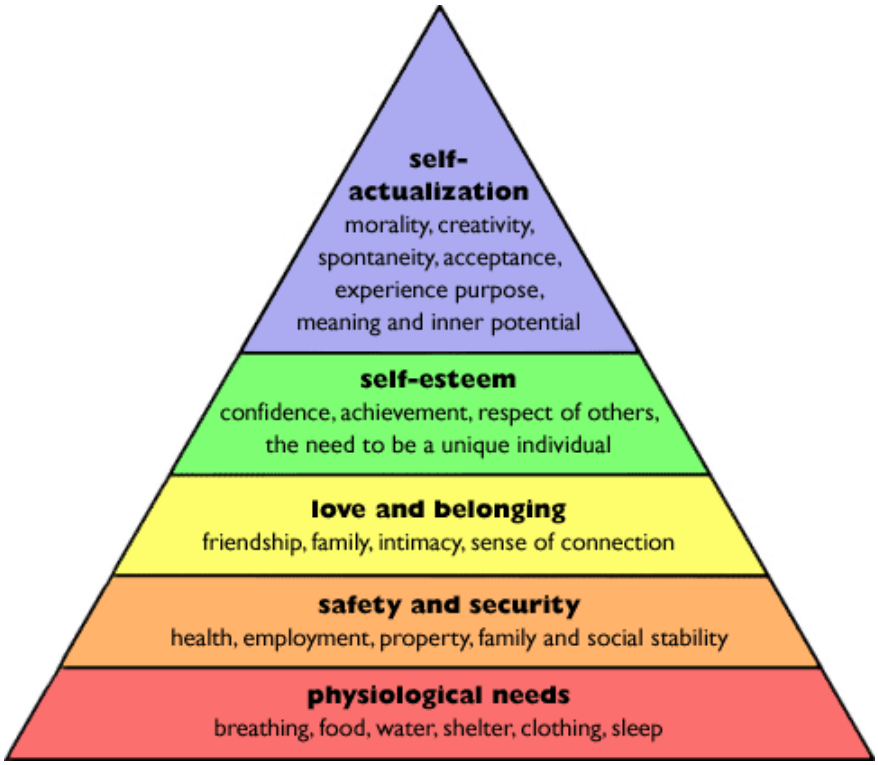

Figure 2. Maslow's Hierarchy of Needs

the dorsal branch and the ventral branch. Through these branches Porges theorises we regulate our heart, our facial expressions, the feelings in our bodies and our breath. Human beings can be an in a number of states which are regulated through the ANS: activated in either fight or flight mode, completely immobilised and shut down or we can be in safe and social mode. The first two are created to ensure our survival when under threat. Feeling safe can only happen when we are in balance and in the absence of threat.

In terms of being able to socially engage, this can only happen when we feel safe. When we feel safe this means the ventral vagal is in charge and we can experience happiness, peace and curiosity. Our body feels safe, we can emotionally relate to others, we can easily understand and listen to others, our heart is regulated and our breath is full. One strong feature of the polyvagal theory is that it not only explains the mechanisms but also provides an intervention strategy to enhance safety and positive social behaviour (Porges, 2001). It is through this information and the inherent interventions that the YWCL programme sought to create the feelings of safety needed to allow the creative tools used to enhance well-being. A key feature of this is co-regulation. Human beings are hard-wired for connection and we pick up signals of safety through neuroception. This happens below the

level of conscious awareness, when our ANS automatically assesses for safety or danger. The response of our nervous system is beyond our conscious control, highly influenced by our prior life experiences so it may detect danger when none exists. Therefore, in a group situation, group members can be supported to experience greater regulation and relative safety through co-regulation.

There is a constant ongoing debate concerning the topic of well-being and how to define it with measures of well-being proliferating over the last few decades (Vanderweele et al., 2020). The emergence of interest in well-being can arguably be said to have been born from the WHO definition of health as being, ‘not the mere absence of disease, but a state of well-being.’ (WHO, 1947). Well-being is accepted as being divided into subjective well-being which is based on how a person thinks and feels about their own life, and objective well-being which are things which can be measured such as standard of living, educational attainment, income, or levels of safety (Vanderweele et al., 2020). Each type of well-being will of course also influence the other. In spite of all debates what is agreed is that well-being is an important component of positive mental and physical health (Farnier et al, 2021; Klonowicz, 2001; Malhotra & Suri, 2017).

There is growing consensus that objective measures are insufficient to analyse and describe human well-being which is a feel-good concept and best measured by the opinion of the person themselves (McNaught,2011). Subjective well-being encompasses the notion of how people cope, thrive and survive (McNaught, 2011). Well-being can also be characterised in terms of physical and mental health and again, these will influence each other. Aspects of well-being have been defined by dimensions such as self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth (Ryff, 1989). A framework for defining well-being is offered by McNaught (2010) which includes individual, family, community and societal elements while Robinson (2010) offers five categories of individual well-being: career; social; financial; physical and community.

A range of measures have accompanied this debate around well-being. The 5-item WHO Well-Being Index (WHO-5) is one such measure. It was developed from the 10-item form of the scale (Beck et al., 1996) which itself developed from a 28 item scale (Warr et al, 1985) which was previously used in studies by WHO. The 5-item scale is simple, non-invasive and has adequate validity as a screening tool for depression and an outcome measure in clinical trials. The items are all

positively worded, aim to measure overall well-being and cover aspects of physical and mental health (Tennant et al., 2007).

Another popular measure is the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) (Tennant et al., 2007). This measure was developed by an expert panel who drew on the current literature at the time, qualitative research into well-being and psychometric testing of an existing scale. It was then validated on a student and representative population sample. This is a measure which also solely focuses on positive aspects of mental health. It is also short, reducing the burden on respondents.

The focus of both of these scales on positive aspects is an intended device to help promote positive well-being. Of course the low scores possible allow it to measure the absence of these positive aspects. The study supports the promotion of autonomy of the individual and as such used subjective measures of well-being, the person themselves told us how they feel.

The concept of LoC was proposed by Rotter (1954, 1966) and stemmed from social learning theory. The central premise is that the likelihood of engaging in any behaviour is dependent on reinforcement

value and expectancy. Reinforcement value is how desirable the outcome or reward for the behaviour is and expectancy is how likely it is that the behaviour will in fact lead to the reward (Farnier et al., 2021; Kesavayuth et al., 2020). Put simply, how much a person believes their own behaviour can lead to the reward they want. For Rotter LoC was seen as unidimensional, running as a continuum from an internal LoC to an external LoC. For people with an internal LoC they believe that what happens to them is as a direct result of actions they undertake. For those with an external LoC they believe that what happens to them is as a result of external forces (Marton et al., 2021).

Subsequent alternative measures of LoC have been developed which conceptualise it as multidimensional. One of these is Levenson's scale which identifies the main driving LoC for a person as being either internal, powerful others and chance (Levenson, 1972). Levenson (1972) proposed that the previous external dimension has two distinct external forces: powerful others which addresses the perceived power of others while chance refers to unseen forces such as fortune, accident or fate (Farnier et al., 2021).

Studies have looked at the relationship between LoC and well-being. Internal LoC has been positively linked to well-being in adolescents

(Kelley & Stack, 2000) and to well-being at work (Kulshrestha & Sen, 2006). Conversely studies have also shown a link between external LoC and negative mental health (Carden et al., 2004; Pruessner et al., 2005, Siu et al., 2002). The chance LoC has been shown to be associated with negative health behaviours (Grotz et al., 2011).

There are two studies however which present a more nuanced picture of the link between LoC and well-being (Krause & Stryker, 1984; April et al., 2012). The first study in 1984 (Krauze & Stryker) found that a moderate internal LoC rather than an extreme LoC helped people to cope more effectively with stress. The second study (April et al., 2012) found that people with a balanced LoC which was defined in this study as a mix of internal and external where the people who reported higher levels of happiness.

Locus of control has been addressed specifically in terms of the role it plays in relation to health (Kesavayuth et al., 2020). Kesavayuth and colleagues (2020) found that individuals with an internal LoC had better self-assessed health as well as having better physical and mental health. They found that LoC predicted health behaviours such as smoking, drinking and physical activity. Mackenbach and colleagues (2002) also found that people with an internal LoC report higher

satisfaction with their own health as did Gale et al. (2008). They have also been shown to have a reduced risk of obesity (Gale et al., 2008), lower chance of developing myocardial infarction (Stürmer et al., 2006) and may be less prone to experiencing stress and depression (Leung et al., 2000; Gale et al., 2008; Arraras et al., 2002). One method being increasingly used to enhance LoC and other aspects which are correlated with well-being is the use of creative tools.

Creative tools encompass a number of areas. The arts are the most common source of creative tools used in healing ways with creativity and the arts being used interchangeably to describe many modalities. Davies and colleagues (2012) define the arts as:

- performing arts (e.g. activities in the genre of music, dance, theatre, singing and film);
- visual arts, design and craft (e.g. crafts, design, painting, photography, sculpture and textiles);
- literature (e.g. writing, reading and attending literary festivals);
- culture (e.g. going to museums, galleries, art exhibitions, concerts, the theatre, community events, cultural festivals and fairs); and

- online, digital and electronic arts (e.g. animations, film-making and computer graphics)

A 2019 scoping review published by the World Health Organisation (WHO) (Fancourt & Finn, 2019) addressed the question “what is the evidence of the role of the arts in improving health and well-being?” This review looked at over 3000 studies which used a range of methodologies including uncontrolled pilot studies, case studies, small scale cross-sectional surveys, nationally representative longitudinal cohort studies, community wide ethnographies and randomised controlled trials. The review found clear support for the use of the arts for improving health and well-being. It demonstrated that the arts have the potential to impact both mental and physical health through the routes outlined in figure 3 (Fancourt & Finn, 2019, p.2) below. Two broad themes emerged in terms of how that can be achieved. The first of these is through prevention and promotion and the second through management and treatment.

Creative or arts activities may involve one or more of the components listed in figure 3. Each of those may then trigger psychological, physiological, social and or behavioural responses.

As an example the aesthetic and emotional components of an arts based activity might provide an opportunity for emotional expression, emotion regulation and stress reduction (Juslin, 2013). Emotion regulation is intrinsic to how we manage our mental health (Fancourt et al., 2019; Mennin et al., 2007), while stress is a well-known risk factor for the onset and/or progression of a range of health conditions including cardiovascular diseases (CVD) (Steptoe et al., 2012) and cancers (Chida et al., 2008).

Cognitive stimulation when engaging in the arts can provide opportunities for learning and skills development, and it is not only associated with a lower risk of developing dementias but also interrelated with mental illness such as depression (Kaser et al., 2017). Social interaction while participating in the arts can reduce loneliness and lack of social support, which are both linked with adverse physiological responses, cognitive decline, functional and motor decline, mental illness and premature mortality (Boss et al., 2015; Steptoe et al., 2013).

Social interaction that brings together different groups of people can improve social capital and reduce discrimination, the latter being linked with mental illness and a range of other health conditions including

CVD, respiratory conditions and indicators of illness such as pain and headaches (Pascoe & Richman, 2009).

Physical activity through participating in the arts can reduce sedentary behaviours, which are associated with conditions such as chronic pain, depression and dementia (Hamer & Stamatakis, 2014). Engagement with discussions of health or with health-care settings through arts activities can also help to encourage health-promoting behaviours such as having a healthy diet and not smoking or drinking too much, which are all linked with a lower risk of mortality from CVD and cancer (Cayton, 2011). Further, such discussions can encourage engagement with health services, such as visiting the doctor for check-ups or screening, which is associated with better control of pre-existing health conditions and a lower risk of mortality (Simpson e al., 2006). The report called for these and the other beneficial impacts to be harnessed further by acknowledging and acting on the growing evidence base.

A limited number of studies have looked at the effects of creative therapies in influencing LoC specifically. Conte et al, (2020) looked at the effect of a theatre-based intervention on a number of outcomes including LoC. The study looked at the effects of the intervention on 8

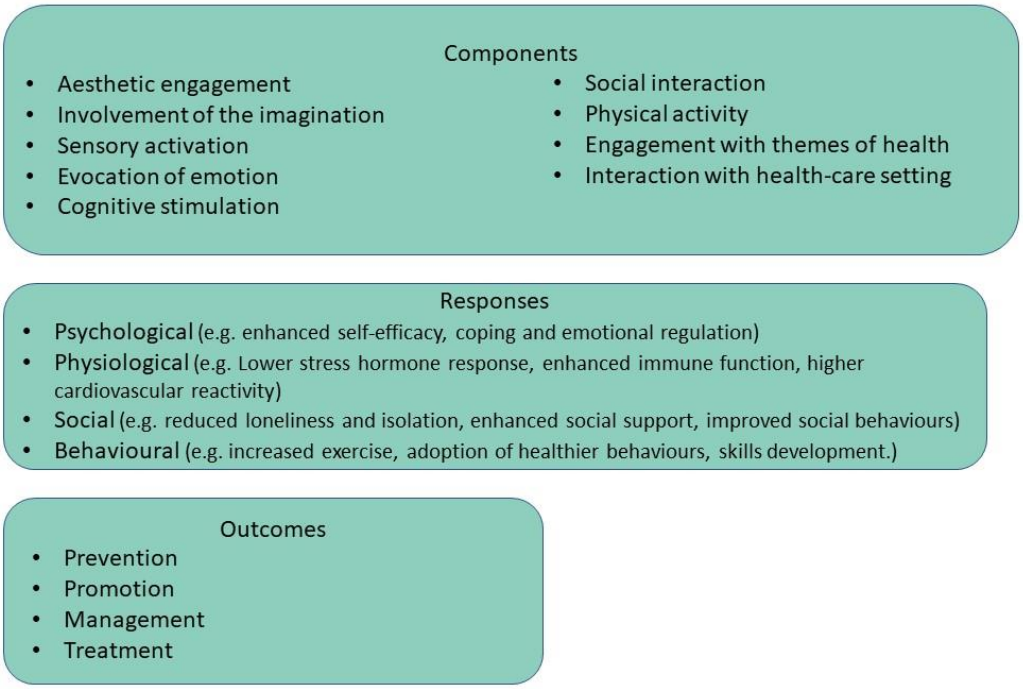

Figure 3. A logic model linking the arts with health

adults aged between 25 and 38 years who used theatre therapy for 6 months using measures administered before and after the intervention. One of the measures was the LoC of Behaviour test (Craig et al., 1984). Outcomes included that there was an increase in internal LoC. A 2009 study (Gussak, 2009) looked at the use of art therapy on LoC. This study was done with a prison population and used a pre-test/post-test design with a control group also included. The study was concerned specifically with looking at gender differences. In terms of effect on LoC, the study showed that it did increase internal LoC for both males and females.

