

MMD | Man Made Dudley

An Evaluation of the Dudley Metropolitan Borough Council Pilot Service to support the Mental Health and Well-Being of Unemployed Men // April 2015



Forward
for life 

Developed and delivered through

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1.Introduction

Despite the general public perception, the suicide rate of men in mid-life has been comparable to younger men. In the last eight years though suicides in younger men have reduced whilst for men in their mid-years there has been an increase. But this is not just a challenge of age – when it comes to suicide there are a range of associated inter-related factors that can bring an individual to feel in such a state of despair that they literally believe they would be *better off dead*. Associated factors for men, and women, include social inequality, deprivation, health inequalities and financial inequality as well as, in the case of many men particularly, an underlying ongoing challenge of male identity – this is where we need to consider *what characteristics are deemed important when a man compares himself to his peers* and how can we tackle those characteristics which prevent men from seeking help?

With the recession having hit hard across the UK and no less hard in the West Midlands in the last few years, the effect of unemployment experienced by many men twinned with a range of other associated factors that often follow on, means that despair for many individuals in this situation can result, in the most tragic of cases, in death by suicide.

The ManMade Dudley Programme was established in February 2015 as a pilot programme that engages unemployed men from the area to best support them emotionally and practically in taking best care of their own mental health and well-being.

This evaluation looks to cover all the aspects of ManMade, both its successes and challenges, in the hope that firstly, the learning from the programme can be cascaded to best realise a greater understanding of the complexities of men as well as secondly, providing a knowledge platform where this programme or future off-shot programmes be developed further for the benefit of the wider cohort.

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2. Background

2.1 The Phenomenon of Suicide

Suicide is one of the last big taboos' in modern day society; a phenomenon that effects so many people in our communities in so many ways and yet has not been tackled within our communities.

In Britain, each year, more than 6000 people kill themselves; that's 4000 more deaths per year than occur on all our roads.

The rate of suicides in the UK increased in 2013, with the level among males being the highest since 2001 and middle-aged men being identified as most at risk. Figures released by the Office for National Statistics (ONS) showed that 6,233 suicides of people over the age of 15 were registered in 2013, 252 more than in 2012, which represents a 4% increase.

The male suicide rate has increased significantly since 2007, while female rates have stayed relatively constant and consistently lower than those for men. In 1981, 63% of UK suicides were male, but in 2013 the figure was 78%. The proportion of male to female deaths by suicide has increased steadily since 1981.

The UK suicide rate of 11.9 deaths per 100,000 population was last seen in 2004.

It has been identified that there are key identifiable factors that increase the likelihood of suicidal ideation and behaviour. Such factors that are associated with suicide include social factors, cultural factors, economic crisis, work stresses, mental health difficulties, family issues, substance misuse, sexual orientation, individual crisis and bullying.

Where a multiple of these factors is applicable to an individual, there is a heightened level of risk in respect of that individual and their propensity for considering suicide as a realistic option.

Preventing suicide in England: A cross-government outcomes strategy to save lives (2012) states

"there are direct links between mental ill health and social factors such as unemployment and debt. Both are risk factors for suicide. Previous periods of high unemployment and/or severe economic problems have been accompanied by increased incidence of mental ill health and higher suicide rates."

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2.2 Unemployment and Suicide

Between 2000 and 2011, one in five of an estimated 233,000 annual suicides globally were linked to unemployment. An international study of the impact of recession and unemployment on suicide was published in 2015 concluding suicides associated with unemployment totalled about 45,000 annually, making up about 20% of all suicides¹. It is also important to note though that this study also showed that unemployment was a stronger factor for suicidal ideation than recession itself meaning that even in times of relative prosperity, the experience of unemployment has devastating effects on the individual experiencing job loss which may increase the risk of suicide through mechanisms such as an increased risk of depression, financial strain and reduced affordability of mental health care. It was also noted that there was also a stronger association between suicide and unemployment in countries where baseline unemployment was low meaning that culture and personal expectation within that culture plays a significant role. A final note from this study also highlights how employment is not always a precursor to improved wellbeing and reduced likelihood of suicidal behaviour in highlighting that falling income, zero hour contracts, job insecurity and debt can often be associated with suicide.

English regions with the largest rises in unemployment have had the largest increases in suicides, particularly among men. Recent figures for the West Midlands showed that suicide rates have increased by 24 per cent, with 2007 data recording 245 deaths by suicide/undetermined deaths and the 2010 data showing 450 recorded deaths.

2.3 Identity and Suicide

According to the Samaritans² many *men compare themselves against a masculine 'gold standard' which prizes power, control and invincibility. Having a job and providing for the family is central to this, especially for working class men* and when this gold standard is no longer deemed to be being met such men may feel a sense of defeat and/or shame leading to contemplation of suicide. This *ideal man* being a socially constructed aspect of hegemonic masculinity, also means that emotional withdrawal and rigidity – a reduced likelihood of seeking help - may influence gender differences in suicidal behaviours.

Studies have shown that men are less likely than women to consult for most conditions³, and for mental health and emotional problems specifically. The reasons for this could be argued to involve the way in which norms of masculinity are constructed to include a denial of pain, emotional sensitivity and anxiety.

¹ Nordt C, Warnke I, Kawohl W. Modelling suicide and unemployment: a longitudinal analysis covering 63 countries, 2000–11. The Lancet Psychiatry. Published online February 11 2015

² http://www.samaritans.org/sites/default/files/kcfinder/files/Samaritans_Men_and_Suicide_Report_web.pdf

³ Canetto, S.S. & Sakinofsky, I. (1998). The gender paradox in suicide. Suicide and Life Threatening Behavior, 28, 1–23.

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Asking for help, even in the face of possible suicide, may be viewed by many men as feminine behaviour, and if men are to live up to expectations of strength and independence, they are required to *sort out* their mental and physical problems on their own.⁴

For many men, not coping is seen as an indicator of weakness and depression is a mental illness that for many is still viewed as inconsistent with a masculine identity. Studies have demonstrated that men's response to depression often involves social withdrawal (including hiding symptoms from others), unwillingness to consult healthcare professionals, and a denial of symptoms⁵

According to the Samaritans, there is a strong argument as to a further reason why there is a proportionately higher representation of suicide amongst men in their *mid-years* of life being the concept of the *buffer generation* – a cohort of the male population caught between the role models of their older, more traditional, manufacturing industry driven, strong, silent peers and their younger, more progressive, individualistic sons – this being in addition to the changing role of women since the 1970s. For men in their *mid-years* huge social changes experienced may have in many cases served to muddy the waters of their self-identity - their place in society and their role is not clearly defined, no longer pre-determined and hard to redress. Men are struggling to cope with major social changes.