One potential reason for the seeming reluctance to pay attention to the use of creativity in studies lies in its uncomfortable relationship with evaluation (Daykin et al., 2017). Daykin and colleagues reported stakeholder findings from a one year knowledge exchange project completed with leading evaluators, researchers, artists and arts organisations, health professionals and health and social care commissioners. They met in a series of seminars and workshops as well as participating in one-to-one interviews. Findings reported pointed to the strengths of creative arts-based methods as well as to the problem that exists of a "*kind of stigma – the term fluffy is often used to describe outcomes that are open to interpretation and not easily quantifiable*" (Daykin et al., 2017 pp127) with many funders, specifically the NHS being locked into quantitative measures which can have detrimental effects in terms of appropriate measures and devaluation of experiences of participants. Qualitative evaluation is the natural fit for evaluation of a person's experience. This approach was favoured by the CSW's as well as YWCL.

Community Social Workers in primary care

Community Social Workers became part of primary care, placed in the communities as part of the MDTs which were one of the flagship

initiatives rolled out as part of the Health and Well-being: Delivering Together programme launched in 2016 (Western Federation Support Unit (WFSU), 2023). The aim of the MDT pilot was to transform the way in which health and social care services were delivered. As part of this Social Workers were placed in GP surgeries, within the community. They would be available to make an appointment with and help patients in the practice to deal with problems they face such as isolation or loneliness, carer support, relationship difficulties, parenting difficulties, housing difficulties, stress, bereavement, traumatic life events, financial difficulties and addiction (WFSU, 2023). Placing Social Workers in primary care was a radical change to the existing system.

Change in any system introduces the possibility of creating meaningful systemic change. The definition of systemic change is that relationships between different aspects of a system have changed towards new outcomes and goals. In order for a change to be considered systemic it must be fundamental and affect how the whole system works.

One such form of change was discussed by Oprescu and colleagues in a recent study (2023). This was a study based on transforming primary care through the creation of what are referred to as ‘health precincts’. At the heart of this model is the creation of a holistic healthcare community

with general practice at the centre and a range of services provided. This reflects the work in forming MDTs in primary care in Northern Ireland . This study was interested in if that concept could be taken further and applied to a primary care model in Northern Ireland. Healthy Connections had introduced the possibility, working with YWCL provided an opportunity for the next step.

Aims of the study

The aims of the study embedded in the literature base were two-fold. The first aim was to evaluate specifically the well-being programme delivered by YWCL. The second was to continue following progress of the work of the CSW's in Clarendon Medical in creating a community of wellness centred on their GP practice and owned and driven by patients of the practice.

The well-being programme

This study aimed to facilitate the rollout of the second phase of the YWCL's well-being intervention through the GP surgery and to evaluate the intervention. The main aim of the study was to use creative methods as 'inner work' in order to increase LoC and well-being, an area in the literature which has been identified as limited. Fundamental to creating the space for that work to be done was the creation of safety

using the theory and practice contained in the polyvagal theory (Porges; 1995,1997,1998,2001).

The main focus of the study was to qualitatively understand the experience of patients using the intervention to identify themes and outcomes for the group. In evaluating the project the aim was to increase the knowledge base around the influence of creative therapies on components of well-being. It was predicted that qualitative interviews would provide evidence of a safe, positive experience in which well-being and a sense of agency over oneself was enhanced. It was further predicted that internal LoC scores as well as well-being scores would increase as a result of participating in the programme.

The community of wellness

The second aim of this study was to record the further development of a community of wellness centred around the GP surgery. Community Social Workers are part of a pilot programme, the MDT, and as such evidence of the impact they have in the community in which they have been placed is important. It was predicted that this programme would facilitate further development in line with Clarendon Medical becoming a community of wellness.

The programme

As part of the Western Trust the MDT pilot community Social Workers became part of the MDT working together at Clarendon Medical. The CSW's and patients co-produced a programme, Healthy Connections (McAnee et al., 2021) which included a well-being component. This well-being component was delivered by facilitators who would go on to form YWCL on successful attainment of funding from The Ideas Fund. They used this funding to cement further the relationship with the CSW's and patients of Clarendon Medical. As part of this they co-developed their previous well-being element into a well-being programme.

The programme as a co-production

One core value behind the development of the YWCL programme was that it would continue to be a co-production with the patients who would use it in line with the Health and Well-being 2026 – Delivering Together strategy (Dept of Health, 2021).

> *"Co-production means involving service users from the beginning, which really means getting together to have the ideas and come up with a project together, not afterwards once a project has been decided on".*
> *(WHSCT, 2021; Service user quote, p11).*

In line with the core values enshrined in Healthy Connections was the approach that anyone involved with the programme would be embedded within it and experience it with the patients. This would include the facilitators, the CSW's and the researcher. This would promote the development of relationships within and beyond the practice and would allow informed and involved insights into how the group and the programme worked. Due to the increased scale of the programme this looked different than it did for Healthy Connections. The CSW's were heavily involved in recruiting to the programme and they dropped into the start and end sessions for each programme. The researcher came along to the first and last sessions in order to be introduced and to oversee data collection. Peer mentors participated in the programme, with at least one on each programme.

Programme elements

It was decided that the programme would be 6 weeks long. The full details of what would happen each week are available on request. This section describes the psychological underpinnings for each week's activities.

Week 1 Connection, forming relationships and setting intentions. This week was used to create a safe, supportive and inclusive space where

the thoughts, ideas and needs of group members would help to shape the environment for enhancing mental well-being. It would be important to ensure that group members knew what to expect in the following week. This principle applied to all weeks of the programme.

Week 2 Card Symbolism. This week was to help group members gently start exploring the self in terms of qualities, skills and values through the use of the safe medium of a carefully chosen selection of cards that will help to raise awareness of self.

Week 3 Vision Board or Art Mandala session. The process in week 3 was intended to further enhance and enlighten group members of the importance of self-support and self-awareness through the process of the vision board/mandala.

Week 4 Emotional Freedom Techniques (EFT). The aim of this week was to provide group members with a resource for mental well-being. EFT also known as Tapping was explained slowly and carefully. Practical demonstration and application in the session allowed group members to ‘test the water’ in the safety of the group and any questions were responded to.

Week 5 Sharing a meaningful and supportive object. Group members were asked to bring along an object meaningful to them. When group members individually spoke about the significant object they decided to bring to the group, they were speaking of the self in an environment where there was space to talk uninterrupted which could have been a new experience for some. Alongside this they were fully aware of the support of the group. In essence, when speaking, participants were reflecting on the emotional self. The process was designed to be inspiring and a source of learning to both the person and the other group members.

Week 6 Treasure box and ending. The final week. Each group members received a symbolic treasure box to help solidify the process of the mental well-being programme. In this week they reflected on their initial intentions and reviewed learning and insights gained as well as the tools gained throughout the six weeks.

Evaluation of the programme

Overview

Evaluation of the programme was completed using a mixed methods design which meant it had both quantitative and qualitative elements. Quantitative methods are concerned with numbers, scales and counting while qualitative methods collect people's stories and experiences. Quantitative research provides a story of breadth of people's experiences but does not provide depth. Qualitative research tells us in depth what an experience is like for a small group of people. Both are valid and important. The main focus of this study was on qualitative methods as the depth of experience that each participant had was of the upmost importance for this study. There was also a quantitative element to the design which used measures of LoC and well-being distributed pre- and post-delivery. Findings from the quantitative measures were presented as descriptive statistics which means the report describes differences in scores before and after the programme. Some more advanced statistical tests were also used to look at if the differences in scores before and after the programme were different in is statistically significant ways.

Recruitment

All recruitment for the patient group who attended the programme was done through the CSW's at Clarendon Medical from patients who attend the surgery. The CSW's advertised the project through the Clarendon Medical Facebook page using posters and video links. The CSW's distributed posters at vaccination clinics and placed posters in the surgery waiting room. All professionals in Clarendon Medical working with patients were able to refer to the programme through the Social Workers. The poster used for this advertising of the programme is available on request. Links to promotional videos are available on request. The Social Workers sent letters to randomly selected patients using a script which is available on request. Patients were asked to contact CSW's who took their details, a GP then checked that the patient was suitable for a group well-being programme. Once a patient was registered for the programme they were assigned a Patient Identifier Number (PIN) which was stored in the registration list in a Microsoft Word document by the CSW's at the GP surgery. This number was assigned to all data for that patient to allow the researcher to match pre- and post-questionnaires for each patient without having access to their names. The researcher assigned pseudonyms for each participant to allow a more compelling presentation of the research findings while ensuring anonymity.

The peer researcher/mentor group was made up of three patients who attended the pilot rollout of the ‘Healthy Connections’ programme. These patients helped design the Strengthened Connections programme and acted as peer researchers and mentors. They were also assigned a PIN and a pseudonym. They are referred to in this report as peer mentors or peers.

Data Collection

Patient Group

Consent forms (available on request) and Participant Information Sheets (PIS) (available on request) were distributed to the patient group at each first session of programme delivery by the researcher who attended any session in which data was collected. The consent sheet and PIS explained the research and information related to it as well as sources of support that could be used at any point during the research. A questionnaire collecting information on demographics and including the well-being measures and the LoC measure (detailed in table 1 below) was distributed to the patient group at each first session of programme delivery (available on request), again by the researcher. Once the programme was delivered a post-questionnaire containing the same measures was again distributed at the final session (available

Table 1. Quantitative measure details

Construct	Measure	Rationale
Internal LoC		
	Levensons LoC scale (24 items; Levenson, 1973)	Extensively used measure of LoC which has been found to be reliable and valid.
Well-being		
	Warwick Edinburgh Mental Well-being Scale Short-Form (7-items; Tennant et al., 2007)	Sensitive to change, extensive normative data available, and sound psychometric properties.
	WHO-5 Well-being index (5-items; WHO, 1998)	This is a very brief and well normed measure of well-being, with sound psychometric properties.

on request). One-to-one interviews were conducted to collect qualitative data. The question guide for the interviews is available on request.

Peer Mentors

All three peer mentors were invited to be interviewed as part of data collection. Data collection was in the form of one-to-one interviews and photo elicitation interviews. Consent forms (available on request) and Participant Information Sheets (PIS) (available on request) were

distributed to them before programme delivery started. They explained the research and information related to it as well as sources of support that could be used at any point during the research. The question guide for the interviews is available on request. A questionnaire collecting information on demographics and including the well-being and the LoC measures was distributed to the peer mentor group before programme delivery started by the researcher. Once the programme was delivered a post-questionnaire containing the same measures was distributed.

Peer mentors were invited to undertake photo elicitation interviews. Photo elicitation is a growing visual methodology used in qualitative research (Glaw et al., 2017). The peer mentor group is an established group within the project and have been part of the decision-making process to use this technique. The peer mentors were asked to select three photographs they had taken which represent for them how they feel about being part of the process. The photos would not include any people. The photographs would be used to generate verbal discussion (Thomas, 2009) and it is believed that different layers of meaning can be discovered using this method (Glaw et al., 2017). As well as adding increased depth and validity, this method can also allow for triangulation with other data collection processes (Bigante, 2010), in this case, with the one-to-one interviews. In addition to this The Ideas

fund has stipulated they would like the research process to be a co-production between the researcher and participants and it is felt this method is a collaborative effort rather than an individual effort by the researcher (Jenkings, Woodward, & Winter, 2008). For this method, interviews were centred on the photos presented and the discussion of what meaning they have for the participant.

Analysis

Quantitative

The Warwick Edinburgh Mental Well-Being Scale, the WHO-5 Well-being index and Levenson's LoC scale, were used to measure LoC and well-being at the start and at the end of the programme. Findings from these were presented as descriptive statistics followed by comparison of means in the form of paired sample t-tests and Cohen's *d*. These are tests which provide more meaningful information on the group as a whole in terms of their scores before and after taking part in the programme.

Qualitative

It was vitally important that the in-depth experience of each patient was explored and documented because the perceived beneficial impact of

the programme was based on the individual patient's experience of it. Therefore the primary analysis approach was qualitative. One-to-one interviews and photo elicitation interviews were audio recorded and transcribed verbatim. Data transcripts were subsequently thematically analysed using reflexive thematic analysis (Braun & Clarke, 2006; Braun & Clarke, 2109; Braun & Clarke, 2020). This analysis was done by two researchers to allow for a more robust approach and consensus. The researchers first familiarised themselves with the transcripts and then independently generated initial codes before moving to the broader level of searching for the themes in the codes. Themes were then organised into overarching (master) and sub-themes (subordinate) as appropriate. The researchers then identified and reviewed themes and reached consensus to define and name them. A broad and descriptive coding framework was employed, with coding conducted on both semantic and latent levels.

Reflexivity

Thematic analysis fits very well with the idea of co-production and the embedding of the researcher in the process as it recognises the role of the researchers' own ideas and understanding in an interactive and dynamic process of making sense of participants' subjective accounts (Langdon et al., 2007). As a qualitative analyst must make sense of the

themes that emerge it is important to acknowledge that their perspectives may be influenced by personal beliefs and opinions. Recognising this allows the researcher to be mindful that they should remain open to data being contradictory to their own preconceptions (Larkin et al., 2006). Reflective practice is therefore recommended (Smith et al., 2009).

This process allowed me as the analyst to be aware of my own previous life history and experiences. For me this included an awareness that as I had been embedded in this process and benefitted greatly from my participation, I had to ensure that I was open to all findings in order to present a meaningful and complete analysis. In order to mitigate this a second researcher was asked to also complete the analysis. A great benefit of this embedded approach as a researcher was that there was a build-up of trust with the patients which translated into an enhanced interview process which I feel may not have been the same without that foundation.

Interviews

One- to- one interviews lasted up to forty minutes and were recorded for transcription. The interviews were conducted in an informal and

conversational manner. While the schedule of questions was followed, it guided rather than dictated and the researcher did also pursue related topics which the patients raised. Probes such as “can you tell me more about that?” or “why do you think that was difficult?” were used to ensure all relevant information was collected. A general final exit question was used to ensure everything had been fully explored. The group interview was recorded for transcription and included in the qualitative analysis and followed the same style and principles.

Questions asked at the interview sessions explored the following subjects:

- Thoughts about the programme.
- If the programme was able to sustain interest every week.
- To what extent the programme helped people.
- To what extent the programme raised awareness and understanding of the *scope* of mental well-being.
- What changes people noticed in themselves.
- Anything else people wanted to talk about.

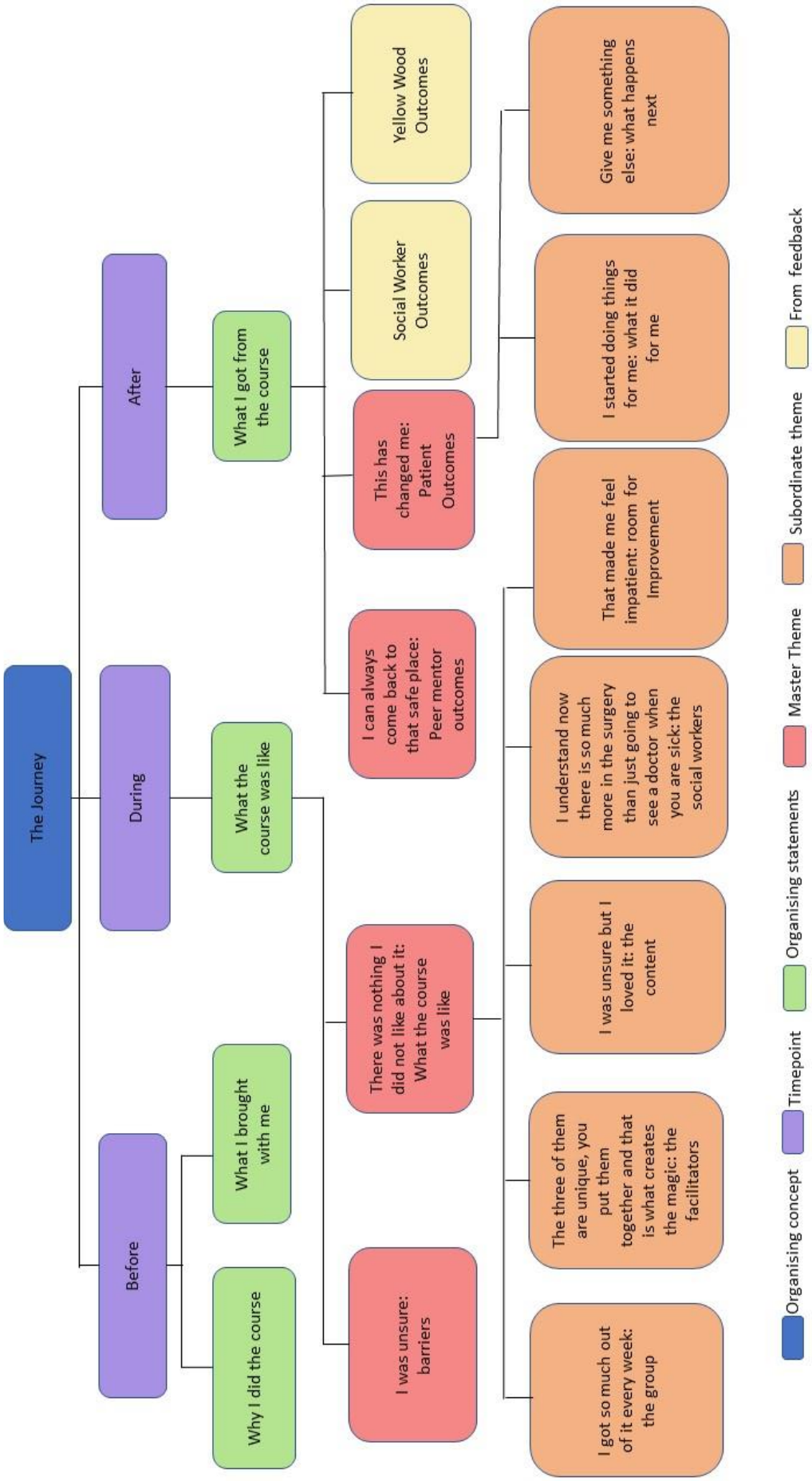

Figure 4: Organisation of results

Results

The main research questions were focused on a qualitative understanding of what the programme was like for the participants. Therefore these results are presented first. The quantitative results are then presented.

Results of Qualitative evaluation

Twenty-eight new patients from Clarendon Medical started the programme. Twenty-four completed the programme. Fourteen patients accepted the invitation for interview, twelve women and two men. In addition to these twelve, the three peer researchers contributed their data. They were made up of one man and two women. The final sample is made up of these seventeen patients. Figure 4 shows how these results are presented.

These results are narrated as the story of the journey that the patients made through the programme: before; during; and after. Organising statements help the reader follow the analysis process which lead to the agreement between researchers of the master and subordinate themes.

The images selected by the peer mentors in the photo elicitation process along with the feedback they gave about them is included next. Also presented in the results is feedback from both the Social Workers and the YWCL facilitators. Table 2 below shows the main themes and subthemes identified as specific to evaluating the programme.

It was felt that as well as the themes, the overall representation of the journey was necessary for context and richness. These are after all people's stories and should be told comprehensively. There was such generosity in the interviews people gave and such richness of data provided. It was a difficult task to condense and select appropriately what was used to tell those stories. As a researcher I hope the analysis and presentation does justice to that.

The Journey

Analysis of the data collected in qualitative interview lent itself to describing participants experiences in terms of a journey. Participants often shared in interview the reasons that they decided to do the programme and the 'stuff' they brought with them. Although this is outside of a strict evaluation of the programme, telling the stories of those who took part provides a richness and depth of context which dictates that it should be included.

Table 2. Master and subordinate themes for the group

Master themes	Subordinate themes
I was unsure: barriers to attending	
There was nothing I did not like about it: what the programme was like	I got so much out of it every week: the group
	The three of them are unique, you put them together and that is what creates the magic: the facilitators
	I was unsure but I loved it: the content
	I understand now there is so much more in the surgery than just going to see a doctor when you are sick: the Social Workers
	That made me feel impatient: room for improvement
This has changed me: patient outcomes	I started doing things for me: what the programme did for me
	Give me something else: what happens next
I can always come back to that safe space: peer mentor outcomes	

Before

Why I did the programme and what I brought with me

The word cloud shown in figure 5 contains the reasons shared by participants that prompted them to come to the programme and for some the issues they brought with them. The reasons were varied. For Siobhan, she had retired and felt she had more time and was looking

for something different to do. For others reasons were more complex. Several participants were struggling with grief which was not resolved or which was complicated through family dynamics and ongoing pressures such as caring responsibilities. Others felt they had been struggling through years of mental health issues that they felt no one had helped them with and decided to try something different as they felt they had explored all other options.

“We are taking our own life because we are hanging by a thread here.”

[Brenda]

For some participants addiction issues either in the form of alcohol or prescription painkillers were things they brought with them and issues they were hoping they could receive support for. Work stress and burnout also featured in the reasons people came to the programme. Some had more than one issue as adverse experiences are likely to occur together, for example being a young mum or being isolated can often lead to self-medicating as people struggle to cope with limited options. One participant was caring for several close family members as well as being unwell herself and described being stretched to beyond capacity,

“One day I turned round and I said, I feel like an elastic band.”

[Samantha]

For some, they weren’t sure exactly what they wanted but they were seeking something just for them.

During

What it was like

This brings us to what it was like to experience the programme itself. Participants described in the first master theme barriers that they experienced when they made the decision to try the programme. They went on to report what the programme was like in terms of the group, the facilitators, the content and the Social Worker role.

Master Theme 1 - I was unsure: barriers to attending.

The words selected to portray this theme from the interviews collected were: risky, nervous, courage, right timing, determined, change, emotional, unsure, daunting.

The most common barrier described was that people were nervous. They found the idea of going into a room with people they did not know to be very daunting which is unsurprising particularly given the issues and difficulties some people were dealing with. It must be noted that this programme was initially run just as the world was coming out of lockdown and so we can expect that people felt more than usually uncomfortable with being out in the world and in rooms with other people. We can extrapolate from this data some understanding around people who signed up but did not make it along, or people who considered but did not sign up. Perhaps for these people the timing was not quite right or they were too nervous to make it into the room this time.

Another theme that was commonly discussed alongside this fear was a determination to get into the room and to try something new. It was the role of the Social Workers in creating a bond and discussing the programme with participants that bolstered the determination and the courage needed to try this unknown course of action. Shauna described how she had never done anything like this before but was determined to go. Patricia described how emotional she felt in the first week when one element was to write down the things she wanted for herself. Once they were in the room, participants reported that they very quickly felt

safe and at ease. The value of this return to connection then being run at this same time should also be noted.

Master Theme 2 - There was nothing I did not like about it: What the programme was like.

Once the participants overcame their barriers and made it into the room, they reported overwhelmingly positive experiences of the programme. Figure 6 below shows a word cloud representing content of the master theme, “There was nothing I did not like about it: what the programme was like.”

“As I say, I don’t want it to end. More people should be on… it should be put into every surgery.” [Brenda]

This master theme encompassed several substantial lower level themes and was therefore deconstructed into a number of subordinate themes which together make up the entirety of the experience participants reported. The first of these is the overall feelings about the group itself and how it operated. The second talks about the facilitators specifically. Next we cover the content of the programme and finally the role of the Social Workers in the experience of the programme.

Figure 5. Word cloud representing why people did the programme and what they brought with them

Subordinate Theme 1 - I got so much out of it every week: the group.

Participants reported overwhelmingly positive experiences of the group structure and frequently in the interviews used the words, safety, belonging, support, comfortable, ease, invitational, unfolding, relaxed and secure. They reported that they "*hated to miss it*" [Sarah] and only did so if they had no choice,

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"It just felt like we were all this one big family. That's the way I felt. Even after a week, you felt like that. It happened really quick for me. Like the second week I felt like, oh what's the craic? How are you? Just so relaxed." [Michelle]

Some reported that these feelings were something that they may not have felt in any other space.

"I did feel I belonged in the group. I felt very welcome. More welcome than I've ever felt in my life." [Brenda]

For Michelle, as an addict, she felt it was a rare safe space in which she did not feel judged.

“I was never able to go into a group and say that I was an addict. Because I didn’t want people to judge me. Because there’s a persona against being an addict. And I never felt that once.” [Michelle]

This lack of judgement was reflected by the fact that most participants felt that they had a space in which they were able to use their voice, some telling stories they had never told anyone, they felt they were heard and they felt they were seen by other people. Deirdre described the freedom she felt to say what she wanted to say as “*liberating*.” Deirdre spoke of the process of “*becoming a group*” and how she always felt “*eager*” to both see what the week’s activity would be like but also to see the group as she had become fond of them.

A large part of what gave people this ease and comfort was in listening to other people and their stories. Shauna reported that she realised everyone had their own struggles while Siobhan felt that you knew when you went along to the programme that there were people who genuinely wanted to listen. People found they could relate to other people’s experiences and that promoted feelings of belonging as well as being supported. The participants responded well to the honesty of other people,

“People were so honest and frank, they poured their hearts out and said things as they were for them. People have been through so much and are still here.” [Sarah]

Another factor in creating the safety in the group was that people felt the programme was “*invitational and unfolding”* [Brenda] and that there was no pressure to take part in anything, people had the choice always to do something or not to. They were in control of their choices. And paradoxically in having that freedom to choose, they did actually choose to take part in activities that they may have viewed as risky in terms of being different or being creative. Brenda reported that they felt that it provided enough trust for them to open up.