3. Rationale

3.1 The Dudley Brief

The Dudley Office of Public Health (OPH) co-ordinates a Public Mental Health programme that supports the wellbeing of residents, including population approaches to promote good mental health and reduce risk factors for self harm and suicide within the Borough.

On this premise, and with the knowledge that unemployment was a key factor regarding potential suicidal behaviours, they decided upon a targeted approach with unemployed men aged 30-50 to improve their resilience and coping skills, reduce health risk behaviours (including smoking, alcohol and substance misuse, violence, self harm and suicide), improve their mental health and reduce risk factors for mental illness.

⁴ Courtenay, W.H. (2000). Constructions of masculinity and their influence on men's well-being. *Social Science and Medicine*, 50, 1385–1401

⁵ Canetto, S.S. & Sakinofsky, I. (1998). The gender paradox in suicide. *Suicide and Life Threatening Behavior*, 28, 1–23.

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3.1.1 The Objectives

To ensure the project's success, it was required that the programme:

- Identify and liaise with current local employment and support service providers to establish an engagement procedure that will give them access to a range of men out work who fit within the defined age range.
- Implement a project that encourages men to talk about some of the issues they have faced since being out of work and address some of the obstacles affecting men being able to talk about how they feel and seek help for their problems.
- Raise awareness with project participants within a masculine social context of what good mental health is, the impact unemployment may have on mental health, and how men can recognise the signs and symptoms of stress, anxiety and depression.
- Recognise assets and opportunities via establishing processes to identify any interventions men feel might be helpful to them in the future.
- Provide men with coping strategies to manage any mental distress they may be experiencing as well as looking at how men can promote their mental health and improve resilience.
- Ensure Information is provided to men on common mental health problems as well as promoting opportunities for open discussion around the risk factors for suicide and support interventions available locally and nationally.
- Develop a bespoke toolkit throughout the process for men to manage stress being made available to all participants following attendance
- Raise awareness of how unemployment can impact negatively on a range of health risk behaviours and sign post to support.

3.1.2 The Outcomes

- Mapping of current agencies offering support to unemployed men locally and gaps in service provision
- Develop a mental health support toolkit for unemployed men, including sign posting to local and national support services
- Evaluate the impact of the project using a range of evaluation methods to include the Warwick and Edinburgh Wellbeing Scale (WEMWeB's)

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- Evaluation to include monitoring data of participants including age, ethnicity, disability status and post code (ward only).

4. The Original Proposed Pilot Programme – ManMade Dudley

4.1 Overarching Concept

Forward for Life viewed the *Manmade Dudley* Programme as being 3 staged but with clear links between those stages to ensure the overall success of the programme meeting the aims, objectives, brief and in turn, the outcomes. The three stages were defined as *set-up*, *workshop delivery* and *toolkit/evaluation*.

The 5 Ways To WellBeing⁶ were seen as pivotal to ensuring the greatest impact upon the wellbeing of participants as mental health needs and vulnerabilities to suicidal ideation are best addressed via a holistic approach and not through solely concentrating efforts on risk reduction and clinical paradigms often associated with mental health problems.

Individuals who hold thoughts of suicide, and consider suicide as a realistic option must have their needs addressed not just through traditional mental health services and crisis intervention, but more importantly, through providing individuals with the necessary internal resilience tools, self-care skills and knowledge of services that engender opportunities for living.

4.2 Set-Up

It was initially proposed that the initial period of the *Manmade in Dudley* Project placed emphasis on information collation, networking and establishing partnerships as follows:

- **Organisational Engagement/Local Information/Research:** - Building on the raft of existent well-being materials/service links within Dudley, Forward For Life will seek to further collate resource opportunities available across the Borough and tie such opportunities within the 5 Ways To Wellbeing Framework. This mapping process will include engagement across the Health and Social Care Sector as well as linking specifically with Public Health Information Teams, Employment services, Education Services and Third Sector/Community based organisations.
- **Recruitment:** Through early engagement with Job Centre Plus in Dudley, Halesowen and Stourbridge, a cohort of 40 unemployed men aged 30-50 in Dudley Borough (plus 10 additional men on standby) will be recruited within the *Manmade In Dudley* Project.

⁶ <http://www.neweconomics.org/projects/entry/five-ways-to-well-being>

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- **Marketing** through Job Centre Plus links undertaken in a way that embraces lifestyle, opportunity, future focussed possibilities and personal development. Mental Health and Suicide is not deemed as an appropriate headliner in engaging this cohort.
- **Venue establishment** – Forward For Life make enquiries regarding Dudley Borough and suitable venues for the *Manmade In Dudley* Project. We believe that a central identified venue (geographically and with regards to access) would best suit this project and ensure successful delivery against the outcomes. We propose that the project be run from Brierley Hill due to its equidistant relationship with the 3 Job Centre Plus points of referral.
- **Workshop design** – The overall design of the workshops in their entirety are already developed based on our *Step Up* Approach to engaging communities with the well-being agenda. However, we do accept that there may be the need (being locally defined) that the workshops offered may need to be reconsidered to an extent in light of feedback from Dudley based stakeholders (both delegate and organisational).

4.3 Workshop Delivery

Over a period of 7 sessions we proposed to engage delegates through experiential workshops along a number of key themes that have an impact in respect of mental health awareness, confidence building, promoting self-esteem, suicide prevention, self-care and well being.

Introductory workshop to the programme outlining the journey, the aims of the programme and perceived benefits. Introduction to the evaluation tools and opportunities for personal reflection will be highlighted at this stage of the process. Within this workshop will be **The 5 Ways to WellBeing short training programme** and an initial **WEMWEBS** assessment.

Confidence and anger management – Being unemployed has a huge stigmatizing and emotionally draining impact on people – the personal resilience skills to manage emotions and maintain/promote confidence cannot be understated. Developed by Forward For Life's associates, this workshop supports participants in personal development around confidence and anger management providing a learning environment where through a peer group approach and through best evidenced based practice, such challenges can be best addressed.

Physical Health & Well-Being – The links between physical health and mental health are inextricable being heavily referenced within the Five Ways to Well-Being and demonstrably part of the overarching Health Vision as outlined within the NHS 5 Year Forward View

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Mental Health First Aid Lite is an internationally licensed and respected mental health awareness and support programme. Mental Health problems has a huge stigma – through the knowledge gained by engaging with MHFA Lite Participants will better understand their own mental health and support the mental health of others around them.