The lack of a hierarchy in the group was reported as making participants feel at ease,

“the way it was in a circle, nobody was at the head of the table if you know what I mean.” [Joanne]

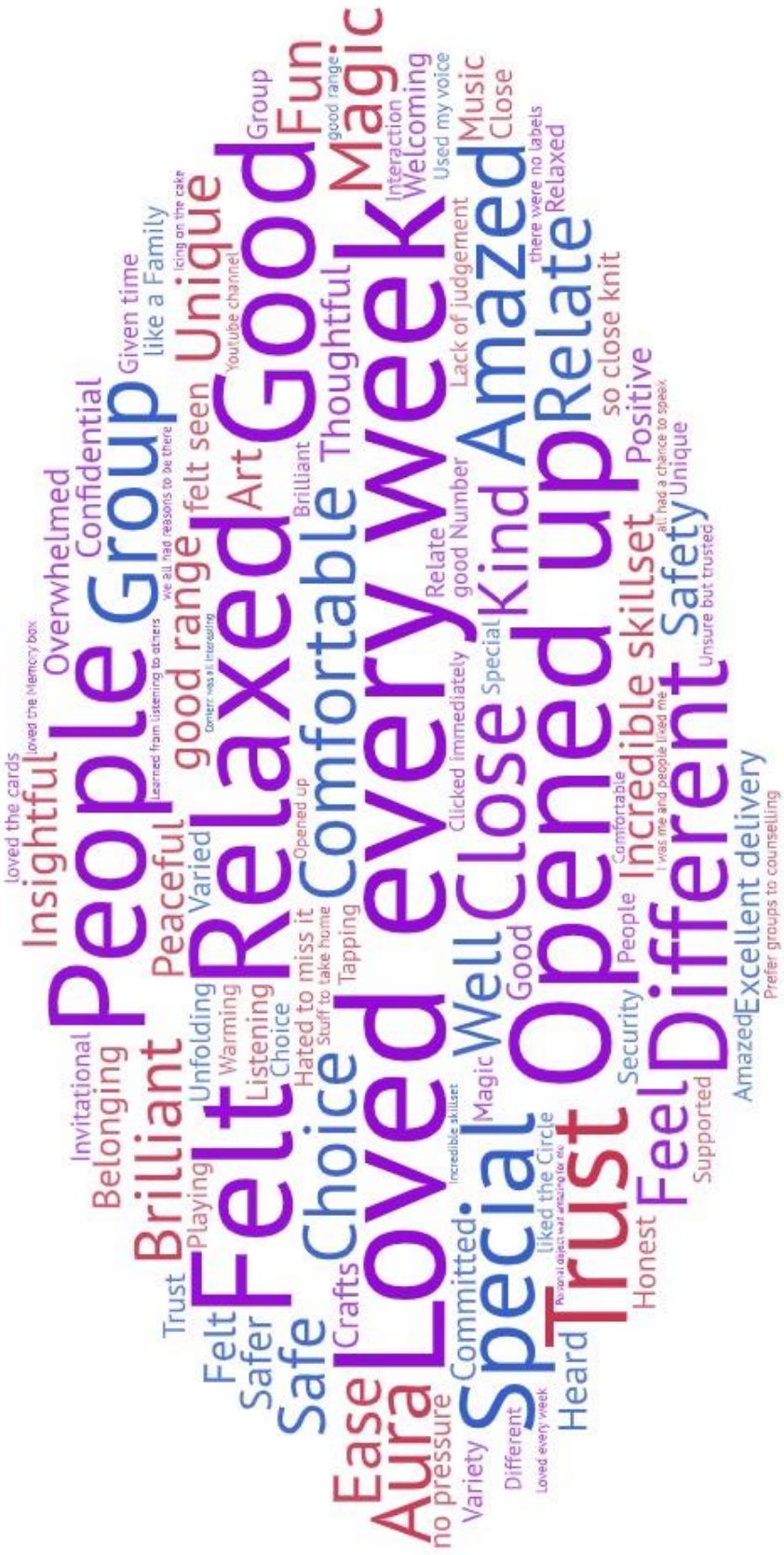

Figure 6. Word cloud representing messages from the master theme "There was nothing I did not like about it: what the programme was like"

This was mentioned by a lot of participants in their interviews. The participants mentioned ways in which this lack of hierarchy was apparent; it was explicitly stated, everyone sat in a circle; facilitators shared in the same way as patient participants and no one was given any labels or titles.

Safety manifested in a range of different ways for people in the group. Michelle spoke of how people were “*allowed to cry*”, they were not comforted if they did not indicate they wanted that or there was no attempt to get in the way of their emotions, it was a place where all feelings and emotions were valid and welcome.

As well as benefitting from what other people shared, an important element of the group for people was that they felt other people benefitted from what they shared. It made Linda feel empowered and that she had value when she knew someone else had taken something positive from what she had shared. The facilitators were an important element of the experience that needed to be a subordinate theme by themselves.

Subordinate Theme 2 - The three of them are unique, you put them together and that is what creates the magic: the facilitators.

There was universally positive feedback about the YWCL facilitators. The words selected to portray this theme from the interviews were: unique; magic; incredible; insightful; make you feel special, excellent delivery, kind, thoughtful; part of the group, opened up, trusted, safe.

"I was so comfortable with everyone. I was so… like the girls just made you feel comfortable. They were lovely girls. They explained things really well. And if you didn't know something, you weren't afraid to ask them either." [Michelle]

One of the most common reports was how well the three facilitators fitted together and complemented each other.

"I think it is their [the facilitators] skills. And them. And the three of them are so unique in different ways. And I think, when you put them together, it's that." [Michelle]

The openness of the facilitators was reported by Joanne as being important in the reasons that trust was able to be built up so strongly in the group.

“They were very open. They were very trustworthy, because they shared their own experiences as well.” [Joanne]

Both the professional skillset and the personal characteristics of the facilitators were reported as being what made them experts at delivery of the content. They created the safe space that people felt they wanted to come to every week. A large part of that and mentioned by all the participants was the room itself and how it made people feel when they entered. It had relaxing music, it was set up with intention, it was warm, soft and inviting and each session began with a relaxation, a few minutes to create that feeling of coming into themselves more. The voices of the facilitators alongside their warm and gentle natures was mentioned a lot in being important to create safety. When participants talked about the room and the programme, it was like they were discussing a safe haven, or a sanctuary from the rest of the world.

The facilitators were very clear about what would happen every week and they made sure that the programme ran smoothly. They helped people feel welcomed. They paid attention to details about people. They made sure everyone had time and space to speak. They ensured no one felt under any pressure to participate in any way they did not

want to. If they saw someone struggling they discretely found a way to help them. They valued their participants and treated them with respect and with dignity. And the participants could feel the authenticity of their intentions and interactions. This allowed for the content itself to be trusted and well received, an important consideration when people were venturing into new territory.

Subordinate Theme 3 - I was unsure but I loved it: the content.

The words and phrases selected to portray this theme from the interviews collected were: loved it, brilliant, different, worried, unsure, interesting, relaxing, interactions, varied. The word that was the most often repeated was the word 'loved': "*I loved the memory box*", "*I loved the personal object*", "*I loved the tapping*", "*I loved the arts and crafts*", "*I loved the meditations*", "*I loved the cards*", "*I love the YouTube channel*".

Being surprised was a common theme in the feedback around the programme content. As described by James,

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"People aren't aware of stuff like that [the programme content]. It's different and it's new …"

Karen also described that this was "*different to anything I have ever done before*". This new way of approaching well-being was part of what made the programme interesting for participants, it was fresh, it "*kept you engaged and looking forward to next time.*" [Linda]. For some participants the creative elements felt risky but were a risk that proved to pay off,

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"I was so surprised at myself because they said we are going to do a bit of art. … I rolled my eyes and said, I am not doing this. … I can't even draw. But when we did it, I got so into it… I cut a poem that I found in a magazine and I read out the poem to everybody in the group… Some of the people in the group were crying because it meant something to our group. It was nearly like that poem was about our group." [Michelle]

For other participants like Joanne, creative methods were already something they used, Joanne loved all of the creative elements as she uses creative techniques a lot which reflects what James felt about the rise in popularity of holistic and creative ways of living,

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"But with the way that society is at the minute, it's very popular all this now, the cards and well-being and mindfulness. It's just the new thing now. So it's great timing for it. And it's needed too, anyway. It's needed

because it's giving out, and the preparation that these people have for it is amazing. But people are seeking it now."

The variety contained in the programme proved to be important, most participants spoke of being "*excited"* and "*looking forward*" to see what each week would bring. There was also variety in what participants reported to be their favourite week. Each and every week was reported by at least one participant as being their favourite week. Some participants were unable to choose a favourite week because like Patricia they "*loved all of it"*.

Alongside the variety were important elements that reassured people. Sarah spoke of how along with variety, there was consistency in the format of the weeks, "*you always knew what was going to happen the next week*." For Sarah and other participants, this balance was important.

A very important element of the content mentioned by the majority of participants was that there were tangible take home elements. These became very important to different degrees for different participants. For some, they were nice reminders of a positive programme they had

done. For others they were vital to helping them deal with particular issues,

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"I sat down up the stairs and took a wee minute …and just read all the wee things that people wrote about me. And then that's what helped me get through that day. Because if I hadn't done that, I probably … God knows, I might have went and bought tablets." [Michelle]

A beautiful contribution was made to the data by James who reported that providing the programme was like,

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"…you are giving somebody a gift. Rather than them having to go to a club or go to a course or go to somewhere. They are coming into a more comfortable environment…"

Subordinate Theme 4 - I understand now there is so much more in the surgery than just going to see a doctor when you are sick: the Social Workers.

For YWCL and the CSW's both, an important element of the programme was that it was tightly bound to the CSW's. This allowed CSW's to work with patients before they became participants. This built safety and trust, it allowed CSW's to judge if a person was right for the

programme and it contributed to the strengthened connection between the CSW's and the Clarendon Medical community. The title for this theme was a quote from Siobhan who summed it up well. People had different levels of awareness around the presence of and role of CSW's in the surgery.

"But I never really thought of availing of it [CSW's], because I thought … if I ring up there to speak to a Social Worker, why am I ringing up to speak to a Social Worker? Bottom line is, I have mental health [issues]. And it's not going to go away at this stage in my life. …. So there's nothing really that they can do for me. How wrong was I? Little did I know that, yes, the support is here…" [Brenda]

Again, as with the facilitators the skills and characteristics of the CSW's are highlighted in the successful building of relationships. This points to the importance of individuals within the systems we operate in.

"[Social Worker] definitely is special. And I think it's [Social Worker] that will get people on this programme. … I think she knew herself too, it was the right time for me to do it. And she didn't push me too much, either, which is good." [Michelle]

Shauna told us that it is really important that she knows the CSW's are there now and that "*there are people who want to help*." An important element of the relationship building that has occurred through this work is not just in changing the perception of Social Workers in the GP surgery but changing a more societal level view of Social Workers as professionals to be feared. Samantha spoke of how she was "*always boasting about the Social Workers at our surgery"* while other participants spoke of how people they knew had urged caution in trusting the CSW's at the surgery,

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"… one of my neighbours was all to me, oh but you need to watch yourself. She's a Social Worker. You need to watch what you say to her. [I replied] well, if more Social Workers were like her we'd be alright….We wouldn't have these problems. [She replied], well I've never came across a Social Worker like that. And I [said], well you need to get into Clarendon Medical."

All participants reported that they felt more connected to the Social Workers and in fact the surgery and would contact the Social Workers if they needed help.

Subordinate Theme 5 - That made me feel impatient: room for improvement.

No programme is perfect and there were aspects of the programme that did create some issues for a limited number of participants. I think the most striking feature of these issues however is that they did not occur universally, they were limited to a small number of participants, and in the main participants stressed they in no way took away from the overall positive experience. They are however an important piece of documenting the process and important considerations for future development and YWCL were keen to be aware of ways to improve their work.

One participant reported a conflicted experience of the programme. They reported contradictory experiences and did say that they felt it maybe was not the right time for them to do the programme. They missed two of the six weeks due to heavy and unavoidable caring commitments. It is fair to offer that perhaps in this case the timing was misjudged and the programme was not the right place for them at this time. This participant felt that it is selfish to put yourself first, that they could not hear properly, that another participant used bad language, that they did not get what others got and that they felt that people got dependent on the programme.

A different but again sole participant felt that one group member was allowed to dominate from time to time and two group members reported that the programme each week was not long enough,

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"Two hours sometimes isn't enough, maybe. I don't think two hours is enough." [Michelle, Patricia]

Joanne was quick to point out that the protracted silences most definitely did not work for her as they made her feel uncomfortable,

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"So it's not for everybody to sit in the one position with their eyes closed, as you say. Because you can feel vulnerable, especially if you're not used to it. I don't even like closing my eyes in the shower" [Joanne]

After

What I got from the programme

The following master and subthemes move into after the programme and what the patients felt the programme did for them. Also included in this section is feedback from the CSW's and the YWCL facilitators. Although they were not included in the formal analysis, for reasons of flow their feedback is included in this section.

Master Theme 3 - Patient outcomes: this has changed me

At the heart of this evaluation is what the participants were able to take from the programme. This is broken into two subthemes. It was felt that the second subtheme although much smaller, was very important in the context of the individual, in the context of the Clarendon community and in the context of funded programmes. What happens when the programme ends. Before that and at the core of this evaluation is what the participants gained. There is overlap in these themes with what the participants felt about the group, the content, the facilitators and the Social Workers during the programme. It was felt however that the feedback that overlapped belonged in all themes.

Subordinate Theme 6 - I started doing things for me: what the programme did for me.

The words that were used most often or felt most strongly for this theme are shown in Figure 7 below. Everyone reported overwhelmingly that the programme had provided positive outcomes for them. The magnitude of the outcomes were on a continuum. For some participants as in the case of Siobhan the programme gave them some time for themselves or the chance to meet new people. For other people, what the programme gave them was deeply impactful and transformative.

These were the people who described the programme as "*life-changing*"[Brenda] or that they felt like "*a caterpillar turning into a butterfly*" [Karen].

For Siobhan part of that process was to realise that,

"… people are not all the same as me and I will talk to people more to understand where they are coming from"

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which reflects that we all can tend to think that people are like us. In fact people all have different backgrounds, experiences, upbringings. For Siobhan as well as being compassionate towards herself, the programme helped her to focus on being compassionate towards others. If we take the time to ask a person what life is like for them, it can change a lot.

A number of participants reported that they realised that other people are like them going through hard and difficult circumstances. This made them feel less alone. It is striking that people thought they were alone in their hard and difficult times. It is a commentary on our society perhaps that we pretend a lot to be ok. That there is some reluctance to let people know about our issues, to let people 'in'. Participants felt they

could do this, they felt they had a voice and that when they spoke there were ears to listen. People wanted to hear what they had to say and they genuinely cared,

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“I could express feelings I could not express to my own family” [Shauna]

“I was unlocking things that I have locked up for years and years” [Brenda]

Participants valued hearing what other people thought, what they did in similar circumstances and they also felt they in turn had value when they were able to offer insights to others with their struggles.

“it’s empowering that you are able to say something. Sometimes you say something, not realising that you are actually healing the other person by what you say. … sometimes you find that things that you are saying to yourself, they actually benefit somebody else as well.”[Linda]

Participants felt they understood themselves better as a result of taking part in the programme. The activities the group did together helped them find the space to look at themselves, to uncover their own identity, to begin to see what they liked and did not, what they wanted and did not. For Deirdre this uncovering of her identify was very poignant. She

described a life full of work, looking after her family, caring for her and her husband's parents and being very busy. Then she retired, her husband died and her children were grown up and did not need her in the same way. The programme allowed her to explore who she is. All of this work was done in a supportive and safe environment. One powerful statement was made by Shauna,

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"I am not just a wife, I am not just a mother, I am me."

Participants reported that they felt stronger as a result of taking part in the programme. Now they understood themselves better, now that they had made connections to people and had made discoveries about themselves, these things helped them be sure of their own identity, they were ready to make the changes that they wanted to make. They felt that they "*had options*" [Michelle], that they "*wanted to stop being around people who weren't good for my mental health*" [Karen].

Something mentioned by almost every participant was that people considered, possibly for the first time that it was a positive thing to prioritise your own well-being and do things to support it when previously they would have felt that looking after themselves was

selfish. There reflects a strong message in our society that it is not ok to look after ourselves, that it is a selfish act.

“It’s kind of like a humanity culture that happens because … all humans … I think we’ve got a caring nature. We try to look out for other people and tend to neglect ourselves.” [Linda]

Participants felt that the programme allowed them to explore another possibility and make the choice that looking after themselves is the right thing to do.

“Putting myself first is ok. I don't need to feel bad about it.”[Karen]

For some participants, part of looking after themselves was in making difficult choices acting on the premise that it was ok not to put other people first all the time. They felt that with the support of the group they could make the changes they needed to and feel supported. They found the programme and the group empowering.

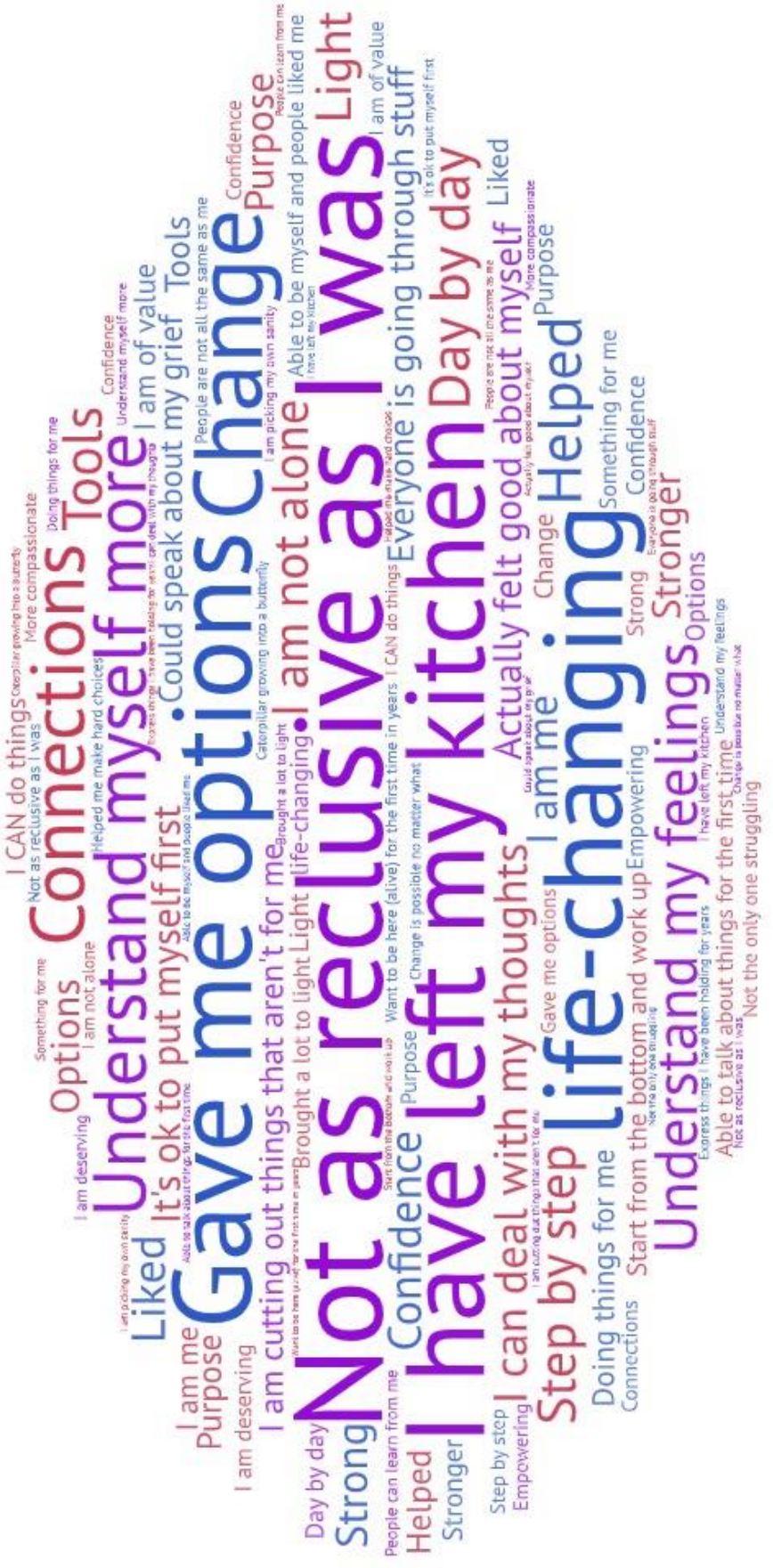

Figure 7. Word cloud representing messages from the subordinate theme “I started doing things for me: what the programme did for me”

"I started thinking about what was good for me. Whereas before, if the family was happy, I was happy; what they wanted, I got them. I never thought about me." [Mark]

Participants realised that the tools they can use to improve their lives and make them feel better, "*don't have to be big*" [Michelle]. Sometimes when people are struggling they feel like there is something mysterious that other people know that they do not. Actually the things that keep us well are to be found in our everyday routine. They are many small things as opposed to some huge secret. It is in the way Michelle "*took a wee minute*" to herself when she felt overwhelmed.

"I'm going ….I can't cope. But I sat down up the stairs and took a wee minute away … and just read all the wee things that people wrote about me. And then that's what helped me get through that day. Because if I hadn't done that, I probably … God knows, I might have went and bought tablets." [Michelle]

It is in the way Brenda started with a walk round the block, moving from not leaving her safe place, her kitchen. In the "*baby steps*" that allowed her to safely explore her new fledgling belief that the "*world might not*

be as bad as I thought". As with many seemingly small things, they are not, they are in fact huge to the person who is starting to make a change. The steps we take can be small, in fact they should be in order to prevent overwhelm when big shifts are happening.

"This has changed me. I am a recluse. I don't go out. …. I never commit myself to anything because I know on the day that I am not going to be there … This has made me actually get up from my kitchen table and be active." [Brenda]

The meaningful connections that were made to other people were important. When Michelle read her list of things people had written about her she knew that they were genuine. There was a strong sense that people could "*use my voice and it was heard*" [Patricia]. They felt valued in a way they might never have felt or they had not felt in a while.

For one participant in particular the phrase "*simple things are powerful*" [Sarah] had a very strong link to her physical health through something we do constantly, breathing. For this participant who had a health condition she had been advised by her physiotherapist that,

“my breathing and mindset is key to controlling my seizures. I can feel they are coming … and I can panic but I can also keep calm and keep my body relaxed and change the outcome. So the mindfulness and meditation was key for me.”

It is worth drawing out that a much smaller number of men did the course compared to women. The men who did the course and participated in interviews reflected that this might be because,

“I think it’s because men think they have to pour their hearts out. And they are not comfortable. I’ll be honest, I wasn’t comfortable at the start. But once I got the first week over…” [Mark]

Mark felt that he got as much, if not more out of the programme as anyone else and was glad he went along. He felt it was a safe place in which he was not judged and in which he could talk things through and get support. He also felt he added value as the other participants may, “*have heard stuff they wouldn’t normally hear from a man”*.

To conclude this section is a short but powerful statement made by Karen. As a result of taking part in the programme,

"I actually felt good about myself."

It wasn't just about the statement but the way it was said. So many people don't expect they can feel good about themselves.

Subordinate Theme 7 - Give me something else: what happens next.

This is a theme which could have been rolled into another theme but there is an important message for funders in this. People need continuity in the support they are given. The programmes that they choose to take part in, offered within their communities are of extreme importance to them. For this type of programme, where something powerful begins for people, it can be only part of the journey. Powerful changes have started to happen for a significant portion of the participants on the programme. A strong message for those who provide services is,

"Now that I have given me to you, is there anything else now that you can do for me… it is something that I feel I need to finish" [Brenda]

The participants also provided ideas around expansion of YWCL provision including that they should have their own premises. They

thought that customised courses, for example for young mums that also provided creche facilities or specifically for people struggling with addiction would be good.

"I want it to be bigger and I want it to reach everybody" [Samantha]

Master Theme 5 – I can always come back to that safe space : peer mentor outcomes:

Due to the small number of peers, attribution for quotes is not made even in pseudonym form in order to protect their anonymity. Things continue to go from strength to strength for the peer mentors/researchers who have journeyed from Healthy Connections to Strengthened Connections. They report only positive outcomes. They have continued in their personal growth and development.

"…being with Yellow Wood opened my eyes. It's like … do you want to know what it was? It's a perfect analogy. I felt like my life was just stuck, like stopped. Because when you go to school, you go to university and then you get a job and that's your life and you just keep going. But then I finished university and I was like, OK, where do I go now? And you're trying to get jobs and you can't get jobs. And I was like, I don't know

what to do with my life. I feel like… I am doing stuff, I'm doing stuff every day and waking up and living my life"

The theme of safety which was present for the peers when they were part of Healthy Connections has continued into Strengthened Connections,

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"You guys have cultivated this safe space. And I know that, no matter where I go, I can always come back to that safe space. … It doesn't need to be a physical space. Our safe space is us. Wherever we are, this is the safe space … So I know I can go out into the world and if I fail I can come back and they will help me pick myself up again, and go out and do more."

The peers were involved each step of the way in developing this phase of the programme. They have been joined by new additions from the patient community and have now formed a patient committee which will be applying for funding in order to tackle the issues that the Clarendon patient community feel are pertinent to them.

All three peers have contributed to the content of the YWCL YouTube channel, they have professionally recorded meditations and even three

songs in the case of one peer mentor. For them, being part of the process has allowed them to grow in confidence and to branch out into new opportunities. Two of the three have delivered workshops to their peers and all have taken advantage of opportunities to train in ways that interest and develop them. It was of great importance to YWCL that the peers involved were compensated for their time in an appropriate way when they facilitated courses. One example of this is in the training opportunities that they provided.

"Well because of Yellow Wood, because of Healthy Connections and everything, I've done… I've just finished my walk leader training… So I can do that now, if they need it. And I'm obviously doing my course."

"I also got the opportunity to take on board some other training. I took on board the mentoring training, which I did. And then also the … acupuncture training that I did."

The peers have been given the room to grow and to contribute to the Clarendon Medical community in ways that are connected to them and in the way they wish to. There is power in this variety as one stated, "*you need to have a variety of people to reach a variety of people*".