SafeTALK Suicide Prevention - It is a myth that talking about suicide directly influences an individual to consider suicide as an option. Through engaging with this internationally renowned half day suicide prevention workshop participants will be in a position to understand what signs to look out for, how to discuss suicide and how to best refer to appropriate services. Such training provides opportunities for delegates to also consider where they are at regarding their own level of despair and how to best seek support now and in the future. This workshop will be delivered directly by Master Trainers in the field through Forward For Life and partner organisation Common Unity.

Stress Management: Designed by Forward For Life and having been delivered across Birmingham, this short course provides participants with the knowledge and skills of how to best understand and deal effectively with personal stress be it of an internal or external source. Such skills will enable participants to best manage their own stress both in periods of difficulty.

Workshop Round Off

An opportunity for final discussions for all participants with:

- Structured feedback opportunities against the *Manmade in Dudley* Project
- A final WEMWEBS' evaluation
- Interviews and testimonial recorded opportunities
- Presentations
- Toolkit presentations

4.4 Toolkit/Evaluation

This project was to be evaluated and its impact demonstrated throughout its life utilising the following tools/approaches:

WEMWEBS - After ensuring agreement at the outset of the project (not a requirement but a request of Warwick University Faculty) – The Warwick and Edinburgh WellBeing Scale would be implemented at the start and end of the programme – it is advisable that the 14 point scale be

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utilised within the appropriate guidelines. A follow up (WEMWEBS 3) is advisable but will be the responsibility after 6 months post-delivery of the Dudley OPH⁷

Personal Journals – Reflective practice is crucial for participants to best realise their own journey through this process and is crucial (where agreeable by participants) to best understand the experiential aspect of the project for the participants. It also provides clear directives as to how future projects of this nature can be best implemented.

Interviews/testimonials – At the start and completion of the programme, we would collate experiences from the delegates in respect of their own fears, aspirations and hopes regarding the course and themselves. This level of data provides a clear understanding as to the impact of the training and provides opportunities to learn lessons for future projects of this nature.

Sessional evaluations – Each Workshop Session would be evaluated utilising a standardised evaluation tool in respect of the perceived knowledge base of the workshop leader, their delivery level and the perceived impact of the workshop for the participant.

Monitoring data of participants including age, ethnicity, and disability status and post code (ward only).

5. The Delivered Programme – Successes and Challenges

As is the nature of pilot programmes, there is a lot of learning and redesign that comes into being due to unforeseen circumstances both in respect of actual implementation and in respect of the nature of the programme being delivered.

5.1 Set-Up

5.1.1 **Organisational Engagement/Local Information/Research** was implemented as agreed ensuring that local services were brought into play in respect of both the information supplied to participants and in respect of specific workshop presentations.

5.1.2 **Recruitment:** The timeframe for recruiting a cohort of up to 40 men could not be fully realised within the time frame required. It became clear from the outset that hitting this number was highly unlikely based on a number of challenges including:

⁷ As per guidance <http://www.champspublichealth.com/writedir/1cfcWEMWBS%20practitioner-based%20user%20guide%20for%20evaluation%20Sept%202012.pdf>

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- The time frame of four weeks was too short regarding the number of participants when taking into consideration the existent processes for referral through the works programme.
- There were clear difficulties for the referrers to convey the nature of the programme even with clear information being provided. This is not a criticism of any referring agency nor a question of understanding on the part of potential participants but more a representation of what people understand such programmes to entail IE. Mental illness/ mental health problems as opposed to mental health, well-being and resilience. A half day referrer training course would have benefited the referral rate and the understanding of participants as to what the programme covered and why it existed.
- Over the final 9 week period of the ManMade Dudley Project (an additional 2 weeks being added), 6 men attended throughout meaning the whole nature of the service was redesigned and redeveloped in light of this situation but this should not be viewed as negative outcome as the learning experience for all stakeholders meant that ManMade had many successes and threw up many opportunities for the future of such a service.

5.1.3 **Marketing:** Prior to delivery, over a four week period, ManMade was extensively marketed through a range of Work Programme lead agencies, the Job Centres, through the local authority, through local media, through provider and associate websites, through social media and through word of mouth with clarity regarding its form and function.

In spite of this, the take up rate was very low and didn't increase significantly when the remit was widened from 30-50 years of age to 20 -60 years of age nor did it increase significantly when self-referrals outside of the Works Programme criteria were allowed for.

It was important for us to ensure that the places were available for men actively seeking work, however we did find that a significant number of referrals were introduced to us from both statutory and third sector mental health services where it was clear that proposed participants had significant and severe mental health needs and were not actively seeking employment.

5.1.4 **Venue establishment** – Forward For Life established a Dudley central venue within easy commuting distance from across the borough with ample parking space which was able to assure weekly half day sessions with only minimal disruption in respect of the day each week that ManMade was to run..

5.1.6 **Workshop design** – The overall design of the workshops in their entirety were developed upon our *Step Up* Approach being an approach which pivots around the 5 Ways To Well Being Framework utilising learning opportunities through an array of subjects both tailored and licensed in their delivery format. The programmes structure and presentation format for some

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of the workshop areas were further tailored and added to in respect of the participants verbalised needs. The full programme and its areas of delivery are highlighted briefly below (Section 5.2) and covered extensively in **Section 6 (The ManMade Experience)**.

5.2 Workshops

Week 1: Introductory workshop

Week 2: The 5 Ways to WellBeing short training programme

Week 3: safeTALK (Suicide Prevention Training)

Week 4: Reflective Practice (Learning from our Experiences)

Week 5: Mental Health First Aid Lite

Week 6: Physical Health & Well-Being

Week 7: Confidence Building and Positive Behaviours

Week 8: Loss – It's Not Just About Death

Week 9: Workshop Round Off

5.3 Toolkit/Evaluation

All of the tools initially proposed were used with the additional use of photo/media consent forms for ensuring clear agreement regarding marketing.

6. The ManMade Experience

Over a period of 9 workshops we engaged delegates through experiential sessions based on a number of key themes that have an impact in respect of mental health awareness, confidence building, promoting self-esteem, suicide prevention, self-care and well being. These themes were all cross referenced throughout the programme with the NEF endorsed *5 Ways To WellBeing* approach

As stated previously, the structure of the programme, and on the basis of the relatively low take up rate, the process behind the programme was changed extensively meaning that opportunities

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for reflection, peer learning, peer support through sharing and group development were realised far beyond the original brief.

Working with a group of 6 men, 5 being referred from Work Programme Lead organisations and 1 being a self-referral, provided an opportunity to work in much closer proximity to the participants experience making the design of the programme and the responsibility for input being an equally embraced shared organic process.

Week 1 Overview

Introductory workshop to the programme outlining the journey, the aims of the programme and perceived benefits. Introduction to the evaluation tools and opportunities for personal reflection highlighted at this stage of the process with opportunities for discussing personal stories, aspirations, fears and hope.

Facilitators: Forward For Life and Common Unity

Set Up: Horse-shoe style

Participants: 4 – all referred by Works Programme Leads

- The morning covered an overview of the programme, what was anticipated, a keep safe learning agreement and provided an introduction to the learning journals and their use for personal reflective practice.

Keep safe agreement...the ManMade Rules

ManMade needs to have rules that we all respect and follow
The ManMade Keep Safe rules are:

- 1) No alcohol/drugs
- 2) No bullying or harassment
- 3) No aggression
- 4) Respect each other
- 5) Keep each-other safe

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ManMade Learning Journals

The journals help you learn from ManMade.
Use the journals to write down your thoughts on some of the following areas:

- 1) What do you think the workshop was about
- 2) What things do you think were important for you?
- 3) What things might be useful?
- 4) What things might not be useful?
- 5) What did you learn?
- 6) What do you expect from the next workshop?
- 7) Anything else....

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- Participants completed the WEMWEBs⁸ (Assessment 1) and associated papers as well the Equal Opportunities paperwork.⁹
- Breakfast provided was *continental* for all participants.

Personal stories early on were somewhat muted though it was clear that for one participant his attendance wasn't felt by himself to be necessary believing he was here to help the facilitators and had no challenges in life that were of any concern.

⁸ See Section 7 for WEMWeBs Results

⁹ See Appendix for accompanying documents
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When asked by another participant why he was attending if he didn't need help or support, he decided to leave. The vacating participant was adamant that this was not for him and would not return.

The general opportunity for personal reflection from this point forward was much more forthcoming. Personal stories, perceived challenges and identity concerns were clearly outlined involving areas including self-esteem, parenting, roles and responsibilities, being a man, loss, anger and shame.

For one of the participants, completing the WEMWEBs was an emotionally draining process especially in respect of him choosing the response "none of the time" to all of the 14 questions including how often he felt optimistic about the future, how often he felt confident, how often he felt loved etc.

When asked what could be different the following week to help them learn best, the unanimous decision was that breakfast be Full English!

Week 2 Overview

Week 2: The 5 Ways to WellBeing short training programme – Using the nationally recognised framework, this workshop engaged participants to consider personal historical experiences of what wellbeing has meant to them and what resources and tools they hold that can be utilised for ongoing personal resilience and well-being in the future.

Facilitators: Forward For Life and Common Unity

Set Up: Area 1 Sit down Breakfast – Area 2: Horse-shoe style

Participants: 6 – 5 referred by Works Programme Leads/ 1 Self-Referral.

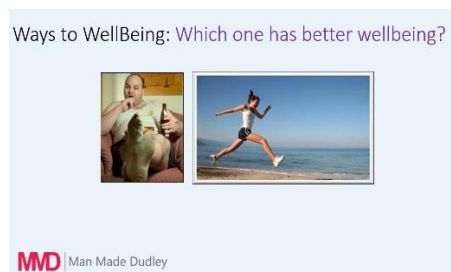
The morning briefly covered the agreements from the previous week and the value of the Learning Journals. The 3 new participants completed all of the relevant paperwork upon their arrival.

The 5 Ways to Well-Being Workshop engaged the participants in contemplating what wellbeing was for them, what areas are seen as promoting wellbeing as well as those areas that have a negative impact on our wellbeing.

The participants engaged fully with the subject area but many found real difficulty in identifying how their well-being could be improved upon at present. Most felt that their lives were to a large degree heavy with loss in respect of employment, in respect of relationships and in respect of their overall identity.

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Looking back in personal histories for these individuals was one way of realising the potential for reigniting some opportunities for promoting personal well-being though it was felt by many that well-being was something they struggled with on their premise that for many of them hope appeared somewhat limited.

5 Ways to Well Being	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I found today useful	2	3	1	0	0
The facilitator ensured a safe environment to be open and honest.	5	1	0	0	0
The content was organised and easy to follow.	3	3	0	0	0
The materials distributed were useful.	2	0	3	1	0
The trainers were knowledgeable.	4	2	0	0	0
The quality of training was good	2	3	1	0	0
Group participation was encouraged.	3	3	0	0	0
Adequate time was provided for questions	1	3	1	1	0
	Excellent	Good	Average	Poor	Very Poor
How do you rate the overall workshop?	3	3	0	0	0

Week 3: safeTALK (Suicide Prevention Training) - It is a myth that talking about suicide directly influences an individual to consider suicide as an option. Through engaging with this internationally renowned half day suicide prevention workshop participants are in a position to understand what signs to look out for, how to discuss suicide and how to best refer to appropriate services. Such training provides opportunities for participants to also consider where they are at regarding their own level of despair and how to best seek support now and in the future.

Facilitators: Forward For Life and Common Unity

Set Up: Area 1 Sit down breakfast – Area 2: Horse-shoe style

Participants: 5

safeTALK was clearly an uncomfortable experience initially for some of the participants due to the nature of the subject matter. However, personal stories and experiences and discussions around the notions of suicide within a wider context culturally as well as personal stories meant that the was covered extensively with clear debate as to what would bring a person to

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contemplate suicide and what could be put in place to support oneself and others who may at some time be at risk of dying from suicide. A number of the men identified it as being something they had considered but fought against in the past. The overall structure of the training being licensed and standardised meant that some of the men felt there was not enough opportunity for greater open dialogue.

safeTALK Suicide Prevention	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I found today useful	2	3	0	0	0
The facilitator ensured a safe environment to be open and honest.	5	0	0	0	0
The content was organised and easy to follow.	1	4	0	0	0
The materials distributed were useful.	0	3	2	0	0
The trainers were knowledgeable.	3	2	0	0	0
The quality of training was good	2	3	0	0	0
Group participation was encouraged.	4	1	0	0	0
Adequate time was provided for questions	1	4	0	0	0
	Excellent	Good	Average	Poor	Very Poor
How do you rate the overall workshop?	2	3	0	0	0

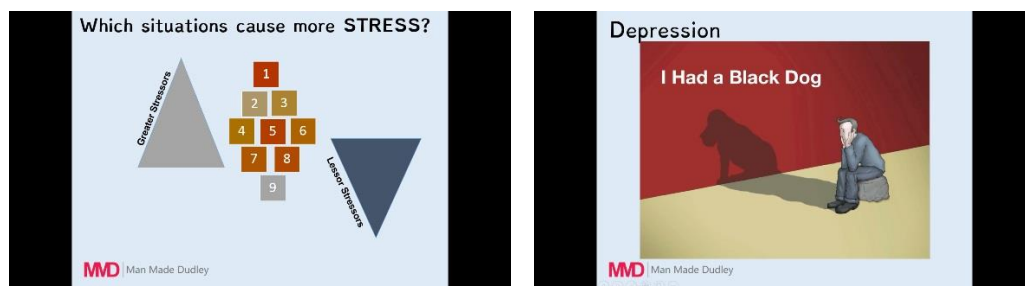
Week 4: Reflective Practice (Learning from our Experiences) – Workshop covering Stress Management, depression and stigma allowing participants time to reflect on their own experiences and thoughts as well as an opportunity for participants to reflect back on the course to date and input thoughts for delivery of the course over the remaining weeks.