As well as the outcomes from the analysed one- to-one interviews, the peer mentors were invited to take part in photo elicitation. This meant they were asked to select three photographs they had taken to comment on their journey with the Connections series. Two of the three peer mentors took part in this process. The patients brought images they had found on the internet as opposed to actual photographs they had taken which is not in line with the methodology, image elicitation as opposed to photo elicitation. The images although not photographs do portray powerfully how the peer mentors thought and felt about being part of this phase of the programme and the wider Clarendon community. Figures 8 and 9 show the images along with quotes from the photo elicitation interviews describing why they were selected The vibrancy and colour of the images in Figure 8 is striking, they are like explosions on the page. They are full of energy. For this peer mentor transformation has been a strong theme, with the strong metaphor of emerging from their chrysalis. They express surprise and delight in the changes that have happened along their journey. Their developing self-belief is evident. A metaphor that was shared with the narrative accompanying the images of the second peer mentor is one of ‘Spring’. It is interesting that both refer to the spring coming in the same way as it was literally coming when the interviews were completed.

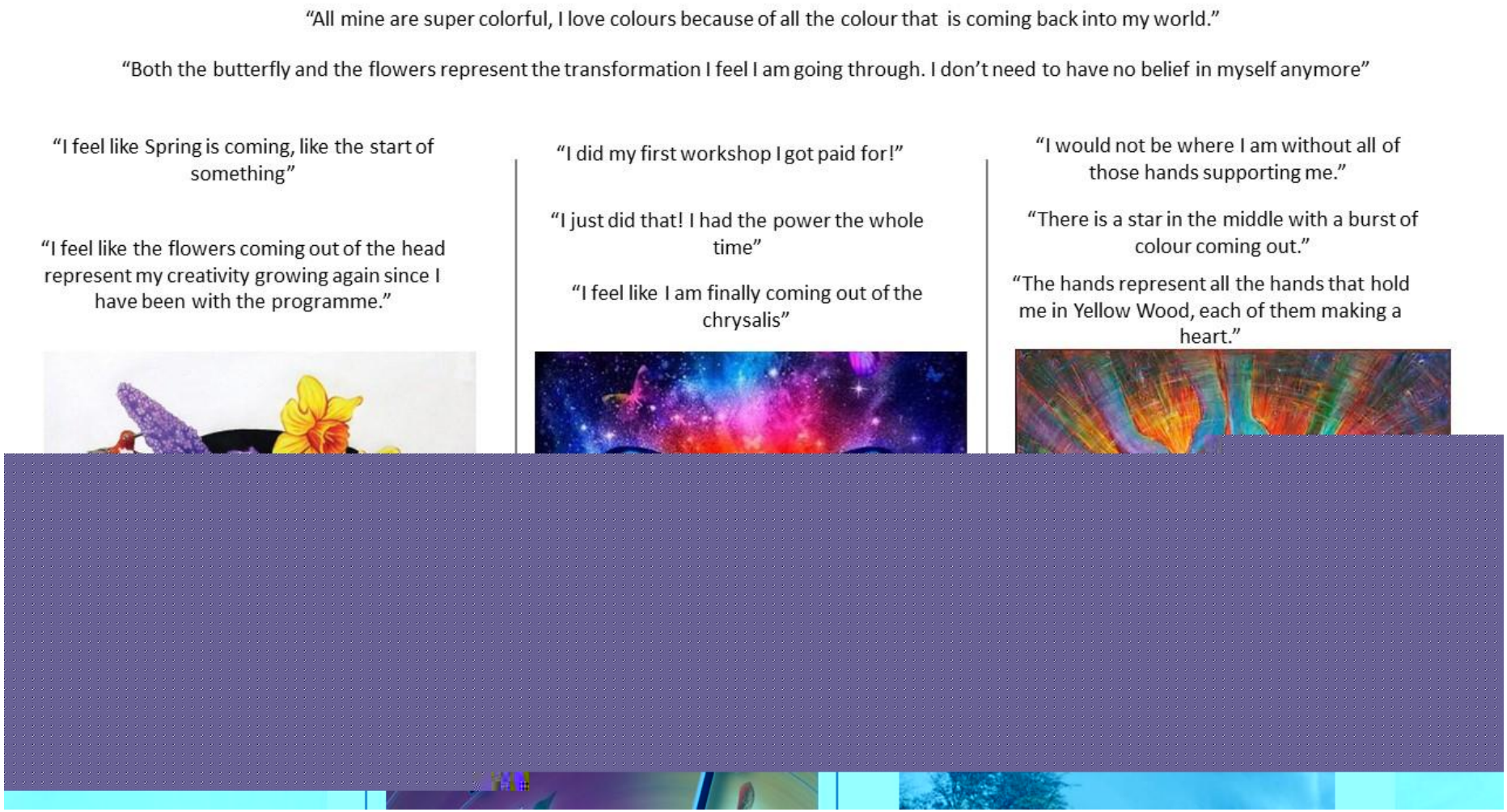

Figure 8. Peer mentor photo elicitation images 1

For the second peer mentor we are presented with more muted images and a more muted accompanying narrative. This peer mentor also feels Spring is coming, however for them, they are emerging from a period of intense darkness. They spent the previous year struggling with the past and felt that '*time was rewinding*' as they struggled with flashbacks and intrusive memories. Listening to them talk was moving and very poignant and the heaviness of the year was reflected in the muted colours and in the more sober images. A lady in a sober suit carrying many heavy stones, of all different kinds. It almost felt like this peer mentor was actually also emerging from a chrysalis, but the re-entry to the world was less explosive and slower. And at the end was peace. Through all of this, "*the group supported me and I supported them*." This echoes very much the thoughts of the new patients that the group is unfolding, invitational and no one is ever under pressure.

The next section of the results is feedback from the Social Workers and the YWCL facilitators on what the programme meant to them. As with the peer mentors, quotes have not been attributed to a specific interviewee.

The community Social Workers

For the lead CSW the journey to the Connections series began when she was moved and inspired by the speech given by the then Chief Social Worker in Northern Ireland Sean Holland, on the creation of the new role for Social Workers. He spoke of how they would have the chance to put their stamp on this new service and it was giving opportunities for Social Workers to focus on "*people work not paperwork*". The lead CSW took that inspiration and has most definitely put her stamp on this service. She felt this was her chance to do the kind of Social Work she wanted to do.

Relationships were very key to this new role as MDTs were new to GP practices and the CSW's were nervous about this new adventure. They feel that the line management they have had has been instrumental in allowing them to build something they feel is of value.

"the praise and the recognition, the validation and the support from our line management has been essential."

Both CSW's report that the welcome and the support they have been given by the GP surgery and all professionals who work within it has been fundamental to the success of everything they have done and

achieved. They report that the GP's have said that they feel the patients are '*more cared for*' with the addition that the CSW's bring to the Clarendon community and that they could not do without them now. The importance of this to the CSWs cannot be stressed enough.

The centrality of their working relationship is reflected between the CSW and the assistant CSW. Both report positive experiences of their working relationship together and how they grow and develop through the work they do as a team. It is a team clearly founded on mutual respect and a commitment to growth and to their community of patients. To focus on the current study, both report overwhelmingly positive aspects to being involved,

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"For me personally, being involved in all aspect of the programme has changed my life for the better and has got me through some difficult times i.e. losing my mum"

They feel that the Connections series came from them actively listening to and responding to patients, leading to the birth of Healthy Connections and then leading onto Strengthened Connections. They report that all the initiatives that have grown from this starting point have in common the same core principles of healing, the participation

and value of everyone, doing things together and holding firmly to the principles of co-production and equality.

The CSWs reported one frustration. The data protection requirements were necessarily rigid to fulfil ethical requirements because patient information was not able to be shared with partners which placed a burden on the CSW's to do a lot of coordinating between patients and YWCL. In retrospect the ethics design should have built in a permission facility to allow basic contact details to be shared with YWCL facilitators to reduce the burden on the already stretched CSWs.
One of the CSW's fell in love with the quote below which they heard from one of the peer mentors,

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"If you give a man a fish, you feed him for a day. If you teach a man to fish, you feed him for a lifetime."

The Connections series is teaching people to fish which is so important for empowerment and sustainability of the changes being created.

The YWCL facilitators

The three YWCL facilitators provided feedback on how they felt being part of Connections series impacted them. The feedback reflected the

participants feedback and the CSW's feedback in that the experience was an overwhelmingly positive one.

"this has been a huge journey of learning for me, fulfilment for me…seeing people blossom, grow, learn, unfold…coming into something they have never known before…recognise that there is another way to live…"

There is a clear mutual respect and strong relationship between the facilitators which has grown as they worked on Healthy Connections and then Strengthened Connections. Like the CSW's they are committed to the process of co-production,

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"we didn't go in thinking, 'this is the answer, this is what people need', we came offering…there is some power in making a connection and collaborating rather than thinking we have your answers…"

One of the facilitators reported that the programme became even more meaningful for them as it progressed and had more depth to it than they had predicted it would. They reflect on the way the team as a whole has progressed,

"…our whole team are building something, are responding to something. It's almost like we are greater than the sum of our parts. So no one person leads it all, but together we've got something that starts building something that I feel really reaches people where it's needed."

The facilitators enjoyed the powerful way in which the project unfolded and was able to "*respond*" to what people needed,

"I don't see this as something that … we started with Healthy Connections and then we just replicate something. It is changing and it is evolving and that's part of the magic."

The group is intentionally set up for facilitators to fully participate in each group as a group member as well as a facilitator. They reported that for them, the process is also healing, that they too grew in confidence and that they too learned a massive amount from participating in the course. In particular was the confidence that came from trying something new, the facilitators were taking a risk with their content in the same way as the participants were in attending. They reported that it has increased their confidence in using creative and

holistic approaches. Facilitators mirrored the feelings of participants that it was "*life-changing.*"

"…it's life changing…I would call myself kind of on a healing path. And this process has been just so profoundly transformative for me. I am a facilitator in it, but I am a participant in the real sense as well. So as I am going through this process, I feel far more like my sense of belonging or connection, is one of the big things, you know? Because that would be my story, that separation. And that sense of belonging and community and together, and me healing and growing as much as me"

Facilitators also talked about the incredible power of watching people make their inner discoveries within the support of the group,

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"we all have mastery of our own experiences or lives and stuff like that. We are all on a healing journey. We've all got our pains. But seeing people and starting to share a little bit, and the group holding the person as well. Participants start supporting each other, or you start to see those connections"

It was interesting to note that what the facilitators wanted to create was indeed reflected in the feedback from participants,

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"And the conditions that people need are simple… You need safety. A wee bit of time. A wee bit of space. Being seen. Being heard. Being held. Being appreciatively respected and all that. So it's like wee conditions. And then something starts to unfurl of itself."

"Hopefully the programme gave people a soft and safe space to relax and hear the wisdom that resides within them."

Having the safety of the CSW's surrounding the programme was reported as being very important to the facilitators. With the kind of inner work that was being done, "*you need to be able to hold and contain that*" and people need tools to cope with that and anything that might arise from that. This is the start of a journey for participants and that it is important this is continued. They knew that the participants were wrapped in the care of the CSW's and the whole MDT and surgery. It was important for the facilitators that they *"knew when the 6 weeks were up…the Social Workers were there*." They felt strongly that

"*seeing community work done well is inspiring*." The facilitators also recognised and acknowledged as did the CSW's the importance of the GP's and other professionals within the surgery supporting the CSW's in their role within the MDT and the surgery.

One facilitator also pointed to the importance of the research being part of the process at each stage and how well the research supported the process. It allowed for the process to be ethical, to have appropriate boundaries and to be safe.

"the research journey itself was part of the healing journey."

Results of quantitative evaluation

Of the twenty-eight new patients that started the programme, twenty-one completed pre- and post-questionnaires. Descriptive statistics are presented below showing results before and after for each of the scales used. The mean score for each scale or subscale is presented which tells us if scores went up or down overall after the programme was completed. Alongside the mean the standard deviation is also shown, this describes something about the range of scores. A higher standard

deviation means there was more variability in the scores, a lower one means they are closer to each other.

A further test was then used - the paired sample t-test which allows us to look more closely at that change. If the test finds the change to be statistically significant it means that change has happened due to more than just chance; human nature to score differently on different days. It then lends support to our hypothesis that the change is connected to the programme in some way. If this was found to be the case, another test, Cohen's *d* was then run. This test is used to estimate the size of any significant effect. Each of the results for the quantitative scales will now be presented.

Warwick Edinburgh Mental Well-being Scale

There are 14 items on the scale and it includes questions such as: I've been feeling optimistic about the future; I've been feeling useful; I've been feeling relaxed; and I've been feeling interested in other people. Scores were on a Likert scale from 1 to 5 with 1 being an answer of 'none of the time', 2 being an answer of 'rarely', 3 being an answer of 'some of the time', 4 being an answer of 'often' and 5 being an answer of 'all of the time'. The minimum score is 14 and the maximum score is 70. A higher score shows increased well-being.

The mean score before the programme began was 40 with a standard deviation of ±13. The mean score after the programme was 49 with a standard deviation of ± 9. This tells us that the mean score across all participants was higher after they did the programme and there was less variability in the results. For these results the test found that the change was due to more than just chance and as we know the participants all did the programme, it supports the hypothesis that the programme may have affected the scores. The Cohen's *d* showed the effect size was classified as large. Well-being as reflected using the WEMWBS increased to significant levels with a large effect size.