Facilitators: Forward For Life and Common Unity

Set Up: Area 1 Sit down breakfast – Area 2: Horse-shoe style

Participants: 6

This session sought to highlight the individuality of stress and look to understand what type of coping mechanisms had historically been used by the men when dealing with stress. Ideas were discussed based on best practice guidelines on how to deal with stressors in the future. There was also discussion around the issue of depression and what sources of support could be introduced into the frame to help men who suffered in silence.



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Reflection	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I found today useful		3	3	0	0
The facilitator ensured a safe environment to be open and honest.		5	1	0	0
The content was organised and easy to follow.		2	4	0	0
The materials distributed were useful.		0	4	2	0
The trainers were knowledgeable.		3	3	0	0
The quality of training was good		2	4	0	0
Group participation was encouraged.		4	2	0	0
Adequate time was provided for questions		2	4	0	0
	Excellent	Good	Average	Poor	Very Poor
How do you rate the overall workshop?		3	3	0	0

Week 5: Mental Health First Aid Lite is an internationally licensed and respected mental health awareness and support programme. It aims to enable participants to:

- gain a wider understanding, for yourselves and others, of some issues surrounding mental health
- gain a greater understanding of how and why positive and negative mental health affects people and organisations
- work more effectively with people experiencing mental health problems

Facilitators: Community Wellbeing Solutions and Forward For Life

Set Up: Area 1 Sit down breakfast – Area 2: Horse-shoe style

Participants: 5

Similar to the case of safeTALK, the structured standardised approach of Mental Health First Aid Lite gives limited scope to much dialogue though the participants felt that it did quash some of the myths and misunderstandings they had held about mental health problems. They also found the issue of stigma was something they could personally relate to.

Mental Health First Aid Lite	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I found today useful		2	2	1	0
The facilitator ensured a safe environment to be open and honest.		5	0	0	0
The content was organised and easy to follow.		1	3	1	0
The materials distributed were useful.		0	2	3	0
The trainers were knowledgeable.		0	5	0	0
The quality of training was good		0	5	0	0
Group participation was encouraged.		0	2	3	0
Adequate time was provided for questions		0	0	4	1
	Excellent	Good	Average	Poor	Very Poor
How do you rate the overall workshop?		0	4	1	0

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Week 6: Physical Health & Well-Being – Developed by Forward For Life's' Associate – *Bloomin' Health* – this workshop provided both hands on experience and the theory behind well being through physical activity of all forms.

Facilitators: Bloomin' Health and Forward For Life plus guest speakers Diane Boros - Office of Public Health on Alcohol Health Improvement and Kerry Trinder - Atlantic Recovery Centre discussing substance misuse.

Set Up: **Area 1** Sit down breakfast – **Area 2:** Horse-shoe style/Breakout

Participants: 6

Kerry and Diane presented a wealth of information regarding alcohol and substance misuse and ensured all questions were well dealt with and answered fully.



Covering the **WHY, WHERE, WHAT, WHEN AND HOW** of physical activity, this workshop facilitated through Bloomin' Health was a real deviation from the previous ManMade experiences looking at the differing forms of exercise types including cardiovascular, muscular and flexibility and engaging the men in trying different physical activity options through a range of both traditional (weights) and more non-traditional (hoops / balance balls) aids. All of the men appeared content to engage in the process and if nothing else, it was agreed that apart from the serious message of the link between physical activity and well-being, it was a good laugh.

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Physical Activity and Well-Being	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I found today useful	4	2	0	0	0
The facilitator ensured a safe environment to be open and honest.	5	1	0	0	0
The content was organised and easy to follow.	3	3	0	0	0
The materials distributed were useful.	4	1	1	0	0
The trainers were knowledgeable.	4	2	0	0	0
The quality of training was good	2	4	0	0	0
Group participation was encouraged.	3	3	0	0	0
Adequate time was provided for questions	3	2	2	0	0
	Excellent	Good	Average	Poor	Very Poor
How do you rate the overall workshop?	5	1	0	0	0

Upon completion of the workshop an informative presentation was provided by representatives from Dudley MBC Active Parks team.

All of the participants were provided with pedometers and advised of their effective use. A number of the participants have used the regularly and for one individual, Bloomin Health have provided him with a nutrition sheet to assist him with his health eating requests taking into consideration his health and weight loss needs.

Week 7: Confidence Building and Positive Behaviours – Developed by Forward For Life's' Associate *Citizen Coaching*, this workshop supports participants in personal development around confidence and adopting positive behaviours/outlooks utilising a peer group approach and assessing their own characteristics and future opportunities for personal growth.

Facilitators: Citizen Coaching and Forward For Life

Set Up: Area 1 Sit down breakfast – Area 2: Horse-shoe style/Breakout

Participants: 6



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The group really benefitted from this workshop being not only taken through a step by step understanding of the benefits of positive behaviours and confidence incorporating an understanding of personality types but also being involved in practical exercises around team working and self-assessment and learning tools.