WHO-5 Well-being index

There are 5 items on the scale (WHO, 1998) and it includes questions such as: I have felt cheerful in good spirits and I have felt calm and relaxed. Scores were on a Likert scale from 0 to 6 with 0 being an answer of 'at no time', 1 being an answer of 'some of the time', 2 being an answer of 'less than half the time', 3 being an answer of 'more than half the time'', 4 being an answer of 'most of the time' and 5 bring an answer of 'all of the time'. Scores can range from 0 to 25 and are multiplied by 4 to give a percentage value. A higher score shows increased well-being.

The mean score before the programme began was 37 with a standard deviation of ±6. The mean score after the programme was 56 with a standard deviation of ± 4. This tells us that the mean score across all participants was higher after they did the programme and there was less variability in the results. The paired sample t-test found that the change was due to more than just chance again supporting the hypothesis that the programme may have to some extent affected the scores. Cohen's *d* told us the effect size was classified as large. Well-being as reflected using the WHO-5 increased to a significant level with a large effect size. This means that two different scales have reported the same pattern. The Cohen's *d* for both was also very similar suggesting a nice alignment between these two measures of well-being in this population.

Levenson's Locus of Control scale

There are 24 items on the Levenson LoC scale. It includes questions such as: To a great extent my life is controlled by powerful people; I have often found that what is going to happen is going to happen; and I can pretty much determine what is going to happen in my life. The items represent three different subscales, one which measure internal LoC, one which measures belief in powerful others as being a main influence over a person's life and one which measures a belief that the

events in our life happen by chance or are in the hands of fate. Scores are on a 6 point Likert scale from ‘strongly disagree’ to ‘strongly agree’ and are scored from -3 to 3. Scores are totalled according to subscales and a constant of 24 is added to each score to eliminate negative values. The range for each scale is from 0 to 48 and a higher score means that dimension is stronger for that person. So a higher internal LoC score means that person believes more that they are in control of their destiny. A higher chance LoC score means that person believes more that fate or luck controls what happens in our lives.

Internal LoC

The mean score before the programme began was 27 with a standard deviation of ±9. The mean score after the programme was 30 with a standard deviation of ± 7. This tells us that the mean score across all participants was higher after they did the programme so overall people felt they had more influence over their lives. There was less variability in the results which we can tell from the lower standard deviation result. The paired sample t-test showed however that this was not a statistically significant change.

Powerful Others LoC

The mean score before the programme began was 20 with a standard deviation of ±10. The mean score after the programme was 16 with a standard deviation of ± 8. This tells us that the mean score across all participants was lower after they did the programme so overall people felt powerful others had less influence over their lives. The reduction in the standard deviation shows that there was less variability in the results. The paired sample t-test showed however that this was a statistically significant change. Because this was a significant result, the Cohen's *d* test was run to assess the strength of the effect which was in this case, small.

Chance LoC

The mean score before the programme began was 24 with a standard deviation of ±9. The mean score after the programme was 20 with a standard deviation of ± 7. This tells us that the mean score across all participants was lower after they did the programme so overall people felt chance had less influence over their lives. The reduction in the standard deviation shows that there was less variability in the results. The paired sample t-test showed again that this was a statistically significant change. Because this was a significant result, the Cohen's *d*

test was run to assess the strength of the effect which was again in this case, small.

An interesting interplay

The interplay between the three LoC subscales is of interest when we look at these results. The overall scales measures the influence of oneself, powerful others and chance in determining what happens to us in our lives. The mean scores showed that the overall participant scores for determining our own life path – internal LoC did rise, although not to significant levels. However alongside that, both the scales that measure belief that powerful others and chance are what holds the power in determining the trajectory of our lives, both decreased and in significant levels. This may represent that a rising belief in the self as a source of control, is starting to happen alongside a lowered belief that people and forces outside of ourselves hold this power.

Discussion

The journey analogy used in this report encompasses the Healthy Connection (McAnee et al., 2021) part of the journey and all it brought to the current Strengthened Connections programme. The list of recommendations from the Healthy Connections report were as outlined below, for a detailed description please refer to the Healthy Connections report:

- Follow up support and/or activities are recommended for this group. Patients reported that they are exploring areas of their own development that they have never before considered. This is work through which they will need supported.
- It is recommended given the positive impacts this programme has had that it is run again.
- It is highly recommended that further development of the programme should consider incorporating those patients who participated in the pilot group as peer facilitators.
- It is recommended that the professionals working within the MDT in the GP surgery would be integrated into the structure of any further programmes.

The majority of these recommendations have been followed through as evidenced by this report. The one area that is a work in progress is in integrating more of the professionals in the MDT into the programmes run by the patients etc. There has been a shift in terms of patients feeling more connected to the surgery and the CSW's and furthermore the CSW's are deeply appreciate of the ongoing support of the GP's and other professionals at the surgery.

This discussion section uses the previous results section to show changes which have occurred along the journey. These changes are discussed in the context of the background literature underpinning the study as well as at the level the changes occurred which were individual and also have the potential, if harnessed and developed, to create systemic change.

Individual level changes

It is impossible to argue with the conclusion that changes have happened for people that have completed this programme on an individual level. Those changes varied, some participants experienced more profound changes and some experienced less profound changes. For some the programme offered a chance to do something which

seemed novel and interesting, while for others, it was considered ‘life changing’. All of these outcomes are welcome and valid and they are all reflective of a positive experience.

The benefits for participants can be classified as being of two types. There were those that happened in the room during the course. These were things around feeling connected, supported and making discoveries which enhanced self-knowledge and self-esteem. There were also longer term benefits which fit in with a staying well agenda. These were things around giving participants clarity on longer terms goals, having take-away tools that they used to manage their emotional regulation and making lifestyle changes.

The positive outcomes from the programme reflect those found in Healthy Connections and can be attributed to a number of principles underlying the programme. The first being co-production. Co-production has remained at the heart of how the CSW’s work reflecting the DoH’s commitment to it as a way of working. They have this in common with YWCL. This shared value base has allowed YWCL to be an authentic partner to the CSW’s at Clarendon Medical. This project showcases what happens when the principles of co-production are authentically applied. The realisation of the programme reflects Daykin et al. (2017) in

showcasing consultation, collaboration and the development of a shared vision. Co-production is inherently linked with groupwork. The use of groupwork was supported by Freeman and his colleagues (2019) who found that it brought the following benefits in their 5-year study in a primary care setting: social support; improving skills and knowledge; increasing access to services and empowerment and solidarity. The results of our study show that all four of these benefits were reported by participants with the services being all of the services placed in primary care as part of the MDT pilot.

The types of groups that operate at primary care level that were cited by Freeman et al., (2019) included self-help/mutual support/peer groups, targeted health promotion groups, arts groups, community gardens and community participation groups. Each of these types of groups has begun operating at Clarendon Medical under the remit of the CSW's. One strong example is the community garden. Freeman et al. cite benefits of community garden groupwork as improved nutrition, nutrition understanding, food security, physical activity, mental health, social connection and skill development. The development of the Clarendon community garden from the Healthy Connections programme which was co-produced to provide for the needs of patients with a BMI equal to or greater than 40, illustrates the far reaching impact of any given piece of

group work, beyond the reason it was established to begin with. It is also important to note that staff who worked on groups also enjoyed the work and wished they could do more of it.

There is a natural intersection between co-production, group work CSW. In order to build services and initiatives that meet the needs of a community in line with DoH strategy, it is imperative that CSW's ask the community what these are needs are and develop initiatives with them. This is exactly what they have done in Clarendon Medical and the ongoing success of patient co-production in the surgery is a testament to this.

A core requirement of running a successful group lies in those who facilitate it and their ability to create the correct conditions for strong and healthy groupwork to occur. The YWCL facilitators held safety as a paramount foundation for this in line with the work of Porges (1995, 1997,1998, 2001). There was a very strong theme in the analysis of the participants feeling safe with participants reporting they felt safe and they shared parts of their lives they had not spoken of with anyone before. Part of this safety was in the skill of the facilitators. The special ingredient often referred to in mysterious and magical ways was in fact that the people who facilitated this space have many qualifications,

many years of experiences and a strong combination of individual traits that come together to form a strong professional team. This team purposefully and intentionally created that feeling of safety and looked after the participants as they guided them through the inner discoveries they may or may not make during the programme. This safety was embodied in the facilitators and supported co-regulation. It was reflected in the space that they created and in the creative methods and how they were applied. The importance of the correct people running groups of this nature cannot be underestimated.

The theme of safety was strong for the new patients who participated in the programme, and it was also very strong for the peer mentors. For them, the safe place created by YWCL and the CSW's had extended beyond being a physical space, it was any space that included group members and the safety could be felt in even a text or a phone call. A vital part of the safety inherent in this group work was that it was wrapped in the care of the CSW's. This meant that when issues arose that more help was needed with, the participants had a trusted service to avail of to ensure they were safe in the group and outside of the group.

One main hypothesis driving the programme was that creative tools could be used to improve well-being and to increase internal LoC. The

reactions to these tools were interesting and there was a pattern in the reactions of participants. First they were worried about these techniques, then they were brave enough to try them in the safe environment which was created and finally they were surprised and delighted at how engaging they found them and the learnings they had about themselves through using them. The findings reflect the findings of the WHO scoping review (Fancourt & Finn, 2019) that these are tools which make a difference in a very positive way to people's well-being and support increased levels of research into the use of such tools.

Both the quantitative and qualitative results of the evaluation show that levels of well-being across the participants increased. In terms of quantitative analysis, two different scales showed well-being scores rose after the programme, they rose at a statistically significant level and the effect size was statistically large. The qualitative findings were completely in line with this.

One interesting aspect was the different starting levels of wellness in the participants. Scores rose overall but there was a set of participants who already felt well when they came along to the programme. This was encouraging as it supports the idea that well-being in the Clarendon community is seen as something that is not solely linked to feeling

mentally unwell and something that everyone should pursue. Some individual participants indicated that they felt there was still a lot of stigma around experiencing mental ill. It was positive then to see that a section of attendees were there to improve something that was already going well as being connected to people who are feeling mentally well is important for people who are not. Both sets of results together indicate strongly that well-being was indeed improved by attending the programme. Even people who already felt ok left with increased levels of well-being.

One participant described powerfully the link that the use of tools which enhance well-being has to our physical health. The WHO state in their definition of health and well-being that “health is a state of complete physical, mental and social well-being” (WHO, 1948) with all elements needed and being inextricably linked. We know this is impossible to achieve all of the time but it is used here to demonstrate the link between the elements that make up health and well-being. To illustrate, we all know that if we get a cold and we can’t get out and about we will start feeling down, if it gets worse and we get the flu, everything gets worse. One participant told us how important this link between body and mind is in controlling potential seizures which can happen as a result of a chronic degenerative health condition. They have found that use of

breath work and the ability to stay calm and regulated in their body makes the difference between a seizure developing or not developing. For this individual then, the take home tools around breath work, the use of meditation and the constant presence provided of these tools on the YWCL YouTube channel have made a significant difference to their day to day life.

For LoC both the quantitative and the qualitative data point to a change in sense of agency for those who did the programme. The quantitative results show a much more nuanced shift than the qualitative data shows. The nature of the shift does reflect the LoC literature which suggests that all three scales are important, alongside the increase in internal LoC was the decrease overall in the powerful others LoC. The interesting interplay between the three LoC subscales shows the value of measuring all three. While the increase in internal LoC was at the heart of our expected results, the activity in the powerful others and chance scales tell more of the story. Overall the internal LoC for participants increased, while the powerful others and chance LoCs decreased. As the literature suggests (Krause & Stryker, 1984; April et al., 2012) a mix of the different types of LoC with a moderate rather than extreme internal LoC appears to be the best for supporting well-being and dealing effectively with stressors. This can be illustrated by using a case of a person

dealing with a period of low mood. To best deal with low mood, believing that you can make a difference (internal LoC) as well as asking for help from others including your GP (powerful others LoC) are both recommended to provide the right circumstances for recovery. It is important to believe in ourselves but also to ask for help when needed. The results are suggestive of a slow change in all three as agency increases for the individual.

One reflection to be noted is concerned with the scales themselves. The well-being scales are written in simple statements that are easy to understand and they have relatively few items. The items on the LoC sales in contrast required more explanation when participants were responding and they showed some frustration in filling this scale in. As an example, the item, “people like myself have very little chance of protecting our personal interests when they conflict with those of strong pressure groups” proved to be extremely problematic for respondents. If we compare this item with an item from the WHO-5 well-being scale, “I have felt calm and relaxed”, it is easy to see that the well-being items were less complex and easier to respond to. The qualitative analysis showed strongly that people felt they had more control over their own lives and choices, it was in fact one of the strongest messages. complemented this evidence with a wide range of personal reports, an

overwhelming message, that the programme made people feel better in a meaningful way.

The results highlight the value of a mixed methods approach to research. This programme had increased numbers of participants compared to Healthy Connections and so was able to start using some more advanced statistical tests alongside descriptive statistics. Both quantitative and qualitative analysis have power and the interplay between them allows us to see both the breadth and the depth of the human experience. The quantitative results offered empirical support to the hypothesis that attendance at this programme would increase levels of well-being with two separate scales emphatically showing that it did. This was then reinforced powerfully and in full colour in the qualitative results.