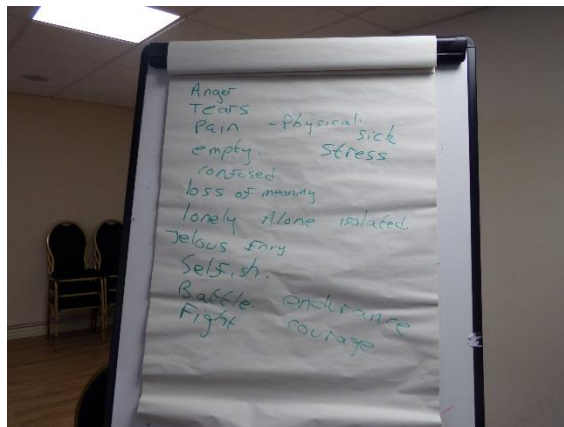
Confidence and Positive Behaviours	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I found today useful	5	1	0	0	0
The facilitator ensured a safe environment to be open and honest.	5	1	0	0	0
The content was organised and easy to follow.	5	1	0	0	0
The materials distributed were useful.	4	2	0	0	0
The trainers were knowledgeable.	6	0	0	0	0
The quality of training was good	5	1	0	0	0
Group participation was encouraged.	5	1	0	0	0
Adequate time was provided for questions	4	2	0	0	0
	Excellent	Good	Average	Poor	Very Poor
How do you rate the overall workshop?	5	1	0	0	0

Week 8: Loss – Its Not Just About Death – Covering the challenges of grief, loss and survival and how men typically deal with loss and what helps men when dealing with loss.

Facilitators: Cruse Bereavement Birmingham and Forward For Life

Set Up: Area 1 Sit down breakfast – Area 2: Horse-shoe style/Breakout

Participants: 5



This was an additional week to the original programme on the basis that in week 4 it was recognised that loss played a significant role in the lives of these men. Not only in respect of losing employment but also in respect of identity, health, prowess, role and sense of belonging.

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Cruse Bereavement helped to answer and make sense of a range of challenges that these men experienced at both a vocational and personal level.

Loss - It's not just about death	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I found today useful		1	4	0	0
The facilitator ensured a safe environment to be open and honest.		2	3	0	0
The content was organised and easy to follow.		1	4	0	0
The materials distributed were useful.		2	3	0	0
The trainers were knowledgeable.		2	3	0	0
The quality of training was good		2	2	1	0
Group participation was encouraged.		2	3	0	0
Adequate time was provided for questions		2	2	1	0
	Excellent	Good	Average	Poor	Very Poor
How do you rate the overall workshop?		3	2	0	0

Week 9: Workshop Round Off – Reflection, assessments and next steps

On this final week the group were asked to reflect back their thoughts on the ManMade experience as well as completion of the final WEMWeBs to ascertain any improvement in well-being as a group over the 9 week period. Many of the reflections were about practical changes, but surprisingly there was much talk about where ManMade as an ongoing in Dudley should be taken.

Facilitators: Common Unity and Forward For Life

Set Up: Sit down breakfast / round table discussions

Participants: 6

The WEMWeBS assessments are covered in **Section 7** and the findings from the reflections and recommendations are covered in **Section 8**.

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7. WEMWeBS

7.1 What is WEMWeBS?

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWeBS) is a validated measure of mental wellbeing that has been used nationally, regionally and locally and seen as an effective tool.

WEMWeBS measures mental wellbeing as:

- Improved mental wellbeing is a key part of being a healthy and resilient individual.
- It is also important for managing life's challenges, maintaining and improving physical health and making healthy life choices
- Mental wellbeing is about having control and influence, a sense of meaning, belonging and connection and the capability to manage problems and change.
- Wellbeing is central to parenting, education, employment opportunities, community participation and cohesion and keeping safe.

7.2 How we use WEMWeBS

Week 1) We rate our feelings over the previous two weeks from 1 (none of the time) to 5 (all of the time) on all the 14 questions. The minimum score is 14 and the maximum is 70.

Week 9) A follow-up questionnaire is used then it is tagged to our first questionnaire so that the change for each individual can be calculated.

These are added up and averaged for all participants indicating whether the intervention within the group has had potential beneficial effects on the groups well being as a whole.

7.3 Findings

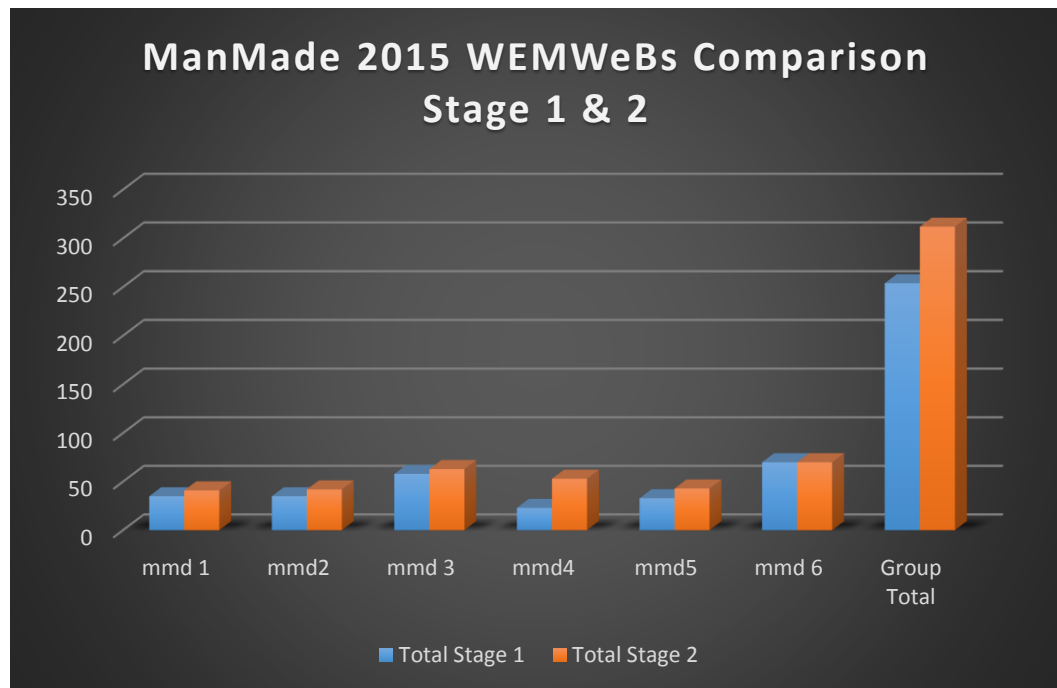
7.3.1 The table represents the scores for each of the ManMade participants over a 9 week period having undertaken at least 90% of the whole ManMade experience. It clearly demonstrates, that in all but one participant case, where the score remained static yet high) the measured well being for individuals was significantly improved upon during the period of access to ManMade in Dudley from the baseline score at Stage 1

	mmd 1	mmd2	mmd 3	mmd4	mmd5	mmd 6	Group Total	Average
Total Stage 1	35	35	58	23	33	70	254	42.3
Total Stage 2	41	42	63	53	43	70	312	52
Difference +/-	6	7	5	30	10	0	58	9.7

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7.3.2 The chart below provides an alternative representation of the scores from Stage 1 to Stage 2 over a 9 week period of engaging with ManMade.