People reported very consistently that they felt they had been empowered by the programme. This was driven by a number of key elements. They reported they had a safe place in which they did not feel judged and could use their voice safe in the knowledge that it would be respected and heard. That combined with the creative tools they were given supported them in making inner discoveries about themselves. While for quite a few this meant tackling very difficult and complex

situations, participants reported that they felt stronger and motivated to make decisions that where in the interests of their own well-being where previously they might have felt this was selfish and would have placed other people's needs above their own. A most definite increase in individual sense of agency over their own life and decisions was reported.

The conclusion in terms of the first aim of the project is that the aim was met and the hypotheses presented were supported. The programme offered something different in terms of the creative tools used. These were offered to people in a safe environment. Although most had not used these kind of tools before, they felt safe and they trusted the facilitators and the group. Within this safe space that was created they found ways in which to understand themselves better and make choices in their lives which were in line with what they wanted. The participants overwhelmingly reported increased levels of wellbeing and their sense of agency over their own lives and choices increased.

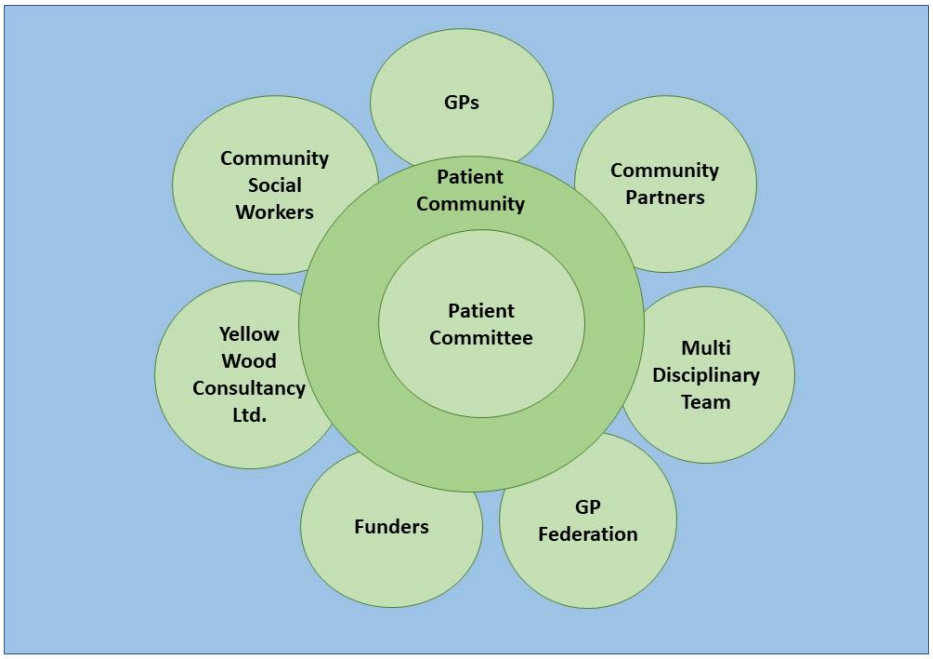
Systemic changes

In terms of the second aim, change is a theme of the 'Connections' series and the changes were not just at the level of the individual. The

most striking and powerful change is the evolution of the Clarendon Medical Practice. This practice is undergoing a transformation that must be noted, protected and nurtured. The well-loved practice was always a place patients went when they needed treatment when they were sick. The placement of CSW's in the practice, their dedication and commitment to the ideals of CSW and the support they have received within the practice from the GP's, the MDT and the wider team has resulted in something quite special.

Clarendon Medical is becoming a community of wellness. The elements which are not by means exhaustive which make up this community of wellness are illustrated in Figure 10 below. The practice is becoming a

Figure 10. Elements making up the Clarendon Community of Wellness



place where people in that community can go and find programmes and initiatives that help them stay connected and stay well. This began with Healthy Connections and has exponentially grown and evolved during the time

Strengthened Connections has been running. The patients in the practice have formed their own committee, the Clarendon Community Committee which has its own constitution and is able to apply for charitable funding. They are now seeking funding to finance their co-productions with other patients to meet the needs of their community. As the patients take over this role it reduces the demand on the CSW's to be involved so closely in community ventures. While they will remain a guiding role, this is seen as a patient owned and run committee. What this means is that the work the programme has been doing is being handed over to the patients and is owned by them. It is sustainable which exactly meets the aims of The Ideas Fund.

A further piece of systemic change that has been happening as a result of both Healthy Connections and Strengthened Connections is the change in how Social Workers are perceived by the community they work in. Participants reported that some did not know there were CSW's in the practice. Others however reported that they did know but had no

idea what they did or that they were in any way there for them. This has changed after their experience with the programme which was designed with, and tied closely to the CSW's. They report that they trust the CSW's and would turn to them for help. They report that they are amazed at how they were cared for by the CSW's. They report that their interactions with the CSW's were powerful.

A final word

This section presents the more measurable and tangible outputs of the journey that is happening in Clarendon Medical. This began with Healthy Connections. The CSW's at the surgery asked people to contribute their time and expertise for free. People did. Five patients attended Healthy Connections. The outputs below show how authentic co-production leads to exponential growth. Healthy Connections was a starting point, this change that is happening in the surgery has grown and developed with Strengthened Connections. The hope of this group is that with each point of development, the importance of CSW, co-production and building strategies with the communities involved in the context of primary care is noted, harnessed and invested in.

- The formation of the patient committee who are applying for funding to work on issues they identify in their community. Number of patients involved: 13.
- The area around the surgery is used to showcase the photography work of patients who took part in the photography course which was offered to patients and funded by YWCL. Number of patients involved: 10.
- Further development of the Clarendon Allotment. Number of patients involved: 33.

- Further development of the Clarendon Dander's walking group. Number of patients involved: 33.
- Formation of patient Taiko drumming group, Himiwari Taiko. Number of patients involved: 10.
- CSW trained in one-to-one anxiety work and delivers to patients. Number of patients involved: 13 so far with work ongoing.
- CSW's trained in delivery of emotional eating workshops and delivering to patients. Number of patients involved: 30 so far with work ongoing.
- Creation and delivery of music for well-being workshops Number of patients involved: 40.
- Creation and delivery of crystal workshops. Number of patients involved: 22.
- Creation and delivery of intuitive art workshops. By one of the new peer mentors recruited through Strengthened Connections. Number of patients involved: 20
- Creation and delivery of a family day at the community allotment by another of the new peers recruited through Strengthened Connections. Number of patients involved: 40.
- YWCL YouTube channel with resources created by this community. These are being added to consistently and are all

made by Clarendon community members and available to all patients in the practice. The resources are meditations, songs, hypnosis recordings and they are all recorded in a professional studio. Available to all patients of Clarendon Medical.

- One peer mentor has written three songs. All peer mentors have availed of courses which have been funded by YWCL and contribute to the role they play in Strengthened Connections but also to their own personal and professional development.
- Extended funding from The Ideas Fund who will support the development of the changes they see and value in this community and the success of the Strengthen Connections programme so far. Additional peer mentors have joined the project team and have been supported to facilitate various workshops for other patients. Number of patients involved as yet unknown.
- Creation of a summer programme of events given the current financial hardships of many and as many community programmes shut down over the Summer. Currently in the works!

“Mighty oaks from little acorns grow”

This section concludes with testimony from our new patients who have become members of the Clarendon Community Committee. Donna and

Noma have both become peer mentors for YWCL and are members of the Clarendon Community Committee. This is their experience in their own words.

“My name is Donna, and I recently had the opportunity to host an intuitive painting class at Holywell Trust, on Bishops St. Derry. The class was a taster session, part of a programme in association with YWCL and Clarendon Medical Patients Committee.

The session was well attended, with up to twenty people taking part. I began the session by introducing myself and explaining what intuitive art is. We were using water- based media, pastels, acrylic markers, watercooler pencils and some really good water colour paper. I also provided some stencils and reference materials to get the creative juices flowing. I gave everyone a handout with some colour theory prompts and a brief explanation as to what intuitive art is.

A short definition of intuitive art or painting is, that it is a process where you focus on enjoying the creative play, with paint, colour, texture and other materials and ideas, in a safe non-judgemental environment. This approach to art, free from comparison or evaluation can help you to re-discover and experience a creative freedom that you remember when

you were very young. A time when you did not criticise what you made. A time when you just enjoyed making art, using your instincts and intuition, choosing colours and making pictures about whatever was on your mind at the time. By focusing on the process and not being critical of the outcome, you allow yourself freedom to express what is on your mind, getting in touch with your emotions and expressing any issues or dilemmas in a non-verbal way. This helps you to let go and open up to the creative healing process.

When we had finished the explanation, I led the class in a Neuro Linguistic Programming (NLP) technique called the “Lemon Visualisation”. This short visualisation demonstrated to everyone how strong the brain-body connection is. A lot of people had said to me that they had “no imagination” and that they “could not draw”! After the five minute exercise, a lot of them expressed how surprised they were at being able to have such a profound experience, making the connection between how they thought and the physical reaction to those thoughts.

The class was two hours long and each participant had the opportunity to make several pieces of art. I deliberately kept the paper sizes small, so as to remove any intimidation of a large blank surface. Everyone

enjoyed the intuitive art experience, and they were delighted with their colourful artworks that they had made on their own!

I was very happy that the class was so successful and I think that many people were persuaded to have a go at home creating art for themselves. All in all it was a great evening and I enjoyed sharing with a great bunch of people a way of expressing themselves through intuitive art."

Noma strongly wanted to do a family day as her patient lead event. These are her words telling us why she wanted to do the family day and what it means for her to be involved in the Clarendon community.

"There is nothing better than spending the day surrounded by love, good craic, and big smiles from a community with a big heart.

My name is 'Noma' or 'Norma'. I am privileged and honoured to have met such a lovely bunch of wonderful people in my life. Going through the well-being program has helped me in so many levels. I have grown to be one of the peer mentors and have had the privilege to facilitate our very own first event, which was a success.

Family has long been a cornerstone of humanity, regardless of time period, location, and culture. I chose to go with a family theme as I believe that for many of us, our biological family is our first and primary social unit. At the family art and craft event, judging from the big smiles on the faces of kids and parents alike, everyone really enjoyed themselves.

The ‘wains’ loved every aspect of the event, from getting hands dirty digging through the soil, smudging paint on faces to licking the tiny fingers dripping with chocolate. While parents were chatting away in the breath of fresh air with a rich, sweet smoke from the BBQ that made their olfactory senses explode with delight before the first bite. I could not have asked for more and felt very proud of how the event turned out. I managed to enjoy it myself, too, as much as everyone else did.”

Recommendations

1. There is a powerful transformation occurring at Clarendon Medical which has the potential to change the way in which we run our primary care practices. A hub that provides programmes and initiatives that promote wellness. A community with patients at the core, financing these initiatives and selecting them based on what they themselves see as the need in their community. This should be harnessed, nurtured and offered as a model of working within primary care.

2. The findings of this evaluation and the wider change that is happening at Clarendon Medical make the case to ensure that the WHSCT protects and continues to fund and develop CSW in primary care. The message is that when done as it is at Clarendon Medical, it makes a difference in a powerful and meaningful way. Building community capacity through patient committees and peer delivered activities and workshops helps to harness the collective and enhance well-being through mutual support and human connection. CSW's are well placed to support this model of well-being, which may ultimately create positive health economics in these times of greater scarcity, increased demand, health crisis

and budgetary cuts. The influence of this model of community well-being should continue to be researched and supported as a potential of systemic change.

3. Co-production and groupwork have shown to be powerful tools both within the CSW structure and within the Clarendon Community that is developing. Very often we value one-to-one therapy and work, and that most definitely has its place and is important. However possibly what is undervalued is a collective and community approach to healing. Very seldom is an individual dealing with issues that are not linked to family or community, so increasing ways to facilitate families and communities in ways that promote healing and well-being for the communities and the individuals inside them is recommended to be explored. A significant amount of people reported that they preferred this group setting to a one-to-one therapy setting as a way of performing healing work. People know what they need and we should ask them.

4. This evaluation has shown the power of creative tools to improve well-being. It supports the case for both using more of these tools and for doing more research into their effectiveness. It also points

to the use of mixed methods in evaluating their use to allow for both breadth and depth of individual experience. It points to the importance of the role of the researcher and how they are embedded into a process in the way the researcher was in the Connections series. The researcher and what they brought to the process was as important as every other element.

5. A key finding is that creating a sense of safety is a cornerstone of promoting mental well-being, emphasising the need for trauma informed facilitators and support structures to be in place for work of this nature.

6. A fascinating and central element of this project has been the evolving peer mentors and patient Committee. Witnessing the power of what can happen when people start to believe in themselves and share their authenticity and skills/talents/interests with each other. The collective of peer mentors at Clarendon should be supported to continue to expand and grow, to provide variety of background and life experience. Supporting communities to support themselves more should continue to be a key priority of health and well-being within the evolving development of Primary Care MDT's. The establishment of this

committee builds capacity and sustainability into the ongoing development of the programme and reduces the need for such intense involvement of CSWs.

7. An important factor in the success of this programme has been identified as the way in which The Ideas Fund operates as a funder. They have purposely made the application process accessible and not cumbersome. They hold regular Communities of Practice in which they are constantly supportive and building relationships in which those receiving funding feel valued. Their monitoring requirements make sense and do not overburden the projects they fund. There is a strong sense of partnership and that this funder trusts those they fund, that they are committed to exploring and improving processes between communities and researchers and of wanting to respond and adapt in accordance with the needs to those they choose to work with. It is recommended that this way of working is promoted to other funding bodies and the success it creates is shared.

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