7.3.3 This coupled with the week by week assessments of each workshop delivered provides an indication that overall the ManMade Dudley programme did have an impact in respect of improving resilience levels, self-esteem, confidence, self-care knowledge and overall wellbeing.

8. Reflections/Recommendations

Prior to and during the whole programme, ManMade has been under close scrutiny so as to best learn from the experience of the programme and provide further recommendations for future developments and/or opportunities in this field of intervention.

This section has been divided into 3 parts being in respect of firstly, the lessons learned in respect of Set-Up, Secondly in respect of delivery and best realised dynamics within that delivery and thirdly, in respect of follow-on/next steps.

8.1 Set-Up

8.1.1 Lead in time is a key challenge with a programme of this nature. The subject matter and the best way to raise the knowledge base of potential referrers into such a programme requires more interaction and face to face meetings than the time allowed in this case could provide especially in respect of the numbers anticipated for engagement. A half day training for potential referrers would ensure not only that the most appropriate candidates engage with this programme but

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also that the message as to what this programme looks to achieve is clearly understood. The stigma of mental health problems and suicide carries with it such weight and the knowledge base universally regarding wellbeing is so limited that *selling* this programme was a difficult undertaking in the timescale available.

- 8.2.2 Works programme/Job Centre leads would also benefit from Mental Health Awareness Training that incorporates an understanding of the key mental health issues, the concept of well-being, an understanding regarding stigma and an understanding regarding risk concerns in respect of suicidal ideation amongst vulnerable groups.
- 8.3.3 If the programme was to be re-established at some point in the future, there would be a need to consider improved ways for this to be disseminated utilising online resources and social media and look into opportunities for online referral to make the process much more seamless.
- 8.3.2 It was clear to both participants and facilitators that the age range should be 20 – 60 due to the fact that the programme was as applicable to the 20+ groups as well as the 50+ individuals within the programme.

8.2 Delivery and Group Dynamics

- 8.2.1 The original proposal sought to engage between 30 and 40 men through a 7 week programme. During the process of ManMade it was realised by all stakeholders that the relatively low number of men being engaged in this experiential and shared process with a high level of interaction and dialogue had the greatest impact in respect of learning and wellbeing. It was felt that groups above 10 in number would detract away from the opportunity to open up and share personal stories both in respect of time allowed and in respect of challenges to honesty based on numbers being far too great for comfortable disclosure.
- 8.2.2 The standardised/licensed workshops of Mental Health First Aid Lite and safeTALK, though felt to be useful and informative, restricted open dialogue because of the limitations imposed through this standardised process. Consideration needs to be given as to whether any future programmes of this nature embrace a locally tailored version of these workshops to enable dialogue, or alternatively the time spent on these areas be covered over a longer period of time.
- 8.2.3 Because of the level trust built between participants over the first 4 weeks of forming on this programme would indicate that any future delivery of such a programme would insist up[on a cut-off point regarding new participants joining the programme. This would equally make sense in respect of the WEMWEBS assessments being comparable and based on the same experiences as well as the fact that by missing too many of the workshops, the knowledge base and confidence for some individuals would be significantly less than others who have engaged from the earlier part of the programme.

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- 8.2.4 It was felt by the majority of the participants that the confidence workshop should have been moved to the earlier part of the programme. This makes absolute sense in respect of the fact that many individuals engaging with this process have low self-confidence/self-worth and such a workshop being earlier on in the process would benefit not only the individual at an earlier juncture but provide improved self -support mechanisms/coping skills when discussing issues such as suicide, depression and stress management. On this premise, suicide prevention training and mental health First Aid should be moved further on in the programme.
- 8.2.5 Breakfast is important! – The participants felt that as much had been gained in the first 30 minutes of the programme (being the less formal sit down breakfast) as the final 2.5 hours formalised section of the programme. The benefits of social connection realised through the sit down in-formal first part to each workshop cannot be underestimated. It was at this juncture that personal stories, experiences, thoughts, feelings and concerns were most readily given and supported against by the facilitators but more often than not by their peers.
- 8.2.6 It is therefore through a combination of approaches with a limitation on group size allowing for dialogue and open expression within a safe-environment that both psychological and baseline physiological needs can be best met in realising improved wellbeing for this vulnerable group. The venue itself cannot be understated wherein the Brambles Restaurant Conference space and the service provided was viewed by many of the participants as being one of the reasons they looked forward to coming back each week.

8.3 Follow On/Next Steps

- 8.3.1 The participants of ManMade feel that there is a case for reciprocity. The benefits that ManMade has served to them over the last 9 weeks they wish to continue and build on – not as participants, but as peer supporters and even workshop leads. A request has been made to meet with the lead commissioner and for facilitator leads to look into opportunities for further developing ManMade as a longer term participant led peer support programme with clear aims and objectives in respect of engaging unemployed and promoting their wellbeing of those men through ManMade.
- 8.3.2 Because of the enthusiasm of the participants, facilitators have added 3 extra weeks of direct support to aid the conceptualisation of a peer led ManMade Project within its own right. Opportunities for development not only relate to the programme itself but also would be able to develop upon the already obvious skill base amongst the participants both in respect of the wellbeing agenda and in respect of their skill base from a vocational perspective.

9. Conclusions

- 9.1 ManMade as originally conceptualised has potentially clear benefits to the overall wellbeing of participants who are vulnerable because of their unemployed status and because of their inner sense of self based on being *manly*.

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- 9.2 We believe, that ManMade as a more experiential process, involving smaller groups and providing a safe environment for open and frank dialogue is likely to have a greater impact than the original more formal approach – this is based on the opinions held by the participants.
- 9.3 ManMade needs to be seen as an organic process from which real opportunities for wellbeing amongst this cohort can be maximised. Peer to peer support and dialogue is as important to the wellbeing of men and the subject matter formally under discussion.
- 9.4 The objectives and outcomes of ManMade were met all be it with a smaller cohort in number and with a more peer support process in place that originally envisaged. It is however the participants and the facilitator's belief that the overall positive impact of ManMade would not have been as well realised if the original brief has been able to be implemented.

10. Acknowledgements

Forward For Life would like to acknowledge the support of the following people/organisations whom without their dedication and enthusiasm, this programme would have not been half of what it became to be –

Jamie Annakin – Office of Public Health Dudley Metropolitan Borough Council

Common Unity Social Enterprise – Caron Thompson

Community WellBeing Solutions – Amanda Smith

Diane Boros - Alcohol Health Improvement Co-ordinator - Office of Public Health

Kerry Trinder and Sara Young – Atlantic Recovery Centre

Bloomin' Health – Afsha Malik

Cruse Bereavement Birmingham – Adam Page and Lesley Hales

Citizen Coaching – Martin Hogg

UR Success – David Tims

The Brambles Restaurant and Conference Space – Lesley and Michaela

The ManMade Dudley Participants

EOS, Avanta, Seetec, InTraining, PPDG and Claire Humphries at DMBC

Let's Get Active Leads – Dudley MBC

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11. Appendix

11.1 WEMWEBS Consent Form

Participant Identification Number for this trial:

CONSENT FORM TO USE WEMWEBS INFORMATION

Title of Project: ManMade Dudley

Name of Researcher:

Please initial all boxes

1. I confirm that I have read and understand the information sheet dated **19th February 2015**. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. ☐
3. I understand that the data collected from this programme, may be looked at by individuals from Dudley Metropolitan Borough Council (Office of Public Health), Forward For Life and Common Unity, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this programme. I give permission for these individuals to have access to my records. ☐
4. I agree to take part in ManMade Dudley. ☐

Name of Participant

Date

Signature

Name of Person

Date

Signature

taking consent.

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11.2 WEMWEBS Information Sheet

Date:

Participant Information Sheet: WEMWeBS

WEMWeBS measures mental wellbeing.

- Improved mental wellbeing is a key part of being a healthy and resilient individual.
- It is also important for managing life's challenges, maintaining and improving physical health and making healthy life choices
- Mental wellbeing is about having control and influence, a sense of meaning, belonging and connection and the capability to manage problems and change.
- Wellbeing is central to parenting, education, employment opportunities, community participation and cohesion and keeping safe.

What is WEMWeBS?

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWeBS) is a validated measure of mental wellbeing that has been used nationally, regionally and locally and seen as an effective tool.

How you use WEMWeBS

Week 1) You rate your feelings over the previous two weeks from 1 (none of the time) to 5 (all of the time) on all the 14 questions.

Week 8) A follow-up questionnaire is used then it is tagged to your first questionnaire so that the change for each individual can be calculated.

These are added up and averaged for all participants.

Note:

We do not request any identifiable personal data on the WEMWeBS Assessment Form.

All personal scores are kept confidential.

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The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

"Warwick Edinburgh Mental Well-Being Scale (WEMWBS)

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Photo // Video // Film consent form

Thank you for helping us.

By completing this form, you give us full permission to use images/video/film you supply to us in our media applications, which reasonably promote or advertise the aims of the ManMade Project (This may include our printed publications; adverts; audiovisual and electronic materials; media work; display materials; and any other media we may use in the future.) The images will not be used for any other purpose.

Thank you again for your help.

Your details:

First Name		Family Name	
Address			
		Postcode	
Telephone			
Email			

Please state here if there are any ways in which you do NOT want us to use photo(s) of you:

Signed or type if emailed		Date	
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Data protection statement

Other than as specified above, the information that you give us here will only be used to contact you about these photo(s). We will not pass the details recorded on this form on to any other organisation without your permission.

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Diversity and Equal Opportunities Monitoring Form

As part of the ManMade Programme, we are committed to diversity and equal opportunities. This means that we shall treat all participants fairly and equally, irrespective of ethnic origin, sex, marital status, sexual orientation, age, religion or disability.

The information you provide here is confidential, and will be used for monitoring purposes only. Please complete this form and return it back to your ManMade facilitator.

Please tick all the boxes that apply to you:

Gender
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do not wish to answer
Age Group
<input type="checkbox"/> Under 21 <input type="checkbox"/> 20 - 30 <input type="checkbox"/> 31- 40 <input type="checkbox"/> 41- 50 <input type="checkbox"/> 51-60 <input type="checkbox"/> Do not wish to answer

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Ethnic Origin	
White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other European <input type="checkbox"/> Other.....	Asian <input type="checkbox"/> Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other.....
Arab or Middle Eastern Descent <input type="checkbox"/> Arab <input type="checkbox"/> North African <input type="checkbox"/> Iraqi <input type="checkbox"/> Kurdish <input type="checkbox"/> Other.....	Black <input type="checkbox"/> African <input type="checkbox"/> Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> Other.....
Mixed race <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Chinese <input type="checkbox"/> Other.....	Chinese <input type="checkbox"/> Chinese <input type="checkbox"/> Other..... Other <input type="checkbox"/> (please specify)

Publicity
<p>Please tell us how you heard about ManMade:</p> <p><input type="checkbox"/> Employment Advisor (please name organisation).....</p> <p><input type="checkbox"/> Website</p> <p><input type="checkbox"/> Leaflet</p> <p><input type="checkbox"/> Word of Mouth</p> <p><input type="checkbox"/> Other (please specify).....</p>

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11.6 The Original ManMade Programme February – April 2015

Personal Data

From time to time it may be necessary to process sensitive personal data for example, information relating to an individuals ethnic origin for equal opportunity monitoring. By completing our Equal Opportunity and Diversity form you agree that Forward For Life and The Dudley Metropolitan Borough Council (Office of Public Health) may retain and process personal data supplied about you as needs require.

Date	Area	Contents Brief	Lead Facilitator
19/02/15	Introductory workshop	<ul style="list-style-type: none"> • Introduction to the ManMade • Sign up • Aspirations 	Forward For Life Common Unity
26/02/15	Well Being	<ul style="list-style-type: none"> • 5 Ways to Well Being Training • Workshop to engage ways to promote personal well being 	Forward For Life Common Unity
05/03/15	Suicide Prevention - safeTALK	<ul style="list-style-type: none"> • Internationally recognised and licensed suicide prevention training 	Forward For Life Common Unity
12/03/15	Reflection and self-management	<ul style="list-style-type: none"> • Personal reflections • Opportunities and challenges • Stress Management • Training to date 	Forward For Life Common Unity
20/03/15 (FRIDAY)	Mental Health First Aid	<ul style="list-style-type: none"> • Mental Health First Aid Lite Training • Internationally licensed training • Signs and symptoms • Helping others 	Community Wellbeing Solutions
26/03/15	Physical Health and Well Being	<ul style="list-style-type: none"> • Physical Health • Nutrition • Well being • Substance misuse / alcohol awareness 	Bloomin Health CRI Dudley MBC
02/04/15	Confidence and Positive Behaviours	<ul style="list-style-type: none"> • Promoting personal confidence • Skills in enhancing positive behaviour approaches 	Citizen Coaching
09/04/15	Round Up and Recognition	<ul style="list-style-type: none"> • Celebration event • Self Care • Completion and next steps 	Forward For Life Common Unity

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